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Suggestions:

The Steering Committee welcomes suggestions on the information contained in this Report. Please direct your suggestions to the Productivity Commission Secretariat at the above address.

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SCRGSP (Steering Committee for the Review of Government Service Provision) 2007, *Report on Government Services 2007, Indigenous Compendium*, Productivity Commission, Canberra.

Contents

EDUCATION

JUSTICE

EMERGENCY MANAGEMENT

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ACRONYMS AND ABBREVIATIONS

First use of acronyms and abbreviations are spelt out in each chapter. A complete list of acronyms and abbreviations and a glossary can be found in the Report on Government Services 2007.

1 Background

This compendium of Indigenous data is drawn entirely from information contained in the *Report on Government Services 2007* (2007 Report). The Report, which is published annually, is the product of the Review of Government Service Provision.

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 Heads of Government (now 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 (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.

(Continued on next page)

Box 1.1 **(Continued)**

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 2007, p. xxv.

The Report, now in its twelfth 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 focus of this Report is on the effectiveness and efficiency of government purchase or supply of specific services, rather than on 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).

This twelfth Report on Government Services contains performance information on 14 service areas (2007 Report, box 1.1, p. 1.6). These government services have two important features:

- their key objectives are common or similar across jurisdictions
- they make an important contribution to the community and/or economy.

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. The second edition of this report was released in July 2005 (SCRGSP 2005). The next edition is scheduled for release in mid-2007.

The 2003 and 2005 Indigenous Disadvantage Reports are 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).

In contrast to the Report on Government Services, which focuses on the efficiency and effectiveness of specific services, the Indigenous Disadvantage Report focuses on outcomes for Indigenous people. It does not report on individual government services. The reporting framework has two tiers: ‘headline’ indicators for the longer term outcomes sought; and a second tier of ‘strategic change indicators’ that are potentially responsive to government policies and programs in the shorter term.

The Indigenous Disadvantage Report and the Report on Government Services have different, though complementary roles. The Indigenous Disadvantage Report describes overall ‘state-of-the-nation’ outcomes for Indigenous people, with a view to all government departments and agencies together being responsible, so there is no reporting on an individual government agency basis. The Indigenous Disadvantage Report will not necessarily feature State/Territory comparisons and nor does it focus on government service provision.

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.

Guiding principles

While the Report does not establish best practice benchmarks, governments could use the information in the Report to identify 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).

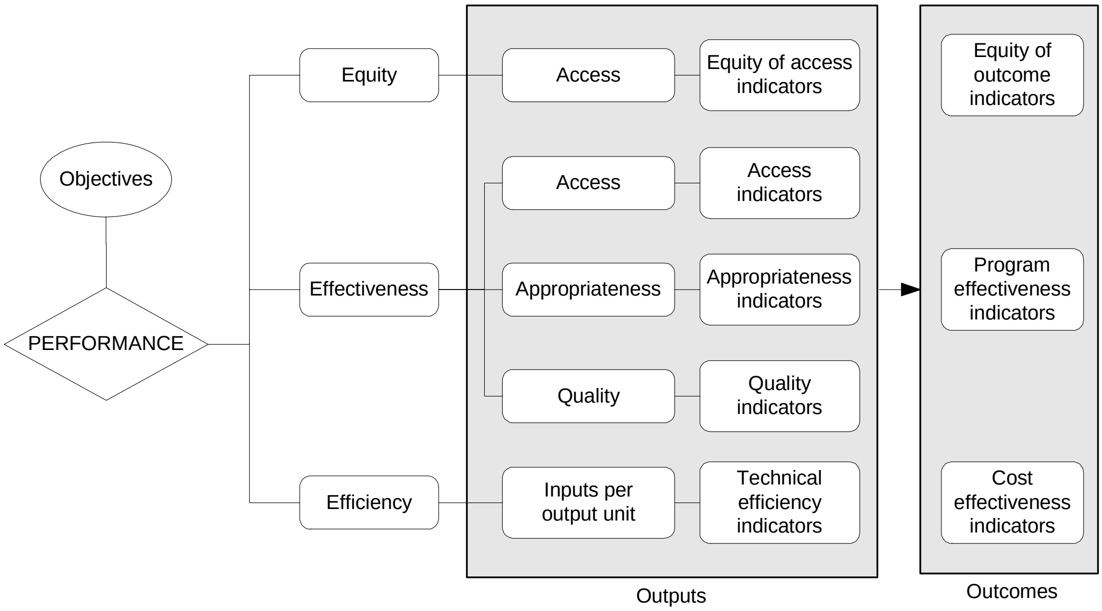
The performance information in the Report can contribute to many of the above steps in a results benchmarking cycle, by identifying better approaches adopted by agencies' peers and thus helping governments to implement best practice.

The performance indicator framework

The Steering Committee revised the 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 depicts the Review's focus on outcomes, consistent with demand by governments for outcome oriented performance information. The new framework also emphasises the importance of equity and draws out the distinction between equity and access.

The Report's general performance framework is set out in figure 1.1.

Figure 1.1 **A general framework and examples of performance indicators**



Source: 2007 Report, figure 1.2, p. 1.11.

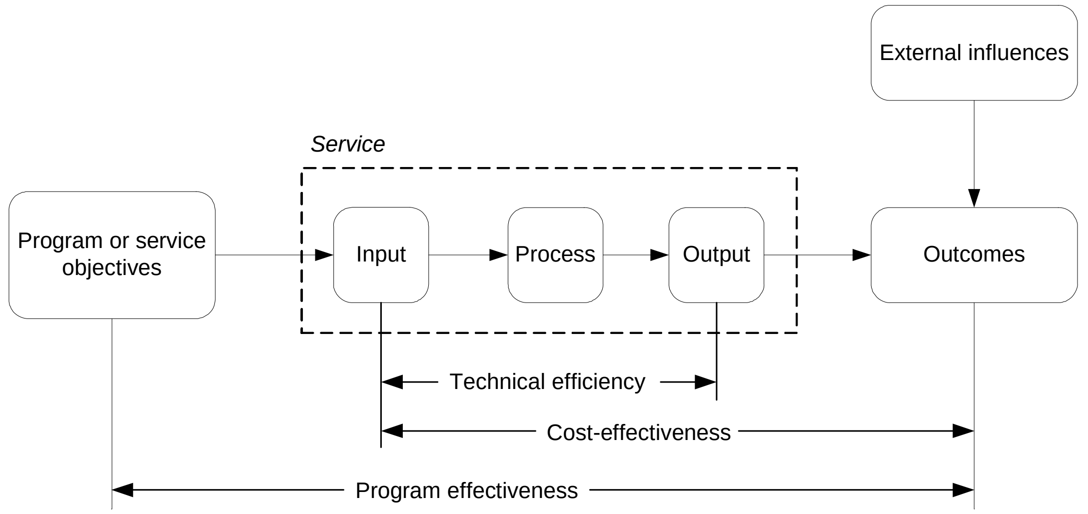
The service process

The general framework reflects the service process through which service providers transform inputs into outputs and outcomes in order to achieve desired objectives.

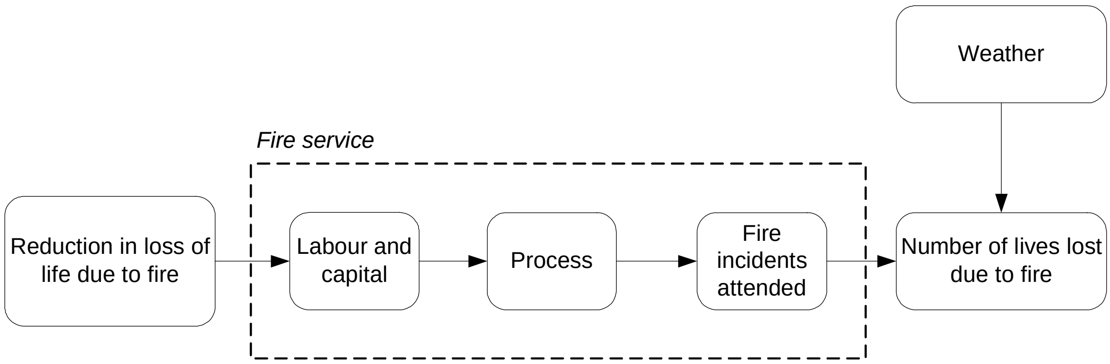
For each service, governments have a number of objectives that relate to desired outcomes for the community. To achieve these objectives, governments fund service providers and/or provide services. Service providers transform funds/resources (inputs) into services (outputs). The rate at which resources are used to make this transformation is known as 'technical efficiency'. The impact 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 1.2 distinguishes between program efficiency and program effectiveness, and notes the influence of factors external to a service.

Figure 1.2 **Service process**

Example: general model



Example: fire services



Source: 2007 Report, figure 1.3, p. 1.12.

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 that measure the achievement of those objectives are reported.

Distinguishing outcomes and outputs

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. Outputs, on the other hand, are the services delivered.

Outcomes may be short term (intermediate) or longer term (final). A short term police random breath testing 'blitz', for example, may achieve the intermediate outcome of fewer drunk drivers and lead to a short term reduction in road deaths. The longer term outcome of a permanent reduction in road deaths is more likely to reflect external factors such as the design quality of cars and capital investment in improved roads or additional permanent random breath testing units.

The approach in the Report is to:

- use both short term (or intermediate) and long term (or final) outcome indicators as appropriate
- make clear that government provided services are often only one contributing factor and, where possible, point to data on other factors, including different geographic and demographic characteristics across jurisdictions. (Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in the Report.)

While the aim of the Review is to focus on outcomes, they are often difficult to measure. The Report therefore includes measures of outputs, with an understanding that there is a correlation between those outputs and desired outcomes, and that the measures of outputs are proxies for measures of outcomes.

The indicator framework groups output indicators according to the desired characteristics of a service — for example, accessibility, appropriateness or quality — where outputs with these characteristics are linked to achieving desired outcomes (figure 1.1). These desired characteristics may differ across services. By contrast, outcome indicators are not grouped according to desired characteristics. Outcomes depend on a number of the characteristics of a service as well as being subject to external factors.

Equity, effectiveness and efficiency

There are inherent trade-offs in allocating resources and dangers in analysing only some aspects of a service. A unit of service may have a high cost but be more effective than a lower cost service, and therefore be more cost effective. Since its inception, the Report has taken a comprehensive view of performance reporting, and frameworks incorporate indicators across all relevant dimensions.

In the past, the Report framework gave equal prominence to effectiveness and efficiency as the two overarching dimensions of performance. Equity was treated as a sub-dimension 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 this separation is that effectiveness indicators are generally absolute measures of performance, whereas equity indicators relate to the gap in service delivery outputs and outcomes between special needs groups and the general population. The Review's framework now reflects this approach.

Accentuating equity highlights the potential for trade-offs across all three performance dimensions — equity, effectiveness and efficiency. Improving outcomes for a group with special needs, for example, may necessitate an increase in the average cost per unit of service.

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 with special needs.

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 this Report, *horizontal* equity is exhibited when services are equally accessible to everyone in the community with a similar level of need.

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 a standard service.

A number of criteria can be used to classify those groups who may have special needs or 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 Overcoming 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 those service recipients who belong to groups with special needs or 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 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 which are provided on a virtually universal basis (for example, schools), but must be treated with caution for other services, where service provision is based on the level of need, which may vary between groups (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 2005) 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 accessing 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 measure how well the outputs of a service achieve the stated objectives of that service. The reporting framework groups effectiveness indicators according to output characteristics that are considered important to the service. For most chapters, these characteristics include access, appropriateness and/or quality.

Access

Access indicators measure how easily the community can obtain a service (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 in this Report include waiting times (for example, in public hospitals and for aged care services). Affordability indicators in this Report 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. Information about quality is particularly important for performance assessment when there is a strong emphasis on increasing efficiency (as indicated by lower unit costs). 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 quality is needed to ensure governments consider all relevant aspects of service performance.

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 a service (such as inputs, processes and outputs) conform to specifications — for example, the level of accreditation of public hospitals and aged care facilities. Measures of the extent to which aspects of service delivery conform to specifications can provide proxy indicators of quality.

The reporting framework includes quality as one aspect of effectiveness, and distinguishes it from access and appropriateness (figure 1.1). This distinction is somewhat artificial because these other aspects of service provision also contribute to a meaningful picture of quality.

Efficiency

The concept of efficiency has a number of dimensions. Overall economic efficiency requires satisfaction of technical, allocative and dynamic efficiency:

- technical efficiency requires that goods and services be produced at the lowest possible cost
- allocative efficiency requires the production of the set of goods and services that consumers value most, from a given set of resources
- dynamic efficiency means that, over time, consumers are offered new and better products, and existing products at lower cost.

This Report focuses on technical (or productive) efficiency. Technical efficiency indicators measure how well services use their resources (inputs) to produce outputs for the purpose of achieving desired outcomes. Government funding per unit of output delivered is typically used as an indicator of technical efficiency — for example, recurrent funding per annual curriculum hour for vocational education and training.

Comparisons of the 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 not included or are treated inconsistently (for example, superannuation, overheads or the user cost of capital). The Steering Committee approach, where full cost information is not available in the short term, is that:

- data should be calculated consistently across jurisdictions
- data treatment should be fully transparent.

References

ABS (Australian Bureau of Statistics) 2005, *Australian Standard Geographic Classification*, Cat. no. 1216.0, Canberra.

Griffith, D.A. 1998, ‘The Griffith service access frame: a practical model for quantifying access to services, developing education profiles and measuring government policy outcomes in Australia’s service access disadvantaged areas’, Paper presented at the Northern Territory Institute of Educational Research Symposium, Darwin, 22–23 May.

MAB/MIAC (Management Advisory Board and its Management Improvement Advisory Committee) 1996, *Raising the Standard: Benchmarking for Better Government*, Report no. 21, Canberra.

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SCRGSP (Steering Committee for the Review of Government Service Provision) 2003, *Overcoming Indigenous Disadvantage: Key Indicators 2003*, Productivity Commission, Canberra.

—— 2005, *Overcoming Indigenous Disadvantage: Key Indicators 2005*, Productivity Commission, Canberra.

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 2007* (2007 Report). Currently, information and data on Indigenous people are contained within the discussion of each specific service delivery area of the Report.

The report on *Overcoming Indigenous Disadvantage: Key Indicators 2005* (SCRGSP 2005) is a separate report from the Report on Government Services. The data contained in this compendium (obtained from the 2007 Report) — focusing on the efficiency and effectiveness of specific areas of service delivery — can provide information that complements the material in the Indigenous Disadvantage Report.

Improvements in reporting of Indigenous data

Improvements to the Indigenous data within the 2007 Report were made in the health, community services and housing chapters. These included:

- *Health*: 'Primary and community health' (chapter 10) has been improved by including data on 'hospitalisations for vaccine preventable conditions', 'potentially preventable acute conditions' and 'potentially preventable chronic conditions' indicators.
- *Community Services*: 'Services for people with a disability' (chapter 13) has been improved by including data on disability prevalence rates and 'service use by special needs groups — Indigenous people' indicators for community support and respite services.
- *Housing*: Chapter 16 ('Housing') has been improved by including data on customer satisfaction with State owned and managed Indigenous housing at the jurisdictional level.

Indigenous data in the 2007 Report

Table 2.1 provides an overview of data on Indigenous Australians in the 2007 Report. It indicates which services have reported on at least one performance indicator, or have descriptive data, by Indigenous status for all jurisdictions. However, the table does not signify the quality of the data.

Data collection issues concerning Indigenous Australians

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 and, when they do, they may not undertake sufficient sampling of Indigenous people to provide reliable results. Therefore, readers should exercise caution in interpreting data on services to Indigenous people within this compendium and the 2007 Report.

The Australian Bureau of Statistics (ABS) and Australian Institute of Health and Welfare (AIHW) play an important role in this area. Work being undertaken by the ABS and AIHW 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 hospital, community services, education, housing, and crime 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 the ABS 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 Ministerial Council on Aboriginal and Torres Strait Islander Affairs (MCATSIA) established a working party to develop an Indigenous Demographics paper to identify methodological issues in Indigenous data collections, outline how these are being addressed and identify any remaining gaps. The findings are presented in a paper titled *Population and Diversity: Policy Implications of Emerging Indigenous Demographic Trends*, released in mid-2006 by the Centre for Aboriginal Economic Policy Research (Taylor 2006).

Table 2.1 Reporting of at least one data item on Indigenous Australians, 2007 Report

Service area/indicator framework	*Descriptive*	*Outcomes*	*Outputs* *Equity*	*Outputs* *Effectiveness*	*Outputs* *Efficiency*
Education					
Education preface	✓	x	x	x	x
School education	✓	✓	✓	✓	x
VET	x	✓	✓	✓	x
Justice					
Justice preface	x	x	x	x	x
Police services	✓	✓	✓	x	x
Court administration	x	x	x	x	x
Corrective services	✓	x	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
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: 2007 Report, table 2.4, p. 2.19.

In 2006, the Council of Australian Governments (COAG) established an Indigenous Generational Reform working group, whose terms of reference includes agreeing on short- and long-term actions to address gaps in national and administrative data collection to support measurement of long term outcomes for Indigenous Australians consistent with the Overcoming Indigenous Disadvantage framework.

The Review will draw on these initiatives in future reports.

References

SCRGSP (Steering Committee for the Review of Government Service Provision) 2005, *Overcoming Indigenous Disadvantage: Key Indicators 2005*, Productivity Commission, Canberra.

Taylor J 2006, *Population and Diversity: Policy Implications of Emerging Indigenous Demographic Trends*, Discussion paper no. 283/2006, Centre for Aboriginal Economic Policy Research, Australian National University, Canberra.

A Education preface

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, *Report on Government Services 2007* (2007 Report)), 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 2004–10 (2007 Report, box 4.3), include a focus on giving industry a highly skilled workforce to support strong performance in the global economy; making employers and students the centre of VET; strengthening communities and regions economically and socially through learning and employment; 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 fund 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.

Chapter 3 covers the performance of school education. Some comparison between the government and non-government school systems is included. Chapter 4 covers the performance of the VET sector. Preschool programs, which provide a variety of educational and developmental experiences for children before full time schooling, are covered in chapter 14.

Some of the performance indicators in chapters 3 and 4 were also reported as key indicators of Indigenous disadvantage in the report *Overcoming Indigenous Disadvantage: Key Indicators 2005* (SCRGSP 2005).

References

SCRGSP (Steering Committee for the Review of Government Service Provision) 2005, *Overcoming Indigenous Disadvantage: Key Indicators 2005*, Productivity Commission, Canberra.

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 variously 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 *Report on Government Services 2007* (2007 Report) contains the following data items on Indigenous people:

- the number of full time students (and as a proportion of all students) in government, non-government and all schools, 2005
- apparent retention rates from year 7 or 8 to year 10 of full time secondary students, all schools, 2005
- apparent retention rates from year 10 to year 12 of full time secondary students, by school type, 2005
- proportion of students achieving the years 3, 5 and 7 reading benchmark, 2004
- proportion of students achieving the years 3, 5 and 7 writing benchmark, 2004

- proportion of students achieving the years 3, 5 and 7 numeracy benchmark, 2004
- proportion of years 6 and 10 students achieving at or above the proficient standard in civics and citizenship performance, 2004

The school education attachment contains additional data relating to Indigenous people including:

- proportion of year 6 students achieving at or above the proficient standard in science literacy, 2003
- proportion of 15 year old secondary students achieving at or above the OECD mean for reading, mathematical, scientific literacy and problem solving, by equity group, 2003
- proportion of 15 year old students achieving level 3 or above in the overall reading literacy scale, 2003
- information on Australian Government spending on Indigenous specific programs.

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 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 this compendium are contained in attachment 3A of 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). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to '2007 Report, p. 3.15' this is page 15 of chapter 3 of the 2007 Report, and '2007 Report, table 3A.2' is attachment table 2 of attachment 3A of the 2007 Report.

Indigenous full-time students, 2005

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 2005, 86.9 per cent of Indigenous students attended government schools (table 3A.2).

The proportion of full time Indigenous students in schools varies greatly across jurisdictions (table 3.1). Table 3A.2 provides additional information on Indigenous enrolments.

In all jurisdictions, the proportion of full time Indigenous students was higher in government schools than in non-government schools. Nationally, the proportion of full time Indigenous students was 5.2 per cent for government schools and 1.6 per cent for non-government schools in 2005 (table 3.1).

Table 3.1 **Indigenous students as a proportion of all students, 2005[a]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Government schools	4.9	1.3	7.3	7.6	4.2	7.6	2.6	41.2	5.2
Non-government schools	1.1	0.3	2.6	3.3	1.0	2.6	0.7	28.3	1.6
All schools	3.6	0.9	5.9	6.2	3.1	6.3	1.8	38.1	4.0

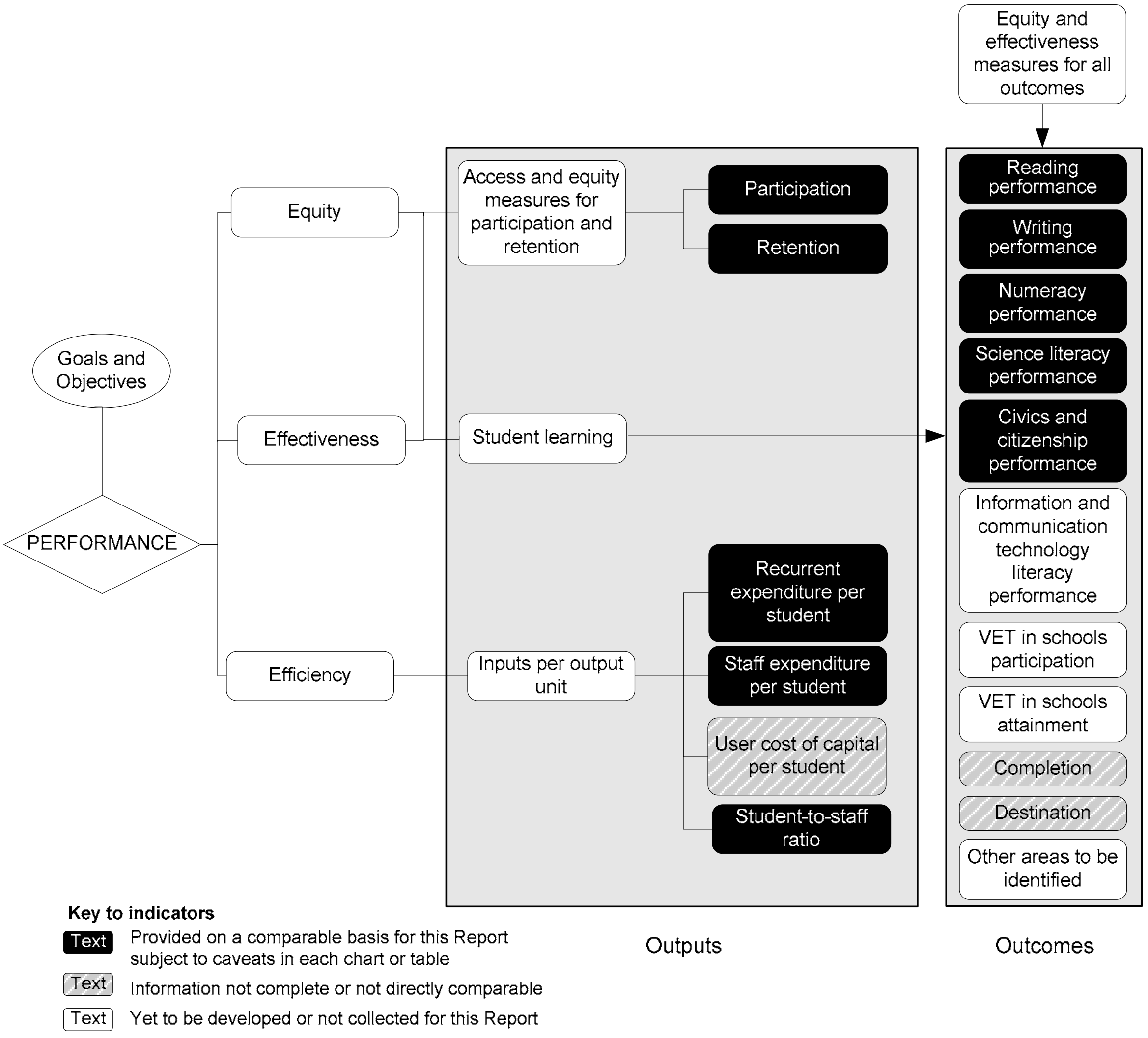
[a] Absolute numbers of Indigenous and all full time students.

Source: ABS (2006); table 3A.2; 2007 Report, table 3.5, p. 3.10.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for school education in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 3.1. The performance indicator framework shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 3.1 **Performance indicators for all schools**



Source: 2007 Report, figure 3.4, p. 3.18.

Retention

'Retention' is an output indicator of equity-effectiveness (box 3.1).

Box 3.1 **Retention**

‘Retention’ (apparent retention rate), to the final years of schooling, is an output-access indicator of governments’ objective to develop fully the talents and capacities of young people through increased participation to higher levels of schooling.

The apparent retention rate 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 — at year 7 or 8 — or at year 10). Data are reported for the proportion of:

- people commencing secondary school (at year 7 or 8) and continuing to year 10
- people commencing secondary school (at year 7 or 8) and continuing to year 12
- year 10 students continuing to year 12.

Data are 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 individual students. 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.

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.

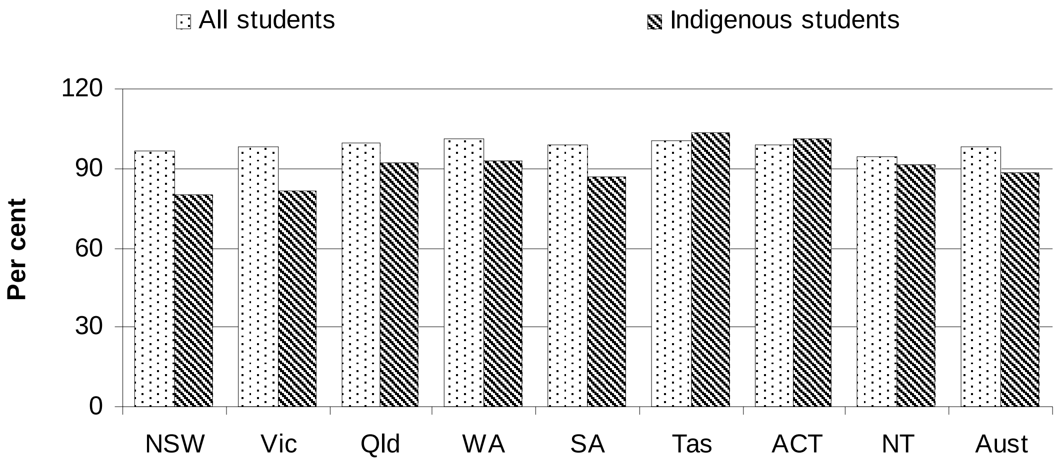
The indicator has been consistently reported over time, but does not reflect factors such as:

- students repeating a year of education or returning to education after a period of absence
- 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 student
- varying enrolment patterns in which students choose to complete their secondary schooling in alternative pathways.

The apparent rate of retention from the commencement of secondary school at year 7 or 8 to year 10 provides one measure of the equity of outcomes for Indigenous students (see 2007 Report, figure 3.1, which shows differences across jurisdictions). Apparent retention rates for all students in most jurisdictions were 98–100 per cent in 2005 with a national proportion of 98.3 (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 were considerably lower than those for all students in most jurisdictions. The national retention rate for Indigenous students was 88.3 per cent, or 10.0 percentage points lower than that for all students.

Figure 3.2 **Apparent retention rate from year 7 or 8 to year 10, full time secondary students, all schools, by Indigenous status 2005**[a, b, c, d]



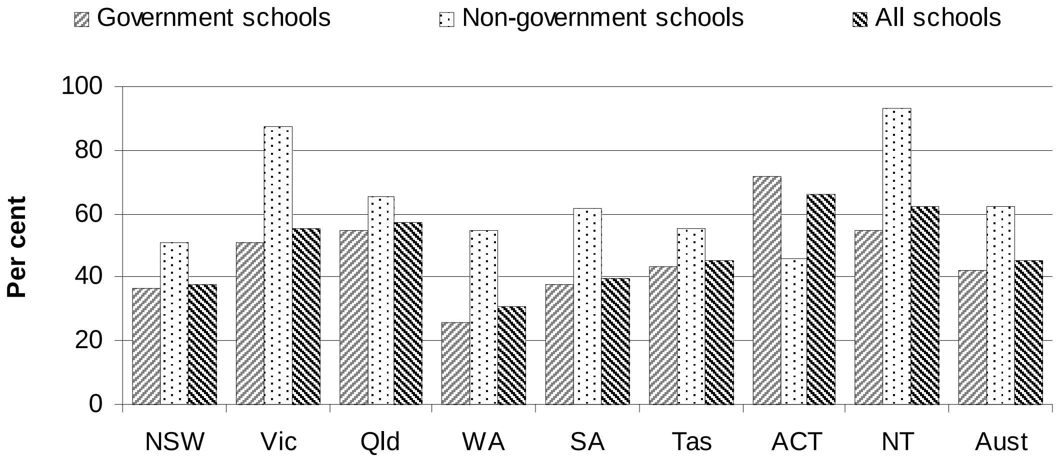
[a] Apparent retention rates are affected by factors that vary across jurisdictions. For this reason, variations in apparent retention rates over time within jurisdictions may be more useful than comparisons across jurisdictions. [b] Retention rates can exceed 100 per cent for a variety of reasons, including student transfers between jurisdictions. [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 are high proportions of part time students in government schools (2007 Report, table 3.4, p. 3.9). [d] Ungraded students are not included in the calculation of apparent retention rates. This exclusion has particular implications for the NT, where 20.2 per cent of Indigenous secondary students are ungraded (compared with an average of 5.1 per cent for the rest of Australia), in 2005, and this should be considered when interpreting the data.

Source: ABS (2006); table 3A.62; 2007 Report, figure 3.6, p. 3.22.

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 2005 as a proportion of the number of full time school students enrolled in year 10 in 2003.

For government and non-government schools, apparent rates of retention from year 10 to year 12 for Indigenous students in 2005 varied across jurisdictions (figure 3.3). In interpreting this indicator, note that between 10–20 per cent of Indigenous students leave school before year 10 (figure 3.2) so are not included in the base year for retention from year 10 to year 12. Further, Indigenous students as a proportion of all students was 5.2 per cent in government schools compared with 1.6 per cent in non-government schools and some jurisdictions have very low numbers of Indigenous students (table 3A.2). Nationally, Indigenous retention from year 10 to year 12 for all schools in 2005 was 45.3 per cent (figure 3.3), or 31.2 percentage points lower than the rate for all students.

Figure 3.3 **Apparent retention rates from year 10 to year 12, Indigenous full time secondary students, 2005**[a, b, c]



[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 are high proportions of part time students in government schools (2007 Report, table 3.4, p. 3.9). [c] Ungraded students are not included in the calculation of apparent retention rates. This exclusion has particular implications for the NT, where 20.2 per cent of Indigenous secondary students are ungraded (compared with an average of 5.1 per cent for the rest of Australia), in 2005, and this should be considered when interpreting the data.

Source: ABS (2006); table 3A.63; 2007 Report, figure 3.8, p. 3.24.

Some historical data for apparent retention rates for Indigenous students is included in tables 3A.64–66.

Nationally comparable learning outcomes

‘Reading performance’, ‘writing performance’, ‘numeracy performance’, ‘civics and citizenship performance’ and ‘science literacy performance’ have been identified as indicators of learning outcomes, and are able to be reported for Indigenous students (boxes 3.2–3.6). To assist with making comparisons between jurisdictions, 95 per cent confidence intervals are presented in charts. For more information on interpreting learning outcomes data please refer to p. 3.37 in the 2007 Report.

Reading performance

‘Reading performance’ is an outcome indicator (box 3.2).

Box 3.2 **Reading performance**

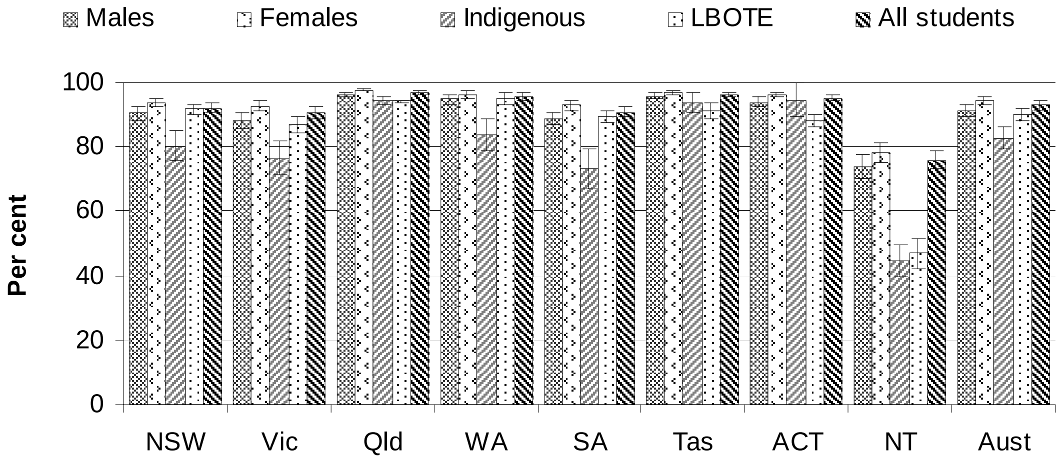
‘Reading performance’ is an outcome indicator of governments’ objective that young Australians should attain high standards of knowledge, skill and understanding in core curriculum areas.

Reading performance is defined as the proportion of assessed years 3, 5 and 7 students who achieved the national reading benchmark for a given year, reported by sex, Indigenous status and language backgrounds other than English (LBOTE) status. The benchmarks describe nationally agreed minimum acceptable standards for reading performance at years 3, 5 and 7. 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.

Nationally, the proportion of assessed year 3 students who achieved the reading benchmark in 2004 was 91.5–94.5 per cent. The national proportion of Indigenous students who achieved the year 3 reading benchmark in 2004 was 79.3–86.5 per cent (figure 3.4).

Figure 3.4 Proportion of year 3 students achieving the reading benchmark, by equity group, 2004[a, b]

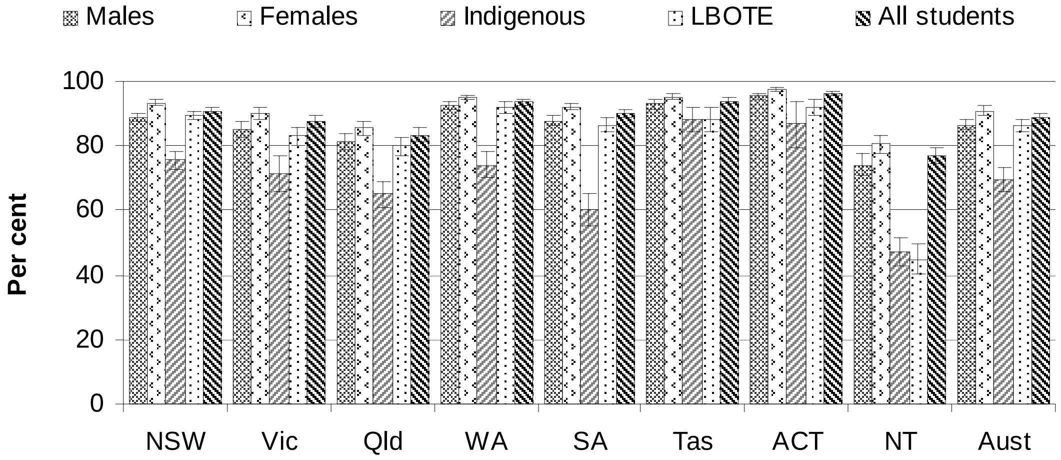


[a] Error bars represent the 95 per cent confidence interval associated with each point estimate. [b] For further information and caveats see table 3A.46 and 2007 Report, table 3A.78.

Source: MCEETYA (2006a); table 3A.43; 2007 Report, figure 3.18, p. 3.39.

The proportion of assessed year 5 students who achieved the reading benchmark in 2004 was 87.1–90.3 per cent nationally. The national proportion of Indigenous students who achieved the year 5 reading benchmark in 2004 was 65.6–73.2 per cent (figure 3.5).

Figure 3.5 Proportion of year 5 students achieving the reading benchmark, by equity group, 2004[a, b]

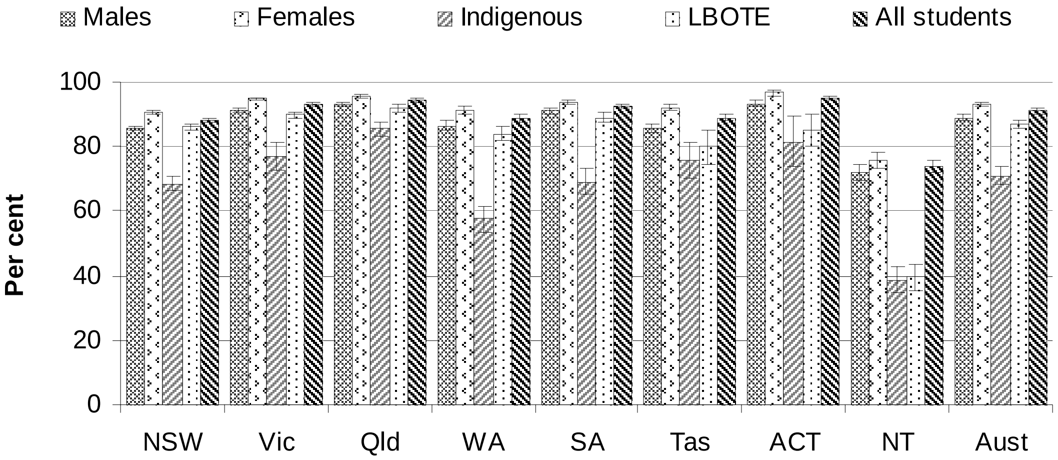


[a] Error bars represent the 95 per cent confidence interval associated with each point estimate. [b] For further information and caveats see table 3A.46 and 2007 Report, table 3A.78.

Source: MCEETYA (2006a); table 3A.44; 2007 Report, figure 3.20, p. 3.40.

The proportion of assessed year 7 students who achieved the reading benchmark in 2004 was 90.3–91.7 per cent nationally. The national proportion of Indigenous students who achieved the year 7 reading benchmark in 2004 was 68.2–73.8 per cent (figure 3.6).

Figure 3.6 **Proportion of year 7 students achieving the reading benchmark, by equity group, 2004**[a, b]



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[a] Error bars represent the 95 per cent confidence interval associated with each point estimate. [b] For further information and caveats see table 3A.46 and 2007 Report, table 3A.78.

Source: MCEETYA (2006a); table 3A.45; 2007 Report, figure 3.22, p. 3.42.

Writing performance

'Writing performance' is an outcome indicator (box 3.3).

Box 3.3 **Writing performance**

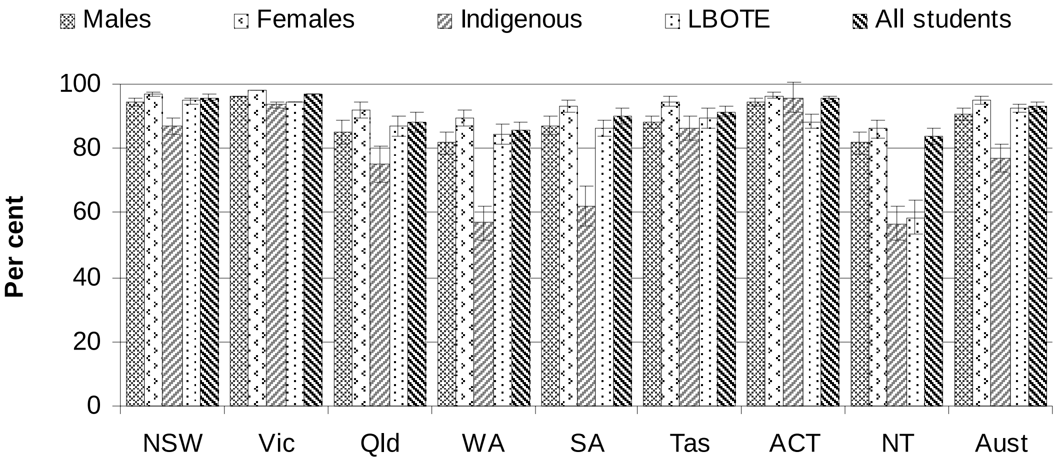
‘Writing performance’ is an outcome indicator of governments’ objective that young Australians should attain high standards of knowledge, skill and understanding in core curriculum areas.

Writing performance is defined as the proportion of assessed years 3, 5 and 7 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 performance at years 3, 5 and 7. 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.

Nationally, the proportion of assessed year 3 students who achieved the writing benchmark in 2004 was 91.4–94.4 per cent. The national proportion of Indigenous students who achieved the year 3 writing benchmark in 2004 was 72.5–81.1 per cent (figure 3.7).

Figure 3.7 **Proportion of year 3 students achieving the writing benchmark, by equity group, 2004**[a, b]

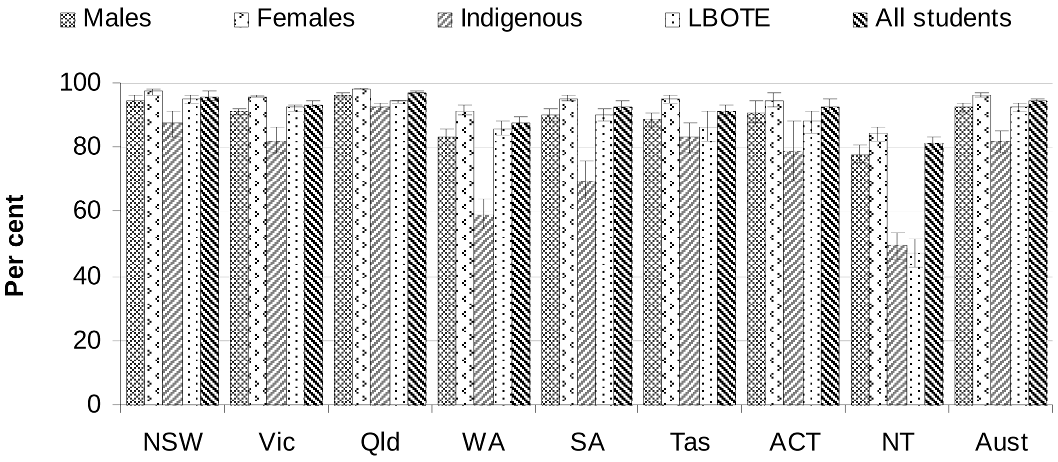


[a] Error bars represent the 95 per cent confidence interval associated with each point estimate. [b] For further information and caveats see table 3A.50 and 2007 Report, table 3A.84.

Source: MCEETYA (2006a); table 3A.47; 2007 Report, figure 3.25, p. 3.45.

Nationally, the proportion of assessed year 5 students who achieved the writing benchmark in 2004 was 93.1–95.3 per cent. The national proportion of Indigenous students who achieved the year 5 writing benchmark in 2004 was 78.2–85.2 per cent (figure 3.8).

Figure 3.8 **Proportion of year 5 students achieving the writing benchmark, by equity group, 2004**[a, b]



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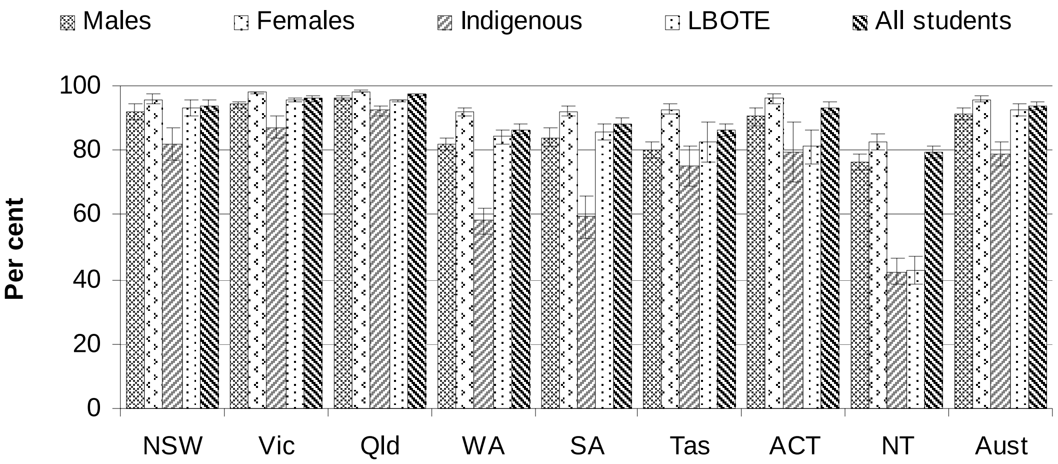
[a] Error bars represent the 95 per cent confidence interval associated with each point estimate. [b] For further information and caveats see table 3A.50 and 2007 Report, table 3A.84.

Source: MCEETYA (2006a); table 3A.48; 2007 Report, figure 3.27, p. 3.46.

Nationally, the proportion of assessed year 7 students who achieved the writing benchmark in 2004 was 92.3–94.9 per cent. The national proportion of Indigenous students who achieved the year 7 writing benchmark in 2004 was 75.0–82.6 per cent (figure 3.9).

Figure 3.9 **Proportion of year 7 students achieving the writing benchmark, by equity group, 2004**[a, b]



[a] Error bars represent the 95 per cent confidence interval associated with each point estimate. [b] For further information and caveats see table 3A.50 and 2007 Report, table 3A.84.

Source: MCEETYA (2006a); table 3A.49; 2007 Report, figure 3.29, p. 3.48.

Numeracy performance

‘Numeracy performance’ is an outcome indicator (box 3.4).

Box 3.4 **Numeracy performance**

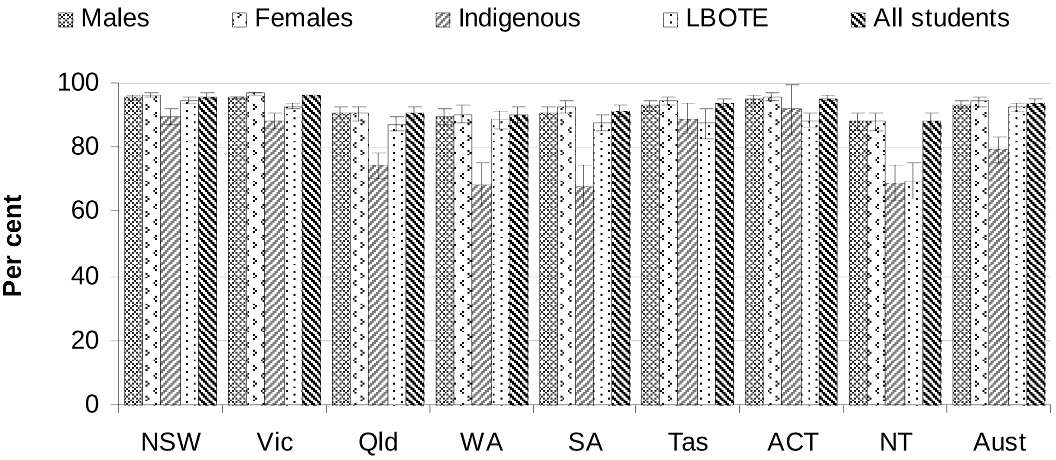
‘Numeracy performance’ is an outcome indicator of governments’ objective that young Australians should attain high standards of knowledge, skill and understanding in core curriculum areas.

Numeracy performance is defined as the proportion of assessed years 3, 5 and 7 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 performance at years 3, 5 and 7. 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 numeracy benchmark is desirable. This indicator is affected by socioeconomic circumstances, age, length of time spent in schooling, and LBOTE and Indigenous status.

Nationally, the proportion of assessed year 3 students who achieved the numeracy benchmark in 2004 was 92.5–94.9 per cent. The national proportion of Indigenous students who achieved the year 3 numeracy benchmark in 2004 was 75.1–83.3 per cent (figure 3.10).

Figure 3.10 **Proportion of year 3 students achieving the numeracy benchmark, by equity group, 2004**[a, b]



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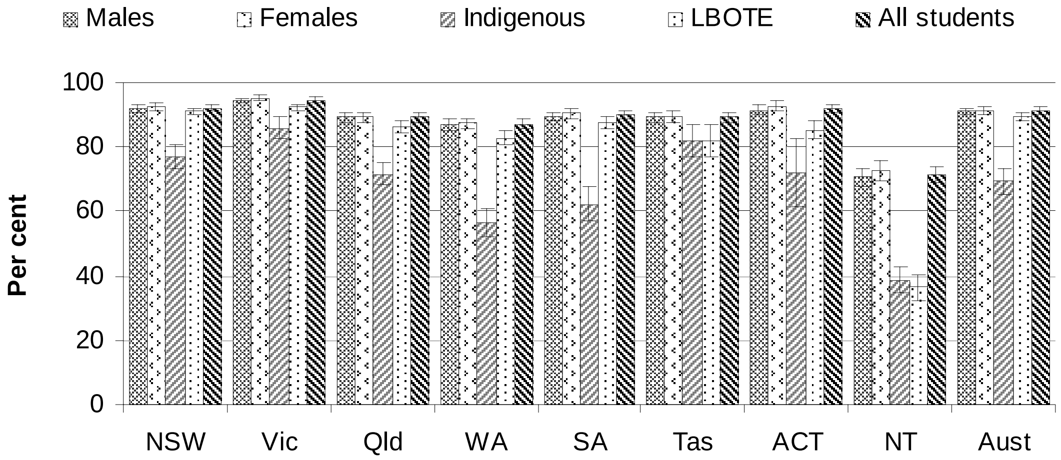
[a] Error bars represent the 95 per cent confidence interval associated with each point estimate. [b] For further information and caveats see table 3A.54 and 2007 Report, table 3A.90.

Source: MCEETYA (2006a); table 3A.51; 2007 Report, figure 3.32, p. 3.51.

Nationally, the proportion of assessed year 5 students who achieved the numeracy benchmark in 2004 was 90.0–92.4 per cent. The national proportion of Indigenous students who achieved the year 5 numeracy benchmark in 2004 was 65.5–73.3 per cent (figure 3.11).

Figure 3.11 **Proportion of year 5 students achieving the numeracy benchmark, by equity group, 2004**[a, b]



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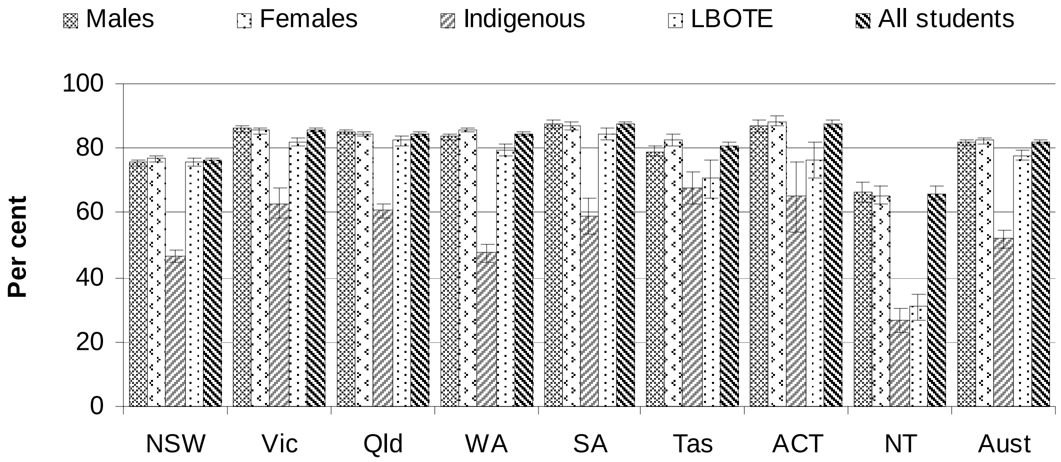
[a] Error bars represent the 95 per cent confidence interval associated with each point estimate. [b] For further information and caveats see table 3A.54 and 2007 Report, table 3A.90.

Source: MCEETYA (2006a); table 3A.52; 2007 Report, figure 3.34, p. 3.52.

Nationally, the proportion of assessed year 7 students who achieved the numeracy benchmark in 2004 was 81.3–82.9 per cent. The national proportion of Indigenous students who achieved the year 7 numeracy benchmark in 2004 was 49.1–54.7 per cent (figure 3.12).

Figure 3.12 **Proportion of year 7 students achieving the numeracy benchmark, by equity group, 2004**[a, b]



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[a] Error bars represent the 95 per cent confidence interval associated with each point estimate. [b] For further information and caveats see table 3A.54 and 2007 Report, table 3A.90.

Source: MCEETYA (2006a); table 3A.53; 2007 Report, figure 3.36, p. 3.54.

Civics and citizenship performance

‘Civics and citizenship performance’ is an outcome indicator (box 3.5).

Box 3.5 Civics and citizenship performance

‘Civics and citizenship performance’ is an outcome indicator of governments’ objective that students be active and informed citizens with an understanding and appreciation of Australia’s system of government and civic life.

Civics and citizenship performance is defined as the proportion of sampled year 6 and year 10 students achieving at or above the proficient standard in civic knowledge and understanding, reported by sex, Indigenous status, LBOTE status and geolocation (national data only for subgroups). The proficient standard for civics and citizenship performance is set at proficiency level 2 for year 6, and at level 3 for year 10, (of levels 1 to 5). This is a challenging level of performance where students needed to demonstrate more than minimal or elementary skills expected of a student at that year level to be regarded as having reached the proficient standard. It differs from the literacy and numeracy benchmark standards where the focus is on identifying the minimum skill and knowledge requirements students would be expected to demonstrate to progress to the next level of schooling (MCEETYA 2006b). Student performance is measured (or assessed) by a national sample assessment program resulting in comparable reporting against the standard.

Holding other factors equal, a high proportion of students achieving at or above the applicable proficient standard in civics and citizenship performance is desirable.

