Report on Government Services 2005

Indigenous Compendium

Steering Committee for the Review of Government Service Provision

May 2005

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1 Background

This Compendium of Indigenous data is drawn entirely from information contained in the Report on Government Services 2005. The Report, which is published annually, is the product of the Review of Government Services Provision. Heads of government established the Review of Government Service Provision (the Review) in 1993 to provide information on the effectiveness and efficiency of government services in Australia (see box 1.1).

Box 1.1 **Terms of reference for the Review of Commonwealth/State Service Provision**

The Review, to be conducted by a joint Commonwealth/State and Territory government working party, is to undertake the following:

- establish the collection and publication of data that will enable ongoing comparisons of the efficiency and effectiveness of Commonwealth and State government services, including intra-government services. This will involve:
  - establishing performance indicators for different services which would assist comparisons of efficiency and effectiveness. The measures should, to the maximum extent possible, focus on the cost effectiveness of service delivery, as distinct from policy considerations that determine the quality and level of services; and
  - collecting and publishing data that are consistent with these measures. The Review should also address the procedures for the ongoing collection and publication of benchmark data; and
- compile and assess service provision reforms that have been implemented or are under consideration by Commonwealth and State Governments.

The Review will cover all major types of reform, including those involving the separation of policy development from service provision. Case studies of particular reforms could be provided where appropriate.

The Review will need to keep abreast of developments in other relevant reviews and working parties, including the Commonwealth/State Government working party (initiated by the Council of Australian Governments), investigating Commonwealth/State government roles and responsibilities.

Source: Report on Government Services, 2005, p. xxii

A Steering Committee, comprising senior representatives from the central agencies of all governments, manages the Review with the assistance of a Secretariat provided by the Productivity Commission. The Steering Committee has overall responsibility for the work of the Review, including its annual publication, the *Report on Government Services*. The Review was established under the auspices of the Council of Australian Governments (COAG) in 1993 to:

- provide ongoing comparisons of the performance of government services
- report on service provision reforms that governments have implemented or that are under consideration.

The *Report on Government Services 2005* (2005 Report), now in its tenth edition, is a tool for government. It has been used for strategic budget and policy planning, and for policy evaluation. Information in the Report has been used to assess the resource needs and resource performance of departments. It has also been used to identify jurisdictions with whom to share information on services.

The data in this Report can also provide an incentive to improve the performance of government services, by:

- enhancing measurement approaches and techniques in relation to aspects of performance, such as unit costs and service quality
- helping jurisdictions identify where there is scope for improvement
- promoting greater transparency and informed debate about comparative performance.

The Report examines the performance of the service elements for which government is responsible and accountable. The focus is on reporting information on effectiveness, efficiency and equity dimensions of government expenditure, linked to the purchase or supply of specific services rather than to general government income support. The Report thus covers aged care but not the aged pension, disability services but not disability pensions, and children's services but not family payments (although descriptive information on income support is provided in some cases). Commonwealth Rent Assistance is reported on the basis that it is a targeted payment to assist in the purchase of housing services, and is not general income support (chapter 16).

The work involved in assembling the data and performance indicators is conducted by Working Groups for each of the service areas. These comprise officials from relevant agencies across all governments, with a convenor drawn from the Steering Committee. Services covered by the Review include:

- Education

- Health
- Justice
- Emergency management
- Community services
- Housing.

Indigenous reporting

In May 1997, the Prime Minister asked the Review to give particular attention to the performance of mainstream services in meeting the needs of Indigenous Australians.

In 2002, COAG asked the Steering Committee to prepare a regular report on key indicators of Indigenous disadvantage as part of the COAG reconciliation commitment. The first edition of this report, *Overcoming Indigenous Disadvantage: Key Indicators 2003* (the Indigenous Disadvantage Report) (SCRGSP 2003), was released in November 2003. In contrast to the Report on Government Services with its focus on the efficiency and effectiveness of individual services, the Indigenous Disadvantage Report focuses on outcomes for Indigenous people. The reporting framework has two tiers: ‘headline’ indicators for the longer term outcomes sought; and a second tier of ‘strategic areas for action’ indicators that are more directly responsive to government policies and programs. The 2003 Indigenous Disadvantage Report is included on the CD-ROM that accompanies the Report on Government Services, and can be found on the Review web page (www.pc.gov.au/gsp).

The Indigenous Disadvantage Report and the Report on Government Services have different, but complementary roles. The Indigenous Disadvantage Report describes overall ‘state-of-the-nation’ outcomes for Indigenous people, for which more than one government department or agency will be responsible. There is no reporting on an individual government agency basis and State/Territory comparisons will not always be appropriate.

In contrast, the Report on Government Services will continue to provide information, through key indicators, on the performance of specified government agencies and programs in delivering services to Indigenous people.

The new performance indicator framework

The Steering Committee modified its general framework for performance indicators in 2002 and this framework has now been implemented in all chapters. The new approach reflects governments' adoption of accrual accounting and brings out more clearly the Review's focus on outcome oriented performance information. The new framework also accentuates the importance of equity and draws out the distinction between equity and access.

While the Report has never sought to identify best practice, the information in the Report could be used to help jurisdictions determine appropriate benchmarks (box 1.2).

Box 1.2 **Benchmarking**

Benchmarking service delivery is a systematic process of searching for and encouraging the introduction of best practice in the use of scarce resources, so as to deliver more efficient and effective services. The three main forms of benchmarking are: (1) results benchmarking (comparing performance within and between organisations using performance indicators of effectiveness and efficiency), (2) process benchmarking (analysing systems, activities and tasks that turn resource inputs and outputs into outcomes) and (3) setting best practice standards (establishing goals and standards to which organisations can aspire).

Benchmarking typically involves a number of steps. Whatever the chosen approach or focus, the steps usually include:

- deciding why, when, and what to benchmark
- analysing plans and performance (reviewing objectives and identifying performance indicators and own performance)
- establishing benchmarking partners
- obtaining the data and analysing differences
- identifying best practices and the most useful improvements
- implementing improvements in practice
- assessing improvements and re-benchmarking (MAB/MIAC 1996).

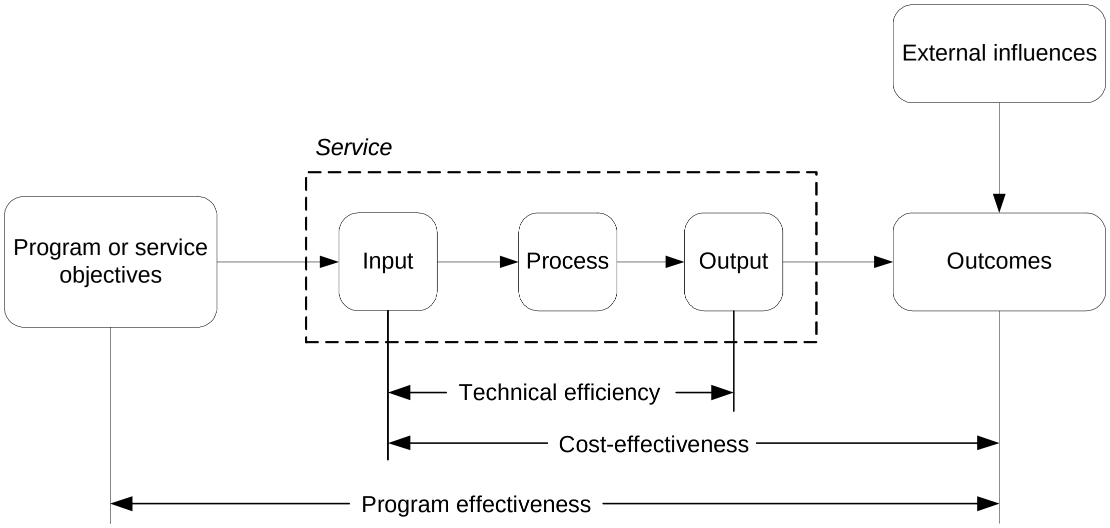
The performance information in the Report can contribute to many of the above steps in a results benchmarking cycle, including by identifying better approaches adopted by agencies' peers and thus helping governments to implement best practice.

The service process

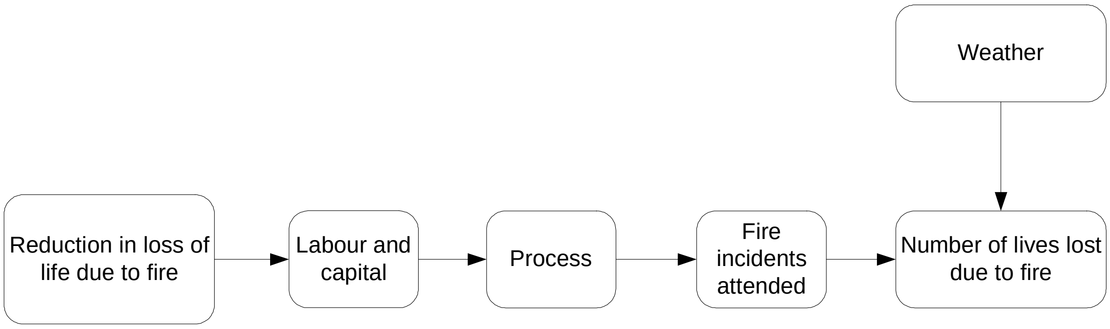
When reviewing the framework, the relationships among objectives, inputs, outputs and outcomes were examined. Figure 1.1 portrays the influence of factors external to a service, and distinguishes between program efficiency and program effectiveness.

For each service, governments have a number of objectives that relate to desired outcomes for the community. To achieve these objectives, governments fund service providers and/or provide services. To do this, service providers transform funds/resources (inputs) into services (outputs). The rate at which resources are used to make this transformation is known as ‘technical efficiency’. The impacts of these outputs on individuals, groups and the community are the outcomes of the service. The rate at which resources are used to generate outcomes is referred to as ‘cost-effectiveness’ in this Report. Often, outcomes are also influenced by factors external to the service. Outputs too may be affected by external factors, but to a lesser extent. The glossary to the Report provides further definitions.

Figure 1.1 **Service process**



Example: fire services



Objectives

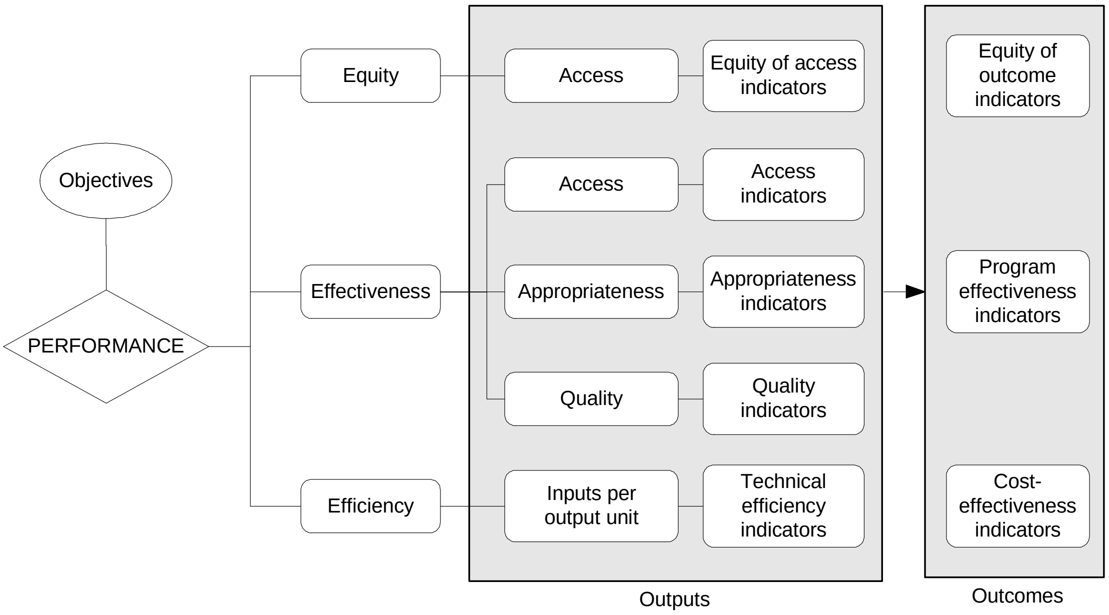
A number of the objectives (or desired outcomes) for each government funded service are similar across jurisdictions, although the priority that each jurisdiction gives to each objective may differ. The Steering Committee's approach to performance reporting is to focus on the extent to which each *shared* objective for a service has been met. Objectives for each service are outlined, and performance indicators consistent with those objectives are reported.

Separating outputs and outcomes

Outcome indicators provide information on the impact of a service on the status of an individual or a group, and on the success of the service area in achieving its objectives, although other factors may affect outcomes for an individual or group. The outcomes of a service should align with the objectives of the service. Outputs, on the other hand, are the services delivered.

While the aim of the Review is to focus on outcomes, they are often difficult to measure. The Report thus includes measures of outputs with an understanding that there is a correlation between some outputs and outcomes, and that measures of outputs can be proxies for measures of outcomes. For this reason, budget statements may specify that a service will aim to produce outputs with certain characteristics such as quality, timeliness and responsiveness. The new performance framework is set out in figure 1.2.

Figure 1.2 **A general framework and examples of performance indicators**



Outcomes may be short term (intermediate) or longer term (final). Short term outcomes are usually more closely linked to the operations of the service provider, whereas longer term outcomes are more affected by capital investment and external factors. A police random breath testing program (set up relatively quickly via a re-allocation of resources), for example, may achieve the intermediate outcome of fewer drunk drivers and lead to a short term reduction in road deaths, but the final outcome of a permanent long term reduction in road deaths will reflect external factors such as the design quality of cars and capital investment in improved roads or additional random breath testing units.

The approach in this Report is to:

- use both short term (or intermediate) and long term (or final) outcome indicators as appropriate where possible
- make clear that the service is only one contributing factor and, where possible, point to data on other factors. (Appendix A contains detailed statistics and short

profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this Report.)

Output indicators can be grouped according to the desired characteristics of a service — for example, accessibility, appropriateness or quality. These desired characteristics may differ across services. By contrast, outcomes depend on the performance of a service in a number of characteristics, and are subject to external factors; as such, they are not grouped in the same way.

Equity, effectiveness and efficiency

Since its inception, the Review has taken a comprehensive view of performance monitoring, acknowledging the tradeoffs inherent in allocating resources and the dangers of analysing only some aspects of the service. A unit of service may have a high cost but be more effective than a lower cost service in meeting each client's specific needs and, therefore, be more cost-effective. Performance assessment should thus incorporate indicators across all relevant dimensions.

In the past, the Review framework gave equal prominence to effectiveness and efficiency as the two overarching dimensions of performance. Equity was treated as a subdimension of effectiveness. Performance literature, on the other hand, often refers to equity as a third element of performance, separate from effectiveness and efficiency. The principal reason for the separation is that effectiveness indicators are generally absolute measures of performance, whereas equity indicators relate to the gap between service delivery outputs and outcomes for special needs groups and the general population. The Review's new framework reflects this approach.

Moreover, accentuating equity highlights the potential for tradeoffs across all three performance dimensions — equity, effectiveness and efficiency. Improving outcomes for a group with special needs, for example, may necessitate a decrease in measured efficiency. Assessing performance across all three dimensions remains important.

Equity

The term 'equity' has a number of interpretations, which are discussed in box 1.3. Equity in the context of this Report reflects equity of access, whereby all Australians are expected to have adequate access to services. Equity indicators measure how well a service is meeting the needs of certain groups in society.

Box 1.3 **Equity**

Equity is an important concept in economic literature, with two elements:

- horizontal equity — the equal treatment of equals
- vertical equity — the unequal but equitable treatment of unequals.

In the context of performance measurement for service delivery, horizontal equity is exhibited when services are available to everyone in the community, and there are no restrictions on access — that is, everyone is allowed to access the service. Service delivery exhibits vertical equity when it accounts for the special needs of certain groups in the community and adjusts aspects of service delivery to suit these needs. This approach may be needed where geographic, cultural or other reasons mean some members of the community have difficulty accessing the service.

Facilitating access to key services for people with special needs is an important reason for governments to fund services (for example, housing services for those having difficulties accessing housing in the private sector). A number of criteria can be used to classify those groups who may have special difficulties in accessing government services. These include:

- language or literacy proficiency
- gender
- age
- physical or mental capacity
- race or ethnicity
- geographic location.

In May 1997, the Prime Minister (with the support of the Premiers and Chief Ministers) requested that the Review give particular attention to the performance of mainstream services in relation to Indigenous Australians. Improvements to reporting for this group are discussed in chapter 2. The Indigenous Disadvantage Report (mentioned earlier) focuses on outcomes for Indigenous Australians in a range of ‘strategic’ areas, and complements the Report on Government Services, which will continue to include indicators on the delivery of services to Indigenous Australians.

Identifying service recipients as belonging to groups with special access difficulties poses challenges, particularly when relying on client self-identification. If members of such groups are required to identify themselves, then the accuracy of the data will partly depend on how a group perceives the advantages (or disadvantages) of identification and also whether such perceptions change over time. Varying definitions of these groups in data collections over time and across jurisdictions and service areas may also create comparability problems.

The Report often uses the proportion of each target group in the broader community as a point of comparison when examining service delivery to special needs groups. This approach is sensible for some services (for example, schools), but must be treated with caution for other services (for example, aged care). Another option is to collect a more accurate profile of need (for example, the Supported Accommodation Assistance Program’s collection of data on the characteristics of those seeking assistance).

Where geographic location is used to identify groups with special needs, data are usually disaggregated according to either the metropolitan, rural and remote area classification system or the Australian Bureau of Statistics’ (ABS) Australian Standard Geographical Classification of remoteness areas. These classifications are generally based on population density and/or the distance that residents need to travel to access services. The geographic classification system used in each chapter is outlined in chapter 2.

Such classifications are imperfect indicators of the time and cost of reaching a service. Further, they do not consider the client’s capacity to bear the cost of receiving the service (Griffith 1998). To improve the model, service centre locations would need to be reclassified according to the services they provide and the client’s cost of receiving the service. Moreover, for some services, classification systems based on distance or population are not useful indicators of access to services — for example, ambulances can sometimes respond more quickly in rural areas than in metropolitan areas because there is less traffic.

Effectiveness

Effectiveness indicators reflect how well the outputs of a service achieve the stated objectives of that service. Indicators of the effectiveness of outputs in the new framework can be grouped according to desired characteristics that are considered important to the service. For most chapters, these desired characteristics include access, appropriateness and/or quality.

Access

Access indicators reflect how easily the community can obtain a delivered service (output) (for example, access to school education and police services). In this Report, access has two main dimensions, undue delay (timeliness) and undue cost (affordability). Timeliness indicators used to measure access in this Report include waiting times (for example, in public hospitals and for aged care services). Affordability indicators relate to the proportion of income spent on particular services (for example, out-of-pocket expenses in children's services).

Appropriateness

Appropriateness indicators measure how well services meet client needs. An appropriateness indicator for the Supported Accommodation and Assistance Program, for example, is the proportion of clients receiving the services that they are judged to need. Appropriateness indicators also seek to identify the extent of any underservicing or overservicing (Renwick and Sadkowsky 1991).

Some services have developed measurable standards of service need against which the current levels of service can be assessed. The 'overcrowding' measure in housing, for example, measures the appropriateness of the size of the dwelling relative to the size of the tenant household. Other services have few measurable standards of service need; for example, the appropriate number of medical treatments available for particular populations is not known. Data on differences in service levels, however can indicate where further work could identify possible underservicing or overservicing.

Quality

Quality indicators reflect the extent to which a service is suited to its purpose and conforms to specifications. The Review includes indicators of service quality because they are important to performance assessment and policy formulation. Information about quality is particularly important for performance assessment when there is a strong emphasis on increasing efficiency (as indicated by lower unit costs). Moreover, there is usually more than one way in which to deliver a service, and each alternative has different implications for cost and quality. Information about service quality is needed to ensure governments consider all useful delivery alternatives.

The Steering Committee's approach is to identify and report on *aspects* of quality, particularly actual or implied competence. Actual competence can be measured by the frequency of positive (or negative) events resulting from the actions of the service (for example, deaths resulting from health system errors such as an incorrect dose of drugs). Implied competence can be measured by the extent to which aspects of the service delivery process (such as inputs, processes and outputs) conform to specifications — for example, through accreditation.

Data generated by services for quality control purposes can often be a useful source of information for quality indicators. To the extent that aspects of service delivery (such as inputs, processes and outputs) conform to specifications, they are proxies for quality outputs — for example, the level of accreditation of public hospitals and facilities for aged care.

The framework of indicators for this Report treats quality as one aspect of effectiveness and distinguishes it from access and appropriateness (figure 1.3). This distinction is somewhat artificial because these other aspects of service provision also contribute to a meaningful picture of quality. No perfect indicator of service quality exists; each indicator has its own strengths and weaknesses.

Efficiency

Efficiency indicators reflect how well services use their resources to produce outputs and achieve outcomes. Government funding per unit of service is typically used as an indicator of technical efficiency — for example, recurrent funding per annual curriculum hour for vocational education and training. Such an indicator is unlikely, however, to encompass a service's full cost to society.

Where possible, full unit costs are used as the indicator of efficiency. Comparisons of unit cost of a service are a more meaningful input to public policy when they use the full cost to government, accounting for all resources consumed in providing the service. Problems can occur when some costs of providing services are overlooked or treated inconsistently (for example, superannuation, overheads or the user cost of capital). The Steering Committee believes, where full cost information is not available in the short term, that data should at least be calculated consistently across jurisdictions. Further, data treatment should be fully transparent.

2 The compendium of Indigenous data

The primary aim of the compendium is to provide an easily accessible collation of Indigenous data from the *Report on Government Services 2005* (2005 Report). Currently, information and data on Indigenous people are contained within the discussion of each specific service delivery area of the Report.

Improvements in reporting of Indigenous data

Improvements to the Indigenous data within the 2005 Report were made in the education, emergency management, health and community services chapters. These included:

- *Education*: The scope of reporting in the 'Education preface' has been improved through the inclusion of additional educational attainment data for Indigenous and non-Indigenous people, by broad age, sex and highest level of school completed, by State and Territory.
- *Health*: The Public hospitals chapter (chapter 9) three indicators neonatal and fetal death rates are reported by Indigenous status for the first time. In chapter 11 ('Health management issues'), Indigenous suicide data are averaged over three year periods to smooth volatility in year-on-year movements, particularly for smaller jurisdictions, which tend to have fewer cases but relatively large variations in rates from year to year.
- *Community Services*: In 'Aged care services' (chapter 12) new data are reported on Indigenous access to Commonwealth Carelink Centres.

Timeliness

Recent data are more useful for policy decision making, but there can be a tradeoff between the accuracy of the data and their timeliness. The Review's approach is to publish imperfect data with caveats. This approach allows increased scrutiny of the data and reveals the gaps in critical information, providing the foundation for developing better data over time. The most recent data for health expenditure on Indigenous people are from 1998-99.

Table 2.1 provides a stocktake of data on Indigenous Australians in the 2005 Report, indicating which services have reported on at least one comparable performance indicator, or have descriptive data, for all jurisdictions. The table does not signify the quality of the data.

Table 2.1 **Reporting of at least one comparable data item on Indigenous Australians, 2005 Report**

Service area/indicator framework	*Descriptive*	*Outcomes*	*Outputs*		
			Equity	*Effectiveness*	*Efficiency*
Education					
Education preface	✓	x	x	x	x
School education	✓	✓	✓	✓	x
VET	x	x	✓	x	x
Justice					
Justice preface	x	x	x	x	x
Police services	✓	✓	x	x	x
Court administration	x	x	x	x	x
Corrective services	✓	x	x	✓	✓
Emergency management					
Fire events	x	x	x	x	x
Ambulance events	x	x	x	x	x
Road rescue events	x	x	x	x	x
Health					
Health preface	✓	✓	x	x	x
Public hospitals	✓	x	x	x	x
Maternity services	x	✓	x	x	x
Primary and community health	✓	✓	x	x	x
Breast cancer	x	✓	x	x	x
Mental health	✓	✓	x	x	x
Community services					
Community services preface	✓	x	x	x	x
Aged care services	✓	x	✓	x	x
Services for people with a disability	x	x	✓	✓	x
Children's services	x	x	✓	x	x
Child protection	✓	x	x	✓	x
Out of home care	✓	x	x	✓	x
SAAP	x	✓	✓	✓	x
Housing					
Public housing	✓	x	x	x	x
Community housing	✓	x	x	x	x
State owned and managed Indigenous housing	✓	✓	✓	✓	✓
Commonwealth Rent Assistance	x	✓	✓	x	x

SAAP = Supported Accommodation Assistance Program. ✓ At least one data item is reported. x No data are reported.

Source: 2005 Report, p. 2.17, table 2.4.

Care in interpreting Indigenous data

Readers should exercise caution in interpreting data on services to Indigenous people within this compendium and the 2005 Report. The task of collecting data on Indigenous Australians is complicated by the fact that many administrative data collections do not distinguish between Indigenous and non-Indigenous clients. The method and level of identification of Indigenous people appear to vary across jurisdictions. Further, surveys do not necessarily include an Indigenous identifier; when they do, it may not provide for sufficient sampling to provide reliable results.

Improving Indigenous data

The ABS has an important role in improving Indigenous data collections. Some of the work being undertaken by the ABS includes:

- an ongoing program to develop and improve Indigenous data flowing from Australian, State and Territory administrative systems
- work with other agencies to ensure Indigenous people are identified in relevant systems and that statistics are of adequate quality. Priority is initially being given to the improvement of births and deaths statistics in all States and Territories. Other priorities include hospitals, community services, education, housing, and law and justice statistics
- work with other agencies to develop and support national Indigenous information plans, Indigenous performance indicators and Indigenous taskforces on a number of topics
- an expansion of its Household Survey Program to collect more regular Indigenous statistics, including regular Indigenous general social surveys, Indigenous sample supplementation in regular health surveys and annual Indigenous labour force estimates.

The Review will draw on these initiatives in future reports.

A Education

Part A: Education preface

Education is a lifelong activity, delivered both informally (for example, by family, through the community or at work) and formally through the three sectors that comprise Australia's education and training system (the school education, vocational education and training [VET] and higher education sectors).

Australia's formal system of education and training has a range of objectives, some of which are common across all sectors of education (for example, to increase knowledge) while others are more specific to a particular sector. The objectives of:

- the school education sector, as reflected in the national goals for schooling (box 3.1), include a focus on developing the capacities and talents of all young people so they have the necessary knowledge, understanding, skills and values for a productive and rewarding life
- the VET sector, as reflected in the National Strategy for VET 1998–2003 (box 4.3, 2005 Report), include a focus on equipping Australians for the world of work, enhancing labour mobility and achieving equitable outcomes within VET. The objectives of the VET sector, as reflected in the current National Strategy for VET 2004–10 (box 4.3, 2005 Report), include a focus on giving industry a highly skilled workforce to support strong performance in the global economy and giving Indigenous Australians skills for viable jobs and to ensure their learning culture will be shared
- the higher education sector, as reflected in the *Higher Education Report for the 2003–2005 Triennium*, include advancing and applying knowledge and understanding to benefit the Australian economy and society.

Australian, State and Territory governments provide funding to government and non-government providers to deliver formal education and training services within each of the three education and training sectors. Government providers include government schools (preschool, primary and secondary), technical and further education (TAFE) institutes and universities. Non-government providers include privately operated schools and preschools, and private registered training organisations (RTOs) in the VET sector.

Chapters 3 and 4 cover the performance of the school education and VET sectors. Preschool programs, which provide a variety of educational and developmental experiences for children before full time schooling, are covered in chapter 14. Comparisons between the government and non-government school systems are included.

Some of the performance indicators in chapters 3 and 4 were also reported as key indicators of Indigenous disadvantage in the *Overcoming Indigenous Disadvantage: Key Indicators 2003* Report.

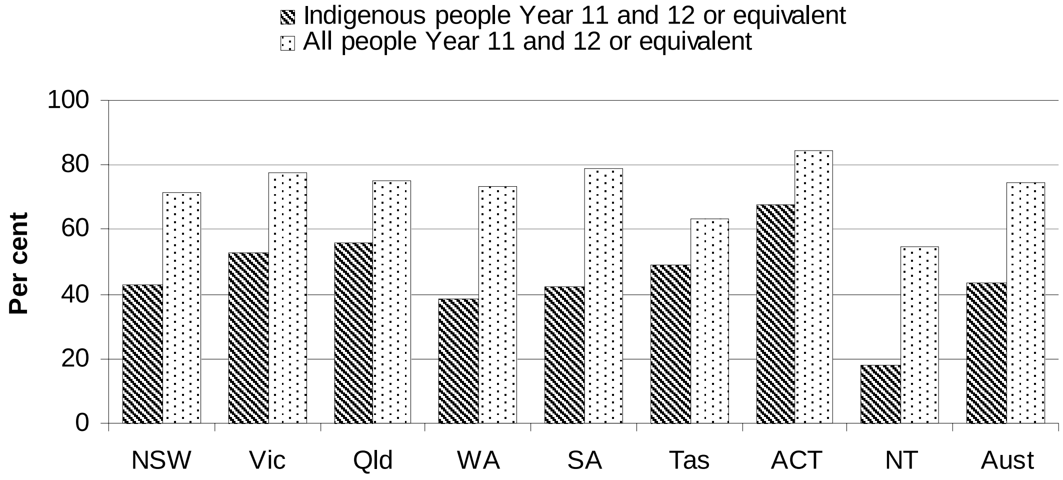
Measuring the performance of the education and training system

The level of participation in education and training varies across jurisdictions for many reasons. These include different age/grade structures, starting age at school, minimum leaving age, the number of compulsory years of schooling and the level of service provision. Other influences on participation include labour market changes, population movements, urbanisation, socioeconomic status and Indigenous status.

Attainment data for Indigenous and all students are provided from the 2001 Census. These data provide information on the differences between Indigenous and all students on the highest level of school completed. The greatest difference between Indigenous and all students was the proportion of students who completed senior years of schooling.

The proportion of all students who completed year 11 or equivalent and/or year 12 or equivalent was higher for all students than for Indigenous students for all jurisdictions for 20–24 year olds. Nationally, 43.4 per cent of Indigenous students and 74.2 per cent of all students completed year 11 or equivalent and/or year 12 or equivalent in 2001 (figure EP.1).

Figure EP.1 **Highest level of schooling completed by people aged 20–24 years, by Indigenous status**



	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Indigenous people									
Years 11 and 12 or equivalent	43.0	53.0	56.2	38.6	41.9	49.1	67.6	18.0	43.4
Years 9 and 10 or equivalent	43.3	34.7	33.5	43.8	37.8	43.0	24.4	36.8	38.7
Year 8 or below	5.4	5.1	4.3	9.4	12.0	1.6	5.7	32.8	9.9
Other[a]	8.3	7.1	5.9	8.2	8.3	6.2	2.3	12.4	8.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
All people									
Years 11 and 12 or equivalent	71.2	77.8	75.1	73.0	78.8	63.1	84.7	54.7	74.2
Years 9 and 10 or equivalent	20.2	12.8	18.1	19.4	14.9	29.7	9.1	23.3	17.5
Year 8 or below	1.1	1.2	1.1	1.0	1.1	0.8	0.5	10.8	1.2
Other[a]	7.5	8.2	5.7	6.5	5.3	6.5	5.8	11.2	7.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

[a] ‘Other’ includes people who did not go to school, are still at school and those not stated.

Source: ABS 2001 Census of Population and Housing (unpublished); 2005 Report, p. B.19, figure B.5.

3 School education

This chapter focuses on performance information — equity, effectiveness and efficiency — for government funded school education in Australia. Reporting relates to government funding only, not to the full cost to the community of providing school education. Descriptive information and performance indicators are generally reported for:

- government primary and secondary schools
- non-government primary and secondary schools
- school education as a whole (government and non-government primary and secondary schools).

Schooling aims to provide education for all young people. The main purposes of school education are to assist students in:

- attaining knowledge, skills and understanding in key learning areas
- developing their talents, capacities, self-confidence, self-esteem and respect for others
- developing their capacity to contribute to Australia's social, cultural and economic development.

Indigenous data in the school education chapter

The school education chapter in the 2005 Report contains the following data items on Indigenous people:

- The number of Indigenous full time students (and as a proportion of all students) in government, non-government and all schools, 2003.
- Proportion of Indigenous students achieving the years 3 and 5 reading benchmark, 2001.
- Proportion of Indigenous students achieving the years 3 and 5 writing benchmark, 2001.
- Proportion of Indigenous students achieving the years 3 and 5 numeracy benchmark, 2001.

- Apparent retention rates of full time secondary students from year 7 or 8 to year 10, by Indigenous status, all schools, 2003.

- Apparent retention rates of Indigenous full time secondary students from year 10 to year 12, by Indigenous status, 2003.

Throughout the chapter, the following definition is used for an Indigenous student:

> "A student of Aboriginal or Torres Strait Islander origin who identifies as being an Aboriginal or Torres Strait Islander or as being from an Aboriginal and Torres Strait Islander background."

It needs to be noted that administrative processes for determining Indigenous status vary across jurisdictions.

Supporting tables

Supporting tables for data within the school education chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 3A.3 is table 3 in the school education attachment to the compendium). As the data are directly sourced from the 2005 Report, the compendium also notes where the original table, figure or text in the 2005 Report can be found. For example, where the compendium refers to '2005 Report, p. 3.15' this is page 15 of chapter 3 of the 2005 Report, and '2005 Report, 3A.2' is attachment table 2 of attachment 3 of the 2005 Report.

Funding

Australian, State and Territory government recurrent expenditure on school education was $27.0 billion in 2002-03. Expenditure on government schools was $21.8 billion, or 80.6 per cent of the total. Government schools account for most of the expenditure by State and Territory governments. These governments also contribute to the funding of non-government schools and provide services used by both government and non-government schools. More information, including on Australian Government spending on Indigenous specific programs, can be found in table 3A.1.

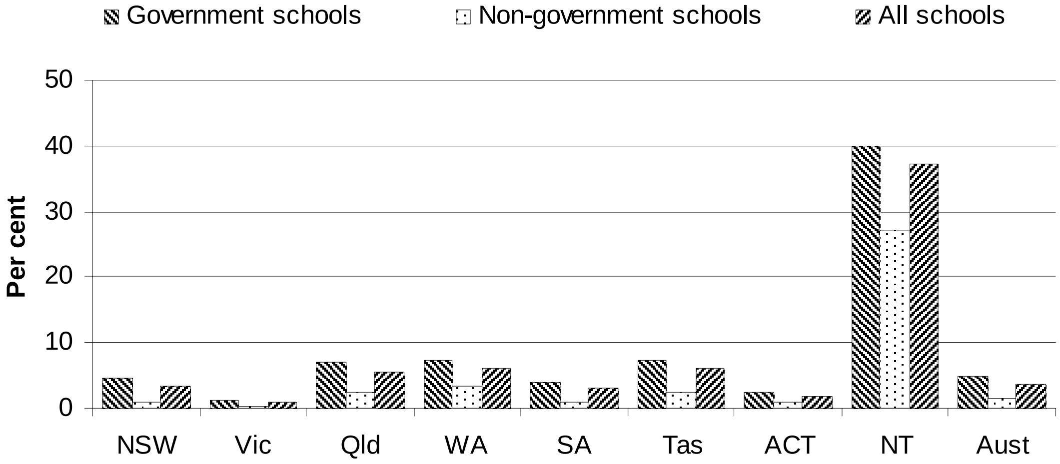
Indigenous full-time students, 2003

Certain groups of students, including Indigenous students, have been identified as having special needs in school education. Government schools provide education for a high proportion of students from special needs groups. In 2003, 87.5 per cent of Indigenous students attended government schools (table 3A.2).

The proportion of full time Indigenous students in NT schools was 37.1 per cent in 2003, far higher than the proportion in any other jurisdiction. The jurisdictions with the next highest proportions of full time Indigenous students were WA and Tasmania (both 6.0 per cent), while Victoria had the lowest (0.8 per cent) (figure 3.2). In absolute terms, NSW (37 118) and Queensland (35 237) had the largest numbers of full time Indigenous students, together accounting for 57.5 per cent of all Indigenous students enrolled in Australian schools (table 3A.2). Table 3A.2 provides additional information on Indigenous enrolments.

In all jurisdictions, the proportion of Indigenous students was higher in government schools than in non-government schools. Nationally, the proportion of Indigenous students was 4.9 per cent for government schools and 1.5 per cent for non-government schools (figure 3.1).

Figure 3.1 **Indigenous students as a proportion of all students, 2003**[a]



	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Government schools	4.5	1.1	6.9	7.2	3.9	7.2	2.3	40.0	4.9
Non-government schools	1.0	0.2	2.5	3.3	0.8	2.4	0.8	27.2	1.5
All schools	**3.4**	**0.8**	**5.6**	**6.0**	**2.9**	**6.0**	**1.7**	**37.1**	**3.8**

[a] Full time students.

Source: ABS (2004); 2005 Report, table 3A.2, p. 3.10; figure 3.2.

Access and equity

Access and equity objectives of school education can be assessed by comparing outcomes for special needs groups, such as Indigenous students, to those for all students through indicators such as, apparent retention rates and age participation rates. Outcomes (such as literacy, numeracy and completion rates) are compared for special needs groups for available indicators where possible.

Outcomes

Nationally comparable learning outcomes

The Steering Committee has identified ‘literacy’ and ‘numeracy’ as outcome indicators of school education (boxes 3.1–3.3). Nationally comparable learning outcomes data for 2001 for reading and writing literacy, and numeracy are reported in tables 3A.3–17. Data for 2002 and 2003 were not available for the 2005 Report.

Literacy — reading

‘Literacy — reading’ has been identified as an outcome indicator (box 3.1). The data for this indicator is provided on a comparable basis.

Box 3.1 **Literacy — reading**

‘Literacy — reading’ has been identified as an outcome indicator of governments’ objective that young Australians should attain high standards of knowledge, skill and understanding in core curriculum areas.

The indicator is defined as the proportion of assessed year 3 and 5 students who achieved the national reading benchmark for a given year, reported by sex, Indigenous status and LBOTE status. The benchmarks describe nationally agreed minimum acceptable standards for reading literacy at years 3 and 5. Student performance is measured (or assessed) by State-based testing programs which are equated by a national process designed to (or intended to) allow comparable reporting against the benchmarks.

Holding other factors equal, a high or increasing proportion of students achieving the reading benchmark is desirable. This indicator is affected by socioeconomic circumstances, age, length of time spent in schooling, and LBOTE and Indigenous status.

Literacy — writing

‘Literacy — writing’ has been identified as an outcome indicator (box 3.2). The data for this indicator is provided on a comparable basis.

Box 3.2 **Literacy — writing**

‘Literacy — writing’ has been identified as an outcome indicator of governments’ objective that young Australians should attain high standards of knowledge, skill and understanding in core curriculum areas.

The indicator is defined as the proportion of assessed year 3 and 5 students who achieved the national writing benchmark for a given year, reported by sex, Indigenous status and LBOTE status. The benchmarks describe nationally agreed minimum acceptable standards for writing literacy at years 3 and 5. Student performance is measured (or assessed) by State-based testing programs which are equated by a national process designed to (or intended to) allow comparable reporting against the benchmarks.

Holding other factors equal, a high or increasing proportion of students achieving the writing benchmark is desirable. This indicator is affected by socioeconomic circumstances, age, length of time spent in schooling, and LBOTE and Indigenous status.

Numeracy

‘Numeracy’ has been identified as an outcome indicator (box 3.3). The data for this indicator is provided on a comparable basis.

Box 3.3 **Numeracy**

‘Numeracy’ has been identified as an outcome indicator of governments’ objective that young Australians should attain high standards of knowledge, skill and understanding in core curriculum areas.

The indicator is defined as the proportion of assessed year 3 and 5 students who achieved the national numeracy benchmark for a given year, reported by sex, Indigenous status and LBOTE status. The benchmarks describe nationally agreed minimum acceptable standards for numeracy at years 3 and 5. Student performance is measured (or assessed) by state-based testing programs which are equated by a national process designed to (or intended to) allow comparable reporting against the benchmarks.

(Continued on next page)

Box 3.3 **(Continued)**

Holding other factors equal, a high or increasing proportion of students achieving the numeracy benchmark is desirable. This indicator is affected by socioeconomic circumstances, age, length of time spent in schooling, and LBOTE and Indigenous status.

Mathematical literacy was the major focus for the Program for International Student Assessment (PISA) 2003 survey and results are expected to be available in late 2004.

Apparent retention from the commencement of secondary school to year 10 and from year 10 to year 12

'Apparent retention' has been included as an output indicator of equity-effectiveness (box 3.4). The data for this indicator is provided on a comparable basis.

Box 3.4 **Apparent retention**

'Apparent retention' — that is, progression to final years of schooling — is included as an output – access indicator of governments' objective to develop fully the talents and capacities of young people through longer participation to higher levels of schooling.

The indicator is defined as the number of full time school students in a designated level/year of education as a percentage of their respective cohort group (which is either at the commencement of their secondary schooling or at year 10). Data are reported for the proportion of:

- people commencing secondary school and continuing to year 10
- people commencing secondary school and continuing to year 12
- year 10 students continuing to year 12.

Data are also reported for all students and Indigenous students, and for government and non-government schools. Holding other factors constant, a higher or increasing apparent retention rate suggests that students have greater exposure to schooling over their lives which is likely to result in improved educational outcomes. The term 'apparent' is used because the indicator is derived from total numbers of students in each of the relevant year levels, rather than by tracking the retention of students individually. Apparent retention to year 12 is a long standing measure that is presented as an indicator of the extent to which students progress to their final year of schooling.

(Continued on next page)

Box 3.4 **(Continued)**

Apparent retention rates are influenced by a wide range of factors, including student perceptions of the benefits of schooling, the availability of employment and further educational alternatives, socioeconomic status and population movements. Care needs be taken in interpreting apparent retention rates in school education because rates are influenced by jurisdictional differences in:

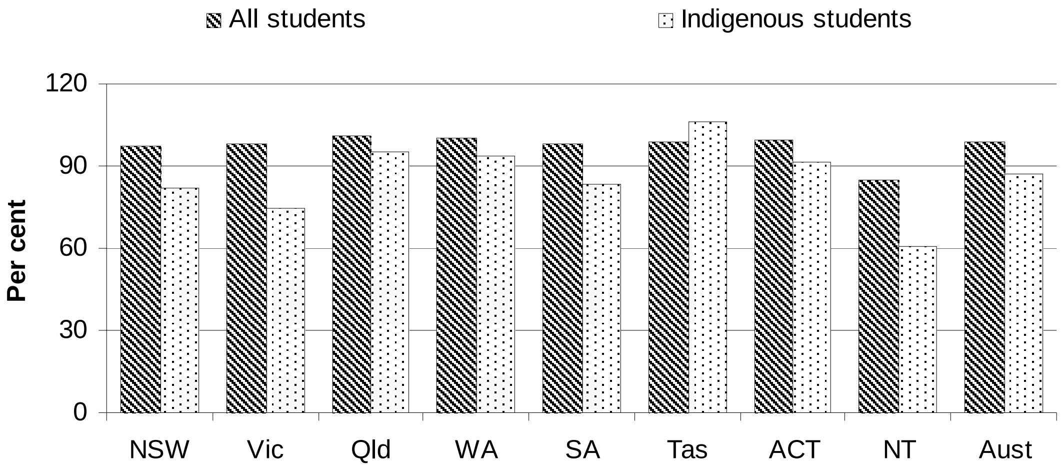
- enrolment policies across jurisdictions, which contribute to different age/grade structures
- the extent of part time year 12 enrolment in schools.

The indicator has been consistently reported over time, but does not reflect factors such as:

- students repeating a year of education or returning to education after a period of absence and thus being included in the year 10 cohort in 2001 but not in the year 12 cohort in 2003
- interstate movement of students
- movement between the government school sector and the non-government school sector
- the impacts of migration and full fee paying overseas students
- varying enrolment patterns in which students choose to complete their secondary schooling in TAFE institutes.

Apparent rates of retention from the commencement of secondary school to year 10 provide one measure of the equity of outcomes for Indigenous students. Apparent retention rates for all students were commonly 97–100 per cent in 2003, except in the NT (85.0 per cent) with a national proportion of 98.5 (figure 3.2). High rates are to be expected because normal year level progression means students in year 10 are generally of an age at which schooling is compulsory. Rates for Indigenous students, however, were considerably lower than those for all students in all jurisdictions except Tasmania. The national retention rate for Indigenous students was 87.2 per cent, or 11.3 percentage points lower than that for all students.

Figure 3.2 **Apparent rates of retention from year 7 or 8 to year 10, full time secondary students, all schools, by Indigenous status 2003**[a, b, c, d]



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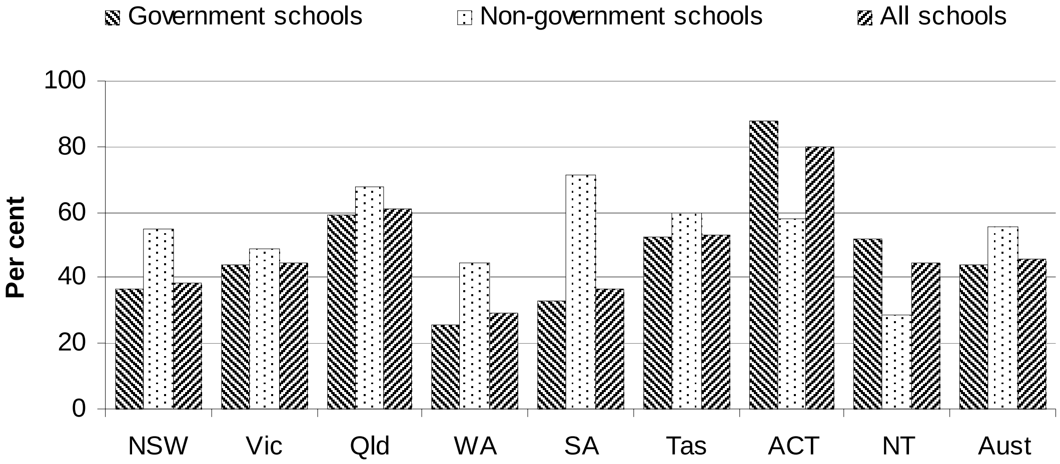
[a] Apparent retention rates are affected by factors that vary across jurisdictions. For this reason, variations in apparent retention rates over time within jurisdictions may be more useful than comparisons across jurisdictions. [b] Retention rates can exceed 100 per cent for a variety of reasons, including student transfers between jurisdictions after the base year. [c] The exclusion of part time students from standard apparent retention rate calculations has implications for the interpretation of results for all jurisdictions, but particularly for SA, Tasmania and the NT where there is a high proportion of part time students (2005 Report, table 3A.3). [d] Ungraded students are not included in the calculation of apparent retention rates. This exclusion has particular implications for the NT, where 43 per cent of Indigenous secondary students are ungraded (compared with an average of 7.5 per cent for the rest of Australia). As a result, Indigenous apparent retention rates may misrepresent the retention of students in secondary schooling in the NT.

Source: ABS (2004); table 3A.21; 2005 Report, p. 3.21, figure 3.8.

The apparent rate of retention from year 10 to year 12 has been derived by expressing the number of full time school students enrolled in year 12 in 2003 as a proportion of the number of full time school students enrolled in year 10 in 2001.

For all schools, apparent rates of retention from year 10 to year 12 for Indigenous students in 2003 ranged from 79.7 per cent in the ACT to 29.3 per cent in WA (figure 3.3). In interpreting this indicator, note that about 10–20 per cent of Indigenous students leave school before year 10 (figure 3.1) so are not included in the base year for retention from year 10 to year 12. Nationally, Indigenous retention from year 10 to year 12 for all schools in 2003 was 45.7 per cent (figure 3.3), or 31.2 percentage points lower than the rate for all students.

Figure 3.3 **Apparent rates of retention from year 10 to year 12, Indigenous full time secondary students, 2003**[a, b, c]



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[a] Apparent retention rates are affected by factors that vary across jurisdictions. For this reason, variations in apparent retention rates over time within jurisdictions may be more useful than comparisons across jurisdictions. [b] The exclusion of part time students from standard apparent retention rate calculations has implications for the interpretation of results for all jurisdictions, but particularly for SA, Tasmania and the NT where there is a high proportion of part time students (2005 Report, table 3.4). [c] Ungraded students are not included in the calculation of apparent retention rates. This exclusion has particular implications for the NT, where 43 per cent of Indigenous secondary students are ungraded (compared with an average of 7.5 per cent for the rest of Australia). As a result, Indigenous apparent retention rates may misrepresent the retention of students in secondary schooling in the NT.

Source: ABS (2004); table 3A.22; 2005 Report, p. 3.24, figure 3.10.

References

ABS (Australian Bureau of Statistics) 2004, *Schools Australia*, 2003, Cat. no. 4221.0, Canberra.

SCRGSP (Steering Committee for the Review of Government Service Provision) 2005, Report on Government Services 2005, Productivity Commission, Canberra.