This indicator is affected by socioeconomic circumstances, age, length of time spent in schooling, and LBOTE and Indigenous status.

The National Years 6 and 10 Civics and Citizenship Assessment measures civics and citizenship performance and was conducted for the first time in 2004, and will be conducted triennially. The sample was drawn from all states and territories and both government and non-government schools participated. In 2004, 10 712 year 6 students from 318 government and non-government schools and 9536 year 10 students in 249 government and non-government schools across states and territories, participated in the national civics and citizenship assessment (MCEETYA 2006b).

Years 6 and 10 civics and citizenship performance 2004 results are reported as the proportion of Australian students from the sampled students (years 6 and 10 enrolled in participating schools) who achieved at the proficient standard or above. Nationally, the proportion of participating students who achieved at the proficient standard or above in civics and citizenship performance was 47.0–53.0 per cent for year 6 students and 36.5–42.1 per cent for year 10 students (2007 Report, p. 3.57).

The national proportion of year 6 students who achieved at the proficient standard or above in civics and citizenship performance was 17.1–30.5 per cent for Indigenous students (table 3A.56).

The national proportion of year 10 students who achieved at the proficient standard or above in civics and citizenship performance was 14.2–30.6 per cent for Indigenous students (table 3A.56).

Science literacy performance

‘Science literacy performance’ is an outcome indicator (box 3.6).

Box 3.6 **Science literacy performance**

‘Science literacy performance’ is an outcome indicator of governments’ objective that young Australians should attain high standards of knowledge, skill and understanding in core curriculum areas.

Science literacy performance is defined as the proportion of sampled year 6 primary students achieving at or above the proficient standard in scientific literacy, reported by sex, Indigenous status, LBOTE status and geolocation (national data only for subgroups). The proficient standard for year 6 scientific literacy is set at proficiency level 3.2 (of levels 1 to 4 or above). This is a level of performance based on what ‘well advanced’ or ‘expert’ students should know and be able to do by the end of year 6. It differs from the literacy and numeracy benchmark standards where the focus is on identifying the minimum skill and knowledge requirements students would be expected to demonstrate to progress to the next level of schooling (MCEETYA 2004). Student performance is measured (or assessed) by a national sample assessment program resulting in comparable reporting against the standard.

Holding other factors equal, a high proportion of students achieving at or above the applicable proficient standard in scientific literacy is desirable. This indicator is affected by socioeconomic circumstances, age, length of time spent in schooling, and LBOTE and Indigenous status.

Data collections for the science literacy performance indicator have been developed. Data for 2006 are anticipated to be available for the 2009 Report.

The National Year 6 Science Assessment measures the scientific literacy of a sample of students and was conducted for the first time in 2003, and will be conducted triennially (MCEETYA 2004). Results from the 2003 national science literacy sample assessment are included in table 3A.55 and are discussed in more detail in the 2006 Report (SCRGSP 2006, pages 3.59–62).

Years 3, 5 and 7 nationally comparable learning outcomes data for reading, writing and numeracy performance for the years 2001–2003 inclusive are included in the attachment tables for this chapter.

Triennial Programme for International Student Assessment (PISA) 2003 learning outcomes data for 15 year olds are reported across three domains: reading literacy, mathematical literacy and scientific literacy. Problem solving was also assessed as a discrete test in 2003. Data from the PISA 2000 and 2003 is reported in tables 3A.57–61.

Supporting tables

Supporting tables for data within this chapter 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). The tables included in the attachment are listed below.

Table 3A.1	Australian Government specific purpose payments for schools, 2004-05
Table 3A.2	Indigenous full time students, 2005
Table 3A.3	Students from language backgrounds other than English as a proportion of all students (per cent)
Table 3A.4	Student body mix, government schools (per cent)
Table 3A.5	Student body mix, non-government schools (per cent)
Table 3A.6	Student body mix, all schools (per cent)
Table 3A.7	Proportion of year 3 students who achieved the reading benchmark, 2001 (per cent)
Table 3A.8	Proportion of year 5 students who achieved the reading benchmark, 2001 (per cent)
Table 3A.9	Proportion of year 7 students who achieved the reading benchmark, 2001 (per cent)
Table 3A.10	Exemptions, absences and participation of equity groups in reading testing, 2001 (per cent)
Table 3A.11	Proportion of year 3 students who achieved the writing benchmark, 2001 (per cent)
Table 3A.12	Proportion of year 5 students who achieved the writing benchmark, 2001 (per cent)
Table 3A.13	Proportion of year 7 students who achieved the writing benchmark, 2001 (per cent)
Table 3A.14	Exemptions, absences and participation of equity groups in writing testing, 2001 (per cent)
Table 3A.15	Proportion of year 3 students who achieved the numeracy benchmark, 2001 (per cent)
Table 3A.16	Proportion of year 5 students who achieved the numeracy benchmark, 2001 (per cent)
Table 3A.17	Proportion of year 7 students who achieved the numeracy benchmark, 2001 (per cent)
Table 3A.18	Exemptions, absences and participation of equity groups in numeracy testing, 2001 (per cent)
Table 3A.19	Proportion of year 3 students who achieved the reading benchmark, 2002 (per cent)
Table 3A.20	Proportion of year 5 students who achieved the reading benchmark, 2002 (per cent)
Table 3A.21	Proportion of year 7 students who achieved the reading benchmark, 2002 (per cent)
Table 3A.22	Exemptions, absences and participation of equity groups in reading testing, 2002 (per cent)
Table 3A.23	Proportion of year 3 students who achieved the writing benchmark, 2002 (per cent)
Table 3A.24	Proportion of year 5 students who achieved the writing benchmark, 2002 (per cent)
Table 3A.25	Proportion of year 7 students who achieved the writing benchmark, 2002 (per cent)

References

ABS (Australian Bureau of Statistics) 2006, *Schools Australia, 2005*, Cat. no. 4221.0, Canberra.

MCEETYA (Ministerial Council on Education, Employment, Training and Youth Affairs) 2006a, *National Report on Schooling in Australia 2004: Preliminary Paper National Benchmark Results Reading, Writing and Numeracy Years 3, 5 and 7 2004*, Melbourne.

—— 2006b, *National Assessment Program Civics and Citizenship Years 6 and 10 Report 2004*, Melbourne.

SCRGSP (Steering Committee for the Review of Government Service Provision) 2006, *Report on Government Services 2006*, Productivity Commission, Canberra.

4 Vocational education and training

This chapter focuses on performance information — equity, effectiveness and efficiency — for government funded vocational education and training (VET) in Australia in 2005. The VET system delivers employment related skills across a wide 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 through a number of methods by a wide range of training institutions and enterprises.

VET services delivered by providers receiving government funding allocations, which relate directly to training activity funded under the Commonwealth–State Training Funding Agreement, are reported in this chapter. 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 (RTOs). The scope of this chapter does not extend to VET services provided in schools (which are within the scope of chapter 3) or university education.

Indigenous data in the vocational education and training chapter

The vocational education and training chapter in the *Report on Government Services 2007* (2007 Report) contains the following data items on Indigenous people:

- VET participation rate, 2005
- proportion of students who reported as Indigenous, 2005
- load pass rate, 2001–2005
- number of VET qualifications completed, 2000–2004
- number of units of competency and modules achieved/passed, 2001–2005
- proportion of graduates who were satisfied with the quality of their completed course, 2001–2005
- proportion of graduates in employment and/or continued on to further study after completing a course, 2001–2005.

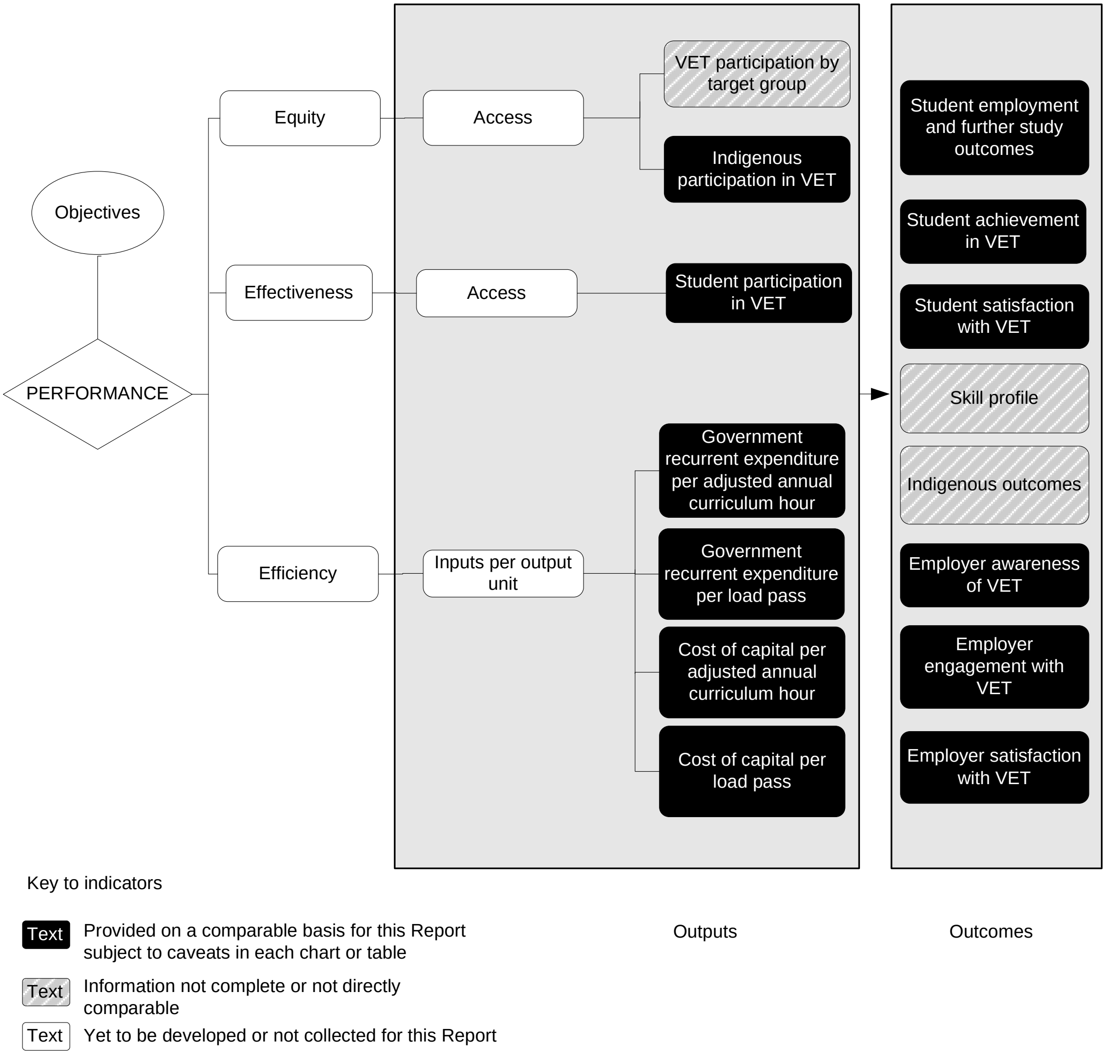
Supporting tables

Supporting tables for data within the VET chapter of this compendium are contained in attachment 4A of 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 VET attachment). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to ‘2007 Report, p. 4.15’ this is page 15 of chapter 4 of the 2007 Report, and ‘2007 Report, table 4A.2’ is attachment table 2 of attachment 4A of the 2007 Report.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for VET services in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 4.1. The performance indicator framework shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 4.1 **Performance indicators for VET services**



Source: 2007 Report, figure 4.3, p. 4.10.

Indigenous participation in VET

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 ‘Indigenous participation in VET’ is an output indicator of equitable access to VET services (box 4.1).

Box 4.1 **Indigenous participation in VET**

‘Indigenous participation in VET’ is an output indicator of Indigenous people’s access to the VET system.

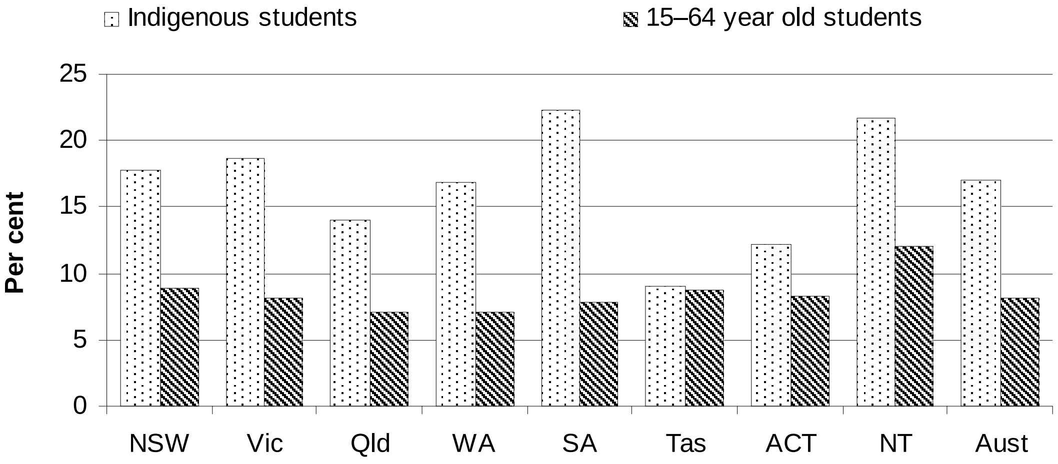
‘Indigenous participation in VET’ is defined as the number of all government funded participants in the VET system who self-identified that they are from an Indigenous group, as a proportion of the total number of people in the population in that group aged 15–64 years.

A lower participation rate means the 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 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 this group) varies across jurisdictions. Data are for government funded VET students.

Nationally, the VET participation rate for all Indigenous students (the number of all Indigenous students as a percentage of Indigenous people aged 15–64) was 17.1 per cent. Although not directly comparable, the participation rate for 15–64 year old students (the number of 15–64 year old students as a percentage of the 15–64 year old population) was 8.1 per cent (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 results.

Figure 4.2 **VET participation rate, by Indigenous status, 2005**[a, b, c]

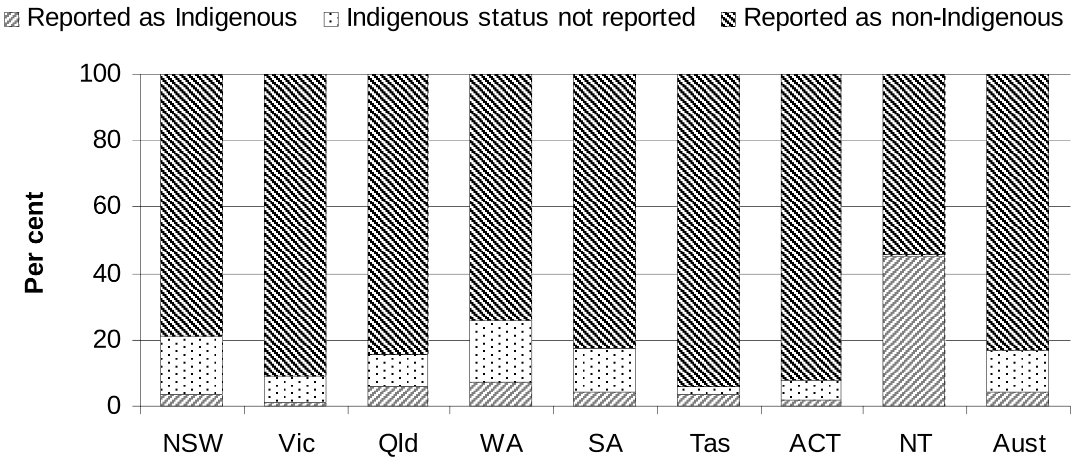


[a] Government recurrent funded VET students of all ages. [b] The Indigenous participation rate is the number of students of all ages who reported being Indigenous as a percentage of the experimental estimates of Indigenous people aged 15–64 years for 30 June 2005 (ABS 2004, (30 June 1991 to 30 June 2009)); low projection series, tables 25–34, pp. 53–62). The Indigenous participation rate in the 2005 Report and in other VET publications was based on the number of students who reported being Indigenous as a percentage of the total Indigenous population from the ABS experimental projection of all Indigenous people. [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 (2004); ABS Australian Demographics Statistics (unpublished); NCVER AVETMISS collection (unpublished); table 4A.1; 2007 Report, figure 4.8, p. 4.16.

In 2005, 4.3 per cent of government funded VET students in Australia identified themselves as Indigenous, while 12.8 per cent of students did not report their Indigenous status (figure 4.3). The proportion of government funded VET students who identified as Indigenous was higher than the proportion of Indigenous people in the total population nationally (2.4 per cent) (table 4A.1).

Figure 4.3 **VET students, all ages, by Indigenous status, 2005**[a, b]



[a] Government recurrent funded VET students. [b] Students reported as Indigenous and are not adjusted for status not identified.

Source: NCVER AVETMISS collection (unpublished); table 4A.1; 2007 Report, figure 4.9, p. 4.17.

Indigenous outcomes

‘Indigenous outcomes’ is an outcome indicator (box 4.2).

Box 4.2 **Indigenous outcomes**

‘Indigenous outcomes’ is an outcome indicator of the extent to which Indigenous people engage with and achieve positive outcomes from VET. This indicator comprises three elements:

- ‘Indigenous students’ achievement in VET’ measures Indigenous students’ success in VET. It reports on load pass rates achieved by Indigenous students and the number of Indigenous students who commenced and completed expressed as a proportion of all course commencing enrolments by Indigenous students in that year.
- ‘Skill outputs of Indigenous students’ measures the level of skill outputs achieved in a given year by Indigenous students from the VET system in a given year. It reports on the number of qualifications completed by Indigenous students, the number of units of competency and the number of modules (outside training packages) achieved/passed by Indigenous students.

(Continued on next page)

Box 4.2 (Continued)

  - ‘Qualifications completed by Indigenous students’ is defined as the number of qualifications completed by Indigenous students each year in VET, where a qualification is a certification awarded to a person on successful completion of a course in recognition of having achieved particular knowledge, skills or competencies.
  - ‘Units of competency achieved by Indigenous students’ is defined as the number of units of competency achieved by Indigenous government recurrent funded VET students, where a unit of competency is defined as a component of a competency standard and/or a statement of a key function or role in a particular job or occupation.
  - ‘Modules completed by Indigenous students’ is defined as the number of modules (outside training packages) achieved each year by Indigenous government recurrent funded VET students, where a module (also called a subject) is a unit of education or training which can be completed on its own or as part of a course. Modules may also result in the attainment of one or more units of competency.
- ‘VET outcomes for Indigenous students’ measures the VET system’s ability to meet Indigenous students’ objectives. It reports on the benefits Indigenous students gained from the VET system and the proportion of Indigenous students who improved their employment or further study outcomes after completing a course.

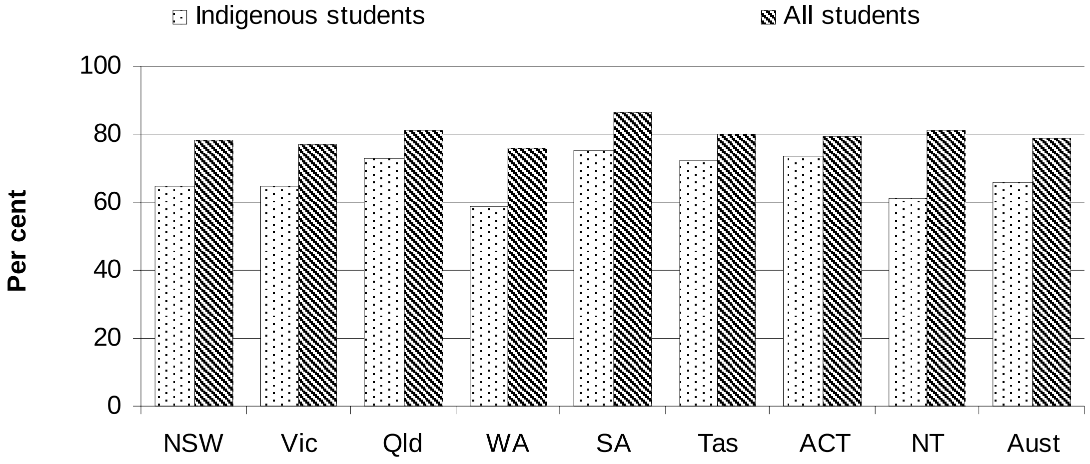
High ‘load pass rates’ and ‘number of students who commenced and completed’ indicate that student achievement is high, which is desirable. Higher numbers of qualifications completed, and units of competency or modules achieved/passed results in a greater increase in VET skills, all else being equal.

Reporting on students who commenced and completed is dependent on the capacity to track individual students over more than one calendar year and the data are not yet available. Qualifications completed in 2004 are counted in 2006 and are included in the 2007 Report.

Indigenous students’ achievement in VET

In 2005, the national ‘load pass rate’ for Indigenous government funded students (66.0 per cent) was lower than the national load pass rate for all government funded students (78.0 per cent) (figure 4.4).

Figure 4.4 **Indigenous students' load pass rate, 2005[a]**

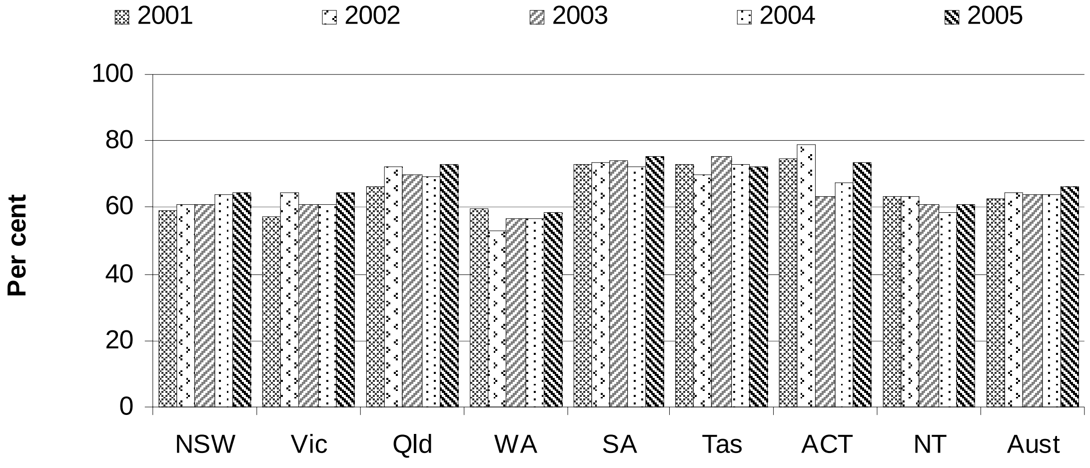


[a] Government recurrent funded VET students.

Source: NCVER AVETMISS collection (unpublished); table 4A.2; 2007 Report, figure 4.35, p. 4.51.

The load pass rate for Indigenous government funded students increased nationally from 62.4 per cent in 2001 to 66.0 per cent in 2005 (figure 4.5).

Figure 4.5 **Indigenous students' load pass rate[a]**



[a] Government recurrent funded VET students.

Source: NCVER AVETMISS collection (unpublished); table 4A.2; 2007 Report, figure 4.36, p. 4.52.

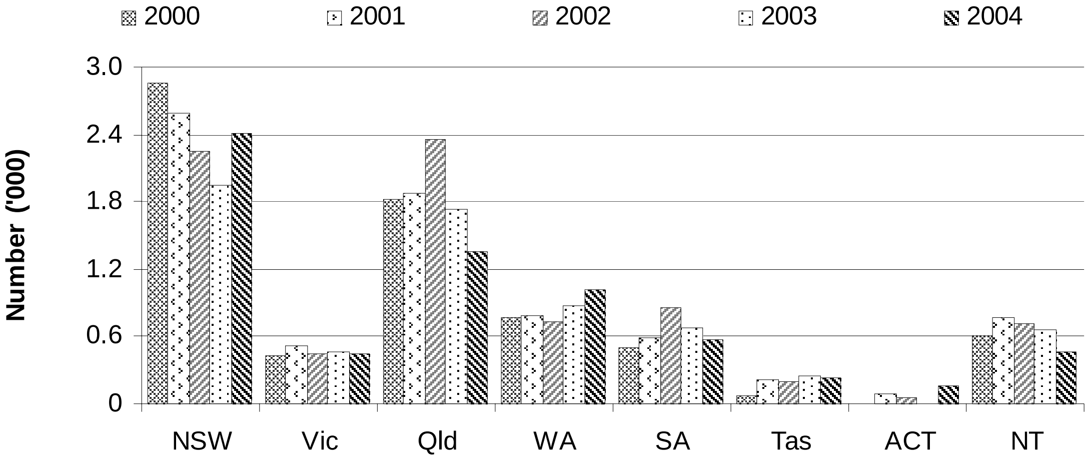
Indigenous students' skill outputs

The indicator 'skill outputs of Indigenous students' measures the skill outputs of Indigenous students from the VET system in a given year. It reports on the number and proportion of qualifications completed, units of competency and modules (outside training packages) achieved/passed in a given year.

Qualifications completed — Indigenous students

Nationally, Indigenous students completed 6700 VET qualifications in 2004 — the same number of qualifications as completed in 2003. In 2002, 7600 qualifications were completed, 7400 in 2001 and 7100 in 2000. Indigenous students accounted for 2.4 per cent of all the qualifications completed in 2004 (table 4A.3). The number of qualifications completed by Indigenous students varied across jurisdictions (figure 4.6).

Figure 4.6 **Qualifications completed, by Indigenous status**[a, b, c]



[a] Qualifications completed includes courses accredited or approved by a local State/Territory authority. [b] The number of qualifications completed includes both government funded and non-government funded VET students. [c] Represents students eligible to be awarded a qualification.

Source: NCVER AVETMISS collection (unpublished); table 4A.3; 2007 Report, figure 4.37, p. 4.53.

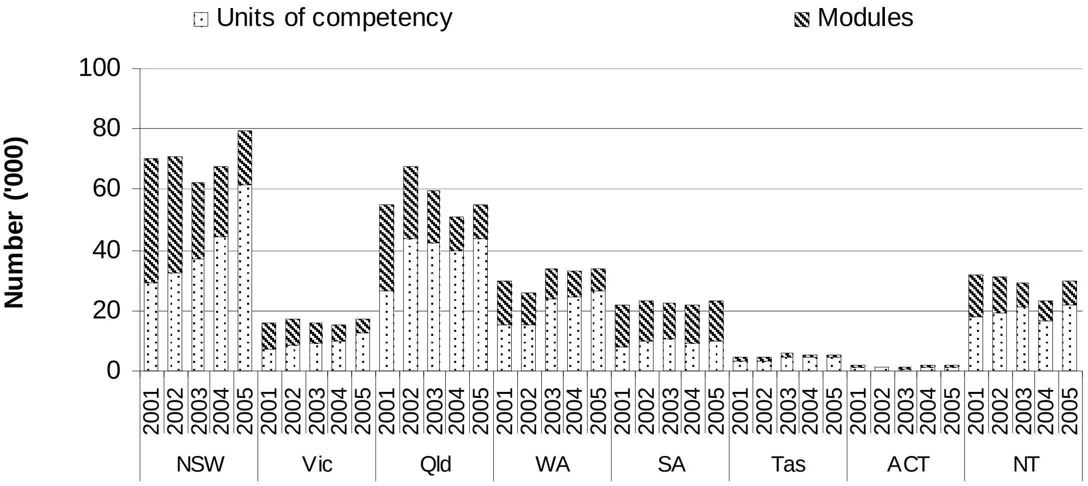
Units of competency and modules completed by Indigenous students

Nationally, the number of units of competency achieved/passed by Indigenous government funded students increased by 21.3 per cent (from 149 800 in both 2003 and 2004 to 181 700 units in 2005). The number of units of competency achieved/passed in 2002 was 133 900 and 108 100 in 2001 (table 4A.4).

Nationally, the number of modules achieved/passed by Indigenous government funded students decreased by 7.0 per cent from 69 000 in 2004 to 64 200 in 2005. The number of modules achieved/passed in 2003 was 80 200, 108 100 in 2002 and

122 900 in 2001 (table 4A.4). The number of units of competency and number of modules achieved/passed varied across jurisdictions (figure 4.7).

Figure 4.7 **Units of competency and modules achieved/passed, by Indigenous students**[a]



[a] Government recurrent funded VET students.

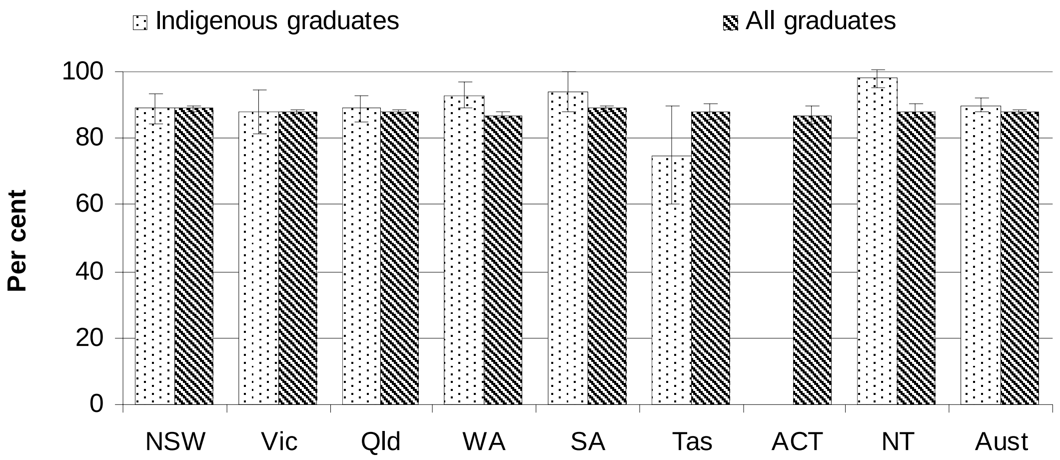
Source: NCVER AVETMISS collection (unpublished); table 4A.4; 2007 Report, figure 4.38, p. 4.54.

Indigenous students' satisfaction with VET

The indicator 'Indigenous students' satisfaction with VET' reports on the proportion of Indigenous students who indicated they were satisfied with the quality of their completed VET course.

Nationally, 90 per cent of Indigenous students surveyed in 2005 indicated that they were satisfied with the quality of their completed course, compared with 88 per cent for all students (figure 4.8).

Figure 4.8 **Proportion of TAFE graduates who were satisfied with the quality of their completed course, by Indigenous status, 2005**[a, b, c, d]



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[a] Satisfaction with overall quality of training was rated as satisfied or very satisfied on a 5 point scale. [b] Indigenous data for the ACT are not published due to 5 or less responses. [c] The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate. [d] The estimates for VET outcomes have large confidence intervals for some jurisdictions and are considered too unreliable for general use.

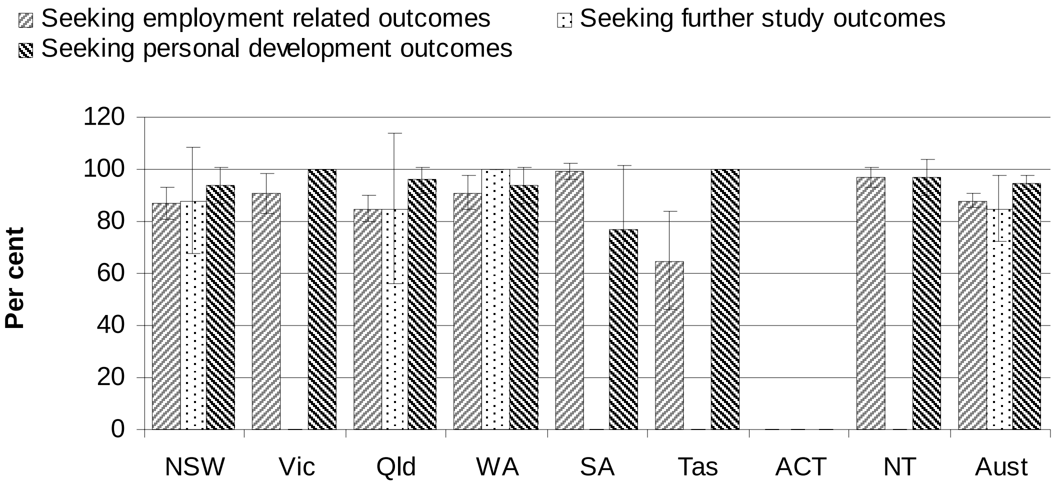
Source: NCVER Student Outcomes Survey (unpublished); table 4A.5; 2007 Report, table 4A.43; 2007 Report, figure 4.39, p. 4.55.

Of those Indigenous students who completed courses in 2005, the proportion of those who indicated that they were satisfied with their courses was:

- 88 per cent of those seeking employment related outcomes
- 85 per cent of those seeking further study outcomes
- 95 per cent of those seeking personal development (figure 4.9).

Further information on Indigenous students' views of their VET courses is available in the 2006 Report (SCRGSP (2006), box 4.18, p. 4.59) and in the latest NCVER publication, *Indigenous Australians' training experiences 2004 – First findings* (NCVER 2005).

Figure 4.9 **Proportion of Indigenous TAFE graduates who were satisfied with the quality of their course, by purpose of study, 2005**[a, b, c, d]



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[a] Satisfaction with overall quality of training was rated as satisfied or very satisfied on a 5 point scale. [b] The seeking further study outcomes data for Tasmania was nil or rounded to zero. Data for Victoria, SA, the ACT and the NT are not published due to 5 or less responses. [c] The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate. [d] The estimates for VET outcomes for Indigenous students have large confidence intervals for some jurisdictions and are considered too unreliable for general use.

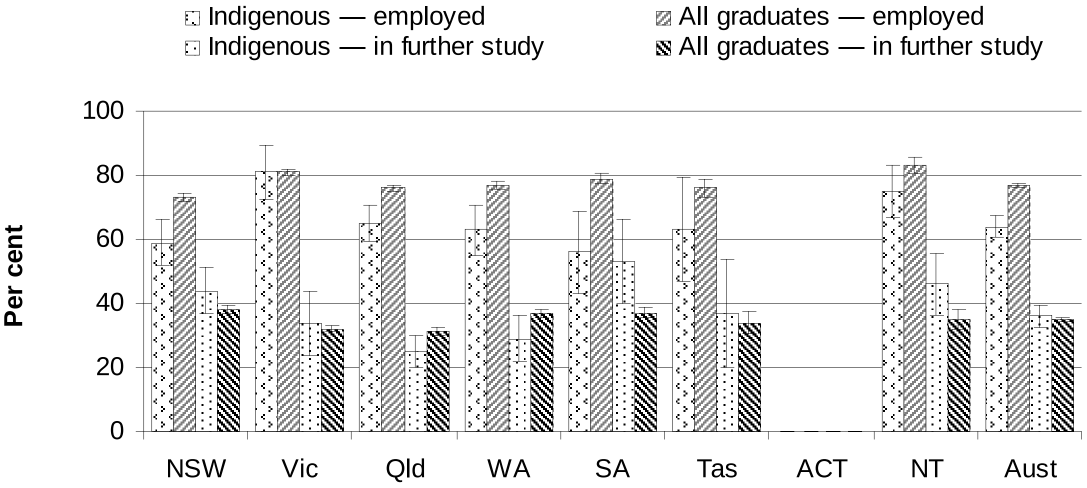
Source: NCVER Student Outcomes Survey (unpublished); table 4A.5; 2007 Report, figure 4.40, p. 4.56.

Indigenous students employment and further study outcomes

‘Indigenous students’ employment and further study outcomes’ measures the proportion of Indigenous students who improved their employment circumstances or continued on to further study after completing training.

In 2005, 81 per cent of Indigenous students surveyed nationally indicated that they were employed and/or in further study after completing a course (table 4A.6). Of those graduates who were either employed and/or continued on to further study after completing a course, 64 per cent indicated that they were employed (compared with 77 per cent of all students) and 36 per cent continued on to further study (compared with 35 per cent of all students) (figure 4.10).

Figure 4.10 **Proportion of TAFE graduates who were in employment and/or continued on to further study after completing a course, by Indigenous status, 2005**[a, b, c, d]



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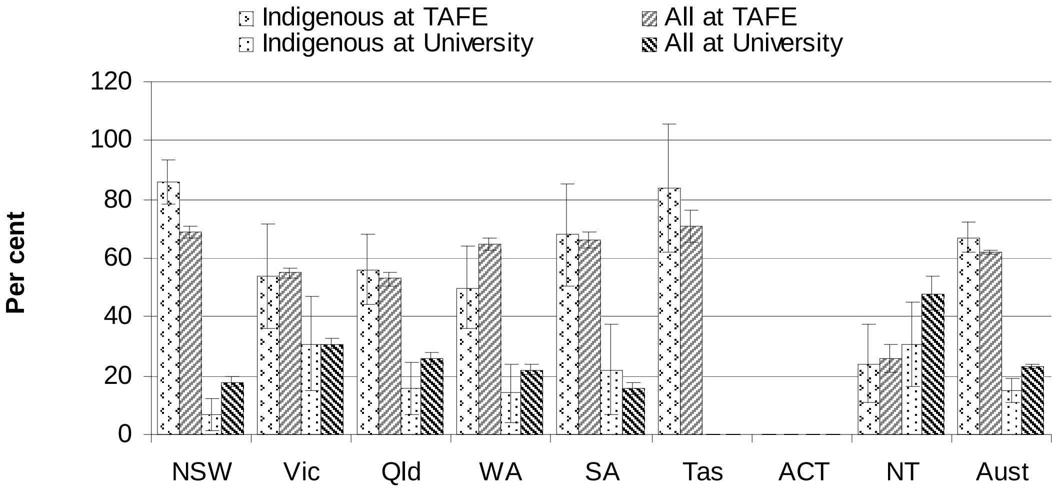
[a] The findings on further study outcomes are not applicable to module completers. A module completer, by definition, is someone who has left the system. [b] Indigenous data for the ACT are not published due to 5 or less responses. [c] The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate. [d] The estimates for VET outcomes for Indigenous students have large confidence intervals for some jurisdictions and are considered too unreliable for general use.

Source: NCVER Student Outcomes Survey (unpublished); table 4A.6; 2007 Report, table 4A.19; 2007 Report, figure 4.41, p. 4.57.

Of those Indigenous students who went on to further study, 67 per cent continued on to further study within the TAFE system (compared with 62 per cent for all students) and 15 per cent went to university (compared with 23 per cent for all students) (figure 4.11).

Figure 4.11 **Indigenous TAFE graduates who continued on to further study after completing a course, by type of institution, 2005**[a, b, c, d, e]



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[a] The findings on further study outcomes are not applicable to module completers. A module completer, by definition, is someone who has left the system. [b] The Indigenous at University data for Tasmania and the ACT was nil or rounded to zero. The Indigenous at TAFE data for the ACT are not published due to 5 or less responses. [c] TAFE includes TAFE institutes and TAFE divisions of universities. [d] The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate. [e] The estimates for VET outcomes for Indigenous students have large confidence intervals for some jurisdictions and are considered too unreliable for general use.

Source: NCVER Student Outcomes Survey (unpublished); table 4A.6; 2007 Report, table 4A.19; 2007 Report, figure 4.42, p. 4.58.

Supporting tables

Supporting tables for data within this chapter 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 VET attachment). The tables included in the attachment are listed below.

References

ABS (Australian Bureau of Statistics) 2004, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians 1991 to 2009*, Cat. no. 3238.0, Canberra.

SCRGSP (Steering Committee for the Review of Government Service Provision) 2006, *Report on Government Services 2006*, Productivity Commission, Canberra.

NCVER (National Centre for Vocational Education Research) 2005, Australian Vocational Education and Training Statistics: Indigenous Australians' Training Experiences 2004 - First Finding, Adelaide.

B Justice preface

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 2007* (2007 Report) is on the justice services provided by police (chapter 5), court administration (chapter 6) and adult corrective services (chapter 7).

Framework of the criminal 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 custodial environment and an effective community corrections environment that provide program interventions to reduce the risk of re-offending.

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

A model of the criminal justice system

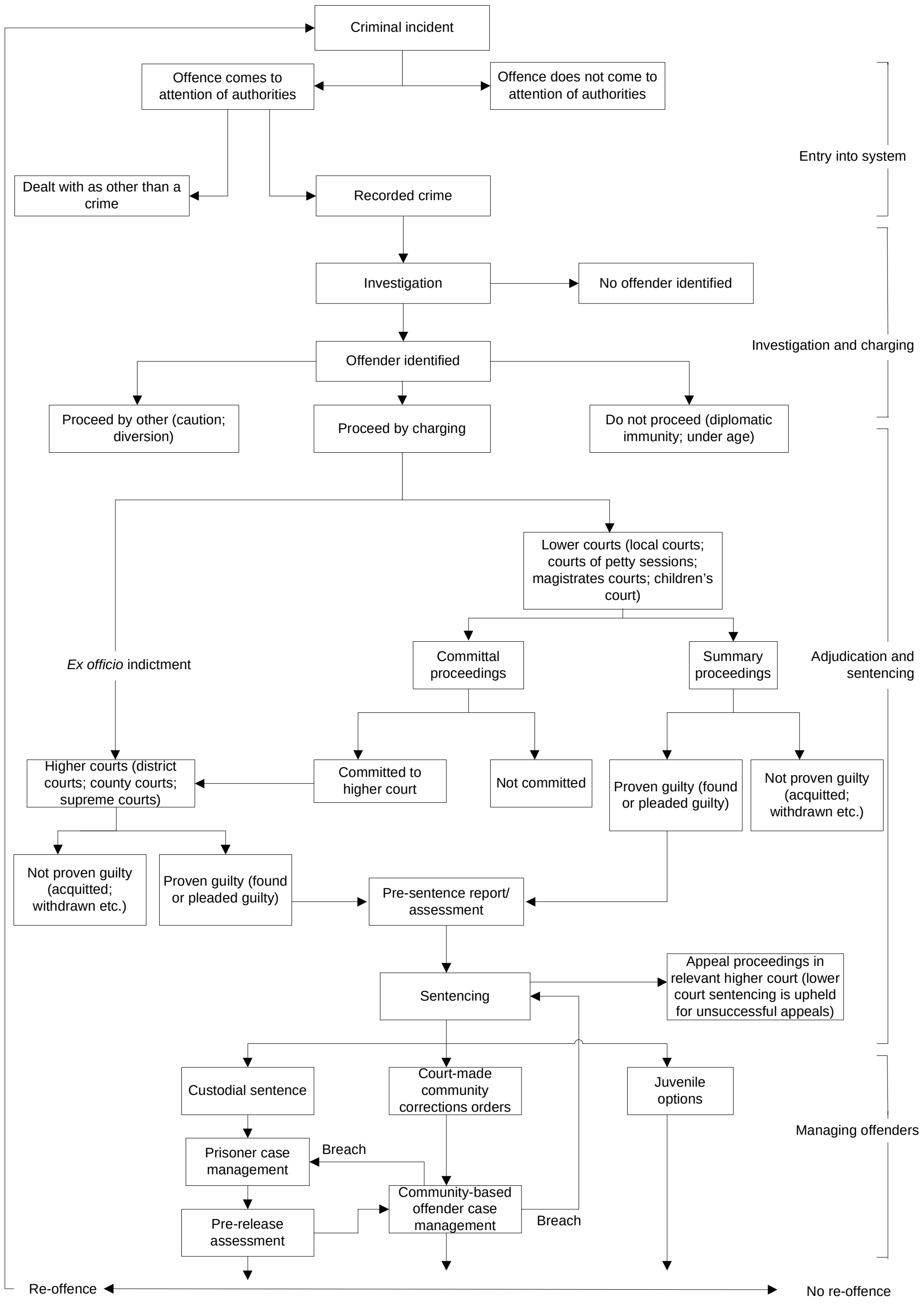
The performance of the criminal justice system is measured in this Report against the objectives of effectiveness (how well agencies meet the outcomes of access, appropriateness and/or quality), equity (how well agencies treat special needs groups) and efficiency (how well inputs are used to deliver a range of outputs). Within the criminal justice system, the ability of one agency to meet these objectives depends on the effectiveness of the complex interactions between the police, courts and corrective services (and other agencies outside the scope of this Report). Examples of this are:

- the police services' effect on the courts through the implementation of initiatives such as the issue of police cautions and other diversionary strategies
- the correctional system's services to courts through advisory services
- the impact on the justice system of the degree of recidivism (rate of return) experienced.

Although service areas are represented in separate chapters in this Report, performance results are to some extent interdependent. Each agency's activities may affect the activities and priorities of the other areas of the system. The resource demands on police, corrective services and, to a lesser degree, courts, along with their responsiveness and capacity to provide services and programs to their client bases, need to be considered in this context.

For most people who come into contact with it, the criminal justice system is a sequentially structured process. Figure JP.1 shows the typical flow of events in the criminal justice system. This depiction is broadly indicative and, for brevity and clarity, does not seek to capture all the complexities of the criminal justice system or variations across jurisdictions.

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 Australian Bureau of Statistics (ABS) (unpublished) Criminal Justice Statistics Framework; 2007 Report, figure C.1, p. C.7.

Indigenous issues

In April 2002, the Council of Australian Governments (COAG) asked the Steering Committee to prepare a regular report on key indicators of Indigenous disadvantage as part of the COAG reconciliation commitment. In November 2003 the Steering Committee released the first edition of this report, *Overcoming Indigenous Disadvantage: Key Indicators 2003*. The second and most recent edition of this report, *Overcoming Indigenous Disadvantage: Key Indicators 2005* was released in July 2005.

The Report on Government Services focuses on the delivery of government services, whereas the report on Indigenous disadvantage concentrates on high level outcomes and strategic areas for action (which includes criminal justice indicators). The two reports are thus different yet complementary.

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 agencies in the justice system do not conform to the ABS standard when recording Indigenous status.

The ABS standard is prefaced on self-identification whereby all offenders and/or victims are asked whether they are of Aboriginal or Torres Strait Islander origin and that the Indigenous status is a mandatory field in administrative systems.

Police agencies collect Indigenous status information for victims and offenders, but the data do not entirely comply with the ABS standard. Courts rely on the transfer of Indigenous data from police administrative systems, but given that police data are not of sufficient quality, nationally comparable data for Courts are not yet available. Indigenous data relating to custodial prisoners have been published for all jurisdictions for a number of years, with data sourced directly from corrections agencies. Experimental Indigenous data have also recently been released for persons with community-based corrective services orders.

Although Indigenous data are not yet available on a nationally comparable basis from the police, work is currently underway in many police agencies to improve information about Indigenous people. The ABS is planning to produce experimental Indigenous data as part of its National Recorded Crime Victims collection in 2007 for those states and territories that do currently comply with the ABS standard (NSW, Queensland and the ACT). Additionally, the ABS is exploring the release of experimental Indigenous data for the ABS National Offenders collection for those states and territories that comply with the standard. The ABS will also continue to work with the courts in relation to the transfer of Indigenous data from police administrative systems to court systems for those agencies that comply with the ABS standard.

In this Report, 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) (chapter 5), the representation of Indigenous people in prisons and community corrections (chapter 7), and Indigenous deaths in prison custody (chapter 7) are of high quality.

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 *Arrangement between the Minister for Justice and Customs of the Commonwealth and the Australian Capital Territory for the provision of police services to the Australian Capital Territory*. The national policing function of the AFP and other national non-police law enforcement bodies (such as the Australian Crime Commission) 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 response to incidents, 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 in the police services chapter

The police services chapter in the *Report on Government Services 2007* (2007 Report) contains the following data items on Indigenous people:

- proportion of police staff from Indigenous backgrounds relative to the proportion of the general population who are from Indigenous backgrounds, 2005-06
- deaths in police custody and custody-related operations, 2001–2005.

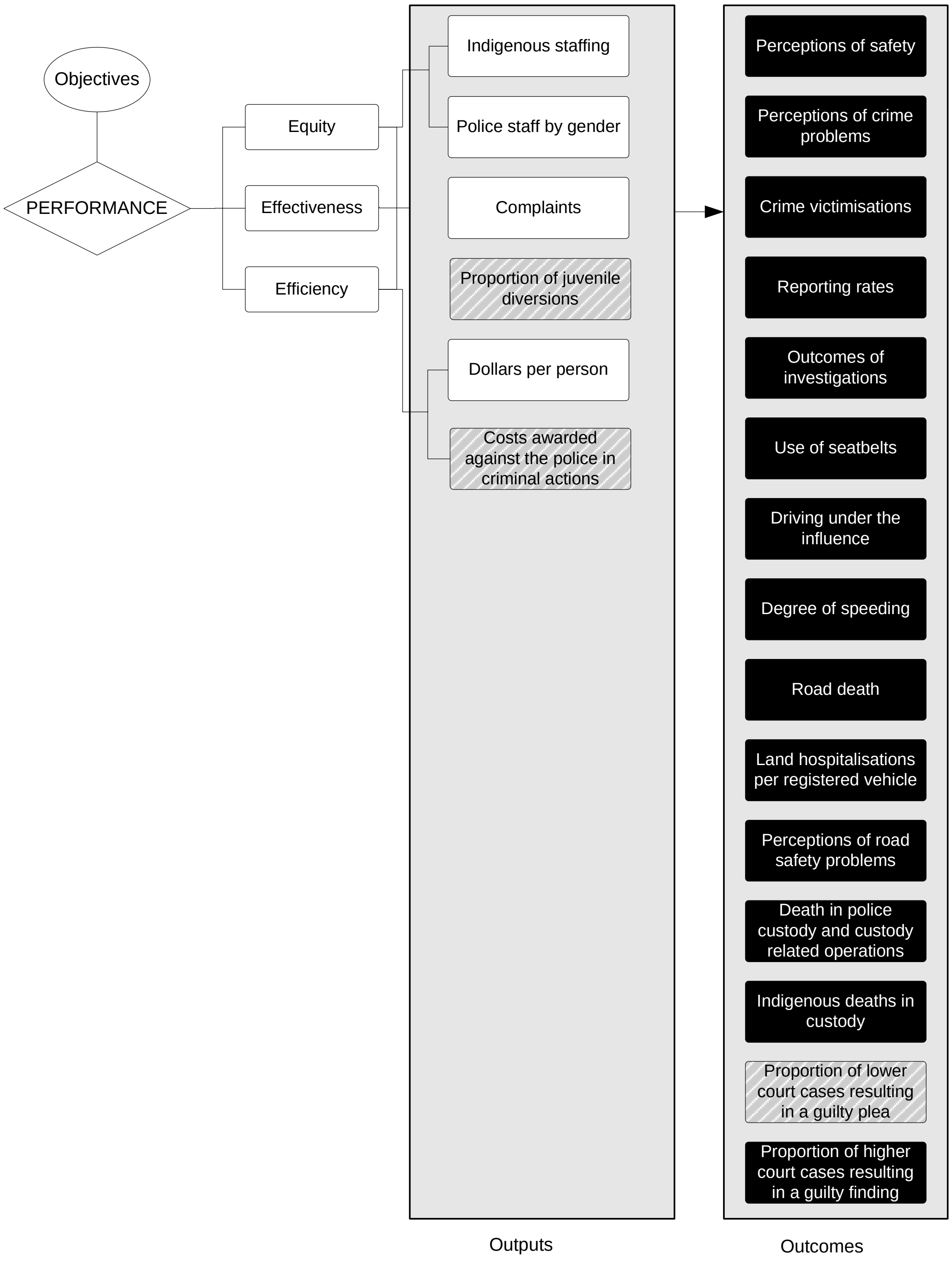
Supporting tables

Supporting tables for data within the police services chapter of this compendium are contained in attachment 5A of the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 5A.3 is table 3 in the police services attachment). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to '2007 Report, p. 5.15' this is page 15 of chapter 5 of the 2007 Report, and '2007 Report, table 5A.2' is attachment table 2 of attachment 5 of the 2007 Report.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for police services in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 5.1. The performance indicator framework shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 5.1 **General performance framework for the police services sector**



Key to indicators

Text	Provided on a comparable basis for this Report subject to caveats in each chart or table
Text	Information not complete or not directly comparable

Source: 2007 Report, figure 5.3, p. 5.6.

Indigenous staffing

This section focuses on the performance of mainstream police 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).

Box 5.1 **Indigenous staffing**

‘Indigenous staffing’ is 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.

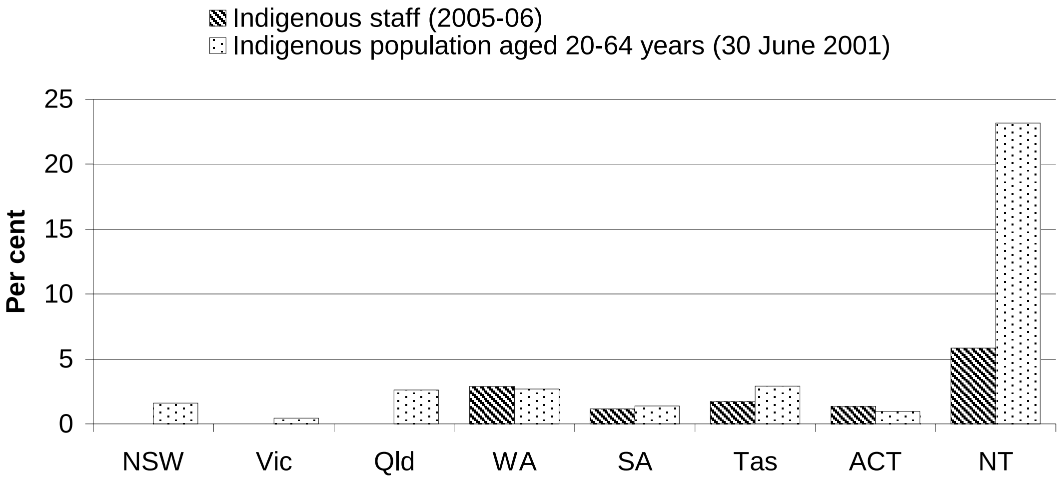
The indicator is defined as the proportion of police staff from Indigenous backgrounds compared to the proportion of the general population aged 20–64 years who are from Indigenous backgrounds. These data are used because a significantly larger proportion of the Indigenous population falls within the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

In some jurisdictions, the process of identifying Indigenous staff members relies on self-identification. Where Indigenous people are required to identify themselves, 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.