4 Vocational education and training

Vocational education and training (VET) delivers employment related skills across a huge range of vocations. It provides Australians with the skills to enter or re-enter the labour force, retrain for a new job or upgrade skills for an existing job. The VET system includes government and privately funded VET delivered by a number of methods by a wide range of training institutions and enterprises.

This chapter reports on the VET services delivered by providers receiving government funding allocations. These VET services include the provision of vocational programs of study in government owned technical and further education (TAFE) institutes and universities with TAFE divisions, other government and community institutions, and government funded activity by private registered training organisations. The scope of this chapter does not extend to university education or VET services provided in schools (which fall within the scope of chapter 3).

Indigenous data in the Vocational Education and Training chapter

The vocational education and training chapter in the *Report on Government Services 2005* (2005 Report) contains the following data items on Indigenous people:

- VET participation by Indigenous status, 2003.
- The load pass rate for Indigenous students relative to other students, 2003.
- Proportion of Indigenous graduates indicating whether the VET course helped them achieve their main reason for doing the course.

Care needs to be taken in interpreting the participation data presented for Indigenous people, people with a disability and people from a non-English speaking background because the data are dependent on self identification at the time of enrolment, and the number of nonresponses (that is, students who did not indicate whether or not they belonged to these groups) was high and varied across jurisdictions.

Supporting tables

Supporting tables for data within the vocational education and training chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 4A.3 is table 3 in the vocational education and training attachment to the compendium). As the data are directly sourced from the 2005 Report, the compendium also notes where the original table, figure or text in the 2005 Report can be found. For example, where the compendium refers to ‘2005 Report, p. 4.15’ this is page 15 of chapter 4 of the 2005 Report, and ‘2005 Report, 4A.2’ is attachment table 2 of attachment 4 of the 2005 Report.

Key performance indicator results

The equity, effectiveness and efficiency of VET services may be affected by different delivery environments, locations and types of client. For the 2004 Report, the framework was revised to provide information on equity, efficiency and effectiveness, and to distinguish the outputs and outcomes of government services for the VET sector.

Outputs — Equity

A key national goal of the VET system is to increase opportunities and outcomes for disadvantaged groups, including Indigenous people. The Steering Committee has identified ‘VET participation by target equity groups as an indicator of the equity of access to VET services (box 4.1). The student data for all target equity groups in this Report are for government funded students only and not adjusted for recognition of prior learning, credit transfer and students who enrolled but did not participate. They are comparable to student data in the *Annual National Report on VET services 2003* (ANTA 2004) but are not directly comparable to student data presented in previous editions of this Report.

Box 4.1 **VET participation by target equity groups**

The extent of 'VET participation by target equity groups' (women, residents of rural and remote areas, Indigenous Australians, people with a disability, and people of non-English speaking background) provides an indicator of the target group's access to the VET system, compared with that of the general population, and reflects performance against the objective of achieving equitable outcomes in VET.

In this Report, the 'VET participation by target equity groups' is the number of government funded participants in the VET system who self-identified that they are from a target group, as a proportion of the total number of people in the population in that group aged 15–64 years.

It is desirable that the 'VET participation by target equity groups' is comparable to that for all students. A lower participation rate means the target equity group is under-represented in VET; a higher participation rate means the group is over-represented in VET.

Care needs to be taken in interpreting the participation rates presented for Indigenous people, people with a disability and people from a non-English speaking background because (1) the data depend on self-identification at the time of enrolment and (2) the number of non-responses (that is, students who did not indicate whether they belong to these groups) varies across jurisdictions.

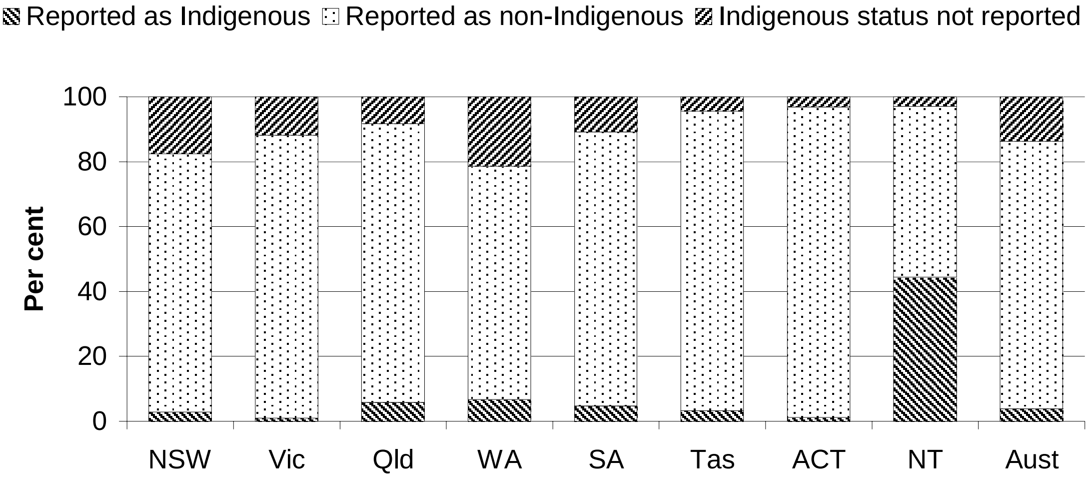
VET participation by Indigenous status

In 2003, 3.9 per cent of government funded VET students in Australia identified themselves as Indigenous, while 13.8 per cent of students did not report their Indigenous status. The proportion of VET students who identified as Indigenous ranged from 44.4 per cent in the NT to 1.0 per cent in Victoria. The proportion who did not report their Indigenous status varied from 21.4 per cent in WA to 3.0 per cent in the NT (figure 4.1).

As a measure of equity in VET participation, the proportion of VET students who identified as Indigenous can be compared to the proportion of Indigenous people in the total population. In 2003, the proportion of government funded VET students who identified as Indigenous was equal to or higher than the proportion of Indigenous people in the total population nationally and in all jurisdictions except Tasmania and the ACT (table 4A.1).

The VET participation rate for Indigenous people was higher than the participation rate for all people, in all jurisdictions except Tasmania and the ACT in 2003. Nationally, the VET participation rate for Indigenous people was 9.8 per cent, compared with 6.0 per cent for all people (figure 4.2). These student participation data are not age standardised, so the younger age profile of the Indigenous population relative to all Australians is likely to affect the data.

Figure 4.1 **VET students, by Indigenous status, 2003**[a]



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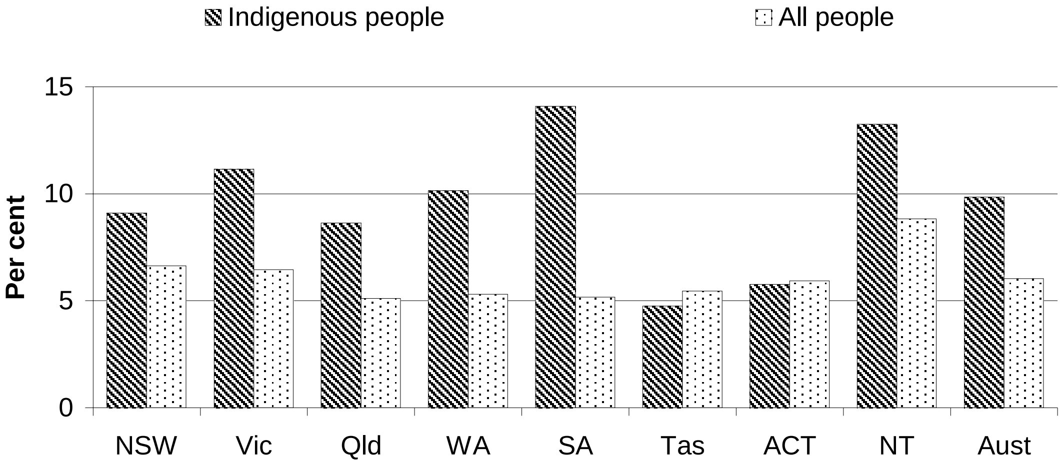
[a] Government recurrent funded VET students, excluding students participating in VET programs in schools. Not adjusted for recognition of prior learning, credit transfer and student enrolment no participation.

Source: NCVER (unpublished); table 4A.1; 2005 Report, p. 4.14, figure 4.6.

Figure 4.2 **VET participation rate, by Indigenous status, 2003**[a, b, c]



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[a] Government recurrent funded VET students, excluding students participating in VET programs in schools. Not adjusted for recognition of prior learning, credit transfer and student enrolment no participation. [b] The Indigenous participation rate is the number of students who reported being Indigenous as a percentage of the ABS experimental projection of the Indigenous population for 30 June 2003. [c] Care needs to be taken in interpreting these data because the Indigenous population's age profile is younger than that of the non-Indigenous population. Participation rates for all ages are likely to differ from participation rates for working age populations.

Source: ABS (unpublished); NCVER (unpublished); tables A.2, A.7 and 4A.1; 2005 Report, p. 4.15, figure 4.7.

Load pass rates

Load pass rates report the extent to which students pass assessment in an assessable module or unit of competency. Care needs to be taken in making jurisdictional comparisons of 'load pass rates' for Indigenous students, students with a disability and students from a non-English speaking background, because the non-identification rates for these groups are high. 'Load pass rates' for Indigenous students in 2003 were highest in Tasmania (75.0 per cent) and lowest in WA (56.8 per cent), but were well below the rate for all students in all states and territories (table 4A.2). 'Load pass rates' for Indigenous students was lower than the rates for all other students in the target equity groups except in Queensland and Tasmania in 2003 (table 4.1).

Table 4.1 **Load pass rates by VET target equity groups, 2003 (per cent)** [a, b, c]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Women	76.9	77.9	78.1	73.2	87.2	82.1	82.5	72.9	77.8
Rural	76.8	78.1	79.5	73.0	90.7	80.0	na	75.9	78.5
Remote	79.7	85.4	82.5	72.6	93.1	76.7	..	67.9	76.5
Indigenous	61.0	61.0	69.6	56.8	74.3	75.0	63.3	60.7	63.7
Disability	69.9	65.9	67.1	64.2	81.4	69.0	72.6	70.3	68.9
Non-English speaking background	73.5	67.7	64.5	64.5	80.3	73.8	73.4	56.6	70.6
All students	76.7	76.7	77.1	72.9	86.7	80.3	79.7	71.7	77.1

a Government recurrent funded VET students, excluding students participating in VET programs in schools. Not adjusted for recognition of prior learning, credit transfer and student enrolment no participation. **b** Disabilities include visual/sight/seeing, hearing, physical, intellectual, chronic illness and other disabilities. **c** Capital city areas are defined as State and Territory capital city statistical divisions. Other metropolitan areas are defined as other statistical subdivisions that included urban centres of population of 100 000 or more. Remote areas are defined in terms of low population density and long distances to associated large population centres. Rural areas include the remainder of non-metropolitan statistical local areas. For the ACT, the number of students from rural areas is too small to calculate meaningful participation rates. There are no remote areas in the ACT. **na** not available. **..** not applicable.

Source: NCVER (unpublished); 2005 Report, tables 4A.13–4A.17, p. 4.18, table 4.1.

Outcomes

Student outcomes: Meeting the main objectives of doing a VET course

Of TAFE graduates from the four VET equity target groups, those from remote areas were the most likely to indicate that the course helped or partly helped them achieve their main reason for doing the course — 84.2 per cent compared with 78.9 per cent of Indigenous graduates (table 4A.3).

References

ANTA (Australian National Training Authority) 2004, Annual National Report of the Australian Vocational Education and Training System 2003, Brisbane.

B Justice

Part B: Justice preface

Governments provide justice services to ensure a safe society by enhancing public order and security, and upholding the rule of law. This provision involves crime prevention, detection and investigation, judicial processes and dispute resolution, prisoner and offender management, and rehabilitation services. The focus of the *Report on Government Services 2005* is on the justice services provided by police, court administration and adult corrective services.

Indigenous issues

The available information on the interaction of Indigenous people with specific parts of the criminal justice system is of varying quality. The most important reason for the poor quality of Indigenous data is that some justice agencies do not ask explicitly for a person's Indigenous status. A number of agencies, however, have recently moved to rectify this situation.

Police and corrective services collecting Indigenous status data based on the ABS standard Indigenous questions include NSW, Queensland, WA and the NT. An ABS outposted officer is working with police in Tasmania to develop the capacity there to collect this type of data. Corrective services in SA collect data on Indigenous people and are working towards collecting these data using the ABS standard Indigenous question in 2005–06. The standard Indigenous question is the ABS's preferred method of identifying Indigenous clients and aims to facilitate self-identification of Indigenous status.

Work is being undertaken to enable Victoria's Magistrates and Children's courts to receive Indigenous identification data electronically from Victoria Police, who have been instructed to ask the ABS standard question. It is planned that these data will then flow to other judicial jurisdictions as part of the committal and appeal process. Data are expected to be available for the full 2004-05 financial year.

Data on the deaths of Indigenous people in police custody and custody-related operations (for example, most sieges and most cases in which officers were attempting to detain a person, such as pursuits) (see chapter 5), the representation of Indigenous people in prisons and community corrections (see chapter 7), and Indigenous deaths in prison custody (see chapter 7) are of a high quality and are published in this Report.

The Australian Institute of Criminology also publishes data on the involvement of Indigenous people in the criminal justice system, particularly in relation to deaths in police and corrective services custody.

Framework of the justice system

The criminal justice system is broad and complex, and has many interrelated objectives. An overarching aim is to ensure that the community has access to a fair system of justice that protects the rights of individuals and contributes to community safety (box JP.1).

Box JP.1 **Objectives of the criminal justice system**

The objectives of the criminal justice system are to provide protection for the rights and freedoms of all people through:

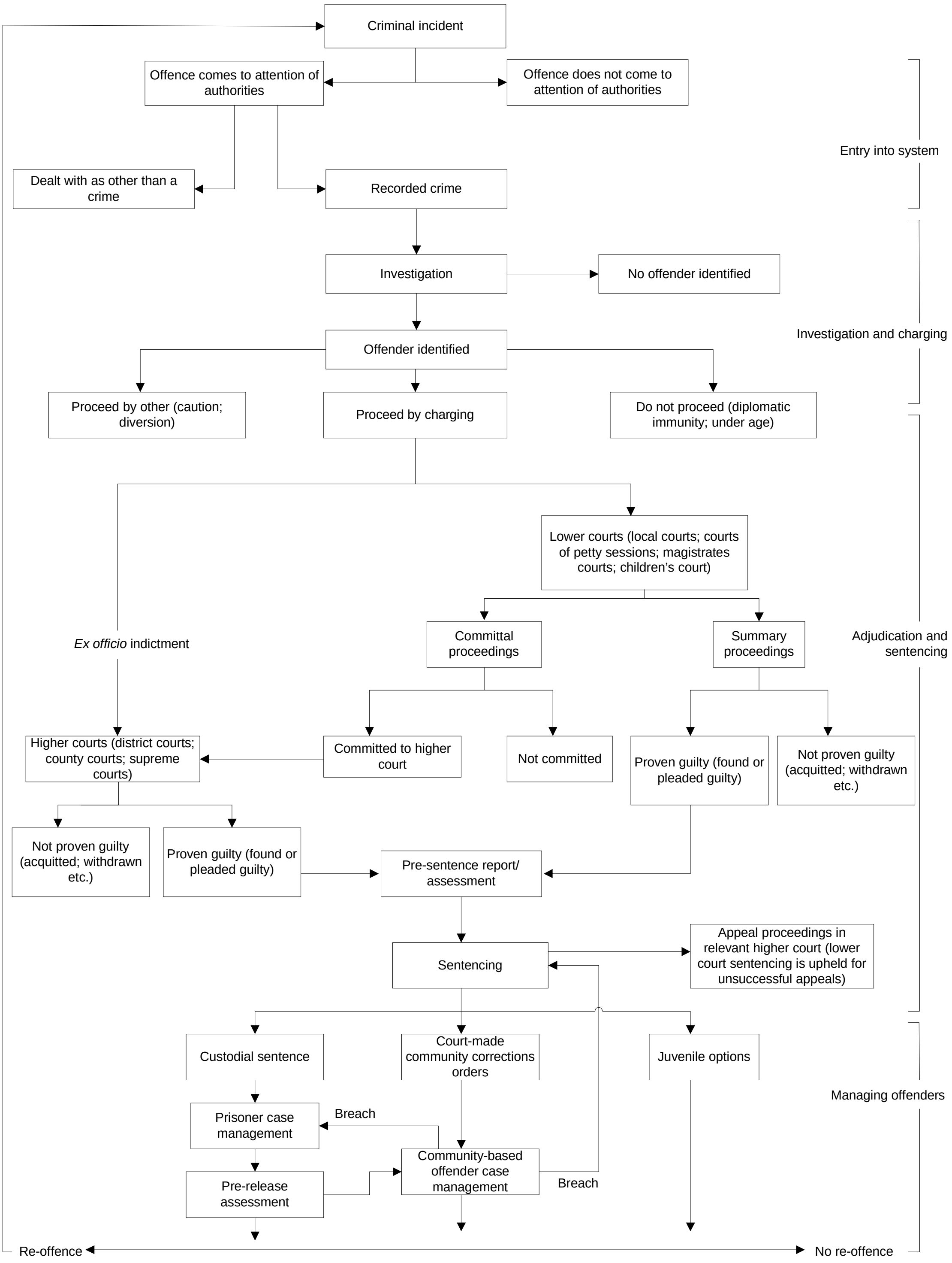
- the operation of police services that enhance community safety by preventing, detecting and investigating crime
- the administration of criminal justice that determines guilt and applies appropriate, consistent and fair sanctions to offenders
- the provision of a safe, secure and humane correctional system that incorporates the elements of safe custody, rehabilitation and restorative justice to the community.

These objectives are pursued in a manner that is accessible, equitable, timely and efficient.

Key indicators of the criminal justice system

The following discussion describes the policy objectives of the criminal justice system (box JP.1), follows the process by which the criminal justice system operates (figure JP.1) and draws on several performance indicators used in the Report. Equity indicators are yet to be developed. It also identifies areas that are not covered in the Report, but which may also be relevant in providing a more complete picture of the operations of, and service delivery options available to, police, courts and corrective services agencies.

Figure JP.1 **Flows through the criminal justice system**[a, b, c]



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[a] Does not account for all variations across jurisdictions. [b] The flow diagram is indicative and does not seek to include all the complexities of the criminal justice system. [c] Juvenile justice is covered in the 'Community services preface'.

Source: Adapted from ABS (unpublished); 2005 Report, p. C.7, figure C.1.

Custodial corrections

Effectiveness

Key effectiveness measures of custodial care — prisoner assault, death and escape rates — are reported in chapter 7. These measures are supported by descriptive indicators, such as imprisonment rates (disaggregated by gender and Indigenous status).

Community corrections

Effectiveness

In community corrections, a key effectiveness measure is the proportion of orders successfully completed. This measure is supported by descriptive indicators, such as offender rates (disaggregated by gender and Indigenous status). Chapter 7 contains these data.

Juvenile justice

The 'Community services preface' contains information on juvenile justice. It contains descriptive data on the number and detention rates of juveniles (including Indigenous juveniles) in correctional facilities. In future years, it is anticipated that the Report will expand to include performance reporting on juvenile justice.

National Information Development Plan

The National Information Development Plan (NIDP) identifies national needs for data in crime and justice, current key data sources (both ABS and other agencies) and information gaps with reference to national data requirements. It is a strategic document that has been developed in consultation with the Australian Government, State and Territory justice services, their associated research bodies, and a range of other portfolio agencies and non-government bodies that use this statistical information. The aim of this consultation was to draw information needs from those responsible for identifying policy issues, asking research questions and making decisions in the area of crime and justice. The NIDP presents recommendations and strategies for information development that will address the priority data needs of users of crime and justice information over the next five years.

Key themes identified for development include expanding the range of characteristics about persons and events in the justice system, with specific emphasis on safety, Indigenous people, youth at risk, recidivism, substance use, mental health, family violence, cultural diversity and location.

5 Police services

This chapter reports on the performance of police services. These services comprise the operations of the police agencies of each State and Territory government and the ACT community policing function performed by the Australian Federal Police (AFP) under the ‘Policing arrangement between the ACT and Commonwealth governments’. The national policing function of the AFP and other national non police law enforcement bodies such as the Australian Crime Commission (ACC) are not included in the Report.

Police services are the principal means through which State and Territory governments pursue the achievement of a safe and secure environment for the community through crime responses, the investigation of offences, the provision of services to the judicial process, and the provision of road safety and traffic management. Police are involved in a diverse range of activities aimed at reducing the incidence and effects of criminal activity. They also respond to more general needs in the community — for example, assisting emergency services, mediating family and neighbourhood disputes, delivering messages regarding death or serious illness, and advising on general policing and crime issues (CJC 1996).

Indigenous data

The police services chapter in the *Report on Government Services 2005* (2005 Report) contains the following data items on Indigenous people:

- Indigenous staffing (sworn and unsworn) as a proportion of the Indigenous population aged 20–64 years.
- Deaths in police custody and custody-related operations, 1998 to 2002.

Supporting tables

Supporting tables for data within the police services chapter of the compendium are contained in the attachment to the compendium. Supporting tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 5A.3 is table 3 in the in the police services attachment to the compendium). As the data are directly sourced from the 2005 Report, the compendium also notes where the original table, figure or text in the 2005 Report can be found. For example, where the compendium refers to '2005 Report, p. 5.15' this is page 15 of chapter 5 of the 2005 Report, and '2005 Report, 5A.2' is attachment table 2 of attachment 5 of the 2005 Report.

Indigenous staffing

This section focuses on the performance of mainstream services in relation to Indigenous Australians. One indicator of access and equity is 'Indigenous staffing' — that is, the proportion of police staff from Indigenous backgrounds relative to the proportion of the general population who are from Indigenous backgrounds (box 5.1). The process of identifying Indigenous staff member and clients poses challenges, particularly when relying on self-identification. Where Indigenous people are required to identify themselves, then the accuracy of the data will partially depend on how they perceive the advantages (or disadvantages) of identification and whether these perceptions change over time. For the purpose of this chapter, an Indigenous person is one who self-identifies as being Aboriginal or Torres Strait Islander.

Box 5.1 **Indigenous staffing**

'Indigenous staffing' is included as an output indicator of governments' objective to provide police services in an equitable manner. Indigenous people may feel more comfortable in 'accessing' police services when they are able to deal with Indigenous police staff.

The indicator is defined as the proportion of police staff from Indigenous backgrounds compared to the proportion of the general population aged 20–64 years who are from Indigenous backgrounds. These data are used because a significantly larger proportion of the Indigenous population falls within the younger non-working age groupings compared with the non-Indigenous population. Readily available ABS population estimates for people aged 20–64 years in 30 June 2001 provide a proxy for the estimated working population.

A proportion of police staff from Indigenous backgrounds closer to the proportion of the general population aged 20–64 years who are from Indigenous backgrounds represents a more desirable equity outcome.

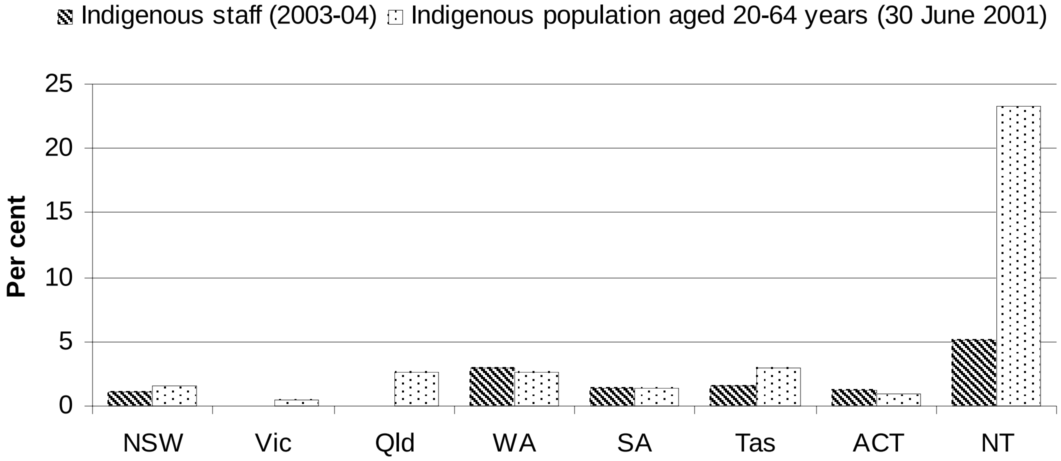
(Continued on next page)

Box 5.1 **(Continued)**

In some jurisdictions, the process of identifying Indigenous staff members relies on self-identification. Where Indigenous people are required to identify themselves, then the accuracy of the data will partly depend on how they perceive the advantages (or disadvantages) of identification and whether these perceptions change over time. More generally, many factors will influence the willingness of the Indigenous population to access police services, including familiarity with procedures for dealing with police, and confidence in the effectiveness of police services. For the purposes of this chapter, an Indigenous person is one who self-identifies as being Aboriginal and/or Torres Strait Islander.

Of the jurisdictions that provided data in 2003-04, the NT had the highest proportion of Indigenous police staff (5.2 per cent), while Victoria had the lowest proportion (0.1 per cent) (table 5A.9). In most jurisdictions, the proportion of Indigenous police staff was broadly in line with the representation of Indigenous people in the population aged 20–64 years. The exception was the NT, where the representation of Indigenous people in police staff was significantly lower than their representation in the general population aged 20–64 years (23.2 per cent) (figure 5.1).

Figure 5.1 **Proportion of Indigenous staff (sworn and unsworn) and Indigenous population aged 20–64 years[a, b, c]**



[a] Indigenous staff numbers relate to those staff who self-identify as being of Aboriginal and/or Torres Strait Islander descent. [b] Information on Indigenous status is collected only at the time of recruitment. [c] Queensland was unable to separate Indigenous and non-Indigenous staff.

Source: ABS, Cat. no. 3201.0, (unpublished); State and Territory governments (unpublished); table 5A.9; 2005 Report, p. 5.27, figure 5.21.

Deaths in police custody and custody-related operations

‘Deaths in custody and custody-related operations’, and ‘Indigenous deaths in custody’ are outcome indicators of governments’ objective to provide safe custody for alleged offenders, and ensure fair and equitable treatment for both victims and alleged offenders (box 5.2). The data for both indicators are provided on a comparable basis.

Box 5.2 **Deaths in custody and custody-related operations, and Indigenous deaths in custody**

‘Deaths in custody and custody-related operations’, and ‘Indigenous deaths in custody’, are included as outcome indicators of governments’ objective to provide safe custody for alleged offenders, and ensure fair and equitable treatment for both victims and alleged offenders.

The indicators are defined as the number of non-Indigenous and Indigenous deaths in police custody and custody-related operations.

For both indicators, a lower number of deaths in custody and custody-related operations is a better outcome.

Nationally, there were 19 deaths in police custody and custody-related operations in 2002 (down from 31 in 2001). This total comprised 13 non-Indigenous deaths and six Indigenous deaths. Across jurisdictions, the number of non-Indigenous deaths ranged from six deaths in NSW to no deaths in SA, the ACT and the NT (table 5.1). Three jurisdictions recorded Indigenous deaths in 2002 — NSW (three deaths), the NT (two deaths) and WA (one death). Nationally, the death rate per 100 000 people over the period 1998–2002 was 0.66. Across jurisdictions, the rate ranged from 4.62 in the NT to 0.21 in Tasmania (with the ACT recording no deaths over the period) (table 5.1).

Table 5.1 Deaths in police custody and custody-related operations[a]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* [b]
Non-Indigenous deaths									
1998	9	7	2	1	–	–	–	–	19
1999	4	4	3	2	2	–	–	4	19
2000	12	1	2	1	4	–	–	–	20
2001	15	5	4	1	1	–	–	–	26
2002	6	1	3	2	–	1	–	–	13
Indigenous deaths									
1998	2	–	1	1	–	–	–	2	6
1999	1	–	1	3	–	–	–	1	6
2000	2	–	1	1	1	–	–	–	5
2001	–	–	–	2	3	–	–	–	5
2002	3	–	–	1	–	–	–	2	6
Total deaths									
1998	11	7	3	2	–	–	–	2	25
1999	5	4	4	5	2	–	–	5	26
2000	14	1	3	2	5	–	–	–	25
2001	15	5	4	3	4	–	–	–	31
2002	9	1	3	3	–	1	–	2	19
Total 1998–2002	**54**	**18**	**17**	**15**	**11**	**1**	**–**	**9**	**126**
Rate per 100 000 people (1998–2002)[c]	0.83	0.38	0.48	0.80	0.73	0.21	–	4.62	0.66

[a] Deaths in police custody include: deaths in institutional settings (for example, police stations/lockups and police vehicles, or during transfer to or from such an institution, or in hospitals following transfer from an institution); and other deaths in police operations where officers were in close contact with the deceased (for example, most raids and shootings by police). Deaths in custody-related operations cover situations where officers did not have such close contact with the person as to be able to significantly influence or control the person's behaviour (for example, most sieges and most cases where officers are attempting to detain a person, such as pursuits). [b] Includes one AFP death in custody in 1999. [c] Rate calculated by using the average population during 1998–2002. – Nil or rounded to zero.

Source: AIC (various years), *Deaths in Custody, Australia*; ; table 5A.10; 2005 Report, p. 5.77, table 5.3.

References

ABS (Australian Bureau of Statistics), *Population by Age and Sex, Australian States and Territories*, Cat. no. 3201.0, Canberra.

AIC (Australian Institute of Criminology) 2002, *Deaths in Custody, Australia* (and various years), Canberra.

CJC (Criminal Justice Commission) 1996, *The Nature of General Police Work*, Research Paper Series, vol. 3, no. 2, Brisbane.

6 Court administration

This chapter covers the performance of court administration for State and Territory supreme, district/county and magistrates (including children's) courts, electronic courts, coroners courts and probate registries. It also covers the performance of court administration for the Federal Court of Australia, the Federal Magistrates Court, the Family Court of Australia and the Family Court of WA. The focus of this Report is on the administration of the courts, not the outcomes of legal processes.

Court administration agencies throughout Australia provide a range of services integral to the effective performance of the judicial system. The primary functions of court administration agencies are to:

- manage court facilities and staff, including buildings, security and ancillary services such as registries, libraries and transcription services
- provide case management services, including client information, scheduling and case flow management
- enforce court orders through the sheriff's department or a similar mechanism.

Indigenous data in the court administration chapter

The court administration chapter in the *Report on Government Services 2005* contains no data items on Indigenous people.

7 Corrective services

Corrective services aim to meet the overall objectives of the criminal justice system, outlined in the ‘Justice preface’, by providing a safe, secure and humane adult correctional system that incorporates the elements of rehabilitation, community protection and reparation. In this Report, corrective services include prison custody (including periodic detention) and a range of community corrections orders and programs for adult offenders (for example, parole and community work orders). The term ‘prisoners’ is used in this chapter to refer to people held in full time custody under the jurisdiction of an adult corrective service agency; the term ‘offenders’ is used to refer to people serving community corrections orders. Both public and privately operated correctional facilities are included; however, the scope of this chapter does not extend to:

- juvenile justice (which is covered in the community services preface)
- prisoners or alleged offenders held in forensic mental health facilities to receive psychiatric care (who are generally the responsibility of health departments)
- prisoners held in police custody (who are covered in the police services chapter)
- people held in facilities such as immigration or military detention centres.

Indigenous data in the corrective services chapter

The corrective services chapter in the *Report on Government Services 2005* (2005 Report) contains the following data items on Indigenous people:

- Indigenous and non-Indigenous imprisonment rates, 2003-04
- Indigenous and non-Indigenous community corrections rates, 2003-04
- Prisoner death rates from apparent unnatural causes, 2003-04.

Supporting tables

Supporting tables for data within the corrective services chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 7A.3 is table 3 in the corrective services attachment to the compendium). As the data are directly sourced from the 2005 Report, the compendium also notes where the original table, figure or text in the 2005 Report can be found. For example, where the compendium refers to 2005 Report, p. 7.15' this is page 15 of chapter 7 of the 2005 Report, and '2005 Report, 7A.2' is attachment table 2 of attachment 7 of the 2005 Report.

Prison custody

On average, 23 015 people per day (excluding periodic detainees) were held in Australian prisons during 2003-04 — 21 465 males and 1549 females (93.3 per cent and 6.7 per cent of the prison population respectively). This daily average was an increase of 3.5 per cent over the average daily number reported in the previous year in the previous year (table 7A.1). Nationally, the daily average number of Indigenous prisoners was 4960 (compared with 4600 in 2002-03) — 21.6 per cent of prisoners nationally (table 7A.1).

The rate of imprisonment represents the number of prisoners (excluding periodic detainees) per 100 000 people in the corresponding adult population. The adult population includes people at or over the minimum age at which sentencing to adult custody can occur in each jurisdiction (17 years old in Victoria and Queensland and 18 years old in all other jurisdictions for the reporting period).

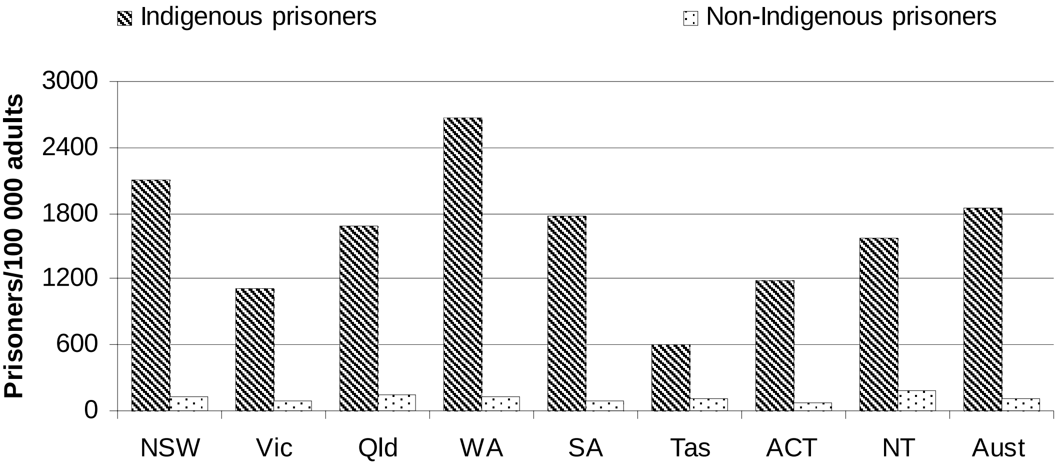
Imprisonment rates for Indigenous and non-Indigenous prisoners are not yet available for 2003-04. The Australian Bureau of Statistics (ABS) has suspended publication of these rates until new population projections can be appropriately integrated into the corrective services data series.

The national imprisonment rate per 100 000 Indigenous adults in 2002-03 was 1850.5 compared with a rate of 115.4 for non-Indigenous prisoners per 100 000 non-Indigenous adults (figure 7.1). WA reported the highest rate of Indigenous imprisonment per 100 000 adults (2678.4) and Tasmania reported the lowest (600.8). The NT reported the highest non-Indigenous imprisonment rate per 100 000 adults (177.7) and the ACT reported the lowest (70.2) (figure 7.1).

These comparisons need to be interpreted with care, especially for states and territories with low Indigenous populations, where small changes in prisoner numbers can cause variations in rates that do not accurately represent either real trends over time or consistent differences from other jurisdictions.

While imprisonment rates for Indigenous people are far higher than those for non-Indigenous people, the majority of prisoners are non-Indigenous. Nationally, 76.3 per cent of prisoners were non-Indigenous in 2003-04 (table 7A.1).

Figure 7.1 **Indigenous and non-Indigenous imprisonment rates, 2002-03[a, b, c]**



[a] Based on the daily average prisoner population numbers supplied by states and territories, calculated against adult Indigenous and non-Indigenous population estimates (ABS figures supplied by the National Centre for Crime and Justice Statistics). [b] ACT rates include ACT prisoners held in the ACT and in NSW prisons. NSW rates exclude ACT prisoners held in NSW prisons. [c] Excludes prisoners reported as being of unknown Indigenous status.

Source: State and Territory governments (unpublished); table 7A.3; 2005 Report, p. 7.6, figure 7.3.

Community corrections

All jurisdictions operate community corrections programs. Community corrections comprise a variety of non-custodial programs. These programs vary in the extent and nature of supervision, the conditions of the order (such as a community work component or personal development program attendance) and the level of restrictions placed on the person’s freedom of movement in the community (for example, home detention). No single objective or set of characteristics is common to all community corrections programs, other than that they generally provide either a non-custodial sentencing alternative or a post-custodial mechanism for reintegrating prisoners into the community under continued supervision.

Community corrections include court imposed non-custodial sentences that are administered by corrective services. These sentences may include suspended sentences, court imposed home detention, community service orders, probation, intensive supervision orders and recognisance. In most states and territories, fine default orders are administered by community corrections, as is bail supervision in some jurisdictions. All jurisdictions have reparation and supervision orders. Restricted movement orders were available in all jurisdictions except Tasmania in 2003-04. Community corrections also include post-custodial programs (for example, parole, release on licence, pre-release orders and some forms of home detention), under which prisoners released into the community continue to be subject to corrective services supervision.

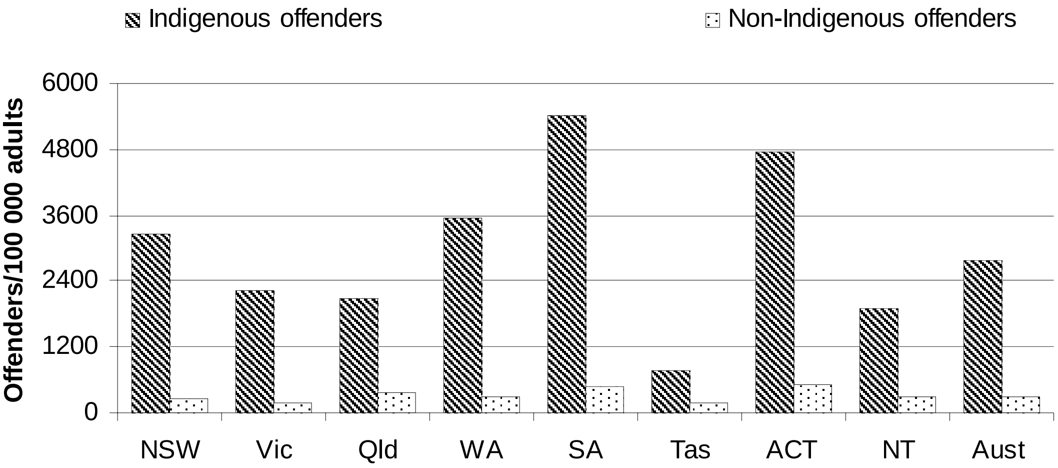
A daily average of 50 821 offenders were serving community corrections orders across Australia in 2003-04 — a decrease of 2.1 per cent from the previous year's average (table 7A.2). This daily average comprised 41 369 males (81.4 per cent), 9011 females (17.7 per cent) and 441 offenders whose gender was not recorded. The daily average comprised 7676 Indigenous offenders (15.1 per cent of the total community correction population), 38 853 non-Indigenous offenders (76.5 per cent) and 4292 persons whose Indigenous status was unknown (table 7A.2).

The community corrections rate represents the number of offenders serving community corrections orders per 100 000 people in the corresponding adult population. The adult population includes people at or over the age of entry to the adult correctional system in each jurisdiction (17 years in Victoria and Queensland, and 18 years in all other jurisdictions for the reporting period).

Community corrections rates for Indigenous and non-Indigenous prisoners were not available for 2003-04. The ABS has discontinued publication of these rates until new population projections can be appropriately integrated into the corrective services data series. The national rate for Indigenous offenders in 2002-03 was 2764.1 per 100 000 Indigenous adults compared with 275.3 for non-Indigenous offenders (figure 7.2). South Australia reported the highest rate of Indigenous offenders per 100 000 Indigenous adults in 2002-03 (5398.1) and Tasmania reported the lowest (766.5). The ACT reported the highest rate of non-Indigenous offenders per 100 000 non-Indigenous adults (497.5) and Victoria reported the lowest rate (173.7) in 2002-03 (figure 7.2).

As in the case of imprisonment rates, these comparisons need to be interpreted with care, especially for those jurisdictions with low Indigenous populations, where small changes in offender numbers can cause variations in rates that do not accurately represent either real trends over time or consistent differences from other jurisdictions.

Figure 7.2 **Indigenous and non-Indigenous community corrections rates, 2002-03[a]**



[a] Rates are based on the daily average offender population numbers supplied by State and Territory governments, calculated against adult Indigenous and non-Indigenous population estimates (ABS data supplied by the National Centre for Crime and Justice Statistics). Excludes offenders whose Indigenous status was reported as unknown.

Source: State and Territory governments (unpublished); table 7A.3; 2005 Report, p. 7.8, figure 7.5.

Custody — apparent unnatural deaths

Prison custody indicator results are affected by small numbers, especially when expressed as a rate of total prisoner populations in jurisdictions with relatively small average daily prisoner populations. Given the small absolute numbers in many cases, care needs to be taken when comparing effectiveness indicators across jurisdictions and over time within jurisdictions. A single incident in the smallest jurisdiction can double the rate of some indicators, but have little apparent effect in the larger jurisdictions.

The 'apparent unnatural deaths' rate is provided as an output indicator of effectiveness (box 7.1). The data for this indicator is provided on a comparable basis.

Box 7.1 **Custody — apparent unnatural deaths**

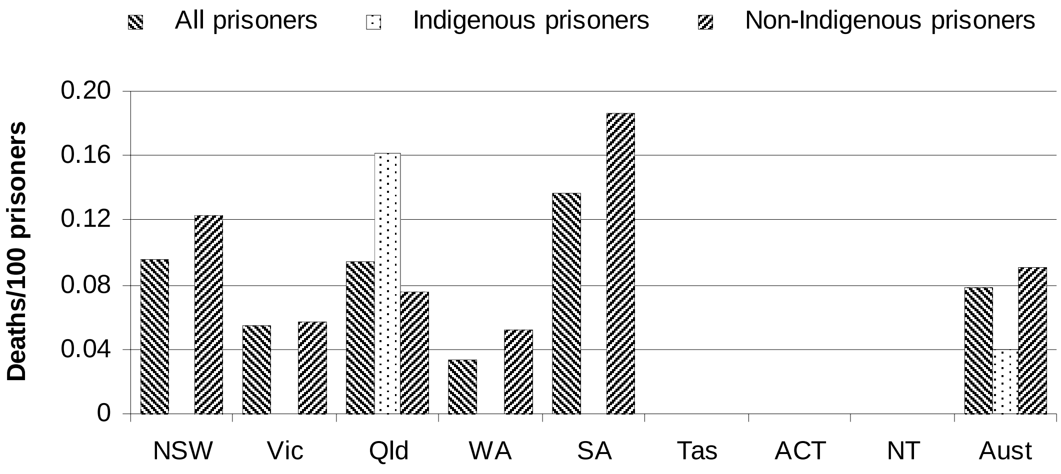
Effective custodial management involves a duty of care for the safety and well-being of people detained in prisons, particularly for those prisoners at risk of self-harm or harm from others. This includes providing an environment where there is a low risk of death from unnatural causes.

The 'apparent unnatural deaths' rate is defined as the number of deaths, divided by the annual average prisoner population, multiplied by 100, where the likely cause of death is suicide, drug overdose, accidental injury and homicide, and is reported separately for Indigenous and non-Indigenous prisoners.

A zero or low deaths rate indicates better performance towards achieving the effectiveness objective of custody as defined in Box 7.1 (2005 Report, p. 7.13, Box 7.4).

The rate of deaths from apparent unnatural causes for all prisoners in 2003-04 ranged from 0.14 per 100 prisoners in SA to zero in Tasmania, the ACT and the NT (figure 7.3). For Indigenous prisoners, Queensland reported two deaths (table 7A.15) from apparent unnatural causes (a rate of 0.16 per 100 prisoners) and all other jurisdictions reported a zero rate (figure 7.3). Neither of the two jurisdictions operating periodic detention reported deaths of periodic detainees in 2003-04 (table 7A.4).

Figure 7.3 **Prisoner deaths rates from apparent unnatural causes, 2003-04**[a, b, c]



[a] The 'apparent unnatural deaths' rate is calculated as the number of deaths, divided by the annual average prisoner population, multiplied by 100. [b] Indigenous deaths rates from apparent unnatural causes represent two deaths in Queensland in 2003-04. [c] NSW, Victoria, WA, SA, Tasmania the ACT and the NT reported zero deaths from unnatural causes for Indigenous prisoners.

Source: State and Territory governments (unpublished); table 7A.4; 2005 Report, p. 7.14, figure 7.7.

The national rate of deaths from apparent unnatural causes for all prisoners declined from 0.20 in 1999-2000 to 0.08 in 2003-04 (2005 Report, p. 7.14, figure 7.8). Rates fell for both Indigenous and non-Indigenous prisoners (table 7A.5).

Jurisdictional data

Selected descriptive and effectiveness prisoner data across jurisdictions are reported in the corrective services attachment tables of this compendium.

References

NCAG (National Corrections Advisory Group) 2004, *Data Collection Manual 2003-04*, Canberra, unpublished.

SCRCSSP (Steering Committee for the Review of Commonwealth/State Service Provision) 2005, *Report on Government Services 2005* (2005 Report), Canberra.

8 Emergency management

Emergency management aims to reduce the level of risk to the community of emergencies occurring, reduce the adverse effects of emergency events, and improve the level and perception of safety in the community. This Emergency management chapter in the 2005 Report on selected emergency events, including fire, ambulance (pre-hospital care, treatment and transport) and emergency road rescue events. The chapter does not report on the total range of State and Territory Emergency Services Organisation activities.

Indigenous data in the emergency management chapter

There were no data items on Indigenous people contained in this chapter in the *Report on Government Services 2005*.

Some jurisdictions have particular arrangements for the provision of fire and ambulance services to Indigenous communities. (For more information on fire services provided to Indigenous communities, see SCRCSSP 2002, p. 572. For an example of ambulance services provided to Indigenous communities in Queensland, see SCRCSSP 2002, p. 574. For information on Indigenous access to air medical services, see SCRCSSP 2003, pp. 8.7–8.8.)

References

SCRCSSP (Steering Committee for the Review of Commonwealth/State Service Provision) 2002, *Report on Government Services 2002,* AusInfo, Canberra.

—— 2003, *Report on Government Services 2003,* AusInfo, Canberra.

C Health

Part C: Health preface

Health services are concerned with promoting, restoring and maintaining a healthy society. They involve illness prevention, health promotion, the detection and treatment of illness and injury, and the rehabilitation and palliative care of individuals who experience illness and injury. Broadly defined, the health system includes a range of activities that raise awareness of health issues, thereby reducing the risk and onset of illness and injury (box HP.1).

Health care services in Australia are delivered by a variety of government and non-government providers in a range of service settings. The Report primarily concentrates on the performance of public hospitals (see Report on Government Services 2005 (2005 Report), chapter 9), and primary and community health services (including general practice) (see 2005 Report, chapter 10) because these services represent a significant component of government recurrent expenditure on health care. The Report also examines the interactions between different service mechanisms for dealing with two health management issues: mental health and breast cancer (see 2005 Report, chapter 11).

Estimates of government expenditure on health care provision commonly include (by definition) high level residential aged care services and patient transport services (ambulance services including pre-hospital care, treatment and transport services). These services are not covered in the health chapters in this Report, but are reported separately in chapters 8 (‘Emergency management’, 2005 Report) and 12 (‘Aged care’, 2005 Report).

Box HP.1 **Some common health terms**

community health services: health services for individuals and groups delivered in a community setting, rather than via hospitals or private facilities.

general practitioners: medical practitioners who, for the purposes of Medicare, are vocationally registered under s.3F of the *Health Insurance Act 1973* (Cwlth), hold fellowship of the Royal Australian College of General Practitioners or equivalent, or hold a recognised training placement.

Medicare: covers Australian Government funding of private medical and optometric services (the Medicare Benefits Schedule [MBS]). Some people use the term to include other forms of Australian Government funding — for example, funding of selected pharmaceuticals (under the Pharmaceutical Benefits Scheme [PBS]) and public hospital funding (under the Australian Health Care Agreements [AHCAs]) — aimed at providing public hospital services free of charge to public patients.

primary health care: services that:

- provide the first point of contact with the health system
- have a particular focus on prevention of illness or early intervention
- are intended to maintain people's independence and maximise their quality of life through care and support at home or in local community settings.

public health: an organised social response to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing medical interventions, is the population (or subgroups). Public health is characterised by a focus on the health of the population (and particular at-risk groups) and complements clinical provision of health care services.

public hospital: a hospital that provides free treatment and accommodation to eligible admitted people who elect to be treated as public patients. It also provides free services to eligible non-admitted patients and may provide (and charge for) treatment and accommodation services to private patients. Charges to non-admitted patients and admitted patients on discharge may be levied in accordance with the AHCAs (for example, charges for aids and appliances).