In most but not all jurisdictions, the proportion of Indigenous police staff was broadly in line with the representation of Indigenous people in the population aged 20–64 years (figure 5.2).

Figure 5.2 Proportion of Indigenous staff in 2005-06 and Indigenous population aged 20–64 years[a, b, c]



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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 and Victoria were unable to separate Indigenous and non-Indigenous staff. Indigenous staff are reported as the sum of both the operational and non-operational categories. Where data for the non-operational category are not available, such as in NSW, the sum of both categories is also shown as not available.

Source: ABS, Population by Age and Sex, Cat. no. 3201.0, (unpublished); State and Territory governments (unpublished); table 5A.9; 2007 Report, figure 5.11, p. 5.17.

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).

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 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, reported both as numbers and as a rate per 100 000 of the relevant population.

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

Nationally, there were 20 deaths in police custody and custody-related operations in 2005 (down from 30 in 2004). This total comprised 12 non-Indigenous deaths and 8 Indigenous deaths. Across jurisdictions, there is a wide variation in the number of deaths, and caution needs to be taken when comparing jurisdictions’ rates due to small absolute numbers. Nationally, the death rate per 100 000 people over the period 2001–2005 was 0.77 (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									
2001	15	8	4	1	3	–	–	–	31
2002	12	7	4	2	–	1	–	–	26
2003	11	4	7	3	2	–	1	–	28
2004	8	4	5	2	2	–	1	–	22
2005	2	5	4	–	1	–	–	–	12
Indigenous deaths									
2001	–	–	–	2	2	–	–	–	4
2002	4	–	–	1	1	–	–	5	11
2003	1	–	2	4	–	–	–	1	8
2004	2	1	2	1	–	–	–	2	8
2005	1	–	1	6	–	–	–	–	8
Total deaths									
2001	15	8	4	3	5	–	–	–	35
2002	16	7	4	3	1	1	–	5	37
2003	12	4	9	7	2	–	1	1	36
2004	10	5	7	3	2	–	1	2	30
2005	3	5	5	6	1	–	–	–	20
Total 2001–2005	56	29	29	22	11	1	2	8	158
Rate per 100 000 people (2001–2005)[b]	0.82	0.57	0.72	1.09	0.71	0.20	0.61	3.94	0.77

[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] Rate calculated by using the average population during 2001–2005.

– Nil or rounded to zero.

Source: AIC (various years), *Deaths in Custody, Australia*; table 5A.10; 2007 Report, table 5.3, p. 5.57.

Supporting tables

Supporting tables for data within this chapter are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 5A.3 is table 3 in the police attachment). The tables included in the attachment are listed below.

References

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 in the *Report on Government Services 2007* (2007 Report) covers the performance of court administration for State and Territory supreme, district/county and magistrates' (including children's) courts, electronic infringement and enforcement systems, coroners' courts and probate registries. It also covers the performance of court administration for the Federal Court of Australia, the Family Court of Australia, the Family Court of WA and the Federal Magistrates Court of Australia. This chapter in the 2007 Report does not include information on the High Court of Australia, and broadly excludes tribunals and specialist jurisdiction courts (for example, Indigenous and circle sentencing courts and drug courts are excluded). 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 2007 Report contains no specific data items on Indigenous people.

7 Corrective services

Corrective services aim to provide a safe, secure and humane custodial environment and an effective community corrections environment in which prisoners and offenders are effectively managed, commensurate with their needs and the risks they pose to the community. Additionally, corrective services aim to reduce the risk of re-offending by providing services and program interventions that address the causes of offending, maximise the chances of successful reintegration into the community and encourage offenders to adopt a law-abiding way of life.

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. This includes sentenced prisoners serving a term of imprisonment and unsentenced prisoners held on remand. 'Periodic detainees' refers to persons subject to a periodic detention order, which requires them to be held for two consecutive days within a one-week period in a proclaimed prison or detention centre under the responsibility of corrective services. The term 'offenders' is used to refer to people serving community corrections orders.

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). Both public and privately operated correctional facilities are included; however, the scope of this chapter generally does not extend to:

- juvenile justice[1] (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.

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[1] As of 2004-05, corrective services in NSW manages one 40-bed facility that houses males aged 16 to 18. These young offenders are included in the daily average number of prisoners and are therefore included in the calculation of indicators. As they represent only a very small proportion of NSW prisoners (less than one-half of a percent), they will have a negligible effect on these indicators and this footnote has therefore not been added to each table and figure.

Indigenous data in the corrective services chapter

The corrective services chapter in the *Report on Government Services 2007* (2007 Report) contains the following data items on Indigenous people:

- imprisonment rates, 2005-06
- community corrections rates, 2005-06
- prisoner death rates from apparent unnatural causes, 2005-06.

Supporting tables

Supporting tables for data within the corrective services chapter of this compendium are contained in attachment 7A of 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). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to ‘2007 Report, p. 7.15’ this is page 15 of chapter 7 of the 2007 Report, and ‘2007 Report, table 7A.2’ is attachment table 2 of attachment 7A of the 2007 Report.

Prison custody

On average, 24 541 people per day (excluding periodic detainees) were held in Australian prisons during 2005-06 — an increase of 1.9 per cent over the average daily number reported in the previous year (table 7A.1). In addition, on average, 862 people per day were serving periodic detention orders in NSW and the ACT in 2005-06 — a decrease of 3.3 per cent from the 2004-05 average.

The daily average number of Indigenous prisoners was 5815 — 23.7 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 refers to people at or over the minimum age at which offenders are generally sentenced as adults in each jurisdiction (17 years in Queensland and 18 years in all other jurisdictions for the reporting period).

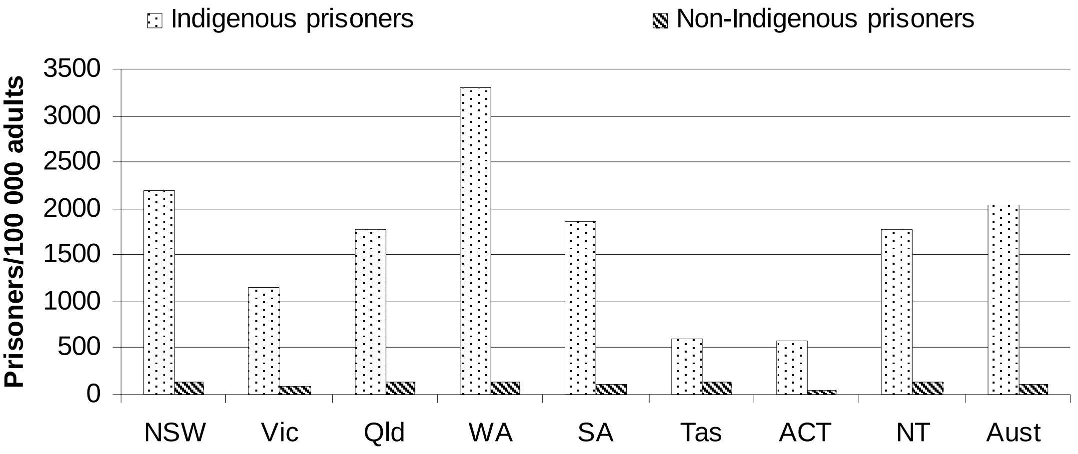
The national rate of imprisonment for all prisoners was 156.4 per 100 000 Australian adults in 2005-06, compared to 155.0 in 2004-05 (table 7A.3).

The national imprisonment rate per 100 000 Indigenous adults in 2005-06 was 2030.6 compared with a rate of 118.7 for non-Indigenous prisoners (figure 7.1).

Imprisonment rate comparisons need to be interpreted with care, especially for states and territories with relatively small 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, 74.5 per cent of all prisoners were non-Indigenous in 2005-06 (table 7A.1).

Figure 7.1 **Indigenous and non-Indigenous imprisonment rates, 2005-06**[a, b, c]



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[a] Non-age standardised rates based on the daily average prisoner population numbers supplied by State and Territory governments, calculated against adult Indigenous and non-Indigenous population estimates (population data supplied by the Australian Bureau of Statistics (ABS) National Centre for Crime and Justice Statistics). [b] The 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 whose Indigenous status was reported as unknown.

Source: State and Territory governments (unpublished); ABS (unpublished) Australian Demographic Statistics, December quarter, 2005 (preliminary); ABS (unpublished) Indigenous population projections (low series); table 7A.3; 2007 Report, figure 7.3, p. 7.6.

The imprisonment rates in this Report have not been age standardised, therefore caution should be exercised when making comparisons between the Indigenous and non-Indigenous populations. Using the overall (crude) imprisonment rate to examine differences between the Indigenous and non-Indigenous populations may lead to incorrect conclusions being drawn about variables that are correlated with age, rather than Indigenous status. The Indigenous population has a younger age profile compared to the non-Indigenous population. When the overall (crude) imprisonment rate is compared between the Indigenous and non-Indigenous population, the imprisonment rate for the former is likely to be higher because of the larger proportion of young people in the Indigenous population.

Age standardisation is a statistical method that accounts for differences in the age structures of populations, enabling more realistic comparisons to be made between populations. Age standardisation will be considered for future Reports.

Community corrections

All jurisdictions provide community corrections services. Community corrections are responsible for a range of non-custodial sanctions (listed for each jurisdiction in table 7A.6) and deliver post-custodial interventions under which prisoners released into the community continue to be subject to corrective services supervision. These services 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 restriction placed on the offender's freedom of movement in the community (for example, home detention). No single objective or set of characteristics is common to all jurisdictions' community corrections services, other than that they generally provide a non-custodial sentencing alternative or a post-custodial mechanism for reintegrating prisoners into the community under continued supervision.

All jurisdictions have reparation and supervision orders. Restricted movement orders were available in all jurisdictions except Tasmania and the ACT in 2005-06. Home detention was removed as a sentencing option as of June 2005 in the ACT, although the program continued to operate up to 23 September 2005 until all outstanding orders were completed. In most states and territories, fine default orders are administered by community corrections, as is bail supervision in some jurisdictions.

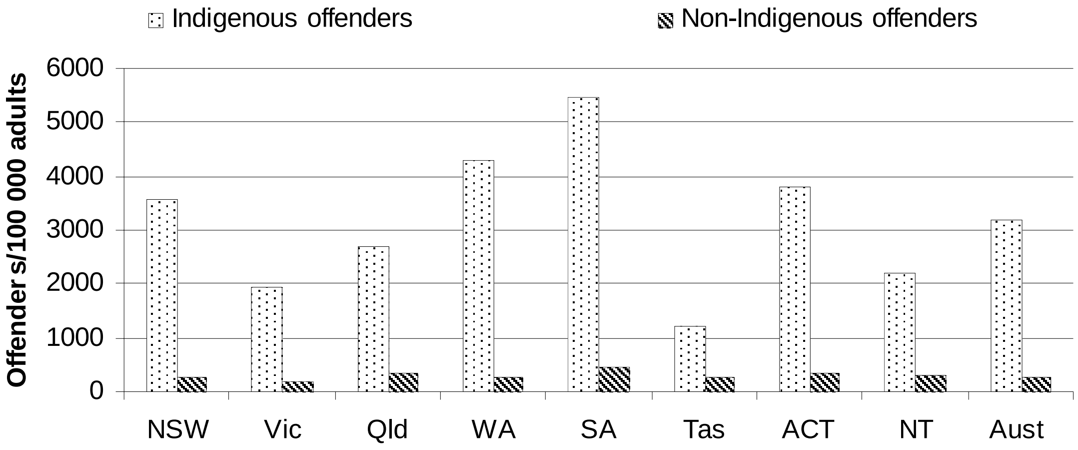
A daily average of 53 243 offenders were serving community corrections orders across Australia in 2005-06 — an increase of 1.4 per cent from the previous year's average (table 7A.2). This daily average comprised 43 538 males (81.8 per cent), 9597 females (18.0 per cent) and 108 offenders whose gender was not reported. The daily average comprised 9088 Indigenous offenders (17.1 per cent of the total community correction population), 42 017 non-Indigenous offenders (78.9 per cent) and 2139 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 refers to people at or over the minimum age at which offenders are generally sentenced as adults in each jurisdiction (17 years in Queensland and 18 years in all other jurisdictions for the reporting period).

The national community corrections rate was 339.4 per 100 000 adults in 2005-06. The national rate for Indigenous offenders in 2005-06 was 3173.3 per 100 000 Indigenous adults compared with 272.8 for non-Indigenous offenders (figure 7.2).

As with imprisonment rates, comparisons need to be interpreted with care, especially for those jurisdictions with relatively small 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. Further, community corrections rates presented in figure 7.2 are not age standardised (that is, they are not adjusted to account for the different age structures of the Indigenous and non-Indigenous populations).

Figure 7.2 **Indigenous and non-Indigenous community corrections rates, 2005-06[a, b]**



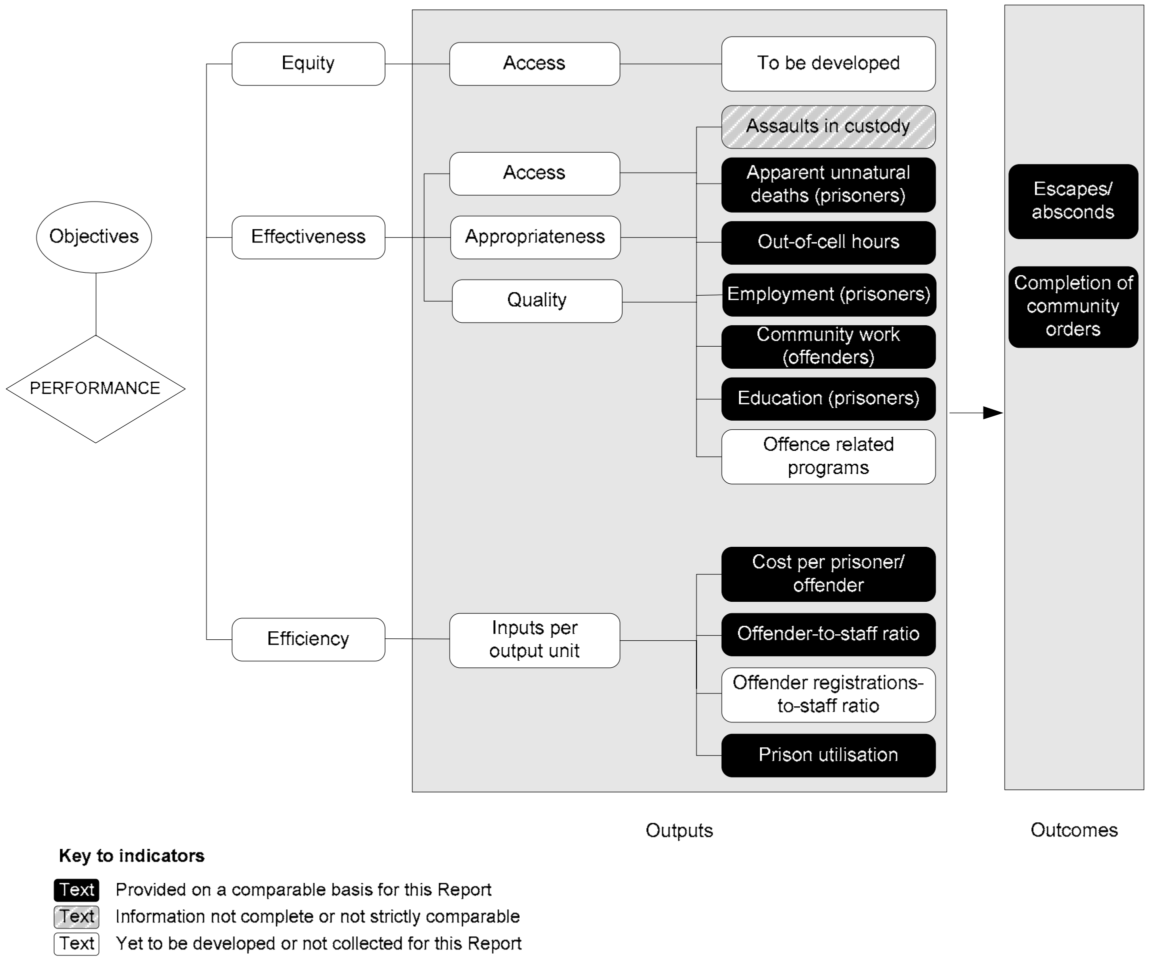
[a] Non-age standardised rates based on the daily average offender population numbers supplied by State and Territory governments, calculated against adult Indigenous and non-Indigenous population estimates (population data supplied by the ABS National Centre for Crime and Justice Statistics). [b] Excludes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

Source: State and Territory governments (unpublished); ABS (unpublished) Australian Demographic Statistics, December quarter, 2005 (preliminary); ABS (unpublished) Indigenous population projections (low series); table 7A.3; 2007 Report, figure 7.5, p. 7.9.

Framework of performance indicators

Data for Indigenous people are reported for one of the performance indicators for corrective services in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 7.3. The performance indicator framework shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 7.3 **Performance indicators for corrective services**



Source: 2007 Report, figure 7.6, p. 7.11.

Apparent unnatural deaths (prisoners)

The rate of apparent unnatural deaths is an output indicator of effectiveness (box 7.1).

Box 7.1 **Apparent unnatural deaths (prisoners)**

Meeting the objective of providing a safe, secure and humane custodial environment includes providing a prison environment in which there is a low risk of death from unnatural causes. A zero or low rate indicates better performance towards achieving this objective.

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

Rates should be interpreted with caution. A single incident in a jurisdiction with a relatively small prisoner population can significantly increase the rate in that jurisdiction, but would have only a minor impact in jurisdictions with larger prisoner populations. A relatively high rate in a jurisdiction with a small prisoner population may represent only a very small number of actual incidents.

Figure 7.4 presents information on prisoner death rates in 2005-06 from apparent unnatural causes, for Indigenous and non-Indigenous prisoners. There were no deaths of Indigenous prisoners from apparent unnatural causes in any jurisdiction in 2005-06.

Figure 7.4 **Rate of prisoner deaths from apparent unnatural causes, 2005-06**[a, b]

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[a] Indigenous death rates from apparent unnatural causes were zero for all jurisdictions in 2005-06. [b] Queensland, Tasmania, the ACT and the NT also reported zero deaths from unnatural causes for non-Indigenous prisoners.

Source: State and Territory governments (unpublished); table 7A.4; 2007 Report, figure 7.7, p. 7.14.

The national rate of deaths from apparent unnatural causes for all prisoners has declined consistently over the last five years from 0.12 in 2001-02 to 0.04 in 2005-06. Rates fell for both Indigenous and non-Indigenous prisoners (table 7A.5).

Future directions in performance reporting

In line with the 2006 Strategic Plan for Corrective Services, age standardisation of imprisonment rates, disaggregation of selected indicators by Indigenous status and remoteness areas, as well as the development of access indicators are also being examined for incorporation in future Reports.

Supporting tables

Supporting tables for data within this chapter 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). The tables included in the attachment are listed below.

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 chapter in the *Report on Government Services 2007* (2007 Report) reports 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

The emergency management chapter in the 2007 Report contains no data items on Indigenous people.

Some jurisdictions have particular arrangements for the provision of fire services to Indigenous communities. (For more information on fire services provided to Indigenous communities, see SCRCSSP 2002, p. 572.)

References

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

C Health preface

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 also includes a range of activities that raise awareness of health issues, thereby reducing the risk and onset of illness and injury.

Health services in Australia are delivered by a variety of government and non-government providers in a range of service settings (box HP.1). The *Report on Government Services 2007* (2007 Report) primarily concentrates on the performance of public hospitals (chapter 9), primary and community health services (including general practice) (chapter 10) and the interactions among different service mechanisms for dealing with two health management issues: mental health and breast cancer (chapter 11). These services are selected for reporting as they:

- make an important contribution to the health of the community
- are a priority of governments, for example, they fall within the National Health Priority Areas
- represent significant components of government recurrent expenditure on health care
- have common objectives across jurisdictions.

High level residential aged care services and patient transport services (ambulance services including pre-hospital care, treatment and transport services) are not covered in the health chapters of the 2007 Report, but are reported separately in chapter 8 (‘Emergency management’) and chapter 12 (‘Aged care’).

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 optometrical services (the Medicare Benefits Schedule (MBS)); 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 and/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).

Other major areas of government involvement in health provision not covered in the health chapters, or elsewhere in the 2007 Report, include:

- 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 (chapters 3 and 4) and public housing (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.

Indigenous data in the health preface

The health preface in the 2007 Report contains the following information on Indigenous people:

- an overview of Indigenous health, including information on government policy and programs, expenditure on health services in 2001-02, and data quality
- mortality rates, 2000–2004
- infant mortality rates, 2002–2004
- causes of death, 1999–2001
- life expectancy, 1996–2001
- median age at death, 2004
- birthweight of babies, 2003.

Supporting tables

Supporting tables for data within the 'Health preface' of this compendium are contained in attachment HPA of the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table HPA.3 is table 3 in the 'Health preface' attachment). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to '2007 Report, p. E.15' this is page 15 of the 'Health preface' of the 2007 Report, and '2007 Report, table EA.2' is attachment table 2 of the 'Health preface' attachment of the 2007 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.

Australian Indigenous people are more likely to experience disability and significantly lower quality of life due to poorer health, and to have shorter life expectancies than the rest of the Australian population (SCRGSP 2005). 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 (chapter 9); and suicide (chapter 11).

A number of recent publications include more comprehensive data on the health status of Indigenous people and Indigenous health-related factors. These include *Australia's Health* (AIHW 2006), *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (ABS and AIHW 2005), *Overcoming Indigenous Disadvantage: Key Indicators 2005* (SCRGSP 2005) and the *Aboriginal and Torres Strait Islander Health Performance Framework Report 2006* (AHMAC 2006).

Contributing factors

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

- Language and cultural barriers to accessing health and health-related services — in 2002 approximately 11 per cent of Indigenous people aged 18 years and over reported difficulties understanding or being understood by service providers. Indigenous people living in remote areas were more likely to report experiencing difficulties than those in non-remote areas (ABS and AIHW 2005).
- Relatively low education levels — nationally in 2004, Indigenous students were around half as likely to continue to year 12 as non-Indigenous students (SCRGSP 2005).
- Relatively low employment and income levels that lead to financial barriers to accessing health services — in 2004-05 the full time employment rate for Indigenous people was much lower than that for non-Indigenous people for both males and females. Both household and individual incomes were lower on average for Indigenous people than for non-Indigenous people (ABS unpublished).

- Relatively high imprisonment rates — after adjusting for age differences, Indigenous people were 11 times more likely than other Australians to be imprisoned at 30 June 2004 (SCRGSP 2005).
- Relatively high rates for health risk factors such as obesity, smoking, harmful alcohol use, substance abuse and violence — in 2004-05, 50 per cent of Indigenous people aged 18 years and over claimed to be cigarette smokers and 16 per cent reported risky/high risk alcohol consumption in the week prior to interview (where risky/high risk alcohol consumption equates to more than 50 millilitres per day for males and more than 25 millilitres per day for females). During 2004-05, Indigenous people were more than four times as likely to be in hospital for alcohol-related mental and behavioural disorders as other people (ABS 2006b).
- 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 (ABS and AIHW 2005).
- Inadequate and overcrowded housing, particularly in remote and very remote regions — in 2002, 26 per cent of Indigenous people aged 15 years and over (72 600 people) lived in overcrowded households (SCRGSP 2005).

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 2005). 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 other 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 2005* (SCRGSP 2005), 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 2005a). 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 Indigenous-specific primary health. State and Territory governments fund a range of community and public health programs that specifically target Indigenous people within their jurisdictions (see chapter 10).

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 Indigenous-specific primary health:

- 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 complemented by a National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004–2009 (SEWB Framework), which was agreed by the Australian Health Ministers Advisory Council in March 2004. The SEWB Framework sits within the context of the National Strategic Framework for Aboriginal and Torres Strait Islander Health and the Third National Mental Health Plan. For a discussion of the Third National Mental Health Plan (see chapter 11).

Agreements on Aboriginal and Torres Strait Islander Health (framework agreements) have been established in each State and Territory between the 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.

Each State and Territory and the Australian Government is developing an implementation plan under the National Strategic Framework. Taking a whole of government approach, these plans detail information on existing and planned action by each government to improve health outcomes for Indigenous people. They outline programs and policy approaches which are the primary responsibility of each government both within the health department and in other portfolios. Each jurisdiction reports to health ministers on health portfolio progress under the plan every year and on the whole of government contribution every two years.

The Aboriginal and Torres Strait Islander Health Performance Framework has been developed under the auspices of Australian Health Minister’s Advisory Council to support the implementation of the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH). The Health Performance Framework is designed to measure the impact of the NSFATSIH and inform policy analysis, planning and program implementation.

Expenditure

It is not always possible to make accurate estimates of health expenditure for Indigenous people and their corresponding service use. For example, Indigenous status is not always clearly stated or recorded. Data on Indigenous status are often unavailable for privately funded services (although they are available for many publicly funded health services). The scope and definition of health expenditures also have some limitations. Other (non-health) agency contributions to health expenditure, such as those incurred within education departments and prisons are not included. There may also be some inconsistencies across data providers resulting from limitations of financial reporting systems and different reporting mechanisms (AIHW 2005a).

The most recent estimates of health services expenditure for Aboriginal and Torres Strait Islander peoples are for 2001-02 (AIHW 2005a). Total recurrent government and non-government expenditure on health services for Indigenous people was estimated at $1788.6 million in 2001-02. This was equivalent to $3901 per Indigenous person compared with $3308 per non-Indigenous person (table HP.1). Because Indigenous people relied heavily on publicly funded health care providers, government expenditures were much higher for them than for other people — $3614 per person compared with $2225 (AIHW 2005a). Expenditure per person was higher for Indigenous people than non-Indigenous people for admitted patient services in public hospitals and for non-admitted patient services in hospitals. It was also higher for community health services. Expenditure per person was lower for Indigenous people than non-Indigenous people for admitted patient services in private hospitals, medical services, dental and other professional services, pharmaceuticals, aids and appliances and for services for older people (table HP.1).

Factors which contribute to the higher levels of health expenditure on Indigenous people include their average higher levels of morbidity and a much larger proportion who live in remote Australia where the cost of service provision is higher.

In 2001-02, governments are estimated to have provided 92.7 per cent of the funding for expenditure on health goods and services for Indigenous people. States and territories contributed 49.5 per cent and the Australian Government, an estimated 43.1 per cent. Non-government sources such as injury compensation insurers, private health insurers and out-of-pocket payments supported the remaining funding by users of services (AIHW 2005a).

The majority of health expenditure on Indigenous people was allocated through mainstream health programs — admitted and non-admitted patient services, community health services, medical and pharmaceutical health services, and public health services. A small proportion of health expenditure was allocated through programs directly targeting Indigenous people, the most significant being the Aboriginal and Torres Strait Islander Health Care Services.

Table HP.1 **Total expenditure on health, Indigenous and non-Indigenous people, by type of health good or service, current prices, Australia, 2001-02**[a]

	Total expenditure ($ million)			*Expenditure per person ($)*		
Health good or service type	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio
Hospitals	849.5	21 456.9	3.8	1 852.8	1 132.0	1.6
Admitted patient services	682.5	17 927.4	3.7	1 488.4	945.8	1.6
Private hospital	11.5	5 057.1	0.2	25.1	266.8	0.1
Public hospital	671.0	12 870.2	5.0	1 463.3	679.0	2.2
Non-admitted patient services	142.4	3 116.5	4.4	310.6	164.4	1.9
Emergency departments	34.6	615.7	5.3	75.5	32.5	2.3
Other services	107.8	2 500.8	4.1	235.1	131.9	1.8
Public (psychiatric) hospitals	24.7	413.0	5.6	53.8	21.8	2.5
Medical services	99.6	11 112.5	0.9	217.2	586.3	0.4
Medicare benefit items	75.9	9 185.4	0.8	165.5	484.6	0.3
Other	23.7	1 927.2	1.2	51.7	101.7	0.5
Community health services[b, c]	439.9	2 810.5	13.5	959.3	148.3	6.5
Dental services[b]	21.8	3 734.2	0.6	47.6	197.0	0.2
Other professional services	16.9	2 252.4	0.7	36.8	118.8	0.3
Pharmaceuticals	66.2	9 011.6	0.7	144.4	475.4	0.3
Benefit-paid[d]	42.3	5 471.8	0.8	92.2	288.7	0.3
Other pharmaceuticals	23.9	3 539.8	0.7	52.2	186.8	0.3
Aids and appliances	15.8	2 474.0	0.6	34.5	130.5	0.3
Services for older people	49.9	4 591.6	1.1	108.8	242.3	0.4
Patient transport	62.8	892.7	6.6	137.0	47.1	2.9
Public health activities	72.5	1 029.9	6.6	158.2	54.3	2.9
Other health services (nec)	50.6	1 458.9	3.4	110.4	77.0	1.4
Health administration (nec)	43.1	1 883.6	2.2	94.0	99.4	0.9
Total	**1 788.6**	**62 708.9**	**2.8**	**3 900.8**	**3 308.4**	**1.2**

[a] Total expenditure by type of health good or service is the same as total funding. [b] Community health services include State and Territory government expenditure on dental services. [c] Includes $186.3 million in OATSIH expenditure through Indigenous-specific primary health care services. The Indigenous ratio for the non-Indigenous-specific primary health care services component of community health is estimated at 4.06:1 and for the non-Indigenous-specific primary health care services component it is estimated at 1.07:1. [d] Includes estimates of benefits through the PBS and RPBS.

Source: AIHW (2005a); 2007 Report, table E.1, p. E.17.

About 70.5 per cent of expenditure on health goods and services for Indigenous people were provided through State and Territory and local government programs (table HP.2). Almost half (47.5 per cent or $849.5 million) was allocated to services provided by hospitals (AIHW 2005a). Programs managed by the Australian

Government, including Medicare and the PBS, accounted for nearly a quarter of expenditure (23.4 per cent). Non-government health services accounted for 6.2 per cent of expenditure (table HP.2), which comprised principally dental services, non-benefit pharmaceuticals, and aids and appliances (AIHW 2005a).

Indigenous people's use of primary, secondary and tertiary health services differed from that of non-Indigenous people. Primary health services are those provided to entire populations (community health services and public health activities) and also those provided in, or flowing from, a patient-initiated contact with a health service. Secondary and tertiary services are those generated within the system by, for example, referral or hospital admission (AIHW 2005a). Average expenditure per person for Indigenous Australians was higher for both primary and secondary/tertiary care services than it was for non-Indigenous Australians. Higher Indigenous spending on primary care services came from a much higher use of community health services by Indigenous people. The higher Indigenous spending on secondary/tertiary services was largely in hospitals (AIHW 2005a).

Indigenous Australians have a significantly poorer health status (measured in terms of life expectancy, mortality rates and morbidity), than non-Indigenous Australians. It could therefore be expected that per capita investment of health resources to Aboriginal and Torres Strait Islanders would be higher than for other Australians.

Table HP.2 **Expenditure on health for Indigenous people, by program, 2001-02**

Program responsibility	*Total expenditure ($ million)*	*Per cent of total*
Through State and Territory and local government programs[a]	1 260.5	70.5
Through Australian Government programs[b]	418.1	23.4
Australian Government Health and Ageing portfolio programs	408.8	22.9
Medicare and PBS[b]	118.4	6.6
Indigenous-specific programs[c]	218.3	12.2
Other Health and Ageing portfolio programs	72.1	4.0
Department of Veterans' Affairs programs	9.3	0.5
RPBS	1.3	0.1
Other DVA programs	8.1	0.5
Non-government health services[d]	110.0	6.2
Total	**1 788.6**	**100.0**

[a] Includes Australian Government direct expenditure of $9.1 million on public hospitals. [b] Patient co-payments of $10.8 million under Medicare and PBS are included. [c] Excludes benefits paid for medical services under exclusions from Section 19(2) of the *Health Insurance Act 1973* and for pharmaceuticals under Section 100 of the *National Health Act 1953* in respect of remote area AHSs. [d] Includes private hospital services, dental services, other professional services and health aids and appliances.

Source: AIHW (2005a); 2007 Report, table E.2, p. E.19.

Self-assessed health

In the National Aboriginal and Torres Strait Islander Health Survey 2004-05, just over three-quarters (78 per cent) of the Indigenous people aged 18 years or over reported their health as either, good, very good or excellent and 22 per cent reported their health as fair or poor. Taking into account differences in age structure, Indigenous people overall were almost twice as likely to report their health as fair or poor, than non-Indigenous Australians (ABS 2006b).

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, the quality of the information and estimates on Indigenous health expenditures is limited by underlying data and the calculation methodology. Some of the problems associated with Indigenous health data are outlined in (ABS 2005), and (ABS and AIHW 2006) including:

- 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, and in parallel with the National Health Survey, more detailed Indigenous health status information is collected, together with health service use, health actions, health related aspects of lifestyle and other health risks. This also enables Indigenous to non-Indigenous comparisons for relevant variables. Other health related surveys, which may include an Indigenous identifier, do not necessarily provide reliable data on Indigenous people, because of small sample size, limited geographic coverage or survey design.
- Inconsistent data definitions and differences in the accuracy of identifying Indigenous status have lead to problems making comparisons between jurisdictions, and comparisons over time.
- Experimental estimates of the Indigenous population are re-based by the ABS every five years following availability of new Census data. Once new Indigenous population estimates and projections have been produced by ABS, revisions may be required to various rates and rate ratios used in previous

editions of the Report where those rates data are to be carried forward in new reports.

As part of the development of the Aboriginal and Torres Strait Islander Health Performance Framework, key priorities for data development will be identified to support an ongoing work program of data improvements.

Coverage of Indigenous Australians is especially a concern in some collections, and therefore, data analysis has been limited to jurisdictions with known better coverage. For hospital separations and recent mortality data, only NT, WA, SA and Queensland have been assessed as having acceptable data quality. These four jurisdictions represent 60 per cent of Australia's Indigenous population. Work is underway to improve data quality and this work is being informed by the Health Performance Framework.

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.

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 years in the future. Factors external to the health system also have a strong influence on mortality rates.

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. The report prepared by the AIHW and endorsed by relevant Australian Health Ministers' Advisory Council committees titled *Improving the Data Quality of Indigenous Identification in Hospital Separations Data* recommends the following:

- Only data from Queensland, WA, SA and the NT should be used for analytical purposes (either at the individual or aggregate level).
- Analyses based on data for Queensland, WA, SA and the NT in aggregate are limited by jurisdictional differences in data quality and the data are not necessarily representative of the jurisdictions excluded.
- Caution should be exercised in using Queensland, WA, SA and the NT time series data for analysis (either individually or in aggregate). Changes in hospitalisation rates for Indigenous people may be a result of changes in the ascertainment of Indigenous status for Indigenous patients (AIHW 2005b).

Data on Indigenous mortality are collected through State and Territory death registrations. The completeness of the identification of Indigenous Australians in these collections varies significantly across states and territories. Because of this variation, care is required in making comparisons on the data. The NT, WA, SA and Queensland, in that order, are generally considered to have the best coverage of death registrations for Indigenous people.[1] For these four jurisdictions combined, the overall rates of mortality for Indigenous people were around twice as high as mortality rates for non-Indigenous people in 2000–2004 (figure HP.1 and table HPA.1). The exact magnitude of this difference cannot be established at this time due to variable identification of Indigenous Australians in death records. Reported mortality rates under estimate the true mortality of Indigenous Australians (ABS and AIHW 2005).

Due to the relatively small number of Indigenous deaths and the consequent volatility in annual mortality rates, the data are presented for the five year period 2000–04. To improve the comparability of age-related mortality rates, indirect age standardisation methods have been used for both the Indigenous and total population rates.

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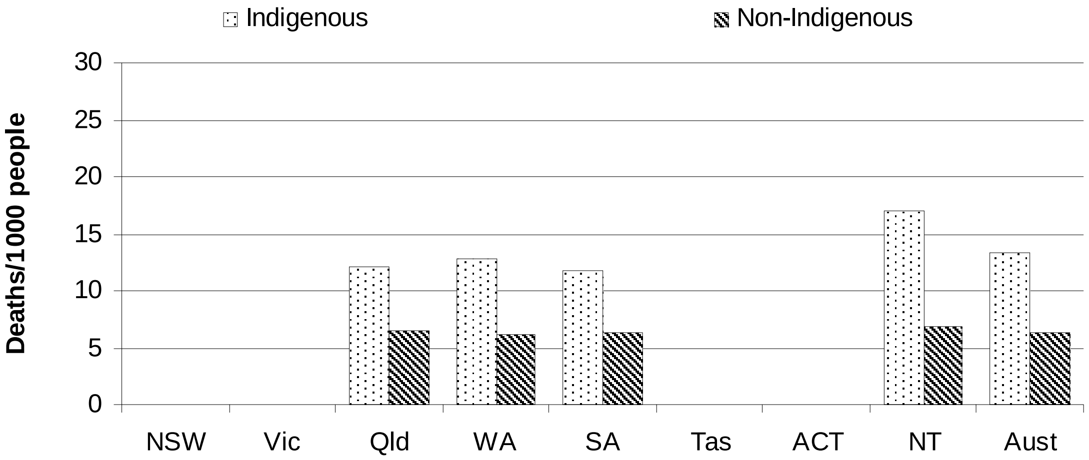
[1] The term ‘coverage’ refers to the number of Indigenous deaths registered as a percentage of the number of expected deaths based on the 2001 Census based experimental Indigenous population estimates and projections.

Figure HP.1 **Mortality rates, age standardised, by Indigenous status, five year average, 2000–2004**[a, b]



[a] Standardised death rates use total persons in the 2001 Australian population as the standard population. [b] Data for NSW, Victoria, Tasmania and the ACT are of insufficient quality to be published.

Source: ABS Deaths Australia (unpublished); table HPA.1; 2007 Report, figure E.9, p. E.26.

Infant mortality rates

The infant mortality rate is defined as the number of deaths of children under 1 year of age in a calendar year per 1000 live births in the same year. 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 E.10). The infant mortality rate in Australia declined from 5.3 deaths per 1000 live births over the period 1998–2000 to an average of 4.8 deaths per 1000 live births over the period 2002–2004 (table HPA.2).

For the period 2002–2004, the average infant mortality rate for Indigenous children is publishable for NSW, Queensland, WA, SA and the NT (table HPA.3). While the ability to detect significant changes in Indigenous infant mortality can be affected by the small numbers involved, it is clear that Indigenous infant mortality rates remain markedly higher than the national average for all Australians.

Causes of death

In the jurisdictions for which age standardised death rates are available by Indigenous status (Queensland, WA, SA and the NT), death rates were far higher for Indigenous people than for non-Indigenous people during the period 1999–2001. 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 (tables HPA.4 and HP.3).[2]

Table HP.3 **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.

Source: SIMC (2004); table HPA.4; 2007 Report, table E.4, p. E.29.

Life expectancy

The life expectancy of Australians improved dramatically during the twentieth century. The average life expectancy at birth in the period 1901–1910 was 55.2 years for males and 58.8 years for females (ABS 2006a). It has risen steadily in each decade since, reaching 78.1 years for males and 83.0 years for females in 2002–2004 (table HPA.5).

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

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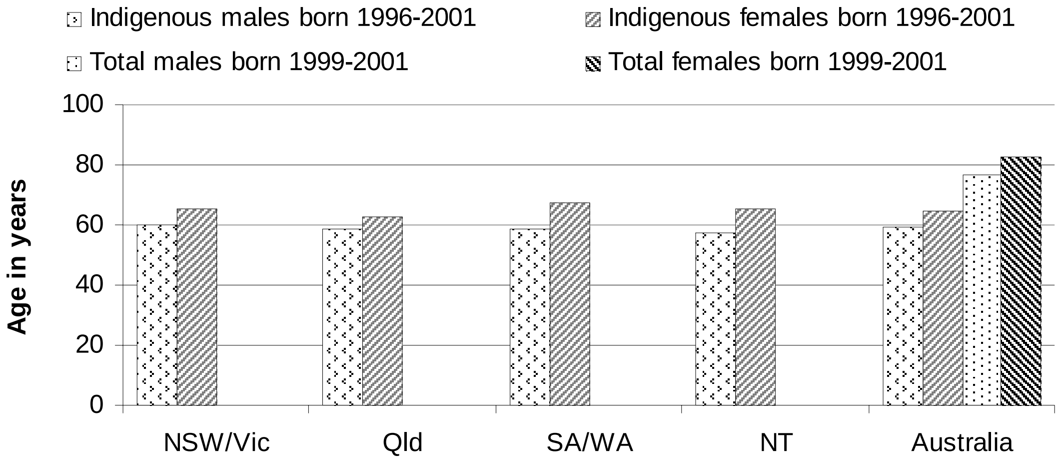
[2] Indigenous deaths data reported in SIMC 2004 and quoted in this Report do not reflect ABS revised Indigenous population estimates for 1999 and 2000, nor are they adjusted for differences in the extent of Indigenous identification across jurisdictions or across causes of death.

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).

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 (figure HP.2 and table HPA.6). In a similar, but not directly comparable time period (1999–2001) the rates for all Australians were 77.0 years for all males and 82.4 years for females. Variations in life expectancy between Indigenous males and females and for Indigenous Australians in different states and territories should be interpreted with care as they are sensitive to the demographic assumptions and differences in data quality across jurisdictions.

Figure HP.2 **Life expectancy at birth, Indigenous 1996–2001, total population 1999-2001**[a, b, c]



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[a] Indigenous data are for the Australian Aboriginal and Torres Strait Islander population, and include an adjustment for undercoverage of Indigenous deaths. [b] Indigenous life expectancy excludes Tasmania and the ACT. For Tasmania and the ACT, use data for Victoria and NSW respectively. [c] Life expectancy data for Indigenous males and Indigenous females are for the period 1996–2001. Data for total males and females cover the period 1999–2001.

Source: ABS (2005); table HPA.6; 2007 Report, figure E.12, p. E.31.

Median age at death

The median age at death represents the age at which exactly half the deaths registered (or occurring) in a given time period were deaths of people above that age and half were deaths below that 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 likely to be an underestimate.

For all Australian males and females in 2004, the median age at death was 76.8 years and 82.6 years respectively (figure HP.3 and table HPA.7). In the jurisdictions for which the data were available for Indigenous people in 2004 the median age at death for male Indigenous Australians varied between 55.8 and 43.8 years. The median age at death for female Indigenous Australians varied between 63.6 years and 53.5 years (figure HP.3 and table HPA.7).

Figure HP.3 **Median age at death, by sex and Indigenous status, 2004**[a]

[a] Median age at death by Indigenous status is available in NSW, Queensland, WA, SA and the NT only. The accuracy of Indigenous mortality data are 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 (2005); table HPA.7; 2007 Report, figure E.13, p. E.32.

Birthweight of babies

The birthweight of a baby is an important indicator of its health status and future wellbeing. In 2003, 91.8 per cent of liveborn babies in Australia weighed between 2500 and 4499 grams (Laws and Sullivan 2005). The average birthweight for all live births was 3372 grams. In 2003, the average birthweight of liveborn babies of Indigenous mothers was 3160 grams (tables HPA.8 and HPA.9). This was

212 grams lighter than the average of 3372 grams for liveborn babies of non-Indigenous mothers[3] (Laws and Sullivan 2005).

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 2005). In 2003, 6.3 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 (table HPA.8).

Among live babies born to Indigenous mothers in 2003, the proportions with low and very low birthweights were around 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.9).

Figure HP.4 **Babies with birthweights under 2500 grams, by Indigenous status, 2003[a, b, c]**

a Proportion of live births with birthweights under 2500 grams. **b** In the ACT 15.2 per cent of women who gave birth were non-ACT residents. Care must be taken when interpreting percentages. For example, the proportion of liveborn low birthweight babies for ACT Aboriginal or Torres Strait Islander residents was 8.6 per cent in 2003. **c** Data for Indigenous mothers for Tasmania were not available because the 'Not stated' category for Indigenous status was not able to be distinguished from the 'Neither Aboriginal nor Torres Strait Islander origin' category.

Source: Laws and Sullivan (2005); tables HPA.8 and HPA.9; 2007 Report, figure E.14, p. E.33.

Future directions

Improving reporting on Indigenous health is a priority across all of the health chapters. Performance indicators for health services used by Indigenous Australians

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[3] Figures for births to Indigenous mothers exclude Tasmania.

were first published in the 2000 Report. A strategy to improve reporting on Indigenous health was developed in 2003, and improvements have since been made where possible. This work is being informed by the new Aboriginal and Torres Strait Islander Health Performance Framework.

The availability of hospital separations data for Indigenous people is significantly reduced in the 2007 Report compared to previous Reports. Analysis into the quality of Indigenous identification of hospital admitted patient statistics has shown that while the quality is good in some jurisdictions, in other jurisdictions it is poor (AIHW 2005b). Research studies conducted at various times since 1997-98 have shown substantial under identification (and incorrect identification) of Indigenous status in hospital data in several jurisdictions.

The National Committees such as Australian Hospital Statistics Advisory Committee, the Statistical Information Management Group and the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data have agreed and endorsed recommendations on the use of hospital data and strategies for improvement. Consequently, Indigenous hospital separations data are only available for Queensland, WA, SA and the NT. Data from NSW, Victoria, Tasmania and the ACT were considered to be of insufficient quality.

The AIHW is currently developing a methodology and sampling strategy (funded by AHMAC and Department of Health and Aging) that will allow each jurisdiction to carry out a validation process to get a more recent indication of the current level of under identification in their hospital data. At the end of this project, the jurisdiction will be in a better position to assess whether the situation has improved. The AIHW is also currently undertaking another project funded by the National Health and Medical Research Council, AHMAC and Department of Health and Aging to develop best practice guidelines for identification.

Although some jurisdictions have improved the quality of Indigenous hospital separations data, the lack of progress and ongoing evaluation of data quality in other jurisdictions is disappointing (the problem has been known for ten years). The Steering Committee supports the work of the AIHW to assist jurisdictions to assess the quality of their data, however, primary responsibility for improvement rests with jurisdictions and the Steering Committee strongly encourages all jurisdictions to address this issue as a matter of urgency.

Supporting tables

Supporting tables for data within the 'Health preface' of this compendium are contained in attachment HPA of the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table HPA.3 is table 3 in the 'Health preface' attachment). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to '2007 Report, p. E.15' this is page 15 of the 'Health preface' of the 2007 Report, and '2007 Report, table EA.2' is attachment table 2 of the 'Health preface' attachment of the 2007 Report.

Table HPA.1	Mortality rates, age standardised for all causes (per 1000 people)
Table HPA.2	Infant mortality rate, three year average (per 1000 live births)
Table HPA.3	Indigenous Infant mortality rates, three year average
Table HPA.4	Causes of death by Indigenous status, age standardised death rates, 1999–2001 (per 100 000 people)
Table HPA.5	All Australians average life expectancy at birth (years)
Table HPA.6	Indigenous life expectancy at birth (years)
Table HPA.7	Median age at death (years)
Table HPA.8	Birthweights, live births, all mothers, 2003
Table HPA.9	Birthweights of babies of Indigenous mothers, live births, by State and Territory 2003

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9 Public hospitals

Public hospitals are important providers of government funded health 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, palliative care, or long stay maintenance care)
- emergency, outpatient and other services to non-admitted patients[1]
- 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 (see *Report on Government Services 2007* (2007 Report), chapter 9). 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 included in the chapter, (see 2007 Report, chapter 9), 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 issues’ (see 2007 Report, chapter 11).

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[1] 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).

Some common health terms relating to hospitals are defined in box 9.1.

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 type 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 for an admitted patient, which 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 of type of care (for example, from acute 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.

(Continued on next page)

Box 9.1 **(Continued)**

non-admitted occasion of service: occasion of examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service establishment. 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.

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 version 5.1 is 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: AIHW (2006); NCCH (1998); NHDC (2001, 2003); 2007 Report, box 9.1, pp. 9.2-3.

Indigenous data in the public hospitals chapter

The public hospitals chapter in the 2007 Report contains the following data items on Indigenous people:

- number of separations in public and private hospitals, 2004-05
- separations in public and private hospitals as proportion of total separations, 2004-05
- separations in public and private hospitals as a proportion of separations in all hospitals, 2004-05
- separations in public hospitals as a proportion of separations in all hospitals, 2004-05
- separations per 1000 people, public hospitals, 2004-05
- fetal, neonatal and perinatal death rates, 2000–2004.

Supporting tables

Supporting tables for data within the public hospitals chapter of this compendium are contained in attachment 9A of 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). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to ‘2007 Report, p. 9.15’ this is page 15 of chapter 9 of the 2007 Report, and ‘2007 Report, table 9A.2’ is attachment table 2 of attachment 9A of the 2007 Report.

Separation rates for Indigenous patients

Data on Indigenous patients are limited by the accuracy and extent to which Indigenous people are identified in hospital records. Identification varies across states and territories. The report prepared by the AIHW and endorsed by relevant Australian Health Ministers’ Advisory Council committees titled *Improving the Data Quality of Indigenous Identification in Hospital Separations Data* recommends the following:

- Only data from Queensland, WA, SA and the NT should be used for analytical purposes (either at the individual or aggregate level).
- Analyses based on data for Queensland, WA, SA and the NT in aggregate are limited by jurisdictional differences in data quality and the data are not necessarily representative of the jurisdictions excluded.
- Caution should be exercised in using Queensland, WA, SA and the NT time series data for analysis (either individually or in aggregate). Changes in hospitalisation rates for Indigenous people may be a result of changes in the ascertainment of Indigenous status for Indigenous patients (AIHW 2005).

In 2004-05, separations for Indigenous people accounted for around 6.3 per cent of total separations and 10.2 per cent of separations in public hospitals in Queensland, WA, SA and the NT (table 9.1), but the Indigenous population made up only around 3.5 per cent of the population in these jurisdictions (table AA.3). Most Indigenous separations (91.6 per cent) in these jurisdictions 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 their lower use of private hospitals.

Table 9.1 **Separations, by Indigenous status and hospital sector, 2004-05 a, b**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*Total*[c]
Public hospital separations (‘000)										
Indigenous	np	np	56.2	38.6	14.3	np	np	50.3	np	159.4
Non-Indigenous	np	np	664.4	344.7	342.2	np	np	25.5	np	1 376.7
Not reported	np	np	13.2	–	9.1	np	np	0.1	np	22.4
Total	np	np	733.8	383.3	365.6	np	np	75.9	np	1 558.5
Private hospital separations (‘000)										
Indigenous	np	np	3.7	9.0	0.3	np	np	np	np	14.7
Non-Indigenous	np	np	513.0	299.7	208.6	np	np	np	np	1 021.3
Not reported	np	np	160.1	–	3.0	np	np	np	np	163.0
Total	np	np	676.8	308.7	211.8	np	np	np	np	1 197.4
Indigenous separations as proportion of total separations (%)										
Public hospitals	np	np	7.7	10.1	3.9	np	np	66.3	np	10.2
Private hospitals	np	np	0.6	2.9	0.1	np	np	np	np	1.2
All hospitals	np	np	4.2	6.9	2.5	np	np	np	np	6.3
Separations in public hospitals as a proportion of separations in all hospitals (%)										
Indigenous	np	np	93.8	81.1	98.3	np	np	np	np	91.6
Non-Indigenous	np	np	56.4	53.5	62.1	np	np	np	np	57.4

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 for Queensland, WA, SA and the NT are considered to be acceptable for the purpose of analysis (AIHW 2005). Nevertheless, data for these jurisdictions should be interpreted with caution as there are jurisdictional differences in data quality. In addition, these jurisdictions are not necessarily representative of the excluded jurisdictions. **c** The total rates include data only for Queensland, WA, SA, and the NT. – Nil or rounded to zero. **np** Not published.

Source: AIHW (2006); table 9A.1; 2007 Report, table 9.1, p. 9.12.

In 2004-05, on an age standardised basis, 907.0 public hospital separations (including same day separations) for Indigenous patients were reported per 1000 Indigenous people in Queensland, WA, SA and the NT (table 9.2). This rate was markedly higher than the corresponding rate for these jurisdictions’ total population of 205.2 per 1000 (table 9.2). Incomplete identification of Indigenous people limits the validity of comparisons over time, as well as across jurisdictions.

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

	NSW	*Vic*	*Qld*[c]	*WA*[c]	*SA*[c]	*Tas*	*ACT*	*NT*[c]	*Aust*	*Total*[d]
2000-01										
Indigenous	np	np	671.6	852.2	772.6	np	np	1 031.6	np	np
Total population	np	np	195.5	199.7	228.8	np	np	370.9	np	np
2001-02										
Indigenous	np	np	676.5	752.7	743.6	np	np	1 129.6	np	np
Total population	np	np	192.5	190.7	229.7	np	np	394.3	np	np
2002-03										
Indigenous	np	np	685.2	809.4	788.1	np	np	1 223.3	np	np
Total population	np	np	189.4	195.4	231.0	np	np	422.5	np	np
2003-04										
Indigenous	np	np	710.9	789.3	853.9	np	np	1 286.2	np	np
Total population	np	np	189.3	191.0	235.9	np	np	428.9	np	np
2004-05										
Indigenous	np	np	733.6	821.5	822.2	np	np	1 441.0	np	907.0
Total population	np	np	188.1	195.2	225.3	np	np	456.2	np	205.2

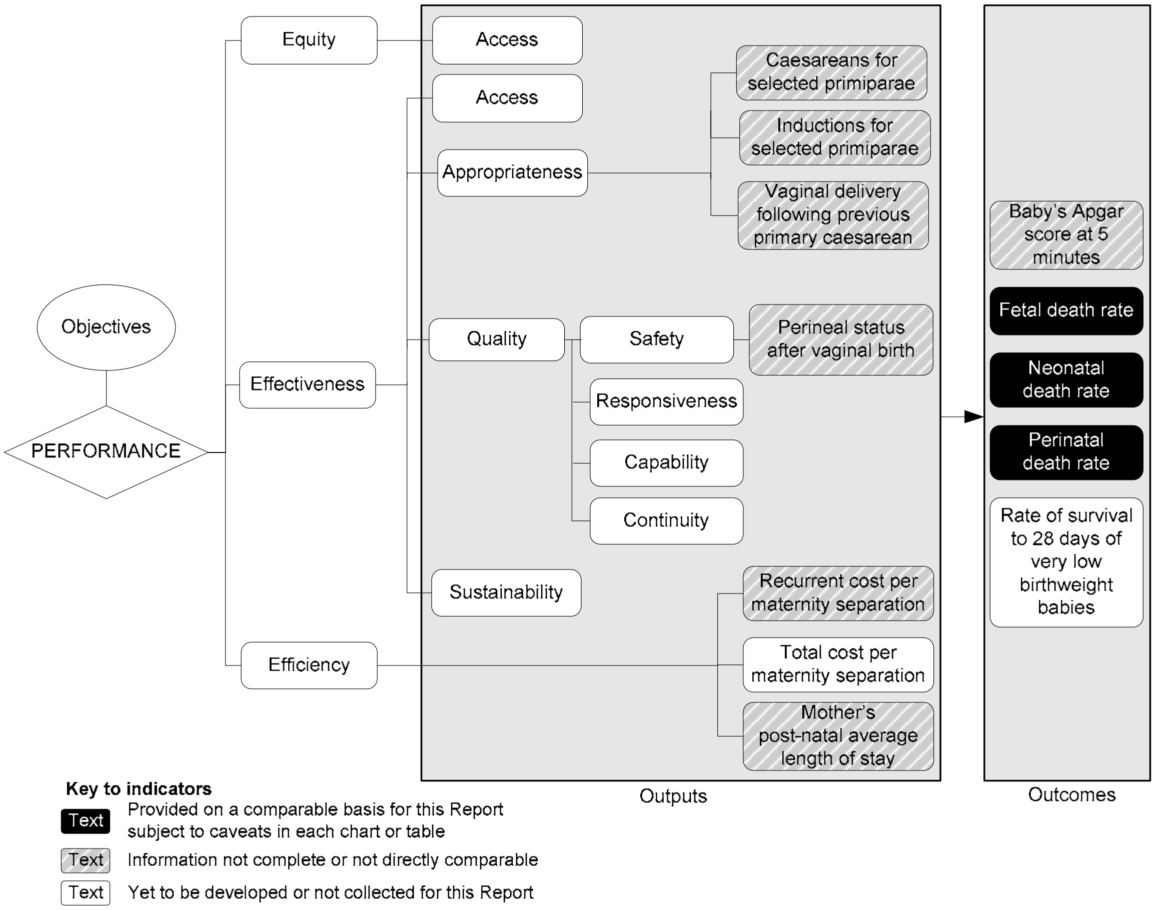
a The rates are directly age standardised to the Australian population at 30 June 2001. **b** Identification of Indigenous patients is not considered complete and completeness varies across jurisdictions and time. **c** The AIHW advised that only data for Queensland, WA, SA and the NT are of acceptable quality. Nevertheless, data for these jurisdictions should be interpreted with caution as there are jurisdictional differences in data quality and changes in hospitalisation rates for Indigenous people over time might be the result of improved identification. In addition, these jurisdictions are not necessarily representative of the excluded jurisdictions (AIHW 2005). **d** For 2004-05, total rates include data only for Queensland, WA, SA, and the NT. **np** Not published.

Source: AIHW (unpublished); table 9A.2; 2007 Report, table 9.2, p. 9.13.

Framework of performance indicators for maternity services

Data for Indigenous people are reported for a subset of the performance indicators for maternity services in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 9.1. The performance indicator framework shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 9.1 Performance indicators for maternity services



Source: 2007 Report, figure 9.20, p. 9.65.

Fetal death rate

The 'fetal death rate' is an indicator of the outcomes of maternity services (box 9.2). Fetal deaths rates by Indigenous status are shown in figure 9.2.

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.

(Continued on next page)

Box 9.2 **(Continued)**

‘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. The rate of fetal deaths is expressed per 1000 total births. This indicator is reported by Indigenous status.

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.

Neonatal death rate

The ‘neonatal death rate’ is an indicator of the outcomes of maternity services (box 9.3). Neonatal death rates by Indigenous status are shown in figure 9.2.

Box 9.3 **Neonatal death rate**

Neonatal death is the death of a live born infant within 28 days of birth (see section 9.8 of the 2007 Report for a definition of a live birth). 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.

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 of usual residence of the mother. This indicator is reported by Indigenous status.

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.

Perinatal death rate

The ‘perinatal death rate’ is an indicator of the outcomes of maternity services (box 9.4). Perinatal deaths rates by Indigenous status are shown in figure 9.2.

Box 9.4 **Perinatal death rate**

A perinatal death is a fetal or neonatal death (boxes 9.2 and 9.3).

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 Indigenous status.

The caveats that apply to fetal and neonatal death rates also apply to perinatal death rates.

Fetal, neonatal and perinatal deaths data by Indigenous status are available for Queensland, WA, SA and the NT only. Data are for the period 2000–2004 combined. Data for other states and the ACT are not included due to small numbers or poor coverage rates (ABS 2004).[2] In those jurisdictions for which data are available, the fetal, neonatal and perinatal death rates for Indigenous people are higher than these death rates for non-Indigenous people (figure 9.2).

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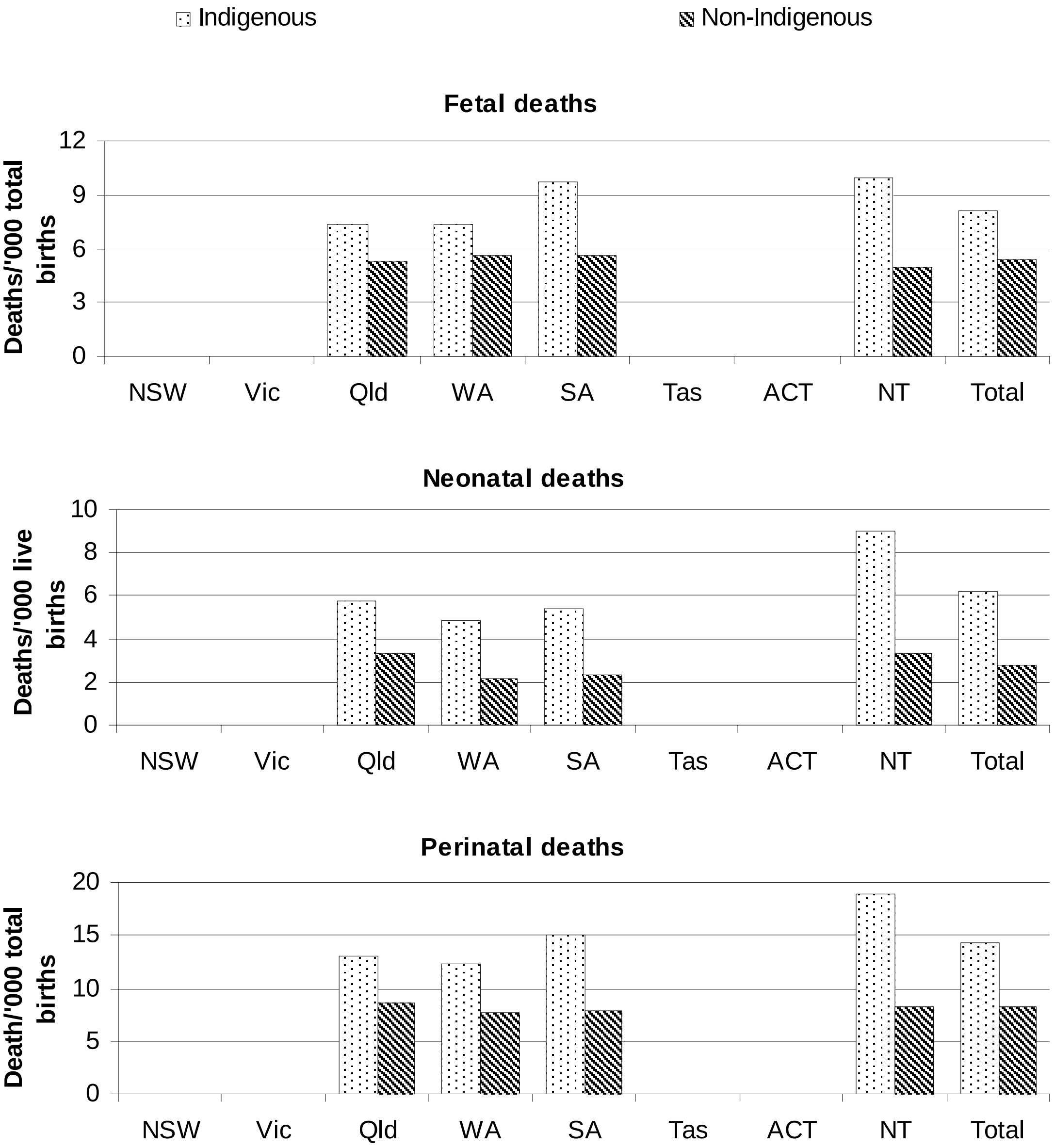
[2] The implied coverage of Indigenous deaths, for the period 1999 to 2003, ranges from 95 per cent in the NT, to 45 per cent and 43 per cent in NSW and Victoria respectively (SCRGSP 2005).

Figure 9.2 **Fetal, neonatal and perinatal deaths, by Indigenous status, 2000–2004[a]**



[a] The total relates to those jurisdictions for which data are published. Data are not available for other jurisdictions.

Source: ABS Deaths, Australia (unpublished); table 9A.3; 2007 Report, figure 9.29, p. 9.81.

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 equity of access to services for special needs groups (particularly Indigenous people), and indicators of continuity of care. Gaps in the maternity services framework include equity of access, effectiveness of access, three aspects of quality — responsiveness, capability and continuity — and the effectiveness subdimension of sustainability.

Supporting tables

Supporting tables for data within this chapter 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). The tables included in the attachment are listed below.

References

ABS (Australian Bureau of Statistics) 2004, *Deaths, Australia 2003*, Cat. no. 3302.0, Canberra.

AIHW (Australian Institute of Health and Welfare) 2001, 2006, *Australian Hospital Statistics*, AIHW, Canberra.

—— 2005, *Improving the Quality of Indigenous Identification in Hospital Separations Data*, AIHW Cat. no. HSE 101, Canberra.

NCCH (National Centre for Classification in Health) 1998, *The International Statistical Classification of Diseases and Related Health Problems*, 10th Revision, Australian Modification (ICD-10-AM), Sydney.

NHDC (National Health Data Committee) 2001, *National Health Data Dictionary, Version 10,* AIHW Cat. no. HWI 30, AIHW, Canberra.

—— 2003, *National Health Data Dictionary, Version 12,* AIHW Cat. no. HWI 43, AIHW, Canberra.

SCRGSP (Steering Committee for the Review of Government Service Provision) 2005, *Overcoming Indigenous Disadvantage: Key Indicators 2005,* Productivity Commission, Canberra.

10 Primary and community health

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.

In Australia, general practices are an important source of primary healthcare. The services they provide 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 healthcare services (DHFS 1996).

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.

Problems with accessing primary and community health services have contributed to the generally poor health status of Indigenous people relative to other Australians (see the 'Health Preface' and SCRGSP 2005).

The following improvements have been made in the reporting of primary and community health in this Report:

- Indigenous data are reported for the 'hospitalisations for vaccine preventable conditions', 'potentially preventable acute conditions' and 'potentially preventable chronic conditions' indicators.

Indigenous data in the primary and community health chapter

The primary and community health chapter in the *Report on Government Services 2007* (2007 Report) contains the following information on Indigenous people:

- estimated episodes of healthcare provided by Indigenous primary healthcare services, 2000-01 to 2004-05
- full time equivalent health staff employed by Indigenous primary healthcare services, as at 30 June 2005
- valid vaccinations supplied to children under seven years of age, by Indigenous healthcare providers, 1996–2006
- standardised hospital separations for vaccine preventable conditions, 2004-05
- ratio of age standardised hospital separation rates of Indigenous people to all people for infectious pneumonia, by gender, 2004-05
- standardised hospital separations for potentially preventable acute conditions, 2004-05
- standardised hospital separations for potentially preventable chronic conditions, 2004-05
- ratio of age standardised hospital separation rates of Indigenous people to all people for all diabetes diagnoses, by gender 2004-05.

Supporting tables

Supporting tables for data within the primary and community health chapter of this compendium are contained in attachment 10A of 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). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to ‘2007 Report, p. 10.15’ this is page 15 of chapter 10 of the 2007 Report, and ‘2007 Report, table 10A.2’ is attachment table 2 of attachment 10 of the 2007 Report.

Indigenous community healthcare services

Indigenous Australians utilise a range of primary health care services including private general practitioners and Aboriginal and Torres Strait Islander Community Controlled Primary Health Care Services. There are Aboriginal and Torres Strait

Islander Community Controlled Primary Health Care Services 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 is provided by Australian, State and Territory governments. In addition to these health care services, health programs for Indigenous Australians are funded by a number of jurisdictions. In 2005-06 these programs included services such as health information, promotion, education and counselling; alcohol, tobacco and other drug services; sexual health services; allied health services; disease/illness prevention; and improvements to nutrition standards (tables 10A.8–10A.10).

The Australian Government also funds Aboriginal and Torres Strait Islander primary healthcare services. Information on these services is collected through service activity reporting (SAR) questionnaires. Many of these 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 funded from all sources.

For 2004-05, SAR data are reported for 141 Indigenous primary healthcare services (table 10A.1). Of these services, 53 (37.6 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 (table 10A.3). An episode of healthcare is defined in the SAR data collection as contact between an individual client and staff of a service to provide healthcare. Nearly 1.6 million episodes of healthcare were provided by participating services in 2004-05 (table 10.1). Of these, around 548 000 (34.6 per cent) were in remote or very remote areas (table 10A.2). The services included in the SAR data collection employed 1845 full time equivalent health staff (as at 30 June 2005). Of these health staff, 1141 were Indigenous (61.8 per cent). The proportions of doctors and nurses employed by surveyed services who were Indigenous, however, were relatively low (0.9 per cent and 14.4 per cent respectively) (table 10A.4).

Table 10.1 Estimated Indigenous episodes of healthcare by surveyed services ('000)[a]

	NSW and ACT	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*NT*	*Aust*
2000-01	349	131	187	327	147	12	189	1342
2001-02	357	136	214	313	144	18	233	1416
2002-03	423	130	234	337	140	20	216	1499
2003-04	430	169	267	302	142	22	280	1612
2004-05	415	151	254	274	145	23	323	1585

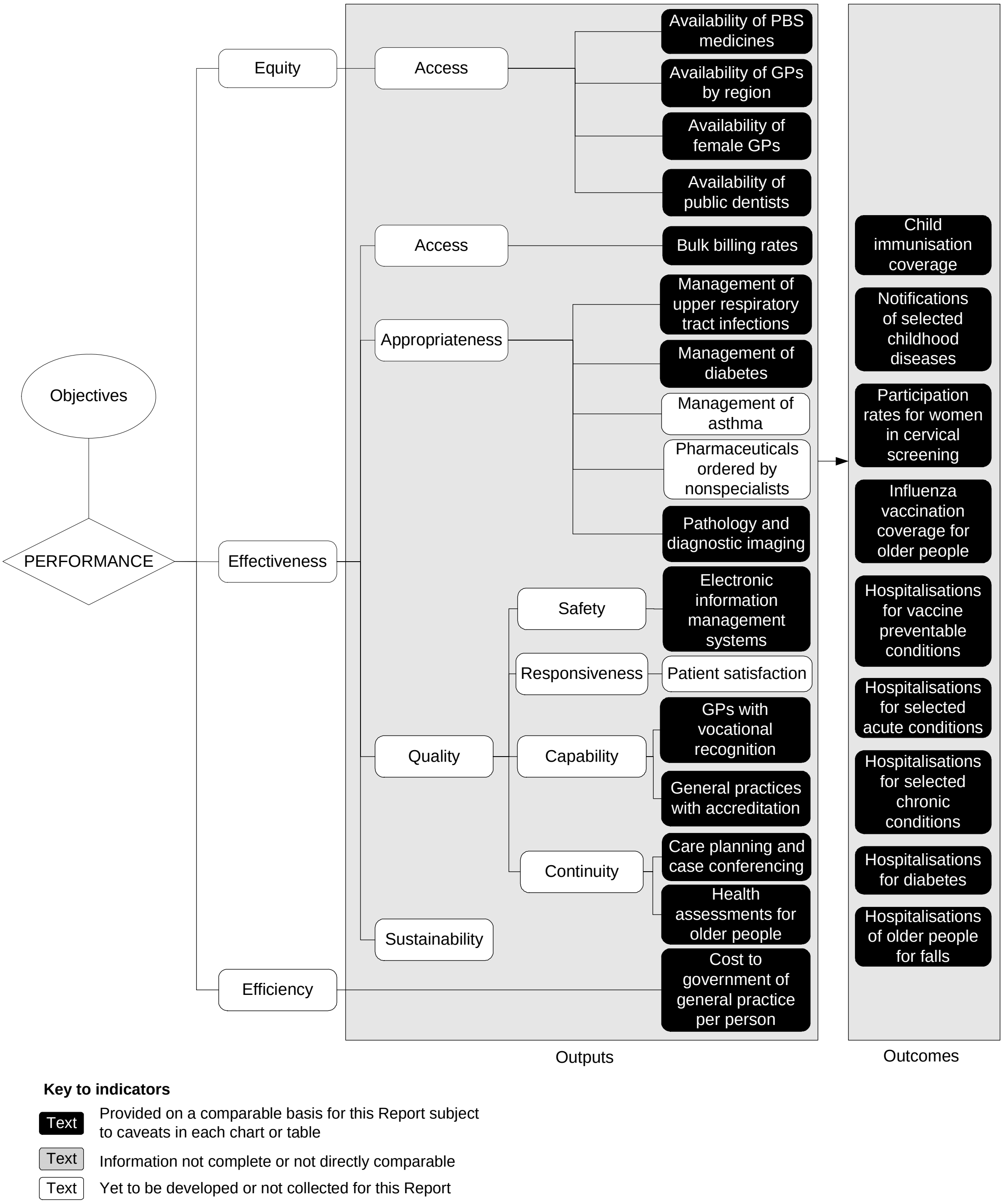
[a] An episode of healthcare involves contact between an individual client and staff of a service to provide healthcare. Group work is not included. Transport is included only if it involves provision of healthcare/information by staff. Episodes of healthcare provided at outreach locations are included — for example, episodes at outstation visits, park clinics and satellite clinics — as are episodes delivered over the phone.

Source: DoHA SAR (unpublished); 2007 Report, table 10.5, p. 10.11.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for primary and community health in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 10.1. The performance indicator framework shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 10.1 **Performance indicators for primary and community health**



Source: 2007 Report, figure 10.2, p. 10.13.

Child immunisation coverage

Many providers deliver child immunisation services. Data on valid vaccinations supplied to children under 7 years of age from the Australian Childhood Immunisation Register (ACIR) are shown in table 10.2.

Table 10.2 **Valid vaccinations supplied to children under 7 years of age, by provider type, 1996–2006 (per cent)[a, b]**

Provider	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
GP	83.6	52.3	82.6	63.5	68.7	85.9	38.2	3.2	70.5
Council	6.1	46.4	7.4	7.1	17.5	13.2	–	–	17.4
State or Territory health department	–	–	–	5.8	0.1	0.1	24.5	0.3	1.0
Flying doctor service	–	–	0.3	–	0.1	–	–	–	0.1
Public hospital	2.3	0.4	3.0	5.4	3.3	0.2	0.9	7.5	2.3
Private hospital	0.1	–	–	–	–	–	–	0.9	0.1
Indigenous health service	0.5	0.1	0.7	0.6	0.4	–	0.2	8.9	0.6
Indigenous health worker	–	–	0.5	–	0.1	–	–	0.2	0.1
Community health centre	7.3	0.8	5.5	17.7	9.8	0.6	36.3	79.0	8.0
Community nurse	–	–	–	–	–	–	–	–	–
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

[a] 1 January 1996 to 30 June 2006. Data relates to the State or Territory in which the immunisation provider was located. [b] A valid vaccination is a National Health and Medical Research Council's Australian Standard Vaccination Schedule vaccination administered to a child under the age of 7 years. – Nil or rounded to zero.

Source: DoHA (unpublished); table 10A.5; 2007 Report, table 10.7, p. 10.39.

Vaccine preventable hospitalisations

'Vaccine preventable hospitalisations' is an indicator of primary and community healthcare outcomes (box 10.1).

Box 10.1 **Vaccine preventable hospitalisations**

The effectiveness of primary and community healthcare has a significant influence on the rates of hospitalisation for vaccine preventable conditions. This influence occurs mainly through the provision of vaccinations and the encouragement of high rates of vaccination coverage for target populations.

This indicator is defined as the number of hospital separations for influenza and pneumonia, and other vaccine preventable conditions per 100 000 people. (Adjustments are made to account for differences in the age structure of populations across states and territories.)

A reduction in hospitalisation rates may indicate improvements in the effectiveness of the vaccination program. Effective treatment by primary health providers may also reduce hospitalisations.

A comparison of Indigenous people and all other people is also made by presenting the ratio of age standardised hospital separation rates of Indigenous people to all people. A ratio of close to one is desirable as it implies that Indigenous people have similar separation rates to all people.

Factors outside the control of the primary healthcare sector, however, also influence the rates of hospitalisation for vaccine preventable conditions. Examples are the number and virulence of influenza strains from year to year.

Australia-wide, the age standardised hospital separation rate for all vaccine preventable conditions was 0.7 per 1000 people in 2004-05. Nationally, influenza and pneumonia accounted for 77.6 per cent of age standardised hospitalisations for vaccine preventable conditions in 2004-05 (2007 Report, table 10.8).

The age standardised hospital separation rate of Indigenous people for all vaccine preventable conditions was 3.7 per 1000 Indigenous people in 2004-05 for Queensland, WA, SA and the NT combined. The quality of Indigenous identification is considered acceptable for the purposes of analysis for these jurisdictions. Over 80 per cent of vaccine preventable separations for Indigenous people were accounted for by influenza and pneumonia in 2004-05 (table 10.3).

Table 10.3 **Standardised hospital separations of Indigenous people for vaccine preventable conditions, per 1000 Indigenous people, 2004-05[a, b]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total[c]*	*Aust*
Influenza and pneumonia	np	np	1.4	4.4	2.2	np	np	4.9	3.0	np
Other conditions	np	np	0.4	0.9	0.5	np	np	1.2	0.7	np
Total	**np**	**np**	**1.9**	**5.3**	**2.8**	**np**	**np**	**6.2**	**3.7**	**np**

a Separation rates are directly age standardised to the Indigenous population at 30 June 2001. **b** Includes data only for Queensland, WA, SA, and the NT (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for the four states and territories are not necessarily representative of the other jurisdictions. **c** Total comprises Queensland, WA, SA and the NT only. **np** not published.

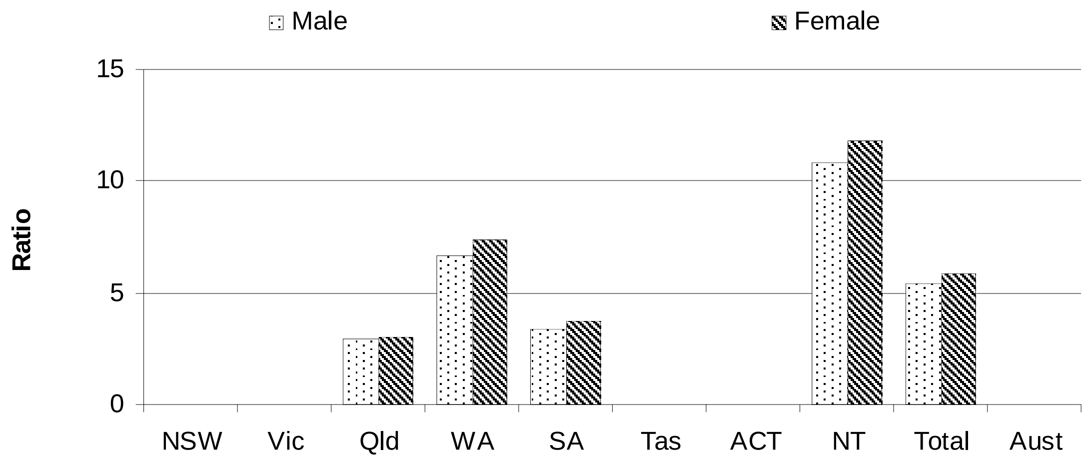
Source: AIHW (unpublished); 2007 Report, table 10.9, p. 10.47.

Data on Indigenous patients are limited by the accuracy and extent to which Indigenous people are identified in hospital records. Identification varies across states and territories. The report prepared by the AIHW and endorsed by relevant Australian Health Ministers’ Advisory Council committees titled *Improving the Data Quality of Indigenous Identification in Hospital Separations Data* recommends the following:

- Only data from Queensland, WA, SA and the NT should be used for analytical purposes (either at the individual or aggregate level).
- Analyses based on data for Queensland, WA, SA and the NT in aggregate are limited by jurisdictional differences in data quality and the data are not necessarily representative of the jurisdictions excluded.
- Caution should be exercised in using Queensland, WA, SA and the NT time series data for analysis (either individually or in aggregate). Changes in hospitalisation rates for Indigenous people may be a result of changes in the ascertainment of Indigenous status for Indigenous patients (AIHW 2005b).

Standardised hospital separation ratios for infectious pneumonia illustrate differences between the rates of hospital admissions for Indigenous people and those for all Australians, taking into account differences in age distributions. For both males and females there was a marked difference in 2004-05 between the separation rates for Indigenous people and those for the total population for infectious pneumonia diagnoses. For Queensland, WA, SA and the NT combined the separation rate for Indigenous males was 5.4 times higher than those for all Australian males. The separation rate for Indigenous females was 5.9 times the rate for all females (figure 10.2).

Figure 10.2 **Ratio of age standardised hospital separation rates of Indigenous people to all people for infectious pneumonia, 2004-05**[a, b, c, d, e]



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[a] The ratios are indirectly standardised using the estimated resident populations of Indigenous people and non-Indigenous people at 30 June 2004, and hospital separations data for Queensland, WA, SA, and the NT public hospitals. [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. The AIHW advised that only data from Queensland, WA, SA and the NT are considered to be of acceptable quality. [c] NT data are for public hospitals only. [d] Total comprises Queensland, WA, SA and the NT only. A total for Australia is not available. [e] Indigenous separation rates are based on state of hospitalisation while all person rates are based on state of usual residence. Care should be taken when comparing the two.

Source: AIHW (unpublished); tables 10A.6 and 10A.7; 2007 Report, figure 10.27, p. 10.48.

Hospitalisations for selected acute conditions

Box 10.2 **Hospitalisations for selected acute conditions**

The effectiveness of primary and community healthcare services has a significant influence on the rates of hospitalisation for the following selected acute conditions: dehydration and gastroenteritis; pyelonephritis (kidney inflammation caused by bacterial infection); perforated/bleeding ulcer; cellulitis; pelvic inflammatory disease; ear, nose and throat infections; dental conditions; appendicitis; convulsions and epilepsy; and gangrene.

(Continued on next page)

Box 10.2 **(Continued)**

Hospital separation rates for the selected acute conditions are calculated per 100 000 people and adjusted to account for differences in age distributions across State and Territory populations.

A reduction in hospitalisation rates may indicate improvements in the effectiveness of primary and community healthcare providers' treatment of these conditions.

Factors outside the control of the primary healthcare sector, however, also influence the rates of hospitalisation. An example is the underlying prevalence of the conditions. Public health measures not covered in this chapter may also influence the hospitalisation rates.

The age standardised hospital separation rate of Indigenous people for all potentially preventable acute conditions was 36.8 per 1000 Indigenous people in 2004-05 for Queensland, WA, SA and the NT combined. The quality of Indigenous identification is considered acceptable for the purposes of analysis for these jurisdictions. Over half of potentially preventable acute separations for Indigenous people were accounted for by convulsions and epilepsy, pyelonephritis and cellulitis in 2004-05 (table 10.4).

Table 10.4 **Standardised hospital separations of Indigenous people for potentially preventable acute conditions, per 1000 Indigenous people, 2004-05[a, b]**

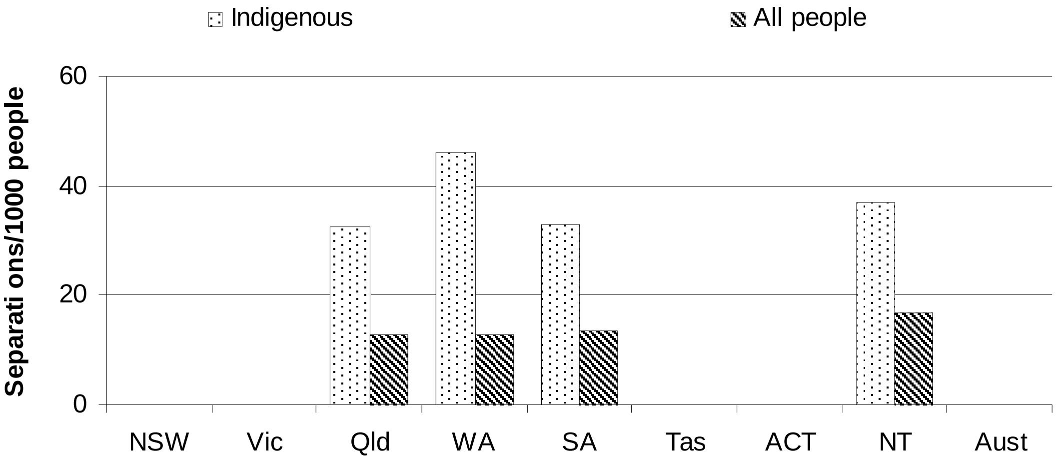
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*[c]	*Aust*
Dehydration and gastroenteritis	np	np	3.1	4.7	5	np	np	4.0	3.9	np
Pyelonephritis[d]	np	np	7.3	9.2	5.7	np	np	7.8	7.7	np
Perforated/bleeding ulcer	np	np	0.4	0.6	0.4	np	np	0.2	0.4	np
Cellulitis	np	np	5.9	6.1	2.4	np	np	6.7	5.8	np
Pelvic inflammatory disease	np	np	0.6	0.9	0.6	np	np	1.5	0.9	np
Ear, nose and throat infections	np	np	4.0	5.2	3.8	np	np	3.2	4.1	np
Dental conditions	np	np	3.0	3.7	3.3	np	np	2.9	3.2	np
Appendicitis	np	np	0.2	0.4	0.3	np	np	0.3	0.3	np
Convulsions and epilepsy	np	np	6.4	13.3	10.9	np	np	8.9	9.0	np
Gangrene	np	np	1.6	1.9	0.4	np	np	1.5	1.5	np
Total	**np**	**np**	**32.6**	**46.0**	**32.9**	**np**	**np**	**37.0**	**36.8**	**np**

[a] Separation rates are directly age standardised to the Indigenous population at 30 June 2001. [b] Includes data only for Queensland, WA, SA, and the NT (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for the four states and territories are not necessarily representative of the other jurisdictions. [c] Total comprises Queensland, WA, SA and the NT only. [d] Kidney inflammation caused by bacterial infection. **np** Not published.

Source: AIHW (unpublished); 2007 Report, table 10.11, p. 10.50.

The age standardised hospital separation rate of Indigenous people for all potentially preventable acute conditions was higher than that for all people in 2004-05 for Queensland, WA, SA and the NT (figure 10.3).

Figure 10.3 **Standardised hospital separations for potentially preventable acute conditions, 2004-05[a, b, c]**



[a] Indigenous separation rates are per 1000 of the Indigenous population and are directly age standardised to the Indigenous population at 30 June 2001. All people separation rates are per 1000 people and are directly age standardised to the Australian population at 30 June 2001. [b] Includes data only for Queensland, WA, SA, and the NT (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for the four states and territories are not necessarily representative of the other jurisdictions. A total for Australia is not available. [c] Indigenous separation rates are based on state of hospitalisation while all person rates are based on state of usual residence. Care should be taken when comparing the two.

Source: AIHW (unpublished); 2007 Report, figure 10.28, p. 10.51.

Hospitalisations for selected chronic conditions

Box 10.3 **Hospitalisations for selected chronic conditions**

The effectiveness of primary and community healthcare has a significant influence on the rates of hospitalisation for the following selected chronic conditions: asthma; congestive cardiac failure; diabetes complications; chronic obstructive pulmonary disease; iron deficiency anaemia; hypertension; and nutritional deficiencies. (Diabetes is considered in detail in a separate indicator.)

Hospital separation rates for the selected chronic conditions are calculated per 1000 people and adjusted to account for differences in age distributions across State and Territory populations.

A reduction in hospitalisation rates may indicate improvements in the effectiveness of primary and community healthcare providers' treatment of these conditions.

Factors outside the control of the primary healthcare sector, however, also influence the rates of hospitalisation. An example is the underlying prevalence of the conditions. Public health measures that are not reported in this chapter may also influence the hospitalisation rates.

The age standardised hospital separation rate of Indigenous people for all potentially preventable chronic conditions was 65.7 per 1000 Indigenous people in 2004-05 for Queensland, WA, SA and the NT combined. The quality of Indigenous identification is considered acceptable for the purposes of analysis only for these jurisdictions. Excluding diabetes, which is discussed below, chronic obstructive pulmonary disease, congestive cardiac failure and angina were the three highest sources of potentially preventable chronic separations for Indigenous people in 2004-05 (table 10.5).

Table 10.5 Standardised hospital separations of Indigenous people for potentially preventable chronic conditions, per 1000 Indigenous people, 2004-05[a, b]

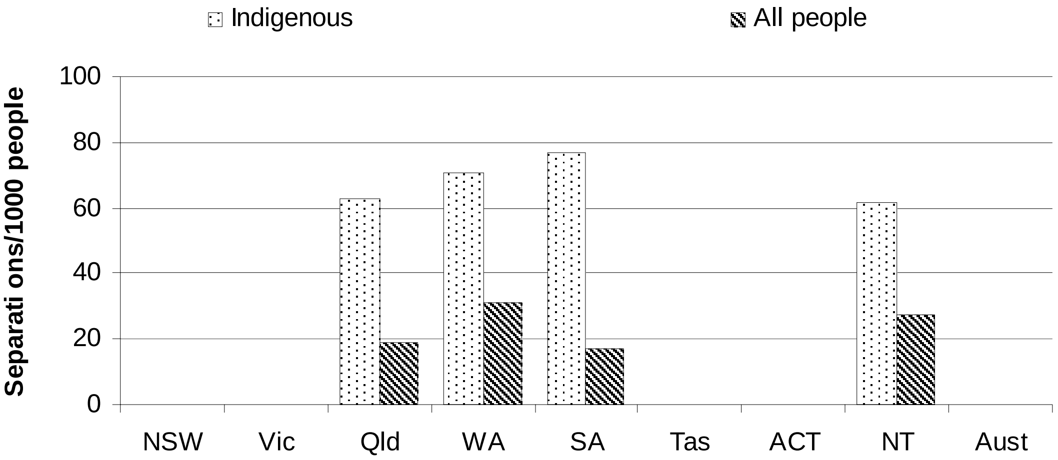
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*[c]	*Aust*
Asthma	np	np	4.2	8.6	4.9	np	np	2.6	5.1	np
Congestive cardiac failure	np	np	7.7	8.5	11.2	np	np	6.5	8.0	np
Diabetes complications[d]	np	np	33.4	38.0	44.4	np	np	30.6	34.9	np
Chronic obstructive pulmonary disease	np	np	14.0	13.4	16.0	np	np	18.0	14.8	np
Angina	np	np	7.1	6.0	6.2	np	np	5.6	6.4	np
Iron deficiency anaemia	np	np	1.2	2.3	1.3	np	np	2.4	1.7	np
Hypertension	np	np	1.7	0.9	2.0	np	np	0.6	1.3	np
Nutritional deficiencies	np	np	–	–	–	np	np	–	–	np
Rheumatic heart disease[e]	np	np	–	–	–	np	np	–	–	np
Total	**np**	**np**	**63.0**	**70.5**	**77.0**	**np**	**np**	**61.6**	**65.7**	**np**

[a] Separation rates are directly age standardised to the Indigenous population at 30 June 2001. [b] Includes data only for Queensland, WA, SA, and the NT (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for the four states and territories are not necessarily representative of the other jurisdictions. [c] Total comprises Queensland, WA, SA and the NT only. [d] Diabetes complications does not include records with a principal diagnosis of renal dialysis and an additional diagnosis of diabetes. [e] Rheumatic heart disease includes acute rheumatic fever as well as the chronic disease. – Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished); 2007 Report, table 10.13, p. 10.53.

The age standardised hospital separation rate of Indigenous people for all potentially preventable chronic conditions was higher than that for all people in 2004-05 for Queensland, WA, SA and the NT (figure 10.4).

Figure 10.4 Standardised hospital separations for potentially preventable chronic conditions, 2004-05[a, b, c]



a Indigenous separation rates are per 1000 of the Indigenous population and are directly age standardised to the Indigenous population at 30 June 2001. All people separation rates are per 1000 people and are directly age standardised to the Australian population at 30 June 2001. **b** Includes data only for Queensland, WA, SA, and the NT (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for the four states and territories are not necessarily representative of the other jurisdictions. A total for Australia is not available. **c** Indigenous separation rates are based on state of hospitalisation while all person rates are based on state of usual residence. Care should be taken when comparing the two.

Source: AIHW (unpublished); 2007 Report, figure 10.29, p. 10.54.

Hospitalisations for diabetes

Box 10.4 Hospitalisations for diabetes

The effectiveness of primary and community healthcare has a significant influence on the rates of hospitalisation for diabetes.

Hospital separation rates for patients with diabetes mellitus as the principal diagnosis, and for patients with a lower limb amputation and a principal or additional diagnosis of diabetes are reported. These rates are calculated per 100 000 people and adjusted to account for differences in the age distribution of State and Territory populations.

A reduction in these rates may indicate an improvement in GPs and community health providers’ management of patients’ diabetes.

(Continued on next page)

Box 10.4 **(Continued)**

A comparison of Indigenous and all other people is made by presenting the ratio of age standardised hospital separation rates of Indigenous people to all people. A ratio of close to one is desirable as it implies that Indigenous people have similar separation rates to all people.

Factors outside the control of the primary healthcare sector, however, also influence the rates of hospitalisation. An example is the underlying prevalence of the conditions. Public health measures that are not reported in this chapter may also influence the hospitalisation rates.

Age standardised hospital separation ratios for all diabetes diagnoses illustrate differences between the rates of hospital admissions for Indigenous people and those for all Australians, taking into account differences in age distributions. For both males and females there was a marked difference in 2004-05 between the separation rates for Indigenous people and those for the total population for all diabetes diagnoses.[1] The quality of Indigenous identification is considered acceptable for the purposes of analysis for Queensland, WA, SA and the NT. For these jurisdictions combined the separation rate for Indigenous males was 9.3 times higher than those for all Australian males. The separation rate for Indigenous females was 12.5 times the rate for all females (figure 10.5).

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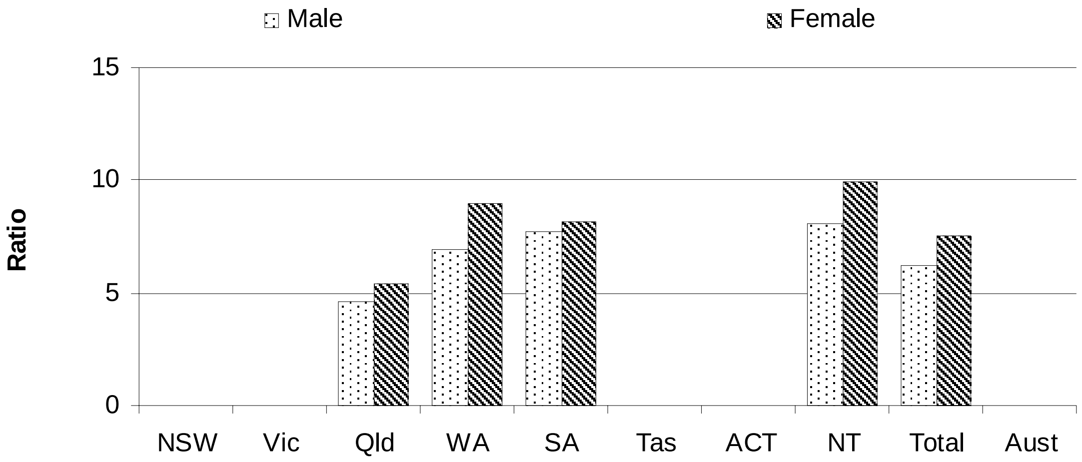
[1] 'All diabetes' refers to separations with either a principal or additional diagnosis of diabetes.

Figure 10.5 **Ratio of age standardised hospital separation rates of Indigenous people to all people for all diabetes diagnoses, 2004-05**[a, b, c, d, e, f]



[a] The ratios are indirectly standardised using the estimated resident populations of Indigenous people and non-Indigenous people at 30 June 2004, and hospital separations data for Queensland, WA, SA, and the NT public hospitals. [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. The AIHW advised that only data from Queensland, WA, SA and the NT are considered to be of acceptable quality. [c] 'All diabetes' refers to separations with a principal and/or additional diagnosis, except where dialysis is the principal diagnosis. [d] NT data are for public hospitals only. [e] Total comprises Queensland, WA, SA and the NT only. A total for Australia is not available. [f] Indigenous separation rates are based on state of hospitalisation while all person rates are based on state of usual residence. Care should be taken when comparing the two.

Source: AIHW (unpublished); tables 10A.6 and 10A.7; 2007 Report, figure 10.33, p. 10.58.

Future directions in performance reporting

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. 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 developed under the auspices of the Australian Health Ministers' Advisory Council will inform the selection of future indicators of primary and community health services to Indigenous people (see the 'Health preface').

The availability of hospital separations data for Indigenous people is significantly reduced in the 2007 Report compared to previous Reports. Analysis into the quality of Indigenous identification of hospital admitted patient statistics has shown that while the quality is good in some jurisdictions, in other jurisdictions it is poor (AIHW 2005a). Consequently, Indigenous hospital separations data are only available for Queensland, WA, SA and the NT. Data from NSW, Victoria, Tasmania and the ACT were considered to be of insufficient quality. Although some jurisdictions have improved the quality of Indigenous hospital separations data, the Steering Committee considers that the lack of progress and ongoing evaluation of data quality in other jurisdictions is disappointing as the problem has been known for ten years.

The AIHW is developing a methodology and sampling strategy that will allow each jurisdiction to carry out a validation process to get a more recent indication of the current level of under identification in their hospital data. At the end of this project, the jurisdictions will be in a better position to assess whether the situation has improved. The AIHW is also currently undertaking another project to develop best practice guidelines for identification. The Steering Committee supports the work of the AIHW to assist jurisdictions to assess the quality of their data, however, primary responsibility for improvement rests with jurisdictions and the Steering Committee strongly encourages all jurisdictions to address this issue as a matter of urgency.

Supporting tables

Supporting tables for data within this chapter 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). The tables included in the attachment are listed below.

References

AIHW (Australian Institute of Health and Welfare) 2005a, *Australian Hospital Statistics 2003-04*, AIHW, Canberra.

—— 2005b, *Improving the Quality of Indigenous Identification in Hospital Separations Data*, AIHW Cat. no. HSE 101, Canberra.

DHFS (Australian Government Department of Health and Family Services) 1996, *General Practice in Australia: 1996*, Canberra.

Quality Improvement Council 1998, *Australian Health and Community Service Standards: Community and Primary Health Care Services Module*, Melbourne.

SCRGSP (Steering Committee for the Review of Government Service Provision) 2005, *Overcoming Indigenous Disadvantage: Key Indicators 2005*, Productivity Commission, Canberra.

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, which represent 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 areas 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 2003b).

Indigenous data in the health management issues chapter

The health management issues chapter in the *Report on Government Services 2007* (2007 Report) contains the following data for Indigenous people:

- participation rates of women aged 50–69 years from selected communities in BreastScreen Australia screening programs, 2004 and 2005 (24 month period)
- specialised psychiatric care by Indigenous status, 2003-04
- mortality due to suicide, 2000–2004.

Supporting tables

Supporting tables for data within the health management issues chapter of this compendium are contained in attachment 11A of the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 11A.3 is table 3 in the health management issues attachment). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to ‘2007 Report, p. 11.15’ this is page 15 of chapter 11 of the 2007 Report, and ‘2007 Report, table 11A.2’ is attachment table 2 of attachment 11A of the 2007 Report.

Breast cancer

Breast cancer is a disease whereby uncontrolled or malignant cell division leads to the formation of a tumour or tumours in a woman’s breast.[1] Tumours may expand locally by invading surrounding tissue, or they may spread via the lymphatic or vascular systems to the rest of the body. If left untreated, most malignant tumours result in the death of the affected person (AIHW 2003a).

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).

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for breast cancer detection and management in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 11.1. The performance indicator framework shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

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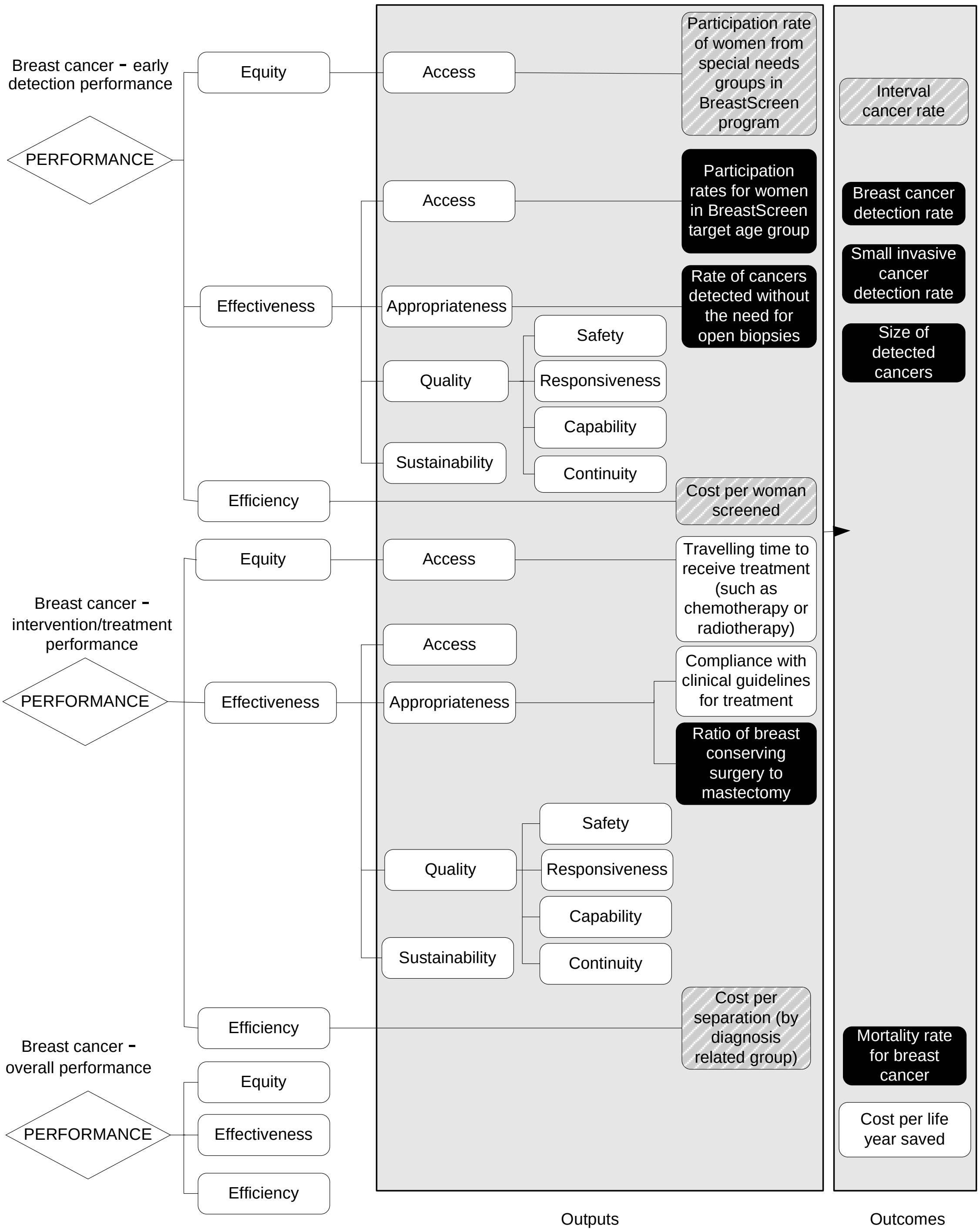
[1] Breast cancer in males is very rare. It is not examined in this Report.

Figure 11.1 **Performance indicators for breast cancer detection and management**



Key to indicators

■ Text	Provided on a comparable basis for this Report subject to caveats in each chart or table
▨ Text	Information not complete or not directly comparable
☐ Text	Yet to be developed or not collected for this Report

Source: 2007 Report, figure 11.6, p. 11.13.

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

The ‘participation rate of women from selected community groups in BreastScreen programs’ is an indicator of equity of access (box 11.1).

Box 11.1 Participation rate of women from selected community groups in BreastScreen programs

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 women from these 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. This reflects the importance of screening to the early detection of breast cancers. Early detection is associated with better outcomes for women with breast cancer, in terms of morbidity and mortality.

The participation rate measures the proportion of the eligible population in the community group attending the screening program within a 24 month period. Participation rates for community groups that are at, or close to, those for the total population indicate success in overcoming group-specific barriers to access.

The national age standardised participation rate for Indigenous women aged 50–69 years has tended to increase in recent years, but remains below the non-Indigenous participation rate in that age group, although this may be influenced by problems with the identification of Indigenous status (table 11A.2). For the same 24 month period and age group, the national participation rate for NESB women (42.7 per cent) was also lower than that of the national total female population, as was that of women living in rural and remote areas (50.5 per cent) (table 11.1). 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.

Table 11.1 Age standardised participation rates of women aged 50–69 years from selected communities in BreastScreen Australia programs, 2004 and 2005 (24 month period) (per cent)[a, b]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous[c]	33.9	37.3	50.2	29.8	33.1	34.9	44.8	18.9	36.1
Non-English Speaking Background[d]	43.0	33.6	63.1	55.2	52.5	41.5	73.4	11.1	42.7
Metropolitan or capital city[e]	61.7	57.9	58.7	54.9	60.7	56.0	55.6	47.3	59.0
Rural and remote, or rest of State[f]	36.2	56.7	58.7	57.6	65.7	57.5	..	40.3	50.5
All women aged 50–69 years	51.2	57.5	58.6	55.6	62.1	57.4	55.3	43.9	55.7

[a] First and subsequent rounds. [b] Rates are standardised to the 2001 Australian population standard. [c] Those women who self-identify as being of Aboriginal or Torres Strait Islander descent. [d] Women who speak a language other than English at home. [e] 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). [f] 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). .. Not applicable.

Source: State and Territory governments (unpublished); tables 11A.1 and 11A.2; 2007 Report, table 11.4, p. 11.16.

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). There is a wide range of mental disorders that can affect an individual's functioning and quality of life. 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. The average length of stay for Indigenous people was slightly more than that for the total population (table 11.2).

Table 11.2 Specialised psychiatric care, by Indigenous status, 2003-04[a, b, c]

	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	109	2 295	2 404	54 406	54 051	23.7	23.6
Total population	3 492	30 779	34 271	941 723	934 985	20.7	30.4

[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] Data are for Queensland, WA, SA and the NT only.

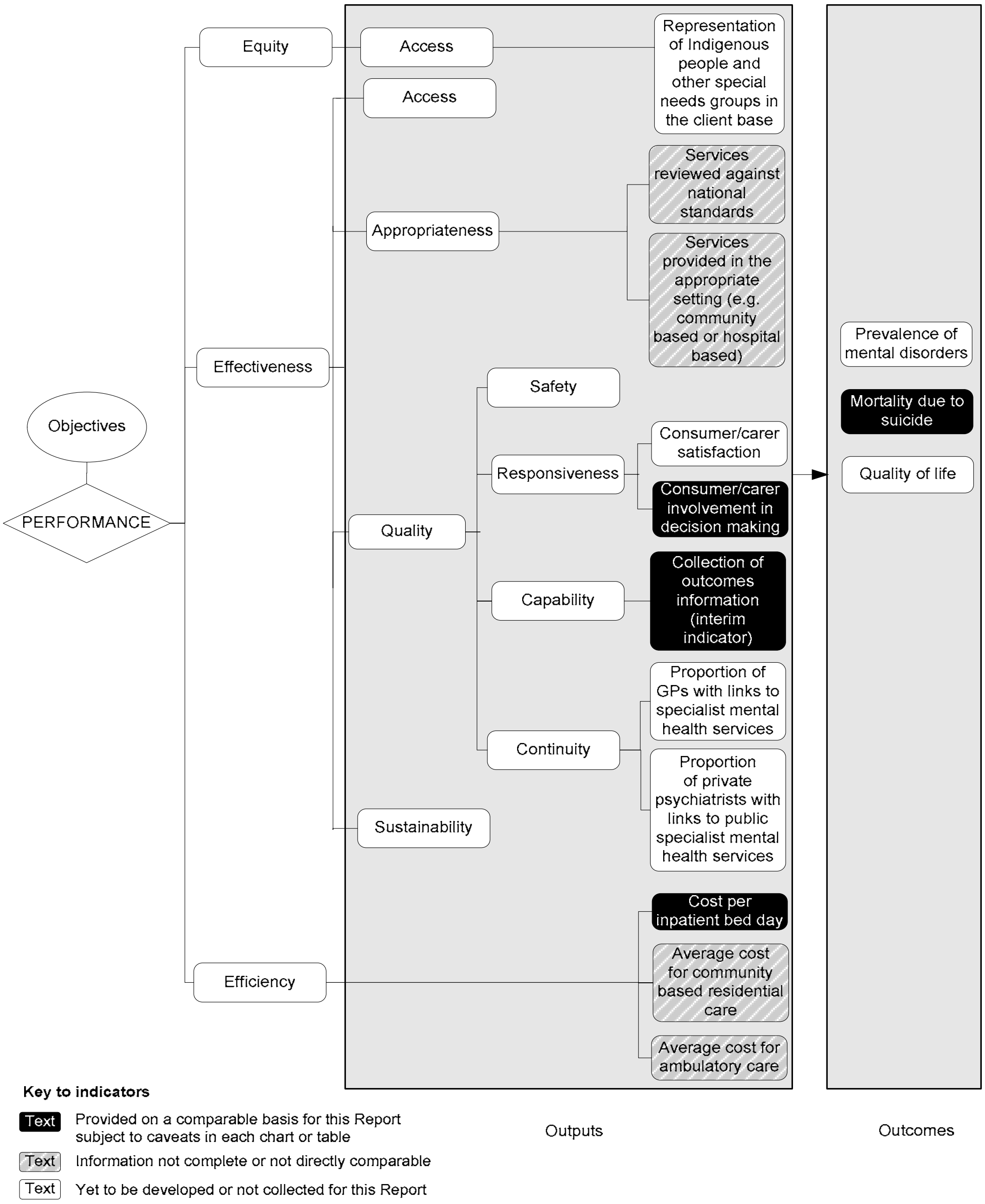
Source: AIHW (2005); table 11A.3; 2007 Report, table 11.7, p. 11.46.