Source: 2005 Report, p. E.2.

Other major areas of government involvement in health provision not covered in the health chapters, or elsewhere in the Report, include:

- government support for pharmaceuticals (the PBS)
- public health programs, other than those for breast cancer and mental health
- funding for specialist medical practitioners.

A range of government services — such as education, public housing, sanitation and water supply — also influence health outcomes. These are not formally part of

Australia's health system and are not the subject of the health chapters. Education (see 2005 Report, chapters 3 and 4) and public housing (see 2005 Report, chapter 16), however, are included in other chapters of the Report.

Indigenous people and people in rural and remote areas often have different health care needs and may experience poorer health outcomes than those of the general community. It is a priority of the Review to improve reporting on the performance of government provided health care services for Indigenous people and for residents in regional Australia.

There is a new edition of the *Overcoming Indigenous Disadvantage: Key Indicators 2005 Report* publication coming out in May 2005.

Indigenous data in the Health preface

The health preface in the 2005 Report contains the following information on Indigenous people:

- An overview of Indigenous health, including information on government policy and programs, expenditure and data quality
- Expenditure on health services for Indigenous people, 1998-99
- Mortality rates (including infants), 200002
- Causes of death, 19992001 and 2002
- Median age at death, 2002
- Birthweight of babies, 2001

Supporting tables

Supporting tables for data within the health preface of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by a 'HPA' suffix (for example, table HPA.3 is table 3 in the health preface attachment to the compendium). As the data are directly sourced from the 2005 Report, the compendium also notes where the original table, figure or text in the 2005 Report can be found. For example, where the compendium refers to '2005 Report, p. 9.15' this is page 15 of chapter 9 of the 2005 Report, and '2005 Report, 9A.2' is attachment table 2 of attachment 9 of the 2005 Report.

Overview of Indigenous health

The Steering Committee has placed a high priority on reporting on government services to Indigenous people. Data on health outcomes and the provision of health services for Indigenous people are included where possible in this Report. This overview is designed to assist interpretation of these data and provide a broader understanding of Indigenous health issues.

Indigenous people are more likely to experience disability and reduced quality of life due to ill health, and to die at younger ages than other Australians (WHO 2001; SIMC 2004). These patterns are reflected in Australian data on: mortality, life expectancy and birthweights (later in this preface); hospital separation rates; hospitalisation rates for diabetes, assault and infectious pneumonia; fetal, neonatal and perinatal death rates (see chapter 9); and suicide (see chapter 11).

Other recent publications, such as the *National Summary of 2001 and 2002 Jurisdictions Reports against Aboriginal and Torres Strait Islander Health Performance Indicators* (SIMC 2004), *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (ABS and AIHW 2003) and *Overcoming Indigenous Disadvantage: Key Indicators 2003* (SCRGSP 2003), include more comprehensive data on the health status of Indigenous people and Indigenous health-related factors.

International comparisons

It has been estimated that there are over 300 million Indigenous people worldwide. They are located mainly in Asia and South America but also in many 'first world' countries such as Australia, Canada and the United States. Despite improvements in Indigenous health outcomes in recent decades, the health status of Indigenous peoples has not kept pace with global health improvements. Their health status remains significantly lower than that of non-Indigenous peoples in almost every country they inhabit (Paradies and Cunningham 2002; UNICEF 2004; WHO 2001).

Based on key population health indicators such as mortality and life expectancy, the average health status of Indigenous Australians appears to be lower than that of Indigenous people in countries such as New Zealand, the United States and Canada. During 1996–2001, for example, it appears that life expectancy at birth for Indigenous people in Australia was at least 10 years lower than that for Indigenous people in New Zealand and Canada (SIMC 2004).[1] Caution is needed in making international comparisons of Indigenous health outcomes because the quality of international Indigenous health data is variable and coverage may be incomplete.

Contributing factors

Many interrelated factors contribute to the poor health status of Indigenous people relative to that of other Australians, including cultural, socioeconomic, geographic and environmental health factors. Recent reports have highlighted:

- language and cultural barriers to accessing health and health-related services
- relatively low education levels — in the 2001 Census, 28 per cent of Indigenous males and 32.6 per cent of Indigenous females aged 20–24 years had completed year 12 or equivalent, compared with 64.1 per cent of non-Indigenous males and 74.2 per cent of non-Indigenous females aged 20–24 years (SIMC 2004)
- relatively low employment and income levels that lead to financial barriers to accessing health services — in 2001, the median gross weekly equivalised household income[2] of Indigenous people was 56 per cent of that of non-Indigenous people (SCRGSP 2003)
- relatively high imprisonment rates — in June 2002, Indigenous people were 15 times more likely than non-Indigenous people to be in prison (SCRGSP 2003)
- relatively high rates for health risk factors such as obesity, smoking, harmful alcohol use, substance abuse and violence — in the 2001 Australian Bureau of Statistics (ABS) National Health Survey for example, 53 per cent of Indigenous people aged 18 years or over said they were current smokers (compared with around 22 per cent of non-Indigenous people) and 48 per cent reported being obese or overweight (SIMC 2004)
- geographic distance to health services, particularly in remote and very remote areas — in 2001, 606 discrete Indigenous communities were located 25 kilometres or more from the nearest primary health care centre, and 943 communities were 50 kilometres or more from the nearest acute care hospital (SIMC 2004)
- inadequate and overcrowded housing, particularly in remote and very remote regions — based on 2001 Census data and AIHW definitions of ‘overcrowded’,

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[1] Indigenous population data reported in SIMC 2004 and quoted in this Report do not reflect ABS revised Indigenous population estimates for 1999 and 2000.

[2] Weekly household income adjusted for household size and composition.

Indigenous people were estimated to be more than five times as likely as non-Indigenous people to live in overcrowded households (SCRGSP 2003)

- inadequate water supply, sewerage and other health-related infrastructure, particularly in very remote areas (SCRGSP 2003).

These influences on the health status of Indigenous people vary across regions and across urban, rural and remote areas. Geographic and environmental health factors, for example, are less relevant in urban areas (ABS and AIHW 2003). The extent to which differences across jurisdictions in the reported health outcomes for Indigenous people can be attributed to the performance of government funded health services alone is limited, given the complexity of these influences on Indigenous health, and ongoing data quality problems (discussed below).

In addition, a wide range of government provided or funded services (other than health services) seek to address the environmental, socioeconomic and other factors that affect Indigenous health. These services include government schools, housing, justice and correctional services, which are discussed elsewhere in this Report. The Steering Committee publication, *Overcoming Indigenous Disadvantage: Key Indicators 2003* (SCRGSP 2003), examines these and other multiple contributors (and their complex cross-links) to health outcomes for Indigenous people.

Government policy and programs

The majority of government expenditure on Indigenous health is made through mainstream health programs (AIHW 2001). In addition, the Australian, State and Territory governments fund Indigenous-specific health programs and undertake coordination and research activities. Most Australian Government expenditure on Indigenous-specific health programs is directed to ACCHSs. State and territory governments fund a range of community and public health programs that specifically target Indigenous people within their jurisdiction (see chapter 10).

Agreements on Aboriginal and Torres Strait Islander Health (framework agreements) have been established in each state and territory between Australian, State and Territory governments and the community sector. The agreements promote a partnership approach and commit signatories to work together to:

- increase the level of resources allocated to reflect the level of need
- plan jointly
- improve access to both mainstream and Indigenous specific health and health related services
- improve Indigenous health data collection and evaluation.

At the national level, the National Aboriginal and Torres Strait Islander Health Council provides policy advice to the Australian Government Minister for Health on Indigenous health issues. The Council has overseen the development of the National Strategic Framework for Aboriginal and Torres Strait Islander Health, which all health ministers endorsed at the July 2003 Australian Health Ministers Conference. This framework outlines agreed principles and the following nine key result areas for jurisdictions and ACCHSs:

- community controlled primary health care
- a health system delivery framework to improve the responsiveness of both mainstream and Indigenous-specific health services to Indigenous health needs
- a competent health workforce with appropriate skills and training in both mainstream and Indigenous-specific health services
- emotional and social wellbeing, focusing on mental health, suicide, family violence, substance misuse and male health
- environmental health, including safe housing, water, sewerage and waste disposal
- wider strategies that have an impact on health in portfolios outside the health sector, such as education, employment and transport
- data, research and evidence to improve information on health service effectiveness in meeting the needs of Indigenous Australians
- resources and finances commensurate with Indigenous health needs, the cost of delivering services and community capacity to deliver health outcomes
- accountability of health services to communities and governments.

The national strategic framework is to be further complemented by a National Strategic Framework for Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, which was agreed by the Australian Health Ministers Advisory Council in March 2004. This will be implemented through social health teams in the ACCHSs and through State and Territory government programs (Department of Health and Ageing 2004).

Expenditure

The most recent estimates of health services expenditure for Indigenous people are for 1998-99 (AIHW 2001). These estimates were examined in previous reports (2002 and 2003), with key issues listed in the 2004 Report also. In summary, the Indigenous health expenditure estimates for 1998-99 (in 1998-99 dollars) showed that national real recurrent health expenditure (that is, recurrent expenditure by all governments) per person was higher for Indigenous people than for non-Indigenous people ($3065 per person and $2518 per person respectively).[3] Health status, geographic, demographic, socioeconomic, linguistic and other factors contributed to the higher average health service costs for Indigenous people (AIHW 2001).

The 1998-99 expenditure data indicated that Indigenous Australians use secondary/tertiary care (that is, hospitals) at a higher rate than they use primary care (such as doctors and community health services), and at a higher rate than non-Indigenous Australians use secondary/tertiary health care (AIHW 2001). This pattern of use may reflect lower levels of access to primary healthcare (particularly in remote areas), as well as higher incidences of health conditions that require hospital care rather than primary care among Indigenous Australians.

Indigenous people are less likely than other Australians to use private health services for both primary and secondary/tertiary healthcare. In 1998-99, government public hospital expenditure per person was twice as much for Indigenous people as for non-Indigenous people. In community and public health services, expenditure per person was more than five times as much for Indigenous people as for non-Indigenous people (AIHW 2001). The AIHW has published data on government expenditure in 2000-01 and 2001-02 on specific Indigenous health programs, such as programs to promote social and emotional wellbeing and mental health (SIMC 2004).

Data quality

Good quality data are needed to assess the effectiveness of programs and to evaluate policies designed to improve health services and outcomes for Indigenous people. Despite recent improvements, Indigenous health data remain limited in availability, timeliness and quality. The following problems are associated with Indigenous health data in Australia (ABS 2004; ABS and AIHW 2003; SIMC 2004).

- Indigenous people are not always accurately or consistently identified in administrative health data collections (such as hospital records and birth and death registrations), given variation in definitions, different data collection methods and inaccurate or incomplete recording of Indigenous status. The ABS has introduced a program of three yearly Indigenous household surveys with sample sizes designed to support the production of reliable state and territory level data, so every three years, some health status and health risk factors are measured. Every six years, more detailed health status information is collected, together with health service use, health actions, health related aspects of lifestyle

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[3] Recurrent expenditure only, not including capital costs.

and other health risks. Other health related surveys, which may include an Indigenous identifier, do not necessarily provide reliable data on Indigenous people, because of their small sample size, geographic coverage or survey design (although considerable improvement has been made in this area in recent years).

- Inconsistent administrative data definitions and collection methods mean comprehensive comparisons between jurisdictions and/or between surveys have rarely been possible.
- Experimental estimates of the Indigenous population are re-based by the ABS every five years to take account of unexplained population growth (that is, other than natural increase). This requires re-estimation of various rates and rate ratios.

Similar problems of quality and availability of Indigenous health data have been identified in international data also (Paradies and Cunningham 2002; WHO 2001).

In Australia, the National Aboriginal and Torres Strait Islander Health Council is finalising an Aboriginal and Torres Strait Islander Health Performance Framework to provide a nationally consistent basis for reporting against outcomes under the national strategic framework (see above). Improving the quality of Indigenous health data is, in itself, a performance indicator in the draft framework. Jurisdictional outcomes have been published against the draft and interim versions of this performance framework (SIMC 2004).

In existing data collections, agencies such as the ABS and the Australian Institute of Health and Welfare (AIHW) have identified jurisdictions with acceptable Indigenous data quality for particular data collections. These judgments have informed the presentation of Indigenous health data in this Report.

Selected indicators of health outcomes

It is difficult to isolate the effect of health care services on the general health of the population. Socioeconomic factors (such as residential location, income levels and employment rates) and the provision of non-health care government services (such as clean water, sewerage, nutrition, education and public housing) each contribute to overall health outcomes. The outcomes and effectiveness of health services are also influenced by population factors external to governments' control, including geographic dispersion, age and ethnicity profiles, and socioeconomic status. Appendix A summarises some of the demographic and socioeconomic factors that can influence health outcomes and government expenditure.

Data on health outcomes presented in this preface include self-assessed health status, mortality rates (for infants and all people), causes of death, life expectancy at birth, median age at death and birthweight. Where possible, data are presented for

Indigenous people as well as the Australian population as a whole. It is important to remember the limits of these data as indicators of health services given the effects of other non-health-related factors and services (see above).

Mortality rates

Most components of the health system can influence mortality rates, although there may be a lag of decades between the action and the effect. A public health campaign to reduce smoking by young people, for example, may reduce premature deaths due to smoking-related conditions some decades in the future. Factors external to the health system also have a strong influence on mortality rates.

Data on Indigenous mortality are collected through State and Territory death registrations. Although these data collections have good data for the total Australian population, the completeness of the identification of Indigenous Australians in these collections varies significantly across states and territories. The NT, WA, SA and Queensland are generally considered to have the best coverage (in that order) of death registrations for Indigenous people.[4] Each jurisdiction has different levels of coverage however, so care is required in drawing conclusions from the data. Raw deaths data for Indigenous people in NSW and Victoria are included in ABS publications but are not considered suitable for most analyses (ABS unpublished).

The ABS recently announced changes to its methodology for experimental Indigenous population estimates and projections. In making these changes, the ABS noted that, due to incomplete identification of Indigenous deaths in the underlying source data, changes over time in mortality rates for Indigenous people cannot be determined. The ABS Indigenous population estimates and projections assume, for each jurisdiction, constant age-specific mortality rates across the period 1991–2009 (ABS 2004). It can be useful to look at Indigenous mortality data, provided these different levels of Indigenous identification (or coverage) are taken into account.

Due to the relatively small number of Indigenous deaths and the consequent volatility in annual mortality rates, the data are presented for the three year period 2000–02. To improve the comparability of age-related mortality rates, indirect age standardisation methods have been used for both the Indigenous and total population rates. Comparisons between mortality rates for the Indigenous and 'all Australian' populations are significantly affected by the incompleteness of Indigenous death rates in all jurisdictions except the NT. Comparisons of

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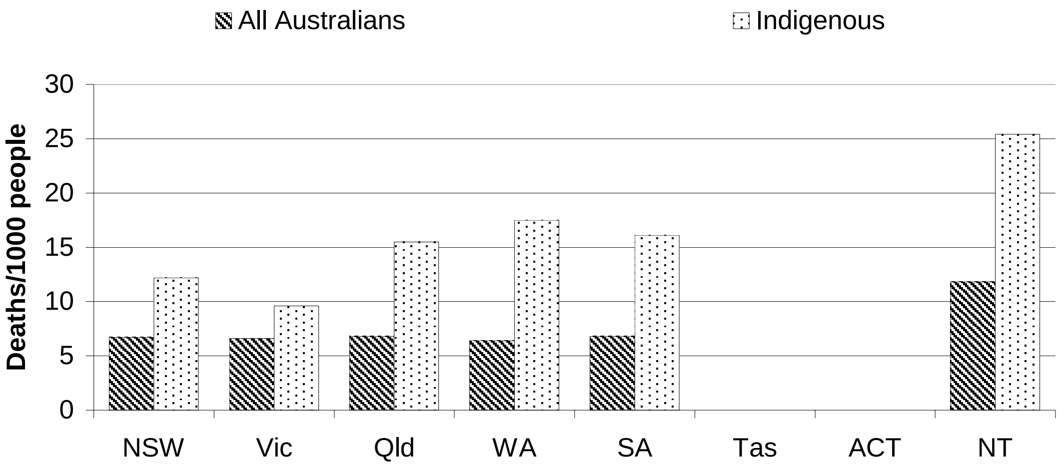
[4] The term 'coverage' refers to the number of Indigenous deaths registered as a percentage of the number of expected deaths based on Census population data.

Indigenous mortality rates across jurisdictions are similarly affected. Despite the under-identification of Indigenous deaths, in all jurisdictions for which data are available, mortality rates for Indigenous people were much higher than for all Australians in 2000-02 (figure HP.1).

Figure HP.1 **Mortality rates, age standardised, by Indigenous status, three year average, 2000–02**[a, b, c]



a Calculated using indirect methods of age standardisation, based on the 2001 Census, for NSW, Victoria, Queensland, WA, SA and the NT. Rates are not adjusted for differences across jurisdictions in the extent of identification of Indigenous deaths. **b** Estimated data coverage of Indigenous deaths in NSW and Victoria are below 50 per cent. **c** No data are available for Tasmania and the ACT.

Source: ABS (unpublished); table HPA.1; 2005 Report, figure E.7, p. E.21.

Infant mortality rates

Infant mortality rates are presented in this Report as an average over three years to reduce the volatility inherent in the annual rates due to small numbers and annual fluctuations (figure HP.2). The infant mortality rate[5] in Australia declined from 6.3 deaths per 1000 live births in 1992–94 to 5.2 per 1000 live births in 2000–02, although the rate has been relatively static in recent years (table HPA.2). The rate in 2000–02 was highest in the NT (11.2 per 1000 live births) and lowest in the ACT (3.5 per 1000 live births) (figure HP.2).

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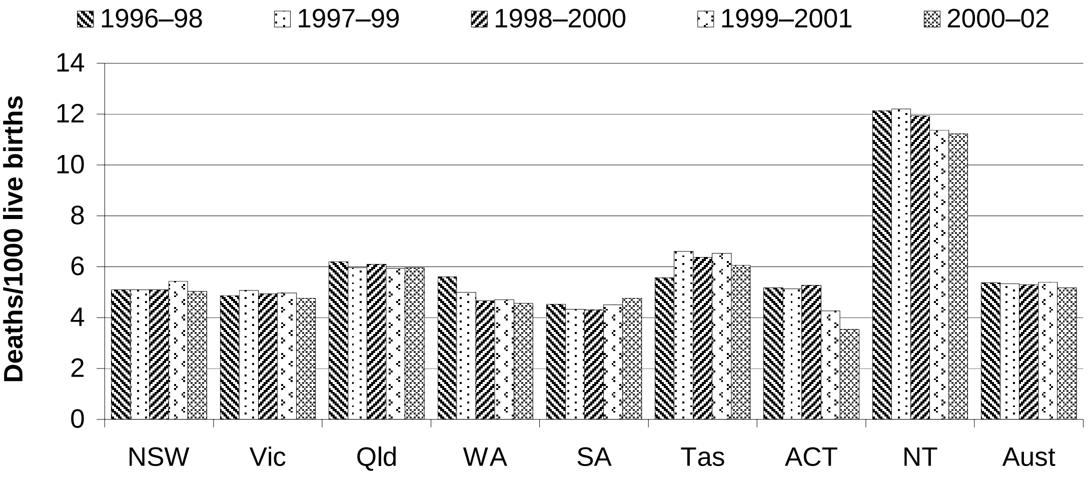
[5] The number of deaths of children under 1 year of age in a calendar year per 1000 live births in the same year.

Figure HP.2 **Infant mortality rate, three year average**



Source: ABS (2002a, 2003a); table HPA.2.; 2005 Report, figure E.8, p. E.23.

For the period 2000–02, the average infant mortality rate for Indigenous Australians is publishable for NSW, Queensland, WA, SA and the NT. For these five jurisdictions, the coverage of Indigenous infant deaths was 80 per cent or higher for this time period. The accuracy of Indigenous mortality data is variable, however, due to varying rates of coverage across jurisdictions and over time. Further, the ability to detect changes in Indigenous infant mortality is affected by the small numbers involved. In all jurisdictions for which data are published (and taking data quality issues into account) Indigenous infant mortality rates do not appear to have changed significantly between 1999–2001 and 2000–02. Indigenous infant mortality rates were markedly higher than the national average for all Australians in both time periods (table HPA.2).

Causes of death for Indigenous people

The number of deaths of Indigenous people from some causes in some jurisdictions is very small or is not identifiable. In the jurisdictions for which age standardised death rates are available by Indigenous status (Queensland, WA, SA and NT), death rates were far higher for Indigenous people than for non-Indigenous people during the period 1999–2001, for all causes of death identified in the refined National Performance Indicators for Aboriginal and Torres Strait Islander Health. In particular, Indigenous people died from rheumatic heart disease at a rate that was up to 19.4 times that for non-Indigenous people. They died from diabetes at a rate that was up to 15.9 times higher than that for non-Indigenous people; from pneumonia at a rate that was up to 14.3 times that for non-Indigenous people; and from assault at a rate that was up to 12.6 times that for non-Indigenous people (table HP.2).[6]

A more basic measure of deaths from different causes is the proportion of registered deaths in each year that are attributed to each cause. External causes of death accounted for a higher proportion of deaths of Indigenous people in 2002 (19.0 per cent of Indigenous males and 11.4 per cent of Indigenous females) than of all Australians (7.7 per cent for males and 3.9 per cent for females). Similarly, diabetes mellitus caused 6.7 per cent of deaths of Indigenous males and 8.7 per cent of deaths of Indigenous females in 2002, compared with 2.6 per cent of all male deaths and 2.4 per cent of all female deaths. By contrast, malignant cancers accounted for a smaller proportion of Indigenous deaths (13.9 per cent of males and 16.7 per cent of females) than of all deaths (30.5 per cent of males and 25.6 per cent of females) (table HPA.4 and 2005 Report, table EA.12). These data are not age standardised, so some of the differences in the proportions of deaths from particular causes are due to differences in the age distribution of the Indigenous and total Australian populations.

Table HP.1 **Cause of death, age standardised Indigenous mortality ratios, 1999–2001**[a, b, c]

	Qld	*WA*	*SA*	*NT*
Lung cancer	2.7	1.1	2.0	1.7
Diabetes[d]	13.2	15.9	12.2	9.2
Circulatory diseases[e]	4.1	5.4	4.7	5.0
Coronary heart disease	4.3	4.9	4.9	4.0
Rheumatic heart disease	19.4	10.4	np	np
Respiratory diseases	4.8	5.8	7.8	6.2
Pneumonia	9.4	13.0	14.3	10.4
Injury and poisoning[f]	2.0	3.5	3.7	2.2
Road vehicle accidents	1.1	3.5	3.6	1.6
Other accidents	1.9	3.9	6.0	1.7
Self-harm	3.9	3.2	4.3	3.1
Assault	5.4	12.6	5.0	10.3

a Age Standardised mortality rate for Indigenous people divided by the age standardised mortality rate for non-Indigenous people. Calculated from death rates per 100 000 people aged less than 75 years. **b** Indigenous deaths data reported in SIMC 2004 and quoted in this table do not reflect ABS revised Indigenous population estimates for 1999 and 2000, nor are they adjusted for differences in the extent of Indigenous identification across jurisdictions or across causes of death. **c** Excludes deaths for which Indigenous status was not stated. **d** Diabetes as an underlying cause or part of a multiple cause. **e** Includes all heart disease, acute myocardial infarction (heart attack) and cerebrovascular diseases (stroke). **f** External causes of death such as land and water transport accidents, falls, poisonings, drowning, other accidents, self-harm and assault. **np** Not published.

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[6] Indigenous deaths data reported in SIMC 2004 and quoted in this Report do not reflect ABS revised Indigenous population estimates for 1999 and 2000, nor are they adjusted for differences in the extent of Indigenous identification across jurisdictions or across causes of death.

Source: SIMC (2004); table HPA.3; 2005 Report, p. E.25, table E.2.

Life expectancy

The life expectancy of Australians improved dramatically during the twentieth century. The average life expectancy at birth in the period 1901–10 was 55.2 years for males and 58.8 years for females (ABS 2002). It has risen steadily in each decade since, reaching 77.4 years for males and 82.6 years for females in 2000–02 (2005 Report, figure E.9).

The life expectancies of Indigenous Australians are considerably lower than those of non-Indigenous Australians. ABS experimental population estimates indicate a life expectancy at birth of 59.4 years for Indigenous males and 64.8 years for Indigenous females born from 1996 to 2001 (ABS 2004, table HPA.5). Care needs to be taken when interpreting these data because they are estimates. The ABS noted that, due to incomplete identification of Indigenous deaths in the underlying source data, changes over time in mortality rates for Indigenous people cannot be determined. ABS Indigenous population estimates and projections assume, for each jurisdiction, constant age specific mortality rates across the period 1991–2009. These data are not comparable to — and replace — life expectancy estimates for Indigenous people previously published by the ABS. They should not be subjected to ‘over-precise analysis … as measures of Indigenous health outcomes’ (ABS 2004, p. 18).

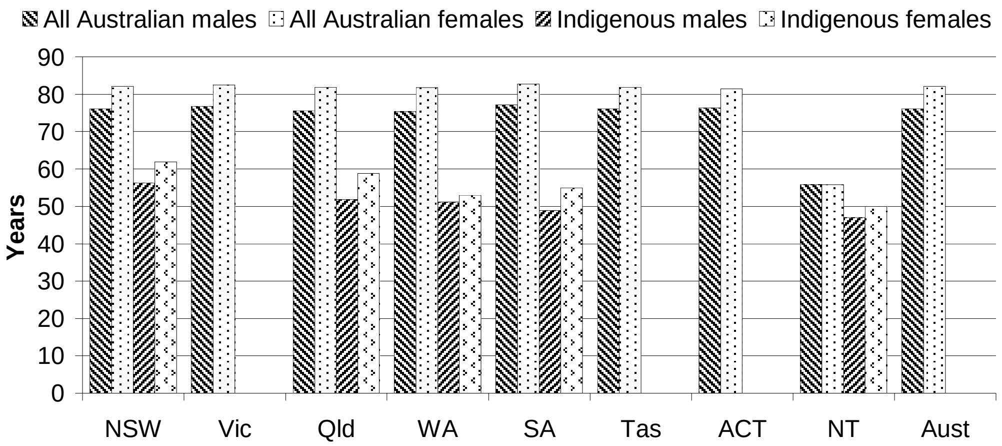
Another life expectancy measure is the probability of a person dying before the age of 55 years (sometimes known as ‘early adult death’). This measure is also based on ABS experimental life tables and carries similar caveats to those data on life expectancy at birth. For the jurisdictions in which Indigenous life expectancy data were available, Indigenous males aged 20–24 years in 1999–2001 had from 40 per cent (in SA) to 36 per cent (in Queensland) chance of dying before the age of 55 years, whereas all Australian males in that age group had from 14 per cent (in the NT) to 7 per cent (in Queensland) probability. Indigenous females aged 20–24 years in 1999–2001 had from 27 per cent (in SA) to 22 per cent (in both Queensland and WA) probability of dying before the age of 55 years, whereas all Australian females in that age group had from 8 per cent (in the NT) to 4 per cent (in Queensland, WA and SA) (SIMC 2004). The same caveats as noted above in relation to data for ‘Indigenous causes of death’ from SIMC 2004 apply to these data also.

Median age at death

The median age at death is a measure of the distribution of deaths by age. Comparisons of the median age at death for Indigenous and non-Indigenous people are affected by different age structures in the populations and by differences in the extent of identification of Indigenous deaths across jurisdictions and across age groups. Identification of Indigenous status for infant deaths is high, but it falls significantly in older age groups. The median age of death for Indigenous people is therefore an underestimate (ABS unpublished).

In 2002, the median age at death was 76.2 years for males and 82.2 years for females among all Australians. For both males and females in 2002, the median age at death was highest in SA (77.2 years and 82.7 years respectively) and lowest in the NT (55.9 years and 55.8 years respectively). In the jurisdictions for which the data were available for Indigenous people in 2002, the median age at death for both male and female Indigenous Australians was highest in NSW (56.3 years and 61.9 years respectively) and lowest in the NT (47.1 and 50 years respectively) (figure HP.3 and table HPA.6).

Figure HP.3 **Median age at death, by sex and Indigenous status, 2002**[a, b]



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[a] Data for Australia include 'Other territories'. [b] Median age at death is available for Indigenous males and females in NSW, Qld, WA, SA and the NT only. The accuracy of Indigenous mortality data is variable as a result of varying rates of coverage across jurisdictions and age groups, and of changes in the estimated Indigenous population caused by changing rates of identification in the Census and births data.

Source: ABS (2003); table HPA.6; 2005 Report, p. E.27, figure E.10.

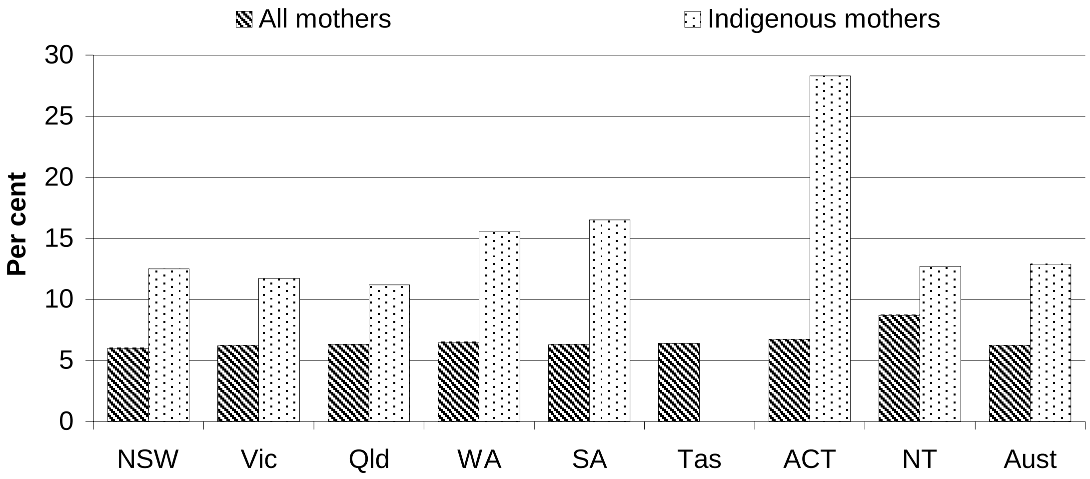
Birthweight of babies

The birthweight of a baby is an important indicator of its health status and future wellbeing. In 2001 (the latest year for which data are available), 91.9 per cent of liveborn babies in Australia weighed between 2500 and 4499 grams (Laws and

Sullivan 2004). The mean birthweight for all live births was 3375 grams. Across jurisdictions, the mean birthweight of liveborn babies ranged from 3395 grams in Tasmania to 3268 grams in the NT. The mean birthweight of live babies born to Indigenous mothers was lower than that of babies born to all mothers nationally and in all jurisdictions for which data were available (tables HPA.7 and HPA.8).

Babies are defined as low birthweight if they weigh less than 2500 grams, very low birthweight if they weigh less than 1500 grams and extremely low birthweight if they weigh less than 1000 grams (Laws and Sullivan 2004). In 2001, 6.2 per cent of all liveborn babies in Australia weighed less than 2500 grams (figure HP.4). They included 1.1 per cent of babies who weighed less than 1500 grams and 0.5 per cent of babies who weighed less than 1000 grams (table HPA.7).

Figure HP.4 **Babies with birthweights under 2500 grams, by Indigenous status, 2001[a, b, c, d]**



[a] Proportion of live births with birthweights under 2500 grams. [b] Babies with Indigenous fathers and non-Indigenous mothers are not included as Indigenous. [c] The ACT data for births to Indigenous mothers may vary from year to year as a result of small numbers. Some low birthweight babies born to Indigenous mothers in the ACT might have been born to women from NSW, so the proportion of such births may not reflect the health status of Indigenous mothers and babies who are residents of the ACT. [d] Data for births to Indigenous mothers are not available for Tasmania. Totals for Australia exclude Tasmania.

Source: Laws and Sullivan (2004); tables HPA.7 and HPA.8; 2005 Report, p. E.28, figure E.11.

Among live babies born to Indigenous mothers in 2001, the proportions with low and very low birthweights were more than twice the proportions born to all Australian mothers, with 12.9 per cent weighing less than 2500 grams and 2.4 per cent weighing less than 1500 grams (figure HP.4 and table HPA.8). Across jurisdictions, the proportion of live babies who weighed less than 2500 grams who were born to Indigenous mothers ranged from 28.3 per cent in the ACT to 11.2 per cent in Queensland (figure HP.4).[7]

Future directions

Improving reporting on Indigenous health is a common priority across all of the health chapters. Performance indicators for health services used by Indigenous Australians were first published in the 2000 Report. A strategy to improve reporting on Indigenous health was then developed in 2003, and improvements have since been made where possible. In this Report, Indigenous data are reported for fetal, neonatal and perinatal death rates for the first time (see chapter 9). The Steering Committee will consider the Aboriginal and Torres Strait Islander Health Performance Framework (see above) once it is finalised, with a view to adopting new Indigenous health and environmental health indicators in the Review.

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[7] These data are only for babies born to Indigenous mothers and do not include babies with Indigenous fathers and non-Indigenous mothers.

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9 Public hospitals

Public hospitals are important providers of government funded health care services in Australia. A key objective of government is to provide public hospital services to ensure the population has access to cost-effective health services, based on clinical need and within clinically appropriate times, regardless of geographic location. Public hospitals provide a range of services, including:

- acute care services to admitted patients
- sub-acute and non-acute services to admitted patients (for example, rehabilitation or palliative care, or long stay maintenance care)
- emergency, outpatient and other services to non-admitted patients[8]
- mental health services, including services provided to admitted patients by designated psychiatric/psychogeriatric units
- public health services
- teaching and research activities.

The public hospitals chapter focuses on acute care services provided to admitted patients and emergency services provided to non-admitted patients in public hospitals. These services comprise the bulk of public hospital activity and, in the case of acute care services to admitted patients, have the most reliable data available. Some data in the chapter include sub-acute and non-acute care services where they cannot yet be separately identified from acute care. In some instances, stand-alone psychiatric hospitals are also included, although their role is diminishing in accordance with the National Mental Health Strategy. Under the strategy, the provision of psychiatric treatment is shifting away from specialised psychiatric hospitals to mainstream public hospitals and the community sector. The performance of psychiatric hospitals and psychiatric units of public hospitals is examined more closely in ‘Health management’ (chapter 11). Significant improvements in the reporting of public hospitals in this Report are fetal, neonatal and perinatal death rates are now reported by Indigenous status. Some common health terms relating to hospitals are defined in box 9.1.

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[8] Other services to non-admitted patients include community health services such as baby clinics and immunisation units, district nursing services and other outreach services (AIHW 2001).

Box 9.1 Some common terms relating to hospitals

Patients

admitted patient: a patient who has undergone a formal admission process in a public hospital to begin an episode of care. Admitted patients may receive acute, sub-acute or non-acute care services.

non-admitted patient: a patient who has not undergone a formal admission process, but who may receive care through an emergency department, outpatient or other non-admitted service.

Types of care

Classification of care depends on the principal clinical intent of the care received.

acute care: clinical services provided to admitted or non-admitted patients, including managing labour, curing illness or treating injury, performing surgery, relieving symptoms and/or reducing the severity of illness or injury, and performing diagnostic and therapeutic procedures. Most episodes involve a relatively short hospital stay.

sub-acute and non-acute care: clinical services provided to patients suffering from chronic illnesses or recovering from such illnesses. Services include rehabilitation, planned geriatric care, palliative care, geriatric care evaluation and management, and services for nursing home patients. Clinical services delivered by designated psychogeriatric units, designated rehabilitation units and mothercraft services are considered non-acute.

Hospital outputs

separation: an episode of care that can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change in the type of care for an admitted patient (for example, from acute care to rehabilitation). Admitted patients who receive same day procedures (for example, renal dialysis) are included in separation statistics.

casemix-adjusted separations: the number of separations adjusted to account for differences across hospitals in the complexity of their episodes of care. Casemix adjustment is an important step to achieving comparable measures of efficiency across hospitals and jurisdictions.

non-admitted occasions of service: clinical services provided by hospitals to non-admitted patients. Services may include emergency department visits, outpatient services (such as pathology, radiology and imaging, and allied health services, including speech therapy and family planning) and other services to non-admitted patients. Hospital non-admitted occasions of service are not yet recorded consistently across states and territories, and relative differences in the complexity of services provided are not yet documented.

(Continued on next page)

Box 9.1 **(Continued)**

Other common health terms

AR-DRG (Australian refined diagnosis related group): a patient classification system that hospitals use to match their patient services (hospital procedures and diagnoses) with their resource needs. AR-DRG versions 4.1 and 4.2 are based on the ICD-10-AM classification.

ICD-10-AM (the Australian modification of the International Standard Classification of Diseases and Related Health Problems): the current classification of diagnoses and procedures, replacing the earlier ICD-9-CM.

Source: DHAC (1998); NCCH (1998); NHDC (2001, 2003); 2005 Report, pp. 9.3-9.4.

Indigenous data in the public hospitals chapter

The public hospitals chapter in the *Report on Government Services 2005* (2005 Report) contains the following data items on Indigenous people:

- Number of separations in public and private hospitals, 2002-03
- Separation rates, public hospitals, 2002-03
- Standardised Hospital Separation Ratios for selected conditions, by gender, 2002-03
- Fetal, neonatal and perinatal death rates, 2002.

Supporting tables

Supporting tables for data within the public hospitals chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 9A.3 is table 3 in the public hospitals attachment to the compendium). As the data are directly sourced from the 2005 Report, the compendium also notes where the original table, figure or text in the 2005 Report can be found. For example, where the compendium refers to ‘2005 Report, p. 9.15’ this is page 15 of chapter 9 of the 2005 Report, and ‘2005 Report, 9A.2’ is attachment table 2 of attachment 9 of the 2005 Report.

Separation rates for Indigenous patients

Public hospitals have a significant influence on the equity of the overall health care system. While access to public hospital services is important to the community in general, it is particularly so for population groups such as Indigenous people who may have difficulty in accessing alternative services, such as those provided by private hospitals.

Data on Indigenous people are limited by the accuracy and extent to which Indigenous people are identified in hospital records. Identification varies across states and territories. In 1998, a pilot study in 11 hospitals found that the accuracy with which a person's Indigenous status was recorded varied greatly from hospital to hospital, ranging from 55 per cent to 100 per cent (ATSIHWIU 1999). The quality of data improved from 2000-01 because all jurisdictions used consistent categories and definitions for Indigenous status from that year. Nevertheless, the quality of data for 2002-03 is considered acceptable only for SA, WA and the NT (AIHW 2004). In addition, difficulties in estimating the size of the Indigenous population limit the comparability of data over time.

In 2002-03, separations for Indigenous people accounted for around 3.0 per cent of total separations in 2002-03 and 4.7 per cent of separations in public hospitals (table 9.1), but the Indigenous population made up only around 2.4 per cent of the total population. Most Indigenous separations (96 per cent) occurred in public hospitals. The low proportion of private hospital separations for Indigenous people may be due partly to a lower proportion of Indigenous patients being correctly identified in private hospitals and partly to this group's lower use of private hospitals. Data in table 9.1 need to be interpreted with care given that only data from WA, SA and the NT are considered to be of acceptable quality (AIHW 2004).

Table 9.1 **Separations, by Indigenous status and hospital sector, 2002-03**[a]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Public hospital separations (‘000)									
Indigenous [b]	37.9	9.2	51.7	37.2	13.1	1.8	1.4	41.9	194.3
Non-Indigenous	1245.3	1140.7	638.2	330.6	345.5	73.0	60.2	26.1	3859.6
Not reported	7.9	0.0	12.3	0.0	9.3	5.4	2.1	0.2	37.1
Total	**1291.2**	**1149.8**	**702.2**	**367.8**	**367.9**	**80.2**	**63.7**	**68.1**	**4091.0**
Private hospital separations (‘000)									
Indigenous [b]	0.4	0.3	3.6	3.9	0.2	na	na	na	8.6
Non-Indigenous	707.6	650.8	465.0	276.7	207.3	na	na	na	2360.2
Not reported	1.0	0.0	133.5	0.0	4.3	na	na	na	194.0
Total	**709.0**	**651.1**	**602.2**	**280.6**	**211.7**	**na**	**na**	**na**	**2562.8**
Separations in public hospitals as a proportion of separations in all hospitals (%)									
Indigenous [b]	99	97	94	91	99	na	na	na	96
Non-Indigenous	64	64	58	54	63	na	na	na	62

[a] Excludes separations for which the care type was reported as ‘newborn with no qualified days’ and records for hospital boarders and posthumous organ procurement. [b] Identification of Indigenous patients is not considered complete and completeness varies across jurisdictions. The AIHW advised that only data from WA, SA and the NT are of acceptable quality. **na** Not available.

Source: AIHW (2004); table 9A.1; 2005 Report, p. 9.11, table 9.1.

In 2002-03, on an age standardised basis, 657.2 separations (including same day separations) for Indigenous patients were reported per 1000 Indigenous people in public hospitals (tables 9.2 and 9A.2). This rate was markedly higher than the corresponding rate for the total population of 205.7 per 1000. Public hospital separation rates for Indigenous patients were highest in the NT (1223.3 per 1000 Indigenous people) (table 9.2). Incomplete identification of Indigenous people limits the validity of comparisons over time, as well as across jurisdictions.

Information about the conditions for which Indigenous people are hospitalised is presented in figures 9.1 and 9.2. These data do not signal the performance of hospitals, but reflect a range of factors, such as: the spectrum of public, primary care and post-hospital care available; Indigenous access to this care as well as hospital services; social and physical infrastructure services for Indigenous people; and differences in the complexity, incidence and prevalence of disease between the Indigenous and non-Indigenous populations.

Standardised hospital separation ratios are calculated by dividing Indigenous separations by expected separations. Expected separations are calculated as the product of the all Australian separation rates and the Indigenous population. They illustrate differences between the rates of Indigenous hospital admissions and those of the total Australian population, accounting for differences in age distributions. Ratios are presented for six major conditions: circulatory diseases, injury and poisoning, respiratory diseases and lung cancer, diabetes, tympanoplasty associated with otitis media, and mental health conditions and selected associated ICD-9-CM and ICD-10-CM codes (tables 9A.3 and 9A.4).

Table 9.2 **Estimates of public hospital separations per 1000 people, by reported Indigenous status**[a, b]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*[c]	*NT*	*Aust*
1998-99									
Indigenous	337.3	344.0	594.6	809.8	673.1	22.9	27.3	920.5	557.1
Total population	199.5	207.7	209.1	204.0	232.3	170.5	212.8	359.6	207.1
1999-2000									
Indigenous	363.4	413.1	708.3	868.9	875.5	132.2	1461.7	1105.0	652.4
Total population	192.1	211.7	205.0	202.0	232.6	160.1	219.2	372.9	204.6
2000-01									
Indigenous	403.8	461.4	671.6	852.2	772.6	110.6	858.0	1031.6	637.5
Total population	187.9	213.6	195.5	199.7	228.8	150.5	217.0	370.9	201.1
2001-02									
Indigenous	361.1	416.0	676.5	752.7	743.6	139.4	982.8	1129.6	614.3
Total population	188.6	222.5	192.5	190.7	229.7	165.0	216.3	394.3	202.8
2002-03									
Indigenous	406.7	476.0	685.2	809.4	788.1	173.1	1200.0	1223.3	657.2
Total population	190.2	231.3	189.4	195.4	231.0	164.5	219.7	422.5	205.7

a The rates are directly age standardised to the Australian population at 30 June 2001. **b** Identification of Aboriginal and Torres Strait Islander patients is not considered complete and completeness varies across jurisdictions. The AIHW advised that only data from WA, SA and the NT are of acceptable quality. **c** Rates reported for Indigenous people in the ACT are subject to variability, given the small Indigenous population in the jurisdiction. A high proportion of separations were for maintenance renal dialysis episodes attributable to a small number of people.

Source: AIHW (unpublished); AIHW (2004); table 9A.2; 2005 Report, p. 9.12, table 9.2.

In 2002-03, there was a marked difference between the separation rates for Indigenous males and those of all males for assault (separation rates for Indigenous males were 6.7 times higher than for all males), all diabetes[9] (separation rates for Indigenous males were 6.0 times higher than for all males), and infectious pneumonia (separation rates for Indigenous males were 4.1 times higher than for all males) (figure 9.1). While the 2002-03 standardised rates for rheumatic heart disease for Indigenous males also appeared to be markedly higher than for the total male population, the number of separations for Indigenous males with this condition was very small (table 9A.3).

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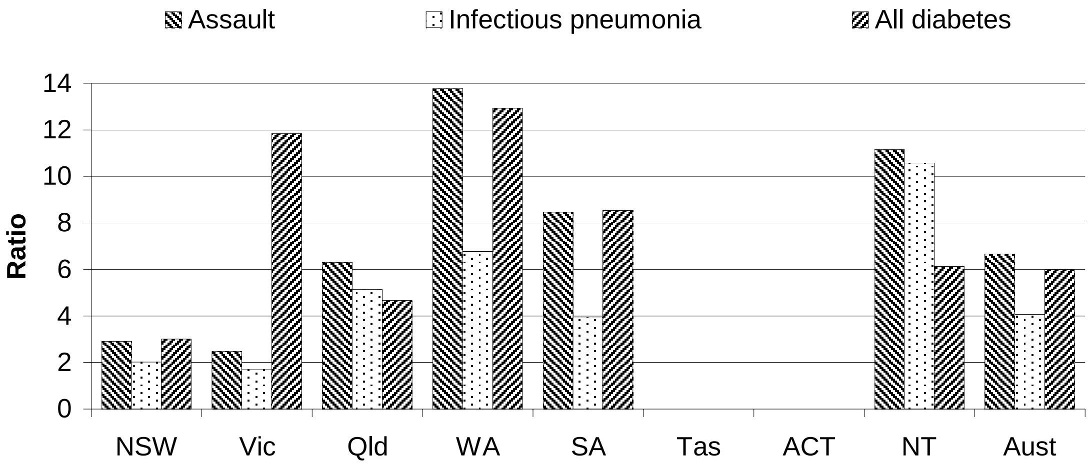
[9] 'All diabetes' refers to separations with either a principal or additional diagnosis of diabetes.

Figure 9.1 Ratio of age standardised hospital separation rates, Indigenous males to all males, by selected conditions, 2002-03[a, b, c, d, e]



[a] The ratios are indirectly age standardised using the Census based estimated resident population of Indigenous males at 30 June 2001, the hospital separation rates for Australian males aged 0–74 years for 2000-01 and the male population at 30 June 2001. [b] Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among jurisdictions. The variation in the number of Indigenous separations per 1000 Indigenous population across the states and territories suggests variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population. [c] Data for Tasmania and the ACT are not available, given the small size of the Indigenous population in those jurisdictions. [d] 'All diabetes' refers to separations with either a principal or additional diagnosis of diabetes. [e] These data do not signal the performance of hospitals, but reflect a range of factors such as: the spectrum of public, primary care and post-hospital care available; Indigenous access to this care as well as hospital services; social and physical infrastructure services for Indigenous people; and differences in the complexity, incidence and prevalence of disease between the Indigenous and non-Indigenous populations (see appendix A).

Source: AIHW (unpublished); table 9A.3; 2005 Report, p. 9.13, figure 9.8.

In 2002-03, separation rates for Indigenous females were markedly higher than those for all females for: assault (16.8 times higher); all diabetes[10] (7.4 times higher); infectious pneumonia (4.3 times higher) and coronary heart disease (4.1 times higher) (figure 9.2). While the standardised rates for rheumatic heart disease, substance use disorder and tympanoplasty associated with otitis media for Indigenous females also appeared markedly higher than for all females, the number of separations for these conditions was very small (table 9A.4).

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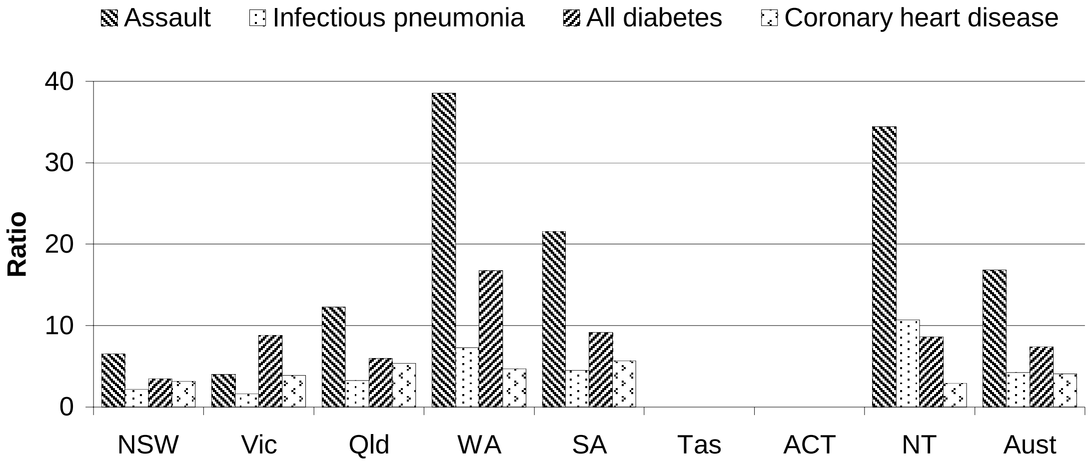
[10] 'All diabetes' refers to separations with either a principal or additional diagnosis of diabetes.