Schizophrenia disorders accounted for a large proportion of overnight specialised psychiatric care separations reported for Indigenous patients in Australia in 2003-04 (30.7 per cent). They also accounted for around 37.4 per cent of patient days for Indigenous patients and a similar percentage of psychiatric care days (37.6 per cent) (table 11A.4).

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for mental health management in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 11.2. The performance indicator framework shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 11.2 **Performance indicators for mental health management**



Source: 2007 Report, figure 11.24, p. 11.48.

Representation of Indigenous people and others in the client base

The Steering Committee has identified the ‘representation of Indigenous people and other special needs groups in the client base’ as a key area for development in future reports (box 11.2).

Box 11.2 **Representation of Indigenous people and other special needs groups in the client base**

The ‘representation of Indigenous people and other special needs groups in the client base’ is an indicator of governments’ aim to provide mental health services in an equitable manner, including access to services by special needs groups such as Indigenous people.

Mortality due to suicide

‘Mortality due to suicide’ is an outcome indicator of mental health management (box 11.3).

Box 11.3 **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.)

This indicator is reported as the suicide rate per 100 000 people for all people, people aged 15–24 years, people living in capital cities, people living in other urban areas, people living in rural areas 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.

The Indigenous suicide rate is presented for the period 2000–2004 for four jurisdictions: Queensland, WA, SA and the NT (table 11A.5). The rate calculations have not been adjusted for differences in the completeness of identification of Indigenous deaths across jurisdictions. After adjusting for age differences between populations, the suicide rates for Indigenous people for the period 2000–2004 in the jurisdictions for which data are presented in table 11A.5 are at least twice as high as the rates for the non-Indigenous populations in those jurisdictions in the period 2000–2004.

Care needs to be taken when interpreting these data because data for Indigenous people are incomplete and data for some jurisdictions are not published. 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 for reporting on mental health management

One key challenges for improving the reporting of mental health management is improving the reporting of effectiveness and efficiency indicators for Indigenous people.

Supporting tables

Supporting tables for data within this chapter are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 11A.3 is table 3 in the health management issues attachment). The tables included in the attachment are listed below.

Breast cancer

Table 11A.1	Participation rates of women in BreastScreen Australia, (24 month period)
Table 11A.2	Participation rates of women screened by BreastScreen Australia, by special needs groups (24 month period) (first and subsequent rounds) (per cent)

Mental health

Table 11A.3	Specialised care separations reported for Indigenous patients, Australia 2003-04
Table 11A.4	Specialised psychiatric care separations reported for Indigenous patients, Australia 2003-04
Table 11A.5	Suicide deaths, by Indigenous status

References

AIHW (Australian Institute of Health and Welfare) 2003a, *BreastScreen Australia Monitoring Report 2000-2001*, Cat. no. CAN 20, Cancer Series no. 25, Canberra.

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

—— 2005, *Mental Health Services in Australia 2003-04,* Cat. no. HSE 31, Mental Health Series no. 5, Canberra.

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.

D Community services preface

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 these roles and aim to fulfil these roles 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).

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).

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).

As in previous years, this preface includes descriptive data obtained from the Australian Institute of Criminology (AIC) on the number and detention rates of young people in detention. In addition, it includes data on the number of young people on community-based orders in each jurisdiction, provided by the AIHW. Community services expenditure data in this Preface were aggregated from the individual chapters in this Report.

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 activities include 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 — including children's services, which aim to meet the care, education and development needs of children. Activities that seek to protect children from abuse and neglect or harm, through statutory intervention and support for families are also included.

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

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.

[a] This preface uses the term 'juvenile justice' to refer to detention and community-based supervision services for young people who have committed or allegedly committed an offence while considered by law to be a juvenile.

Source: AIHW (2003); 2007 Report, box F.1, p. F.2.

Indigenous data in the community services preface

The community services preface in the *Report on Government Services 2007* (2007 Report) contains the following data items on Indigenous people:

- average daily population in juvenile detention (number), 2000-01 to 2004-05
- average annual rate of detention in juvenile detention, 2000-01 to 2004-05

As the data are directly sourced from the 2007 Report, the compendium notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to ‘2007 Report, p. F.15’ this is page 15 of the community services preface of the 2007 Report, and ‘2007 Report, table F.2’ is table 2 of the community services preface of the 2007 Report.

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. While this legislation varies in detail, its intent is similar across jurisdictions. Key elements of juvenile justice systems in all jurisdictions include, for example: the diversion of young people from the more formal criminal justice system (courts) where appropriate; detention as a last resort; victim’s rights; the acceptance of responsibility by the young person appropriate to developmental stage for his or her behaviour; and community safety.

The juvenile justice system in each jurisdiction comprises several organisations, each with a different primary role and responsibility in dealing with young people. 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 young person 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 young people 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 reduction. Many of the services provided by juvenile justice agencies are aimed at: rehabilitating young people; minimising the level, and future involvement of young people in the justice system; reducing the over representation of Indigenous young people in the justice system; maintaining the young person's connection with family, culture and community; providing young people with an appropriate level of care and safety (duty of care); increasing young people's accountability to victims; and improving community safety.

Juvenile detentions

The following data relate to juvenile detention only and do not describe the operation of community-based services, which, as noted above, supervise the majority of juvenile offenders. Jurisdictions also have different definitions of a juvenile, which may have an impact on the number and rates reported for people aged 10–17 years.

Data on the number of juveniles in detention include those on remand as well as those sentenced. In some jurisdictions (for example, WA), juveniles who have been arrested and have not yet appeared before a court, are also held in a detention centre.

The AIC publishes an annual report on juveniles in detention who are either on remand, or sentenced, or both. The AIC data detail the number of young people aged 10–17 years held in juvenile detention centres at the end of each quarter. The AIC data is more current than that available from the Juvenile Justice National Minimum Data Set (JJ NMDS).

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

Nationally, the daily average number of people aged 10–17 years detained in juvenile detention centres decreased from 611 to 595 between 2000-01 and 2004-05 (2007 Report, table F.2, p. F.9). The daily average number of Indigenous young people aged 10–17 years detained in juvenile detention centres was 322 in 2004-05 (table CSP.1).

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

	NSW [b]	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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
2003-04	98	14	54	92	18	6	4	12	298
2004-05	111	12	53	87	28	7	6	19	322

a Average based on population of juvenile detention centres on the last day of each quarter of the financial year. **b** NSW data from 31 March 2005 include Kariong Juvenile Correction Centre detainees, sourced from the NSW Department of Corrective Services.

Source: AIC (unpublished); 2007 Report, table F.5, p. F.11.

Nationally, the daily average detention rate for Indigenous people aged 10–17 years in 2004-05 was 322.8 per 100 000 Indigenous people aged 10–17 years. This rate compared to 12.9 per 100 000 for the non-Indigenous population aged 10–17 years (table CSP.2). 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.

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

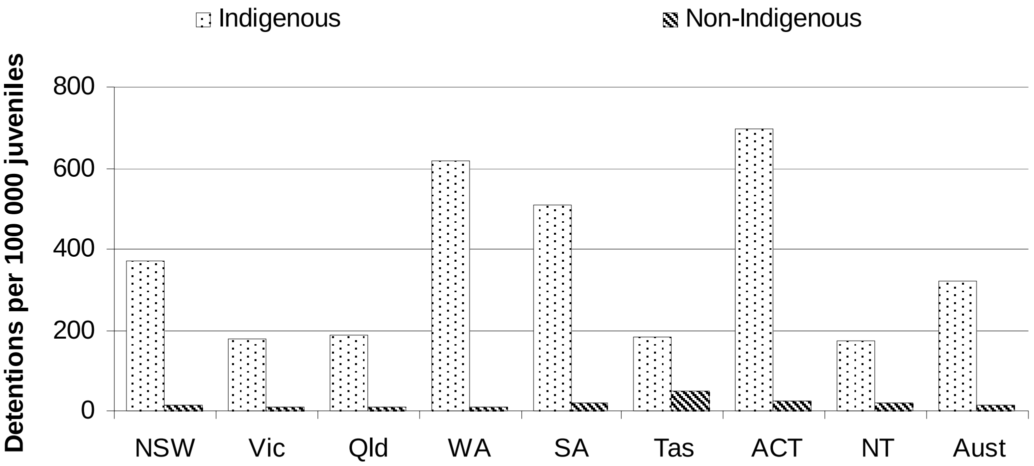
	NSW [d]	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous									
2000-01	324.9	142.4	222.2	565.4	265.9	na	524.7	121.4	294.5
2001-02	351.4	135.8	221.1	555.6	388.2	na	624.4	119.9	307.9
2002-03	353.8	173.6	212.0	604.7	538.1	na	458.6	182.6	326.6
2003-04	339.3	231.0	202.6	671.8	333.2	158.7	503.2	108.6	310.1
2004-05	368.5	179.4	189.0	616.3	508.3	181.9	696.8	174.9	322.8
Non-Indigenous									
2000-01	19.9	10.7	8.7	15.1	29.3	na	36.4	26.6	16.0
2001-02	17.9	10.7	8.8	17.3	23.0	na	35.7	23.7	15.0
2002-03	17.5	10.3	10.3	12.2	23.8	na	36.9	30.9	14.9
2003-04	15.9	9.1	8.9	13.8	20.3	39.6	39.4	12.2	13.9
2004-05	15.4	7.8	8.5	10.8	19.2	49.8	25.4	17.4	12.9

a Detention rates are based on average population of juvenile detention centres on the last day of each quarter of the financial year. **b** Indigenous rates 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** NSW data from 31 March 2005 include Kariong Juvenile Correction Centre detainees, sourced from the NSW Department of Corrective Services. **na** Not available.

Source: AIC (unpublished); 2007 Report, table F.6, p. F.11.

The over representation of Indigenous young people in detention across jurisdictions in 2004-05 is shown in figure CSP.1.

Figure CSP.1 **Average rate of detention of Indigenous and non-Indigenous people aged 10–17 years in juvenile detention, per 100 000 people, 2004-05[a, b, c, d]**



a Detention rates are based on average population of juvenile detention centres on the last day of each quarter of the financial year. **b** Indigenous rates 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** NSW data from 31 March 2005 include Kariong Juvenile Correction Centre detainees, sourced from the NSW Department of Corrective Services.

Source: AIC (unpublished); 2007 Report, figure F.3, p. F.12.

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 and services designed for the carers of older people. Some government expenditure on aged care is not reported, but continual improvements are being made to the coverage and quality of the data. The services covered include:

- residential services, which provide high care, low care and residential respite care (*Report on Government Services 2007* (2007 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)[1]
- 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).

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, in the absence of 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 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

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

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 2004a). 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 2007 Report contains the following information on Indigenous people:

- ACAT assessment rates per 1000 target population, 2004-05
- number of Indigenous-specific services, 30 June 2006
- age profile and target population differences between Indigenous and other Australians, June 2001
- variation in the rate of access of the special needs target population from their proportion in the population as a whole, June 2006
- aged care residents per 1000 target population, 30 June 2006
- CACP recipients per 1000 target population, 30 June 2006
- recipients of HACC services by age, 2005-06
- Commonwealth Carelink centres, contacts per 1000 people, 30 June 2006.

Supporting tables

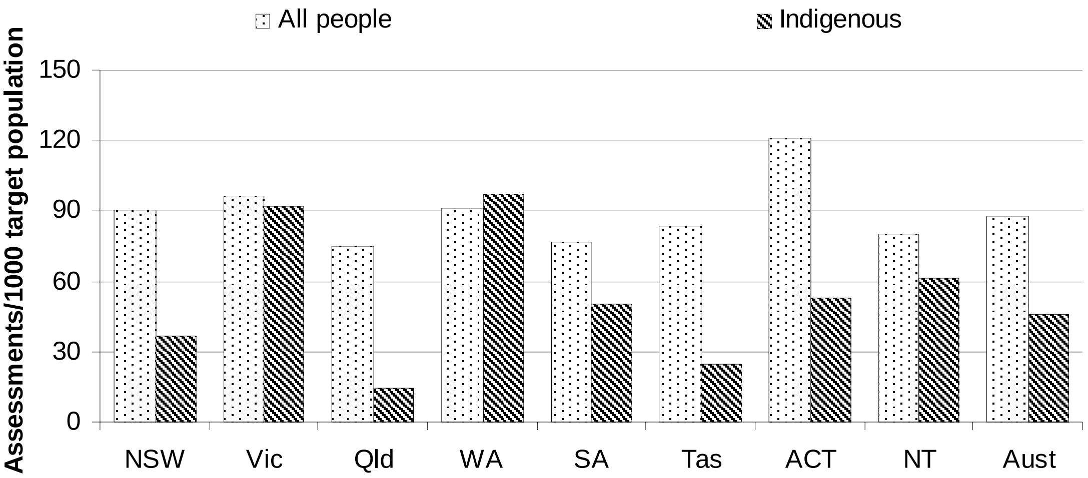
Supporting tables for data within the aged care services chapter of this compendium are contained in attachment 12A of the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 12A.3 is table 3 in the aged care services attachment). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to ‘2007 Report, p. 12.15’ this is page 15 of chapter 12 of the 2007 Report, and ‘2007 Report, table 12A.2’ is attachment table 2 of attachment 12 of the 2007 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, EACH package, EACH Dementia package or Transition Care Program (TCP). 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.

The number of assessments per 1000 target population varied across jurisdictions in 2004-05. The national rate was 88.1 assessments per 1000 people aged 70 years or over and Indigenous people aged 50 years or over and 46.3 per 1000 Indigenous people aged 50 years or over (figure 12.1).

Figure 12.1 **Aged Care Assessment Team assessment rates, 2004-05[a, b, c, d]**



[a] Includes ACAT assessments for all services. [b] 'All people' includes all assessments of people aged 70 years or over and Indigenous people aged 50 years or over per 1000 people aged 70 years or over and Indigenous people aged 50 years or over. [c] 'Indigenous' includes all assessments of Indigenous people aged 50 or over per 1000 Indigenous people aged 50 years or over. [d] The number of Indigenous assessments is based on self-identification of Indigenous status.

Source: Department of Health and Ageing (DoHA) (unpublished); table 12A.9; 2007 Report, figure 12.1, p. 12.5.

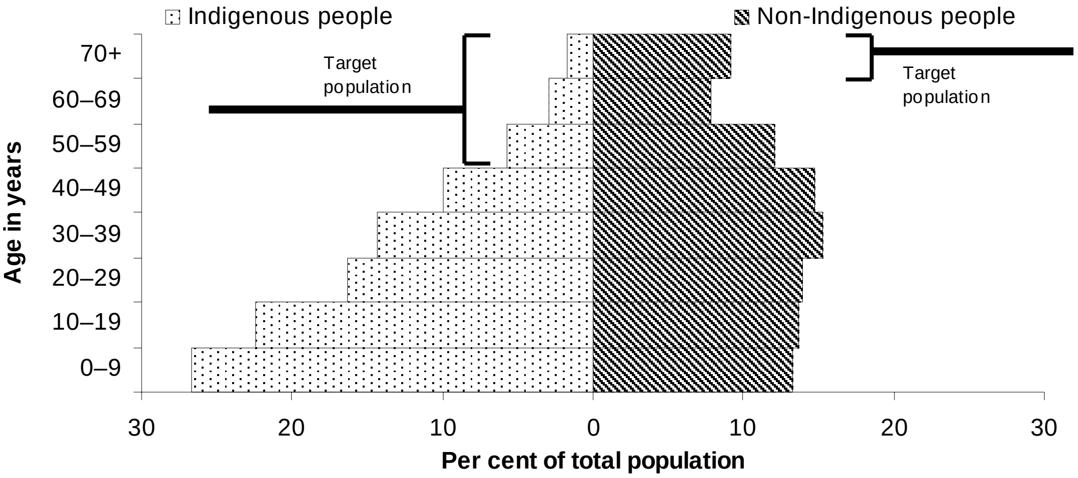
Indigenous-specific services

Aboriginal and Torres Strait Islander people access mainstream services, as well as those managed by Aboriginal and Torres Strait Islander organisations. There are 29 services funded under the Aged Care Act that operate under the auspices of those organisations, providing 744 places at 30 June 2006. In addition, at 30 June 2006 there were 580 operational flexible aged care places, delivered under the National Aboriginal and Torres Strait Islander Aged Care Strategy. These flexible care places help ensure that Aboriginal and Torres Strait Islander people can access culturally appropriate care services as close as possible to their communities (DoHA unpublished). The Australian Government approved an additional 150 places to be allocated over three years.

Characteristics of older Indigenous people

The Australian Bureau of Statistics (ABS) estimates that about 54 100 Indigenous people were aged 50 years or over in Australia at 30 June 2006 (table 12A.1). Although the Indigenous population is also ageing, there are marked differences in the age profile of Indigenous Australians compared with non-Indigenous Australians (figure 12.2). The ABS estimates that for both males and females, life expectancy at birth in the Indigenous population is around 17 years less than in the total Australian population (ABS 2004b). These figures indicate that 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**

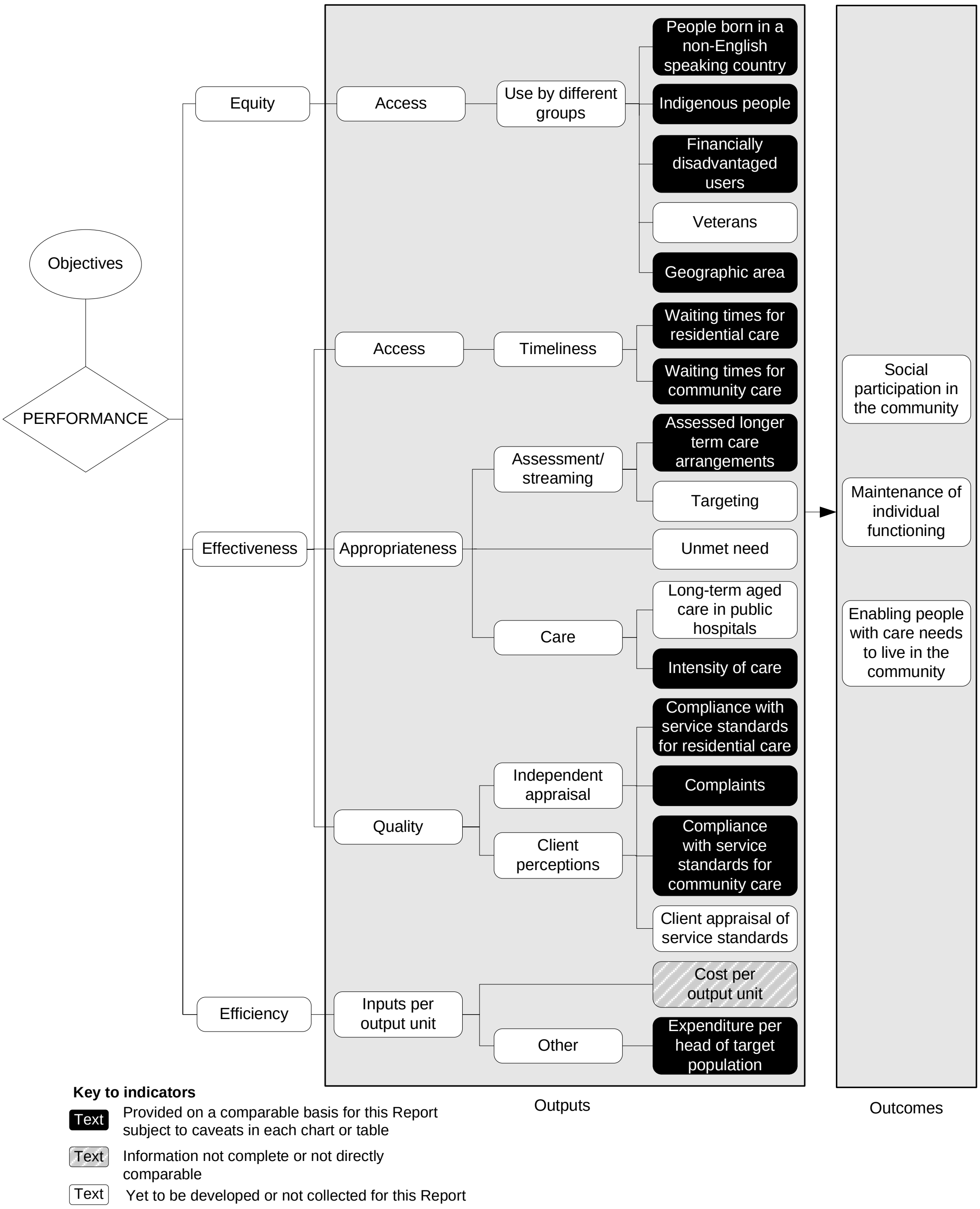


Source: ABS (2004c); 2007 Report, figure 12.9, p. 12.18.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for aged care services in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 12.3. The performance indicator framework shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 12.3 **Performance indicators for aged care services**



Source: 2007 Report, figure 12.11, p. 12.24.

Use by different groups

‘Use by different groups’ is an output indicator of equity (box 12.1).

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, using the following definitions:

- 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 benchmarked against the rate at which the general population accesses the service
- 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) benchmarked against the rate at which the general population accesses the service
- 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 because:

- 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.

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

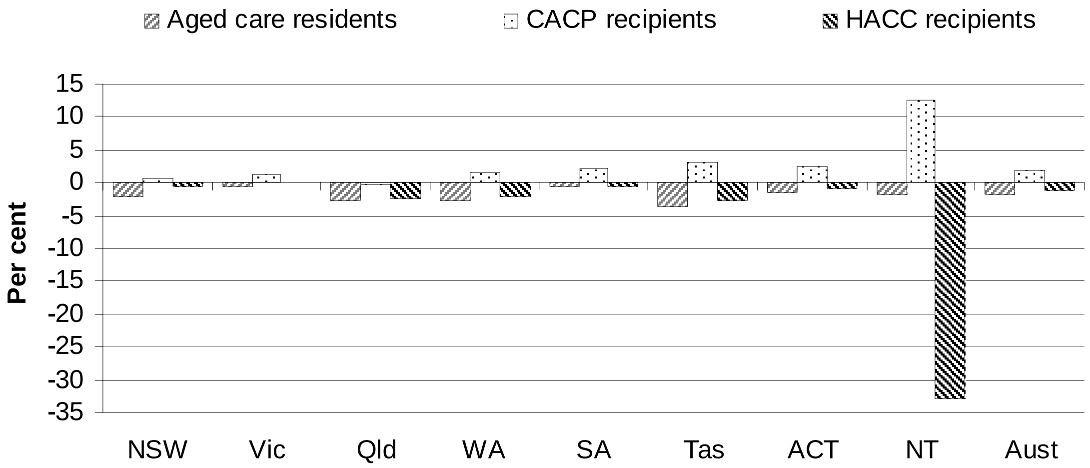
- Cultural differences may influence the extent to which people born in non-English speaking countries use different types of services.
- Cultural differences and geographic location may influence the extent to which Indigenous people use different types of services.
- The availability of informal care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

Access to residential services

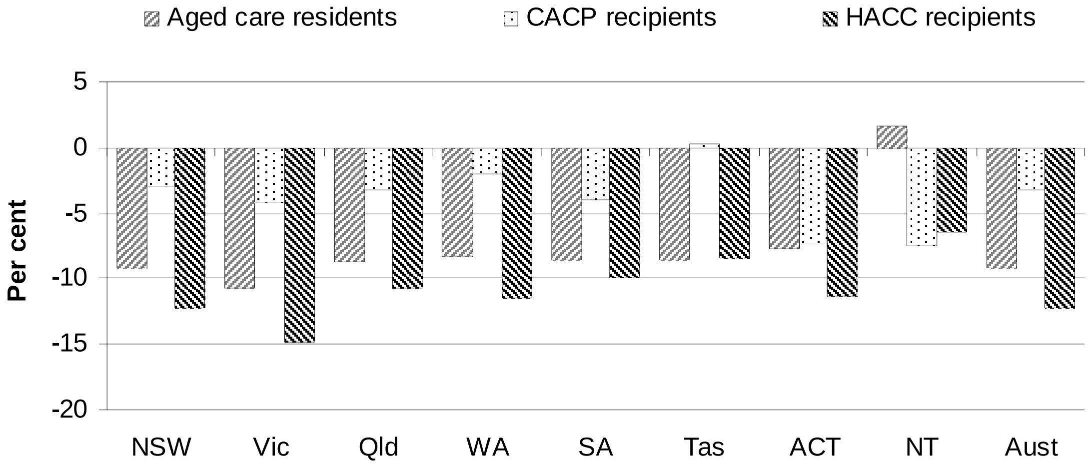
The proportion of Indigenous aged care recipients and those born in a mainly non-English speaking country accessing aged care services at 30 June 2006, with the exception of the NT, was lower across the jurisdictions than their proportion of the population as a whole. Figure 12.4 reflects the variation in the rate of access of the special needs target population from their proportion in the population as a whole. If the special needs group accessed services at the same rate as the general population, all bars in the chart would be at zero. If they access services at a greater rate the bar would be positive, if they access services as a lower rate, the bar would be negative (figure 12.4). Care should be taken in interpreting this figure as the magnitude of variations are also influenced by the proportion of the special needs group in the population as a whole (table 12A.5).

Figure 12.4 **Variation in the rate of access of the special needs target population from their proportion in the population as a whole, June 2006 (per cent)**[a, b]

Proportion of Indigenous people aged 50 years or over[c, d]



Proportion of residents born in a mainly non-English speaking country aged 70 years or over[e]



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[a] The proportion of a HACC agencies that submitted data for the year varied between jurisdictions and actual service levels were higher than stated. [b] Reports provisional HACC data that have not been validated and may be subject to revision. [c] Charts Indigenous aged care residents, CACP recipients and HACC clients as a proportion of all aged care residents, CACP recipients and HACC clients respectively. [d] The magnitude of the variation in the NT partly reflects the relatively large proportion of Indigenous people in the population. [e] Charts aged care residents, CACP recipients and HACC clients from a non-English speaking country as a proportion of all aged care residents, CACP recipients and HACC clients respectively.

Source: DoHA (unpublished); table 12A.5; 2007 Report, figure 12.12, p. 12.27.

In all jurisdictions at 30 June 2006, on average, Indigenous people and people born in non-English speaking countries had lower rates of use of aged care residential services (22.8 and 47.0 per thousand of the relevant target populations respectively), compared with the population as a whole (79.3 per thousand) (figure 12.5).

Figure 12.5 **Residents per 1000 target population, 30 June 2006**[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.

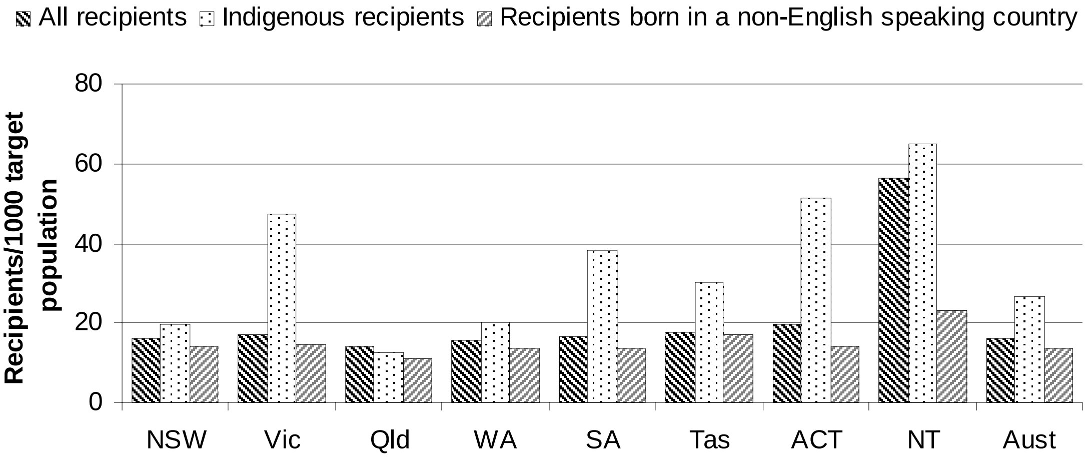
Source: DoHA (unpublished); tables 12A.2 and 12A.3; 2007 Report, table 12A.14; 2007 Report, figure 12.13, p. 12.28.

Access to community aged care packages

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 is still small relative to the number of recipients of residential care. At June 2006, 16.3 per 1000 of the target population received CACP services compared with 79.3 recipients of residential care, although this varied across jurisdictions (table 12A.2).

The number of Indigenous CACP recipients per 1000 Indigenous people aged 50 years or over was 26.6 nationally and the numbers of CACP recipients from non-English speaking countries per 1000 of the relevant target population was 13.8 nationally (figure 12.6).

Figure 12.6 **Community Aged Care Package recipients per 1000 target population, 30 June 2006**[a, b, c, d, e]



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[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: DoHA (unpublished); tables 12A.2 and 12A.3; 2007 Report, table 12A.14; 2007 Report, figure 12.15, p. 12.30.

Age-sex specific usage rates for CACP and EACH, by jurisdiction, remoteness and Indigenous usage vary between jurisdictions and remoteness categories for CACP. For EACH, the differences are less marked. However, the EACH program is small but growing rapidly (table 12A.11 and 2007 Report, tables 12A.58–62 and 12A.64).

Access to the Home and Community Care program

Home and Community Care services are provided in the client’s home or community for people with a severe, profound or moderate disability and their carers. The focus of this chapter is people 70 years and over and Indigenous people aged over 50.

The proportion of HACC recipients aged 70 years or over during 2005-06 was 68.2 per cent (table 12A.6). The number of service hours per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years was 12 194 nationally, and the number of meals provided per 1000 people aged 70 years or over plus Indigenous people aged 50–69 was 5380 nationally (table 12.1). HACC agencies that submitted the data as a proportion of all HACC agencies varies across jurisdictions so comparisons between jurisdictions should be made with care.

Table 12.1 **HACC services received, 2005-06 (per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years)[a, b, c]**

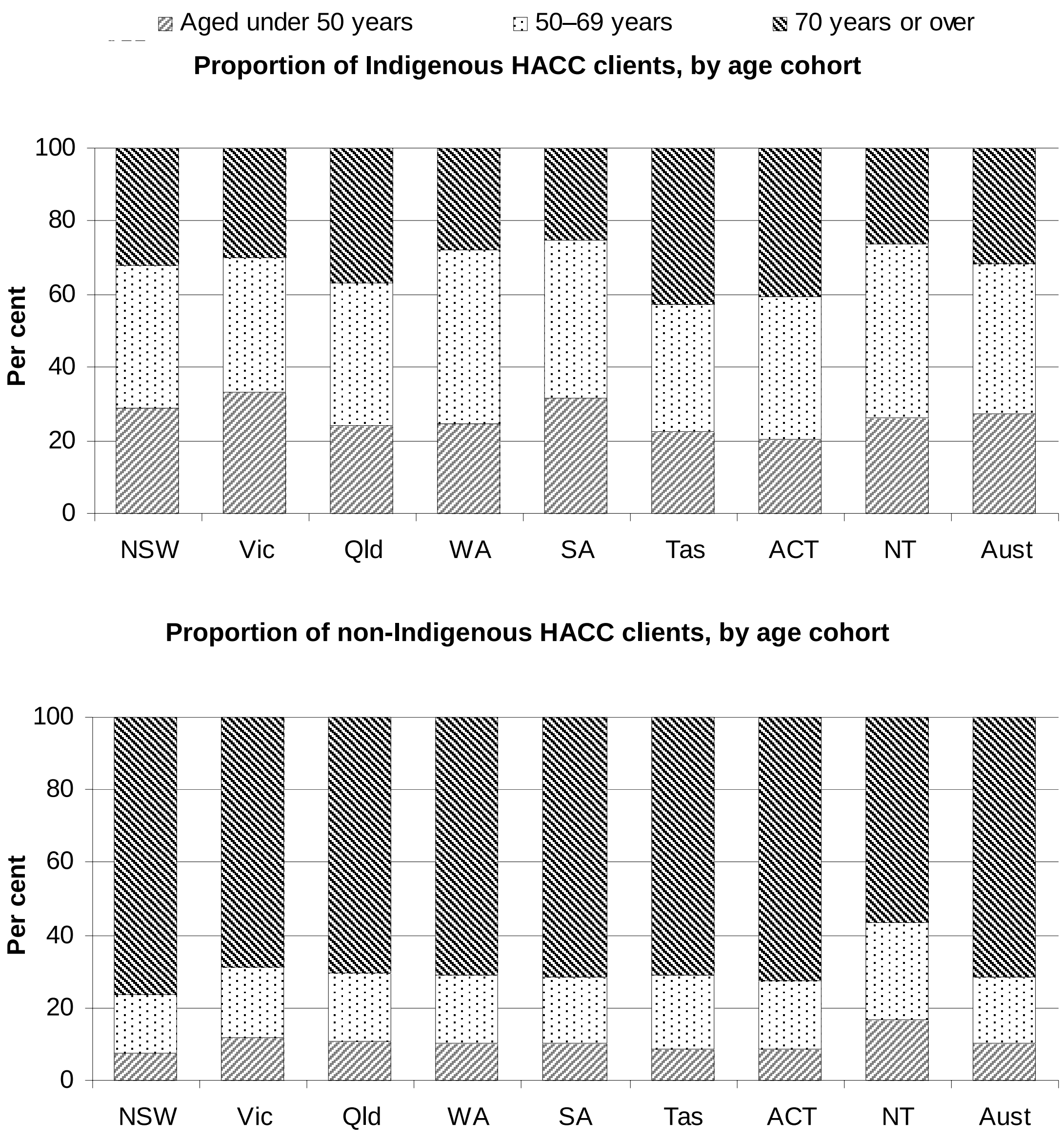
	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*[d]	*Tas*	*ACT*	*NT*	*Aust*
Percentage of agencies that reported MDS data	%	81	90	91	97	89	83	100	94	86
Total hours[e]										
Major cities	hrs.	8 582	13 950	11 940	16 797	9 083	..	10 750	..	11 621
Inner regional	hrs.	9 190	19 462	10 597	16 458	6 953	10 179	..	..	12 420
Outer regional	hrs.	10 888	27 887	11 004	17 906	6 927	9 852	..	7 544	13 130
Remote	hrs.	13 963	27 675	11 736	16 934	13 430	12 538	..	23 083	14 950
Very remote	hrs.	9 717	..	16 052	21 404	26 886	26 721	..	52 365	25 232
All areas	hrs.	**8 522**	**16 114**	**11 533**	**16 976**	**8 840**	**10 216**	**10 770**	**20 625**	**12 194**
Total meals[f]										
Major cities	no.	4 491	5 328	5 289	5 686	957	..	3 873	..	4 637
Inner regional	no.	6 687	8 832	5 455	5 928	477	5 475	..	..	6 407
Outer regional	no.	8 089	8 879	5 419	5 376	1 435	7 040	..	9 132	6 346
Remote	no.	7 605	5 028	5 493	7 405	1 875	5 826	..	18 994	6 739
Very remote	no.	1 791	..	8 844	19 769	8 456	7 813	..	53 066	19 738
All areas	no.	**5 295**	**6 333**	**5 430**	**6 064**	**1 041**	**6 022**	**3 882**	**20 866**	**5 380**

[a] Data represent HACC services received by people aged 70 years or over plus Indigenous people aged 50–69 years (2007 Report, tables 12A.20–12A.25) as distinct from HACC services received by HACC target population in all age groups (2007 Report, tables 12A.26–12A.31). [b] The proportion of HACC agencies that submitted data for the year varied between jurisdictions and actual service levels were higher than stated. [c] Reports provisional HACC data that have not been validated and may be subject to revision. [d] The number of meals may be understated in SA due to slow implementation of the Minimum Data Set by Meals on Wheels. [e] See 2007 Report, table 12A.20 for a full list of categories. [f] Includes home meals and centre meals. .. Not applicable.

Source: DoHA (unpublished); 2007 Report, tables 12A.20–12A.25; 2007 Report, table 12.6, p. 12.31.

Reported use of HACC services showed a substantial difference between all users and Indigenous users across all age groups in 2005-06. This reflects the difference in morbidity and mortality trends between Indigenous people and the general population. The proportion of Indigenous HACC clients who are aged 70 years and over is 31.3 per cent and the proportion of non-Indigenous HACC clients who are aged 70 years and over is 71.5 per cent (figure 12.7). The high rate of missing data for Indigenous people will also inflate the figures presented.

Figure 12.7 Recipients of HACC services by age and Indigenous status, 2005-06[a]



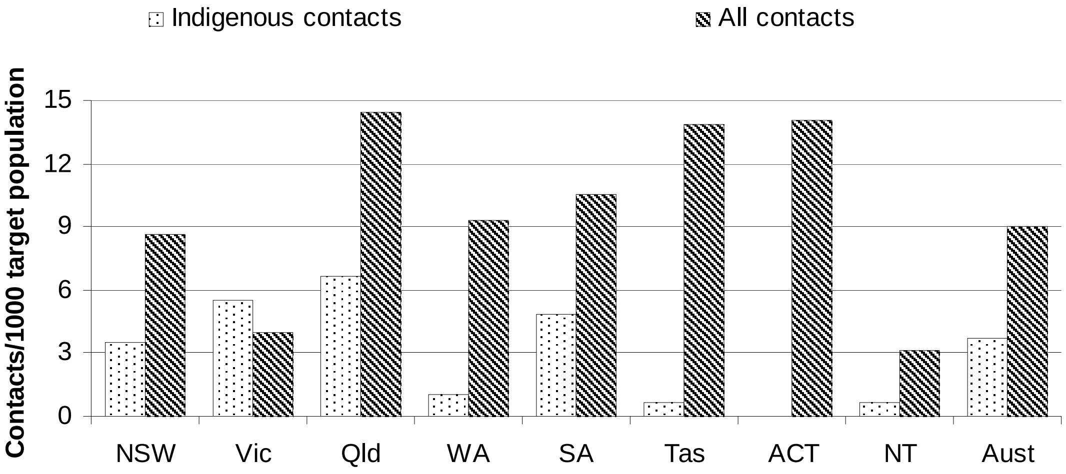
[a] Reports provisional HACC data that have not been validated and may be subject to revision.

Source: DoHA (unpublished); table 12A.7; 2007 Report, figure 12.16, p. 12.32.

Access by Indigenous people to Commonwealth Carelink Centres

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 national rate at which Indigenous people contacted Carelink Centres at 30 June 2006, was 3.7 people per 1000 Indigenous people in the target population. The rate for all Australians was 9.0 per 1000 people in the target population. These figures varied across jurisdictions (figure 12.8).

Figure 12.8 **Commonwealth Carelink Centres, contacts per 1000 target population, by Indigenous status, 30 June 2006[a, b, c]**



[a] Contacts with Carelink include phone calls, visits, emails and facsimiles. [b] Indigenous contacts refer to contacts by Indigenous people per 1000 Indigenous people in the target population. [c] All contacts refers to contacts per 1000 target population.

Source: DoHA (unpublished); table 12A.10; 2007 Report, figure 12.17, p. 12.33.

Supporting tables

Supporting tables for data within this chapter 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 services attachment). The tables included in the attachment are listed below.

Table 12A.1	Target population data, by location ('000)
Table 12A.2	Aged care recipients per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years, 30 June 2006
Table 12A.3	Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over and as a proportion of all recipients, 30 June 2006
Table 12A.4	Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over by locality, 30 June 2006
Table 12A.5	Aged care recipients from special needs groups, June 2006 (per cent)
Table 12A.6	HACC client characteristics, 2005-06
Table 12A.7	Distribution of HACC clients, by age and Indigenous status, 2005-06 (per cent)
Table 12A.8	Comparative characteristics of Indigenous HACC clients, 2005-06
Table 12A.9	Aged care assessments
Table 12A.10	Access to Commonwealth Carelink Centres, 2005-06
Table 12A.11	Indigenous permanent residents classified as high or low care and Indigenous CACP at 30 June 2005: age-sex specific usage rates per 1000 persons by remoteness

References

ABS (Australian Bureau of Statistics) 2004a, *Survey of Disability, Ageing and Carers, 2003,* Cat no. 4430.0, Canberra.

—— 2004b, *National Aboriginal and Torres Strait Islander Social Survey* 2002, Cat. no. 4714.0, Canberra.

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

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.

This chapter focuses mainly on services covered by the third Commonwealth State/Territory Disability Agreement (CSTDA), which applies to the period 1 July 2002 to 30 June 2007. The CSTDA forms the basis for the provision and funding of services for people with a disability, where the person's disability manifests before the age of 65 years and for which they require ongoing or long term episodic support. Specialist psychiatric disability services are excluded from the chapter to improve data comparability across jurisdictions.

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. This Report 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) and Commonwealth Rehabilitation Services (CRS) Australia. Performance information on the HACC program is provided in the 'Aged care services' chapter (see chapter 12). CRS Australia's services are not covered in this Report.

Some mainstream services provided to the community as a whole are covered elsewhere in this Report — for example, school education (see chapter 3), vocational education and training (VET) (see chapter 4), public hospital care (see chapter 9), specialised mental health services (see chapter 11) and public housing (see chapter 16). 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.

Significant improvements in the reporting of Indigenous data related to services for people with a disability in this year's Report are the inclusion of:

- data on disability prevalence rates among Indigenous people
- data reported against the 'service use by severity of disability' and 'service use by special needs groups — Indigenous people' indicators for community support and respite services.

Profile of specialist disability services

The CSTDA defines ‘specialist disability services’ as ‘services or initiatives specially designed from time to time to meet the needs of people with disabilities’ (CSTDA 2003, p. 10). A definition of disability is provided in box 13.1.

Box 13.1 **Definition of disability**

The International Classification of Functioning, Disability and Health defines disability as being an experience for the person involved that may include the impairment of their body structure and function, limitation of their activity and restriction of their participation in life areas. The International Classification of Functioning, Disability and Health also recognises the role of physical and social environmental factors in affecting disability (WHO 2001).

The Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC) 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.

(Continued on next page)

Box 13.1 **(Continued)**

The CSTDA (2003, p. 9) defines people with disabilities who are eligible for CSTDA funded services:

> 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 (2004b); WHO (2001); CSTDA (2003); 2007 Report, box 13.1, pp. 13.2-3.

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 2007* (2007 Report) contains the following data items on Indigenous people:

- proportions of age groups who have a profound or severe core activity limitation
- users per 1000 people in 2004-05 of the following services:
  - accommodation support
  - employment
  - community access
  - community support
  - respite
- labour force participation and employment rates of people with a profound or severe core activity limitation, 2005.

Supporting tables

Supporting tables for data within the services for people with a disability chapter of this compendium are contained in attachment 13A of 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). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to ‘2007 Report, p. 13.15’ this is page 15 of chapter 13 of the 2007 Report, and ‘2007 Report, table 13A.2’ is attachment table 2 of attachment 13A of the 2007 Report.

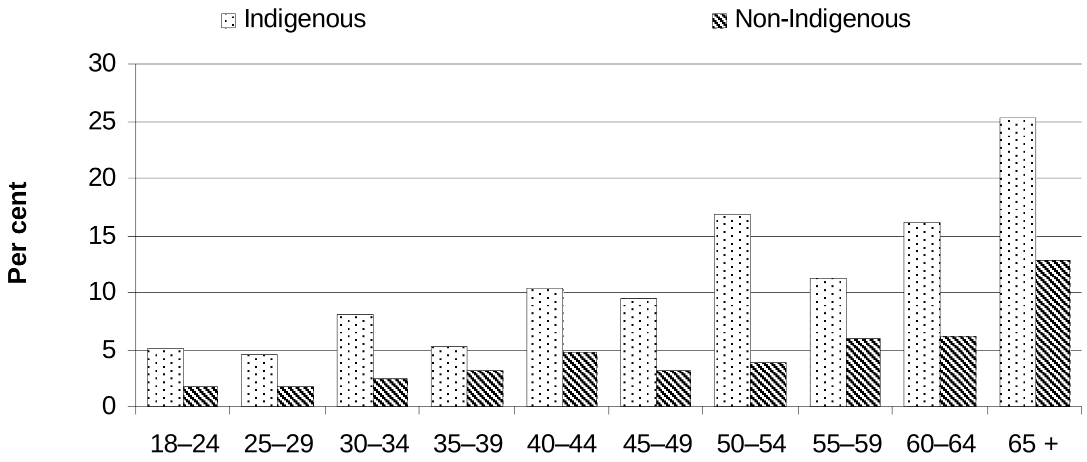
Disability prevalence among Aboriginal and Torres Strait Islander people

Indigenous people have significantly higher rates of profound or severe core activity limitation than non-Indigenous people. The Australian Institute of Health and Welfare (AIHW) estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation was approximately 2.4 times that of non-Indigenous people in 2002 (AIHW 2006). This estimate is based on data from the ABS’s General Social Survey (GSS) and National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and takes into account differences in the:

- age structure of the Indigenous and non-Indigenous populations
- method that was applied in remote areas for the two surveys (for further details on the difference in method see AIHW 2006).

The difference (in rate ratio terms) between the populations is most marked for people aged 50–54 years and those aged 30–34 years (figure 13.1).

Figure 13.1 **Proportions of age groups who have a profound or severe core activity limitation, by Indigenous status, 2002**[a]



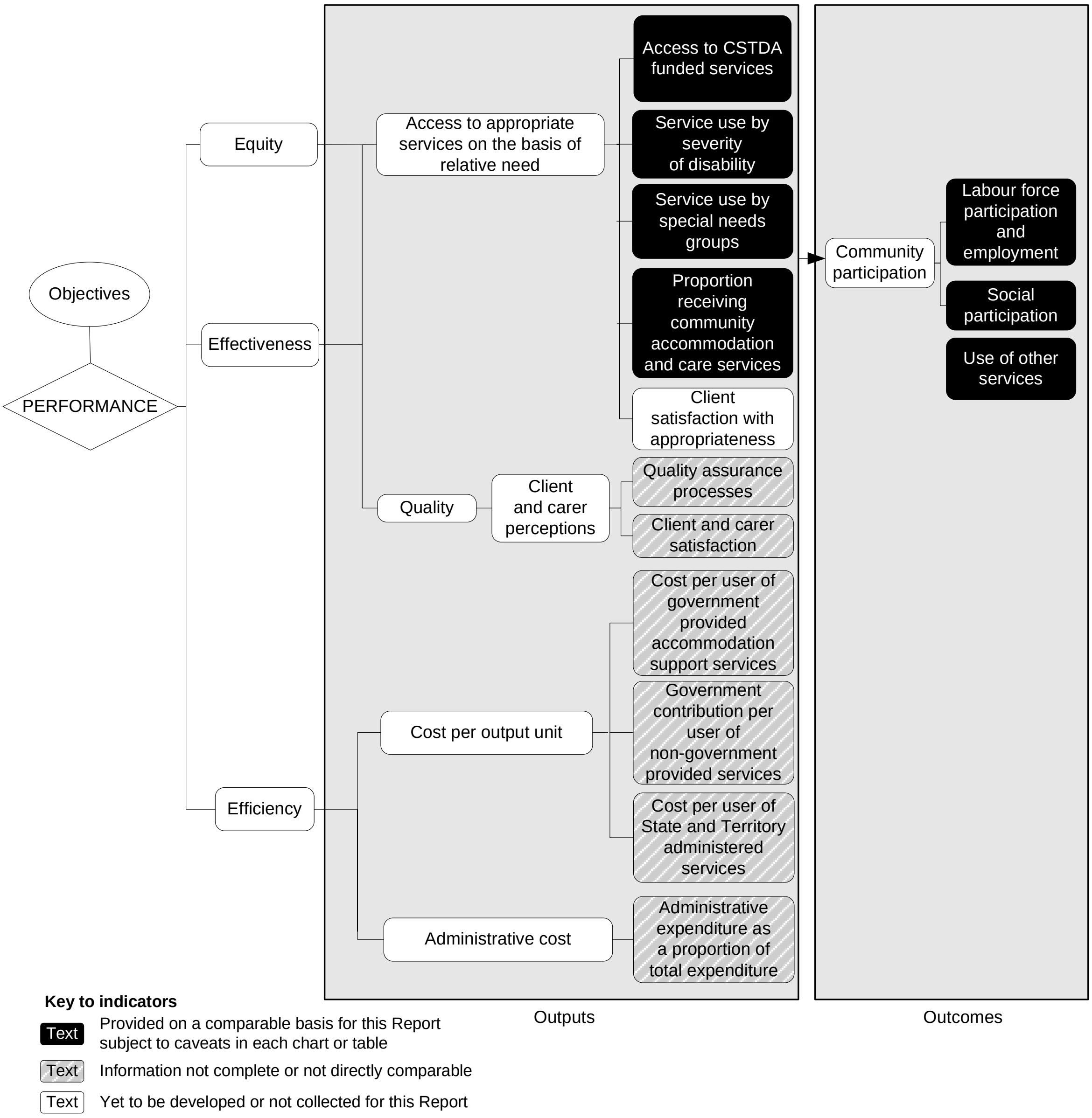
[a] For the NATSISS, there were a number of differences in the 'screening' questions used to establish disability status and disability type for persons living in remote and non-remote areas. While a 'common' set of questions was asked in both remote and non-remote areas, some additional questions were asked in non-remote areas only. The expanded set of screening questions asked in non-remote areas is referred to as the 'broader criteria', the smaller set is referred to as the 'common criteria'. For the reported proportions, the relative impact of the broader criteria on the Indigenous estimate in non-remote areas was calculated and applied as a weight to the estimate for remote areas. The non-Indigenous estimates from the GSS are based on the broader criteria only (AIHW 2006).

Source: AIHW (2006); 2007 Report, figure 13.2, p. 13.8.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for specialist disability services in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 13.2. The performance indicator framework shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 13.2 **Performance indicators for services for people with a disability**



Source: 2007 Report, figure 13.5, p. 13.12.

The performance indicator results reported in this chapter generally relate to CSTDA funded services. This Report includes service user data for 2004-05. These data were sourced from the CSTDA National Minimum Data Set (NMDS) collection, which is coordinated by the AIHW.

When considering the indicator results derived using service user data, comparisons between jurisdictions and between the 2003-04 and 2004-05 data (see attachment) should be undertaken with care. While the implementation of the CSTDA NMDS continues to improve data quality, quality is still affected by a number of factors. In particular, the proportion of service users and service outlets that provided data (response rates) and the 'not stated' rates of particular data items vary across jurisdictions and between 2003-04 and 2004-05.

Service use by special needs groups — Indigenous people

One 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 (box 13.2).

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

The proportion of people from special needs groups accessing CSTDA funded services is an output (access) indicator of governments' objective that access to appropriate services should be equitable for all members of the community. The special needs group reported here is:

- people identified as Indigenous.

This indicator compares the proportion of service users per 1000 people from a particular special needs group with the proportion of service users per 1000 people outside the special needs group. The disability service types reported are accommodation support, employment, community access, community support and respite services. For accommodation support, community access, community support and respite services, people aged under 65 years are included in the population counts for both the special needs groups and the people outside the special needs groups. For employment, 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 service users per 1000 people outside the special needs group. 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.

(Continued on next page)

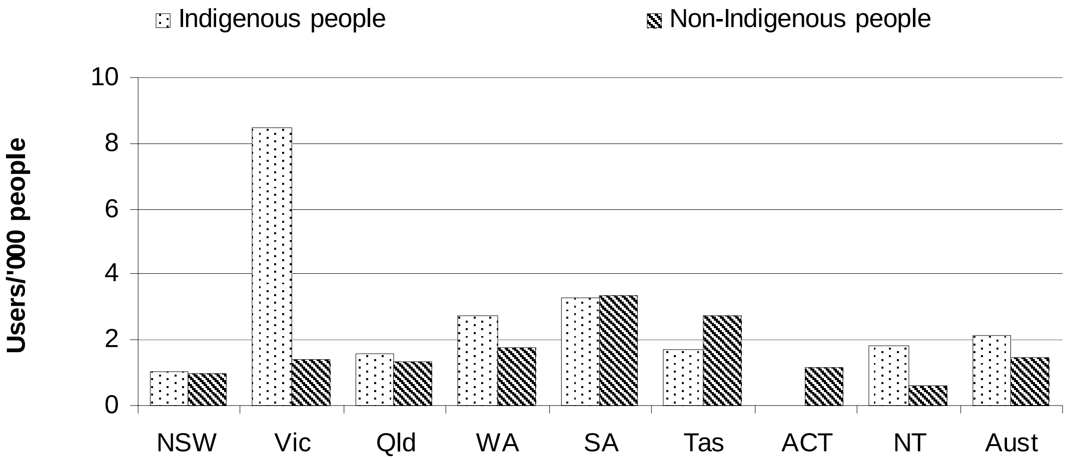
Box 13.2 **(Continued)**

The 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 into account differences in:

- the prevalence of disability between people in the special needs group and people outside the special needs groups — this may be a significant issue when comparing Indigenous and non-Indigenous populations' access to services
- the level of informal assistance that is available for people in special needs groups and outside the special needs groups. Results for outer regional and remote/very remote users of accommodation support services, for example, need to be considered with care because alternatives to government funded accommodation support services may be more readily available in these areas. Specifically, accommodation support services in outer regional and remote/very 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 CSTDA funded accommodation support services in 2004-05 (2.1 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (1.5 service users per 1000 non-Indigenous people aged under 65 years) (figure 13.3). Comparisons between Indigenous and non-Indigenous populations' access to services need to be undertaken with care as the prevalence of disability is significantly different for these two populations (figure 13.1).