Figure 9.2 **Ratio of age standardised hospital separation rates, Indigenous females to all females, by selected conditions, 2002-03**[a, b, c, d, e]



[a] The ratios are indirectly age standardised using the Census based estimated resident population of Indigenous males at 30 June 2001, the hospital separation rates for Australian males aged 0–74 years for 2000-01 and the male population at 30 June 2001. [b] Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among jurisdictions. The variation in the number of Indigenous separations per 1000 Indigenous population across the states and territories suggests variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population. [c] Data for Tasmania and the ACT are not available, given the small size of the Indigenous population in those jurisdictions. [d] 'All diabetes' refers to separations with either a principal or additional diagnosis of diabetes. [e] These data do not signal the performance of hospitals, but reflect a range of factors such as: the spectrum of public, primary care and post-hospital care available; Indigenous access to this care as well as hospital services; social and physical infrastructure services for Indigenous people; and differences in the complexity, incidence and prevalence of disease between the Indigenous and non-Indigenous populations (see 2005 Report, appendix A).

Source: AIHW (unpublished); table 9A.4; 2005 Report, p. 9.14, figure 9.9.

This year, the performance framework for public hospitals has been revised to exclude 'separation rates by target group' as an indicator. The data item was previously included in the public hospitals framework as an indicator of equity of access, comparing separation rates for Indigenous people with those for all Australians. These data have been removed as an indicator because separation rates by Indigenous status do not reflect the performance of public hospitals, but of the health system more generally in addressing the complexity, incidence and prevalence of disease amongst Indigenous Australians. Differences between hospital separation rates for Indigenous and non-Indigenous people highlight differences between the health profiles of the two populations, differences in their access to the range of health services available (primary and community health services, and hospitals), and differences in aspects of their environmental health (see Health preface).

Maternity services — outcomes

Fetal death rate

The Steering Committee has identified the ‘fetal death rate’ as an indicator of the outcomes of maternity services (box 9.2). The data for this indicator is provided on a comparable basis.

Box 9.2 **Fetal death rate**

Fetal death (stillbirth) is the birth of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Fetal deaths by definition include only infants weighing at least 400 grams or of a gestational age of at least 20 weeks. The rate of fetal deaths is expressed per 1000 total births.

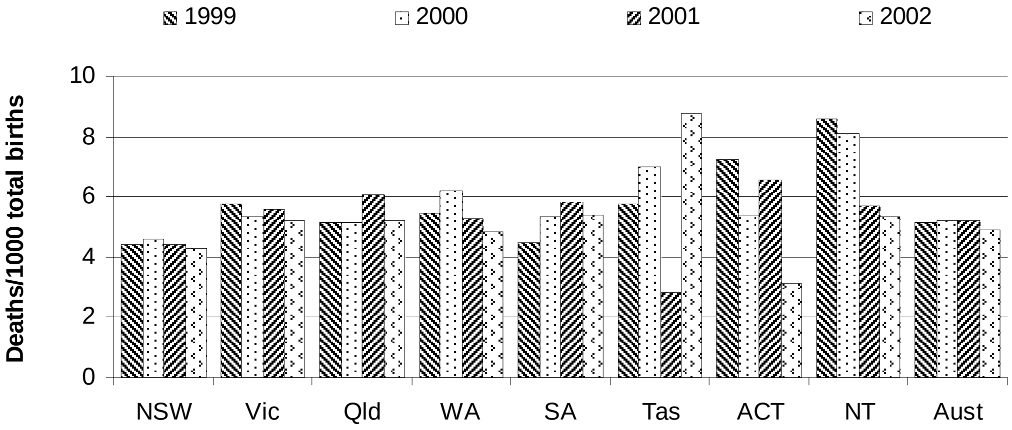
‘Fetal death rate’ is reported as an indicator because maternity services for admitted patients have some potential to reduce the likelihood of fetal deaths. This potential is limited, however, and other factors (such as the health of mothers and the progress of pregnancy before hospital admission) are also important.

The ‘fetal death rate’ is calculated as the number of fetal deaths divided by the total number of births (live births and fetal deaths combined), by State or Territory of usual residence of the mother. Low fetal death rates may indicate high quality maternity services. In jurisdictions where the number of fetal deaths is low, small annual fluctuations in the number affect the annual rate of fetal deaths.

Differences in the ‘fetal death rate’ between jurisdictions are likely to be due to factors outside the control of maternity services for admitted patients. To the extent that the health system influences fetal death rates, the health services that may have an influence include outpatient services, general practice services and maternity services.

In 2002, the national ‘fetal death rate’ was 4.9 per 1000 births. Across jurisdictions it was highest in Tasmania (8.8 deaths per 1000 births) and lowest in the ACT (3.2 deaths per 1000 births) (figure 9.3). The national ‘fetal death rate’ for babies of Indigenous mothers in 2002 was 6.6 per 1000 births (table 9A.5).

Figure 9.3 **Fetal death rate**[a, b]



a Statistics relate to the number of deaths registered — not those that occurred — in the years shown. The ABS estimates that about 5–6 per cent of deaths occurring in one year are not registered until the following year or later. These data may differ, therefore, from other published sources (such as AIHW or State and Territory government publications). **b** Rates fluctuate as a result of a low incidence of fetal deaths.

Source: ABS (unpublished); table 9A.5; 2005 Report, p. 9.73, figure 9.25.

Neonatal death rate

The Steering Committee has identified the ‘neonatal death rate’ as an indicator of the outcomes of maternity services (box 9.3). The data for this indicator is provided on a comparable basis.

Box 9.3 **Neonatal death rate**

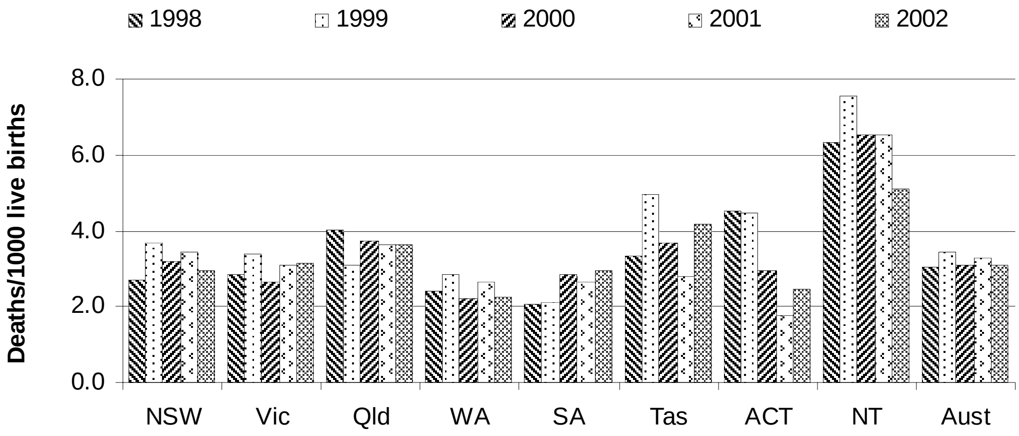
As for fetal deaths, a range of factors contribute to neonatal deaths. The influence of maternity services for admitted patients, however, is greater for neonatal deaths than for fetal deaths, through the management of labour and the care of sick and premature babies.

Neonatal death is the death of a live born infant within 28 days of birth (see section 9.5 of the 2005 Report for a definition of a live birth). The ‘neonatal death rate’ is calculated as the number of neonatal deaths divided by the number of live births registered. The rate of neonatal deaths is expressed per 1000 live births, by state or territory in which the mother usually resides. This indicator is reported by the Indigenous status of the mother.

Low ‘neonatal death rates’ may indicate high quality maternity services. The rate tends to be higher among premature babies, so a lower neonatal death rate may also indicate a lower percentage of pre-term births.

In 2002, the national 'neonatal death rate' was 3.1 deaths per 1000 live births. Across jurisdictions, the rate was highest in the NT (5.1 deaths per 1000 live births) and lowest in WA (2.2 deaths per 1000 live births) (figure 9.4). The national 'neonatal death rate' for babies of Indigenous mothers in 2002 was 4.8 per 1000 births (table 9A.7).

Figure 9.4 **Neonatal death rate**[a, b]



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[a] Statistics relate to the number of deaths registered — not those that occurred — in the years shown. The ABS estimates that about 5–6 per cent of deaths occurring in one year are not registered until the following year or later. These data may differ, therefore, from other published sources (such as AIHW or State and Territory government publications). [b] Annual rates fluctuate as a result of a low incidence of neonatal deaths.

Source: ABS (unpublished); table 9A.7; 2005 Report, p. 9.75, figure 9.26.

Perinatal death rate

The Steering Committee has identified the 'perinatal death rate' as an indicator of the outcomes of maternity services (box 9.4) The data for this indicator is provided on a comparable basis.

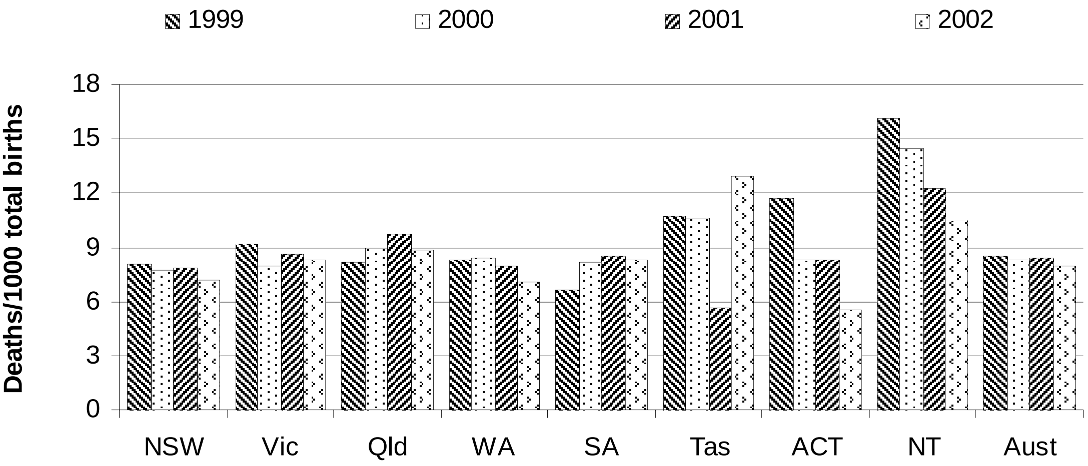
Box 9.4 **Perinatal death rate**

A perinatal death is a fetal or neonatal death (boxes 9.2 and 9.3). The caveats that apply to fetal and neonatal death rates also apply to perinatal death rates.

The 'perinatal death rate' is calculated as the number of perinatal deaths divided by the total number of births (live births registered and fetal deaths combined) in each jurisdiction. It is expressed per 1000 total births. This indicator is reported by the Indigenous status of the mother.

In 2002, the national 'perinatal death rate' was 8.0 deaths per 1000 total births. Across jurisdictions, the rate was highest in Tasmania (12.9 deaths per 1000 total births) and lowest in the ACT (5.6 deaths per 1000 total births) (figure 9.5). The national 'perinatal death rate' for babies of Indigenous mothers was 11.3 deaths per 1000 total births (table 9A.6).

Figure 9.5 **Perinatal death rate**[a, b]



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[a] Statistics relate to the number of deaths registered — not those that occurred — in the years shown. The ABS estimates that about 5–6 per cent of deaths occurring in one year are not registered until the following year or later. These data may differ, therefore, from other published sources (such as AIHW or State and Territory government publications). [b] Annual rates fluctuate as a result of a low incidence of perinatal deaths.

Source: ABS (unpublished); table 9A.8; 2005 Report, p. 9.76, figure 9.27.

Future directions in performance reporting

Priorities for future reporting on public hospitals and maternity services include improving the comprehensiveness of reporting by filling in gaps in the performance indicator frameworks. Important gaps in reporting for public hospitals include indicators of outcomes, indicators of equity of access to services for special needs groups (particularly Indigenous people), indicators of continuity of care and indicators of sustainability. Gaps in the maternity services framework include three aspects of quality — responsiveness, capability and continuity — and the effectiveness subdimension of sustainability.

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10 Primary and community health

Editions of this report before 2004 included a chapter on general practice. Since the 2004 Report, the chapter was expanded to include community health, to achieve a more comprehensive coverage of the primary health services supported by government. The primary and community health sector is the part of the healthcare system most frequently used by Australians. It is important in providing preventative care, diagnosis and treatment of illness, and referral to other healthcare services.

This chapter now covers general practice, primary healthcare services for Indigenous people, drug and alcohol treatment, public dental services, maternal and child health, and a range of other community health services. The scope of this chapter does not extend to:

- Home and Community Care program services (see chapter 12, ‘Aged care’)
- public hospital emergency departments and outpatient services (see chapter 9, ‘Public hospitals’)
- community mental health services (see chapter 11, ‘Health management issues’)
- government funding of pharmacies or the Pharmaceutical Benefits Scheme (PBS).

Indigenous data in the primary and community health chapter

The primary and community health chapter in the *Report on Government Services 2005* (2005 Report) contains the following on Indigenous people:

- descriptive information on specific health programs for Indigenous people
- ten most common health problems managed for Indigenous peoples encounters with general practitioners (GPs) and other data relating to the use of general practice services by Indigenous people, and
- a comparison of hospitalisation rates for diabetes for Indigenous and non-Indigenous people.

Supporting tables

Supporting tables for data within the primary and community health chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 10A.3 is table 3 in the primary and community health attachment to the compendium). As the data are directly sourced from the 2005 Report, the compendium also notes where the original table, figure or text in the 2005 Report can be found. For example, where the compendium refers to '2005 Report, p. 10.15' this is page 15 of chapter 10 of the 2005 Report, and '2005 Report, 10A.2' is attachment table 2 of attachment 10 of the 2005 Report.

Primary and community health services

In Australia, general practices are an important source of primary health care. General practice is the business structure within which one or more general practitioners provide and supervise health care for a group of patients. The services provided in a general practice include: diagnosing and treating illness (both chronic and acute); providing preventative care through to palliative care; referring patients to consultants, allied health professionals, community health services and hospitals; and acting as gatekeepers for other health care services (DHFS 1996). The Royal Australian College of General Practitioners (RACGP) defines a general practitioner (GP) as 'a medical practitioner who provides primary, comprehensive and continuing care to patients and their families within the community' (Britt *et al.* 2004, p. 135).

Community health services usually consist of multidisciplinary teams of salaried health professionals who aim to protect and promote the health of particular communities (Quality Improvement Council 1998). They are either provided directly by governments (including local governments) or funded by government and managed by a local health service or community organisation. State and Territory governments are responsible for most community health services. There is no national strategy for community health, and there is considerable variation in the services provided across jurisdictions. The Australian Government's main role in the community health services covered in this chapter is in health services for Indigenous people.

Aboriginal Community Controlled Health Services and government provided community health services

Primary healthcare services are delivered to Indigenous people through Aboriginal Community Controlled Health Services (ACCHSs) and government provided community health services. (The use of general practice services by Indigenous people is discussed separately below.) There are ACCHSs in all jurisdictions. These services are planned and governed by local Indigenous communities and aim to deliver holistic and culturally appropriate health and health-related services. Funding for ACCHSs is provided by Australian, State and Territory governments.

In addition to the ACCHSs, specific health programs for Indigenous Australians are funded by jurisdictions:

- NSW provides Indigenous health services, including health information and promotion programs, pre- and post-natal programs, and early childhood nursing programs (table 10A.10).
- Victoria provides Indigenous-specific and mainstream community health services funded by the Department of Human Services. They provide medical, alcohol and drug, maternity and early childhood services (table 10A.11).
- Queensland provides primary and community healthcare services and activities that address prevention and health management/maintenance for Indigenous communities. Services offered include: health prevention and promotion services; men’s and women’s health programs; child and adolescent health services; alcohol, tobacco and other drug services; sexual health services; allied health services; and patient transport provided to increase access to healthcare (table 10A.12).
- Western Australia provides community health services that are also available to Indigenous people in various age groups (table 10A.13).
- South Australia provides Indigenous health services that include: strategies to improve the outcomes for females giving birth, home support, and programs that provide health screenings and diabetes care (table 10A.14).
- Tasmania provides population and health priorities programs to prevent and manage chronic conditions, and to promote nutrition, physical activity and injury prevention in identified population groups, including the Indigenous population (table 10A.15).
- The NT provides primary care for the Indigenous population directly and by funding community controlled Indigenous health services. It also provides remote health services such as 24 hour emergency services, medical and allied health specialist services, and access to essential medications (table 10A.17).
- The ACT provides funding for a non-government Aboriginal Health Service and a variety of programs for Aboriginals and Torres Strait Islanders.

The Australian Government also funds Aboriginal and Torres Strait Islander primary healthcare services. Information on these services is collected through service activity reporting (SAR) surveys. Many of the surveyed services receive additional funding from State and Territory governments and other sources. The SAR data reported here represent the health-related activities, episodes and workforce that are funded from all sources.

For 2001-02, SAR data are reported for 128 Indigenous primary healthcare services (table 10A.1). Of these services, 53 (41.4 per cent) were located in remote or very remote areas (table 10A.2). They provided a wide range of primary healthcare services, including the diagnosis and treatment of illness and disease, the management of chronic illness, immunisations and transportation to medical appointments (2005 Report, table 10A.3).

An episode of healthcare is defined in the SAR data collection as contact between an individual client and a service by one or more staff to provide healthcare. Over 1.4 million episodes of healthcare were provided by participating services in 2001-02 (table 10.1). Of these, 573 340 (40.8 per cent) were in remote or very remote areas (table 10A.2).

The services included in the SAR data collection employed approximately 1601 full time equivalent health staff (on 30 June 2002). Of these health staff, 1036 were Indigenous (64.7 per cent). The proportions of doctors and nurses employed by surveyed services who were Indigenous, however, were relatively low (2.3 per cent and 15.1 per cent respectively) (table 10A.4).

Table 10.1 **Estimated episodes of healthcare by surveyed services**[a, b]

	NSW and ACT	*Vic and Tas*	*Qld*	*WA*	*SA*	*NT*	*Aust*
	’000	’000	’000	’000	’000	’000	’000
1998-99	265.8	143.5	149.3	247.1	131.4	124.2	1 061.3
1999-2000	286.8	172.5	176.3	295.0	129.7	163.0	1 223.2
2000-01	348.6	143.5	186.9	326.7	147.4	189.4	1 342.5
2001-02	356.9	154.3	214.1	313.1	144.3	233.1	1 415.7

a An episode of healthcare involves contact between an individual client and a service by one or more staff, for the provision of healthcare. Group work is not included. Transport is included only if it involves provision of healthcare/information by staff. Episodes of healthcare provided at outreach locations are included — for example, episodes at outstation visits, park clinics and satellite clinics — as are episodes delivered over the phone. **b** 2001-02 data are estimates.

Source: DHA SAR (unpublished), 2005 Report, p. 10.11, table 10.3.

Use of general practice services by Indigenous people

An overview of health factors and outcomes for Indigenous people is provided in the ‘Health preface’. Data on national expenditure on general practice services for

Indigenous people in 1998-99 (the most recent year for which expenditure data are available by Indigenous status) indicate:

- expenditure on Medicare and the PBS per Indigenous person was about 39 per cent of expenditure per non-Indigenous person
- Indigenous Australians used secondary/tertiary care (such as hospitals) at a higher rate than they used primary care and at a higher rate than used by non-Indigenous people (AIHW 2001; see ‘Health preface’).

Data from the annual Bettering the Evaluation And Care of Health (BEACH) survey indicate the nature of encounters between Indigenous people and GPs. This survey relies on the self-reporting of an individual’s Indigenous status to the GP, so is likely to underestimate the actual number of GP encounters with Indigenous people. In addition, these data need to be treated with care because the BEACH survey was not designed to produce statistically significant results for Indigenous people and may under-identify them. Further, the Indigenous Australians included in the BEACH survey do not necessarily have the same characteristics as other Indigenous Australians. For these reasons, the 2003 BEACH survey aggregated Indigenous data over a five year period to improve reliability.

Over the period 1998-99 to 2002-03, 5476 encounters between Indigenous patients and GPs were recorded in the BEACH survey (table 10A.5). This represented 1.1 per cent of GP encounters in the study over this period. By comparison, the proportion of Indigenous people in the Australian population was 2.4 per cent at June 2001 the midpoint of this period (tables A.2 and A.6). Extrapolating these results to all GP/patient encounters across Australia suggests there was an annual average of around 1.1 million encounters between Indigenous patients and GPs over the five years to 2002-03 (Britt *et al.* 2003).

The most common health problem managed in GP encounters with Indigenous people over the five years of the BEACH survey was diabetes, which accounted for 7.1 per 100 GP encounters with Indigenous people, compared with 2.8 per 100 GP encounters with all people. Other problems with significantly higher management rates in GP encounters with Indigenous people included acute otitis media/myringitis, asthma, and pre- and post-natal care (table 10.2). Further information about the location, remoteness and management activities of BEACH survey encounters between Indigenous patients and GPs is included in tables 10A.6, 10A.7 and 10A.8.

Table 10.2 **Selected health problems in encounters with GPs, by Indigenous status, 1998-99 to 2002-03**

	Indigenous people's encounters			*All encounters*		
Problems managed	*Rate* (*n*=5476)	*95% LCL*	*95% UCL*	*Rate* (*n*=502 100)	*95% LCL*	*95% UCL*
	no./100	no./100	no./100	no./100	no./100	no./100
Diabetes[a]	7.1	6.0	8.2	2.8	2.7	2.9
Hypertension[a]	6.7	5.7	7.7	8.8	8.6	9.0
Upper respiratory tract infection	5.7	4.8	6.5	6.0	5.9	6.2
Asthma	4.3	3.6	5.0	2.9	2.8	3.0
Acute bronchitis/ bronchiolitis	3.8	3.2	4.5	2.8	2.7	2.8
Depression[a]	3.4	2.9	3.9	3.8	3.7	3.9
Immunisation (all)[a]	3.3	2.6	3.9	4.8	4.6	5.0
Acute otitis media/ myringitis	3.1	2.5	3.6	1.4	1.4	1.5
Back complaint[a]	2.2	1.7	2.6	2.6	2.5	2.7
Pre- and post-natal check[a]	2.1	1.5	2.5	1.0	0.9	1.0
Subtotal	41.7	..	..	..	..	..
Total problems[b]	**147.7**	**143.7**	**151.6**	**148.1**	**147.3**	**148.9**

LCL = lower confidence level. UCL = upper confidence level. [a] Includes multiple primary care classification codes. [b] Total problems managed is greater than 100, because more than one problem can be managed per encounter. .. Not applicable.

Source: Britt *et al.* (2003); table 10A.5; 2005 Report, p. 10.12, table 10.4.

Future Directions

Indigenous health

Barriers to accessing primary health services contribute to the poorer health status of Indigenous people compared to other Australians (see the 'Health preface'). In recognition of this issue, the Steering Committee has identified primary and community health services for Indigenous people as a priority area for future reporting. Accordingly, the Steering Committee will examine options for including indicators of the accessibility of primary and community health services to Indigenous people. The Aboriginal and Torres Strait Islander Health Performance Framework that is being developed by the National Aboriginal and Torres Strait Islander Health Council will help inform the selection of future indicators of primary and community health services to Indigenous people (see the 'Health preface').

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11 Health management issues

Health management is concerned with the management of diseases, illnesses and injuries using a range of services (promotion, prevention/early detection and intervention) in a variety of settings (for example, public hospitals, community health centres and general practice). This chapter reports on the management of breast cancer and mental health, and represents some activities of the Australian, State and Territory governments in health management.

Breast cancer and mental illness are significant causes of morbidity and mortality in Australia. Cancer control and mental health are identified by governments as national health priority areas, as are asthma, cardiovascular health, diabetes mellitus, injury prevention and control, arthritis and musculoskeletal conditions. These are as represent almost 80 per cent of the total burden of disease and injury in Australia, and their management offers considerable scope for reducing this burden (AIHW 2003).

Improvements this year to the reporting of mental health management include presenting Indigenous suicide deaths data averaged over three year periods to smooth volatility in year-on-year movements, particularly for smaller jurisdictions.

Indigenous data in the health management chapter

The health management chapter in the *Report on Government Services 2005* contains the following data items on Indigenous people:

- Participation rates of women aged 50-69 years from selected communities in Breastscreen Australia screening programs, 2002–2003 (24 month period).
- Specialised psychiatric care by Indigenous status, 2001-02.
- Mortality due to suicide, 2000–02.

Supporting tables

Supporting tables for data within the health management chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout the chapter by an ‘A’ suffix (for example, table 11.A3 is table 3 in the health management attachment to the compendium). As the data are directly sourced from the Report on Government Services 2005, the compendium also notes where the original table, figure or text in the Report on Government Services 2005 can be found. For example, where the compendium refers to '2005 Report p. 11.15' this is page 15 of chapter 11 and '2005 Report, 11A.2' is attachment table 2 of attachment 11 of the Report on Government Services 2005.

Breast cancer

Breast cancer was responsible for 2698 female deaths in 2002, making it the most frequent cause of death from cancer for females (ABS 2003). There is a strong relationship between age and the mortality rate from breast cancer. Women aged 40–44 years had an annual average mortality rate over the period 1998-2002 of 17.2 per 100 000, whereas women aged 75–79 years had an annual average mortality rate of 102.2 per 100 000.

Breast cancer detection and management services comprise a number of major components: primary care and community-based services, including general practitioner (GP) services and community-based women's health services; screening services; acute services based in hospitals, including both inpatient and outpatient services; private consultations for a range of disciplines; and post-acute services, including home-based and palliative care (DHS 1999).

Early detection — participation rate of women from selected community groups in BreastScreen programs

A fundamental component of breast cancer control is the use of screening mammography to enable early detection of breast cancer. There is evidence that population-based screening of women aged 50–69 years can reduce deaths from breast cancer. According to the National Breast Cancer Centre, women whose cancer is diagnosed before it has spread outside the breast have a 90 per cent chance of surviving five years. The five year survival rate drops to 20 per cent if the cancer spreads to other parts of the body before diagnosis (NBCC 2003). It is generally argued that cancers detected early may be treated more conservatively and that these women have a higher likelihood of survival.

The 'participation rate of women from selected community groups' — that is, Indigenous women, women from non-English speaking backgrounds (NESB) and women living in rural and remote areas — in breast cancer screening is an indicator because screening is important in the early detection of breast cancers. Early detection is associated with better outcomes for women with breast cancer, in terms of morbidity and mortality. Women from selected community groups may experience particular language, cultural and geographic barriers to accessing breast cancer screening. This indicator measures the performance of the BreastScreen program in overcoming these barriers. Care needs to be taken when comparing data across jurisdictions, given differences in the collection of data by Indigenous, NESB, and rural and remote status across jurisdictions. The data for this indicator is provided on a comparable basis.

For the 24 month period 2002 and 2003, the age standardised participation rate for Indigenous women aged 50–69 years was markedly lower than the rate for all females in that age group, although this may be influenced by problems with the identification of Indigenous status. The largest gap between the participation rates of Indigenous women and all women was in Tasmania (29.0 percentage points); the smallest gap was in the ACT (1.1 percentage points) (table 11.1).

Table 11.1 **Age standardised participation rates of women aged 50–69 years from selected communities in BreastScreen Australia programs, 2002 and 2003 (24 month period) (per cent)[a]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous[b]	39.4	50.9	53.6	39.7	41.2	29.9	55.5	17.7	40.6
Non-English Speaking Background[c]	43.5	40.4	64.7	59.3	59.7	46.5	59.7	25.9	46.6
Metropolitan or capital city[d]	61.0	57.0	76.8	55.1	63.3	56.1	56.7	49.4	61.2
Rural and remote, or rest of State[e]	35.9	60.2	44.5	56.9	64.4	59.3	–	17.5	46.8
All women aged 50–69 years	50.8	57.9	58.5	55.7	63.6	58.9	56.7	45.6	55.8

[a] First and subsequent rounds. [b] Those women who self-identify as being of Aboriginal or Torres Strait Islander descent. [c] Women who speak a language other than English at home. [d] Includes ‘capital city’ (State and Territory capital city statistical divisions) and ‘other metropolitan centre’ (one or more statistical subdivisions that have an urban centre with a population of 100 000 or more). [e] Includes ‘large rural centre’ statistical local areas where most of the population resides in urban centres with a population of 25 000 or more); ‘small rural centre’ (statistical local areas in rural zones containing urban centres with populations between 10 000 and 24 999); ‘other rural area’ (all remaining statistical local areas in the rural zone); ‘remote centre’ (statistical local areas in the remote zone containing populations of 5000 or more) and ‘other remote area’ (all remaining statistical local areas in the remote zone). – Nil or rounded to zero.

Source: State and Territory governments (unpublished); table 11A.1; 2005 Report, table 11A.14; 2005 Report, p. 11.25, table 11.5.

Mental health

Mental health relates to an individual’s ability to negotiate the daily challenges and social interactions of life without experiencing undue emotional or behavioural incapacity (DHAC and AIHW 1999). Problems and disorders that interfere with this ability and diminish quality of life and productivity include cognitive, emotional and behavioural disorders. Some of the major mental disorders perceived to be public health problems are schizophrenia, depression, anxiety disorders, dementia and substance use disorders (DHAC and AIHW 1999). Each of these disorders is unique in terms of its incidence across the lifespan, causal factors and treatments.

Mental health services provided

Limited data are available on specialised psychiatric care of Indigenous patients in hospital. Comparisons are difficult because data on Indigenous status are incomplete and Indigenous people and other Australians may differ in their use of hospital services relative to other health services. The data reflect a range of factors, such as the spectrum of public, primary care and post-hospital care available; Indigenous people's access to these as well as hospital services; social and physical infrastructure services for Indigenous people; and differences in the complexity, incidence and prevalence of disorders. Indigenous Australians were nearly twice as likely as the rest of the population to be admitted for overnight psychiatric care. The average length of stay for Indigenous people was slightly less, however, than that for the rest of the population (table 11.2).

Table 11.2 **Specialised psychiatric care, by Indigenous status, 2001-02**[a, b]

	Same day separations	*Overnight separations*	*Total separations*	*Total patient days*	*Total psychiatric care days*	*Average length of stay (overnight)*	*Psychiatric care days per overnight separation*
No.							
Indigenous	130	3 567	3 697	72 386	71 723	20.3	20.1
Total population	8 536	102 433	110 969	2 458 483	2 421 286	23.9	23.6
Per 1000 population[c]							
Indigenous	0.4	9.1	9.6	199.3	198.0	..	..
Total population	0.4	5.2	5.6	124.1	122.2	..	..

[a] The completeness of data on Indigenous status varies, so these data need to be used with care. [b] Specialised psychiatric care refers to separations in which at least one day of specialised psychiatric care was received. [c] Separations per 1000 population are indirectly age standardised rates based on the projected Aboriginal and Torres Strait Islander population for 30 June 2001 and the estimated resident population for 30 June 2001. **..** Not applicable.

Source: AIHW (2004); table 11A.2; 2005 Report, p. 11.47, table 11.7.

Schizophrenia disorders accounted for a large proportion of overnight specialised psychiatric care separations reported for Indigenous patients in Australia in 2001-02 (26.1 per cent). They also accounted for around 47.3 per cent of patient days for Indigenous patients and a similar percentage of psychiatric care days (47.6 per cent) (table 11A.3).

Mortality due to suicide

‘Mortality due to suicide’ is an indicator because evidence indicates that people with a mental disorder are at a higher risk of suicide than are the general population. (They are also at a higher risk of death from other causes, such as cardiovascular disease.) The data for this indicator is provided on a comparable basis.

This indicator is reported as the rates per 100 000 people for all people and Indigenous people. While the performance of mental health services is important in reducing suicide, other government services also play a significant role. Public mental health programs are primarily concerned with providing treatment and support services for individual clients affected by serious mental illness, some of whom have either attempted, or indicated the intention, to commit suicide. Suicide prevention targeted at the wider population is also addressed through the initiatives of other government departments, non-government organisations and other special interest groups. Any impact on suicide rates, therefore, will be a result of a coordinated response across a range of collaborating agencies, including police, education, housing, justice and community services agencies.

In addition, many factors outside the control of mental health services may influence a person’s decision to commit suicide. These include environmental, sociocultural and economic risk factors — for example, adverse childhood experiences (such as sexual abuse) can increase the risk of suicide, particularly in adolescents and young adults. Alcohol and other drugs are also often associated with an increased risk of suicidal behaviour. Other factors that can influence suicide rates include economic growth rates, which affect unemployment rates and social disadvantage. Often, a combination of these factors can increase the risk of suicidal behaviour.

Not all of those who commit suicide are patients of mental health services. An improved indicator would be restricted to suicide by patients of mental health services. In 2002, 2320 deaths by suicide were recorded in Australia — equivalent to 11.8 deaths per 100 000 people. The national rate fell each year from 1997 to 2000, followed by a slight increase in 2001 and then a fall in 2002.

The Indigenous suicide rate is presented for the period 2000–2002 for four jurisdictions: Queensland, WA, SA and the NT. The rate calculations have not been adjusted for differences in the completeness of identification of Indigenous deaths across jurisdictions. The suicide rate for Indigenous people for the period 2000–2002 in the jurisdictions for which data are presented in table 11A.4 is considerably higher than the rate for the total population in 2002.

Care needs to be taken when interpreting these data because data for Indigenous people are incomplete and data for some jurisdictions are not published. Estimating the Indigenous population is difficult given the low number of suicides among Indigenous people and the varying propensity of people across jurisdictions and over time to identify as Indigenous. In addition, Indigenous people are not always accurately identified in administrative collections (such as hospital records, and birth and death registrations) due to definition variations, different data collection methods and failure to record Indigenous status. The ‘Health preface’ discusses the quality of Indigenous mortality and other data.

Future directions in performance reporting

Mental health

Key challenges for improving the reporting of mental health management include improving the reporting of effectiveness and efficiency indicators for Indigenous, rural/remote and other special needs groups.

References

ABS (Australian Bureau of Statistics) 2003, *Causes of Death, Australia*, Cat. no. 3303.0, Canberra.

AIHW (Australian Institute of Health and Welfare) 2004, *Mental Health Services in Australia 2001-02*, Cat. no. HSE 31, Mental Health Series no. 5, Canberra.

—— 2003, *National Health Priority Areas* www.aihw.gov.au/nhpa/index.html (accessed 12 November 2003)

DHAC (Australian Government Department of Health and Community Services) and AIHW 1999, *National Health Priority Areas Report: Mental Health 1998*, AIHW Cat. no. PHE 13, Canberra.

DHS (Department of Human Services Victoria) 1999, *Breast Disease Service Redevelopment Strategy. A Report by the Breast Care Implementation Advisory Committee 1999-2003,* Victorian Government Publishing Service, Melbourne.

NBCC (National Breast Cancer Centre) 2003, www/nbcc.org.au/bestpractice/statistics/index.htm (accessed 15 November 2003).

D Community services

Part D: Community services preface

Families are the principal providers of care for children, older people and people with a disability (ABS 2001). Community services aim to help families to undertake this role and can fulfil this role when families are not in a position to provide care. Community services covered by this Report encompass aged care services (see chapter 12), services for people with a disability (see chapter 13), children's services (see chapter 14), and protection and support services (child protection, supported placements, and supported accommodation and assistance) (see chapter 15).

Community service activities (box CSP.1) typically include those activities 'which assist or support members of the community in personal functioning as individuals or as members of the wider community' (AIHW 1997, p. 3). They may include financial assistance and relief to people in crisis, and housing assistance of a short term or transitional nature, but they exclude acute health care services (see chapters 9–11), long term housing assistance (see chapter 16) and income support (such as social security pensions and allowances). The definition of community service activities contained in this preface is based on the National Classification of Community Services, developed by the Australian Institute of Health and Welfare (AIHW 2003) (box CSP.1).

Performance information on community services as a whole is not currently reported. While there are many interactions among the various community services, the services and their funding and delivery systems are too varied to enable aggregate community services reporting.

Box CSP.1 **Community service activities**

Personal and social support — activities that provide support for personal or social functioning in daily life. Such activities promote the development of personal skills for successful functioning as individuals, family members and members of the wider community. Personal and social support includes the provision of information, advice and referral, personal advocacy, counselling, domestic assistance and personal assistance. The purpose of such support may be to enable individuals to live and function in their own homes or normal places of residence.

Support for children, families and carers — the provision of care, educational, developmental and recreational activities for children (usually aged 0–12 years) by paid workers. Activities are included that seek to protect children from child abuse and neglect or harm, through statutory intervention and support for families.

Training, vocational rehabilitation and employment — activities that assist people who are disadvantaged in the labour market by providing training, job search skills, help in finding work, placement and support in open employment or, where appropriate, supported employment.

Financial and material assistance — activities that enhance personal functioning and facilitate access to community services, through the provision of emergency or immediate financial assistance and material goods.

Residential care and supported accommodation — activities provided in special purpose residential facilities, including accommodation in conjunction with other types of support, such as assistance with necessary day-to-day living tasks and intensive forms of care such as nursing care.

Corrective services — activities that involve correctional and rehabilitative supervision and the protection of public safety, through corrective arrangements and advice to courts and parole boards, in relation to young people and people with intellectual and psychiatric disabilities on court orders.

Service and community development and support — activities that provide support aimed at articulating and promoting improved social policies; promoting greater public awareness of social issues; developing and supporting community-based activities, special interest and cultural groups; and developing and facilitating the delivery of quality community services. Activities include the development of public policy submissions, social planning and social action, the provision of expert advice, coordination, training, staff and volunteer development, and management support to service providers.

Source: AIHW (2003).

Some of the performance indicators in the following chapters were also reported as key indicators in the report on *Overcoming Indigenous Disadvantage: Key Indicators 2003*. The Indigenous Disadvantage framework included the following indicators relating to community services:

- Juvenile diversions as a proportion of all juvenile offenders.
- Substantiated child protection notifications.
- Children on long term care and protection orders.

There is a new edition of the *Overcoming Indigenous Disadvantage: Key Indicators 2005* report publication coming out in May 2005.

Indigenous data in the community services preface

The community services preface in the *Report on Government Services 2005* (2005 Report) contains the following data items on Indigenous people:

- Average daily population of Indigenous people aged 10–17 years in juvenile corrective institutions (number), 1998-99 to 2002-03.
- Average annual rate of detention per 100 000 Indigenous people aged 10-17 years in juvenile corrective institutions (number), 1998-99 to 2002-03.
- Indigenous and non-Indigenous detention rates, 2002-03.

Juvenile justice

The juvenile justice system is responsible for dealing with young people (predominantly aged 10–17 years) who have committed or allegedly committed an offence while considered by law to be a juvenile. Each jurisdiction has its own legislation that dictates the policies and practices of its juvenile justice system.

In most jurisdictions the majority of young offenders are diverted through a range of mechanisms such as police caution, conferences and unsupervised orders, and do not become clients of juvenile justice departments.

The juvenile justice system in each jurisdiction comprises several organisations, with each having a different primary role and responsibility in dealing with young offenders. Among other components, these include juvenile justice agencies, which are responsible for the supervision and case management of juveniles on a range of community-based legal arrangements and in detention, and for the provision of a wide range of services aimed at crime prevention and diversion. Many of the services provided by juvenile justice agencies are aimed at: rehabilitating offenders; minimising the level of, and future involvement of, young people in the justice system; reducing the over-representation of Indigenous young people in the justice system; maintaining the clients’ connection with family, culture and community;

providing clients with an appropriate level of care and safety (duty of care); increasing client accountability to victims; and improving community safety.

The juvenile justice system in each jurisdiction comprises several organisations, with each having a different primary role and responsibility in dealing with young offenders. These include:

- police, who are usually the young person’s first point of contact with the system. Where considered appropriate, the police may administer warnings or cautions and, in some jurisdictions, use conferencing to divert the juvenile from proceeding to court;
- courts (usually a special children’s or youth court), where matters relating to the charges against the young person are heard. The courts are largely responsible for decisions regarding bail (and remand) and sentencing options if the young person admits guilt or is found guilty by the court;
- juvenile justice agencies, which are responsible for the supervision and case management of juveniles on a range of community-based legal arrangements and in detention, and for the provision of a wide range of services aimed at crime prevention and diversion. Many of the services provided by juvenile justice agencies are aimed at: rehabilitating offenders; minimising the level of, and future involvement of, young people in the justice system; reducing the over-representation of Indigenous young people in the justice system; maintaining the clients’ connection with family, culture and community; providing clients with an appropriate level of care and safety (duty of care); increasing client accountability to victims; and improving community safety.

Juvenile detentions

Detailed national data are currently only available on the number of young people held in juvenile detention centres (either on remand or sentenced) at the end of each quarter. Hence, this is the only data that are published in this Report. Detention data, however, illustrates only one aspect of the juvenile justice system, and are not representative of the full workload or breadth of services provided by the juvenile justice system or even juvenile justice departments.

The Australian Institute of Criminology (AIC) uses ABS experimental projections for its estimates of the Indigenous population (ABS 2004). These data include a range of estimates (low and high), and data in this Report are based on high level estimates.

Nationally, the average daily number of people aged 10–17 years detained in juvenile corrective institutions fell from 716 to 616 between 1998-99 and 2002-03

(2005 Report, p. F.10, table F.3). The national rate of detention of people aged 10–17 years in juvenile corrective institutions fell from 34.0 per 100 000 in 1998-99 to 28.1 per 100 000 in 2002-03, although there were substantial differences across jurisdictions (2005 Report, table F.3).

The daily average number of Indigenous people aged 10–17 years detained in juvenile corrective institutions was 295 in 2002-03 (table CSP.1).

Table CSP.1 **Daily average population of Indigenous people aged 10–17 years in juvenile corrective institutions (number)[a]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
1998-99	96	9	77	80	14	na	2	17	295
1999-2000	91	8	60	77	13	na	2	10	261
2000-01	86	7	53	71	13	na	4	12	246
2001-02	92	7	53	71	19	na	5	12	259
2002-03	98	10	54	80	28	na	4	19	295

a Average based on population of juvenile corrective institutions on the last day of each quarter of the financial year. **na** Not available.

Source: AIC (unpublished); 2005 Report, p. F.11, table F.5.

Nationally, the daily average detention rate for Indigenous people aged 10–17 years in 2002-03 was 326.6 per 100 000 Indigenous people (table CSP.2). This rate compared to 14.9 per 100 000 people for the non-Indigenous population aged 10–17 years (figure CSP.1).

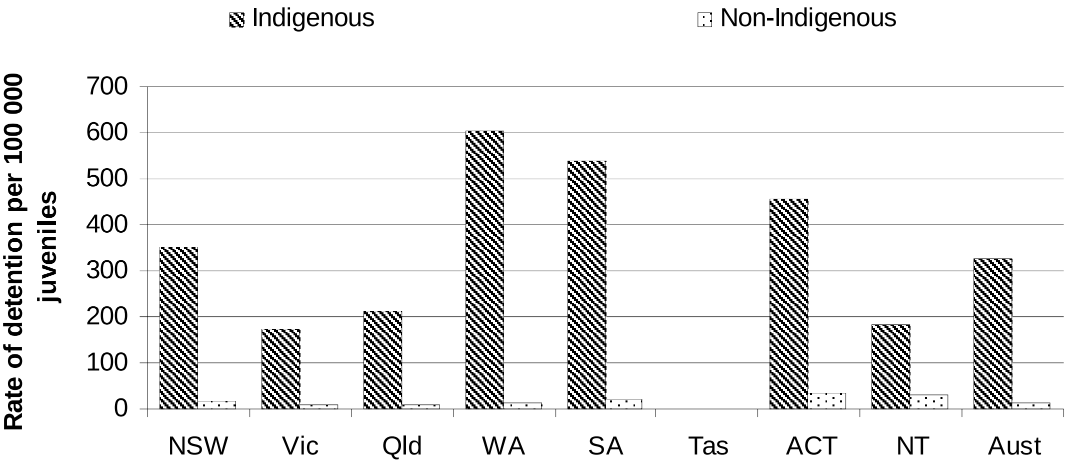
Table CSP.2 **Average rate of detention of Indigenous people aged 10–17 years in juvenile corrective institutions, per 100 000 people[a, b]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
1998-99	393.9	201.8	347.1	677.7	314.7	na	236.1	173.5	378.6
1999-2000	343.5	181.9	250.8	624.1	266.2	na	284.1	97.6	315.1
2000-01	324.9	142.4	222.2	565.4	265.9	na	524.7	121.4	294.5
2001-02	351.4	135.8	221.1	555.6	388.2	na	624.4	119.9	307.9
2002-03	353.8	173.6	212.0	604.7	538.1	na	458.6	182.6	326.6

a Detention rates based on average population of juvenile corrective institutions on the last day of each quarter of the financial year. **b** Note that Indigenous rates for 2001, 2002 and 2003 were calculated using high series population data provided by the ABS. Any variation in derived rates may be due to the assumptions and limitations of the base population data. **na** Not available.

Source: AIC (unpublished); 2005 Report, p. F11, table F.6.

Figure CSP.1 **Average rate of detention of juveniles aged 10–17 years, per 100 000 people, 2002-03**[a, b, c, d]



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[a] Detention rate is based on the average population of juvenile corrective institutions on the last day of each quarter of the financial year. [b] Note that Indigenous rates for 2001, 2002 and 2003 were calculated using high series population data provided by the ABS. Any variation in derived rates may be due to the assumptions and limitations of the base population data. [c] Jurisdictional comparisons need to be treated with caution, especially for those States and Territories with low Indigenous populations, where small number effects can introduce statistical variations that do not accurately represent trends over time or consistent differences from other jurisdictions. [d] Data were not available for Tasmania.

Source: AIC (unpublished); 2005 Report, p. F12, figure F.3.

References

ABS (Australian Bureau of Statistics) 2001, *Community Services, 1999-2000*, Cat. no. 8696.0, Canberra.

—— 2004, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians 1991-2009*, Cat. no. 3238.0, Canberra.

AIHW (Australian Institute of Health and Welfare) 1997, *National Classification of Community Services, Version 1.0*, Cat. no. HWI 7, Canberra.

—— 2003, National Classifications of Community Services, Version 2.0, Cat. no. HWI-40, Canberra.

12 Aged care services

The aged care system comprises all services specifically designed to meet the care and support needs of frail older Australians. This chapter focuses on government funded residential and community care for older people; services designed for the carers of older people are also within the scope of this chapter. Some government expenditure on aged care is not currently reported, but continual improvements are being made to the coverage and quality of the data. The services currently covered include:

- residential services, which provide high care, low care and residential respite care (*Report on Government Services 2005* (2005 Report), box 12.1)
- community care services, which include Home and Community Care (HACC) program services, Community Aged Care Packages (CACPs), the Extended Aged Care at Home (EACH) program and Veterans' Home Care (VHC)[11]
- respite services, which include HACC respite and centre-based day care and the National Respite for Carers Program (NRCP)
- assessment services, which are largely provided by Aged Care Assessment Teams (ACATs).

A number of additions and improvements have been made to the chapter this year. Reporting on access has been augmented with the addition of data on Indigenous people's access to Commonwealth Carelink Centres.

Service overview

Services for older people are provided on the basis of the frailty or functional disability of the recipients rather than specific age criteria. Nevertheless, without more specific information, this Report uses people aged 70 years or over as a proxy for the likelihood of a person in the general population requiring these services. Certain groups (notably Indigenous people) may require various services at a younger age. For Indigenous people, those aged 50 years or over are used as a proxy for the likelihood of requiring aged care services. The Australian Government also

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[11] Unless otherwise stated, HACC expenditure excludes the Department of Veterans' Affairs expenditure on VHC.

uses these age proxies for planning the allocation of residential care, CACPs and EACH packages.

Government funded aged care services covered in this chapter relate to the three levels of government (Australian, State and Territory, and some local) involved in service funding and delivery. The formal publicly funded services covered represent only a small proportion of total assistance provided to frail older people. Extended family and partners are the largest source of emotional, practical and financial support for older people: more than 90 per cent of older people living in the community in 2003 who required help with self-care, mobility or communications received assistance from the informal care network of family, friends and neighbours (ABS 2004). Many people receive assistance from both formal aged care services and informal sources. Older people also purchase support services in the private market, and these services are not covered in this chapter.

Indigenous data in the aged care chapter

The aged care chapter in the 2005 Report contains the following data items on Indigenous people:

- ACAT assessment rates per 1000 target population, 2002-03
- Age profile and target population differences between Indigenous and other Australians, June 2001
- Residents per 1000 target population, June 2004
- CACP recipients per 1000 target population, June 2004
- Recipients of HACC services by age and Indigenous status, 2003-04
- Commonwealth Carelink centres, contacts per 1000 people, by Indigenous status, 30 June 2004
- Standardised incidence ratio for CACP and permanent residential aged care (combined), 30 June 2001
- Age-specific usage rates of CACPs and permanent residential aged care, 30 June 2001
- Ratio of CACP recipients and permanent residential (combined) to 1000 target population, 30 June 2001.

Supporting tables

Supporting tables for data within the aged care chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 12A.3 is table 3 in the aged care attachment to the compendium). As the data are directly sourced from the 2005 Report, the compendium also notes where the original table, figure or text in the 2005 Report can be found. For example, where the compendium refers to ‘2005 Report, p. 12.15’ this is page 15 of chapter 12 of the 2005 Report, and ‘2005 Report, 12A.2’ is attachment table 2 of attachment 12 of the 2005 Report.

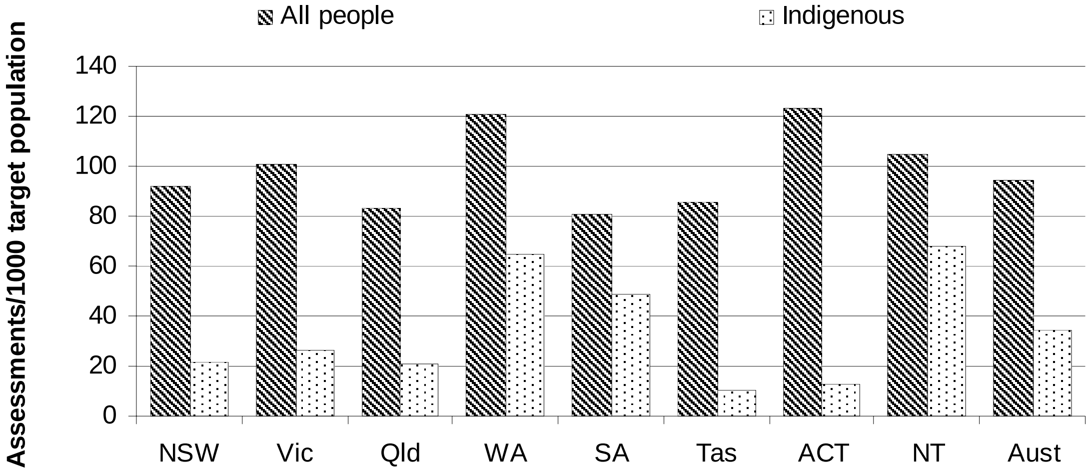
Assessment services

The Australian Government established the Aged Care Assessment Program (ACAP) in 1984, based on the assessment processes used by State and Territory health services to determine (1) eligibility for admission into residential care and (2) the level of care required (and thus the subsidy paid to such services). The core objective of the ACAP is to assess the needs of frail older people and recommend appropriate services. Assessment and recommendation by ACATs are mandatory for admission to residential care or receipt of a CACP or an EACH package. People may also be referred by ACATs to other services, such as those funded by the HACC program. An ACAT referral is not mandatory for receipt of other services, such as HACC and VHC services.

State and Territory governments are responsible for the day-to-day operation and administration of the ACAP and provide the necessary accommodation and support services. The role and scope of the teams differs across and within jurisdictions, however, partly reflecting the service location (for example, whether the team is attached to a residential service, a hospital or a community service).

The number of assessments per 1000 target population varied across jurisdictions in 2002-03. The ACT had the highest number of assessments of people aged 70 years or over per 1000 people aged 70 years or over (122.9) and the lowest rate of assessment was in SA (81.2). The NT had the highest rate of assessments for Indigenous people aged 50 years or over per 1000 Indigenous people aged 50 years or over (68.2) in 2002-03, and Tasmania had the lowest rate (10.6) (figure 12.1).

Figure 12.1 **Aged Care Assessment Team assessment rates, 2002-03**[a, b, c]



[a] Includes ACAT assessments for all services. [b] 'All people' includes all assessments of people aged 70 years or over per 1000 people aged 70 years or over. [c] 'Indigenous' includes all assessments of Indigenous people aged 50 or over per 1000 Indigenous people aged 50 years or over.

Source: Lincoln Centre for Ageing and Community Care Research (2004); table 12A.17; 2005 Report, p. 12.5, figure 12.1.

Indigenous specific services

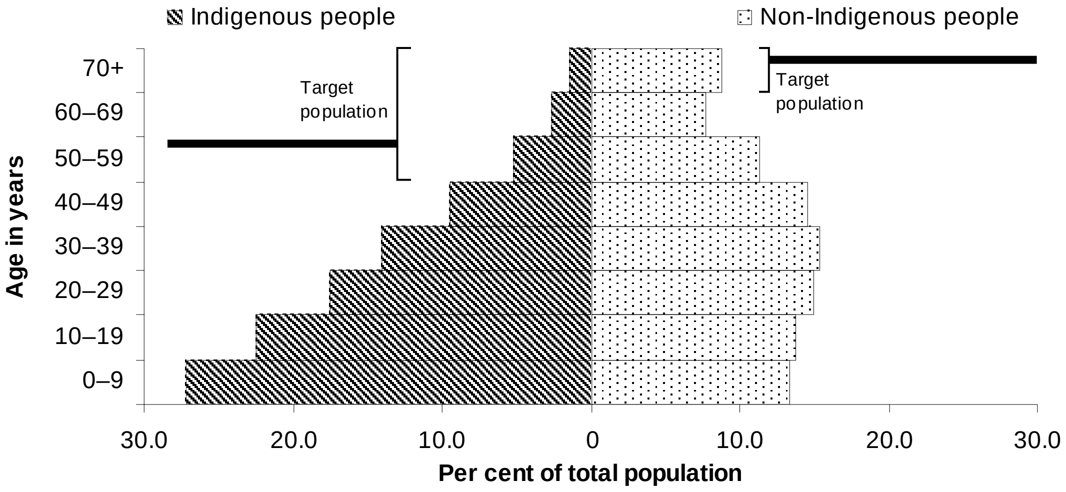
Under the Aged Care Act, 29 Indigenous aged care services are funded, providing approximately 700 places. Most of these places are available in Indigenous-specific aged care services, but some are available in aged care services catering to the broader community. In addition, 599 flexibly funded aged care places were provided at 30 June 2004 through the National Aboriginal and Torres Strait Islander Aged Care Strategy, often in remote areas where no aged care services are otherwise available. Services delivered under the strategy are outside the Aged Care Act.

The Australian Government actively targets community aged care places to Indigenous communities and contracts Aboriginal Hostels Ltd to provide ongoing assistance to ensure services in rural and remote areas remain viable.

Characteristics of older Indigenous people

The ABS estimated that about 50 800 Indigenous people were aged 50 years or more in Australia at 30 June 2004. The majority were located in NSW (30.9 per cent), Queensland (26.6 per cent), WA (14.6 per cent) and the NT (11.8 per cent) (table 12A.1). Although the Indigenous population is also ageing, there are marked differences in the age profile of Indigenous Australians compared with the non-Indigenous population (figure 12.2). Previous ABS estimates of the life expectancy of Indigenous males and females for June 2001 suggested it was nearly 20 years below that recorded for the total Australian population. (New methodology recently adopted by the ABS has led to revisions of these estimates — see the Health preface.) In any case, Indigenous people are likely to need aged care services earlier in life, compared with the general population.

Figure 12.2 **Age profile and target population differences between Indigenous and other Australians, June 2001**



Source: ABS (2001 and unpublished) ; 2005 Report, p. 12.15, figure 12.7.

Access to residential services by different groups

The access indicator ‘use by different groups’ is explained in box 12.1. The data for this indicator is provided on a comparable basis.

Box 12.1 **Use by different groups**

A key national objective of the aged care system is to provide equitable access to aged care services for all people who require these services. ‘Use by different groups’ is a proxy indicator of equitable access. Various groups are identified by the Aged Care Act and its principles (regulations) as having special needs, including people from Indigenous communities, people born in non-English speaking countries, people who live in rural or remote areas, people who are financially or socially disadvantaged, and veterans (including widows and widowers of veterans). The indicator is reported for each special needs group except veterans, and the definitions are as follows:

(Continued on next page)

Box 12.1 **(Continued)**

- the number of people born in non-English speaking countries using residential services, CACPs, EACH and HACC services, divided by the number of people born in non-English speaking countries aged 70 years or over.
- the number of Indigenous people using residential services, CACP, EACH and HACC services, divided by the number of Indigenous people aged 50 years or over (because Indigenous people tend to require aged care services at a younger age than the general population).
- for financially disadvantaged users: the indicator measures only access to residential services, and is defined as the number of new residents classified as concessional or assisted divided by the number of new residential places.
- for people living in rural and remote areas: the number of hours of HACC service received (and, separately, meals provided) divided by the number of people aged 70 years or over plus Indigenous people aged 50-69 years for major cities, inner regional areas, outer regional areas, remote areas and very remote areas.
- the rate of contacts with Commonwealth Carelink Centres for Indigenous people compared with all people.

In general, usage rates for special needs groups similar to those for the broader aged care population are desirable, but interpretation of results differs for some special needs groups:

- There is evidence that Indigenous people have higher disability prevalence rates than those of the general population, which suggests a greater level of need for services compared with those in the broader aged care population.
- For financially disadvantaged users, Australian Government planning guidelines require that services allocate a minimum proportion of residential places for concessional residents. These targets range from 16 per cent to 40 per cent of new places, depending on the service’s region. Use rates equal to or higher than the minimum rates are desirable.

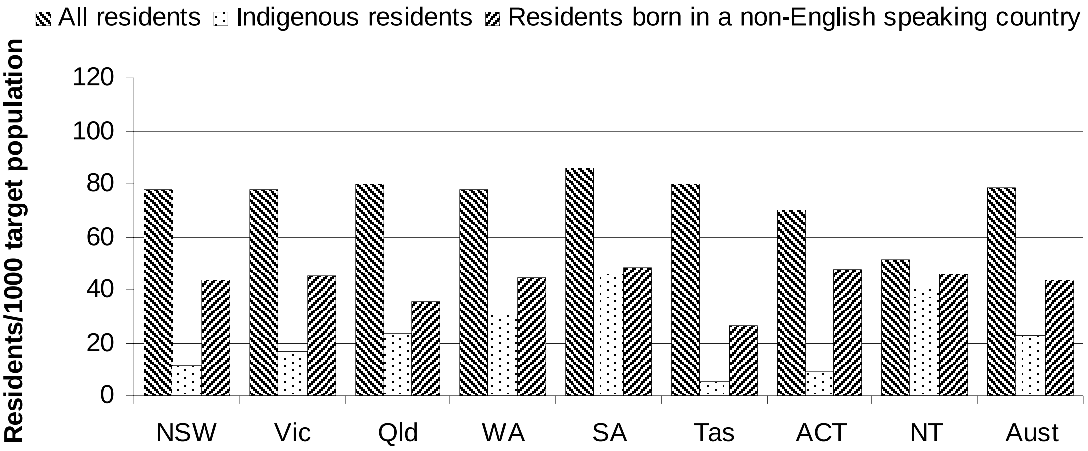
Several factors need to be considered in interpreting the results for this set of indicators.

- Cultural differences may influence the extent to which people born in non-English speaking countries use different types of services.
- Cultural differences and geographic location may influence the extent to which Indigenous people use different types of services.
- The availability of informal care and support may influence the use of aged care services in different population groups.

Access to residential services

This indicator is explained in box 12.1. In all jurisdictions at 30 June 2004, on average, Indigenous people and people born in non-English speaking countries had lower rates of use of aged care residential services, compared with the rest of the population (figure 12.3). The data for this indicator is provided on a comparable basis.

Figure 12.3 **Residents per 1000 target population, 30 June 2004**[a, b, c]



a All residents data are per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years. **b** Indigenous residents data are per 1000 Indigenous people aged 50 years or over. **c** Data for residents from a non-English speaking country are per 1000 people from non-English speaking countries aged 70 years or over.

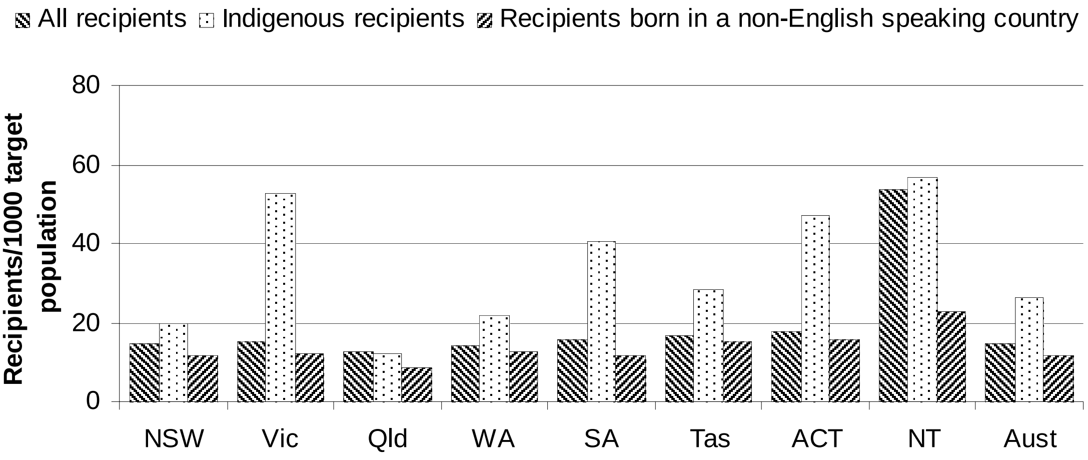
Source: DHA (unpublished); tables 12A.2 and 12A.3; 2005 Report, table 12A.14; 2005 Report, p. 12.23, figure 12.10.

Access to community aged care packages

This indicator is explained in box 12.1. The number of CACP recipients per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years has grown in recent years, but was small relative to the total number of recipients of residential care at June 2004 (14.7 CACP recipients compared with 78.7 total recipients of residential care) (table 12A.2). The data for this indicator is provided on a comparable basis.

The NT had the highest number of CACP recipients per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years at June 2004 (53.8) and Queensland had the lowest (12.9). The NT had the highest number of Indigenous CACP recipients per 1000 Indigenous people aged 50 years or over (56.8) and Queensland had the lowest (12.2) (table 12A.3). The NT also had the highest number of CACP recipients from non-English speaking countries per 1000 people aged 70 years or over from non-English speaking countries (22.9) and Queensland had the lowest (8.6) (figure 12.4). The Australian Government's allocation of CACPs in every jurisdiction at June 2004 exceeded 10 CACPs per 1000 target population.

Figure 12.4 **Community Aged Care Package recipients per 1000 target population, 30 June 2004**[a, b, c, d, e]



[a] All recipients data are per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years. [b] Indigenous recipients data are per 1000 Indigenous people aged 50 years or over. [c] Data for recipients from non-English speaking countries are per 1000 people from non-English speaking countries aged 70 years or over. [d] The ACT has a very small Indigenous population aged 50 years or over (table 12A.1), and a small number of packages will result in a very high provision ratio. [e] CACPs provide a more flexible model of care more suitable to remote Indigenous communities, so areas such as the NT have a higher rate of CACP recipients per 1000 people.

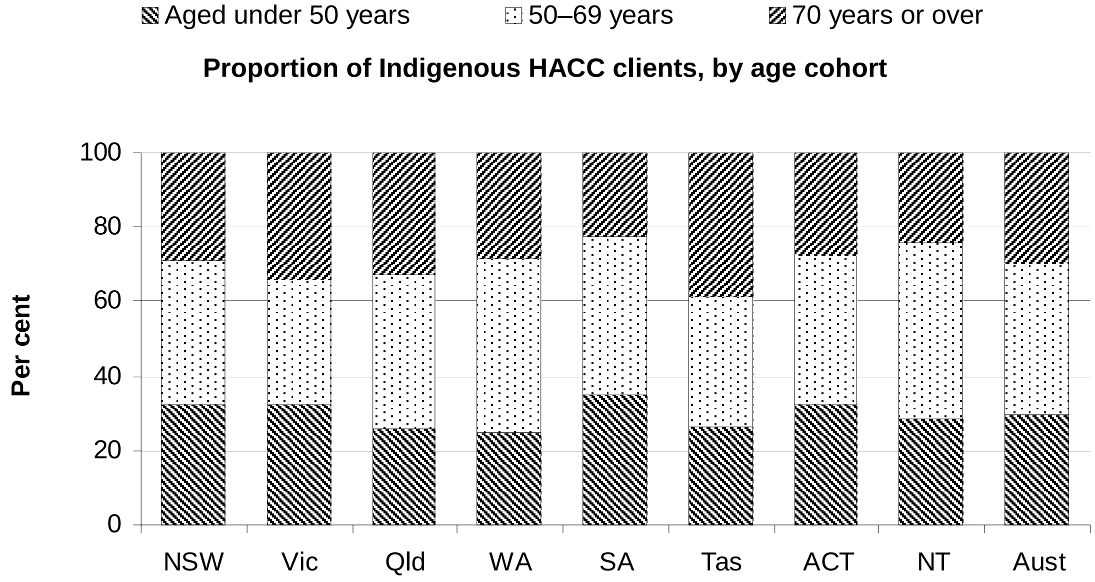
Source: DHA (unpublished); tables 12A.2 and 12A.3; 2005 Report, table 12A.14; 2005 Report, p. 12.24, figure 12.12.

Access to the Home and Community Care program

This indicator is explained in box 12.1. HACC services are provided in the client's home or community for frail older people with a severe, profound or moderate disability, and their carers. The data for this indicator is provided on a comparable basis.

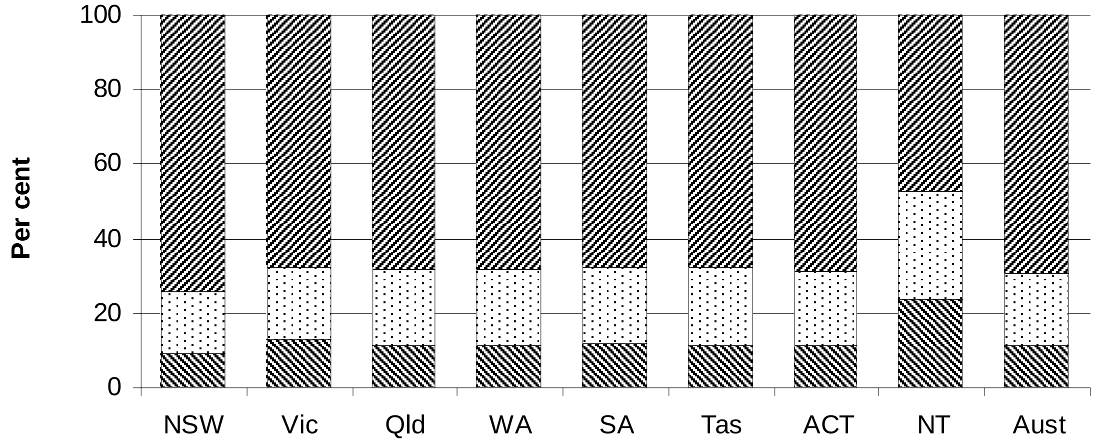
Reported use of HACC services showed a substantial difference between all users and Indigenous users across all age groups in 2003-04. This reflects the difference in morbidity and mortality trends between Indigenous people and the general population (figure 12.5).

Figure 12.5 **Recipients of HACC services by age and Indigenous status, 2003-04**



Proportion of Indigenous HACC clients, by age cohort

Proportion of non-Indigenous HACC clients, by age cohort



Source: DHA (unpublished); table 12A.15; 2005 Report, p. 12.26, figure 12.13.

Access by Indigenous people to Commonwealth Carelink Centres

This indicator is explained in box 12.1. Commonwealth Carelink Centres are information centres for older people, people with disabilities and those who provide care and services. Information is provided on community services and aged care, disability and other support services available locally or anywhere in Australia, the costs of services, assessment processes and eligibility criteria. The data for this indicator is provided on a comparable basis. Figure 12.6 provides information on the rate at which Indigenous people contacted Carelink Centre 30 June 2004, compared with the rate for all clients. The rate at which Indigenous people were able to access these centres was less than for all Australians except in Victoria. Victoria had the highest number of contacts by Indigenous people per 1000 Indigenous population in 2003-04 (8.7 per cent), while Tasmania had the lowest (1.3 per cent).

Figure 12.6 **Commonwealth Carelink centres, contacts per 1000 people, by Indigenous status, 30 June 2004**[a, b, c, d]

[a] Contacts with Carelink include phone calls, visits, emails and facsimiles. [b] Indigenous contacts refer to contacts by Indigenous people per 1000 Indigenous population. [c] All contacts refers to contacts per 1000 total population. [d] Data for the ACT for Indigenous clients were not available in 2003-04.

Source: Population Projections by SLA 2002-2022 (unpublished); table 12A.24; 2005 Report, p. 12.27, figure 12.14.

Age profiles can distort observed usage patterns

How age profiles can distort observed service usage patterns

The age profile of Australians varies across jurisdictions and across different cultural and linguistic backgrounds, (see for example the different age profiles of Indigenous and non-Indigenous Australians — figure 12.2). Variations in age profiles are important because the likelihood of needing aged care services increases with age (table 12.1). As a result, observed differences in service usage rates by different cohorts within the community may arise from different age profiles, rather than from different usage patterns. One method of eliminating this distortion from the data is to standardise for the age profiles of different groups.

Method of standardisation

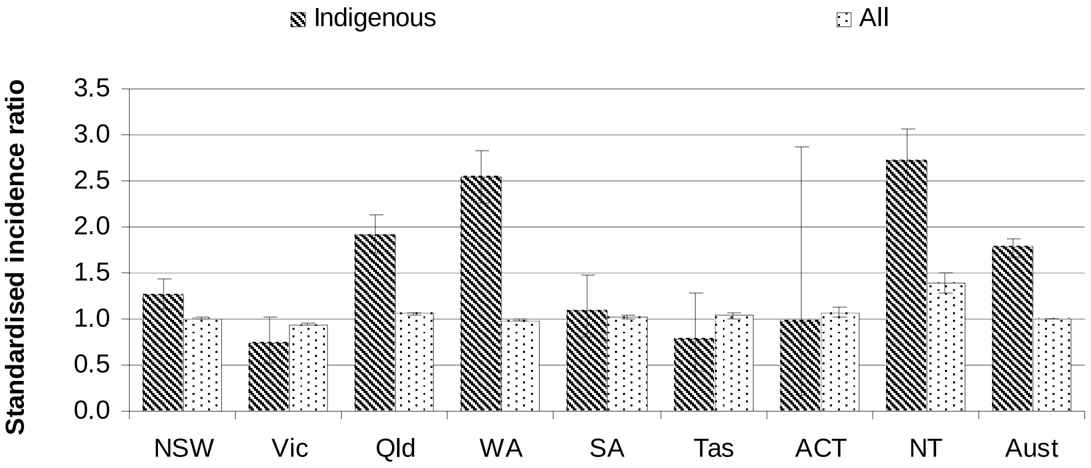
Either direct or indirect standardisation can be used; indirect standardisation is presented here because it is more appropriate when comparing small populations. This method applies standard age-specific usage rates (in this case, average Australian rates) to actual populations (different groups within states and territories), and compares observed numbers of clients with the numbers that would have been expected if average rates had applied. Comparisons are made via the standardised incidence ratio. A value greater than 1.0 in this ratio means that use is higher than expected if the particular group has the same usage rate as that of the Australian population as a whole; a value below 1.0 means use is lower than expected. Age standardisation generally covers use by all age groups, so the resulting standardised incidence ratios compare use by complete population groups, not just by those aged 70 years or over.

Application of indirect standardisation

In the following illustration, 2001 data are used. Within each State and Territory, the combined use of permanent residential aged care and CACPs by Indigenous people is compared with average service use by all Australians. The resulting standardised incidence ratios are presented in figure 12.7. The error bars in the figure show how accurate the comparisons are; if an error bar goes across the value of 1.0, then the usage rate by that population group is not significantly different from the average use by all Australians. People (Indigenous people in particular) also use long stay hospital beds, flexible places and other services not covered in the analysis; consequently, these results do not represent all the services available to people.

Figure 12.7 shows that, Indigenous people had a higher than average combined use of CACPs and permanent residential aged care — nationally, about 80 per cent higher. This result reflects the higher age-specific usage rates of CACPs for Indigenous people at all ages, and of permanent residential aged care for those Indigenous people aged under 75 years (table 12.1). The picture, however, changes from State to State: combined use of the services is not significantly different from the national average for Indigenous people in Victoria, SA, Tasmania and the ACT, but is higher than the average in NSW (about 25 per cent higher), Queensland (90 per cent higher), WA (150 per cent higher) and the NT (170 per cent higher). Looking at both Indigenous and non-Indigenous people, Victorians generally use residential aged care at a slightly lower rate than the national average, while people from Queensland, SA, Tasmania, the ACT and the NT have slightly higher than average usage rates.

Figure 12.7 Standardised incidence ratio for use of CACP and permanent residential aged care (combined), 30 June 2001[a, b]



[a] Indigenous ratio is per 1000 Indigenous people aged 50 or over, all ratio is per 1000 Indigenous people aged 50 or over and non-Indigenous people aged 70 or over [b] Uses indirect age standardisation against use by all people Australia-wide.

Source: AIHW (unpublished); table 12A.10; 2005 Report, p. 12.57, figure 12.23.

Table 12.1 Age-specific usage rates of CACPs and permanent residential aged care (per 1000 people), 30 June 2001[a, b]

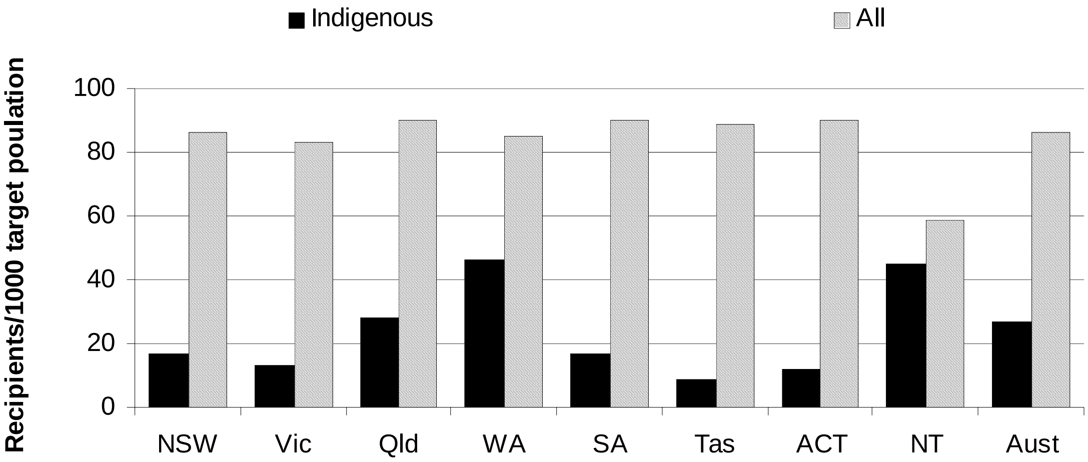
	CACP recipients		*Permanent aged care residents*	
Age (years)	*Indigenous*	*Non-Indigenous*	*Indigenous*	*Non-Indigenous*
50–54	1.7	0.1	3.3	0.7
55–59	4.1	0.3	4.2	1.4
60–64	8.6	0.7	9.5	2.9
65–69	16.3	1.5	11.4	6.1
70–74	30.1	3.2	25.2	14.5
75–79	33.7	7.1	66.3	35.3
80+	36.7	20.7	116.3	160.8

[a] Excludes clients of multipurpose and flexible services. [b] Cases with missing data on Indigenous status have been pro rated within gender/age groups.

Source: AIHW (unpublished); 2005 Report, p. 12.58, table 12.13.

The above picture is quite different from that given when comparing use with the target group population (clients per 1000 in the target group — figure 12.8; also used in figures 12.3 and 12.4). This measure suggests that, combined use of CACPs and permanent residential aged care is much lower for Indigenous people than for all people in all jurisdictions except the NT; even in the NT, for Indigenous people the ratio of clients to target population is about 25 per cent lower than that for all people from the NT. Figure 12.8 also suggests that combined use of the two services is generally much lower in the NT than in other jurisdictions; this difference is not apparent after age standardisation (figure 12.8), indicating that the difference in this measure is the result of the relatively young age structure of the NT.

Figure 12.8 **Ratio of CACP recipients and permanent residents (combined) to 1000 persons in target population, 30 June 2001**[a]



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[a] Indigenous ratio is per 1000 Indigenous people aged 50 years or over, 'all' ratio is per 1000 Indigenous people aged 50 years or over and non-Indigenous people aged 70 years or over.

Source: AIHW (unpublished); table 12A.58; 2005 Report, p. 12.59, figure 12.24.

References

ABS (Australian Bureau of Statistics) 2001, *Estimated Residential Population, by Age and Sex* Cat no. 3101.0, Canberra.

—— 2004, *Survey of Disability, Ageing and Carers, 2003*, Cat. no. 4430.0, Canberra.

Lincoln Gerontology Centre 2004, Aged Care Assessment Program: National Minimum Data Set Report: July 2002 – June 2003, La Trobe University, Melbourne.

13 Services for people with a disability

The Australian, State and Territory governments aim to maximise opportunities for people with a disability to participate actively in the community, by providing services and support for people with a disability, their families and carers. A definition of disability is provided in box 13.1.

Following negotiations among the Australian, State and Territory governments in 2003, all jurisdictions entered a third five year disability services agreement — the Commonwealth State/Territory Disability Agreement (CSTDA) — for the period 1 July 2002 to 30 June 2007.[12] This agreement forms the basis for the provision and funding of specialist services for people with a disability who require ongoing or long term episodic support.

Services for people with a disability can be grouped into income support, disability support services and relevant generic services provided to the community as a whole. The Review of Government Service Provision generally does not report information on income support. Disability support services are primarily delivered under the CSTDA, as well as through programs such as Home and Community Care (HACC). The HACC program aims to prevent inappropriate or premature admission to residential care by providing basic maintenance and support services to frail older people, younger people with a disability, and their carers. An estimated 68.5 per cent of HACC clients in 2003-04 were aged 70 years or over, while 31.5 per cent were aged under 70 years (*Report on Government Services 2005* (2005 Report) table 12A.32). Performance information on the HACC program is provided in the 'Aged care services' chapter. This Report does not provide performance information on rehabilitation services for people with a disability.

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[12] While the CSTDA was negotiated in 2003, it applied retrospectively to the funding and provision of services from 1 July 2002.

Box 13.1 **Definition of disability**

Disability is conceptualised as being a multidimensional experience for the person involved, relating to body functions and structures, activities, and the life areas in which the person participates (WHO 2001). The International Classification of Functioning, Disability and Health also recognises the role of physical and social environmental factors in affecting disability.

The Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers was conducted in 1981, 1988, 1993, 1998 and 2003, and was based on the International Classification of Functioning, Disability and Health and its predecessor. The 2003 survey defined a disability as a limitation, restriction or impairment that has lasted, or is likely to last, for at least six months and restricts everyday activities.

Self-care, mobility and communication are defined as core activities. The ABS defines levels of core activity limitation as follows:

- mild — where a person does not need assistance and has no difficulty with self-care, mobility and/or communication, but uses aids or equipment
- moderate — where a person does not need assistance, but has difficulty with self-care, mobility and/or communication
- severe — where a person sometimes needs assistance with self-care, mobility and/or communication tasks; has difficulty understanding or being understood by family or friends; or can communicate more easily using sign language or other non-spoken forms of communication
- profound — where a person is unable, or always needs assistance, to perform self-care, mobility and/or communication tasks.

The CSTDA (2003, p. 9) defines people with a disability (who would receive CSTDA funded services) as:

> People with disabilities attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which is likely to be permanent and results in substantially reduced capacity in at least one of the following:
>
> - self-care/management
> - mobility
> - communication,
>
> requiring significant ongoing and/or long term episodic support and which manifests itself before the age of 65.

Source: ABS (2004a); WHO (2001); CSTDA (2003).

Some mainstream services provided to the community as a whole — for example, vocational education and training (VET), school education, public hospital care, specialised mental health services and public housing — are covered elsewhere in this Report. Other mainstream services provided to people with a disability — such as transport and utility services at concessional rates — are outside the scope of this Report.

In recognition of the changing information needs in the disability services field, a redeveloped national minimum data set (NMDS) collection under the CSTDA was implemented during 2002-03. Given this redevelopment, data for 2002-03 collected under the new NMDS were available for reporting for most jurisdictions only for the period 1 January 2003 to 30 June 2003. Full year data will be reported in the 2006 Report. The redevelopment of the NMDS under the CSTDA has resulted in some reductions in data quality in the first collection that impose limitations on the ability to generalise from the data (box 13.7, 2005 Report)

Indigenous data in the services for people with a disability chapter

The services for people with a disability chapter in the *Report on Government Services 2005* (2005 Report) contains the following data on Indigenous people:

- Indigenous representation per 1000 people in accommodation support services, from 1 January 2003 to 30 June 2003.
- Indigenous representation per 1000 people in employment services, from 1 January 2003 to 30 June 2003.
- Indigenous representation per 1000 people in community access services, from 1 January 2003 to 30 June 2003.

Supporting tables

Supporting tables for data within the services for people with a disability chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 13A.3 is table 3 in the services for people with a disability attachment to the compendium). As the data are directly sourced from the Report on Government Services 2005, the compendium also notes where the original table, figure or text in the 2005 Report can be found. For example, where the compendium refers to ‘2005 Report p. 13.15’ this is page 15 of chapter 13 and ‘2005 Report, 13A.2’ is attachment table 2 of attachment 13 of the *Report on Government Services 2005*.

Service use by Indigenous people

An important indicator of access is the comparison between the representation of all people with a disability who use CSTDA funded services and the representation of people with a disability from special needs groups, for example Indigenous people. The data for this indicator is provided on a comparable basis.

Box 13.2 **Service use by special needs groups**

The representation of people from special needs groups accessing CSTDA funded services is included as an output (access) indicator of governments' objective that access to appropriate services should be equitable for all members of the community. One special need group are people who have an Indigenous background.

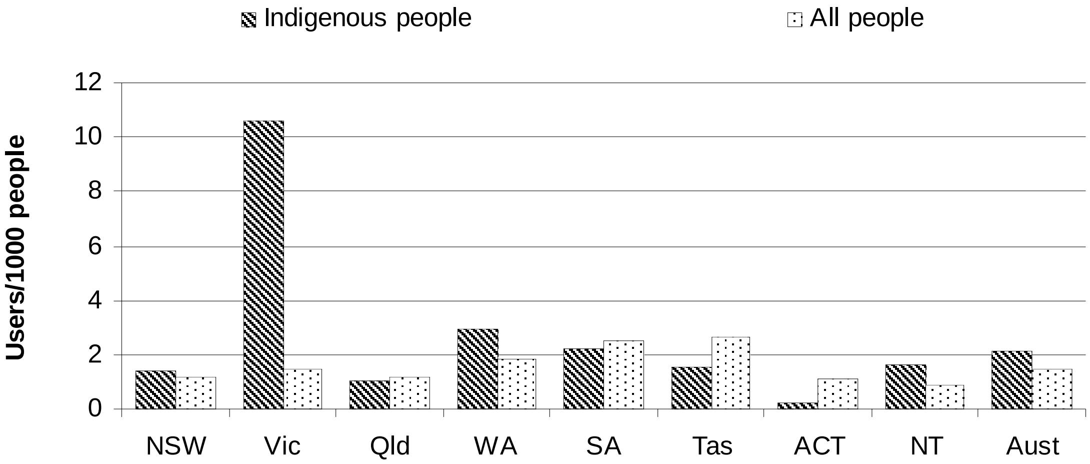
This indicator compares the proportion of service users per 1000 Indigenous people with the proportion of all service users per 1000 people in the Australian population. The disability service types reported are accommodation support, employment and community access services. For accommodation support services, only people aged under 65 years are included in the population counts for both the special needs groups and the Australian population. For employment and community access services, only people aged 15–64 years are included in these population counts.

Holding other factors constant, the proportion of service users per 1000 people from a special needs group should not vary significantly from the proportion of all service users per 1000 people in the Australian population. While a markedly lower proportion may represent reduced access for a special needs group, it may also represent strong alternative support networks (and thus a lower level of need), or the individual choice of people with a disability not to access CSTDA funded services. Similarly, while a higher proportion may suggest poor service targeting or the lack of alternate support networks, it may also reflect the special needs group having a greater prevalence of disability.

CSTDA funded services are provided on the basis of need and available resources. This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need. The indicator also does not take account for informal assistance that may be significant for special needs groups. Results for outer regional and remote users of accommodation support services, for example, need to be considered with care because alternatives to government funded accommodation support services are available in these areas. Specifically, accommodation support services in outer regional and remote areas are largely provided informally, making use of local area coordinators and local community resources.

Nationally, the proportion of the Indigenous population who used accommodation support services from 1 January 2003 to 30 June 2003 (2.1 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the total population who used these services (1.4 service users per 1000 people aged under 65 years in the total population). A lower proportion of the Indigenous population than of the total population used accommodation support services in Queensland, SA, Tasmania and the ACT. Across jurisdictions, the proportion of Indigenous people using accommodation support services ranged from 10.6 per 1000 Indigenous people in Victoria to 0.3 per 1000 Indigenous people in the ACT (figure 13.1).

Figure 13.1 **Users of accommodation support services per 1000 people, by Indigenous status, 1 January 2003 to 30 June 2003**[a, b, c, d, e, f]



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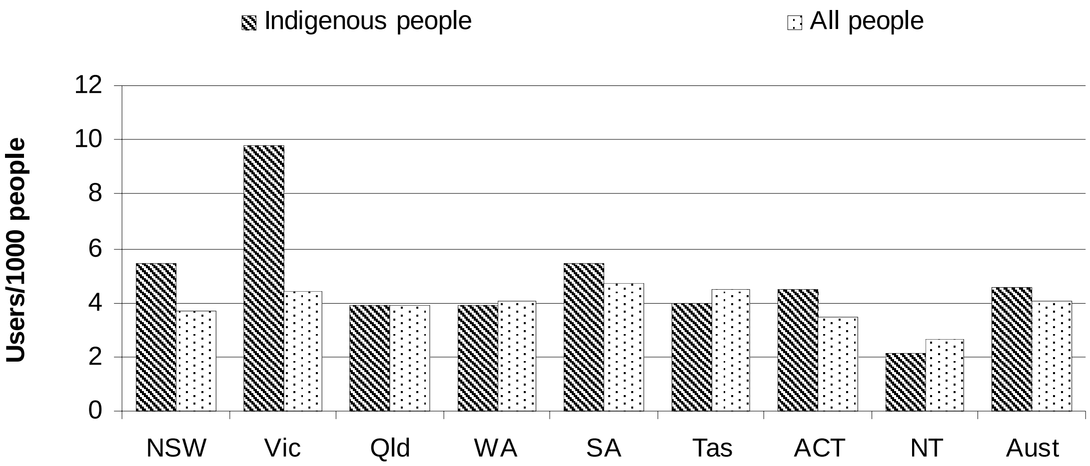
[a] Data for Indigenous users per 1000 were derived by dividing the number of Indigenous service users by the number of Indigenous Australians aged under 65 years, multiplied by 1000. [b] Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. [c] Data for all service users exclude 588 service users whose Indigenous status was not reported, so totals may differ from other tables. [d] Data for users of CSTDA funded accommodation support services exclude psychiatric services identified by the jurisdiction. [e] Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Individuals might have accessed services from more than one State or Territory over the six month period. [f] The service user data used to derive this indicator have quality issues related to the development of the new CSTDA NMDS. These issues include differences in the proportion of service outlets that responded across jurisdictions (2005 Report, box 13.7). This indicator thus needs to be interpreted with care.

Source: ABS (2002, 2004b); AIHW (unpublished); table 13A.2; 2005 Report, p. 13.28, figure 13.11.

Nationally, the proportion of the Indigenous population who used employment services from 1 January 2003 to 30 June 2003 (4.6 Indigenous service users per 1000 Indigenous people aged 15–64 years) was higher than the proportion of the total population who used these services (4.0 service users per 1000 people aged 15–64 years). A higher proportion of the Indigenous population than of the total population used employment services in all jurisdictions except Queensland, WA, Tasmania and the NT. Across jurisdictions, the proportion of the Indigenous population accessing employment services ranged from 9.8 service users per 1000 Indigenous people in Victoria to 2.2 service users per 1000 Indigenous people in the NT (figure 13.2).

Figure 13.2 **Users of employment services per 1000 people, by Indigenous status, 1 January 2003 to 30 June 2003**[a, b, c, d]

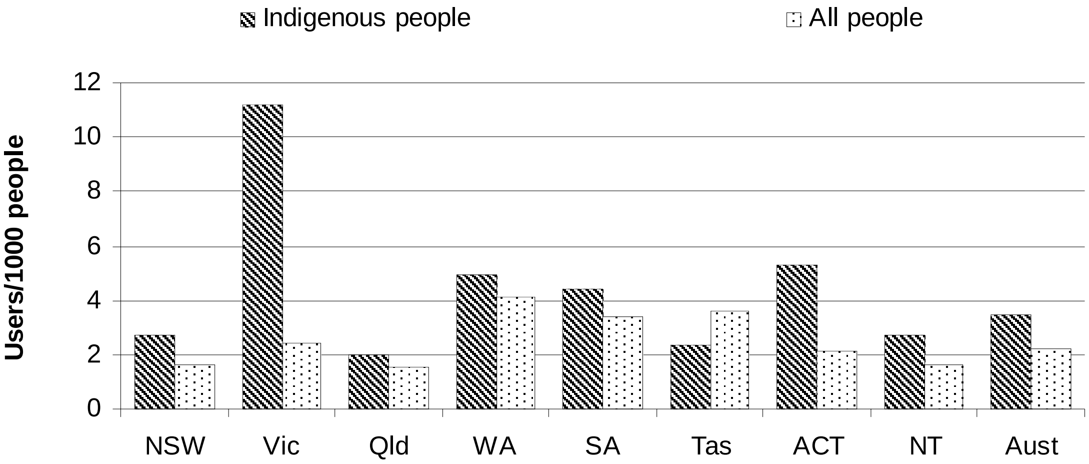


[a] Data for Indigenous users per 1000 were derived by dividing the number of Indigenous service users by the number of Indigenous Australians aged 15–64 years, multiplied by 1000. [b] Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. [c] Data for all service users exclude 2117 service users whose Indigenous status was not reported, so employment services users per 1000 total population aged 15–64 years may differ from other figures. [d] Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Individuals might have accessed services from more than one State or Territory over the six month period.

Source: ABS (2002, 2004b); AIHW (unpublished); table 13A.4; 2005 Report, p. 13.29, figure 13.12.

Nationally, the proportion of the Indigenous population who used community access services from 1 January 2003 to 30 June 2003 (3.5 Indigenous service users per 1000 Indigenous people aged 15–64 years) was higher than the proportion of the total population who used these services (2.2 service users per 1000 people aged 15–64 years). A higher proportion of the Indigenous population than of the total population used community access services in all jurisdictions except Tasmania. Across jurisdictions, the proportion of the Indigenous population accessing community access services ranged from 11.2 service users per 1000 Indigenous people in Victoria to 2.0 service users per 1000 Indigenous people in Queensland (figure 13.3).

Figure 13.3 **Users of community access services per 1000 people, by Indigenous status, 1 January 2003 to 30 June 2003**[a, b, c, d, e, f, g]



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[a] Data for Indigenous users per 1000 were derived by dividing the number of Indigenous service users by the number of Indigenous Australians aged 15–64 years, multiplied by 1000. [b] Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. [c] Data for all service users exclude 7615 service users whose Indigenous status was not reported, so totals may differ from other tables. [d] Service users who accessed the service type ‘recreation/holiday programs’ (service type 3.02) were not required to complete the item on Indigenous status; however those who did provide a response are included in the data. [e] Data for users of CSTDA funded community access services exclude psychiatric services specifically identified by the jurisdiction. [f] Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet from 1 January 2003 to 30 June 2003. Individuals might have accessed services from more than one State or Territory over the six month period. [g] The service user data used to derive this indicator have quality issues related to the development of the new CSTDA NMDS. These issues include differences in the proportion of service outlets that responded across jurisdictions (2005 Report, box 13.7). This indicator thus needs to be interpreted with care.

Source: ABS (2002, 2004b); AIHW (unpublished); table 13A.6; 2005 Report, p. 13.30, figure 13.13.

References

ABS (Australian Bureau of Statistics) 2002, *Australian Demographic Statistics*, Cat no. 3101.0, Canberra.

—— 2004a, *Disability, Ageing and Carers Australia: Summary of Findings 2003*, Cat. no. 4430.0, Canberra.

—— 2004b, *Experimental projections of the Aboriginal and Torres Strait Islander population 30 June 2001 to 30 June 2009*, Cat. no. 3238.0, Canberra.

CSTDA (Commonwealth State/Territory Disability Agreement) 2003, *Agreement between the Commonwealth of Australia and the States and Territories of Australia in Relation to Disability Services*, Australian Government Department of Family and Community Services, Canberra.

WHO (World Health Organisation) 2001, ICIDH-2: International Classification of Functioning, Disability and Health, Final draft, Full version, Geneva.

14 Children's services

Children’s services aim to meet the care, education and development needs of children, although the emphasis on these broad objectives may differ across the services. Child care services reported in this chapter include those provided to children aged less than 13 years, usually by someone other than the child’s parents or guardian. Preschool services are provided to children mainly in the year or two before they commence full time schooling. Younger Indigenous children living in remote areas in the NT and Queensland also may attend preschools. In the ACT, children from Indigenous backgrounds, children with English as a second language, and children with a hearing impairment and/or whose parents have a hearing impairment may be eligible for early entry into preschool (for 5.25 hours per week) at 3 years of age.

This chapter presents performance and descriptive information for government funded and/or delivered child care and preschool services. Unless otherwise stated, the data relate to services that are supported by the Australian, State and Territory governments and provided for children aged less than 13 years. Local governments also plan, fund and deliver children’s services. Given data limitations, however, this chapter records data on local government activities only where Australian, State and Territory government funding and licensing are involved. The chapter does not include services that do not receive government funding (unless otherwise noted).

Indigenous data in the children’s services chapter

The children’s services chapter in the *Report on Government Services 2005* (2005 Report) contains the following data items on Indigenous people:

- Proportion of children from special needs groups attending Commonwealth approved child care services, 2004.
- Proportion of preschool attendees from Indigenous backgrounds (relative to representation in the community, and among attendees), 2003-04.
- Proportion of preschool attendees from Indigenous backgrounds for each year between 1999-2000 to 2003-04.

The 2005 Report also notes that the Australian Government provides supplementary funding for the preschool education of children from Indigenous backgrounds (2005 Report, p. 14.6).

Supporting tables

Supporting tables for data within the children's services chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 14A.3 is table 3 in the children's services attachment to the compendium). As the data are directly sourced from the 2005 Report, the compendium also notes where the original table, figure or text in the 2005 Report can be found. For example, where the compendium refers to '2005 Report, p. 14.15' this is page 15 of chapter 14 of the 2005 Report, and '2005 Report, 14A.2' is attachment table 2 of attachment 14 of the 2005 Report.

Access of target groups — representation in services

The 'participation rates for special needs groups' indicator is explained in box 14.1. The data for this indicator is not complete or not directly comparable.

Box 14.1 **Participation rates for special needs groups**

'Participation rates for special needs groups' are included as an output (equity — access) indicator of governments' objective to ensure that all Australian families have equitable access to child care and preschool services, that there is no discrimination between groups, and that there is consideration of the needs of those groups who may have special difficulty accessing services.

This indicator is defined as the proportion of children using child care services who are from targeted special needs groups, compared with the representation of these groups in the community. Data are reported separately for child care and preschool services. Targeted special needs groups include children from a non-English speaking background, children from an Indigenous background, children from low income families, children with a disability and children from regional and remote areas.

The representation of special needs groups among children's services users would be expected to be broadly similar to their representation in the community.

The data indicate that the representation of children in special needs groups among users of Australian Government supported child care is sometimes substantially different across jurisdictions. This variation largely reflects jurisdictional differences in the representation of children from special needs groups in the community (table 14.1).

The proportion of children using child care services in 2004 who were from an Indigenous background ranged up to 11.0 per cent in the NT (where the representation of Indigenous children in the population was 36.7 per cent). Nationally, the representation of children from an Indigenous background among child care users was lower than this group's overall representation in the community (table 14.1).