Figure 13.3 **Users of CSTDA funded accommodation support services per 1000 people, by Indigenous status, 2004-05**[a, b, c, d, e, f, g, h, i]

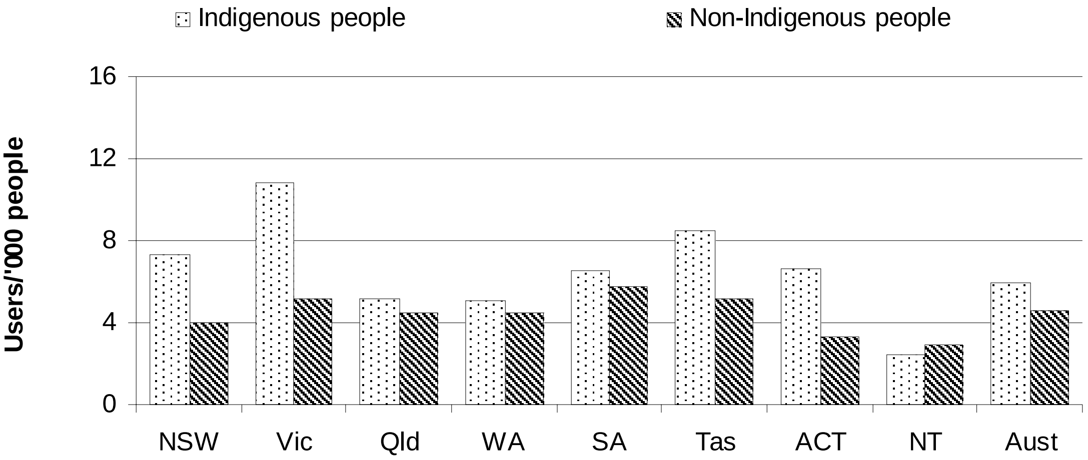


[a] Users per 1000 people were derived by dividing the number of service users by the number of people aged under 65 years, multiplied by 1000. [b] Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. [c] Data for all service users exclude 2436 service users whose Indigenous status was not reported, so accommodation support service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. [d] Data for users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. [e] Individuals might have accessed services from more than one State or Territory during 2004-05. [f] Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. [g] Comparisons of the Indigenous and non-Indigenous populations' access to services should be undertaken with care. The need for services is likely to be greater for Indigenous people than non-Indigenous people due to the higher prevalence of disability. The AIHW estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation is approximately 2.4 times that of non-Indigenous people. [h] NSW experienced low data response rates. This led to the significant underreporting of service user numbers. [i] ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: ABS (2004a, 2004c); AIHW (unpublished); table 13A.1; 2007 Report, figure 13.18, p. 13.31.

Nationally, the proportion of the Indigenous population who used CSTDA funded employment services in 2004-05 (6.0 Indigenous service users per 1000 Indigenous people aged 15–64 years) was higher than the proportion of the non-Indigenous population who used these services (4.6 service users per 1000 non-Indigenous people aged 15–64 years) (figure 13.4).

Figure 13.4 Users of CSTDA funded employment services per 1000 people, by Indigenous status, 2004-05[a, b, c, d, e]

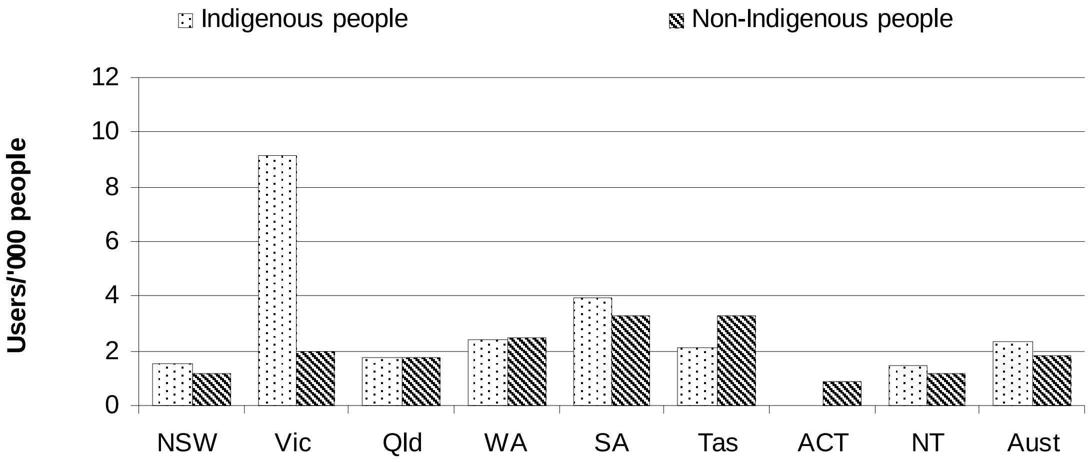


[a] Users per 1000 people were derived by dividing the number of service users by the number of people aged 15-64 years, multiplied by 1000. [b] Data for all service users exclude 2665 service users whose Indigenous status was not reported, so employment service users per 1000 total population aged 15-64 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. [c] Individuals might have accessed services from more than one State or Territory during 2004-05. [d] Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. [e] Comparisons of the Indigenous and non-Indigenous populations' access to services should be undertaken with care. The need for services is likely to be greater for Indigenous people than non-Indigenous people due to the higher prevalence of disability. The AIHW estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation is approximately 2.4 times that of non-Indigenous people.

Source: ABS (2004a, 2004c); AIHW (unpublished); table 13A.2; 2007 Report, figure 13.19, p. 13.32.

Nationally, the proportion of the Indigenous population who used CSTDA funded community access services in 2004-05 (2.3 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (1.8 service users per 1000 people aged under 65 years) (figure 13.5).

Figure 13.5 Users of CSTDA funded community access services per 1000 people, by Indigenous status, 2004-05[a, b, c, d, e, f, g, h, i, j]

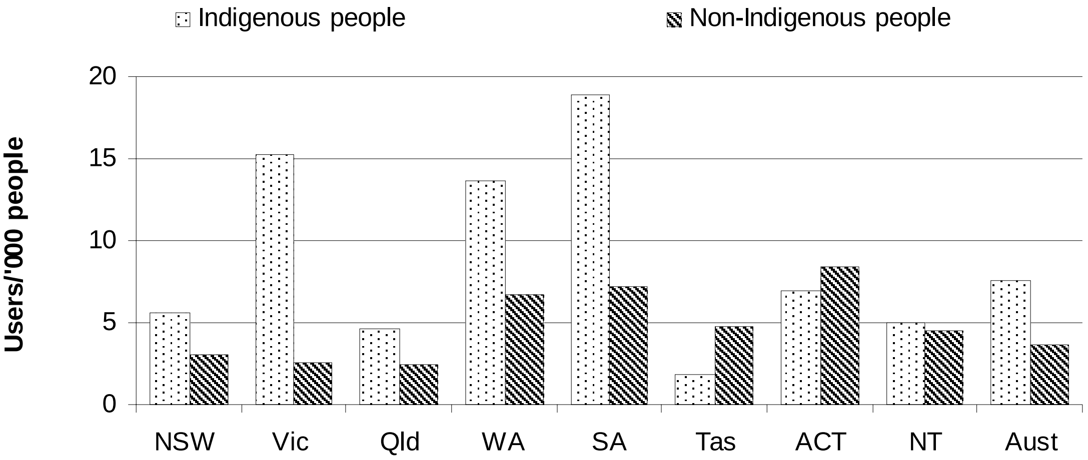


[a] Data for users per 1000 people were derived by dividing the number of service users by the number of people aged under 65 years, multiplied by 1000. [b] Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. [c] Data for all service users exclude 5222 service users whose Indigenous status was not reported, so community access service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. [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 specialist psychiatric disability services specifically identified by the jurisdiction. [f] Individuals might have accessed services from more than one State or Territory during 2004-05. [g] Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. [h] Comparisons of the Indigenous and non-Indigenous populations' access to services should be undertaken with care. The need for services is likely to be greater for Indigenous people than non-Indigenous people due to the higher prevalence of disability. The AIHW estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation is approximately 2.4 times that of non-Indigenous people. [i] NSW experienced low data response rates. This led to the significant underreporting of service user numbers. [j] ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: ABS (2004a, 2004c); AIHW (unpublished); table 13A.3; 2007 Report, figure 13.20, p. 13.33.

Nationally, the proportion of the Indigenous population who used CSTDA funded community support services in 2004-05 (7.6 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (3.6 service users per 1000 people aged under 65 years) (figure 13.6).

Figure 13.6 **Users of CSTDA funded community support services per 1000 people, by Indigenous status, 2004-05**[a, b, c, d, e, f, g, h]

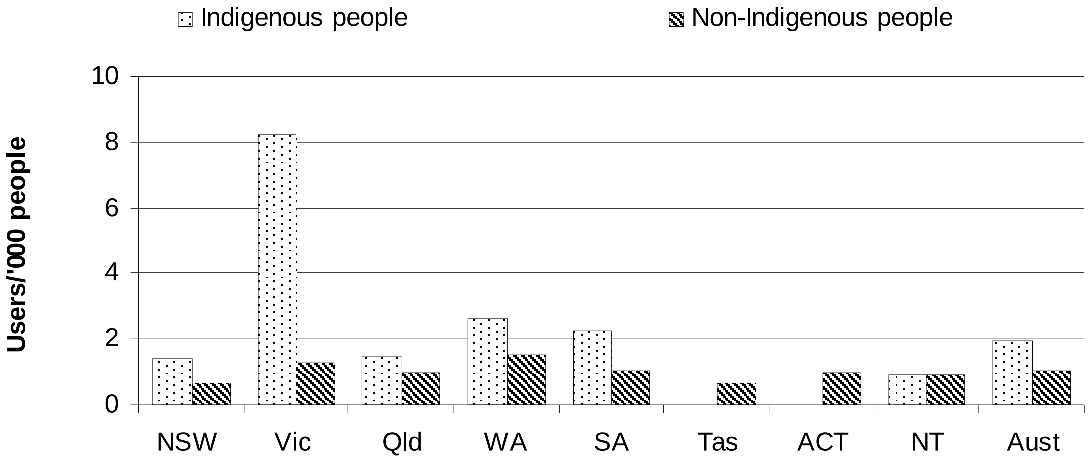


[a] Data for users per 1000 people were derived by dividing the number of service users by the number of people aged under 65 years, multiplied by 1000. [b] Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. [c] Data for all service users exclude 27 356 service users whose Indigenous status was not reported, so community support service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. [d] Data for users of CSTDA funded community support services exclude specialist psychiatric disability services specifically identified by the jurisdiction. [e] Individuals might have accessed services from more than one State or Territory during 2004-05. [f] Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. [g] Comparisons of the Indigenous and non-Indigenous populations' access to services should be undertaken with care. The need for services is likely to be greater for Indigenous people than non-Indigenous people due to the higher prevalence of disability. The AIHW estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation is approximately 2.4 times that of non-Indigenous people. [h] NSW experienced low data response rates. This led to the significant underreporting of service user numbers.

Source: ABS (2004a, 2004c); AIHW (unpublished); table 13A.4; 2007 Report, figure 13.21, p. 13.34.

Nationally, the proportion of the Indigenous population who used CSTDA funded respite services in 2004-05 (1.9 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (1.0 service users per 1000 people aged under 65 years) (figure 13.7).

Figure 13.7 **Users of CSTDA funded respite services per 1000 people, by Indigenous status, 2004-05**[a, b, c, d, e, f, g, h, i]



[a] Data for users per 1000 people were derived by dividing the number of service users by the number of people 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 3667 service users whose Indigenous status was not reported, so respite service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. [d] Data for users of CSTDA funded respite services exclude specialist psychiatric disability services specifically identified by the jurisdiction. [e] Individuals might have accessed services from more than one State or Territory during 2004-05. [f] Data quality continues to improve following the implementation of the CSTDA NMDS. However, this indicator needs to be interpreted with care due to a number of factors impacting on data quality. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. [g] Comparisons of the Indigenous and non-Indigenous populations' access to services should be undertaken with care. The need for services is likely to be greater for Indigenous people than non-Indigenous people due to the higher prevalence of disability. The AIHW estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation is approximately 2.4 times that of non-Indigenous people. [h] NSW experienced low data response rates. This led to the significant underreporting of service user numbers. [i] Tasmanian and ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: ABS (2004a, 2004c); AIHW (unpublished); table 13A.5; 2007 Report, figure 13.22, p. 13.35.

Outcomes

Labour force participation

Nationally, the estimated labour force participation rate of people aged 15–64 years with a profound or severe core activity limitation in 2005 (32.7 ± 3.3 per cent) was below the rate for other people with a disability, excluding those with a profound or severe core activity limitation (65.0 ± 1.4 per cent) and the rate for people without a disability (81.4 ± 0.5 per cent).

The labour force participation rates of people aged 15–64 years with a profound or severe core activity limitation by geographic location, country of birth and Indigenous status, in 2005 are reported in table 13A.6. Nationally, the estimated labour force participation rate of people with a profound or severe core activity limitation was 23.0 ± 16.5 per cent for Indigenous people, no different to the rate for non-Indigenous people (33.0 ± 3.4 per cent) (table 13A.6).

Employment

Nationally, the estimated employment rate of people aged 15–64 years with a profound or severe core activity limitation in 2005 (86.7 ± 4.4 per cent) was below the rate for other people with a disability, excluding those with a profound or severe core activity limitation (92.5 ± 0.7 per cent) and below the proportion for people without a disability (95.9 ± 0.2 per cent).

The employment rates of people aged 15–64 years with a profound or severe core activity limitation by geographic location, country of birth and Indigenous status, in 2005 are reported in table 13A.6. Nationally, the estimated employment rate of people with a profound or severe core activity limitation was 96.0 ± 9.0 per cent for Indigenous people, no different to the rate for non-Indigenous people (86.5 ± 4.7 per cent) (table 13A.6).

Supporting tables

Supporting tables for data within this chapter 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). The tables included in the attachment are listed below.

Table 13A.1	Users of CSTDA accommodation support services, per 1000 people, by Indigenous status
Table 13A.2	Users of CSTDA employment services, per 1000 people, by Indigenous status
Table 13A.3	Users of CSTDA community access services, per 1000 people, by Indigenous status
Table 13A.4	Users of CSTDA community support services, per 1000 people, by Indigenous status
Table 13A.5	Users of CSTDA respite services, per 1000 people, by Indigenous status
Table 13A.6	Labour force participation and employment of people with a profound or severe core activity limitation, by special needs groups, 2005 (per cent)

References

ABS (Australian Bureau of Statistics) 2004a, *Australian Demographic Statistics*, Cat. no. 3101.0, Canberra.

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

—— 2004c, *Experimental Projections of the Aboriginal and Torres Strait Islander Population, 30 June 2001 to 30 June 2009*, Cat. no. 3238.0, Canberra.

AIHW (Australian Institute of Health and Welfare) 2006, *'Potential Population' — Updating the Indigenous Factor in Disability Services Performance Indicator Denominators*, Welfare Working Paper Series Number 50, Cat. no. DIS 45, 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, *International Classification of Functioning, Disability and Health (ICF)*, Geneva.

14 Children's services

Children's services aim to meet the care, education and development needs of children. In this chapter, child care services is the care provided to children aged less than 13 years (that is, aged 0–12 years), usually by someone other than the child's parents or guardian. Preschool services are the services provided to children mainly in the year or two before they begin full time schooling.

The data in this chapter 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. Due to data limitations, the only local government data included are where Australian, State and Territory government funding and licensing are involved.

Indigenous data in the children's services chapter

The children's services chapter in the *Report on Government Services 2007* (2007 Report) contains the following data items on Indigenous people:

- representation of Indigenous children in Australian Government approved child care services (compared to their representation in the community), 2006
- representation of Indigenous children enrolled in State and Territory funded or provided preschools (compared to their representation in the community), 2005-06.

The 2007 Report also notes that the Australian Government provides supplementary funding to support the participation of Indigenous children in preschool programs. (2007 Report, p. 14.6). In 2004, an estimated $12.5 million was provided to education providers for 7729 full time equivalent Indigenous preschool enrolments (DEST unpublished).

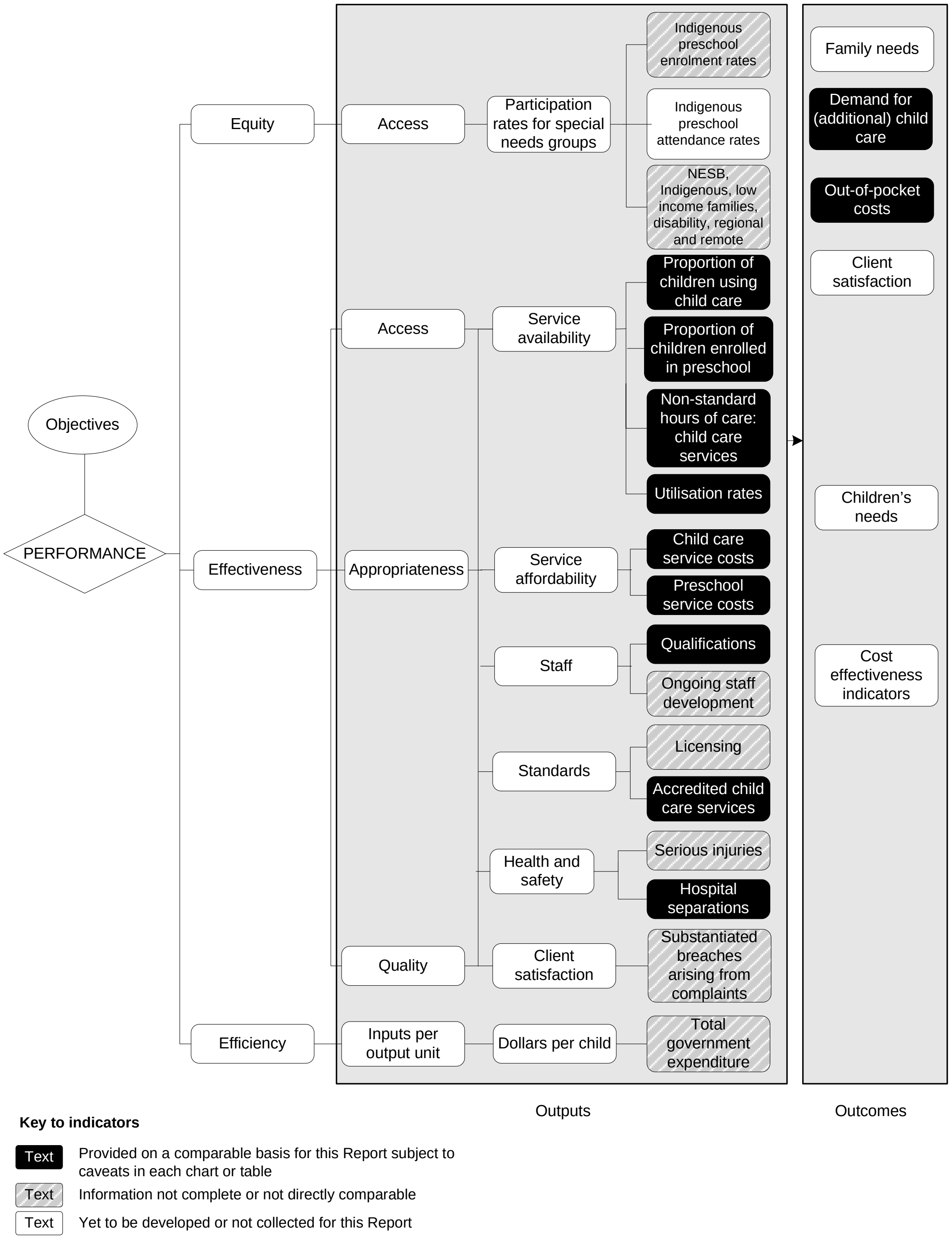
Supporting tables

Supporting tables for data within the children's services chapter of this compendium are contained in attachment 14A of 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). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to ‘2007 Report, p. 14.15’ this is page 15 of chapter 14 of the 2007 Report, and ‘2007 Report, table 14A.2’ is attachment table 2 of attachment 14A of the 2007 Report.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for children’s services in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 14.1. The performance indicator framework shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 14.1 **Performance indicators for children's services**



Key to indicators

■ Text	Provided on a comparable basis for this Report subject to caveats in each chart or table
▨ Text	Information not complete or not directly comparable
☐ Text	Yet to be developed or not collected for this Report

Source: 2007 Report, figure 14.2, p. 14.10.

Participation rates for special needs groups

‘Participation rates for special needs groups’ is an indicator of equitable access to services (box 14.1).

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

Participation rates for special needs groups’ is an output (equity — access) indicator of governments’ objective to ensure that:

- all Australian families have equitable access to child care and preschool services
- there is no discrimination between groups
- there is consideration of the needs of those groups which 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. ‘Indigenous preschool enrolment rates’ are used as a proxy for ‘Indigenous preschool attendance rates’ (see figure 14.2).

The representation of special needs groups among children’s services users being broadly similar to their representation in the community, may suggest equity of access.

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 (table 14.1). It is important to note that due to the unavailability of certain data items, the Australian Government data exclude flexible and innovative services, which are targeted towards children from these groups. At a national level, the representation of children from an Indigenous background among child care users was lower (1.7 per cent) than this group’s overall representation in the community (4.6 per cent).

Previous reports have compared the participation of special needs groups in preschool with the representation of these groups in the community, for children aged 0–12 years. While children aged 0–12 years is an appropriate comparator for child care services (as they include Outside School Hours Care), a more appropriate comparator for preschool services is the 3–5 years age group.

Table 14.1 Proportion of children (aged 0–12 years) from special needs groups attending Australian Government approved child care services, 2006 (per cent)

Representation	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Children from non-English speaking backgrounds									
In child care services	16.5	12.5	5.1	6.4	7.9	2.6	9.5	9.1	10.7
In the community[a]	15.0	14.2	4.9	7.2	7.5	1.7	9.5	25.3	11.2
Indigenous children									
In child care services[b]	1.5	0.7	2.1	2.1	2.0	1.0	0.7	11.3	1.7
In the community[c]	4.2	1.1	6.6	6.6	3.5	7.1	2.6	40.9	4.6
Children from low-income families									
In child care services[d]	25.0	26.6	28.3	27.3	29.0	29.2	10.6	17.2	26.4
In the community[e]	28.6	27.0	29.6	31.4	29.0	38.8	12.1	30.6	28.7
Children with a disability									
In child care services	3.2	2.4	2.2	2.5	3.8	2.3	1.9	4.2	2.7
In the community[f]	8.0	6.8	7.6	8.9	8.8	6.2	7.5	np	7.7
Children from regional areas									
In child care services[b]	25.4	25.7	36.2	19.3	18.3	99.4	0.1	79.3	29.0
In the community[g]	28.9	28.4	45.2	24.5	26.8	97.8	0.2	49.5	33.0
Children from remote areas									
In child care services[b]	0.2	–	1.2	3.6	1.9	0.6	..	20.7	1.0
In the community [h]	0.8	0.1	4.5	8.7	4.6	2.2	..	50.5	3.1

[a] Data relate to children aged 0–12 years at June 2001, who spoke a language other than English at home, and were obtained from the ABS 2001 *Census of Population and Housing*. [b] 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. [c] Data relate to children aged 0–12 years at June 2005 and were obtained from ABS *Experimental Indigenous population projections,* low series. [d] Data relate to children in child care services from families with a gross annual household income of less than $33 361 (the cut-off point for receiving the maximum amount of child care benefits as at May 2006). [e] Data relate to children aged 0-12 years from families with a gross annual parental income of less than $31 755. The Family Tax Benefit and the one-off payment to families, officially referred to as "Family Assistance Legislative Amendment (More help for families — 'One-off' payments)", have been excluded from the calculation of parental income. The data were obtained from the ABS 2003-04 *Survey of Household Income and Housing*. [f] Data are estimated from the ABS 2003 *Survey of Disability, Ageing and Carers* and relate to children aged 0–12 years. Due to the small sample size, data for NT are not published. [g] Data relate to children aged 0–12 years at June 2005 and were obtained from the ABS *Estimated resident population by Remoteness Area*. The data include Inner Regional Australia and Outer Regional Australia. Caution should be exercised with small proportions, as they are generally less reliable than larger proportions. [h] Data relate to children aged 0–12 years at June 2005 and were obtained from the ABS *Estimated resident population by Remoteness Area*. The data include Remote Australia and Very Remote Australia. Caution should be exercised with small proportions, as they are generally less reliable than larger proportions. **..** Not applicable – Nil or rounded to zero. **np** Not published.

Source: AGCCCS (unpublished); ABS 2001 *Census of Population and Housing* (unpublished); ABS *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2009* (Cat. no. 3238.0); ABS 2003-04 *Survey of Household Income and Housing* (unpublished); ABS 2003 *Survey of Disability, Ageing and Carers* (unpublished); ABS *Estimated Resident Population Collection* (unpublished); table 14A.1; 2007 Report, table 14.2, p. 14.13.

In this report, data on the representation of special needs groups for children aged 3–5 years in government funded preschools are provided in table 14.2. The data provide a broad indication of the relative access to preschool for special needs groups. Data on representation of special needs groups in State and Territory child care and preschools, for children aged 0–12 years, can be found in tables 14A.2–14A.9.

Nationally, the proportion of preschool attendees in 2005-06 who were from special needs groups were generally similar to their representation in the community, though some groups are over represented in some jurisdictions and under represented in others.

Table 14.2 **Proportion of children (aged 3–5 years) from special needs groups attending State and Territory funded or provided preschools, 2005-06 (per cent)**

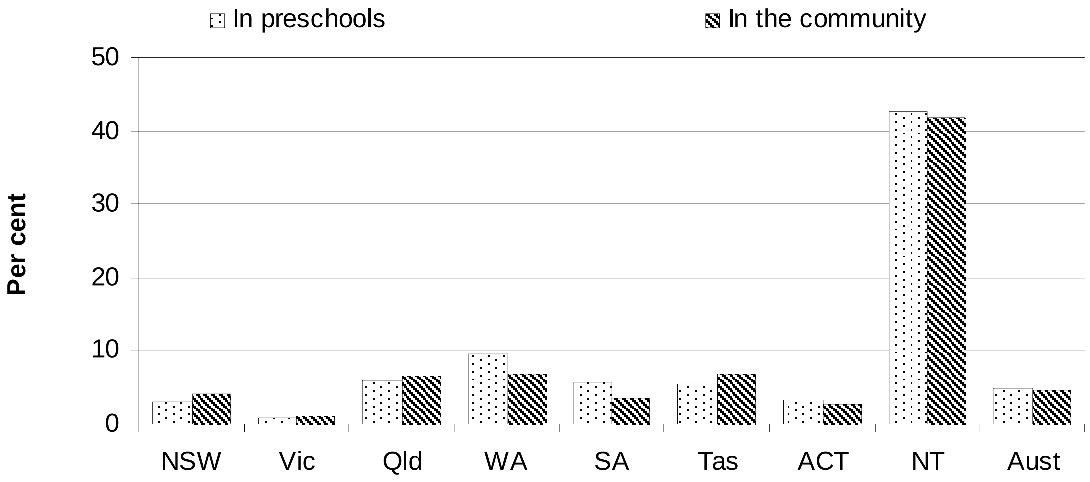
Representation	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Children from non-English speaking backgrounds									
In preschool services	8.2	13.3	2.8	na	9.4	na	15.1	na	7.0
In the community[a]	16.6	15.6	5.3	7.6	8.1	1.7	10.2	27.0	12.3
Indigenous children									
In preschool services[b]	3.1	0.9	6.1	9.6	5.7	5.5	3.4	42.5	4.9
In the community[c]	4.2	1.1	6.6	6.7	3.6	6.9	2.7	41.8	4.7
Children with a disability									
In preschool services[d]	6.5	10.2	2.0	2.8	15.4	na	4.3	8.4	6.4
In the community[e]	7.7	6.5	8.6	10.2	8.3	7.2	14.3	np	8.0
Children from regional areas									
In preschool services[b]	32.6	31.7	50.7	23.3	29.3	98.2	0.2	45.2	37.2
In the community[f]	28.3	27.8	44.6	24.5	26.5	97.5	0.2	49.2	32.5
Children from remote areas									
In preschool services[b]	1.2	0.2	8.2	9.8	5.8	1.8	..	54.8	4.8
In the community[g]	0.9	0.1	4.8	9.1	4.6	2.5	..	50.8	3.3

[a] Data relate to children aged 3–5 years at June 2001, who spoke a language other than English at home, and were obtained from the ABS 2001 *Census of Population and Housing*. [b] 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. [c] Data relate to children aged 3–5 years at June 2005 and were obtained from ABS *Experimental Indigenous population projections,* low series. [d] Data are not directly comparable between jurisdictions because there is no national definition or standard on children with a disability. [e] Data are estimated from the ABS 2003 *Survey of Disability, Ageing and Carers* and relate to children aged 3-5 years. Due to the small sample size, data for the NT are not published. [f] Data relate to children aged 3–5 years at June 2005 and were obtained from the ABS *Estimated resident population by Remoteness Area*. The data include Inner Regional Australia and Outer Regional Australia. Caution should be exercised with small proportions, as they are generally less reliable than larger proportions. [g] Data relate to children aged 3-5 years at June 2005 and were obtained from the ABS *Estimated resident population by Remoteness Area*. The data include Remote Australia and Very Remote Australia. Caution should be exercised with small proportions, as they are generally less reliable than larger proportions. **..** Not applicable. **na** Not available. – Nil or rounded to zero.

Source: State and Territory governments (unpublished); ABS 2001 *Census of Population and Housing* (unpublished); ABS *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2009* (Cat. no. 3238.0); ABS 2003 *Survey of Disability, Ageing and Carers* (unpublished); ABS *Estimated Resident Population Collection* (unpublished); 2007 Report, table 14.3, p. 14.15.

Nationally, the proportion of preschool enrolments from Indigenous backgrounds (4.9 per cent) largely reflects the proportion of the population from Indigenous backgrounds (4.7 per cent) (figure 14.2).

Figure 14.2 **Proportion of preschool enrolments of Indigenous children, 2005-06**[a, b, c]



[a] Data relate to children aged 3–5 years at June 2005 and were obtained from ABS *Experimental Indigenous population projections,* low series. [b] Data for the representation in preschool services are from State and Territory enrolment data. [c] All Indigenous data relate to people who self-identify as being of Aboriginal and/or Torres Strait Islander descent.

Source: ABS *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2009* (Cat. no. 3238.0); State and Territory governments (unpublished); 2007 Report, figure 14.3, p. 14.16.

Future directions in performance reporting

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

Supporting tables

Supporting tables for data within this chapter 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). The tables included in the attachment are listed below.

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. These services assist by alleviating the difficulties and reducing the potential for their recurrence.

This 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 (SAAP)*: 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 services chapter

The protection and support services chapter in the *Report on Government Services 2007* (2007 Report) contains the following data items on Indigenous people:

- children who were the subject of a substantiation (number and rate per 1000), 2005-06
- children who were on care and protection orders (number and rate per 1000 children), 30 June 2006
- children who were in out-of-home care (number and rate per 1000 children), 30 June 2006
- children in out-of-home care placed with relatives/kin, at 30 June, 2003–2006
- children aged under 12 years in out-of-home care and in a home-based placement, 30 June 2006
- placement of children in out-of-home care in out-of-home care, 30 June 2006

- representation among all accommodated SAAP clients and among people whose valid requests for accommodation were unmet, 2005-06
- SAAP support periods, by existence of a support plan, 2005-06
- SAAP clients, by met and unmet support needs, 2005-06
- changes in labour force status of clients who needed assistance to obtain/maintain employment and training before/after SAAP support, 2005-06
- source of income immediately before/after SAAP support of clients who needed assistance to obtain/maintain a pension or benefit, 2005-06
- accommodation type before and after SAAP support, for clients who requested assistance with obtaining or maintaining housing, 2005-06
- proportion of SAAP clients with only one period of support, 2005-06.

The protection and support services attachment contains additional data relating to Indigenous people including:

- number of children admitted to and discharged from care and protection orders
- number of children on care and protection orders by type of order
- number of children in out-of-home care by placement type
- number of children in out-of-home care by whether on a care and protection order
- number of children in out-of-home care by length of time in continuous out-of-home care
- number of children who exited care during the year 2005-06 by length of time spent in care.

Supporting tables

Supporting tables for data within the protection and support services chapter of this compendium are contained in attachment 15A of 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). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to '2007 Report, p. 15.15' this is page 15 of chapter 15 of the 2007 Report, and '2007 Report, table 15A.2' is attachment table 2 of attachment 15A of the 2007 Report.

Child protection and out-of-home care services

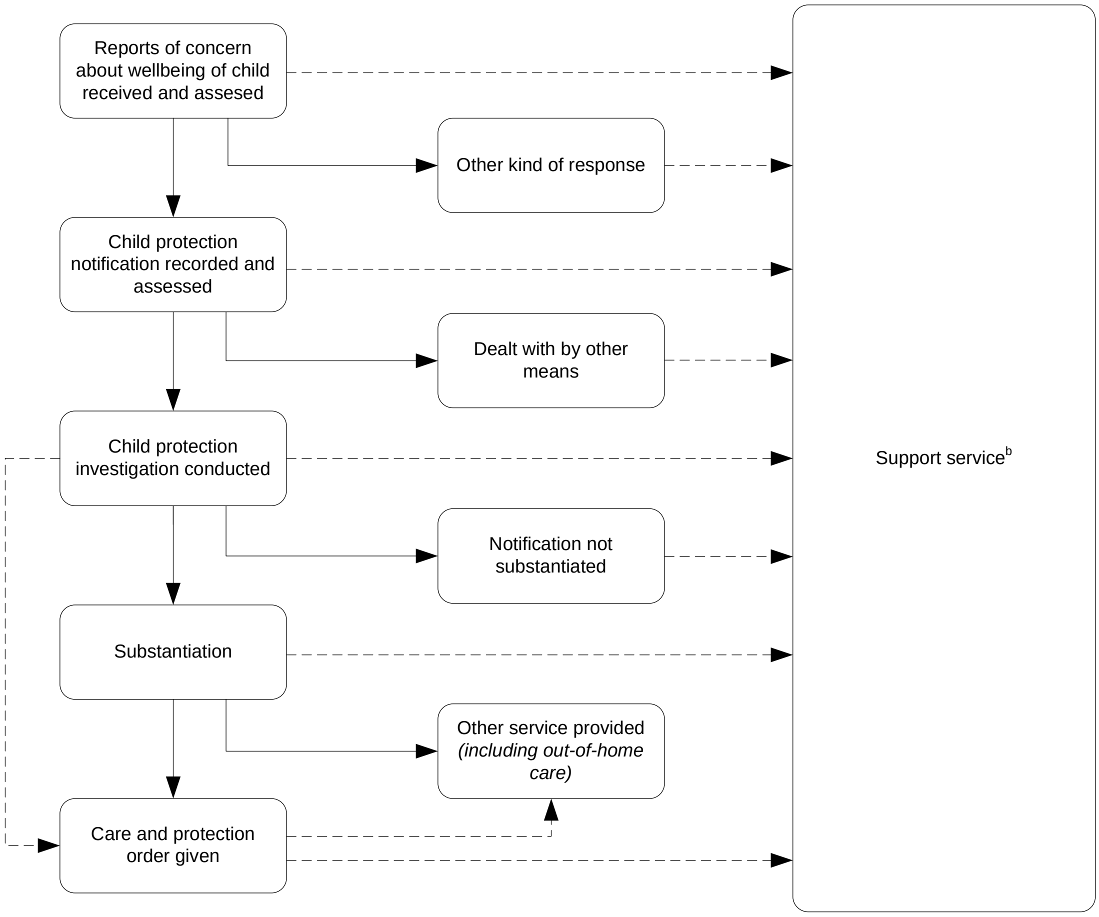
Child protection services are provided to protect children and/or young people aged 0–17 years who are at risk of harm within their families, or whose families do not have the capacity to protect them. Research suggests that children and families who come into contact with the protection and support system often share common social and demographic characteristics. Families with low incomes or that are reliant on pensions and benefits, those that experience alcohol and substance abuse, or a psychiatric disability, and those that have a family history of domestic violence are over represented in the families that came into contact with the protection and support system (Department of Human Services 2002). Studies have also highlighted the high incidence of child abuse and neglect within some Indigenous communities, compared with non-Indigenous communities. These studies include the final report of the WA Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities (Gordon Report 2002), which found high levels of violence and child abuse within Aboriginal communities in WA, and Family violence among Aboriginal and Torres Strait Islander peoples (AIHW 2006a), which found that Indigenous families across Australia experienced high levels of violence, compared with non-Indigenous families.

Out-of-home care services provide care for children and young people aged 0–17 years who are placed away from their parents or family home for reasons of safety or family crisis. These reasons include abuse, neglect or harm, illness of a parent and the inability of parents to provide adequate care. The placements may be voluntary or made in conjunction with care and protection orders.

Child protection legislation, policies and practices vary across jurisdictions, but the broad processes in child protection systems are similar (figure 15.1).

State and Territory community services departments are advised of concerns about the wellbeing of children through reports to these departments. Reports may be made by people mandated to report (such as medical practitioners, police services and school teachers and principals) or by other members of the community. These reports are 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 2004-05 were school personnel, police, parents and guardians, other relatives and friends, and neighbours (AIHW 2006b).

Figure 15.1 **The child protection system**[a]



[a] Dashed lines indicate that clients may or may not receive these services, depending on need. [b] Support services include family support or family preservation services provided by community service departments and referrals to other agencies.

Source: 2007 Report, figure 15.1, p. 15.7.

Notification

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.[1]

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[1] 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.

All jurisdictions except Victoria, Tasmania, the ACT and the NT screen incoming reports before deciding whether they will be 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 further reduces the number of notifications, as only reports about child harm/maltreatment are included in this Report.

In all jurisdictions, notifications are investigated, 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).

Data on the number of notifications are collected early in the child protection process and often before the agency has full knowledge of the child's family circumstances. This lack of information and the inherent difficulties in identifying Indigenous status mean that data on the number of notifications by Indigenous status (table 15A.4) need to be interpreted with care due to low reliability.

Substantiation

The criteria for substantiation vary across jurisdictions. In the past, child protection legislation and policy focused on the identification and investigation of narrowly defined incidents that were broadly grouped as types of abuse or neglect. Across all jurisdictions, however, the focus is shifting away from the actions of parents and guardians, toward the desired outcomes for the child, the identification and investigation of actual and/or likely harm to the child, and the child's needs.

If an investigation results in substantiation, intervention by the relevant community services department may be needed to protect the child. This intervention can take a number of forms, including one or more of referral to other services, supervision and support, an application to court, and a placement in out-of-home care.

Nationally, 6033 Indigenous and 28 303 non-Indigenous children were the subject of a substantiation in 2005-06. The rate of children who were the subject of a substantiation per 1000 children in the population aged 0–16 years was 29.5 for Indigenous children and 6.5 for non-Indigenous children (table 15A.4). The total number of substantiations for 2005-06 (including cases where a child is the subject of more than one substantiation) is identified at table 15A.1.

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.

Nationally, 6520 Indigenous and 20 668 non-Indigenous children were on care and protection orders at 30 June 2006. The rate of children on care and protection orders per 1000 children in the population aged 0–17 years was 29.9 for Indigenous children and 4.5 for non-Indigenous children (table 15A.4). Further information on children on care and protection orders is included in the attachment tables to this Report. Table 15A.2 identifies the number of children admitted to and discharged from care and protection orders by Indigenous status, 2005-06. Table 15A.3 identifies the number of children on care and protection orders at by type of order and Indigenous status at 30 June 2006.

Out-of-home care

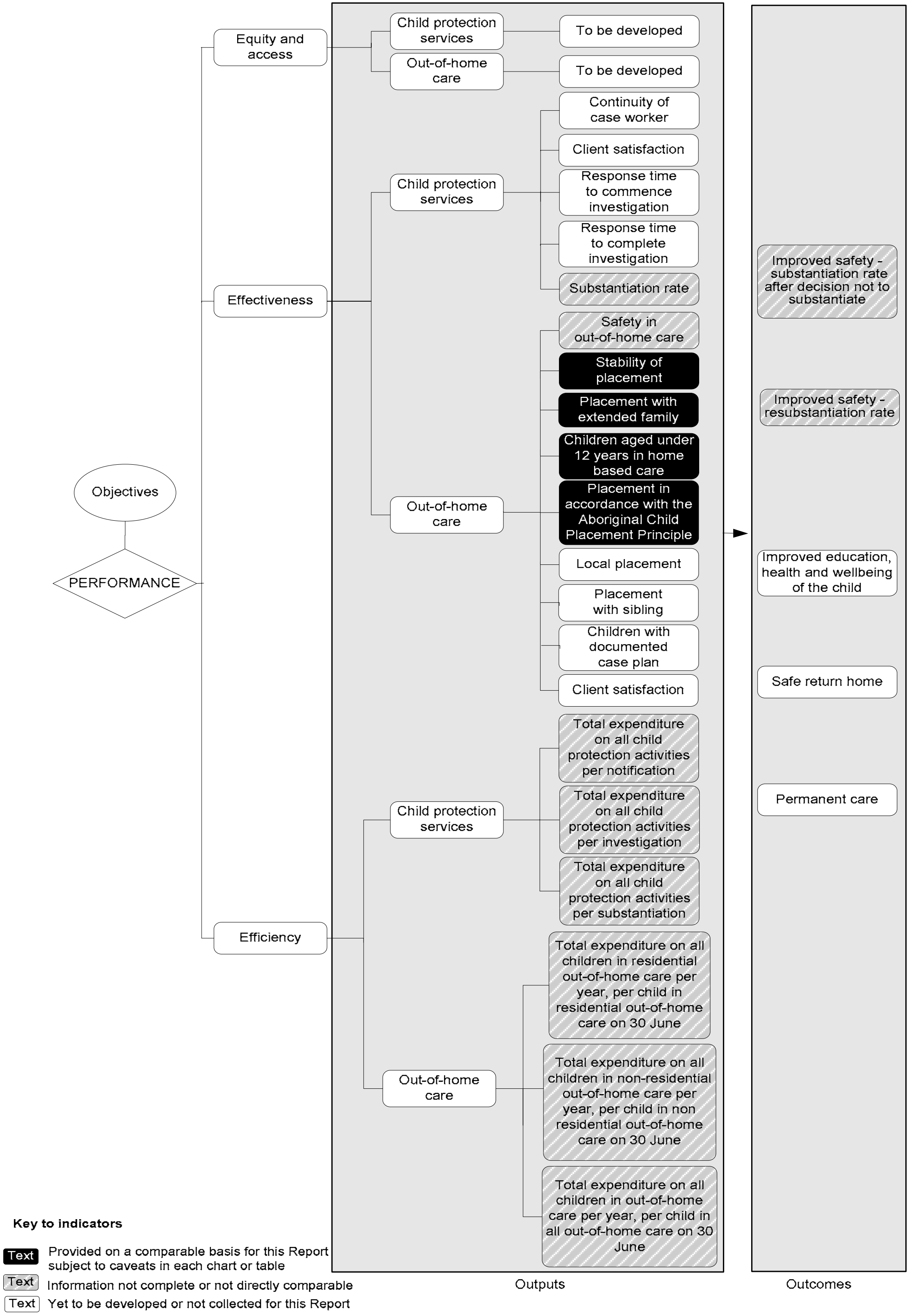
Out-of-home care is one of a range of services provided to families and children where there is a need to provide safe care for a child. The services are intended to place a child in out-of-home care only if this will improve the outcome for the child and only when it is not possible to maintain the child within their family. 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 2006b). 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.

Nationally, 6497 Indigenous children and 18 957 non-Indigenous children were in out-of-home care at 30 June 2006. The rate of children in out-of-home care per 1000 children in the population aged 0–17 years was 29.8 for Indigenous children and 4.1 for non-Indigenous children (table 15A.5). Further information on children in out-of-home care is included in the attachment tables to this Report. Table 15A.6 identifies the number of children in out-of-home care by Indigenous status and placement type as at 30 June 2006. Table 15A.7 identifies the number of children in out-of-home care by Indigenous status and whether on a care and protection order as at 30 June 2006. Table 15A.8 identifies the number of children in out-of-home care by Indigenous status and length of time in continuous out-of-home care as at 30 June 2006. Table 15A.9 identifies the number of children who exited care during the year 2005-06 by Indigenous status and length of time spent in care.

Framework of performance indicators for child protection and out-of-home care services

Data for Indigenous people are reported for a subset of the performance indicators for child protection and out-of-home care services in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 15.2. The performance indicator framework shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 15.2 **Performance indicators for child protection and out-of-home care services**



Source: 2007 Report, figure 15.3, p. 15.13.

Out-of-home care — placement with extended family

‘Placement with extended family’ is an output indicator of effectiveness (box 15.1).

Box 15.1 **Placement with extended family**

‘Placement with extended family’ is an output indicator of governments’ objective to provide services that meet the needs of the recipients on the basis of relative need and available resources.

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.

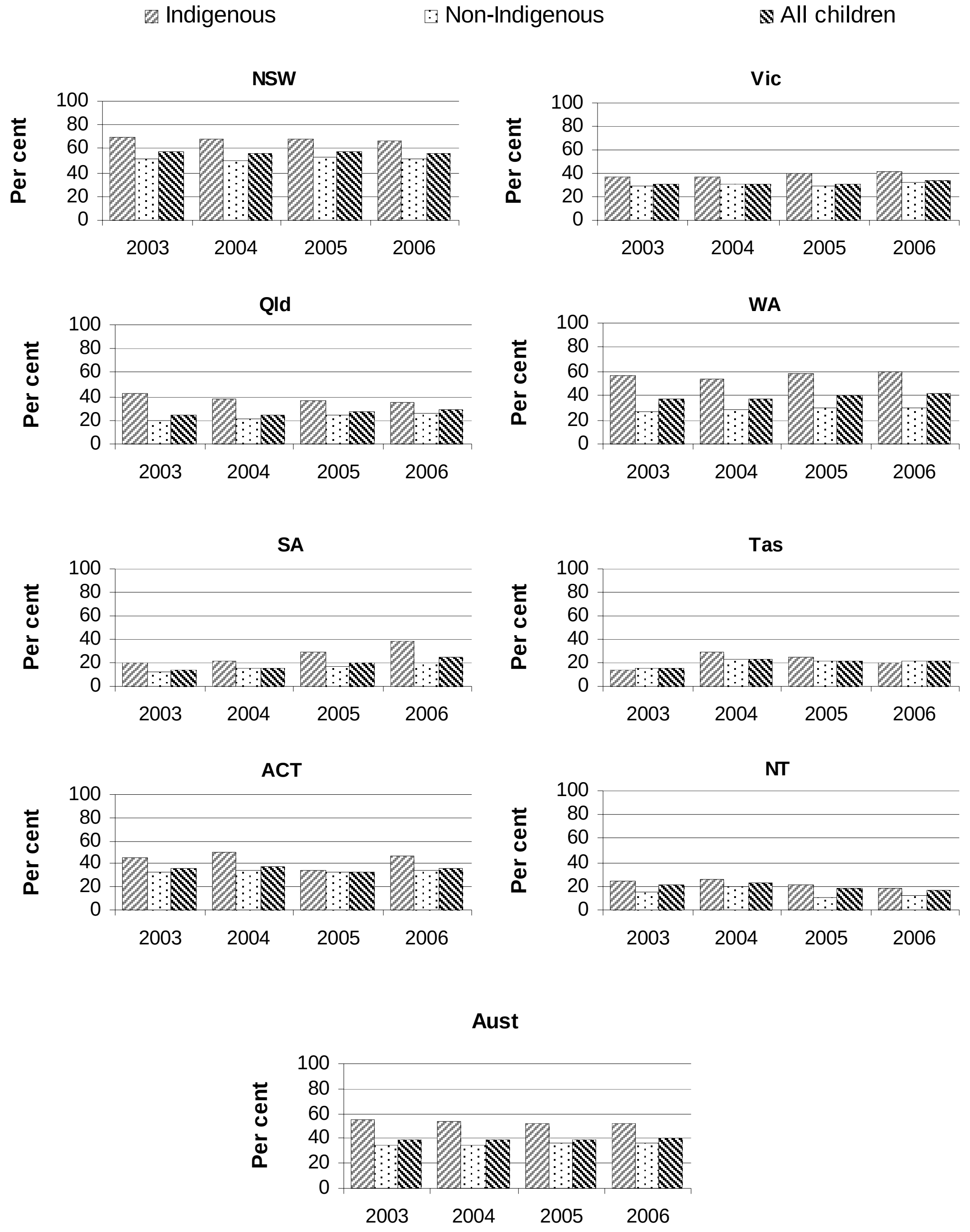
This needs to be considered with other factors in the placement decision.

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 in placed out-of-home care.

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 needs to 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 2006 was greater for Indigenous children than for non-Indigenous children in most jurisdictions and nationally (figure 15.3).

Figure 15.3 **Proportion of children in out-of-home care placed with relatives/kin, by Indigenous status, 30 June**



Source: AIHW *Children in out-of-home care, Australia* data collection (unpublished); tables 15A.10, 15A.25, 15A.37, 15A.49, 15A.61, 15A.73, 15A.85, 15A.97 and 15A.109; 2007 Report, figure 15.7, p. 15.24.

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

‘Children aged under 12 years in home-based care’ is an output indicator of effectiveness (box 15.2).

Box 15.2 **Children aged under 12 years in home-based care**

‘Children aged under 12 years in home-based care’ is an output indicator of governments’ objective to provide services which meet the needs of the recipients. This indicator is defined as the number of children under 12 years of age placed in home-based care divided by the total number of children under 12 years in out-of-home care.

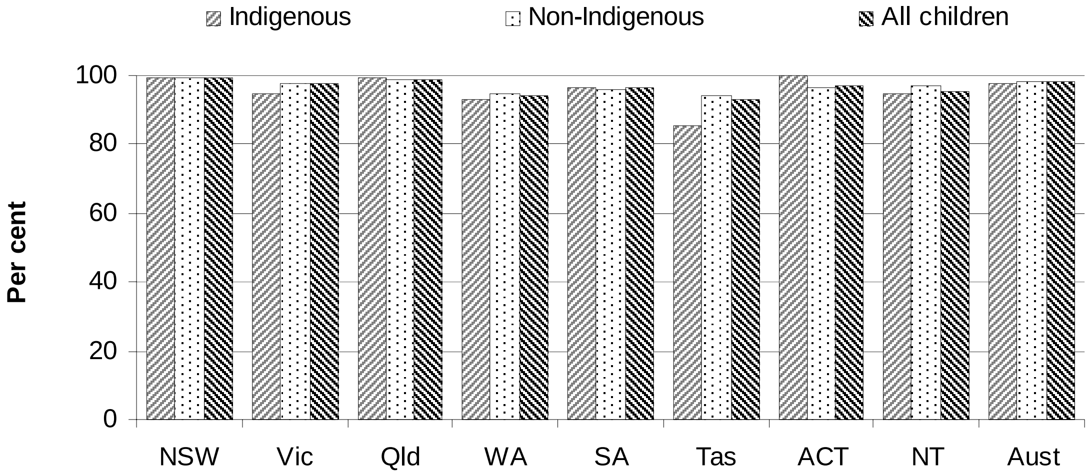
A high rate for this indicator is considered desirable.

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 should be interpreted in conjunction with other placement indicators.

The proportion of all children aged under 12 years in care who were placed in home-based care (excluding family group homes) at 30 June 2006 was 98.1 per cent nationally and exceeded 92 per cent in all jurisdictions. In all jurisdictions, the proportion of Indigenous children aged under 12 years who were placed in home-based care was similar to that of non-Indigenous children (figure 15.4).

Figure 15.4 **Proportion of children aged under 12 years in out-of-home care and in a home based placement, by Indigenous status, 30 June 2006[a]**



[a] Family group homes are not classified as being home based care.

Source: AIHW *Children in out-of-home care, Australia* data collection (unpublished); table 15A.12; 2007 Report, figure 15.8, p. 15.25.

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

‘Placement in accordance with the Aboriginal Child Placement Principle’ is an output indicator of effectiveness (box 15.3).

According to the Aboriginal Child Placement Principle (NSW Law Reform Commission 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.

All jurisdictions have adopted this principle, either in legislation or policy.

Box 15.3 **Placement in accordance with the Aboriginal Child Placement Principle**

‘Placement in accordance with the Aboriginal Child Placement Principle’ is an output 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. Placing Indigenous children in circumstances consistent with the Aboriginal Child Placement Principle is generally considered to be in their best interests.