Table 14.1 **Proportion of children (aged 0–12 years) from special needs groups attending Australian Government approved child care services, 2004 (per cent)**

Representation	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Children from non-English speaking backgrounds									
In child care services	17.3	13.5	6.3	8.0	6.7	3.4	12.0	8.4	11.6
In the community[a, b]	8.8	8.0	2.7	3.6	3.0	1.1	2.1	4.1	6.1
Children from Indigenous backgrounds									
In child care services	1.6	0.5	2.4	1.7	1.3	1.0	0.7	11.0	1.6
In the community[c, d]	3.6	1.0	5.9	5.8	3.1	6.4	2.1	36.7	4.1
Children from low-income families									
In child care services	27.3	27.5	32.6	31.7	32.2	31.1	11.9	18.5	29.1
In the community[e]	23.3	21.2	24.7	25.2	30.8	26.7	10.3	24.1	23.7
Children with a disability									
In child care services	2.1	2.1	1.9	1.7	3.5	2.2	2.0	2.4	2.2
In the community[f]	8.6	7.2	7.9	9.2	9.9	7.3	7.2	na	8.2
Children from regional and remote areas									
Children from regional areas									
In child care services	25.7	22.5	38.7	18.4	16.1	99.5	–	72.6	28.7
In the community[a, d]	30.0	29.1	45.6	24.0	26.9	97.6	0.3	48.9	33.4
Children from remote areas									
In child care services	0.4	0.1	1.5	5.0	1.9	0.5	..	27.4	1.4
In the community[a, d]	0.8	0.1	4.7	9.2	4.8	2.4	..	51.1	3.2

[a] Data for 1999-2000 to 2002-03 relate to children aged 0–14 years at June 2001 and were obtained from the ABS 2001 Census of Population and Housing. Data for 2003-04 relate to children aged 0–11 years and were obtained from the ABS 2002 Survey of Child Care. These data are not strictly comparable to the proportion of children from a non-English speaking background using the services. [b] Estimates for the smaller jurisdictions are based on small sample sizes and are consequently subject to high sampling error. Data for Tasmania, the ACT and the NT, in particular, need to be interpreted with caution. [c] Data relate to children aged 0–14 years at June 2001 and were obtained from the ABS 2001 Census of Population and Housing. [d] These numbers do not include innovative or flexible services that receive direct funding from the Australian Government and are targeted towards children from these groups. [e] Data relate to children aged 0–12 years and were obtained from the ABS 1999-2000 Survey of Income and Housing. [f] Data are estimated from the ABS 2003 Survey of Disability, Ageing and Carers and relate to children aged 0–14 years, and are thus not strictly comparable to the proportion of child care service users with a disability. **na** Not available. – Nil or rounded to zero. .. Not applicable.

Source: AGCCCS (unpublished); ABS (unpublished) 1999-2000 Survey of Income and Housing; ABS (unpublished) 2003 Survey of Disability, Ageing and Carers; ABS (unpublished) 2002 Child Care Survey; table 14A.1; 2005 Report, p. 14.15, table 14.3.

Data on the proportion of preschool attendees from the specified special needs groups are less extensive for all jurisdictions. Across jurisdictions, the proportion of preschool attendees in 2003-04 who were Indigenous was broadly similar to the representation of Indigenous children in the community (table 14.2).

The proportion of preschool attendees from Indigenous backgrounds has been relatively constant over time within jurisdictions, except in the NT, where it has increased steadily since 1999-2000 (figure 14.1). Data on the representation of other special needs groups among government funded preschool attendees are provided in table 14.2.

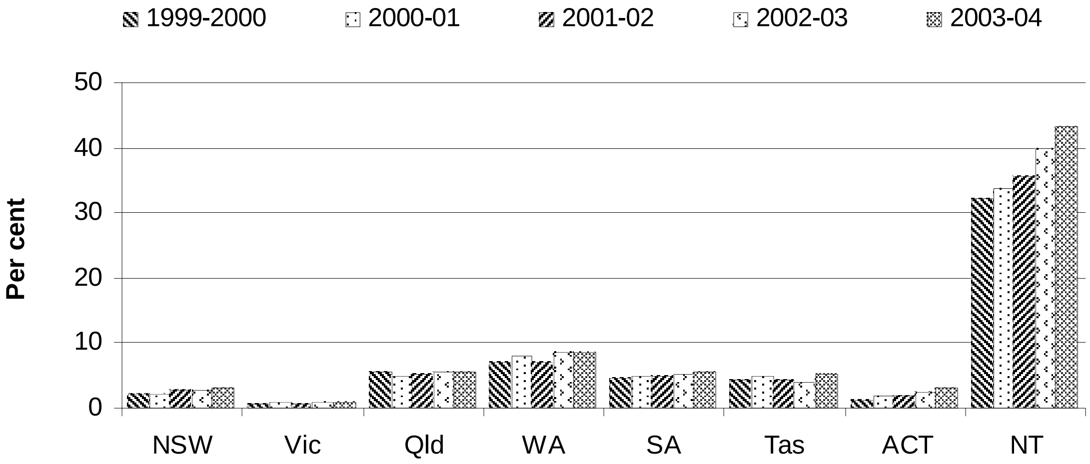
Table 14.2 **Proportion of children (aged 0–12 years) from special needs groups attending State and Territory funded or provided preschools, 2003-04 (per cent)**

Representation	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Children from non-English speaking backgrounds									
In preschool services	6.6	13.5	1.0	na	9.3	na	7.5	na	6.2
In the community[a, b]	8.8	8.0	2.7	3.6	3.0	1.1	2.1	4.1	6.1
Children from Indigenous backgrounds									
In preschool services	3.0	0.9	5.6	8.7	5.5	5.3	2.9	43.1	4.5
In the community[c, d]	3.6	1.0	5.9	5.8	3.1	6.4	2.1	36.7	4.1
Children with a disability									
In preschool services	6.8	3.7	1.4	2.5	14.3	na	4.6	5.9	4.7
In the community[e]	8.6	7.2	7.9	9.2	9.9	7.3	7.2	na	8.2
Children from regional and remote areas									
Children from regional areas									
In preschool services	32.2	29.3	na	23.5	29.1	98.6	0.9	na	23.1
In the community[d]	30.0	29.1	45.6	24.0	26.9	97.6	0.3	48.9	33.4
Children from remote areas									
In preschool services	1.2	0.1	na	9.9	5.7	1.4	..	na	1.9
In the community[d]	0.8	0.1	4.7	9.2	4.8	2.4	..	51.1	3.2

[a] Data for 1999-2000 to 2002-03 relate to children aged 0–14 years at June 2001 and were obtained from the ABS 2001 Census of Population and Housing. Data for 2003-04 relate to children aged 0–11 years and were obtained from the ABS 2002 Survey of Child Care. These data are not strictly comparable to the proportion of children from a non-English speaking background using the services. [b] Estimates for the smaller jurisdictions are based on small sample sizes and are consequently subject to high sampling error. Data for Tasmania, the ACT and the NT, in particular, need to be interpreted with caution. [c] Data relate to children aged 0–14 years at June 2001 and were obtained from the ABS 2001 Census of Population and Housing. [d] These numbers do not include innovative or flexible services that receive direct funding from the Australian Government and are targeted towards children from these groups. [e] Data are estimated from the ABS 2003 Survey of Disability, Ageing and Carers and relate to children aged 0–14 years, and are thus not strictly comparable to the proportion of preschool users with a disability. **na** Not available. .. Not applicable.

Source: ABS (2001); State and Territory governments (unpublished); tables 14A.2, 14A.3, 14A.4, 14A.5, 14A.6, 14A.7, 14A.8 and 14A.9; 2005 Report, p. 14.17, table 14.4.

Figure 14.1 **Preschool attendees from Indigenous backgrounds**



Source: State and Territory governments (unpublished); tables 14A.2, 14A.3, 14A.4, 14A.5, 14A.6, 14A.7, 14A.8 and 14A.9; 2005 Report, p. 14.18, figure 14.5.

Future indicator development

The Review will continue to improve the appropriateness and completeness of the performance indicator framework. Future work on indicators will focus on developing an access indicator for Indigenous preschool enrolment and attendance rates.

15 Protection and support services

Protection and support services aim to assist individuals and families who are in crisis or experiencing difficulties that hinder personal or family functioning. They do this by alleviating the difficulties and reducing the potential for their recurrence.

The protection and support services chapter reports on:

- *child protection services*: the functions of government that receive and assess allegations of child abuse and neglect, and/or harm to children and young people, provide and refer clients to family support and other relevant services, and intervene to protect children
- *out-of-home care services*: care for children placed away from their parents for protective or other family welfare reasons
- *supported accommodation and assistance services*: services to assist young people, adults and families who are homeless or at imminent risk of becoming homeless.

Indigenous data in the protection and support chapter

The protection and support services chapter in the *Report on Government Services 2005* (2005 Report) contains the following data items on Indigenous people:

- Indigenous children who were the subject of a substantiation, 2003-04.
- Indigenous children who were on care and protection orders, 30 June 2004.
- Indigenous children who were in out-of-home care, 30 June 2004.
- Proportion of children in out-of-home care placed with relatives/kin, by Indigenous status, 30 June.
- Proportion of children aged under 12 years in out-of-home care and in a home-based placement, by Indigenous status, 30 June 2004.
- Placement of Indigenous children in out-of-home care, 30 June 2004.
- Support periods, by existence of a support plan, by Indigenous status, 2003-04.

- Indigenous clients, by met and unmet support needs, 2003-04.
- Accommodation type on exit from SAAP support, 2003-04.
- Unemployed SAAP clients by labour force status after SAAP support and Indigenous status, 2003-04.
- SAAP clients who exited from the service and who returned to SAAP agencies before the end of that year, 2003-04.
- Indigenous people as a proportion of SAAP clients, and unmet requests for accommodation made by Indigenous SAAP clients as a proportion of total unmet requests for accommodation, 2003-04.
- Proportion of clients who had no substantive change in income source after Supported Accommodation Assistance Program (SAAP) support, by Indigenous status, 2003-04.

Supporting tables

Supporting tables for data within the protection and support services chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 15A.3 is table 3 in the protection and support services attachment to the compendium). As the data are directly sourced from the 2005 Report, the compendium also notes where the original table, figure or text in the 2005 Report can be found. For example, where the compendium refers to ‘2005 Report, p. 15.15’ this is page 15 of chapter 15 of the 2005 Report, and ‘2005 Report, 15A.2’ is attachment table 2 of attachment 15 of the 2005 Report.

Child protection system

Child protection legislation, policies and practices vary among jurisdictions, but the broad processes in the child protection system are similar (figure 15.1).[13] State and Territory community services departments are advised of concerns about the wellbeing of children through reports to the department. Reports may be made by people mandated to report (such as medical practitioners, police services, and

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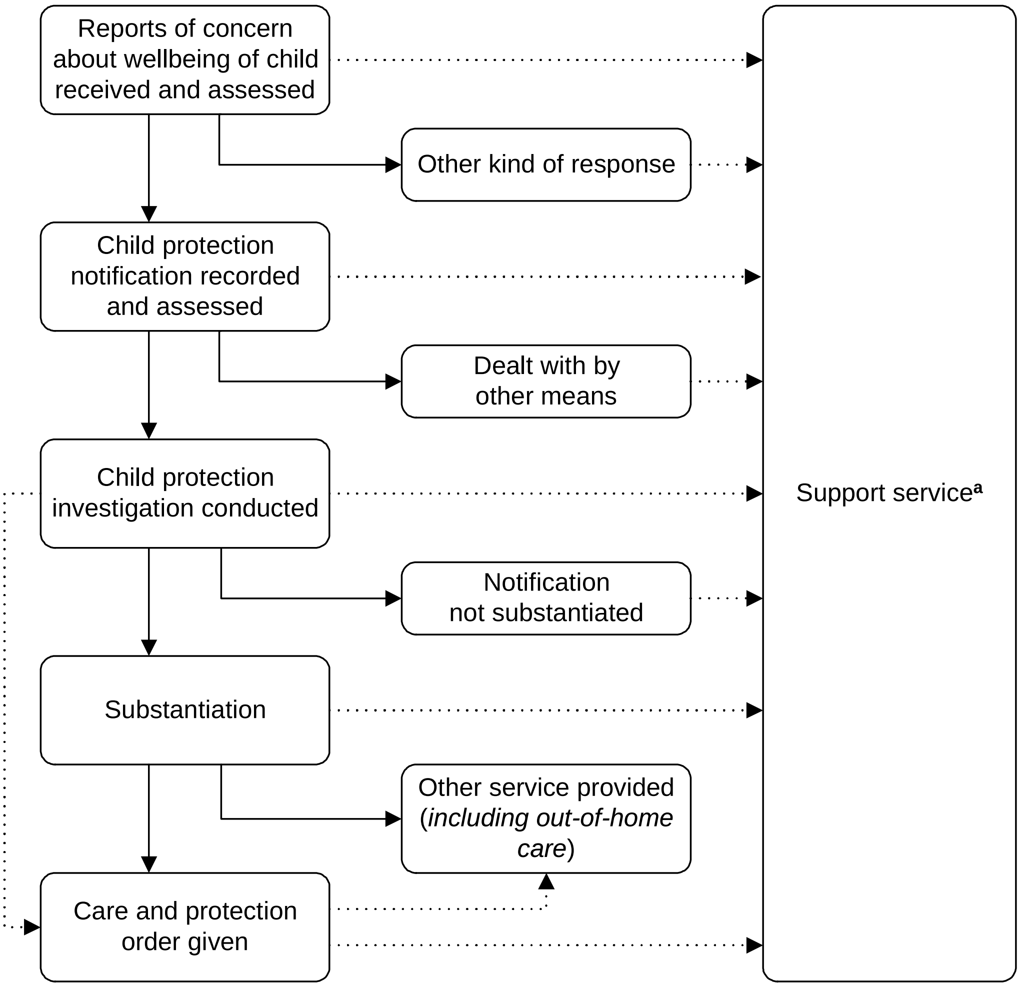
[13] Child protection services, care and protection orders and out-of-home care relate to children aged 0–17 years. Rates of children subject to notifications, investigations and substantiations, however, are calculated for children aged 0–16 years, given differences in jurisdictions’ legislation, policies and practices regarding children aged 17 years.

school teachers and principals) or by other members of the community. These reports are then assessed and classified as child protection notifications, child concern reports or matters requiring some other kind of response. The most common sources of notification for finalised investigations in 2002-03 were school personnel, police, parents and guardians, other relatives and friends, and neighbours (AIHW 2005). Jurisdictions count notifications at different points in the response to a report, ranging from the point of initial contact with the source of the report to the end of a screening and decision making process. This means the number of notifications is not strictly comparable across jurisdictions.

Figure 15.1 **Child protection system**



Note: Dashed lines indicate that clients may or may not receive these services, depending on need.

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[a] Support services include family support or family preservation services provided by community service departments and referrals to other agencies.

Source: 2005 Report, p. 15.7, figure 15.1.

Recent research suggests that the children and families who come into contact with the protection and support system often share common social and demographic characteristics. Families with low incomes or reliant on pensions and benefits, those who experienced alcohol and substance abuse, or a psychiatric disability, and those that have a family history of domestic violence were over-represented in the families that came into contact with the protection and support system (DHS 2002). Recent studies have also highlighted the incidence of child abuse and neglect within the Indigenous communities (Gordon Report 2002, box 15.1).

Box 15.1 **Western Australian Gordon Inquiry**

During 2002, the WA State Government received the findings from the Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities (the Gordon Inquiry). The Inquiry examined the circumstances surrounding the death of a 15-year-old girl in February 1999 at the Swan Valley Nyungah Community in Lockridge.

The final report of the Gordon Inquiry, released publicly in September 2002, showed that the incidence of violence and child abuse in Aboriginal communities was ‘shocking and difficult to comprehend’. It stated that reported statistics show:

- Aboriginal women accounted for 50 per cent of all domestic violence incidents reported to police but represent only 3 per cent of the population
- Aboriginal communities experienced substantiated child abuse at more than seven times the rate of non-Aboriginal communities
- Aboriginal women living in rural and remote areas were 45 times more likely than non-Aboriginal women to be victims of domestic violence (Gordon Report 2002).

The report also noted that the incidence of child abuse and family violence in Aboriginal communities was significantly under-reported. It found an urgent need for greater coordination across government agencies, more training for staff (including cross cultural training) and more and better resourced services, especially in remote areas. It also found that a lack of trust between Aboriginal communities and government agencies was a significant barrier to complaints of violence and abuse being made.

The WA Government accepted the challenges posed by the Gordon Inquiry and is implementing recommendations arising from the inquiry, in consultation with other major stakeholders. The recommendations attempt to address:

- the urgent need to strengthen responses to abuse and violence in Aboriginal communities
- the need for long term strategies to address the endemic nature of abuse and violence in many communities

(Continued on next page)

Box 15.1 **(Continued)**

- the needs of current and future generations of Aboriginal children through long term environmental, social and economic improvements leading to sustainable communities.

The new initiatives aimed at combating child abuse and family violence in Aboriginal communities have been funded over a four year period and involve the employment of more than 100 additional staff across a range of government agencies.

In addition, the government is exploring new ways of working across the public sector — for example, the Specialist Child Interviewing Unit involves a collaborative approach by the Department for Community Development, the WA Police Service and the Department of Health.

Source: Department for Community Development (unpublished); Gordon Report (2002); 2005 Report, pp. 15.3-15.4.

Size and scope

Notification

All jurisdictions except Victoria, Tasmania, the ACT and the NT screen incoming reports before deciding whether they will be designated and counted as a notification, thus reducing the proportion of reports that become notifications. WA undertakes a further screening process designed to differentiate between reports about harm/maltreatment and child and family concerns. This reduces the number of notifications, in that only reports about child harm/maltreatment are the subject of this report.

In all jurisdictions, notifications are investigated when deemed appropriate, based on the policies and practices in that jurisdiction. Once it has been decided that an investigation is required, the investigation process is similar across jurisdictions. The community services department may obtain further information about the child and his or her family by checking information systems for any previous history, undertaking discussion/case planning with agencies and individuals, interviewing/ sighting the child and/or interviewing the caregivers/parents. At a minimum, the child is sighted whenever practicable, and the child's circumstances and needs are assessed. This investigation process determines whether the notification is substantiated or not substantiated (figure 15.1).

Although notifications are defined differently across jurisdictions, around 144 942 children aged 0–16 years were the subject of child protection notifications in 2003-04. Nationally, the rate of notifications per 1000 children in the population aged 0–16 years was 32.0 in 2003-04. Across jurisdictions, the rate was highest in Tasmania (47.0) and lowest in WA (4.9) (table 15A.4).

Indigenous children

Data on the number of notifications are collected very early in the child protection process and often before the agency has full knowledge of the child's family circumstances. This lack of full knowledge and the inherent difficulties in identifying Indigenous status mean it is not possible to collect reliable data on the number of notifications by Indigenous status.

Substantiation

Across Australia, at least 23 862 children were the subject of a substantiation in 2003-04 (excluding NSW, which could not provide substantiation data for 2003-04). The rate of children who were the subject of a substantiation per 1000 children in the population aged 0–16 years was 7.9. Across jurisdictions, this rate ranged from 14.0 per 1000 in Queensland to 2.0 per 1000 in WA (table 15A.4).

Indigenous children

Nationally in 2003-04, at least 3086 Indigenous children and 20 776 non-Indigenous children were the subject of a substantiation (excluding NSW, which could not provide substantiation data for 2003-04). The rate of children who were the subject of a substantiation per 1000 children in the population aged 0–16 years was 21.8 for Indigenous children and 7.2 for non-Indigenous children (table 15A.4).

Care and protection orders

Although child protection substantiations are often resolved without the need for a court order (which is usually a last resort), recourse to the court may take place at any point in the child protection investigation process (figure 15.1). The types of order available vary across jurisdictions.

Across Australia, at least 14 627 children were on care and protection orders at 30 June 2004 (excluding NSW, which could not provide care and protection order data for 30 June 2004). The rate of children on care and protection orders per 1000 children in the population aged 0–17 years was 4.6. Across jurisdictions, this rate ranged from 5.8 per 1000 in the NT to 3.4 per 1000 in WA (table 15A.4).

Indigenous children

Nationally, at least 2944 Indigenous children and 11 683 non-Indigenous children were on care and protection orders at 30 June 2004 (excluding NSW, which could not provide care and protection order data for 30 June 2004). The rate of children on care and protection orders per 1000 children in the population aged 0–17 years was 19.6 for Indigenous children and 3.8 for non-Indigenous children (table 15A.4).

Out-of-home care

Out-of-home care is one of a range of services provided to families and children where there is a need to provide safe care for a child. The current emphasis in policy and practice is to maintain the child within the family if possible and to place a child in out-of-home care only if this will improve the outcome for the child. If it is necessary to remove the child from his or her home, then placement with the wider family or community is sought where possible, particularly in the case of Indigenous children (AIHW 2005). Continued emphasis is being placed on improving case planning and case management processes, to facilitate the safe return home of children in out-of-home care and to maximise case workers' contact time with children and families.

Indigenous children

Across Australia, 21 795 children were in out-of-home care at 30 June 2004. The rate of children in out-of-home care per 1000 children in the population aged 0–17 years was 4.5. Across jurisdictions, this ranged from 5.7 per 1000 in NSW to 3.5 per 1000 in SA and WA (table 15A.5).

Nationally, 5059 Indigenous children and 16 736 non-Indigenous children were in out-of-home care at 30 June 2004. The rate of children in out-of-home care per 1000 children in the population aged 0–17 years was 23.7 for Indigenous children and 3.7 for non-Indigenous children (table 15A.5).

Outputs

Out-of-home care — placement with extended family

The type of placement is one of the two indicators for the quality of child placement. The other indicator is the 'stability of placement'. Placing children with their relatives or kin is generally preferred for children in out-of-home care (box 15.2). The data for this indicator is provided on a comparable basis.

Box 15.2 **Placement with extended families**

‘Placement with extended families’ is included as an output (effectiveness) indicator of governments’ objective to provide services that meet the needs of the recipients on the basis of relative need and available resources. Placing children with their relatives or kin is generally the preferred out-of-home care placement option. This option is generally associated with better long term outcomes due to increased continuity, familiarity and stability for the child. Relatives are more likely to have or form long term emotional bonds with the child. Placement with familiar people can help to overcome the loss of attachment and belonging that can occur when children are placed out-of-home.

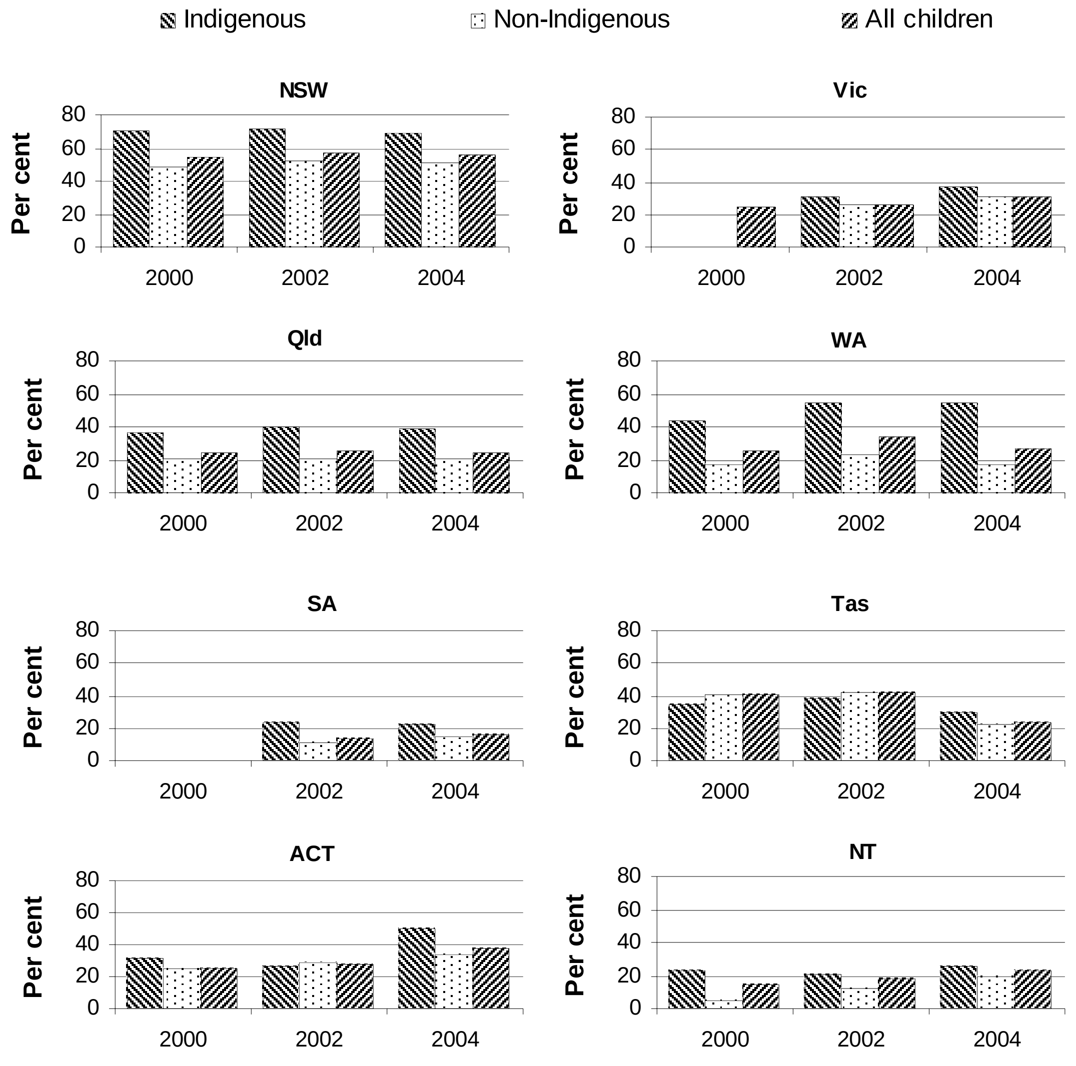
This indicator is defined as the proportion of all children in out-of-home care who are placed with relatives or kin who receive government financial assistance to care for that child.

A reasonably high rate for this indicator is considered desirable, but this is one factor among many that must be considered in the placement decision.

Placements with extended family may not always be the best option: long standing family dynamics may undermine the pursuit of case goals such as reunification; and the possibility of intergenerational abuse must be considered. In addition, depending on the individual circumstances of children, it may be more important to have a local placement that enables continuity at school, for example, rather than a distant placement with relatives.

The proportion of children placed with relatives or kin at 30 June 2004 ranged from 55.5 per cent in NSW to 16.1 per cent in SA. The proportion was greater for Indigenous children than for non-Indigenous children in all jurisdictions (figure 15.2).

Figure 15.2 **Proportion of children in out-of-home care placed with relatives/kin, by Indigenous status, 30 June[a]**



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[a] Victoria could not provide data by Indigenous status before 2001. SA could not provide data for 2000.

Sources: AIHW (unpublished) *Children in out-of-home care, Australia* data collection; table 15A.10; 2005 Report, p. 15.21, figure 15.7.

Out-of-home care — children aged under 12 years in home-based care

Placing children in home-based care is generally considered to be in their best interests, particularly for younger children (box 15.3). The data for this indicator is provided on a comparable basis.

Box 15.3 **Children aged under 12 years in home-based care**

‘Children aged less than 12 years in home-based care’ is included as an output (effectiveness) indicator of governments’ objective to provide services which meet the needs of the recipients.

Placing children in home-based care is generally considered to be in their best interests, particularly for younger children. Children will generally make better developmental progress (and have more ready access to normal childhood experiences) in family settings rather than in residential care.

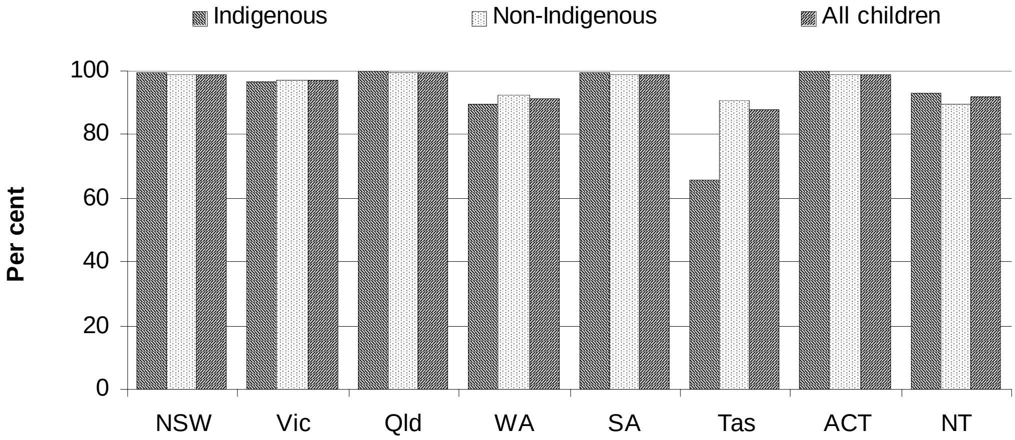
This indicator is defined as the proportion of children less than 12 years of age placed in home-based care divided by the total number of children under 12 years in out-of-home care.

A high rate for this indicator is considered desirable.

This indicator should be interpreted in conjunction with other placement indicators.

The proportion of children aged under 12 years in care who were placed in home-based care (excluding family group homes) at 30 June 2004 ranged from 99.6 per cent in Queensland to 87.9 per cent in Tasmania. In all jurisdictions except WA, Tasmania and the NT, the proportion of Indigenous children aged under 12 years who were placed in home-based care was broadly similar to that of non-Indigenous children. In WA and Tasmania, a greater proportion of non-Indigenous children were placed in home-based care. In the NT, a greater proportion of Indigenous children were placed in home-based care (figure 15.3).

Figure 15.3 **Proportion of children aged under 12 years in out-of-home care and in a home based placement, by Indigenous status, 30 June 2004[a]**



[a] Excluding family group homes.

Source: AIHW (unpublished) *Children in out-of-home care, Australia* data collection; table 15A.12; 2005 Report, p. 15.22, figure 15.8.

Out-of-home care — placement in accordance with the Aboriginal Child Placement Principle

Placing Indigenous children in circumstances consistent with the Aboriginal Child Placement Principle is generally considered to be in their best interests (box 15.4). The data for this indicator is provided on a comparable basis.

According to the Aboriginal Child Placement Principle (NLRC 1997), the following hierarchy or placement preference should be pursued in protecting the safety and welfare of Indigenous children:

- placement with the child’s extended family (which includes Indigenous and non-Indigenous relatives/kin)
- placement within the child’s Indigenous community
- placement with other Indigenous people.

Box 15.4 **Placement in accordance with the Aboriginal Child Placement Principle**

‘Placement in accordance with the Aboriginal Child Placement Principle’ is included as an output (effectiveness) indicator of governments’ objective to protect the safety and welfare of Indigenous children while maintaining the cultural ties and identity of Indigenous children in out-of-home care.

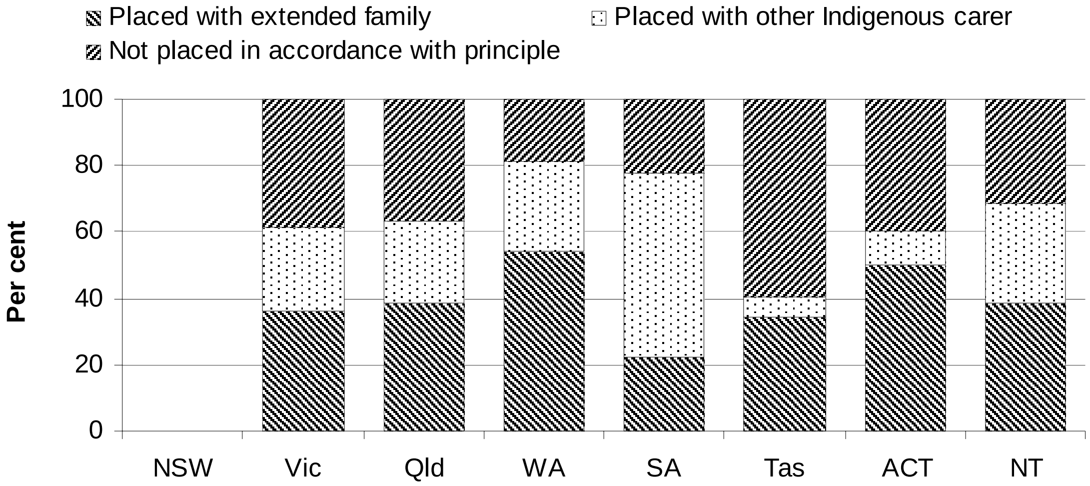
This indicator is defined as the number of Indigenous children placed with the child’s extended family, Indigenous community or other Indigenous people, divided by the total number of Indigenous children in out-of-home care. Data are reported separately for children placed (i) with extended family, (ii) with other Indigenous carers, and (iii) not in accord with the Principle.

A high proportion of children placed in accordance with the principle is desirable, but this is one factor among many that must be considered in the placement decision.

All jurisdictions have adopted this principle, either in legislation or policy. The proportion of Indigenous children in out-of-home care at 30 June 2004 who were placed in accordance with the principle ranged from 81.0 per cent in WA to 40.4 per cent in Tasmania (figure 15.4).

The proportion of Indigenous children in out-of-home care who were placed with extended family at 30 June 2004 ranged from 54.3 per cent in WA to 22.0 per cent in SA. Placement with other Indigenous care providers (the child’s Indigenous community or other Indigenous people) also complies with the principle. The proportion placed with other Indigenous care providers ranged from 55.5 per cent in SA to 6.4 per cent in Tasmania (table 15A.11).

Figure 15.4 **Placement of Indigenous children in out-of-home care, 30 June 2004**[a, b, c, d]



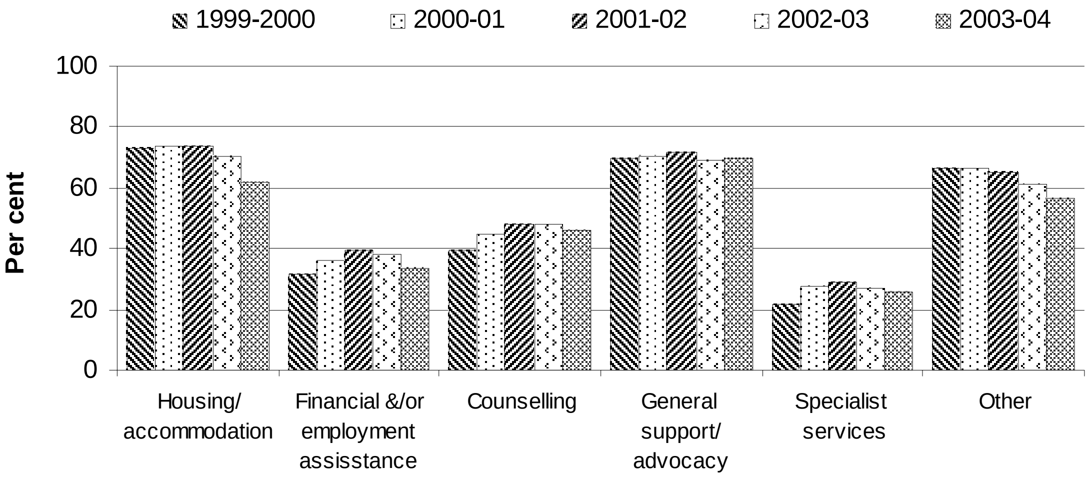
[a] Excludes Indigenous children living independently and those whose living arrangements were unknown. [b] 'Placed with another Indigenous carer' includes those living in Indigenous residential care. [c] Data for Tasmania and the ACT relate to a small number of Indigenous children (47 and 58 respectively) in care at 30 June 2004. [d] NSW was only able to provide limited data for 2003-04 due to the introduction of a new client information system. Full data are expected to be available for the 2006 Report.

Source: AIHW (unpublished) *Children in out-of-home care, Australia* data collection; table 15A.11; 2005 Report, p. 15.24, figure 15.9.

Supported Accommodation and Assistance Program (SAAP)

The primary focus of SAAP is to use a case management approach to support homeless people, and adults and children escaping domestic violence. Through this process, clients are offered a range of services, including supported accommodation; counselling; advocacy; links to housing, health, education and employment services; outreach support; brokerage; and meals services. Housing and accommodation services were provided in 62.0 per cent of support periods in 2003-04. General support and advocacy (provided in 69.9 per cent of support periods), counselling (46.2 per cent), financial and employment assistance (33.6 per cent) and specialist services (25.7 per cent) were also commonly provided (figure 15.5).

Figure 15.5 **Services received during a SAAP support period**[a]



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[a] Agencies may provide more than one type of service as part of a single support period, so services provided during a period do not sum to 100 per cent.

Source: SAAP National Data Collection Agency (NDCA) (unpublished) Administrative Data and Client Collections; 2005 Report, table 15A.163., p. 15.39, figure 15.14.

The data collection for SAAP allows for the measurement of the number of clients and of the number and types of service provided to clients (box 15.5).

Box 15.5 **Issues when analysing SAAP data**

The following three important issues need to be considered when analysing SAAP data.

- Informed consent is an essential component of the integrity of the data. The principle of client/consumer rights (which underpins informed consent) recognises that clients do not receive services under a mandatory order. They have the right to accept or reject the services offered, as they have the right to provide or not provide information while receiving SAAP services.
- Comprehensive information cannot be collected for all clients, such as casual clients and clients of high volume agencies (those accommodating 50 or more clients per night, telephone referral agencies, day centres, and information and referral centres).
- Clients consented to provide personal details for the SAAP client collection for 88 per cent of support periods in 2003-04. A weighting system has been developed to adjust for agency non-participation (93 per cent of agencies participated in the client collection) and non-consent.

Equity and access

Proportion of people who receive a service

Supported accommodation and assistance services target homeless people in general, but access by special needs groups (such as Indigenous people and people from non-English speaking backgrounds) is particularly important (box 15.6). The data for this indicator is not complete or not directly comparable.

Box 15.6 **Proportion of people who receive a service**

The ‘proportion of people who receive a service’ is included as an output (equity and access) indicator of governments’ objective to ensure all Australians have equitable access to SAAP services on the basis of relative need. The indicator measures unmet demand for assistance. Unmet demand occurs when a homeless person seeking supported accommodation or support cannot be provided with that assistance (although one-off assistance may be provided).

This indicator is defined as the number of valid requests for services that were met, divided by the total number of valid requests made. Data are reported for all SAAP clients, and separately for Indigenous people and people from non-English speaking countries.

A higher proportion of valid requests receiving assistance is desirable.

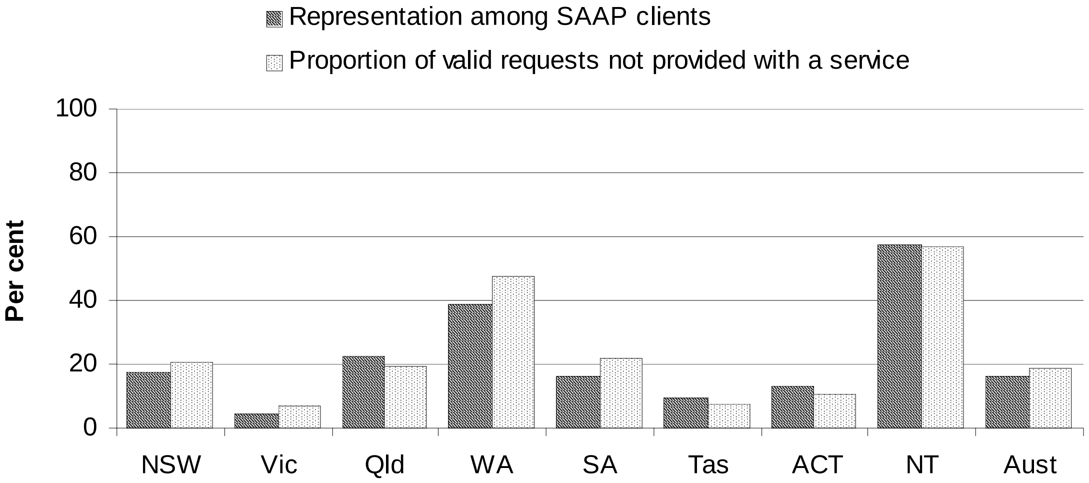
Data for assessing access to SAAP services are available from the data collection on unmet demand and the data on clients. Assessing the experience of target groups using data from the unmet demand collection is, however, problematic. The client data and unmet demand data are not strictly comparable: the former count clients and each client’s cultural status, whereas the latter are based on valid requests for services and record the cultural status of everyone in the group, making no distinction between adults and accompanying children. Also, the two week sample period over which data are collected may not be representative of the eventual success of clients accessing SAAP services over the full year (see notes to 2005 Report, tables 15A.181–15A.182).

The available data suggest around 86.9 per cent of requests for SAAP services nationally were provided with the assistance requested in the data collection period in 2003-04 (one week in December 2003 and one week in May 2004). Across jurisdictions, the proportion of requests for services that were fulfilled ranged from 92.7 per cent in the NT to 80.1 per cent in Queensland (2005 Report, table 15A.181).

Requests for SAAP services were not met for a number of reasons in 2003-04, including a lack of available accommodation (the main reason that 65.6 per cent of potential clients were not provided with services), no vacancies at the referral agency (20.4 per cent), and insufficient staff (1.8 per cent) (2005 Report, table 15A.181).

Nationally, 18.7 per cent of SAAP service requests by Indigenous people in the data collection period in 2003-04 did not result in the assistance requested — a proportion that was higher than the representation of Indigenous clients among SAAP clients. In NSW, Victoria, WA and SA, the proportion of valid requests by Indigenous people that did not result in the provision of a service was higher than the representation of Indigenous people among clients (figure 15.6).

Figure 15.6 **Indigenous people as a proportion of SAAP clients, and unmet requests for accommodation made by Indigenous SAAP clients as a proportion of total unmet requests for accommodation, 2003-04**[a, b]



[a] The number of people unable to be provided with a SAAP service was the ‘unmet demand’. See notes to table 15A.117 for more detail. [b] Excludes people who refused offered assistance; those who made a similar request at a SAAP funded agency within the collection period (to limit double counting); and those whose request was not met because either the referral was inappropriate (wrong target group) or the agency did not provide the type of service requested.

Source: SAAP NDCA (unpublished), Client and Unmet Demand Collections; table 15A.117; 2005 Report, p. 15.45, figure 15.18.

Development of agreed support plan

The existence of an agreed support plan is an indicator of service quality (box 15.7). The data for this indicator is provided on a comparable basis.

Box 15.7 **Development of an agreed support plan**

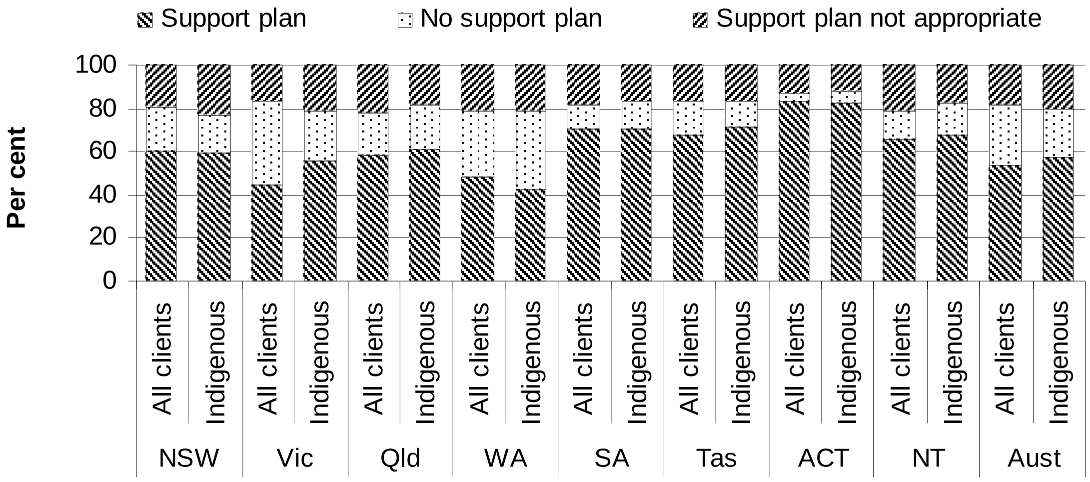
'Development of an agreed support plan' is included as an output (effectiveness) indicator of governments' objective to provide high quality services that are appropriately targeted to meet the needs of SAAP clients.

This indicator is defined as number of support periods with an agreed support plan divided by the total number of support periods. Data are reported for all SAAP clients, and separately for Indigenous people and people from non-English speaking countries.

A higher proportion of support periods with agreed support plans is desirable. In some instances, however, a support plan may be judged to be inappropriate (such as when a support period is short term).

Nationally, there was an agreed support plan for 53.8 per cent of support periods for all clients in 2003-04 (compared with 57.7 per cent for Indigenous clients) (figure 15.7). Across jurisdictions, the proportion for all clients ranged from 83.0 per cent in the ACT to 44.6 per cent in Victoria in 2003-04; for Indigenous clients, the proportion ranged from 82.4 per cent in the ACT to 42.4 per cent in WA (figure 15.7).

Figure 15.7 **Support periods, by the existence of a support plan, 2003-04**[a, b]



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[a] Excludes high volume records because not all items are included on high volume forms. [b] See notes to 2005 Report, Table 15A.179 for more detail.

Source: SAAP NDCA (unpublished), Administrative Data and Client Collections; table 15A.116 and 2005 Report, table 15A.179, p. 15.49, figure 15.20.

Match of needs of clients

The proportion of clients receiving services that they need is an indicator of appropriateness (box 15.8). The data for this indicator is not complete or not directly comparable.

Box 15.8 **Match of needs of clients**

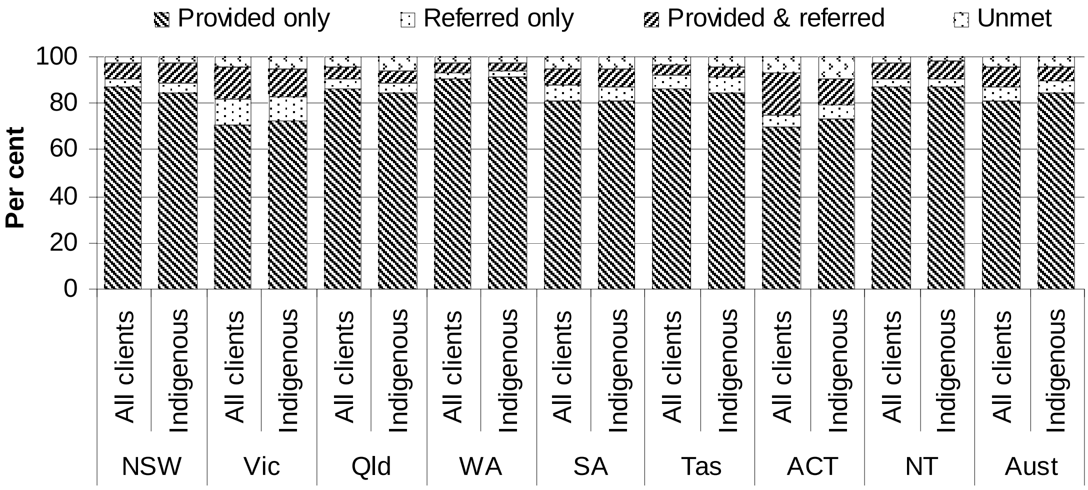
'Match of needs of clients' is included as an output (effectiveness) indicator of governments' objective to ensure that SAAP services which meet their client's individual needs. This is a measure of appropriateness. The range of needed services is broad (ranging from meals to laundry facilities to long-term accommodation), so the effect of not providing these services varies.

This indicator is defined as the proportion of clients who were provided with the services they need, clients who were referred to another agency or clients whose needs were not met. Data are reported for all SAAP clients, and separately for Indigenous people and people from non-English speaking countries.

A higher proportion of clients who received services they need or were referred to another agency is desirable.

Nationally, 96.1 per cent of Indigenous clients in 2003-04 either received needed SAAP services or were referred to another agency for these services — the same proportion as for all clients. Across jurisdictions, the proportion ranged from 98.2 per cent in the NT to 90.5 per cent in the ACT (figure 15.8).

Figure 15.8 **Indigenous clients, by met and unmet support needs, 2003-04**



Source: SAAP NDCA (unpublished), Administrative Data and Client Collections; table 15A.118 and 2005 Report, Table 15A.185, p. 15.50, figure 15.22.

Outcomes

An important outcome is clients' achievement of self-reliance and independence. Characteristics that may indicate whether clients can live independently include their income, housing status and workforce status. These characteristics are recorded at the end of a client's support period.

Achievement of independent living

'Achievement of independent living' is an important indicator of clients' self-reliance and independence. Data are reported separately for clients' success in achieving independent housing and employment (box 15.9). The data for this indicator is provided on a comparable basis.

Box 15.9 **Achievement of independent living**

'Achievement of independent living' is included as an outcome indicator of governments' objective to enable clients to participate as productive and self-reliant members of society at the end of their support period. Two indicators of independent living are reported: achievement of independent housing and achievement of employment.

Achievement of independent housing is defined as the number of clients achieving independent housing at the end of a support period divided by the total number of completed support periods. A higher proportion of achievement of independent housing at the end of their support period is desirable.

Achievement of employment is defined as the change of labour force status of clients after their program support, compared with their labour force status before entering the program. A higher proportion of clients who were unemployed before entering SAAP, but who were able to gain employment after their program support is desirable.

These two indicators relate to relatively short term outcomes – that is, outcomes for clients immediately after their support period. Longer term outcomes are important, but more difficult to measure.

Data on the proportion of unemployed clients who achieved employment after support are available for only one third of completed support periods, so may not represent the total SAAP population.

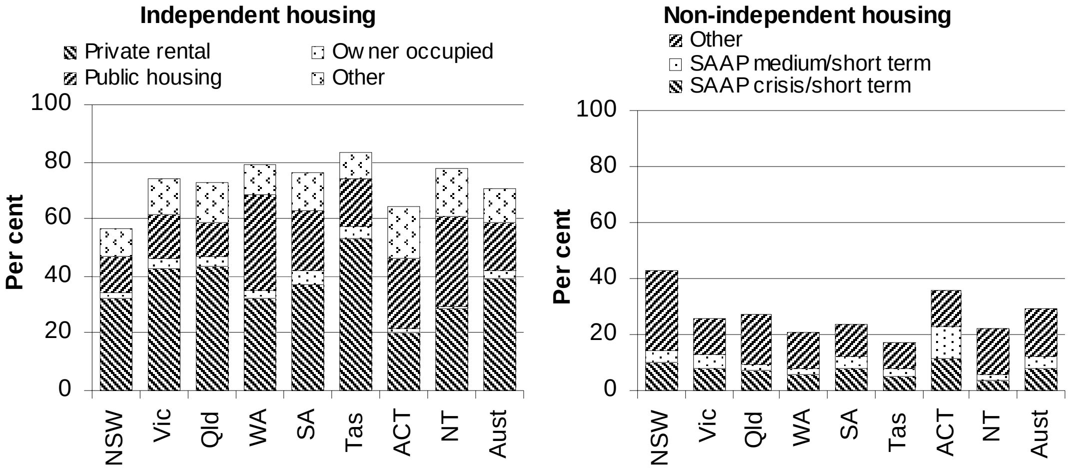
Independent living — housing

Nationally, 70.8 per cent of clients achieved independent housing at the end of a support period in 2003-04. Across jurisdictions, the proportion ranged from 83.2 per cent in Tasmania to 56.7 per cent in NSW. Nationally, the proportion of

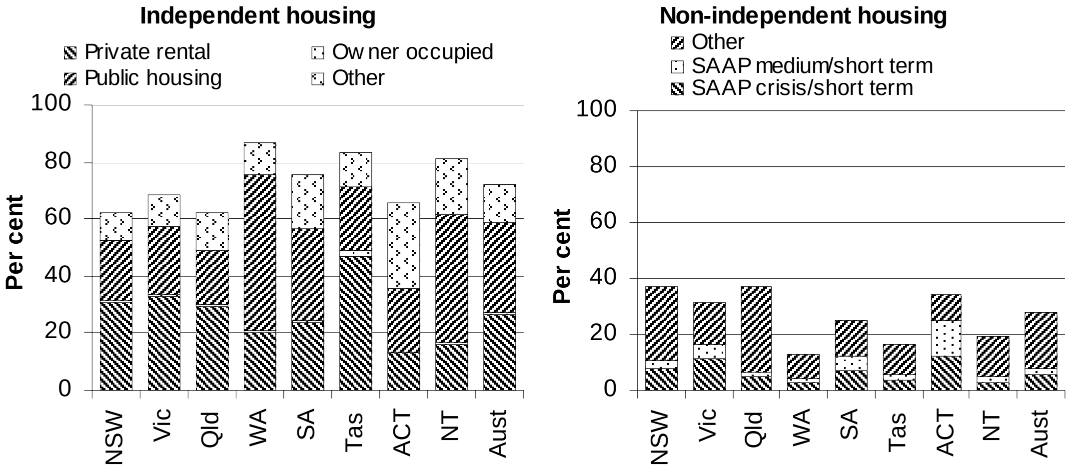
Indigenous clients achieving independent housing at the end of a support period was 72.0 per cent in 2003-04 (figure 15.9).

Figure 15.9 **Accommodation type on exit from SAAP support, 2003-04[a, b]**

All SAAP clients



Indigenous SAAP clients



[a] Excludes high volume records because not all items are included in high volume forms. [b] 'Other' independent housing may include living rent free in a house or flat. 'Other' non-independent housing may include: SAAP funded accommodation at hostels, hotels or community placements; non-SAAP emergency accommodation; car, tent or squat; and an institutional setting.

Source: SAAP NDCA (unpublished), Administrative Data and Client Collections; table 15A.113 and 2005 Report, table 15A.171, p. 15.59, figure 15.28.

By type of independent housing on exiting from SAAP, 39.0 per cent of all clients in 2003-04 moved or returned to private rental housing, 16.6 per cent were in public housing, and 3.0 per cent were in owner occupied housing. Among Indigenous clients 26.5 per cent moved or returned to private rental housing, 31.7 per cent to public housing, and 0.6 per cent to owner occupied housing. The proportion of all clients moving or returning to private rental housing was highest in Tasmania

(53.4 per cent) and lowest in the ACT (20.5 per cent). The proportion moving or returning to public housing ranged from 33.3 per cent in WA to 11.8 per cent in Queensland (figure 15.9).

By type of non-independent housing on exiting from SAAP, 12.2 per cent of all clients in 2003-04 moved to or continued to live in SAAP accommodation, 7.9 per cent were in crisis or short term accommodation and 4.3 per cent were in medium term to short term accommodation. Among Indigenous clients, 8.2 per cent moved to or continued to live in SAAP accommodation, 5.9 per cent were in crisis or short term accommodation and 2.3 per cent were in medium term to short term accommodation. The proportion of all clients moving to or continuing to live in SAAP accommodation was highest in the ACT (22.6 per cent) and lowest in the NT (5.5 per cent) (figure 15.9).

Independent living — employment

Nationally, 9.0 per cent of support periods in 2003-04 involved clients who were employed before support, while 28.2 per cent involved clients who were previously unemployed (2005 Report, table 15A.173). Of the clients who were unemployed when entering SAAP, about 8.2 per cent were employed at the end of the support period (2.8 per cent full time, 1.8 per cent part time and 3.7 per cent on a casual basis), 83.9 per cent remained unemployed and 7.9 per cent were not in the labour force (figure 15.10). Across jurisdictions, the proportion of clients who were previously unemployed and achieved employment at the end of the support period ranged from 10.5 per cent in SA to 6.3 per cent in Tasmania (2005 Report, Table 15A.174).

Figure 15.10 Unemployed SAAP clients, by labour force status after SAAP support, and Indigenous status 2003-04[a, b]

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[a] Data are for people who were unemployed when entering SAAP services. [b] Excludes high volume records because not all items are included on high volume forms.

Source: SAAP NDCA (unpublished), Administrative Data and Client Collections; table 15A.114 and 2005 Report, table 15A.174, p. 15.60, figure 15.29.

Among Indigenous clients who were unemployed when entering SAAP in 2003-04, about 3.9 per cent were employed at the end of the support period (1.4 per cent full time, 0.9 per cent part time and 1.6 per cent on a casual basis), 87.2 per cent remained unemployed and 8.9 per cent were not in the labour force (table 15A.114).

Not returning to SAAP service within the year or six months

The proportion of clients exiting support to independent housing and not returning to SAAP is an important indicator of longer term self-reliance (box 15.10). The data for this indicator is provided on a comparable basis. Data on the proportion of clients who exited to independent housing and did not return within six months are available for only one third of completed support periods, so may not represent the total SAAP population.

Box 15.10 **Not returning to SAAP service within the year**

'Not returning to SAAP service within the year' is included as an outcome indicator of governments' objective to enable clients to successfully participate in society at the end of their support period. An important longer term indicator of whether clients are achieving self-reliance and independence is whether a client needs to return to SAAP services. A further medium term indicator is when the client exits to independent housing and does not return to SAAP within a specified period (in this case, six months).

This indicator is defined as the proportion of clients returning to crisis accommodation within the year.

A low proportion of clients returning to the program within the year is desirable.

It needs to be noted that it may be appropriate for some clients to receive more than one support period (moving from crisis to medium term accommodation, for example). One group that makes multiple use of SAAP are single adults, especially older single men. A number of SAAP clients with long term problems also access SAAP services a number of times before being able to address their issues.

Nationally, 28.4 per cent of clients (28.5 per cent of Indigenous clients) returned to SAAP services during 2003-04 after having exited the program less than 12 months earlier (table 15A.115 and 2005 Report, table 15A.176). Across jurisdictions, the proportion ranged from 30.1 per cent in Victoria to 23.4 per cent in both Queensland and Tasmania (2005 Report, Figure 15.30). Among Indigenous clients, the proportion ranged from 32.1 per cent in WA to 23.4 per cent in NSW (table 15A.115).

Exit with income

The proportion of clients who experience a positive change in income source (from having no income support to obtaining some income, for example) is an indicator of independence and self-reliance (box 15.11). The data for this indicator is provided on a comparable basis. Data are available for only four fifths of completed support periods, so may not represent the total SAAP population.

Box 15.11 **Exit with income**

‘Exit with income’ is included as an outcome indicator of governments’ objective to enable clients to independently participate in society at the end of their support period. Client independence is enhanced when the client moves from having no income before entering SAAP services to obtaining some income (including wages and/or benefits) on exit from SAAP services.

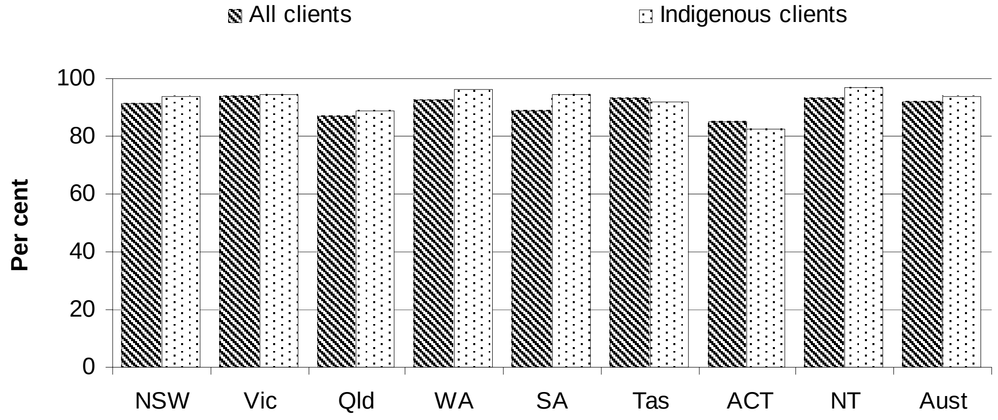
This indicator is defined as the proportion of clients who exited SAAP with an income source.

A higher proportion of clients exiting SAAP with an income source is desirable.

The proportion of Indigenous clients who moved from having no income support to obtaining some income ranged from 2.8 per cent in the ACT to 0.2 per cent in Tasmania. The proportion who obtained their own benefit or a wage ranged from 0.8 per cent in Victoria to 0.2 per cent in WA. The proportion who had no income before or after support ranged from 14.1 per cent in the ACT to 1.8 per cent in the NT.

Nationally, 0.4 per cent of Indigenous clients exiting SAAP moved from having a wage to receiving a government payment, or from having some income to having no income (table 15A.112). The proportion who had no substantive change in income source ranged from about 97.1 per cent in the NT to 82.5 per cent in the ACT.

Figure 15.11 **Proportion of clients who had no substantive change in income source after SAAP support, by Indigenous status, 2003-04**[a]



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[a] Excludes clients of high volume agencies (those accommodating 50 or more clients per night, telephone referral agencies, day centres, and information and referral centres) because data on income source after support were not collected.

Source: SAAP NDCA (unpublished), Administrative Data and Client Collections; table 15A.112 and 2005 Report, table 15A.169, p. 15.64, figure 15.31.

References

AIHW (Australian Institute of Health and Welfare) 2005, *Child Protection Australia, 2003-04*, Cat. no. CWS 24, Child Welfare Series No. 36, Canberra.

Gordon Report (Commission of Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities, chaired by Mrs Sue Gordon) 2002, *Putting the Picture Together*, State Law Publishers, Perth.

NLRC (NSW Law Reform Commission) 1997, *The Aboriginal Child Placement Principle*, Research Report no. 7, Sydney.

16 Housing

Government plays a significant role in the Australian housing market, directly through housing assistance and indirectly through policies associated with land planning and taxation. The Australian, State and Territory governments share responsibility for housing assistance. Direct assistance includes public and community housing, home purchase and home ownership assistance, Indigenous housing, State and Territory rental assistance (such as State and Territory provided bond loans, guarantees and assistance with rent payments and advance rent payments, relocation expenses and other one-off grants) and Commonwealth Rent Assistance (CRA).

This chapter focuses on the performance of governments in providing public, Indigenous and community housing under the Commonwealth State Housing Agreement (CSHA) (box 16.1) and CRA. Close links exist between public and community housing services and other government programs and support services discussed elsewhere in the Report, such as:

- the Supported Accommodation Assistance Program (SAAP), which provides accommodation and other services for homeless people or those at imminent risk of becoming homeless (Report on Government Services 2005 (2005 Report), chapter 15)
- services delivered by the Australian, State and Territory governments and community organisations to promote independent living, including disability services (see 2005 Report, chapter 13), mental health services (see 2005 Report, chapter 11) and aged care services, such as, the Home and Community Care Program (see 2005 Report, chapter 12).

Box 16.1 **Commonwealth State Housing Agreement**

The CSHA is an agreement made between the Australian, State and Territory governments under the *Housing Assistance Act 1996* (Cwlth) to provide strategic direction and funding certainty for the provision of housing assistance. The aim of this agreement is to provide appropriate, affordable and secure housing assistance for those who most need it, for the duration of their need.

(Continued on next page)

Box 16.1 **(Continued)**

The 2003 CSHA came into effect on 1 July 2003 and will run until 30 June 2008, and includes bilateral agreements between the Australian Government and each State and Territory government and an overarching multilateral agreement. There are generally separate bilateral agreements for mainstream and Indigenous housing in each jurisdiction. Bilateral agreements are intended to provide greater flexibility for states and territories to respond to their particular housing needs.

A national ten year strategy to improve Indigenous housing, Building a Better Future, was agreed in 2001 by Australian, State and Territory ministers. The State Indigenous Bilateral Agreements are the primary vehicle for implementation of the national Building a Better Future strategy. The desired strategy outcomes are better housing and housing services, more housing, improved partnerships, greater effectiveness and efficiency, and improved performance linked to accountability and coordination of services.

Funding arrangements

The majority of funding under the 2003 CSHA is provided by the Australian Government taking the form of general assistance funding (public housing, home purchase assistance and private rental assistance) and specified funding for identified programs: the Aboriginal Rental Housing Program (ARHP), the Crisis Accommodation Program and the Community Housing Program. The majority of CSHA funding is distributed to State and Territory governments on a modified per person basis, with the State and Territory governments contributing additional funding from their own resources to partly ‘match’ Australian Government funding allocations.

Roles and responsibilities

Under the CSHA, the Australian Government has responsibility for:

- ensuring the outcomes pursued through the agreement are consistent with broader national objectives, particularly in relation to support for individuals and communities
- advising State and Territory governments of Australian Government objectives to be achieved under the agreement
- reporting to the Commonwealth Parliament on performance against agreed outcomes and targets of housing assistance provided under the agreement.

State and Territory governments have responsibility for:

- developing housing assistance strategies that are consistent with Australian, State and Territory government objectives and that best meet the circumstances of the State or Territory
- implementing and managing services and programs to deliver agreed outcomes
- reporting on a basis that enables performance assessment by the Australian, State or Territory governments, based on agreed performance indicators.

Source: CSHA (2003).

Public, community and State owned and managed Indigenous housing information has been obtained from the State and Territory governments, except where otherwise indicated. The Australian Institute of Health and Welfare (AIHW) collects and collates these data and produces annual data collection manuals and reports. The data manuals and data reports are available from the AIHW web site at www.aihw.gov.au (AIHW 2004b, 2004c and 2004d). This year, most data items for public rental housing and for State owned and managed Indigenous housing were compiled from unit record data under the National Housing Data Repository at the AIHW. CRA data were obtained from the Department of Family and Community Services (DFaCS).

Housing assistance not covered

The chapter does not cover a number of government funded and provided housing services, including:

- the Crisis Accommodation Program, including the Victorian Transitional Housing Management Program under the CSHA, which provides capital funding for accommodation for homeless people
- home purchase assistance and private rental assistance provided under the CSHA
- non-CSHA programs, including those provided by the Department of Veterans' Affairs (DVA) and Aboriginal and Torres Strait Islander Services/Aboriginal and Torres Straight Islander Commission (ATSIS/ATSIC)
- CRA paid by the DVA or the Department of Education, Science and Training (DEST)
- the First Home Owners Grant, provided by the Australian Government and delivered through State and Territory governments
- some Indigenous housing and infrastructure assistance provided by ATSIS/ATSIC, State and Territory governments, land councils and Indigenous community organisations
- non-Indigenous community housing not funded under the CSHA.

Indigenous data in the housing chapter

- regional and remote area concentration of State owned and managed Indigenous housing (per cent), 2004
- low income and special needs households, as a proportion of all new State owned and managed Indigenous households (per cent), 2003-04
- households that pay less than market rent and special needs households paying market rent as a proportion of all State owned and managed Indigenous households (new and existing), 30 June 2004
- new tenancies allocated to State owned and managed Indigenous households with special needs, 2003-04

- greatest need allocations as a proportion of all new State owned and managed Indigenous housing allocations (per cent), 2003-04
- gross cost per dwelling, excluding capital costs of State owned and managed Indigenous housing, 2003-04
- occupancy rates of State owned and managed Indigenous housing, 30 June 2004
- average turnaround time of State owned and managed Indigenous housing, 2003-04
- total rent collected as a proportion of total rent charged for State owned and managed Indigenous housing, 2003-04
- rent charged for State owned and managed Indigenous housing as a proportion of market rent, adjusted for CRA, 30 June 2004
- overcrowded dwellings of State owned and managed Indigenous housing, 30 June 2004
- income units receiving CRA, by primary payment type, 2004
- income units receiving CRA, by income unit type, 2004
- income units receive CRA, by Indigenous status and geographic location, 2004
- income units receiving CRA paying less than 30 per cent of income on rent, with and without CRA, 2004

Supporting tables

Supporting tables for data within the housing chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 16A.3 is table 3 in the housing attachment to the compendium). As the data are directly sourced from the Report on Government Services 2005, the compendium also notes where the original table, figure or text in the Report on Government Services 2005 can be found. For example, where the compendium refers to '2005 Report, p. 16.15' this is page 15 of chapter 16 and '2005 Report, 16A.2' is attachment table 2 of attachment 16 of the Report on Government Services 2005.

Service overview

The composition of Australian households is changing. There is an increasing number of smaller households, including a rising number of single person households. The average Australian household size fell from 3.3 people to 2.6 people between 1971 and 2001, while the proportion of single person households increased from 18.1 per cent to 22.9 per cent over this period (ABS 2002a).

The average Indigenous household is larger than the average non-Indigenous household. In 2001, the average non-Indigenous Australian household size was 2.6 people, whereas the average household with at least one Indigenous person was 3.5 people (ABS and AIHW 2003).

Roles and responsibilities

Each level of government has different roles and responsibilities in housing and housing assistance:

- The Australian Government provides CRA and shares responsibility with State and Territory governments for housing assistance provided under the CSHA (box 16.1). The Australian Government also influences the housing market through other direct and indirect means, including taxation and home purchase assistance.
- State and Territory governments provide housing assistance under the CSHA, such as assistance for the homeless, public housing, community housing, Indigenous rental housing, private rental assistance and home purchase assistance. Some also contribute to the delivery of housing assistance through mechanisms such as home lending programs and joint ventures with the private sector. State and Territory governments are also responsible for land taxes, stamp duties and residential tenancy legislation.
- Local governments implement planning regulations and are sometimes involved in providing community housing.

Size and scope

Housing assistance is provided in various forms, and models for delivering assistance can vary within and across jurisdictions. The main forms of assistance are outlined in box 16.2. This chapter focuses on four forms of assistance: public housing, community housing, State owned and managed Indigenous housing, and CRA.

Box 16.2 **Forms of housing assistance**

There are several main forms of CSHA housing assistance.

- *Public housing*: dwellings owned (or leased) and managed by State and Territory housing authorities to provide affordable rental accommodation. The CSHA is the main source of grant funding for public housing, data with internally generated rental revenues and the proceeds of asset sales.
- *Community housing*: rental housing provided for low to moderate income or special needs households, managed by community-based organisations that are at least partly subsidised by government. Community housing models vary across jurisdictions.
- *Indigenous housing*: State owned housing targeted at Indigenous households (referred to as 'State owned and managed Indigenous housing' in this report) and houses owned or leased and managed by Indigenous community housing organisations and community councils in major cities, regional and remote areas.
- *Crisis accommodation*: accommodation services to help people who are homeless or in crisis. Services are generally provided by non-government organisations and many are linked to support services funded through SAAP. Sources of government funding include the Crisis Accommodation Program of the CSHA, which provides funding for accommodation, and SAAP funding for live-in staff, counselling and other support services.
- *Home purchase assistance*: assistance provided by State and Territory governments to low to moderate income households to help with first home purchases or mortgage repayments.
- *Private rental assistance*: assistance funded by State and Territory governments to low income households experiencing difficulty in securing or maintaining private rental accommodation. This assistance may include ongoing or one-off payments to help households meet rent payments, one-off payments for relocation costs, guarantees or loans to cover the cost of bonds, and housing assistance advice and information services. Assistance may be provided by community-based organisations funded by government.
- The chapter also reports on CRA, which is a non-taxable income support supplement paid by the Australian Government to income support recipients or people who receive more than the base rate of the Family Tax Benefit Part A and who rent in the private rental market.

Source: CSHA (2003); DFaCS (2003).

Indigenous housing

Government funded Indigenous housing includes both State managed and community managed housing. The State managed component is generally funded by the ARHP and may be supplemented by untied CSHA funds and State matching funds. Community managed Indigenous housing may be financed from ARHP funds, supplementary State funds, untied CSHA funds, ATSIS/ATSIC funds and funds from other sources.

State owned and managed Indigenous housing

State owned and managed Indigenous housing dwellings are defined as those rental housing dwellings owned and managed by government and allocated to only Indigenous Australians (AIHW 2004b).[14] They include dwellings managed by government Indigenous housing agencies for allocation to Indigenous tenants. There were 12 725 dwellings identified in the 2003-04 State owned and managed Indigenous housing collection (table 16A.6).

State owned and managed Indigenous housing is only one of a number of programs designed to provide housing assistance to Indigenous people. Indigenous Australians are eligible for assistance under Indigenous community managed housing (where community agencies carry out tenancy management functions), the mainstream public and community housing programs, CRA and other government housing programs (both Indigenous specific and mainstream). At 30 June 2004 there were 27 CSHA funded community housing providers that nominated Indigenous people as their primary target group.

The ACT and the NT are not included in the State owned and managed Indigenous housing data collection. The ACT does not receive funding for, or administer, any Territory owned and managed Indigenous housing programs; in the NT, ARHP funding is directed to community managed Indigenous housing. All Indigenous housing programs in the NT are community managed and administered, and specific management issues (such as eligibility and waiting lists) are the responsibility of Indigenous housing organisations that manage permanent dwellings for people in discrete Indigenous communities. The approaches of these organisations may differ significantly, depending on the size of the organisations, the socioeconomic circumstances of particular communities, and cultural considerations. The Indigenous Housing Authority of the NT allocates funds to the seven ATSIS/ATSIC regional councils in the NT, which in turn allocate funds to those communities most in need. The NT government cannot differentiate between the various funding sources, given its commitment under the CSHA Indigenous

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[14] The territories are not included in the data collection for this program, so are not included in the section heading.

Agreement to ‘pool’ all funds earmarked for Indigenous housing and associated infrastructure in the NT.

In NSW, a separate statutory organisation — the Aboriginal Housing Office — is responsible for planning, administering and expanding policies, programs and the asset base for Aboriginal housing in that State. Funding for the office comes from the CSHA, ATSIS/ATSIC and the State Government (in addition to its CSHA commitments).

Some other jurisdictions are increasingly pooling funding but currently report State owned and managed Indigenous housing data separately. Queensland administers a separate Aboriginal and Torres Strait Islander Housing Program, which includes ARHP funds, untied CSHA funds and State funds, and does not report separately against the ARHP component of the program funds (which forms more than one third of total expenditure).

Indigenous community housing

In August 2003 the Housing Ministers Advisory Committee (HMAC) endorsed the National Reporting Framework as the performance indicator framework that would be used to report against both Indigenous community housing and State owned and managed Indigenous housing. The framework includes the State owned and managed Indigenous housing indicators used in this Report.

A national report against a subset of the National Reporting Framework was produced in 2002-03. It was based on data from the 2001 Census, the 2001 ATSIC/ABS Community Housing and Infrastructure Needs Survey (CHINS), CSHA administrative data and additional information provided by states and territories. The 2003-04 report (in preparation) provides national data on a larger number of National Reporting Framework indicators, with less reliance on the Census and CHINS. Consideration is being given to reporting on the National Reporting Framework for Indigenous community housing in future editions of the Report on Government Services.

The data from the ATSIC/ABS CHINS (ABS 2002b) are reported again. The CHINS data provide a snapshot of the sector, covering housing managed by Indigenous community housing organisations, including discrete community councils. Readers should not compare CHINS data and State owned and managed Indigenous housing data. The former is a survey of communities, while the latter are based on household level administrative data. The data from CHINS were collected between March and June 2001, to provide information on all discrete Indigenous communities and Indigenous organisations that provide housing to Indigenous people in urban, rural and remote locations in most states and territories. The response rate was 98.1 per cent for discrete Indigenous communities and 98.6 per cent for Indigenous housing organisations. Trained ABS officers collected information via personal interviews with key community and Indigenous housing organisation representatives. Some results from CHINS are reported in attachment tables 16A.17–16A.20.

Diversity of State and Territory housing assistance operations

State and Territory governments have similar broad objectives for providing housing assistance. Individual jurisdictions, however, emphasise different objectives depending on their historical precedents and ways of interacting with community sector providers. Jurisdictions also face differing private housing markets. These differences lead to a variety of policy responses and associated assistance products. It is important to be aware of all the housing assistance operations in each State and Territory when analysing performance information.

Appendix A contains information on each State and Territory that may help in interpreting the performance indicators presented in this chapter. State and Territory governments have provided the following additional information on the key operating parameters characterising housing assistance provision in their jurisdictions.

State owned and managed Indigenous housing

Eligibility criteria for access to State owned and managed Indigenous housing are generally consistent with those for public housing once an applicant has been confirmed as Indigenous. Queensland is an exception, having no income or age eligibility limits on State owned and managed Indigenous housing. The management of waiting lists varies across jurisdictions — for example, a number of jurisdictions use the same list for both State owned and managed Indigenous housing and public housing. Terms of tenure are the same as those for public housing for a number of jurisdictions (table 16.1).

Table 16.1 **State owned and managed Indigenous housing policy context, 2004**[a]

	NSW[b]	*Vic*[c]	*Qld*[d]	*WA*[e]	*SA*[f]	*Tas*[g]
Eligibility						
Income limit per week ($)[h]	395	339	None	390	585	336
'Other' asset limits ($)[h]	None	30 000	None	36 400 in cash	257 500	34 473
Minimum age	18	15	None	18	None	16
Waiting list						
Details	Combined with public housing	Combined with public housing	Wait turn	Combined with public housing	Need (Four segment)	Priority, similar to public housing
Tenure						
Probationary period	None	None	None	None	6 months	3–6 months
Fixed term	3 or 6 months	5 years	None	3 months	None	1–3 years
Ongoing	Yes	Lifetime after age 65	Yes	Ongoing	Ongoing after probation	Dependant on housing history
Tenancy review	Not regularly	To commence in 2008	None	Annual	None	Fixed term leases reviewed at end of each term

[a] At 30 June. [b] Interest accrued from cash assets is assessed as income. Applicants under the age of 18 years must demonstrate living skills to be eligible for housing. Since November 2002, NSW has introduced renewable tenancies to all public housing tenancies. A fixed term may be offered to clients who have an urgent, short term need for housing but do not meet housing eligibility criteria. Fixed term tenancies are also offered to unsatisfactory former tenants and less than satisfactory former tenants to establish their current ability to sustain a successful tenancy. Tenancies are reviewed as part of normal tenancy management processes. [c] For households that require major disability modifications, the asset limit is $60 000. Indigenous households generally access long term accommodation through the General Rental program or housing managed by the Aboriginal Housing Board of Victoria. [d] Ten per cent of applicants can be housed ahead of turn in urgent circumstances. While no formal eligibility review exists, it is an ongoing requirement for clients to meet property ownership limitations. [e] The income limit for those in north west remote areas is $550 per week. Those aged over 60 years are subject to a cash asset limit of $80 000. [f] The same definition as the Centrelink asset test threshold at 30 June 2004 for a single person who does not own their own home is used. Includes 21 indigenous households with other special needs (including youth, disability, aged etc.). [g] For people aged over 55 years the asset limit is $35 000. Applications outside the guidelines may be considered where there are extenuating circumstances in relation to income, asset and age criteria. [h] Limits are for a single person.

Source: State and Territory governments (unpublished); 2005 Report, p. 16.20, table 16.8.

The proportions of State owned and managed Indigenous housing located in regional and remote areas (using ASGC remoteness areas) are shown in table 16.2.

Table 16.2 **State owned and managed Indigenous housing — regional and remote area concentrations, 2004 (per cent)**[a, b]

	NSW[c]	*Vic*[d]	*Qld*	*WA*	*SA*	*Tas*	*Aust*
Major cities	40.9	37.7	12.9	29.1	60.6	..	34.1
Regional[e]	51.9	61.9	59.6	30.3	25.6	100.0	48.0
Remote[f]	7.2	0.4	27.6	40.7	13.8	–	17.9

[a] At 30 June. [b] Under the ASGC remoteness areas. [c] The number of properties in NSW classified by ASGC is less than the total number of properties reported elsewhere. [d] In Victoria, the interpretation of the definition of a 'dwelling' varied for providers. Some larger agencies also advised they were unable to provide tenancy units by postcode. For consistency and accuracy, properties have been counted by postcode from the internal administrative system, so the dwelling postcode count will not match the number of tenancy units because group housing program arrangements have multiple tenancies per property. [e] Comprises inner and outer regional areas. [f] Comprises remote and very remote areas. – Nil or rounded to zero. .. Not applicable.

Source: AIHW (2004a); table 16A.6; 2005 Report, p. 16.21, table 16.9.

Framework of performance indicators

Public, community and State owned and managed Indigenous housing adopt a common performance indicator framework based on the framework developed for the 1999 CSHA (which ran from 1 July 1999 to 30 June 2003) (figures 16.2, 16.3 and 16.4, pp. 16.23-16.25, 2005 Report). The CSHA framework reflects the national objectives of the agreement to improve the quality of national performance information and to recognise the need for balanced reporting at the national and bilateral levels as outlined in a number of guiding principles (CSHA 1999).

The new CSHA took effect on 1 July 2003 and will run until 30 June 2008 (box 16.3). Many aspects of this agreement, including the aims and objectives, are similar to those of the previous agreement. The new CSHA places greater emphasis on Australian, State and Territory governments improving housing outcomes for Indigenous people. Governments will work towards improving access to mainstream housing options for Indigenous people living in urban and rural areas. This is the first year that data are reported under the new agreement. Work will be undertaken on the performance indicator framework to reflect changes in the new agreement and to improve the quality and scope of national performance information.

Box 16.3 Objectives for public and community housing under the 2003 CSHA

The principles guiding the 2003 CSHA are to:

1. maintain a core Social Housing sector to assist people unable to access alternative suitable housing options
2. develop and deliver affordable, appropriate, flexible and diverse housing assistance responses that provide people with choice and are tailored to their needs, local conditions and opportunities
3. provide assistance in a manner that is non-discriminatory and has regard to consumer rights and responsibilities, including consumer participation
4. commit to improving housing outcomes for Indigenous people in urban, rural and remote areas, through specific initiatives that strengthen the Indigenous housing sector and the responsiveness and appropriateness of the full range of mainstream housing options
5. ensure housing assistance links effectively with other programs and provides better support for people with complex needs, and has a role in preventing homelessness
6. promote innovative approaches to leverage additional resources into Social Housing, through community, private sector and other partnerships
7. ensure that housing assistance supports access to employment and promotes social and economic participation
8. establish greater consistency between housing assistance provision and outcomes, and other social and economic objectives of government, such as welfare reform, urban regeneration, and community capacity-building
9. undertake efficient and cost-effective management which provides best value to governments
10. adopt a cooperative partnership approach between levels of government towards creating a sustainable and more certain future for housing assistance
11. promote a national, strategic, integrated and long term vision for affordable housing in Australia through a comprehensive approach by all levels of government.

Source: CSHA (2003, p.4).

The framework reflects the adoption by governments of accrual accounting and depicts the Review’s focus on outcomes, consistent with demand by governments for outcome oriented performance information. The framework also accentuates the importance of equity and draws out the distinction between equity and access. More detail on the general report framework, along with the differences between outputs and outcomes, can be found in chapter 1, the 2005 Report.

Performance reporting for the State owned and managed Indigenous housing

Different delivery contexts, locations and types of client may affect the performance reported in this section. Care thus needs to be taken in interpreting performance indicator results, and the qualifications presented with the data need to be considered. Further, there might have been some difficulties in separating Indigenous housing data from public housing data. Variations in the funding and administration of State owned and managed Indigenous housing across jurisdictions may also influence the comparability of data.

In addition, performance indicator results are not comparable across the public, community and State owned and managed Indigenous housing sections. Some descriptive data on State owned and managed Indigenous housing are included in table 16A.6. (As outlined in 2005 Report, section 16.1, the ACT and the NT are not included in the State owned and managed Indigenous housing data collection.) State owned and managed Indigenous housing dwellings are more likely than public or community housing dwellings to be located in rural or remote areas (table 16.2).

Outputs

Equity — low income

The first equity indicator reported is ‘low income’ (box 16.4). The data for this indicator is provided on a comparable basis.

Box 16.4 **Low income**

‘Low income’ is included as an output indicator of the CSHA’s aim to provide appropriate, affordable and secure housing assistance to people who are unable to access suitable housing. It measures three low income components:

- new low income households as a proportion of all new households
- new low income households plus special needs (not low income) households, as a proportion of all new households
- households paying less than market rent and special needs households paying market rent, as a proportion of all households (new and existing).

High values for these measures indicate high degrees of targeting of low income (and special needs) households.

(Continued on next page)

Box 16.4 **(Continued)**

The two household income measures for this indicator are:

- low income A households — households where all members receive an income equivalent to or below 100 per cent of the government income support benefits at the pensioner rate (Pension rates have been selected for calculating this indicator because they are higher than allowance rates.)
- low income B households — households with an income above 100 per cent of the government income support benefits at the pensioner rate, but below the effective cut-off for receiving any government support benefits.

Households with incomes below these levels are included in the measure, although they may not necessarily receive income support benefits.

It is not appropriate to use this indicator to compare the performance of public, community and State owned and managed Indigenous housing. State owned and managed Indigenous housing uses a definition of special needs more appropriate to the program. The special needs indicator for public housing includes Indigenous households in the definition of special needs households, so using this definition for State owned and managed Indigenous housing would result in 100 per cent of State owned and managed Indigenous housing households being regarded as having special needs.

The definition also differs for ‘aged’ households: households with a principal tenant aged 50 years or over are considered special needs households for State owned and managed Indigenous housing, while households with a principal tenant aged 75 years or over are considered special needs households for mainstream public and community housing. This difference reflects the lower life expectancy and higher level of illness among Indigenous Australians.

The proportion of new tenancies allocated to low income A households varied in 2003-04 from 94.4 per cent in NSW to 83.3 per cent in Queensland. The proportion of new tenancies allocated to low income A plus special needs (not low income) households varied from 98.1 per cent in Tasmania to 87.5 per cent in Queensland (table 16.3). Table 16A.28, 2005 Report, contains information on both low income A households and low income B households.

Table 16.3 State owned and managed Indigenous housing — low income and special needs households, as a proportion of all new households (per cent)[a]

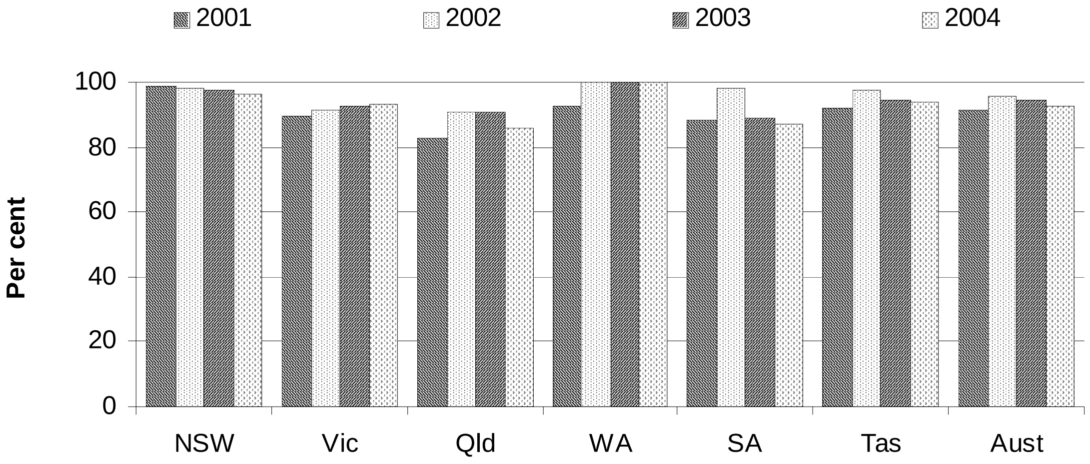
	NSW[b,c]	Vic[b,d]	Qld[b]	WA[d]	SA[b]	Tas[d]	Aust
New low income A households as proportion of all new households							
2000-01	91.3	80.0	81.4	89.3	88.9	76.8	86.5
2001-02	89.6	88.1	83.1	81.3	87.3	95.5	85.8
2002-03	91.5	87.8	89.7	89.1	86.5	87.2	89.2
2003-04	94.4	90.5	83.3	93.5	89.2	89.5	90.6
New low income A households plus special needs (not low income) households, as proportion of all new households							
2000-01	96.9	83.3	87.0	92.0	97.9	81.7	91.4
2001-02	92.6	91.7	89.5	84.4	90.1	97.0	89.6
2002-03	92.9	92.9	94.6	92.1	93.2	92.3	93.0
2003-04	96.7	96.8	87.5	95.5	92.4	98.1	94.0

[a] For details of newly allocated: mixed composition, non-rebated and other households excluded, see table 16A.29. [b] Data for NSW, Victoria, Queensland and SA are based on a different methodology from that used for their previous years' data, and a direct comparison of 2003-04 data with previous years for NSW, Victoria Queensland and SA cannot be made. For details of these changes, see the NSW, Victoria, Queensland and SA footnotes in table 16A.7. [c] Data for NSW for 2003-04 are based on a different methodology from the other data presented and need to be interpreted with caution. For details of these variations, see the NSW footnote in table 16A.7. [d] Data for Victoria, WA and Tasmania for 2003-04 are not comparable with the other data presented and cannot be directly compared with other jurisdictions' data. For details of non-comparability, see the Victoria, WA and Tasmania footnotes in table 16A.7.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.7; 2005 Report, p.16.59, table 16.17.

The proportion of households paying less than market rent and special needs households paying market rent, as a proportion of all households (new and existing) at 30 June 2004, ranged from 100.0 per cent in WA to 85.6 per cent in Queensland (figure 16.1).

Figure 16.1 State owned and managed Indigenous housing — households paying less than market rent and special needs households paying market rent as a proportion of all households (new and existing)[a, b, c, d]



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[a] At 30 June. [b] Data for NSW, WA and SA are based on a different methodology from that used for their previous years' data, and a direct comparison of 2003-04 data with previous years for NSW, WA and SA cannot be made. For details of these changes, see the NSW, WA and SA footnotes in table 16A.8. [c] Data for Victoria for 2003-04 are not directly comparable to the previous years' data, and any direct comparison of 2003-04 data with previous years for Victoria need to be done with caution. For details of these changes, see the Victoria footnotes in table 16A.8. [d] Data for WA for 2003-04 are not comparable with the other data presented and cannot be directly compared with other jurisdictions' data. For details of non-comparability, see WA footnote in table 16A.8.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.8; 2005 Report, p.16.60, figure 16.21.

Equity — special needs

'Special needs' is the second equity indicator reported for State owned and managed Indigenous housing (box 16.5). The data for this indicator is provided on a comparable basis.

Box 16.5 **Special needs**

'Special needs' is an output indicator of the CSHA's aim to provide appropriate, affordable and secure housing assistance to people who are unable to access suitable housing. It measures the proportion of new tenancies allocated to special needs households. New tenancies are reported as a proxy for all households receiving assistance. Special needs households are those that have either a household member with a disability, or a principal tenant aged 24 years or under, or 50 years or over. A high proportion indicates a high degree of targeting of special needs households.

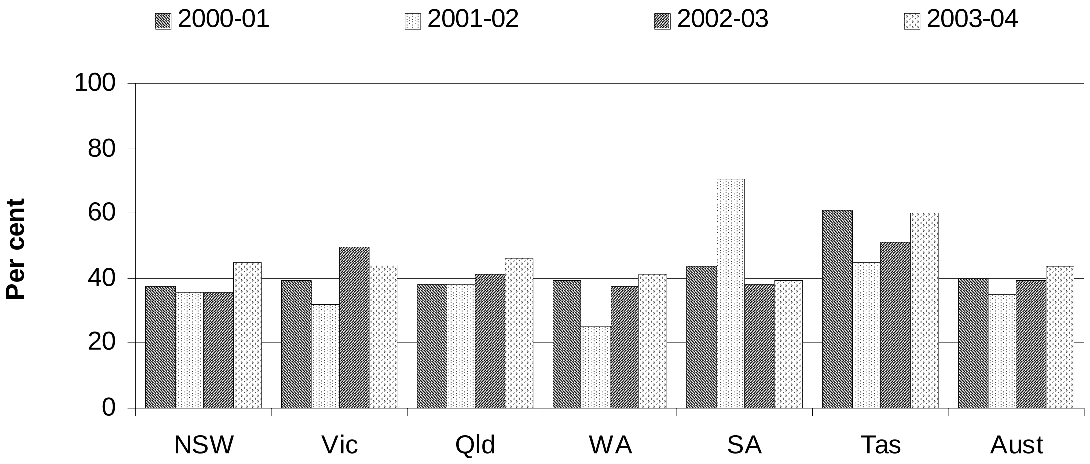
(Continued on next page)

Box 16.5 **(Continued)**

It is not appropriate to use this indicator to compare the performance of public, community and State owned and managed Indigenous housing because the special needs category includes Indigenous people for public and community housing.

The proportion of new tenancies allocated to special needs households in 2003-04 varied from 60.3 per cent in Tasmania to 39.5 per cent in SA (figure 16.2).

Figure 16.2 **State owned and managed Indigenous housing — new tenancies allocated to households with special needs**[a, b, c]



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[a] Data for NSW, WA and SA for 2003-04 are based on a different methodology from that used for their previous years' data, and a direct comparison of 2003-04 data with previous years for NSW, WA and SA cannot be made. For details of these changes, see the NSW, Victoria, WA and SA footnotes in table 16A.9. [b] Data for Victoria and Queensland for 2003-04 are not directly comparable to the previous years' data, and any direct comparison of 2003-04 data with previous years for Victoria and Queensland need to be done with caution. For details of these changes, see Victoria and Queensland footnotes in table 16A.9. c Data for WA for 2003-04 are not comparable with the other data presented and cannot be directly compared with other jurisdictions' data. For details of non-comparability, see the WA footnotes in table 16A.9.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.9; 2005 Report, p.16.61, figure 16.22.

Equity — priority access to those in greatest need

The final equity indicator reported for State owned and managed Indigenous housing is 'priority access to those in greatest need' (box 16.6). The data for this indicator is provided on a comparable basis.

The proportion of new allocations to those in greatest need varied for 2003-04, ranging from 80.9 per cent in SA to 2.7 per cent in Queensland (table 16.4). Differences in State housing allocation policies can influence comparability for this indicator. The relatively low level of priority allocations in NSW and Victoria were partly because Indigenous tenants in greatest need are likely to be housed under the State's general public housing programs.

Box 16.6 **Priority access to those in greatest need**

'Priority access to those in greatest need' is an output indicator of the CSHA's aim to provide appropriate, affordable and secure housing to assist people who are unable to access suitable housing. This indicator provides information on whether allocation processes are such that those in greatest need have first access to housing. It measures the proportion of new allocations to those in greatest need. Greatest need households are defined as low income households that at the time of allocation are homeless, in housing inappropriate to their needs, or in housing that is adversely affecting their health or placing their life and safety at risk, or that have very high rental housing costs.

Table 16.4 shows the proportion of new allocations to those in greatest need by time on the waiting list. Data are provided for tenants waiting less than three months to more than two years. These numbers are not cumulative. A high value for this indicator, particularly for short time frames, represents a high degree of targeting of those in greatest need without these people waiting long periods of time.

This indicator, however, does not provide information on the number of greatest need applicants on the waiting list, or an allocations to those in greatest need as a proportion of all greatest need applicants on the waiting list.

It may not be appropriate to compare the performance of public, community and State owned and managed Indigenous housing in relation to this indicator. In some jurisdictions, different priority allocation guidelines may be used to allocate targeted housing. Priority access for Indigenous people is given through mainstream housing. Further, where allocation is made at the community level, reasons for allocation may not be recorded in information management systems.

Table 16.4 **State owned and managed Indigenous housing — proportion of new allocations to those in greatest need (per cent)**

	NSW[a]	*Vic*	*Qld*[a]	*WA*	*SA*	*Tas*	*Aust*
Total for year ending 30 June 2004	**15.2**	**19.4**	**2.7**	**22.7**	**80.9**	**na**	**26.5**
Proportion of greatest need allocations to new allocations, by time to allocation							
<3 months	31.6	21.0	2.7	30.0	71.9	na	36.7
3–<6 months	20.4	34.6	12.1	47.3	100.0	na	40.7
6 months–<1 year	7.1	26.3	–	11.8	97.5	na	22.8
1–<2 years	3.7	16.7	3.7	–	88.1	na	20.0
2+ years	0.9	–	–	–	50.0	na	1.1

[a] For details on NSW and Queensland data, see table 16A.10. – Nil or rounded to zero. **na** Not available.

Source: AIHW (2004a); table 16A.10; 2005 Report, p.16.62, table 16.18.

Efficiency — gross cost per unit and net cost per unit

'Gross cost per unit' and 'net cost per unit' are the two efficiency indicators for State owned and managed Indigenous housing. Of these, data for gross cost per unit is currently reported. The data for this indicator is provided on a comparable basis. The Steering Committee has identified net cost per unit as an efficiency indicator, but data for this indicator were not available for the 2005 Report (box 16.7).

Box 16.7 **Gross and net cost per unit**

'Gross cost per unit' and 'net costs per unit' are included as output indicators of the CSHA guiding principle to undertake efficient and cost-effective management. These indicators measure the combined cost of providing assistance per dwelling. Cost per dwelling is broken down into the gross cost to government (administration and operating costs plus capital costs) and the net cost to government (gross cost excluding rents received from tenants).

Only gross cost per output unit is reported for State owned and managed Indigenous housing. The Review of Government Service Provision has identified net cost per output unit for development and reporting in future.

A low cost per dwelling can indicate greater efficiency. Caution must be used, however, when interpreting indicators in this way because the cost per dwelling indicator does not provide any information on the quality of service provided (for example, the standard of dwellings). Caution must also be used when interpreting this indicator because service delivery models differ across jurisdictions.

As with other indicators, it is not appropriate to compare the gross cost per State owned and managed Indigenous housing dwelling with the gross cost per dwelling for public housing (which would be the public housing equivalent of this indicator) because there is greater scope for economies of scale in administration costs with public housing, which is a much larger program overall.

State owned and managed Indigenous housing dwellings are also more highly concentrated in rural and remote areas where the cost of providing housing assistance is potentially greater. The need to construct culturally appropriate housing (possibly requiring a higher standard of amenities) may also affect the cost per dwelling. Finally, different cost structures may apply to the programs. Construction of dwellings, for example, under State owned and managed Indigenous housing may involve a skills development element to allow for training of apprentices in rural areas.