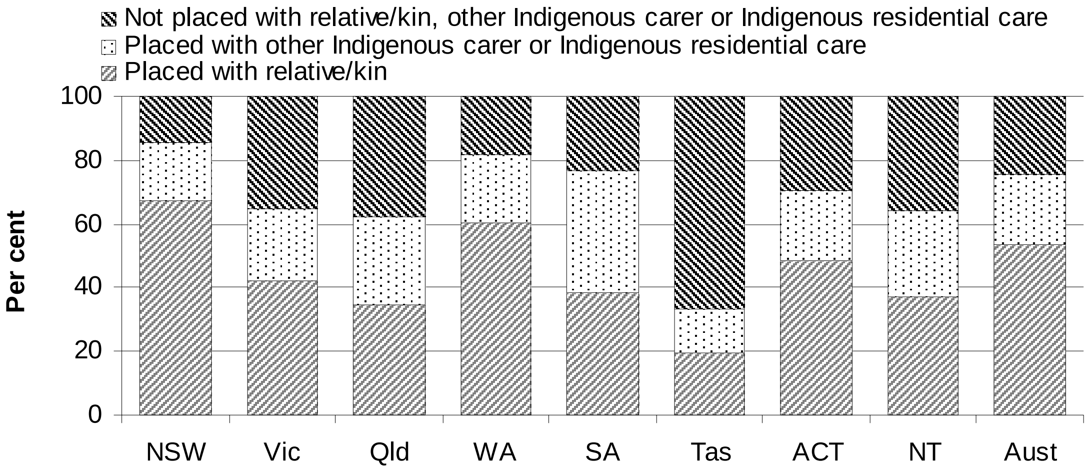
This indicator is defined as the number of Indigenous children placed with the child’s extended family, Indigenous community or other Indigenous people, divided by the total number of Indigenous children in out-of-home care. Data are reported separately for children placed (i) with relative/kin, (ii)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

A high proportion of children placed in accordance with the principle is desirable.

This is one factor among many that must be considered in the placement decision.

The proportion of Indigenous children in out-of-home care at 30 June 2006 who were placed with Indigenous or non-Indigenous relatives or kin or with another Indigenous carer or in Indigenous residential care varies across jurisdictions (figure 15.5).

Figure 15.5 **Placement of Indigenous children in out-of-home care, 30 June 2006**[a, b]



[a] Excludes Indigenous children living independently and those whose living arrangements were unknown. [b] Data for Tasmania and the ACT relate to a small number of Indigenous children (98 and 82 respectively) in care at 30 June 2006.

Source: AIHW *Children in out-of-home care, Australia* data collection (unpublished); table 15A.11; 2007 Report, figure 15.9, p. 15.27.

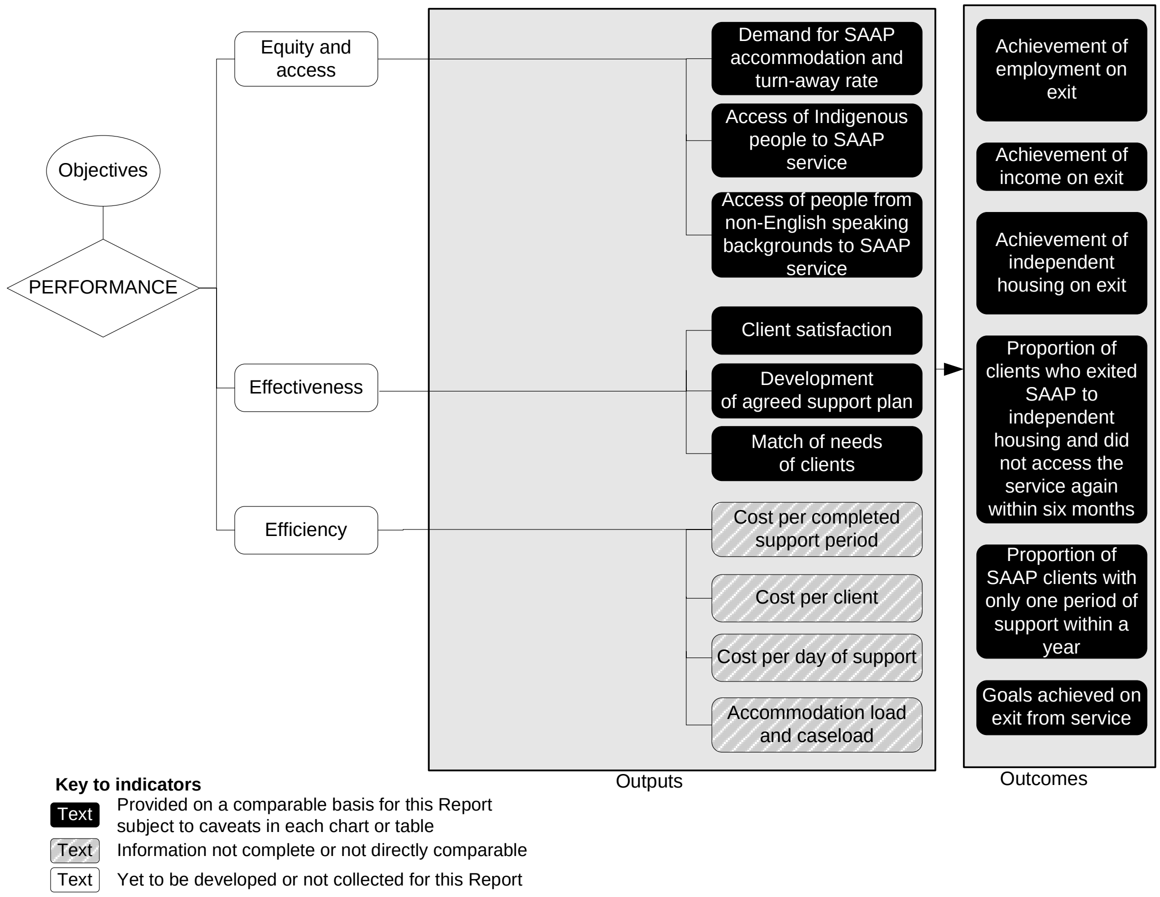
Supported accommodation and assistance services

Supported accommodation and assistance services aim to assist people who are homeless or at imminent risk of becoming homeless as a result of a crisis, including women and children escaping domestic violence. 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.

Performance indicator framework of supported accommodation and assistance services

Data for Indigenous people are reported for a subset of the performance indicators for SAAP services in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 15.6. The performance indicator framework shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 15.6 **Performance indicators for SAAP services**



Source: 2007 Report, figure 15.16, p. 15.48.

In the 2007 Report, there are a number of improvements in reporting performance of SAAP services. The equity and access indictor in previous reports ‘proportion of people who receive a service’ is now presented as three separate indicators ‘demand for SAAP accommodation and turn away rate’, ‘access of Indigenous people to SAAP service’ and ‘access of people from non-English speaking backgrounds to SAAP service’. The outcome indicator in previous Reports ‘achievement of independent living’ is now presented as two separate indicators ‘achievement of independent housing on exit’ and ‘achievement of employment on exit’. The outcome indicator in previous Reports ‘not returning to SAAP services within the year or six months’ is now presented as two separate indicators ‘proportion of SAAP clients with only one period of support within a year’ and ‘proportion of SAAP clients who exited SAAP to independent housing and did not access the service again within six months’.

The data collection for SAAP allows for the measurement of the number of clients and of the number and types of services provided to clients, but is subject to some limitations (box 15.4).

Box 15.4 Information needs to be considered when analysing SAAP data

The following information needs 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.
- Clients consented to provide personal details for the SAAP client collection for 86.6 per cent of support periods in 2005-06. A weighting system has been developed to adjust for agency non-participation (92.9 per cent of agencies participated in the client collection) and non-consent (SAAP National Data Collection Agency (NDCA) *Administrative Data and Client Collection*, unpublished).

Access of Indigenous people to SAAP service

'Access of Indigenous people to SAAP service' is an output (equity and access) indicator of SAAP services (box 15.5).

Box 15.5 Access of Indigenous people to SAAP service

'Access of Indigenous people to SAAP service' is an output indicator of governments' objective to ensure all Australians have equitable access to SAAP services on the basis of relative need. The indicator measures the extent to which the demand for assistance from Indigenous people is met or unmet. Unmet demand occurs when a homeless person expressly asking for supported accommodation, or support, cannot be provided with that assistance (although one-off assistance may be provided).

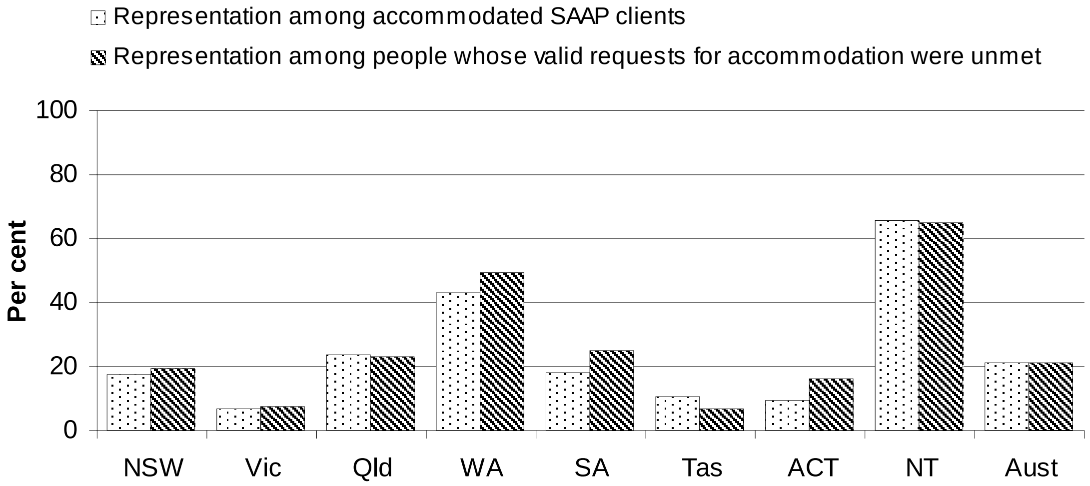
This indicator is defined as the comparison between the representation of Indigenous people among all people whose valid requests for SAAP accommodation were unmet and their representation among SAAP clients who were accommodated during the year.

Supported accommodation and assistance services target homeless people in general, but access by special needs groups (such as Indigenous people) is particularly important.

A high and equivalent proportion of valid requests receiving assistance is desirable.

Nationally, Indigenous people made up 21.4 per cent of all people whose valid requests for accommodation did not result in accommodation assistance in 2005-06 — a proportion no different to that of Indigenous clients among all accommodated SAAP clients (21.4 per cent). This result varied across jurisdictions (figure 15.7).

Figure 15.7 **Proportion of Indigenous people among all accommodated SAAP clients and among people whose valid requests for accommodation were unmet, 2005-06**[a]



[a] See notes to table 15A.112 for details of data definitions.

Source: SAAP NDCA *Client and Demand for Accommodation Collections* (unpublished); table 15A.112; 2007 Report, figure 15.19, p. 15.53.

Some requests for SAAP accommodation were not met for a number of reasons in 2005-06, including a lack of available accommodation (63.0 per cent of those requests that were unmet were for this reason), no vacancies at the referral agency (23.8 per cent), and insufficient staff (1.3 per cent) (see 2007 Report, table 15A.178).

Development of agreed support plan

'Development of agreed support plan' is an output indicator of the effectiveness of SAAP services (box 15.6).

Box 15.6 **Development of agreed support plan**

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

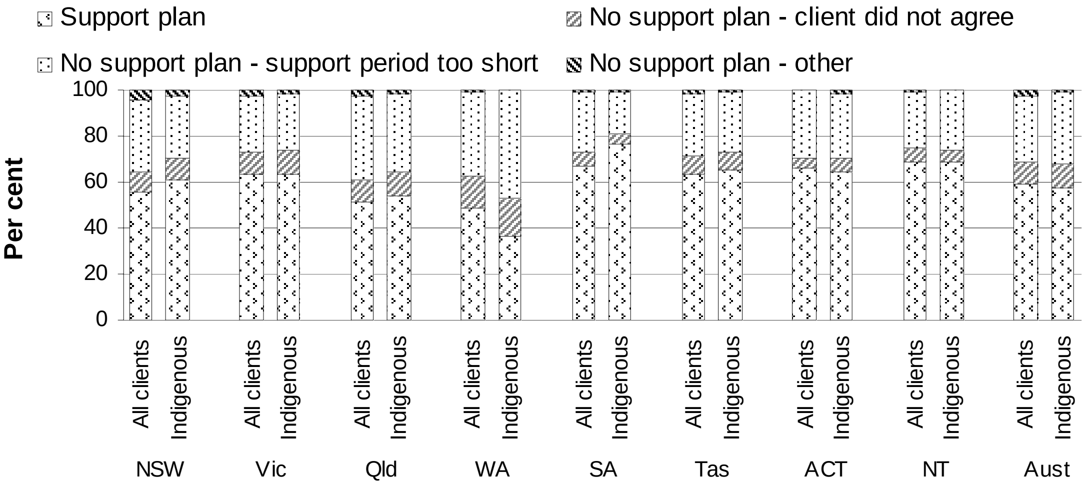
This indicator is defined as the number of closed support periods with an agreed support plan divided by the total number of support periods. Data are reported for all SAAP clients, and separately for Indigenous people.

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).

Counting rules for this indicator were changed for this Report. Only 'closed' support periods are now included for 2005-06 data. This excludes previously counted 'ongoing' support periods where outcomes of the support cannot be determined and is consistent with other support period data in the Report.

Nationally, there was an agreed support plan for 59.2 per cent of support periods for all clients in 2005-06 (compared with 57.2 per cent for Indigenous clients). This proportion varied across jurisdictions (figure 15.8).

Figure 15.8 **Support periods, by the existence of a support plan, 2005-06**[a]



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[a] See notes to table 15A.113; 2007 Report, table 15A.173 for more details.

Source: SAAP NDCA *Administrative Data and Client Collections* (unpublished); table 15A.113; 2007 Report, table 15A.173; 2007 Report, figure 15.21, p. 15.56.

Match of needs of clients

'Match of needs of clients' is an output indicator of the effectiveness of SAAP services (box 15.7).

Box 15.7 **Match of needs of clients**

'Match of needs of clients' is an output indicator of governments' objective to ensure that SAAP services meet their client's individual needs. This is a measure of appropriateness. The range of services needed 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 number of clients who were provided with the services they needed and clients who were referred to another agency, divided by the total number of SAAP clients.

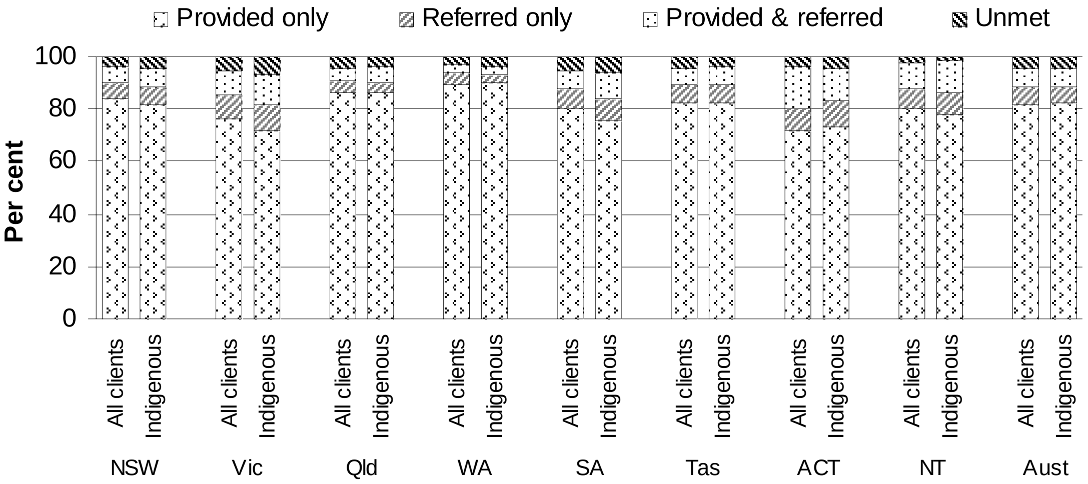
Data are reported for all SAAP clients, and separately for Indigenous people.

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

Counting rules for this indicator were changed for this Report. Only 'closed' support periods are now included for 2005-06 data. This excludes previously counted 'ongoing' support periods where outcomes of the support cannot be determined and is consistent with other support period data in the Report.

The proportions for Indigenous clients (95.7 per cent) who received needed services in 2005-06 were similar to that for all clients. These proportions varied across jurisdictions (figure 15.9).

Figure 15.9 **Indigenous clients, by met and unmet support needs, 2005-06**



Source: SAAP NDCA *Administrative Data and Client Collections* (unpublished); table 15A.114; 2007 Report, table 15A.175; 2007 Report, figure 15.23, p. 15.58.

Achievement of employment on exit

‘Achievement of employment on exit’ is an outcome indicator of SAAP services (box 15.8).

Box 15.8 **Achievement of employment on exit**

‘Achievement of employment on exit’ is 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.

Achievement of employment is defined as the number of SAAP clients who sought assistance to obtain or maintain employment and training, and achieved employment after SAAP support, divided by the total number of clients who sought assistance to obtain or maintain employment. Support periods reported relate to these clients only.

This indicator compares these clients’ employment status before and after they requested SAAP support.

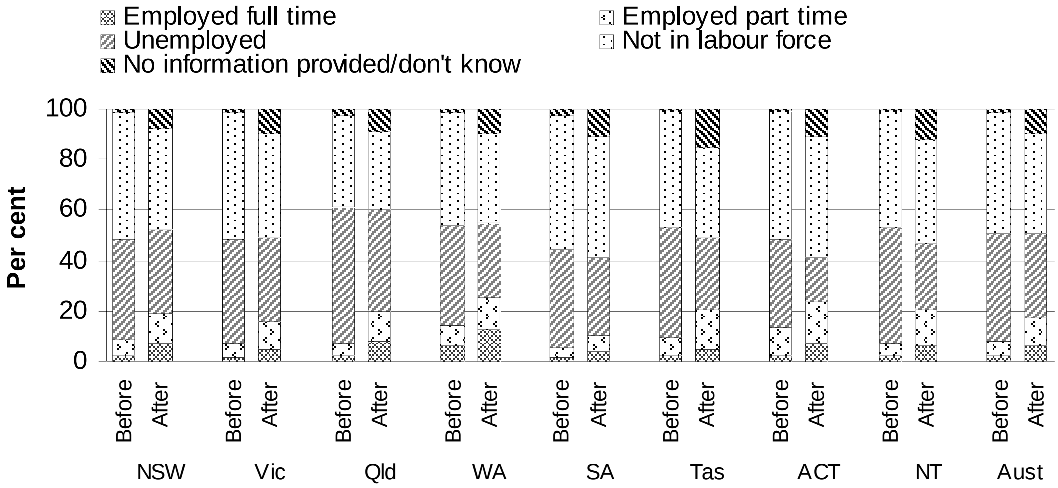
This indicator relates to relatively short term outcomes — that is, outcomes for clients immediately after their support period. Longer term outcomes are important, but more difficult to measure.

Higher proportions of achievement of employment are desirable.

Nationally, of those Indigenous clients who sought assistance to obtain or maintain employment and training when entering SAAP in 2005-06, the proportion of clients who were employed either full-time or part-time increased from 7.4 per cent before support to 13.8 per cent after support (4.5 per cent full time and 9.3 per cent part time). The proportion of clients who were unemployed decreased from 38.0 per cent before support to 29.7 per cent after support. The proportion of clients who were not in the labour force decreased from 53.3 per cent before support to 43.1 per cent after support. These proportions varied across jurisdictions (figure 15.10 and table 15A.116).

Figure 15.10 Changes in labour force status of clients who needed assistance to obtain/maintain employment and training before/after SAAP support, 2005-06[a]

(a) All SAAP clients



(b) Indigenous SAAP clients

[a] Data are for people who requested assistance with obtaining or maintaining employment when entering SAAP services.

Source: SAAP NDCA *Administrative Data and Client Collections* (unpublished); table 15A.116; 2007 Report, tables 15A.185 and 15A.186; 2007 Report, figure 15.29, p. 15.65.

Achievement of income on exit

'Achievement of income on exit' is an outcome indicator of SAAP services (box 15.9).

Box 15.9 **Achievement of income on exit**

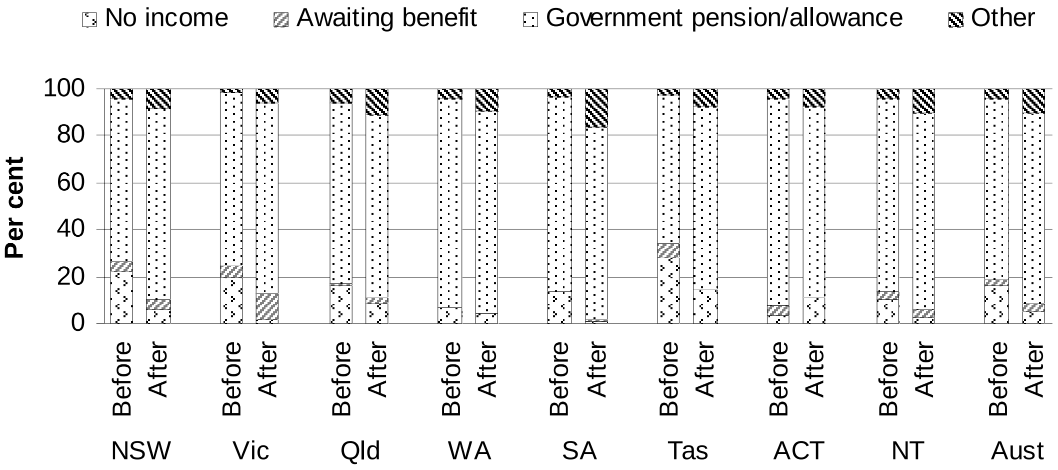
‘Achievement of income on exit’ is an outcome indicator of governments’ objective to enable clients to participate independently in society at the end of their support period. A client’s independence and self-reliance is enhanced when the client experiences a positive change in income source (for example, from having no income support to obtaining some income, including wages and/or benefits) on exit from SAAP services.

This indicator is defined as the number of clients who requested assistance to obtain or maintain a pension or benefit and exited SAAP with an income source, divided by the total number of clients who requested assistance to obtain or maintain a pension or benefit.

A high proportion of clients who requested income assistance and exited SAAP with an income source is desirable.

Nationally, the proportion of clients who did not have income and requested income assistance was 5.9 per cent after SAAP assistance in 2005-06 — a 12.6 per cent decrease from 18.5 per cent before SAAP assistance (2007 Report, figure 15.30, p. 15.66). The proportion of Indigenous clients who did not have income and requested income assistance also decreased after SAAP assistance nationally (5.0 per cent compared with 16.1 per cent before SAAP assistance) (figure 15.11). Both before and after the SAAP assistance, the income source for the majority of SAAP clients is a government pension/allowance (figure 15.11 and 2007 Report, figure 15.30, p. 15.66).

Figure 15.11 **Source of income immediately before/after SAAP support of Indigenous clients who needed assistance to obtain/maintain a pension or benefit, 2005-06[a]**



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[a] 'Other' includes other, don't know and no information provided.

Source: SAAP NDCA *Administrative Data and Client Collections* (unpublished); table 15A.118; 2007 Report, figure 15.31, p. 15.67.

Achievement of independent housing on exit

'Achievement of independent housing on exit' is an outcome indicator of SAAP services (box 15.10).

Box 15.10 **Achievement of independent housing on exit**

'Achievement of independent housing on exit' is 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.

Achievement of independent housing is defined as the number of support periods of clients who requested assistance with obtaining or maintaining independent housing achieving independent housing at the end of a support period, divided by the total number support periods of clients who requested assistance with obtaining or maintaining independent housing.

This indicator relates 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.

Higher proportions of independent housing are desirable.

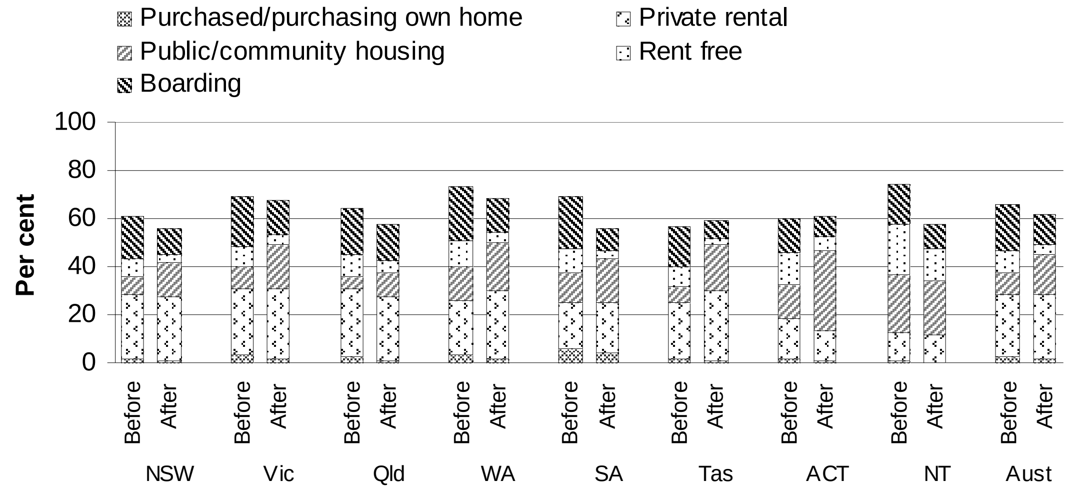
Nationally, 61.5 per cent of clients who requested assistance with obtaining or maintaining independent housing achieved independent housing at the end of a support period in 2005-06. This included clients who moved or returned to private rental housing (26.7 per cent), to public rental housing (13.3 per cent), and those who were boarding (12.4 per cent) (figure 15.12).

Among Indigenous clients, on a national basis, 58.3 per cent of clients who requested assistance with obtaining or maintaining independent housing achieved independent housing at the end of a support period in 2005-06, including those who moved or returned to private rental housing (17.5 per cent), to public rental housing (17.8 per cent), and who were boarding (13.0 per cent) (figure 15.12).

Clients who did not achieve independent housing at the end of a support period in 2005-06 included those who moved to, or continued to live in, short to medium term SAAP accommodation and other forms of non-independent accommodation (figure 15.12).

Figure 15.12 **Accommodation type before and after SAAP support, for clients who requested assistance with obtaining or maintaining housing, 2005-06[a]**

(a) All SAAP clients, Independent housing



(b) All SAAP clients, Non-independent housing

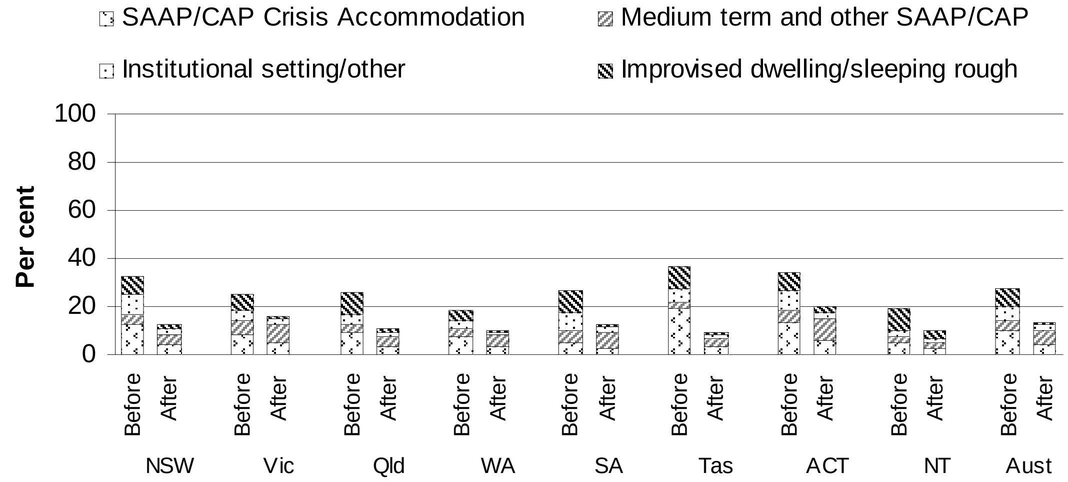


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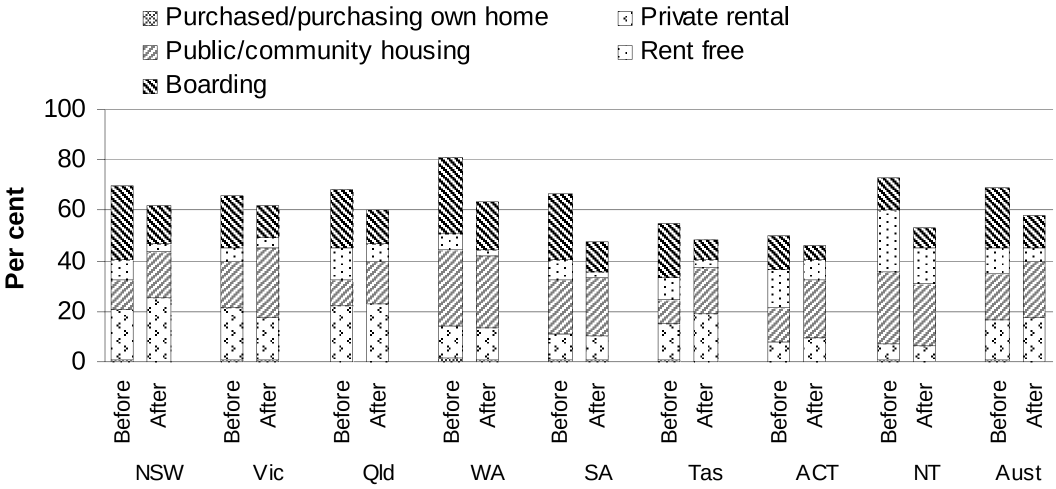
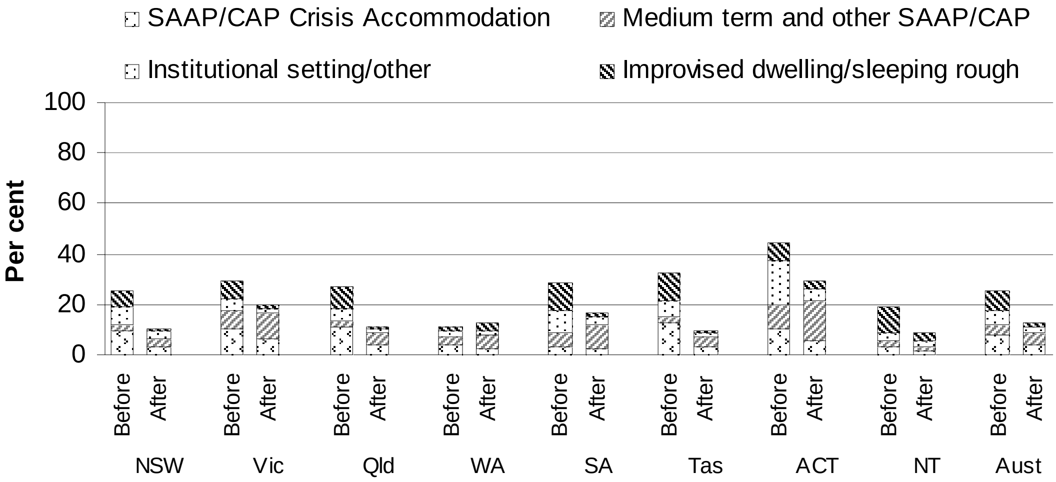
Figure 15.12 **(Continued)**

(c) Indigenous SAAP clients, Independent housing



(d) Indigenous SAAP clients, Non-independent housing



[a] High levels of ‘don’t know’ and ‘no information provided’ categories in the “after SAAP Support” data may mean that some clients who achieved independent or non-Independent housing are not represented here (see attachment tables for more information).

Source: SAAP NDCA *Administrative Data and Client Collections* (unpublished); table 15A.115; 2007 Report, table 15A.183; 2007 Report, figure 15.32, pp. 15.69-70.

Proportion of SAAP clients with only one period of support within a year

‘Proportion of SAAP clients with only one period of support within a year’ is an outcome indicator of SAAP services (box 15.11).

Box 15.11 **Proportion of SAAP clients with only one period of support within a year**

'Proportion of SAAP clients with only one period of support within a year' is an outcome indicator of governments' objective to enable clients to participate independently in society at the end of their support period.

This indicator is defined as the number of clients with only one support period during the year, divided by the total number of SAAP clients.

A higher proportion of clients with only one support period during the year is desirable.

It may be appropriate for some clients to receive more than one support period in a given period of time (for example, moving from crisis accommodation to medium term accommodation). One group that makes multiple use of SAAP is single adults, especially older single men. A number of SAAP clients who need long term assistance may access SAAP services a number of times before their needs are met on a permanent basis. Ongoing contact with SAAP agencies may also lead to an improvement in living skills and self-reliance.

Nationally, 74.7 per cent of SAAP clients had only one support period in 2005-06 (2007 Report, figure 15.33, p. 15.73). The proportion for Indigenous clients was similar (75.1 per cent) (table 15A.117).

Future directions in supported accommodation and assistance performance reporting

Improving data from Indigenous clients

An Indigenous data training package is being developed by the NDCA at the AIHW in collaboration with the Information Sub-committee of the Coordination and Development Committee (CAD). Members of the Indigenous Reference Group consist of SAAP Indigenous representatives from NSW, Victoria, Queensland, WA and NT, together with staff from the NDCA, Queensland Department of Communities, and Department of Families, Community Services and Indigenous Affairs (FaCSIA). The Reference Group provided input to develop the package based on current SAAP data training content but with an Indigenous specific focus. It is anticipated that the package will encourage more Indigenous agencies to participate in the SAAP data collection and demonstrate to Indigenous agencies the value of collecting SAAP data for Indigenous clients. This development will improve the quality and coverage of Indigenous data in future Reports.

Supporting tables

Supporting tables for data within this chapter 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 attachment). The tables included in the attachment are listed below.

All jurisdiction data

Table 15A.1	Child protection notifications, investigations and substantiations by Indigenous status 2005-06
Table 15A.2	Children admitted to and discharged from care and protection orders by Indigenous status, 2005-06 (number)
Table 15A.3	Children on care and protection orders by type of order and Indigenous status, at 30 June 2006 (number)
Table 15A.4	Children in notifications, investigations and substantiations and children on care and protection orders: number and rate per 1000 children in the target populations by Indigenous status, 2005-06
Table 15A.5	Children in out-of-home care: number and rate per 1000 children aged 0–17 years by Indigenous status, 2005-06
Table 15A.6	Children in out-of-home care by Indigenous status and placement type, 30 June 2006 (number)
Table 15A.7	Children in out-of-home care by Indigenous status and whether on a care and protection order, 30 June 2006 (number)
Table 15A.8	Children in out-of-home care by Indigenous status and length of time in continuous out-of-home care, 30 June 2006 (number)
Table 15A.9	Children who exited care during the year 2005-06 by Indigenous status and length of time spent in care (number)
Table 15A.10	Children in out-of-home care placed with relatives/kin by Indigenous status, 30 June
Table 15A.11	Indigenous children in out-of-home care by relationship of caregiver, 30 June 2006
Table 15A.12	Children aged under 12 years in out-of-home care and in a home based placement by Indigenous status, 30 June 2006
Table 15A.13	Intensive family support services: number of children aged 0–17 years commencing intensive family support services by Indigenous status and gender
Table 15A.14	Target population data used for annual data, December ('000)
Table 15A.15	Target population data used for end of financial year data, March ('000)

Single jurisdiction data NSW

Table 15A.16	Child protection notifications, investigations and substantiations by Indigenous status, New South Wales
Table 15A.17	Children admitted to and discharged from care and protection orders by Indigenous status, New South Wales (number)

Table 15A.18	Children on care and protection orders at 30 June by type of order and Indigenous status, New South Wales (number)
Table 15A.19	Children in notifications, investigations and substantiations and children on care and protection orders: Number and rate per 1000 children in the target populations by Indigenous status, New South Wales
Table 15A.20	Children in out-of-home care at 30 June: number and rate per 1000 children aged 0–17 years, by Indigenous status, New South Wales
Table 15A.21	Children in out-of-home care at 30 June, by Indigenous status and placement type, New South Wales (number)
Table 15A.22	Children in out-of-home care at 30 June, by Indigenous status and whether on a care and protection order, New South Wales (number)
Table 15A.23	Children in out-of-home care at 30 June, by Indigenous status and length of time in continuous out-of-home care, New South Wales (number)
Table 15A.24	Children who exited care during the year by Indigenous status and length of time spent in care, New South Wales (number)
Table 15A.25	Children in out-of-home care at 30 June placed with relatives/kin, by Indigenous status, New South Wales
Table 15A.26	Indigenous children in out-of-home care at 30 June by Indigenous status and relationship of caregiver, New South Wales
Table 15A.27	Children aged under 12 years in out-of-home care in a home based placement at 30 June, by Indigenous status, New South Wales

Single jurisdiction data Vic

Table 15A.28	Child protection notifications, investigations and substantiations by Indigenous status, Victoria
Table 15A.29	Children admitted to and discharged from care and protection orders by Indigenous status, Victoria (number)
Table 15A.30	Children on care and protection orders at 30 June by type of order and Indigenous status, Victoria (number)
Table 15A.31	Children in notifications, investigations and substantiations and children on care and protection orders: Number and rate per 1000 children in the target populations by Indigenous status, Victoria
Table 15A.32	Children in out-of-home care at 30 June: number and rate per 1000 children aged 0–17 years, by Indigenous status, Victoria
Table 15A.33	Children in out-of-home care at 30 June, by Indigenous status and placement type, Victoria (number)
Table 15A.34	Children in out-of-home care at 30 June, by Indigenous status and whether on a care and protection order, Victoria (number)
Table 15A.35	Children in out-of-home care at 30 June, by Indigenous status and length of time in continuous out-of-home care, Victoria (number)
Table 15A.36	Children who exited care during the year by Indigenous status and length of time spent in care, Victoria (number)
Table 15A.37	Children in out-of-home care at 30 June placed with relatives/kin, by Indigenous status, Victoria

Single jurisdiction data Qld

Single jurisdiction data WA

Single jurisdiction data SA

Single jurisdiction data Tas

Single jurisdiction data ACT

Table 15A.97	Children in out-of-home care at 30 June placed with relatives/kin, by Indigenous status, Australian Capital Territory
Table 15A.98	Indigenous children in out-of-home care at 30 June by Indigenous status and relationship of caregiver, Australian Capital Territory
Table 15A.99	Children aged under 12 years in out-of-home care in a home based placement at 30 June, by Indigenous status, Australian Capital Territory

Single jurisdiction data NT

Table 15A.100	Child protection notifications, investigations and substantiations by Indigenous status, Northern Territory
Table 15A.101	Children admitted to and discharged from care and protection orders by Indigenous status, Northern Territory (number)
Table 15A.102	Children on care and protection orders at 30 June by type of order and Indigenous status, Northern Territory (number)
Table 15A.103	Children in notifications, investigations and substantiations and children on care and protection orders: Number and rate per 1000 children in the target populations by Indigenous status, Northern Territory
Table 15A.104	Children in out-of-home care at 30 June: number and rate per 1000 children aged 0–17 years, by Indigenous status, Northern Territory
Table 15A.105	Children in out-of-home care at 30 June, by Indigenous status and placement type, Northern Territory (number)
Table 15A.106	Children in out-of-home care at 30 June, by Indigenous status and whether on a care and protection order, Northern Territory (number)
Table 15A.107	Children in out-of-home care at 30 June, by Indigenous status and length of time in continuous out-of-home care, Northern Territory (number)
Table 15A.108	Children who exited care during the year by Indigenous status and length of time spent in care, Northern Territory (number)
Table 15A.109	Children in out-of-home care at 30 June placed with relatives/kin, by Indigenous status, Northern Territory
Table 15A.110	Indigenous children in out-of-home care at 30 June by Indigenous status and relationship of caregiver, Northern Territory
Table 15A.111	Children aged under 12 years in out-of-home care in a home based placement at 30 June, by Indigenous status, Northern Territory

SAAP data

Table 15A.112	Proportion of Indigenous people among all accommodated SAAP clients and among people whose valid requests for accommodation were unmet
Table 15A.113	Support periods, by the existence of a support plan, Indigenous clients
Table 15A.114	Support needs of Indigenous clients, met and unmet
Table 15A.115	Change in type of housing as a result of SAAP support, Indigenous clients
Table 15A.116	Change in labour force status of Indigenous clients after SAAP support
Table 15A.117	Indigenous SAAP clients who exited from the service and who returned to SAAP agencies before the end of that year

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AIHW (Australian Institute of Health and Welfare) 2006a, *Family violence among Aboriginal and Torres Strait Islander peoples,* Cat. No. IHW 17, Canberra.

—— 2006b, *Child Protection Australia, 2004-05*, Cat. No. CWS 26, Child Welfare Series No. 38, Canberra.

DHS (Department of Human Services) 2002, *An Integrated Strategy for Child Protection and Placement Services*, Government of Victoria, Melbourne.

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

Governments play 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 the housing services covered in this chapter 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 (see chapter 15)
- services delivered by the Australian, State and Territory governments and community organisations to promote independent living, including services for people with a disability (see chapter 13), mental health services (see chapter 11) and aged care services, such as the Home and Community Care program (see 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. State Indigenous Bilateral Agreements are the primary vehicle for implementing 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 (CAP) 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 ‘match’ (in part) 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
- developing, 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); *Report on Government Services 2007* (2007 Report), box 16.1, p. 16.2.

This chapter does not cover some Indigenous housing and infrastructure assistance provided by Australian, State and Territory governments, land councils and Indigenous community organisations.

Indigenous data in the housing chapter

The housing chapter in the 2007 Report contains the following data items on Indigenous people:

- regional and remote area concentration of State owned and managed Indigenous housing (SOMIH), 2005-06
- low income and special needs households, as a proportion of all new SOMIH tenants, 2001-02 to 2005-06
- greatest need allocations as a proportion of all new SOMIH allocations and proportions of greatest need households waiting for less than three months to more than two years, 2005-06
- direct cost of providing assistance per dwelling of SOMIH, 2001-02 to 2005-06
- occupancy rates of SOMIH, 30 June 2002 to 30 June 2006
- average turnaround time of SOMIH, 2005-06
- rent collected as a proportion of the total rent charged for SOMIH, 2005-06
- proportion of tenants rating their current home as meeting their location and amenity needs, 2005
- proportion of customers satisfied or very satisfied with SOMIH (per cent), 2005
- SOMIH subsidy per tenant and proportion of SOMIH households spending less than 30 per cent of their income in rent, 2006
- proportion of SOMIH households with overcrowding at 30 June 2006
- income units receiving CRA, by income unit type, 2006
- income units receiving CRA, by geographic location, 2006
- proportion of income units receiving CRA paying more than 30 per cent of income on rent, with and without CRA, 2006.

Supporting tables

Supporting tables for data within the housing chapter of this compendium are contained in attachment 16A of 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). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to ‘2007 Report, p. 16.15’ this is page 15 of chapter 16 of the 2007 Report, and ‘2007 Report, table 16A.2’ is attachment table 2 of attachment 16A of the 2007 Report.

Profile of housing and housing assistance

Service overview

The Australian Bureau of Statistics (ABS) 2001 Census of Population and Housing (ABS 2002) identified just under 7.1 million households in Australia, where ‘household’ is classified as a person living alone or as a group of related or unrelated people who usually reside and eat together. 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 2002).

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 2005).

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.

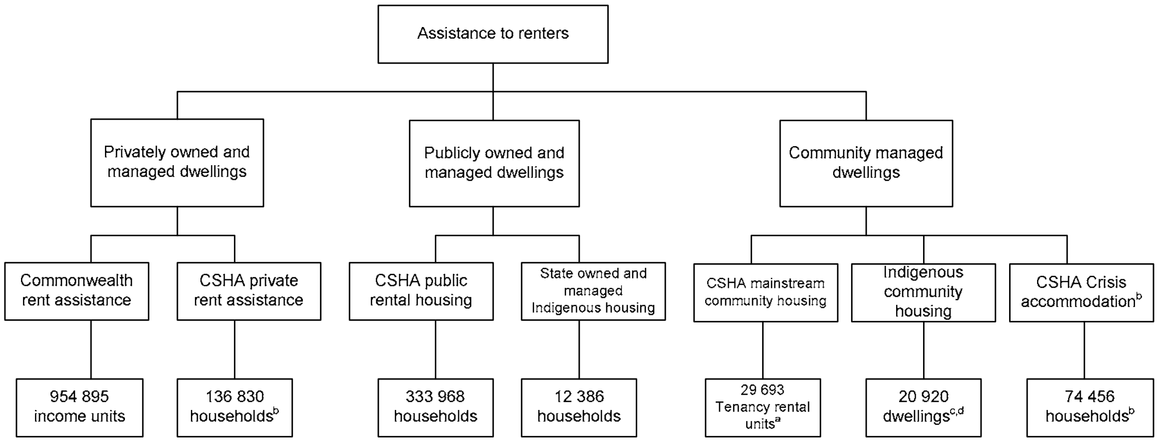
- Local governments implement planning regulations and are sometimes involved in providing community housing.

Funding

The Australian, State and Territory governments provided $1.3 billion (contributing 72.2 per cent and 27.8 per cent respectively) for housing programs under the CSHA in 2005-06 (FaCSIA 2006). Public and community housing accounted for the majority of CSHA funding in 2005-06. The Australian Government also provided $2.1 billion for CRA in 2005-06.

Figure 16.1 illustrates the range of government assistance to renters.

Figure 16.1 **Recipients of rental assistance across rental sector, 2006**



[a] Additional dwellings are funded under programs other than CSHA; however, data about these dwellings are not available. [b] For year ending 30 June 2005. [c] At 30 June 2006. [d] Includes permanent dwellings managed by funded or unfunded Indigenous community housing organisations. 18 927 of these dwellings were managed by organisations administered by the State governments and 1993 were managed by organisations administered by the Australian Government.

Source: AIHW (2007b); 2007 Report, figure 16.2, p. 16.7.

CSHA funding data for 2004-05 and 2005-06 financial years are presented in table 16.1.

Table 16.1 **CSHA funding, 2004-05 and 2005-06 ($ million)**[a]

Funding arrangements	**2004-05**	**2005-06**
Base funding grants	733.8	743.9
Aboriginal Rental Housing Program	102.1	93.3
Crisis Accommodation Program	40.1	40.7
Community Housing Program	64.7	65.6
State matching grants	359.2	364.1
Total	**1 299.9**	**1 307.6**

[a] Includes Public Housing, Home Purchase Assistance and Private Rental Assistance Programs.

Source: FaCSIA (2006); FaCSIA (unpublished); 2007 Report, table 16.2, p. 16.8.

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, SOMIH, community housing, and CRA.

Box 16.2 **Forms of housing assistance**

There are several main forms of 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 funding for public housing along 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, and the housing stock may be owned by a variety of groups including government.
- *Indigenous housing*: State owned housing targeted at Indigenous households (referred to as ‘SOMIH’ 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.

(Continued on next page)

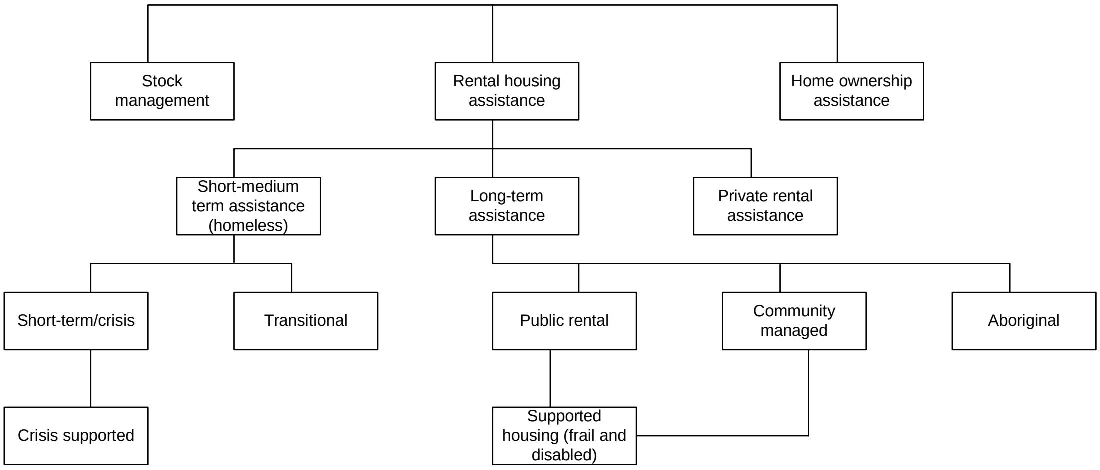
Box 16.2 **(Continued)**

- *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 CAP through 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 income households to help with home purchases or mortgage repayments does not fall within the CSHA, nor does the grant provided under the First Home Owner's Scheme, a Commonwealth initiative administered by State and Territory governments.
- *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); FaCS (2003); 2007 Report, box 16.2, pp. 16.8-9.

A snapshot presenting different forms of CSHA housing assistance for vulnerable people is presented through the example for Victoria (figure 16.2).

Figure 16.2 **Forms of CSHA housing assistance for low income Victorians**



Source: VDHS (2001, p. 4); 2007 Report, figure 16.3, p. 16.9.

Indigenous housing

Government funded Indigenous housing includes both State managed and community managed housing. The State managed component is generally funded by 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, and funds from other sources. Details of mixed composition, non-rebated and other households excluded from data for SOMIH are presented in table 16A.26.

State Owned and Managed Indigenous Housing[1]

SOMIH dwellings are defined as those rental housing dwellings owned and managed by government and allocated only to Indigenous Australians (AIHW 2006d). They include dwellings managed by government Indigenous housing agencies for allocation to Indigenous tenants. There were 12 893 dwellings identified in the 2005-06 SOMIH collection (table 16A.2).

SOMIH 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).

The ACT and the NT are not included in the SOMIH 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. Allocation of funds for the construction, major upgrade and renovation of dwellings in communities are based on highest need, determined by an objective needs measurement model. Housing management and maintenance funds are allocated to Indigenous Community Housing Organisations based on the quantum of their responsibilities. The NT

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[1] The territories are not included in the data collection for this program, so are not included in the section heading.

government cannot differentiate between the various funding sources, given its commitment under the CSHA and the Indigenous Housing and Infrastructure Agreement to 'pool' most 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 and the State Government (in addition to its CSHA commitments).

Some other jurisdictions are increasingly pooling funding but currently report SOMIH 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 funding).

Indigenous community housing

There has been considerable progress in the development of national Indigenous community housing data over the last few years. In 2005 the AIHW published *Indigenous housing indicators 2003-04,* the first indicator based report on the National Reporting Framework for Indigenous housing (NRF). The report includes administrative data on Indigenous community housing provided by the jurisdictions, as well as data from other sources such as the ABS Census and the 2001 Community Housing and Infrastructure Needs Survey (CHINS). This is a biennial report with the 2005-06 report to be released in mid 2007.

The AIHW report *Indigenous housing needs 2005: a multi-measure needs model* was released in October 2005. The report presents data from the five endorsed dimensions of housing need — homelessness, overcrowding, affordability, dwelling condition and connection to essential services. The report examines the extent of need by tenure type and assesses differences between Indigenous and non-Indigenous households.

In October 2005 Housing Ministers agreed to a reform strategy for Indigenous community housing that included the need to collect dwelling and organisation level data, including data on dwelling condition, in order to monitor improvements in the sector. The development of national organisation and dwelling level data will be the focus of data development activities over the next few years.

The most recent national Indigenous community housing data show that at 30 June 2006 there were 613 Indigenous community housing organisations in

Australia. Indigenous community housing organisations managed a total of 20 920 permanent dwellings (table 16A.14).

The average weekly rent collected for Indigenous community housing in 2005-06 was $54 per dwelling (table 16A.17) and the rent collection rate was 94.0 per cent (AIHW 2007a). At 30 June 2006 the national occupancy rate for Indigenous community housing permanent was 90.4 per cent (table 16A.15).

Data from the 2001 CHINS provide information on dwelling condition and maintenance expenditure. Seventy percent of dwellings managed by Indigenous community housing organisations were in need of minor or no repair, 18.9 per cent were in need of major repair and 8.4 per cent were in need of replacement (table 16A.16). In 2001 the average annual maintenance expenditure per dwelling was $1870 (table 16A.17).

CRA

Data on the number and proportion of Indigenous income units receiving CRA by income unit type are presented in tables 16A.18 and 16A.19, respectively.

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 SOMIH are generally consistent with those for public housing once an applicant has been confirmed as Indigenous (see 2007 Report, tables 16.6 and 16.3). The management of waiting lists varies across jurisdictions — for example, a number of jurisdictions use the same list for both public housing and SOMIH. Terms of tenure are the same as those for public housing for a number of jurisdictions.

The proportions of SOMIH located by ASGC remoteness areas are shown in table 16.2.

Table 16.2 **SOMIH — regional and remote area concentrations, 2005-06 (per cent)**[a]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*Total*
Major cities	41.1	38.3	13.1	28.6	60.7	–	34.0
Inner regional	32.1	37.0	14.9	7.9	7.7	82.2	22.2
Outer regional	20.1	24.3	44.6	22.0	17.8	17.8	26.0
Remote	5.2	0.4	10.3	20.1	6.0	–	8.5
Very remote	1.5	–	17.1	21.4	7.8	–	9.3

a Further information to the data included in this table and/or its interpretation is provided in table 16A.2. – Nil or rounded to zero.

Source: AIHW (2006a); table 16A.2; 2007 Report, table 16.7, p. 16.21.

Table 16.3 **SOMIH housing policy context, 2006**[a]

	NSW[b]	*Vic*[c]	*Qld*	*WA*[d]	*SA*[e]	*Tas*[f]
Eligibility						
Income limit per week ($)[g]	395	356	609	430	638	411
‘Other’ asset limits ($)[g]	None	30 000	None	36 400 in cash	270 500	34 473
Minimum age	18	15	None	18	None	16
Waiting list						
Details	Combined with public housing	Combined with public housing	Combined with public housing	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, 6 or 18 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	Prior to the end of the tenancy	To commence in 2008	Review at 6 months and 4 or 10 years	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 less the first $5000 of each person’s savings. Applicants under the age of 18 years must demonstrate living skills to be eligible for housing. New tenancies from 1 July 2005 were signed to 18-month interim tenancies. From 5 December 2005 new thresholds and rules determine whether a tenant is eligible for a rent subsidy and the percentage of income they will pay as rent. Their household’s gross assessable income, household size and age of household members are used when assessing the household’s eligibility for a rent subsidy. For rebated rents, varied conssessional rates are applicable to certain age groups and some pensioners. For households whose tenancy commenced on or after 5 December 2005, the Family Tax Benefits Part A and Part B received are assessed at 15 per cent. Where the tenancy commenced prior to 5 December 2005 the Family Tax Benefits Part A and Part B received was assessed at 12 per cent from 5 December 2005, with an increase of 1 per cent every six months until the assessment rate reaches 15 per cent. CRA is assessed at 100 per cent. [c] Tenancies in Victoria are ongoing tenancies (not fixed term) that are subject to review after 5 years. For households that require major disability modifications, discretion may be applied to extend the asset limit to $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] 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. [e] The same definition as the Centrelink asset test threshold for a single person who does not own their own home is used. Most households pay a rent-to-income ratio of 25 per cent of assessable income in rent and households receiving less than the single Newstart Allowance (for whom the ratio is 19.5 per cent). [f] 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. [g] Limits are for a single person.