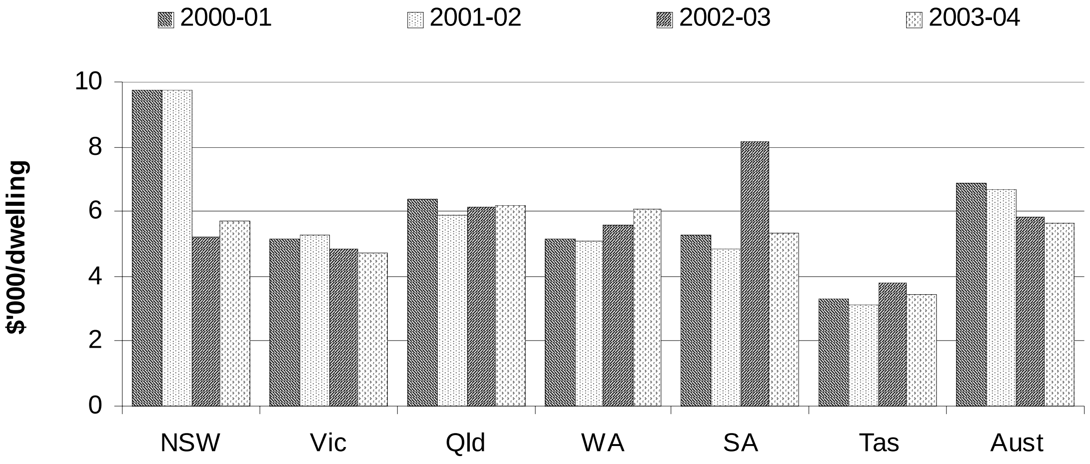
Care needs to be taken in interpreting the total cost of delivering housing. Administration costs and operating costs, for example, may not capture all costs incurred by government, so the total costs of housing provision could be understated.

The costs incurred by jurisdictions in providing State owned and managed Indigenous housing include:

- administration costs (the cost of the administration offices of the property manager and tenancy manager)
- operating costs (the costs of maintaining the operation of the dwelling, including repairs and maintenance, rates, the costs of disposals, market rent paid and interest expenses)
- depreciation costs
- the user cost of capital (the cost of the funds tied up in the capital used to provide State owned and managed housing).

Payroll tax has been excluded from gross cost per output unit calculations for State owned and managed Indigenous housing for the first time this year. Further, depreciation costs and the user cost of capital (capital costs) are not available for reporting on State owned and managed Indigenous housing. The cost per dwelling shown in figure 16.3 represents gross recurrent expenditure (that is, administration and operating costs) per dwelling. Rent received from tenants has not been deducted. In 2003-04 the gross cost per dwelling (excluding capital costs) ranged from $6188 in Queensland to $3425 in Tasmania (figure 16.3). On average, gross cost per dwelling was $5649.

Figure 16.3 **State owned and managed Indigenous housing — gross cost per dwelling, excluding capital costs (2003-04 dollars)**[a, b, c]



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[a] Payroll tax has been excluded from gross cost per output unit calculations for State owned and managed Indigenous housing for the first time this year. **b** For details of Victoria, WA and Tasmania data see table 16A.11. c Data for SA for 2003-04 are based on different methodology from that used for their previous years' data and a direct comparison of 2003-04 data with previous years for SA cannot be made. For details of these changes see SA footnote in table 16A.11'.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.11; 2005 Report, p.16.64, figure 16.23.

Efficiency — occupancy rates

The second efficiency indicator reported for State owned and managed Indigenous housing is ‘occupancy rates’ (box 16.8). The data for this indicator is provided on a comparable basis.

Box 16.8 **Occupancy rates**

The ‘occupancy rate’ is included as an output indicator of the efficiency of housing utilisation. It is the proportion of dwellings occupied. The term ‘occupied dwelling’ refers to dwellings occupied by tenants who have a tenancy agreement with the relevant housing authority. High occupancy suggests housing is being utilised efficiently, although this indicator needs to be interpreted with the match of dwelling to household size indicator because there could be unused bedrooms. Low occupancy suggests dwellings are underutilised and that there is a high opportunity cost in retaining them. Occupancy is influenced by both turnover and housing supply.

The proportion of State owned and managed Indigenous housing stock (including untenantable dwellings) occupied at 30 June 2004 ranged from 98.2 per cent in Tasmania to 92.2 per cent in SA (table 16.5).

Table 16.5 **State owned and managed Indigenous housing — occupancy rates[a]**

	NSW	*Vic*	*Qld*	*WA*[b,c]	*SA*	*Tas*[b,c]	*Aust*
2001	98.0	95.4	94.0	96.0	94.3	93.1	95.8
2002	97.9	96.6	94.6	95.2	91.2	92.7	95.4
2003	97.6	96.1	94.2	94.4	91.8	95.8	95.2
2004	98.0	96.7	96.8	94.1	92.2	98.2	96.0

a At 30 June. **b** Data for WA and Tasmania for 2003-04 are not directly comparable to the previous years’ data, and any direct comparison of 2003-04 data with previous years for WA and Tasmania needs to be done with caution. For details of these changes, see the WA and Tasmania footnotes in table 16A.12. c Data for WA, and Tasmania for 2003-04 are based on a different methodology from the other data presented and need to be interpreted with caution. For details of these variations, see the WA, and Tasmania footnotes in table 16A.12.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.12; 2005 Report, p.16.65, table 16.19.

Efficiency — turnaround time

The third efficiency indicator reported for State owned and managed Indigenous housing is ‘turnaround time’ (box 16.9). The data for this indicator is provided on a comparable basis.

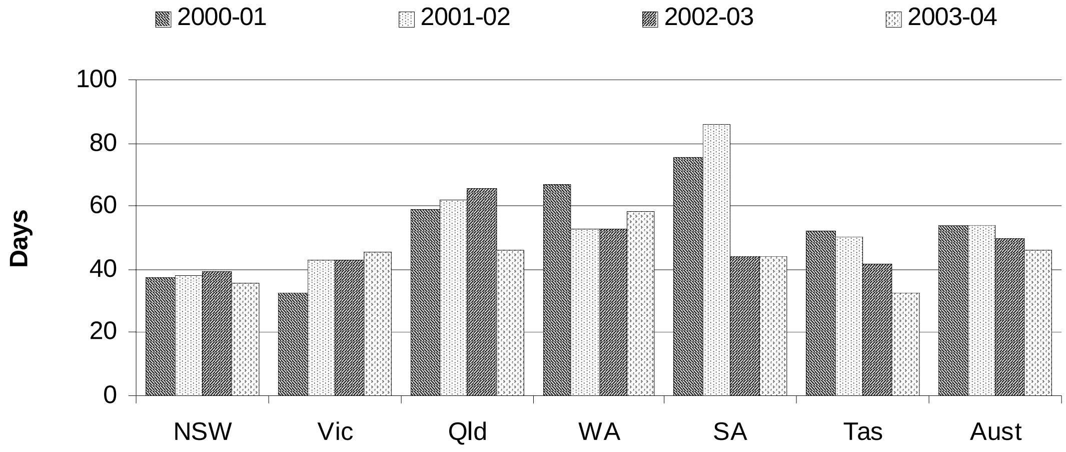
Box 16.9 **Turnaround time**

'Turnaround time' is included as an output indicator of the time taken to reallocate vacant properties after they have been vacated, acquired or newly constructed. The indicator measures the average time taken in days for vacant dwellings to be occupied. The length of time taken to rent untenanted dwellings affects allocations of housing, waiting times, the length of waiting lists and rent foregone. A low turnaround time suggests efficient housing allocation and asset management. All jurisdictions aim to minimise turnaround times.

This indicator may be affected by changes in maintenance programs and stock allocation processes, and some jurisdictions may have difficulty excluding stock upgrades. Cultural factors may also influence the national average turnaround time for State owned and managed Indigenous housing dwellings relative to public housing dwellings. Following the death of a significant person, for example, a dwelling may need to be vacant for a longer period of time (Morel and Ross 1993). The higher proportion of dwellings in rural and remote areas may also contribute to delays in completing administrative tasks and maintenance before dwellings can be re-tenanted.

The average number of days for vacant stock to be allocated in 2003-04 varied from 58 days in WA to 33 days in Tasmania (figure 16.4).

Figure 16.4 **State owned and managed Indigenous housing — average turnaround time**[a, b, c]



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[a] Data for Queensland for 2003-04 are based on a different methodology from that used for their previous years' data, and a direct comparison of 2003-04 data with previous years for Queensland cannot be made. For details of these changes, see the Queensland footnotes in table 16A.13. [b] Data for Victoria for 2003-04 are based on a different methodology from the other data presented and need to be interpreted with caution. For details of these variations, see the Victoria footnote in table 16A.13. c Data for Queensland and WA for 2003-04 are not comparable with the other data presented and cannot be directly compared with other jurisdictions' data. For details of non-comparability, see the Queensland and WA footnotes in table 16A.13.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.13; 2005 Report, p.16.66, figure 16.24.

Efficiency — rent collected

The final efficiency indicator reported for State owned and managed Indigenous housing is 'rent collected' (box 16.10). The data for this indicator is provided on a comparable basis.

Box 16.10 **Rent collected**

'Rent collected' is included as an output indicator of the CSHA's guiding principle to undertake efficient and cost-effective management. It is the total rent collected as a proportion of the rent charged. A high proportion suggests efficiency in collecting rent. All jurisdictions aim to maximise the rent collected as a proportion of the rent charged.

Differences in recognition policies, write-off practices, the treatment of disputed amounts, and the treatment of payment arrangements may affect the comparability of this indicator's reported results. Payment arrangements for rent in some jurisdictions mean that rent collected over a 12 month period may be higher than rent charged over that period.

Rent collected as a proportion of the rent charged in 2003-04 varied from 104.1 per cent in NSW to 97.0 per cent in SA (table 16.6). Payment arrangements for rent in some jurisdictions mean that the rent collected over a 12 month period may be higher than rent charged over that period.

Table 16.6 **State owned and managed Indigenous housing — total rent collected as a proportion of total rent charged (per cent)[a]**

	NSW	*Vic*	*Qld*	*WA*	*SA*[b]	*Tas*	*Aust*
2000-01	99.3	99.5	99.1	101.1	95.0	94.8	98.8
2001-02	99.9	98.8	97.3	103.0	92.6	99.1	98.5
2002-03	102.3	98.1	97.2	101.9	107.9	98.8	101.4
2003-04	104.1	99.8	101.3	103.1	97.0	102.2	101.8

[a] Payment arrangements for rent in some jurisdictions mean that rent collected over a 12 month period may be higher than rent charged over that period. [b] Data for SA for 2003-04 are based on a different methodology from that used for their previous years' data, and a direct comparison of 2003-04 data with previous years for SA cannot be made. For details of these changes, see the SA footnotes in table 16A.14.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.14; 2005 Report, p.16.67, table 16.20.

Outcomes

Affordability

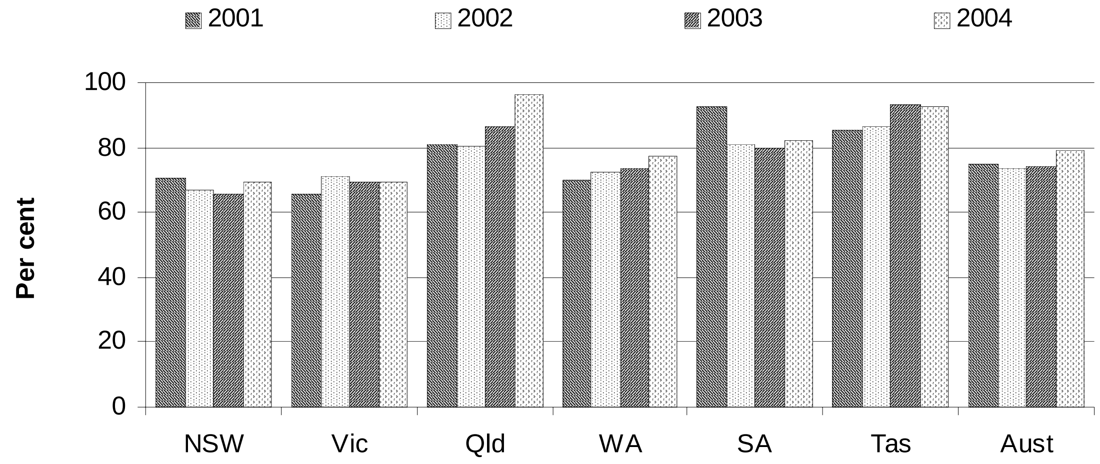
'Affordability' is an outcome indicator (box 16.11). The data for this indicator is provided on a comparable basis.

Box 16.11 **Affordability**

'Affordability' is included as an outcome indicator of the CSHA's aim to provide affordable housing to assist people who are unable to access suitable housing. It measures the rent charged to tenants as a proportion of the market rent for each dwelling, adjusted for CRA. A low proportion indicates a high level of subsidy from the State or Territory housing authority over and above CRA. This largely reflects the differing levels of market rent across jurisdictions.

Across those jurisdictions able to provide data, the rent charged at 30 June 2004 as a proportion of the market rent for each dwelling (adjusted for CRA) ranged from 96.3 per cent in Queensland to 69.5 per cent in Victoria (figure 16.5). Information on the amount of income paid in rent by State owned and managed Indigenous housing tenants as a proportion of income, can be found in table 16A.27.

Figure 16.5 **State owned and managed Indigenous housing — rent charged as a proportion of market rent, adjusted for CRA**[a, b, c, d, e]



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[a] At 30 June. [b] For details of mixed composition, non-rebated and other households excluded, see table 16A.29. [c] Data for NSW, Victoria and Queensland for 2003-04 are based on a different methodology from that used for their previous years' data, and a direct comparison of 2003-04 data with previous years for NSW, Victoria and Queensland cannot be made. For details of these changes, see the NSW, Victoria and Queensland footnotes in table 16A.15. [d] Data for Tasmania for 2003-04 are not directly comparable to the previous years' data, and any direct comparison for 2003-04 data with previous years for Tasmania needs to be done with caution. For details of these changes, see the Tasmania footnotes in table 16A.15. [e] Data for Tasmania for 2003-04 are not comparable with the other data presented and cannot be directly compared with other jurisdictions' data. For details of non-comparability, see the Tasmania footnote in table 16A.15.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.15; 2005 Report, p.16.69, figure 16.25.

Match of dwelling to household size

‘Match of dwelling to household size’ is an outcome indicator (box 16.12). The data for this indicator is provided on a comparable basis.

Box 16.12 **Match of dwelling to household size**

‘Match of dwelling to household size’ is included as an outcome indicator of the CSHA’s aim to provide housing assistance that is appropriate to the needs of different households, such as household size. It measures the proportion of households where allocated dwelling size is not appropriate due to overcrowding. The indicator uses a proxy occupancy standard based on the size of the dwelling and household structure (see table below). Overcrowding is deemed to have occurred where two or more additional bedrooms are required to satisfy the proxy occupancy standard.

Proxy occupancy standard for appropriate sized dwelling, by household structure

Household structure	*Bedrooms required*
Single adult only	1
Single adult (group)	1 (per adult)
Couple with no children	2
Sole parent or couple with one child	2
Sole parent or couple with two or three children	3
Sole parent or couple with four+ children	4

Source: AIHW (2003).

A low proportion indicates a low proportion of overcrowded households.

The proxy occupancy standard above may differ from the specific criteria used by State housing authorities to match households to dwelling types, affecting interpretation of this indicator.

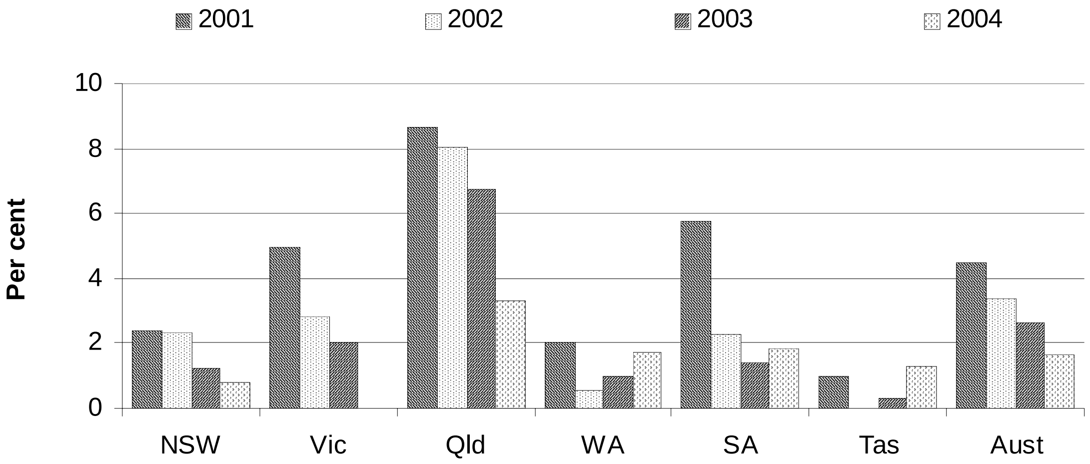
Care also needs to be taken in comparing the performance of public housing and State owned and managed Indigenous housing in relation to overcrowding. Two major factors potentially result in an apparently higher incidence of overcrowding in the latter relative to public housing dwellings:

- differences in Indigenous housing arrangements — for example, several generations living in one house, or visitors having ‘right of access’ in some circumstances (Pholeros, Rainow and Torzillo 1993)
- the influence of climate and culture — for example, people in rural areas may live outside houses rather than inside, while the proxy occupancy standard does not allow for verandas or larger shared living spaces (Pholeros, Rainow and Torzillo 1993).

The allocation policies of each State housing authority aim to match household size to available dwellings, to avoid overcrowding wherever possible. As household structure changes over time or cultural influences take effect, overcrowding can occur, post-allocation. This indicator does not reveal the proportion of stock that were underutilised.

Queensland had the highest proportion of overcrowded dwellings at 30 June 2004 (3.3 per cent), while Victoria had the lowest (0.0 per cent) (figure 16.6). More information on overcrowding and underuse for State owned and managed Indigenous housing can be found in table 16A.28.

Figure 16.6 **State owned and managed Indigenous housing — overcrowded dwellings**[a, b, c, d]



[a] At 30 June. [b] For details of mixed composition, non-rebated and other households excluded, see table 16A.29. [c] Data for NSW, Victoria and Queensland for 2003-04 are based on a different methodology from that used for their previous years' data, and a direct comparison of 2003-04 data with previous years for NSW, Victoria and Queensland cannot be made. For details of these changes, see the NSW, Victoria and Queensland footnotes in table 16A.16. [d] Data for SA for 2002-03 and 2003-04 are not directly comparable to the previous years' data, and any direct comparison for 2002-03 and 2003-04 data with previous years for SA needs to be done with caution. For details of these changes, see the SA footnotes in table 16A.16.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.16; 2005 Report, p.16.71, figure 16.26.

Commonwealth Rent Assistance

Data for CRA recipients are for clients of DFaCS only and generally for the fortnight ending either 6 March 2004 or 11 June 2004. Data exclude those recipients paid rental assistance by, or on behalf of, the DVA or DEST. Centrelink and DFaCS collected data centrally.

Important eligibility requirements for CRA (which is paid automatically once eligibility has been established) are (1) the receipt of an income support payment or more than the base rate of the Family Tax Benefit Part A, and (2) liability to pay rent.

Equity — access — primary payment type

The first access indicator is 'primary payment type' (box 16.13). The data for this indicator is provided on a comparable basis.

Box 16.13 **Primary payment type**

CRA is a demand driven payment that has no benchmark in terms of the mix of customers. The 'primary payment type' indicator provides descriptive information only. Access to CRA by primary payment type is included as an output indicator of the CRA objective to provide income support recipients and low income families in the private rental market with additional financial assistance in an equitable manner. This indicator measures the number and proportion of eligible income support recipients receiving CRA, by type of payment received. The level of access experienced by different payment types is influenced by a number of factors, including (but not restricted to) the size of their respective base populations and the levels of home ownership.

The highest proportion of income units (where income units are analogous to family units, except that non-dependent children and other adults living in the same household are treated as separate income units) receiving CRA at 11 June 2004 were recipients of the Parenting Payment (Single) (21.1 per cent of income units receiving CRA), followed by recipients of the Newstart Allowance (19.3 per cent). These proportions were higher for Indigenous Australians (33.2 per cent and 29.9 per cent respectively). Only 3.2 per cent of Indigenous income units receiving CRA received the Age Pension, compared with 17.1 per cent for all Australians (table 16.7).

Table 16.7 **Income units receiving CRA, by primary payment type, 2004**[a]

Primary payment type	*Income units*[b]	*Proportion of CRA recipients*	*Indigenous income units*	*Proportion of Indigenous CRA recipients*
	no.	%	no.	%
Newstart	182 984	19.3	7 541	29.9
Parenting Payment, Single	200 460	21.1	8 370	33.2
Disability Support Pension	173 825	18.3	4 303	17.1
Age Pension	162 602	17.1	799	3.2
Youth Allowance	87 940	9.3	1 497	5.9
Family Tax Benefit	77 469	8.2	1 352	5.4
Parenting Payment, Partnered	27 492	2.9	764	3.0
Other qualifying payments	36 926	3.9	565	2.2
Total	**949 698**	**100.0**	**25 191**	**100.0**

[a] At 11 June. Data are for income units receiving CRA who were clients of DFaCS only. Data exclude those paid rental assistance by, or on behalf of, the DVA or DEST. Components may not sum to 100 per cent as a result of rounding. [b] Income units are classified as the Family Tax Benefit only if neither the person nor partner receives an income support payment. Income units are classified as Parenting Payment (Partnered) only if a partner does not receive an income support payment.

Source: DFaCS (unpublished); table 16A.21; 2005 Report, p.16.73, table 16.21.

Equity — access — income unit type

The second access indicator is 'income unit type' (box 16.14). The data for this indicator is provided on a comparable basis.

Box 16.14 **Income unit type**

Access to CRA by 'income unit type' is included as an output indicator of the objective of CRA to provide financial assistance in an equitable manner. This indicator measures the number and proportion of eligible income support recipients receiving CRA by income unit type. The level of access experienced by different income unit types is influenced by a number of factors, including (but not restricted to) the size of their respective base populations and the levels of home ownership. CRA is a demand driven payment that has no benchmark in terms of the mix of customers. This indicator provides descriptive information only.

There were 949 698 income units receiving CRA at 11 June 2004. Of these, 25 191 (approximately 2.7 per cent) self-identified as Indigenous. Single people with no children represented approximately 53.7 per cent of income units receiving CRA and 42.3 per cent of Indigenous income units receiving CRA (table 16.8).

Table 16.8 **Income units receiving CRA, by income unit type, 2004**[a, b]

Type of income unit [c]	*Income units*	*Proportion of CRA recipients*	*Indigenous income units*	*Proportion of Indigenous CRA recipients*
	no.	%	no.	%
Single, no dependent children	369 998	39.0	8 024	31.9
Single, no children, sharer [d]	139 796	14.7	2 636	10.5
Single, one or two dependent children	189 543	20.0	6 890	27.4
Single, three or more dependent children	35 709	3.8	2 176	8.6
Partnered, no dependent children	79 333	8.4	1 155	4.6
Partnered, one or two dependent children	90 531	9.5	2 475	9.8
Partnered, three or more dependent children	38 201	4.0	1 570	6.2
Partnered, illness or temporarily separated, no dependant children	2465	0.2	62	0.2
Unknown income unit	4 122	0.4	203	0.8
Total	**949 698**	**100.0**	**25 191**	**100.0**

a At 11 June. Data are for income units receiving CRA who were clients of DFaCS only. Data exclude those paid rent assistance by, or on behalf of, the DVA or DEST. Components may not sum to 100 per cent as a result of rounding. **b** Income units are analogous to family units except that non-dependent children and other adults are treated as separate income units (see section 16.6 for more detail). **c** A child is regarded as dependent on an adult only if the adult receives the Family Tax Benefit for the care of the child. **d** The maximum rate of assistance is lower for some single persons without dependent children who share accommodation (see the definition of 'sharer' in 2005 Report, section 16.6).

Source: DFaCS (unpublished); table 16A.22; 2005 Report, p.16.74, table 16.22.

For all jurisdictions except the NT, the proportion of income units receiving CRA at 11 June 2004 who identified as Indigenous was very close to Indigenous representation in the overall community. The NT had the highest proportion of self-identified Indigenous people receiving the payment (18.3 per cent), while the Indigenous proportion of the NT population was 30.0 per cent. Victoria had the lowest proportion of self-identifying Indigenous people receiving CRA (0.8 per cent) and the lowest Indigenous population as a proportion of the State population (0.6 per cent) (table 16.9).

Table 16.9 Income units receiving CRA, by Indigenous status and geographic location, 2004[a]

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*[b]
Non-Indigenous										
Income units	no.	307 341	204 291	225 987	84 916	65 257	22 972	na	4 550	923 558
In capital city	no.	168 209	145 007	100 319	65 762	51 157	9 746	8 244	3 546	551 990
In rest of State	no.	139 132	59 284	125 668	19 154	14 100	13 226	..	1 004	371 568
Share of all recipients	%	97.1	99.2	96.1	97.2	98.2	96.8	na	80.7	97.2
Non-Indigenous population, as a proportion of total population	%	97.9	99.4	96.5	96.4	98.2	96.2	98.7	70.0	97.6
Indigenous										
Income units	no.	9 006	1 611	8 997	2 387	1 214	744	na	1 032	25 102
In capital city	no.	2 501	790	2 577	1 336	743	261	111	568	8 887
In rest of State	no.	6 505	821	6 420	1 051	471	483	..	464	16 215
Share of all recipients	%	2.8	0.8	3.8	2.7	1.8	3.1	na	18.3	2.6
Indigenous population, as a proportion of total population	%	2.1	0.6	3.5	3.6	1.8	3.8	1.3	30.0	2.4
Total income units	no.	**316 541**	**206 041**	**235 145**	**87 405**	**66 483**	**23 737**	**8 355**	**5 636**	**949 698**

a At 11 June. **b** National total includes postcodes that could not be classified. **na** Not available. .. Not applicable.

Source: DFaCS (unpublished); table 16A.23; 2005 Report, p.16.75, table 16.23.

Equity — access — special needs

The fourth access indicator is ‘special needs’ (box 16.15). The data for this indicator is provided on a comparable basis.

Box 16.15 **Special needs**

‘Special needs’ access to CRA is included as an output indicator of the objective of CRA to provide income support recipients and low income families with financial assistance. This indicator provides the proportions of special needs income units receiving CRA, such as regional and remote Australians and Indigenous income units receiving CRA, by benefit type. It provides an overview of the level of assistance provided to disadvantaged groups and facilitates comparison with special needs groups in public housing. CRA is a demand driven payment that has no benchmark in terms of the level of assistance provided to special needs clients. Additional measures of special need, which include a geographic dimension, are reported under ‘Affordability’.

Overall, 64.0 per cent of income units receiving CRA at 11 June 2004 were located in major cities, 34.6 per cent were in regional areas (as distinct from remote areas) and 1.3 per cent were in remote areas (2005 Report, table 16A.47). Of Indigenous income units receiving CRA, approximately 36.4 per cent were located in major cities, 54.5 per cent were in regional areas (as distinct from remote areas) and 8.9 per cent were in remote areas (table 16A.24).

Outcomes

Affordability

‘Affordability’ is one of three outcome indicators reported (box 16.16). The data for this indicator is provided on a comparable basis.

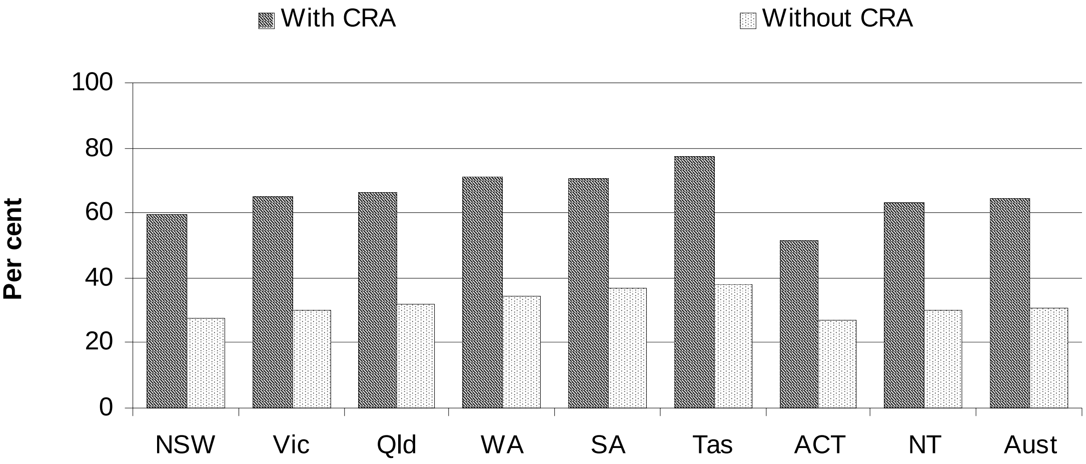
Box 16.16 **Affordability**

‘Affordability’ is included as an outcome indicator of the CRA objective to provide income support recipients and low income families in the private rental market with additional financial assistance. This indicator measures the proportions of income units spending more than 30 per cent and 50 per cent of their income on rent with and without CRA. A low proportion implies high affordability for recipients spending both 30 per cent and 50 per cent of income on rent with and without CRA. Affordability outcomes (with and without CRA) have been provided for all income units receiving CRA, Indigenous income units receiving CRA, and Disability Support Pension income units receiving CRA.

Nationally, 30.9 per cent of income units not receiving CRA at 6 March 2004 have spent less than 30 per cent of their income on rent. Across jurisdictions, this proportion ranged from 38.3 per cent in Tasmania to 27.0 per cent in the ACT. Accounting for CRA (thereby reducing the rent paid by the amount of the assistance), the national proportion of income units who spent less than 30 per cent of their income on rent at 6 March 2004 increases to 64.5 per cent. Across jurisdictions, this proportion ranged from 77.3 per cent in Tasmania to 51.5 per cent in the ACT (figure 16.7).

Similarly, if CRA was not payable, then 72.0 per cent of income units across Australia have spent less than 50 per cent of their income on rent at 6 March 2004. Accounting for CRA payments, this proportion increased to 90.9 per cent (2005 Report, table 16A.63).

Figure 16.7 **Income units receiving CRA paying less than 30 per cent of income on rent, with and without CRA, 2004**[a]



[a] At 6 March.

Source: DFaCS (unpublished); 2005 Report, table 16A.63; 2005 Report, p.16.84, figure 16.29.

Data are also available on the proportion of income spent on rent (with and without CRA) by Australians living in rural and remote areas, income units where one or more members self-identify as Indigenous Australians, and income units where one or more members receive a Disability Support Pension. Nationally, if CRA was not payable, then only 36.9 per cent of those Indigenous income units receiving CRA would have spent less than 30 per cent of income on rent at 6 March 2004. Across jurisdictions, this proportion ranged from 49.7 per cent in Tasmania to 28.1 per cent in Victoria. Accounting for CRA payments (thereby reducing the rent paid by the amount of the assistance), the national proportion of Indigenous income units who spent less than 30 per cent of income on rent at 6 March 2004 increases to 70.9 per cent. Across jurisdictions, this proportion ranged from 79.6 per cent in Tasmania to 51.6 per cent in the ACT (figure 16.8). Similarly, if CRA was not payable, then 75.1 per cent of Indigenous income units across Australia would have spent less than 50 per cent of income on rent at 6 March 2004. Accounting for CRA payments, this proportion increases to 93.2 per cent (table 16A.25).

Figure 16.8 **Indigenous income units receiving CRA paying less than 30 per cent of income on rent, with and without CRA, 2004[a]**

[a] At 6 March.

Source: DFaCS (unpublished); table 16A.25; 2005 Report, p. 16.85; figure 16.30.

Further directions

Improved reporting on housing provision to Indigenous Australians continues to be a priority, with work to be done by the National Housing Data Agreement Management Group, the National Indigenous Housing Information Implementation Committee and the National Housing Data Development Committee over the next year to improve the availability of data on Indigenous Australians accessing public and community housing. Work will also be done to improve reporting on both State owned and managed Indigenous housing and the Indigenous community housing sector. The National Indigenous Housing Information Implementation Committee has developed a national reporting framework for Indigenous housing. A survey of State owned and managed Indigenous housing tenants is also planned for 2005.

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A Statistical appendix

This appendix contains contextual information to assist the interpretation of the performance indicators presented in the Report.

Most of the service areas covered by the *Report on Government Services 2005* (2005 Report) use population data from table A.1 for descriptive information (such as expenditure per person in the population) or performance indicators (such as participation rates for vocational education and training [VET]).

The attachment tables for this statistical appendix are listed in Box A.1.

Box A.1 **List of source tables**

Table A.1	Estimated resident population, by age and sex, 30 June 2003
Table A.2	Estimated resident population, by calendar and financial year
Table A.3	People, by country of birth, August 2001
Table A.4	People, by language spoken at home, August 2001
Table A.5	Estimated resident population, by geographic location, 30 June 2003
Table A.6	Preliminary estimated resident Indigenous population, by age and sex, 30 June 2001
Table A.7	Experimental projection of the Indigenous population, 2000–2009
Table A.8	Language spoken at home by Indigenous people and proficiency in spoken English, by sex, August 2001
Table A.9	Families and persons in families in occupied private dwellings, by Indigenous status, by family type, August 2001
Table A.10	Persons aged 15 years and over, by weekly individual income, by Indigenous status, August 2001
Table A.11	People aged 15 years and over by highest level of schooling completed, by Indigenous status, August 2001
Table A.12	Type of educational institution attended, by Indigenous status, August 2001

Supporting tables

Supporting tables for data within the statistical appendix of the compendium are contained in the attachment to the compendium. Supporting tables are identified in references throughout this chapter by the abbreviated chapter name (for example, A.5 is table 5 in the statistical appendix attachment to the compendium).

As the data are directly derived from the 2005 Report, the compendium also notes where the original table, figure or text in the Report can be found. For example, where the compendium refers to '2005 Report, p. 6.15' this is page 15 of chapter 6 of the Report and '2005 Report, A.2' is attachment table 2 of the statistical appendix of the Report on Government Services 2005.

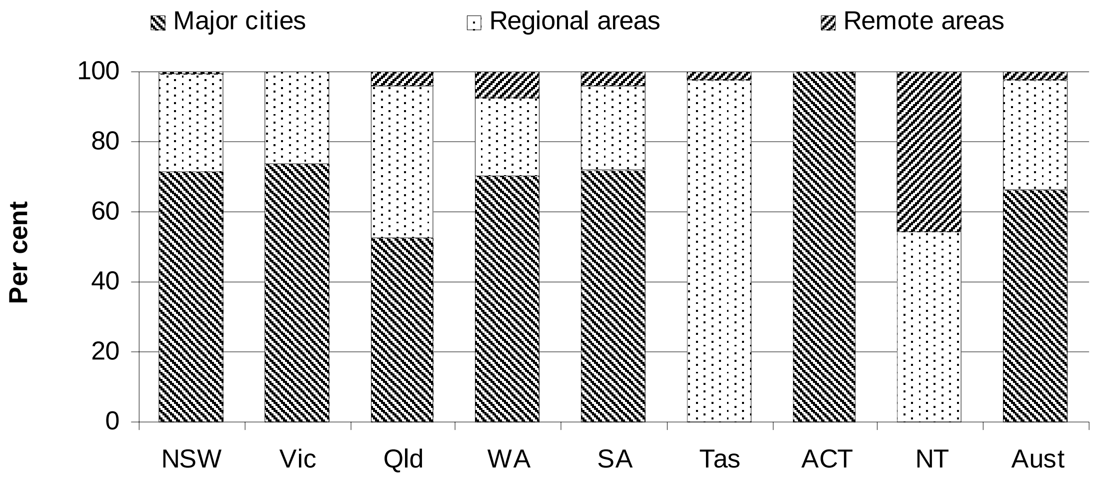
Population

More than three quarters of Australia's 19.8 million people lived in the eastern states in June 2003, with NSW, Victoria and Queensland accounting for 33.6 per cent, 24.7 per cent and 19.1 per cent respectively of the nation's population. Western Australia and SA accounted for a further 9.8 per cent and 7.7 per cent respectively of the population, while Tasmania, the ACT and the NT accounted for the remaining 2.4 per cent, 1.6 per cent and 1.0 per cent respectively (table A.1).

The Australian population is highly urbanised, with 66.3 per cent of the population located in major cities in June 2003 (figure A.1). Across jurisdictions, this proportion ranged from 99.8 per cent in the ACT to 52.7 per cent in Queensland (table A.5). Tasmania and the NT by definition have no major cities. In Tasmania, 97.7 per cent of the population lived in regional areas. Australia-wide, 2.5 per cent of people lived in remote areas. The NT was markedly above this average, with 45.6 per cent of people living in remote areas.

As in most other developed economies, greater life expectancy and declining fertility have contributed to an 'ageing' of Australia's population. The experiences of Indigenous people, however, are markedly different (figure A.2). At 30 June 2003, 9.2 per cent of Australia's population was aged 70 years or over, in contrast to 1.6 per cent of Australia's Indigenous population at 30 June 2001 (table A.6).

Figure A.1 Estimated residential population, by geographic location, June 2003[a, b]



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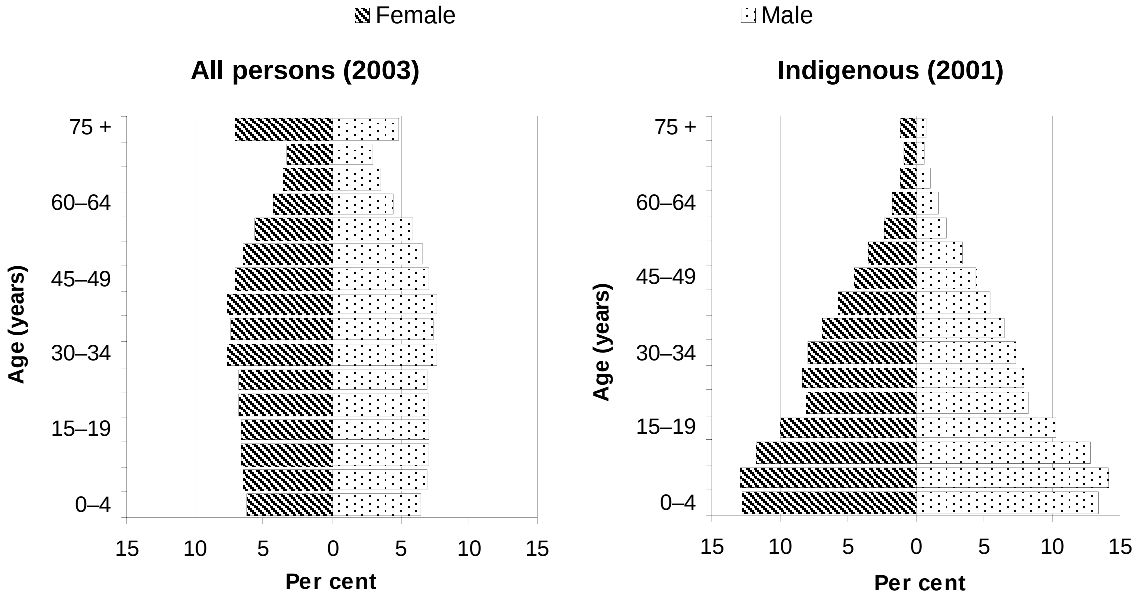
[a] Includes other territories. [b] The accessibility/remoteness index of Australia (ARIA) relies on road distance as a surrogate for remoteness and on the population size of a service centre as a surrogate for the availability of services. The ARIA+ method produces index values between 0 and 15. Areas with an ARIA+ index value of 0 have the highest levels of access to goods and services, and areas with an ARIA+ index value of 15 have the highest level of remoteness. Remoteness areas and their ARIA+ index value range include major cities of Australia = 0–0.2, inner regional Australia = >0.2–2.4, outer regional Australia = >2.4–5.92, remote Australia = >5.92–10.53, very remote Australia = >10.53–15.

Source: ABS (unpublished); table A.5; 2005 Report, p. A.7, figure A.4.

Figure A.2 Population distribution, by age and sex, 30 June[a, b]



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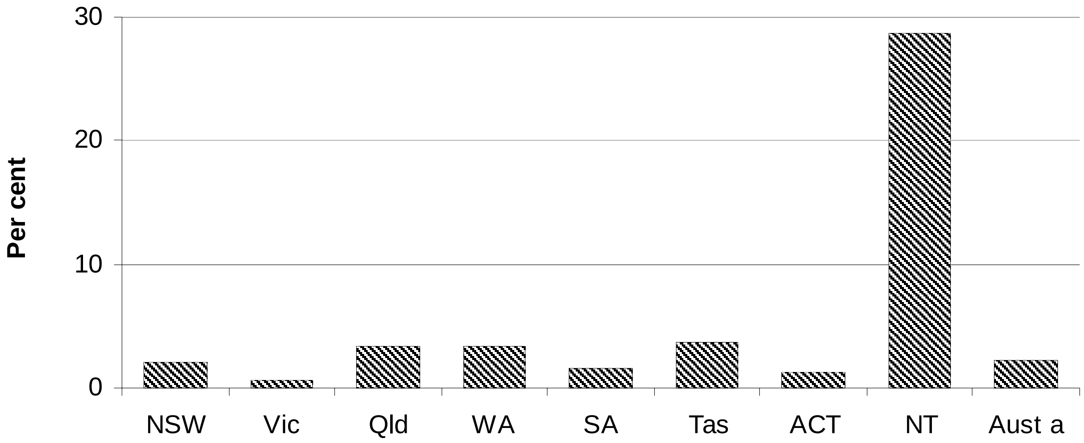
[a] Totals may not add as a result of rounding. [b] Includes other territories.

Source: ABS (2001 and 2004); tables A.1 and A.6; 2005 Report, p. A.4, figure A.1.

Indigenous population profile

There were 458 520 (230 994 female and 227 526 male) Indigenous people in Australia at 30 June 2001, accounting for approximately 2.3 per cent of the population (tables A.1 and A.6). The proportion of people who were Indigenous was significantly higher in the NT (28.7 per cent) than in any other jurisdiction. Across the other jurisdictions, the proportion ranged from 3.6 per cent in Tasmania to 0.6 per cent in Victoria (figure A.3). Nationally, the Indigenous population is projected to grow to 528 645 people in 2009 (table A.7).

Figure A.3 **Indigenous people as a proportion of the population, 30 June 2001[a]**



[a] Australia includes other territories.

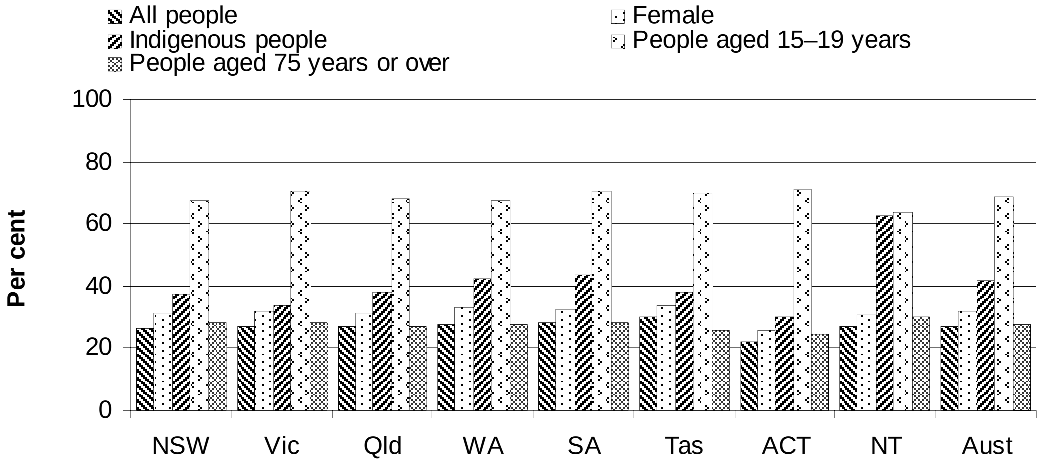
Source: ABS (2001, 2004); tables A.1 and A.6; 2005 Report, p. A.8, figure A.5.

The majority of Indigenous people (79.8 per cent) at August 2001 spoke only English at home, while 12.1 per cent spoke an Indigenous language and English, and 2.5 per cent spoke another language. At that time, 5.6 per cent did not state any specific language (table A.8).

Income

Nationally, 27.1 per cent of people aged 15 years or over in August 2001 had a weekly individual income of $199 or less. The proportion was considerably higher for Indigenous people (41.6 per cent) (table A.10 and figure A.4).

Figure A.4 Weekly individual income of $199 or less, by sex, Indigenous status and age, August 2001[a]



[a] Australia includes other territories.

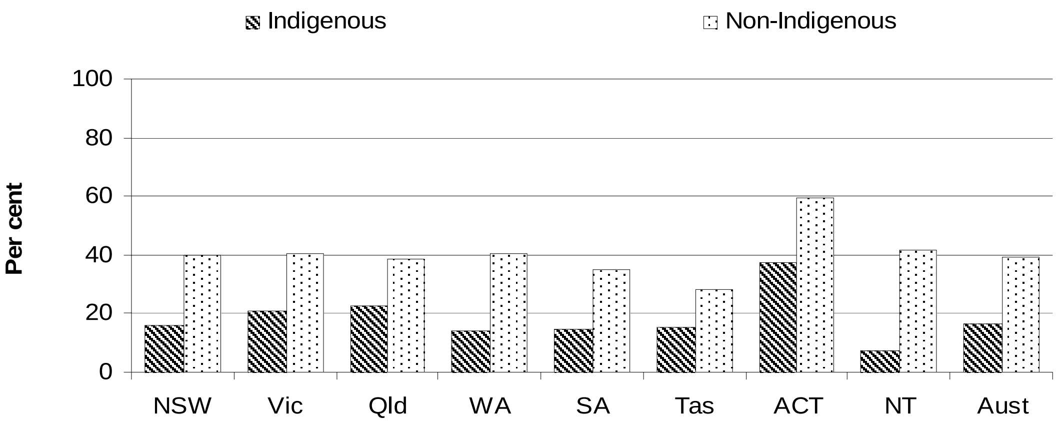
Source: ABS (2002a, 2002b); 2005 Report, tables A.16–A.18; 2005 Report, p. A.11, figure A.8.

Educational attainment

Employment outcomes and income are closely linked to the education and skill levels of individuals.

The proportion of non-Indigenous people aged 15 years or over who had completed year 12 or equivalent schooling was considerably higher than the proportion of Indigenous people (39.5 per cent and 16.8 per cent respectively) in August 2001. Across jurisdictions, the proportion of Indigenous people aged 15 years or over who had completed year 12 or equivalent schooling ranged from 36.4 per cent in the ACT to 7.1 per cent in the NT. The proportion of non-Indigenous people was highest in the ACT (59.8 per cent) and lowest in Tasmania (28.4 per cent) (figure A.5).

Figure A.5 People aged 15 years or over who had completed year 12 or equivalent, by Indigenous status, August 2001[a]



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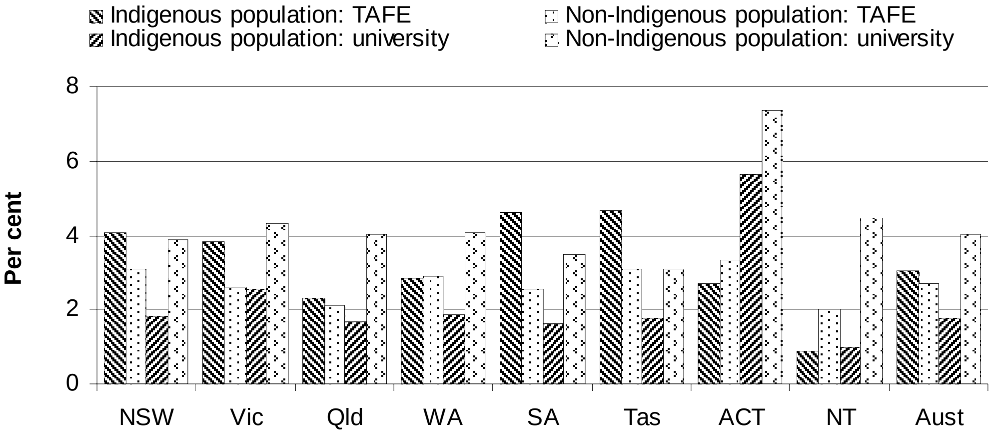
[a] Australia includes other territories.

Source: ABS (2002b); table A.11; 2005 Report 2005, p. A.13, figure A.11.

The proportion of the Indigenous population who were attending TAFE in August 2001 was greater than the proportion of the non-Indigenous population in all jurisdictions except WA, the ACT and the NT. Conversely, the proportion of the Indigenous population attending university was less than that of the non-Indigenous population in all jurisdictions (figure A.6).

Figure A.6 Proportion of population attending higher education, by Indigenous status, August 2001[a, b]



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[a] Australia includes other territories. [b] 'University' includes other tertiary institutions.

Source: ABS (2002b); table A.12; 2005 Report, p. A.14, figure A.13.

References

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