Source: State and Territory governments (unpublished); 2007 Report, table 16.6, p. 16.20.

Framework of performance indicators

Previous reports presented separate performance indicator frameworks for public, SOMIH and community housing. Increasing convergence between the frameworks over time means that, for this Report, public, SOMIH and community housing adopt a common performance indicator framework. (CSHA funded community housing is presented in a separate framework (see 2007 Report, figure 16.5) because of data comparability issues. No performance indicator data are currently reported for Indigenous community housing.)

These performance indicator frameworks are consistent with the general performance indicator framework agreed by the Steering Committee (see chapter 1). They also draw on the framework developed for the 1999 CSHA and reflect the national objectives of that agreement (and of the new CSHA that took effect in 2003) (box 16.3). The new CSHA places greater emphasis on Australian, State and Territory governments improving housing outcomes for Indigenous people, and governments have committed to improving access to mainstream housing options for Indigenous people living in urban and regional areas. This is the third year that data are reported under the new agreement. Work is being undertaken on the performance indicators to improve the quality and scope of national performance information. A separate performance indicator framework is adopted for reporting on CRA (figure 16.4).

Box 16.3 **Objectives for public and community housing under the 2003 CSHA**

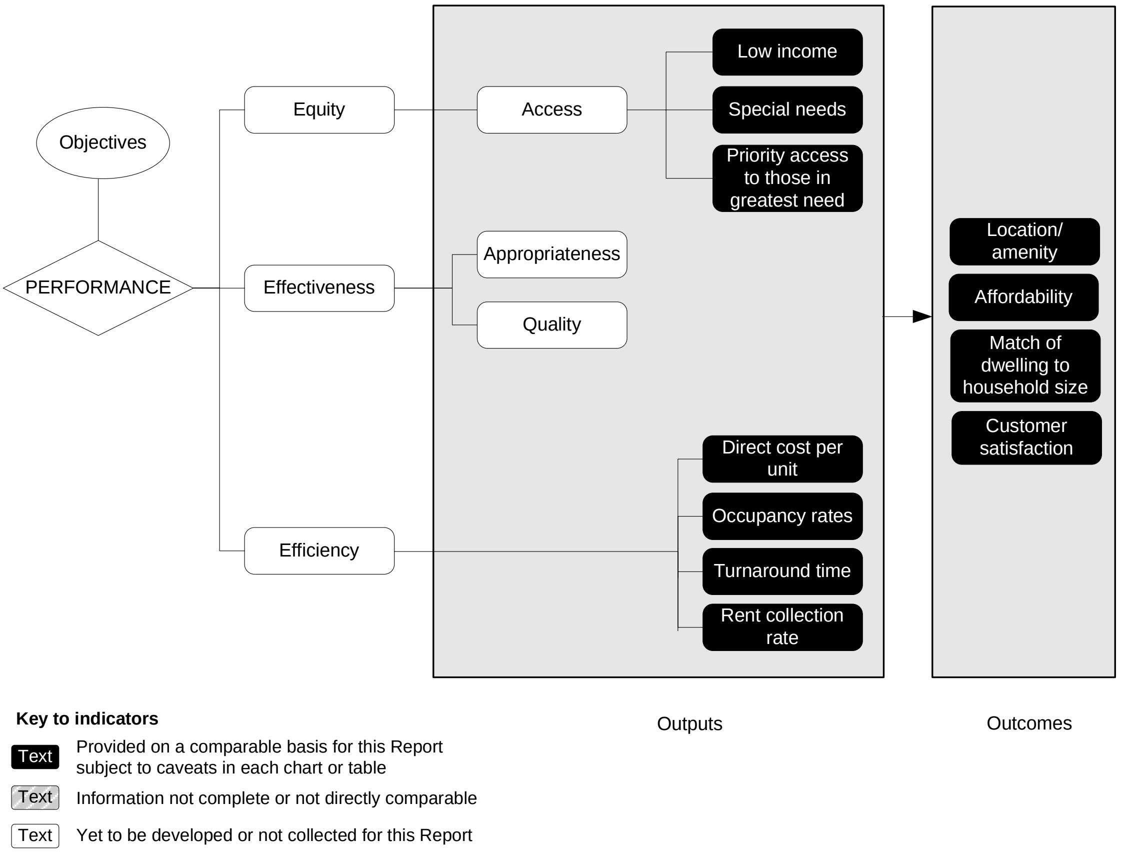
The principles guiding the 2003 CSHA are to:

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, regional 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); 2007 Report, box 16.4, p. 16.23.

Data for Indigenous people are reported for a number of SOMIH performance indicators in the 2007 Report (figure 16.3). The performance indicator framework shows which data are comparable in the 2007 Report.

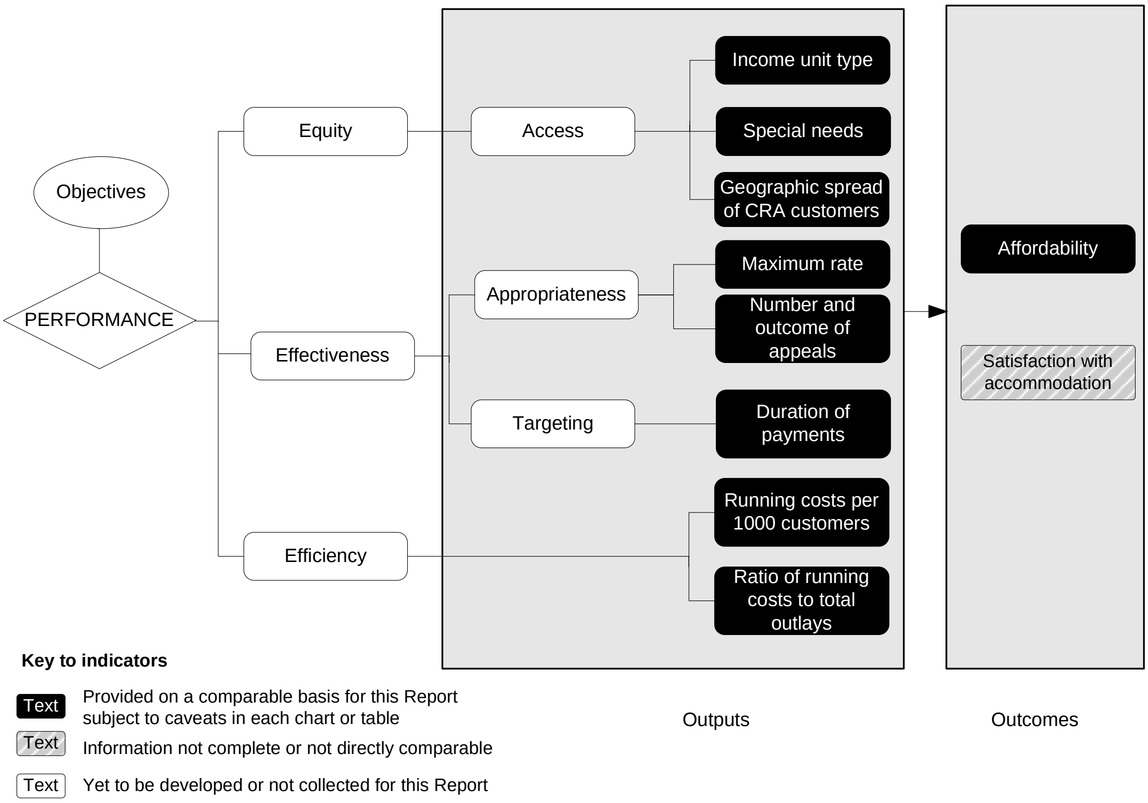
Figure 16.3 **Performance indicators for public housing and SOMIH**



Source: 2007 Report, figure 16.4, p. 16.24.

The performance indicators for CRA differ from those for public housing and SOMIH because CRA has different objectives and delivery methods. Data for Indigenous people are reported for a subset of the performance indicators for CRA in the 2007 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 16.4. The performance indicator framework for CRA shows which data are comparable in the 2007 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 16.4 **Performance indicators for CRA**



Source: 2007 Report, figure 16.6, p. 16.26.

Performance reporting for SOMIH

Some descriptive data on SOMIH are included in table 16A.2. As outlined earlier, the ACT and the NT are not included in the SOMIH data collection.

Outputs

Equity — low income

The first equity indicator reported for SOMIH is ‘low income’ (box 16.4).

Box 16.4 **Equity — low income**

'Low income' is an output indicator of the CSHA guiding principles, measuring low income need status of all households receiving assistance. The 'low income' performance indicator measures the number of new low income households as a proportion of all new households. Two measures of low income performance indicator are reported:

- the proportion of new households with low income A — 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)
- the proportion of new households with low income B — 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.

High values for these measures indicate a high degree of access for low income households.

The proportion of new tenancies allocated to low income A households for SOMIH in 2005-06 is presented in table 16.4. The proportion of new tenancies allocated to low income B households is reported in the attachment (table 16A.3).

Table 16.4 **SOMIH — low income A households, as a proportion of all new households (per cent)[a]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*Total*
New low income A households as proportion of all new households							
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
2004-05	94.2	87.7	76.1	92.9	86.0	86.0	88.0
2005-06	95.9	88.2	89.2	88.6	86.5	93.3	90.4

[a] Data may not be comparable between jurisdictions and over time and making comparisons between them could be misleading. Reasons for this are provided in table 16A.3.

Source: AIHW (2002, 2003, 2004, 2005, 2006a); table 16A.3; 2007 Report, table 16.10, p. 16.28.

The proportion of low income households to all new households was similar for public housing and SOMIH. There were only slight variations across jurisdictions.

Equity — special needs

The second equity indicator reported for SOMIH is 'special needs' (box 16.5).

Box 16.5 **Equity — special needs**

‘Special needs’ is an output indicator of the CSHA guiding principles, measuring special needs status of all households receiving assistance. The ‘special needs’ performance indicator presents the proportion of new tenancies allocated to households with special needs.

A high value for this measure indicates a high degree of access for special needs households.

The proportion of new tenancies allocated to special needs households for SOMIH is presented in table 16.5.

Table 16.5 **SOMIH — new tenancies allocated to households with special needs (per cent)[a]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*Total*
2001-02	35.8	31.7	38.3	25.2	70.5	44.9	35.2
2002-03	35.8	49.7	41.0	37.4	37.8	50.6	39.5
2003-04	44.6	44.2	46.3	40.8	39.5	60.3	43.6
2004-05	51.5	45.4	45.2	49.2	42.1	66.7	48.1
2005-06	48.8	42.8	46.8	53.2	45.3	62.3	48.8

[a] Data may not be comparable between jurisdictions and over time and making comparisons between them could be misleading. Reasons for this are provided in table 16A.4.

Source: AIHW (2002, 2003, 2004, 2005, 2006a); table 16A.4; 2007 Report, table 16.12, p. 16.29.

The proportion of new tenancies allocated to households with special needs steadily increases over time for SOMIH at the national level while there were fluctuations within the jurisdictions.

Equity — priority access to those in greatest need

The final equity indicator reported for SOMIH is ‘priority access to those in greatest need’ (box 16.6). Differences in State and Territory housing assessment policies can influence comparability for this indicator.

Box 16.6 Priority access to those in greatest need

‘Priority access to those in greatest need’ is an output indicator of the CSHA guiding principles 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.

Reported data reflect the proportions of greatest need allocation overall and greatest need households waiting for less than three months to more than two years. As time to allocation reflects greatest need allocations as a proportion of all allocations for the time period, these numbers are not cumulative. A high value for this indicator, particularly for short time frames, represents a high degree of access of those in greatest need without these people waiting long periods of time.

The proportion of new allocations to those in greatest need for 2005-06 for SOMIH is presented in table 16.6.

Table 16.6 **SOMIH — proportion of new allocations to those in greatest need, 2005-06 (per cent)**[a]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*Total*
Total for year ending 30 June	**8.2**	**23.9**	**11.9**	**28.4**	**79.4**	**na**	**26.3**
Proportion of greatest need allocations to new allocations, by time to allocation							
<3 months	17.5	28.6	22.6	37.9	71.7	na	36.8
3–<6 months	11.9	35.7	40.0	72.5	100.0	na	41.7
6 months–<1 year	1.6	27.3	14.8	23.7	85.7	na	25.1
1–<2 years	5.2	31.3	4.8	–	88.6	na	20.7
2+ years	–	–	3.3	–	72.2	na	5.5

[a] Further information pertinent to the data included in this table and/or its interpretation is provided in table 16A.5. **na** Not available. – Nil or rounded to zero.

Source: AIHW (2006a); table 16A.5; 2007 Report, table 16.14, p. 16.31.

Efficiency — direct cost per unit

The efficiency indicator identified for SOMIH is ‘direct cost per unit’ (box 16.7).

Box 16.7 **Direct cost per unit**

'Direct cost per unit' has been identified as an output indicator of the CSHA guiding principle to undertake efficient and cost-effective management. It measures the cost of providing assistance per dwelling. 'Direct cost per unit' can be defined as the total administration costs and the costs of maintaining the operation of dwellings.

Holding other factors equal, a lower direct cost per unit suggests an improvement in efficiency.

Due to a high level of capital expenditure in housing, gross and net cost per unit are predominantly driven by the user cost of capital (box 16.8). Caution must therefore be used when interpreting the indicator because the user cost of capital and service delivery models differ across the jurisdictions. The cost per dwelling indicators also do not provide any information on the quality of service provided (for example, the standard of dwellings).

The costs incurred by jurisdictions in providing SOMIH 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 public housing and SOMIH). Box 16.8 provides a discussion of the user cost of capital.

In 2001, the Steering Committee completed a research project to assess the impact of asset measurement factors (such as depreciation and asset valuation methods) on the comparability of cost data in the Report. The results of this study are summarised in chapter 2. Box 16.9 summarises the results relating to housing.

Treatment of assets by housing agencies for each jurisdiction is presented in table 16A.23.

Box 16.8 **The user cost of capital**

The 'user cost of capital' for government services is the cost of having funds tied up in the capital used to deliver services (for example, houses and land in public housing). It makes explicit the opportunity cost of using the funds to deliver services rather than investing them elsewhere or using them to retire debt. It is calculated by applying a jurisdictional cost of capital rate to the value of government assets (see chapter 2 for details of the determination of a cost of capital rate). The costs of capital for land and other assets are shown separately, to allow users to consider any differences in land values across jurisdictions when assessing the results. Land values make up a large part of the user cost of capital and are largely beyond the control of jurisdictions.

When comparing costs of government services, it is important to account for the user cost of capital because it is often:

- a significant component of the cost of services
- treated inconsistently (that is, included in the costs of services delivered by many non-government service providers, but effectively costed at zero for most budget sector agencies).

The Steering Committee accepts that asset valuation data are imperfect. It also considers that non-recognition of the cost of capital used by departments to deliver services can result in a significant underestimation of costs for those services for which government capital is a major input. While the measurement of capital costs in this Report is not perfect, using an imputed costing is preferable to not costing government capital at all. The rate used for the user cost of capital is based on a weighted average of rates nominated by jurisdictions (currently 8 per cent).

Box 16.9 **Asset measurement in the costing of government services**

Costs associated with non-current physical assets (such as depreciation and the user cost of capital) are potentially important components of the total costs of many services delivered by government agencies. Differences in the techniques for measuring non-current physical assets (such as valuation methods) may reduce the comparability of cost estimates across jurisdictions. In response to concerns regarding data comparability, the Steering Committee initiated the study, *Asset Measurement in the Costing of Government Services* (SCRCSSP 2001). The aim of the study was to examine the extent to which differences in asset measurement techniques applied by participating agencies affect the comparability of reported unit costs.

The relative capital intensity associated with the provision of public housing increases the potential for differences in asset measurement techniques to have a material impact on total unit costs. The results of this study suggest, however, that the adoption under the CSHA of a uniform accounting framework has largely avoided this impact. The results are discussed in more detail in chapter 2.

Source: SCRCSSP (2001); 2007 Report, box 16.11, p. 16.33.

The direct cost per dwelling for SOMIH is presented in table 16.7. Rent received from tenants has not been deducted.

As with other indicators, it is not appropriate to compare the direct cost of providing assistance per dwelling for public housing (see 2007 Report, table 16.15) with the direct cost of providing assistance per dwelling for SOMIH, because there is greater scope for economies of scale in administration costs with public housing, which is a much larger program overall.

SOMIH dwellings are also slightly more concentrated in regional 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 SOMIH may involve a skills development element to allow for training of apprentices in regional areas.

Table 16.7 **SOMIH — direct cost of providing assistance per dwelling**[a]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*Total*
2001-02	9 192	4 963	5 654	4 800	4 540	2 958	6 297
2002-03	5 056	4 682	6 028	5 397	7 917	3 686	5 690
2003-04	5 684	4 737	6 296	6 059	5 469	3 425	5 702
2004-05	5 057	4 794	6 134	6 857	4 116	4 886	5 451
2005-06	5 364	6 208	6 582	7 589	6 931	5 551	6 354

[a] Data may not be comparable between jurisdictions and over time and making comparisons between them could be misleading. Reasons for this are provided in table 16A.6.

Source: AIHW (2002, 2003, 2004, 2005, 2006a); table 16A.6; 2007 Report, table 16.16, p. 16.35.

Efficiency — occupancy rate

The second efficiency indicator reported for SOMIH is the ‘occupancy rate’ (box 16.10).

Box 16.10 **Occupancy rate**

The ‘occupancy rate’ is an output indicator of the efficiency of housing utilisation. It represents 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. A high value for this indicator suggests higher efficiency of housing utilisation. Occupancy is influenced by both turnover and housing supply and demand.

The proportion of total SOMIH stock occupied at 30 June 2006 is presented in table 16.8.

Table 16.8 **SOMIH — occupancy rates (per cent)**[a]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*Total*
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
2005	97.4	95.8	96.1	94.2	91.8	97.7	95.5
2006	97.4	96.7	96.8	94.1	93.5	98.3	96.1

[a] Data may not be comparable between jurisdictions and over time and making comparisons between them could be misleading. Reasons for this are provided in table 16A.7.

Source: AIHW (2002, 2003, 2004, 2005, 2006a); table 16A.7; 2007 Report, table 16.18, p. 16.36.

Efficiency — turnaround time

The third efficiency indicator reported for SOMIH is ‘turnaround time’ (box 16.11).

Box 16.11 **Turnaround time**

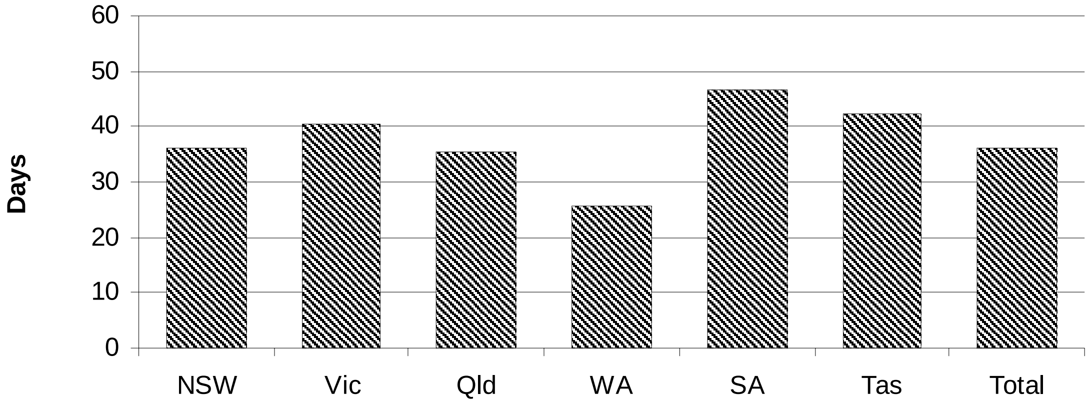
‘Turnaround time’ is an output indicator of the average time taken for occupancy of available dwelling stock to rent through normal processes. A low turnaround time suggests efficient housing allocation.

‘Normal’ vacancies exclude properties that are offline or are undergoing major redevelopment and where there is no suitable applicant but include hard-to-let properties as this relates to tenancy management.

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 SOMIH 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). A higher proportion of SOMIH dwellings in regional 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 remain unallocated in 2005-06 is presented in figure 16.5.

Figure 16.5 **SOMIH — average turnaround time, 2005-06**[a]



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[a] Data may not be comparable between jurisdictions and making comparisons between them could be misleading. Reasons for this are provided in table 16A.8.

Source: AIHW (2006a); table 16A.8; 2007 Report, figure 16.8, p. 16.37.

Efficiency — rent collection rate

The final efficiency indicator reported for SOMIH is 'rent collection rate' (box 16.12).

Box 16.12 **Rent collection rate**

'Rent collection rate' is an output indicator of the CSHA guiding principle to undertake efficient and cost-effective management. It is the total rent actually collected as a proportion of the total 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. Further, 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 total rent charged in 2005-06 is presented in table 16.9.

Table 16.9 **SOMIH — total rent collected as a proportion of total rent charged (per cent)**[a]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*Total*
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
2004-05	97.7	100.6	100.4	103.9	93.8	99.6	99.2
2005-06	100.5	99.0	99.7	104.3	94.7	103.8	100.0

[a] Data may not be comparable between jurisdictions and over time and making comparisons between them could be misleading. Reasons for this are provided in table 16A.9.

Source: AIHW (2002, 2003, 2004, 2005, 2006a); table 16A.9; 2007 Report, table 16.20, p. 16.38.

Outcomes

Location/amenity

'Location/amenity' is an outcome indicator of success in meeting tenants' needs (box 16.13).

Box 16.13 **Location/amenity**

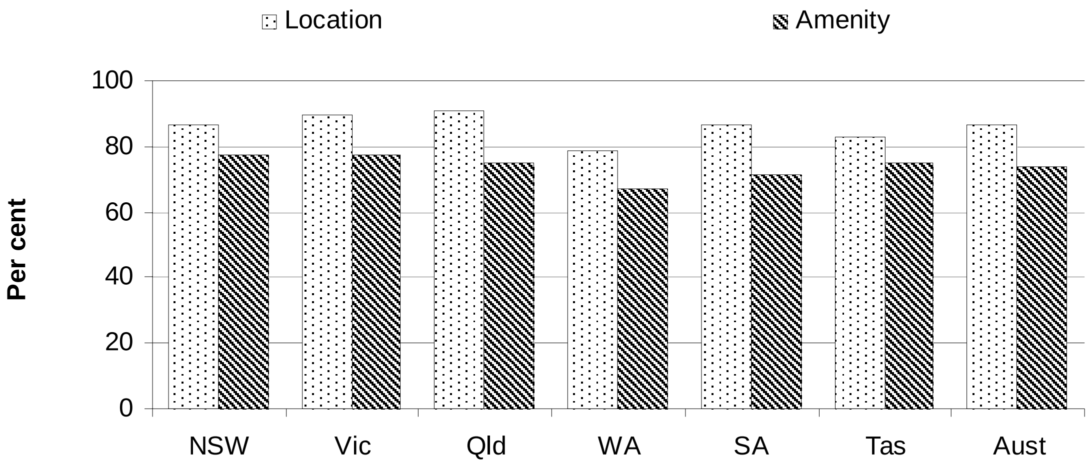
'Location/amenity' is an outcome indicator of the CSHA guiding principles to provide housing assistance that is appropriate to the needs of different households. The location/amenity indicator is a survey-based measure of the proportion of tenants rating location and amenity aspects as important and as meeting their needs. A higher level of satisfaction with location and amenity implies the provision of housing assistance more appropriate to household need.

During 2004-05, all states participated in the first National Housing Survey of SOMIH. As for the National Social Housing Survey undertaken biennially for public and community housing, the survey seeks to determine tenants' level of satisfaction with various parameters of service and gauge housing outcomes.

SOMIH tenants were asked whether particular aspects of the location and amenity of their dwellings were important to them and, if so, whether they felt their needs were met. The methodology for the survey was face to face interviews with a clustered sample of tenants. This report includes results at both State and national levels.

Nationally, 86.5 per cent of tenants for whom location was important felt that their needs were met, and of those tenants for whom amenity was important 74.0 per cent felt that their needs were met (figure 16.6). Caution should be taken when comparing the SOMIH survey results with the public housing survey results, due to the different demographic profile of Indigenous customers and the different survey methodology issued that is a mail-out survey for the public housing survey and interviews for SOMIH survey. These differences may affect the results.

Figure 16.6 **SOMIH — proportion of tenants rating their current home as meeting their location and amenity needs, 2005**[a]



[a] Further information pertinent to the data included in this table and/or its interpretation is provided in table 16A.10.

Source: AIHW (2006a); table 16A.10; 2007 Report, figure 16.10, p. 16.41.

Customer satisfaction

‘Customer satisfaction’ is an outcome indicator (box 16.14).

Box 16.14 **Customer satisfaction**

‘Customer satisfaction’ is an outcome indicator because one aim of the CSHA is to provide housing assistance that is appropriate for different households. Customer satisfaction is a survey measure of satisfaction with the overall service provided by the State or Territory housing authority. A higher percentage for customer satisfaction may imply better housing assistance provision.

Results for SOMIH are taken from the 2005 National Social Housing Survey of SOMIH. Nationally 63 per cent of respondents were either satisfied or very satisfied with the overall service provided by their State housing authority (figure 16.7).

Figure 16.7 **SOMIH — customer satisfaction, 2005**[a]

[a] Further information pertinent to the data included in this table and/or its interpretation is provided in table 16A.10.

Source: AIHW (2006a); table 16A.10; 2007 Report, figure 16.12, p. 16.42.

Affordability

'Affordability' is an outcome indicator of ability to access suitable housing (box 16.15).

Box 16.15 **Affordability**

'Affordability' is an outcome indicator that aims to measure housing affordability for CSHA housing tenants. Two measures are reported:

- a subsidy per tenant derived by dividing the total rebated amount by the total number of households
- the proportion of rebated households spending less than 30 per cent of their income in rent.

High subsidy per tenant and high proportion of households spending less than 30 per cent of their income in rent imply better affordability.

The subsidy per tenant and the proportion of rebated households spending less than 30 per cent of their income in rent for SOMIH at 30 June 2006 is presented in table 16.10. Information on the amount of income paid in rent by SOMIH tenants as a proportion of income can be found in table 16A.24.

Table 16.10 **SOMIH — subsidy per tenant and proportion of households spending less than 30 per cent of their income in rent**[a]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*Total*
Subsidy per tenant ($)							
2006	89.7	87.9	84.3	69.3	72.2	74.0	81.8
Proportion of rebated households spending 30 per cent or less of their income in rent							
2006	100.0	99.6	100.0	99.5	99.1	97.0	99.2

[a] Data may not be comparable between jurisdictions and making comparisons between them could be misleading. Reasons for this are provided in table 16A.11.

Source: AIHW (2002, 2003, 2004, 2005, 2006a); table 16A.11; 2007 Report, table 16.22, p. 16.44.

Match of dwelling to household size

'Match of dwelling to household size' is an outcome indicator (box 16.16).

Box 16.16 **Match of dwelling to household size**

'Match of dwelling to household size' is an outcome indicator of the CSHA guiding principles is to provide housing assistance that is appropriate to the needs of different households, such as household size. It measures the proportion of households where 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.

The proxy occupancy standard was revised to remove the four bedroom cap. The revised occupancy measure has been applied for the first time in the 2007 Report. Data from previous years can not be compared.

Proxy occupancy standard for appropriate sized dwelling, by household structure

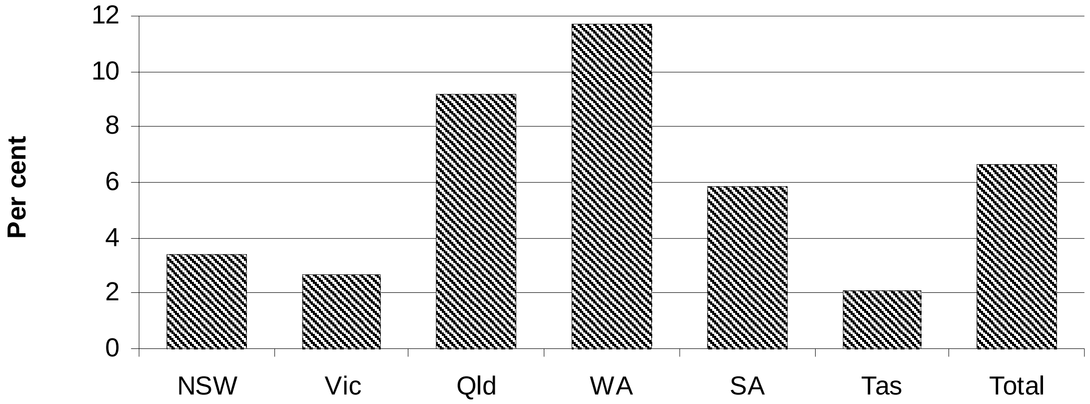
Household structure	*Bedrooms required*
Single adult only	1 bedroom
Single adult (group)	1 bedroom (per adult)
Couple with no children	2 bedrooms
Sole parent or couple with one child	2 bedrooms
Sole parent or couple with two or three children	3 bedrooms
Sole parent or couple with four children	4 bedrooms
Sole parent or couple with more than four children	equal to number of children

Source: AIHW (2006c).

A low proportion indicates a low proportion of overcrowded households.

The proportion of households with overcrowding for SOMIH is illustrated in figure 16.8. Information on moderate overcrowding and underutilisation for SOMIH can be found in table 16A.25.

Figure 16.8 **SOMIH — proportion of households with overcrowding at 30 June, 2006**[a, b]



[a] Data may not be comparable between jurisdictions and making comparisons between them could be misleading. Reasons for this are provided in table 16A.12. [b] The proxy occupancy standard was revised to remove the four bedroom cap for the 2006 data. Data from previous years cannot be compared.

Source: AIHW (2006b); table 16A.12; 2007 Report, figure 16.14, p. 16.46.

Performance reporting for Commonwealth Rent Assistance

Data for CRA recipients are only for individuals and families paid CRA by Centerlink under the *Social Security Act 1991* or family assistance law. It includes amounts paid under the Social Security Act with payments now administered by the Department of Employment and Workplace Relations (DEWR) and DEST. It does not include equivalent payments made by the Department of Veterans Affairs, or payments made with Abstudy on behalf of DEST.

Data are generally for those entitled to CRA at 3 March 2006. Centerlink recorded 941 306 individuals and families as being entitled to CRA with a social security or family assistance payment for that day. Other published figures may include individuals and families who were paid CRA in the previous fortnight, some of whom were only entitled to payment for an earlier period (table 16.11).

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.

Outputs

Equity — access — income unit type

The first access indicator is ‘income unit type’ (box 16.17).

Box 16.17 **Income unit type**

Access to CRA by ‘income unit type’ is 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 across States and Territories 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.

Of the 941 306 income units receiving CRA at 3 March 2006, 30 168 (approximately 3.2 per cent) self-identified as Indigenous. Single people with no children represented approximately 51.5 per cent of income units receiving CRA and 37.5 per cent of Indigenous income units receiving CRA (table 16.11). The figures for the total number and proportion of income units by the income unit type disaggregated at the jurisdiction level are presented in 2007 Report, tables 16A.42, and 16A.43 and in 16A.18 and 16A.19.

Table 16.11 **Income units receiving CRA, by income unit type, 2006**[a]

Type of income unit	*Income units*	*Proportion of CRA recipients*	*Indigenous income units*	*Proportion of Indigenous CRA recipients*
	no.	%	no.	%
Single, no dependent children aged under 16	363 736	38.6	8 741	29.0
Single, no children, sharer	121 227	12.9	2 583	8.6
Single, one or two dependent children aged under 16	189 598	20.1	8 152	27.0
Single, three or more dependent children aged under 16	36 746	3.9	2 708	9.0
Partnered, no dependent children aged under 16	79 965	8.5	1 610	5.3
Partnered, one or two dependent children aged under 16	102 456	10.9	3 738	12.4
Partnered, three or more dependent children aged under 16	44 803	4.8	2 508	8.3
Partnered, illness or temporarily separated	2 594	0.3	na	na
Partnered, temporarily separated	194	–	na	na
Unknown income unit	na	na	na	na
Total	**941 306**	**100.0**	**30 168**	**100.0**

[a] Further information pertinent to the data included in this table and/or its interpretation is provided in 2007 Report, tables 16A.42 and 16A.43 and in 16A.18 and 16A.19. **na** Not available. – Nil or rounded to zero.

Source: FaCSIA (unpublished); tables 16A.18 and 16A.19; 2007 Report, table 16.27, p. 16.60; 2007 Report, tables 16A.42 and 16A.43.

Equity — access — special needs

The second access indicator is ‘special needs’ (box 16.18).

Box 16.18 **Special needs**

'Special needs' access to CRA is 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, including Indigenous income units, those with a member receiving a Disability Support Pension and CRA recipients by geographic classification. This indicator 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 customers. Additional measures of special need, which include a geographic dimension, are reported under 'affordability'.

Table 16.12 illustrates the number and proportion of income units receiving CRA at 3 March 2006 by jurisdiction, Indigenous status and geographic location.

Overall, 58.7 per cent of total income units receiving CRA at 3 March 2006 were located in capital cities, while 41.3 per cent were in the rest of the State/Territory. For Indigenous income units receiving CRA, 34.3 per cent were located in capital cities, while 65.7 per cent lived in the rest of the State/Territory. For non-Indigenous income units receiving CRA, 59.5 per cent were located in capital cities, while 40.5 per cent lived in the rest of the State/Territory (table 16.12).

People who own their own home are not entitled to CRA. Indigenous people receiving social security benefits are less likely to own their own home, and therefore are more likely to receive CRA. Nationally, 6.4 per cent of Indigenous income units are home owners receiving social security benefits, while 44.1 per cent of non-Indigenous income units are home owners receiving social security benefits (FaCSIA unpublished).

Table 16.12 **Income units receiving CRA, by Indigenous status and geographic location, 2006**[a]

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Non-Indigenous										
Income units	no.	307 678	203 414	219 540	79 373	65 967	22 984	7 592	4 356	911 138
In capital city	%	55.0	70.2	44.3	76.6	77.3	42.6	99.5	79.5	59.5
In rest of State	%	45.0	29.8	55.7	23.4	22.7	57.4	0.5	20.5	40.5
Non-Indigenous income units as proportion of all CRA recipient income units	%	96.3	99.1	95.5	96.8	98.0	95.8	98.4	80.9	96.8
Non-Indigenous population, as proportion of total population	%	97.9	99.4	96.6	96.5	98.2	96.2	98.7	70.2	97.6
Indigenous										
Income units	no.	11 692	1 945	10 377	2 612	1 368	1 007	124	1 031	30 168
In capital city	%	26.8	46.9	28.3	55.5	62.6	34.9	100.0	56.4	34.3
In rest of State	%	73.2	53.1	71.7	44.5	37.4	65.1	–	43.6	65.7
Indigenous income units as proportion of all CRA recipient income units	%	3.7	0.9	4.5	3.2	2.0	4.2	1.6	19.1	3.2
Indigenous population, as proportion of total population	%	2.1	0.6	3.4	3.5	1.8	3.8	1.3	29.8	2.4
Total income units	**no.**	**319 370**	**205 359**	**229 917**	**81 985**	**67 335**	**23 991**	**7 716**	**5 387**	**941 306**

[a] Further information pertinent to the data included in this table and/or its interpretation is provided in table 16A.20. – Nil or rounded to zero.

Source: FaCSIA (unpublished); table 16A.20; 2007 Report, table 16.28, p. 16.62.

Outcomes

Affordability

‘Affordability’ is one of two outcome indicators reported for CRA (box 16.19).

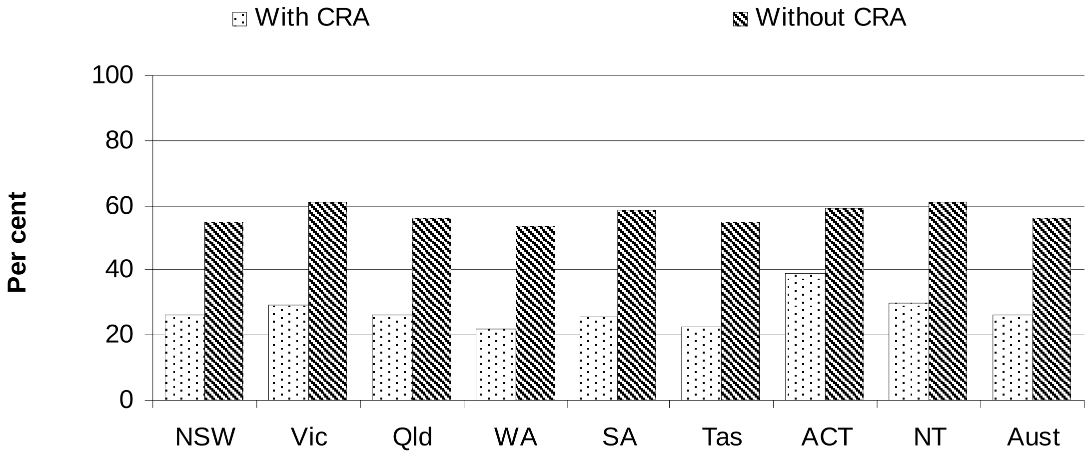
Box 16.19 **Affordability**

‘Affordability’ is an outcome indicator of the CRA objective to provide income support recipients and low income families in the private rental market with financial assistance. CRA is intended to improve affordability, not to achieve a particular benchmark. Program performance is best judged by trends over a number of years. 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 lower proportion of recipients spending 30 per cent and 50 per cent of income on rent with CRA implies improved affordability.

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.

Without CRA, 26.0 per cent of recipients across Australia would have spent more than 50 per cent of their income on rent, while with CRA the proportion is 9.0 per cent (see 2007 Report, table 16A.22). Nationally, if CRA were not payable, then 55.9 per cent of the Indigenous income units receiving CRA would have spent more than 30 per cent of income on rent at 3 March 2006. Taking CRA into account, this proportion falls to 26.1 per cent (figure 16.9). Similarly, if CRA were not payable, then 19.1 per cent of Indigenous income units across Australia would have spent more than 50 per cent of income on rent at 3 March 2006. Accounting for CRA payments this proportion decreases to 5.9 per cent (table 16A.22).

Figure 16.9 **Indigenous income units receiving CRA paying more than 30 per cent of income on rent, with and without CRA, 2006[a]**



[a] Further information pertinent to the data included in this table and/or its interpretation is provided in table 16A.21.

Source: FaCSIA (unpublished); table 16A.21; 2007 Report, figure 16.23, p. 16.70.

Future directions in performance reporting

Improved reporting on housing provision to Indigenous Australians continues to be a priority. All states, territories and the Australian Government have committed to improving their reporting against the NRF, the nationally endorsed performance indicator framework for Indigenous housing.

Jurisdictions have implemented action plans to improve the availability and reliability of data on Indigenous Australians accessing main stream housing assistance.

In the 2008 Report, a performance indicator framework for Indigenous community housing will be developed and data for some indicators will be reported.

Supporting tables

Supporting tables for data within this chapter 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). The tables included in the attachment are listed below.

Public housing

Table 16A.1	Descriptive data

SOMIH

Table 16A.2	Descriptive data
Table 16A.3	Low income households as a proportion of all new households (per cent)
Table 16A.4	Proportion of new tenancies allocated to households with special needs (per cent)
Table 16A.5	Greatest need allocations as a proportion of all new allocations (per cent)
Table 16A.6	Direct cost of providing assistance per dwelling
Table 16A.7	Occupancy rates as at 30 June (per cent)
Table 16A.8	Average turnaround times for vacant stock (days)
Table 16A.9	Total rent actually collected as a proportion of total rent charged (per cent)
Table 16A.10	State owned and managed Indigenous housing satisfaction survey, 2005
Table 16A.11	Subsidy per tenant and proportion of rebated households spending less than 30 per cent of their income in rent
Table 16A.12	Proportion of households where dwelling size is not appropriate due to overcrowding (per cent)

Community housing

Table 16A.13	Descriptive data
Table 16A.14	Permanent Indigenous community housing dwellings, 30 June 2006
Table 16A.15	Occupied permanent Indigenous community housing dwellings, Australia, 30 June 2006
Table 16A.16	Condition of permanent Indigenous community housing dwellings, 2001 (per cent)
Table 16A.17	Average annual maintenance expenditure and weekly rent received per permanent dwelling, Indigenous community housing (dollars)

CRA

Table 16A.18	Number of Indigenous income units receiving CRA, 2006 (no.)
Table 16A.19	Proportion of Indigenous CRA recipients, 2006 (per cent)
Table 16A.20	Income units receiving CRA, by Indigenous status and geographic location, 2006
Table 16A.21	Proportion of Indigenous income units receiving CRA, spending over 30 per cent of income on rent, with and without CRA, 2000-01 to 2005-06 (per cent)

Table 16A.22	Proportion of income spent on rent with and without CRA, income units with more than 50 per cent of income spent on rent, 2000-01 to 2005-06 (per cent)
Descriptive Information	
Table 16A.23	Treatment of assets by housing agencies, 2005-06
Table 16A.24	Rebated State owned and managed Indigenous housing households paying assessable income on rent, by proportion of income (per cent)
Table 16A.25	Proportion of households in State owned and managed Indigenous housing with moderate overcrowding or underutilisation, (per cent)
Table 16A.26	State owned and managed Indigenous housing, non-rebated and multiple family households excluded

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A Statistical appendix

This appendix contains contextual information to assist the interpretation of the performance indicators presented in the Report. It also contains a discussion of the statistical concept of age standardisation and its application to Indigenous and all people's use of aged care services.

Most of the service areas covered by the *Report on Government Services 2007* (2007 Report) use population data from tables AA.1 and AA.2 for descriptive information (such as expenditure per person in the population) or performance indicators (such as participation rates for vocational education and training (VET)).

Indigenous data in the statistical appendix

The statistical appendix in the 2007 Report contains the following data items on Indigenous people:

- population profile, 30 June 2001
- proportion with weekly income of $199 or less, August 2001
- proportion who had completed year 12 or equivalent, August 2001
- proportion who had attended higher education, August 2001
- standardised incidence ratio for use of Community Aged Care Packages (CACP) and permanent residential aged care (combined), 30 June 2001
- age-specific usage rates of CACPs and permanent residential aged care (per 1000 people), 30 June 2005
- ratio of CACP residents and permanent residents (combined) to 1000 persons in target population, 30 June 2001.

Supporting tables

Supporting tables for data within the statistical appendix of this compendium are contained in attachment A of the compendium. These tables are identified in references throughout this chapter by an 'AA' suffix (for example, table AA.3 is table 3 in the statistical appendix attachment). As the data are directly sourced from the 2007 Report, the compendium also notes where the original table, figure or text in the 2007 Report can be found. For example, where the compendium refers to ‘2007 Report, p. A.15’ this is page 15 of the statistical appendix of the 2007 Report, and ‘2007 Report, table AA.2’ is attachment table 2 of the statistical appendix attachment of the 2007 Report.

Population

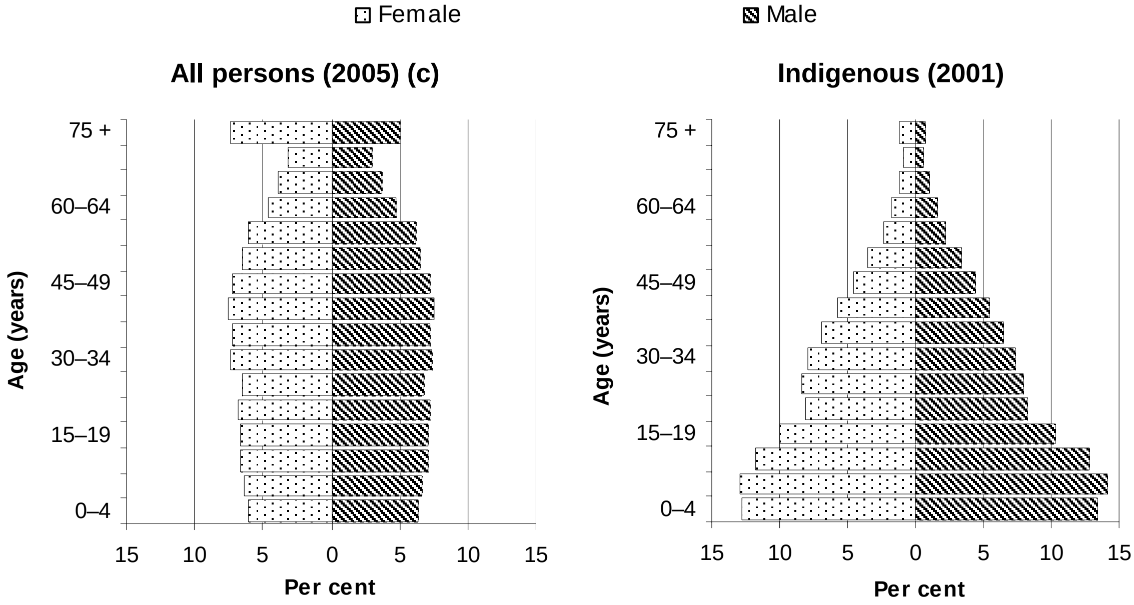
More than three quarters of Australia’s 20.3 million people lived in the eastern states as at 30 June 2005, with NSW, Victoria and Queensland accounting for 33.3 per cent, 24.7 per cent and 19.5 per cent respectively of the nation’s population. Western Australia and SA accounted for a further 9.9 per cent and 7.6 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 AA.1).

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 Australians, however, are markedly different (figure A.1). At 30 June 2005, 9.3 per cent of Australia’s population was aged 70 years or over, in contrast to 1.7 per cent of Australia’s Indigenous population at 30 June 2001 (tables AA.1 and AA.6). Across jurisdictions, the proportion of people aged 70 years or over ranged from 11.1 per cent in SA to 2.7 per cent in the NT (table AA.1).

The Australian population is highly urbanised, with 66.2 per cent of the population located in major cities as at 30 June 2005 (figure A.2). Across jurisdictions, this proportion ranged from 99.8 per cent in the ACT to 52.7 per cent in Queensland (table AA.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 45.1 per cent of people living in remote areas.

The most and least common languages other than English spoken in people’s homes varied across jurisdictions in August 2001. The most extreme variation was in the NT, where 15.4 per cent of people spoke an Australian Indigenous language (67.6 per cent of the total persons who spoke a language other than English in their homes) (table AA.4).

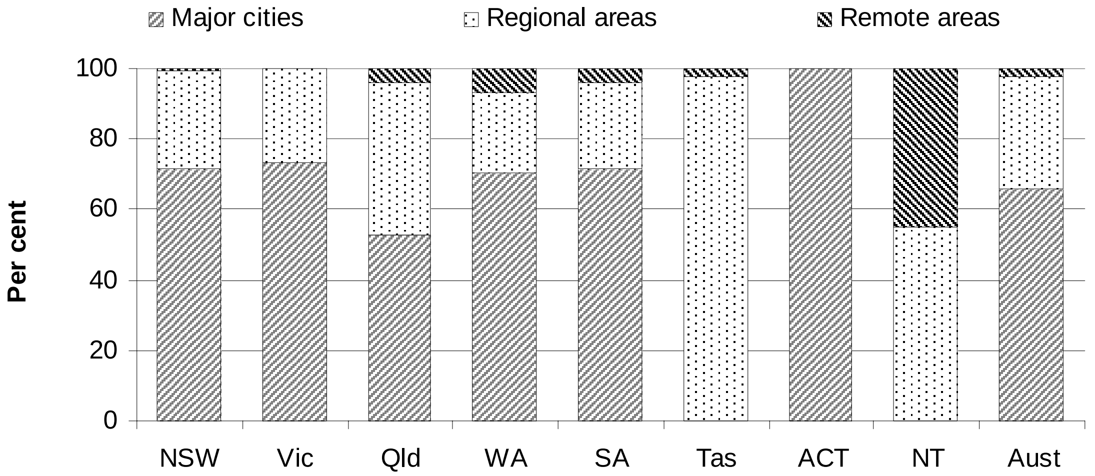
Figure A.1 Population distribution, Australia, by age and sex, 30 June[a, b]



[a] Totals may not add as a result of rounding. [b] Includes other territories. [c] Preliminary data.

Source: ABS (2001); ABS Australian Demographic Statistics (unpublished); tables AA.1 and AA.6; 2007 Report, figure A.1, p. A.3.

Figure A.2 Estimated residential population, by geographic location, June 2005[a, b, c]



[a] Preliminary data. [b] Geographic location is based on the Remoteness Structure outlined in the 2001 Australian Standard Geographic Classification (ASGC). [c] 'Australia' includes other territories.

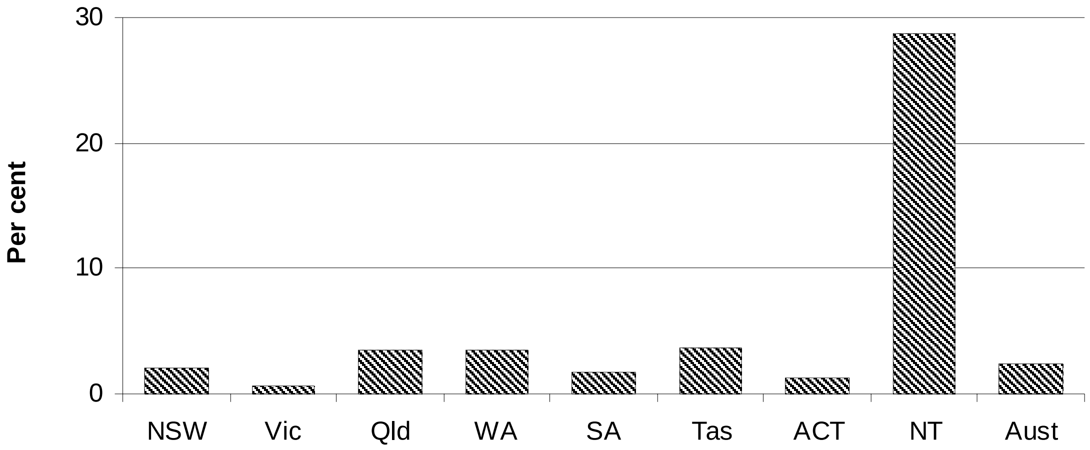
Source: ABS Australian Demographic Statistics (unpublished); table AA.5; 2007 Report, figure A.4, p. A.6.

Indigenous population profile

There were an estimated 458 520 (230 994 female and 227 526 male) Indigenous people in Australia at 30 June 2001, accounting for approximately 2.4 per cent of the population (tables AA.2 and AA.6). The proportion of people who were Indigenous was significantly higher in the NT (28.8 per cent) than in any other jurisdiction. Across the other jurisdictions, the proportion ranged from 3.7 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 AA.7).

The majority of Indigenous people (79.8 per cent) at August 2001 spoke only English at home, while 8.8 per cent spoke an Indigenous language and English very well or well. However, 3 per cent spoke English not well or not at all (5.6 per cent did not state proficiency in any specific language) (table AA.8).

Figure A.3 **Indigenous people as a proportion of the population, 30 June 2001**[a]



[a] 'Australia' includes other territories.

Source: ABS (2001); ABS Australian Demographic Statistics (unpublished); tables AA.2 and AA.6; 2007 Report, figure A.5, p. A.7.

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 (table AA.12). The proportion was considerably higher for younger people (68.8 per cent for people aged 15–19 years), Indigenous people (41.6 per cent), females (31.8 per cent) but similar for older people (27.7 per cent for people aged 75 years or over) (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.

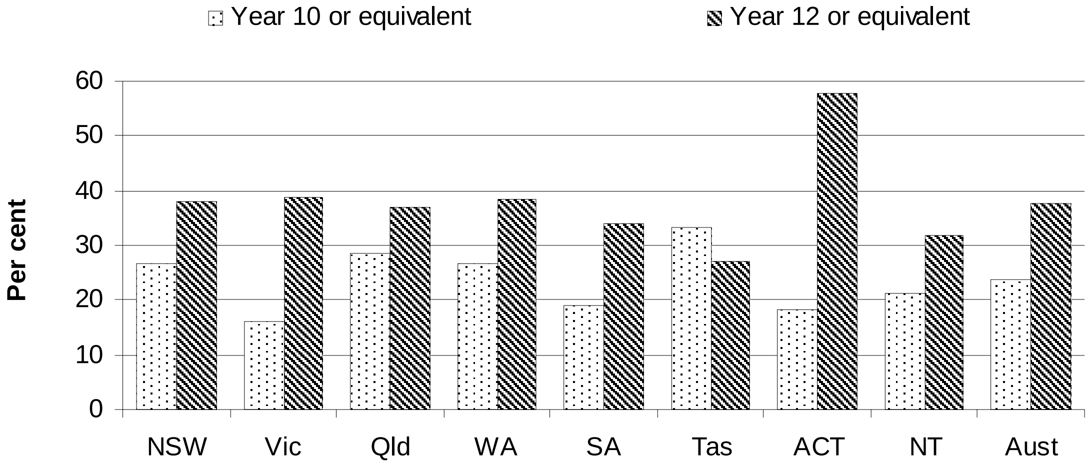
Source: ABS (2002a); ABS (2002b); tables AA.12–AA.14; 2007 Report, figure A.8, p. A.10.

Educational attainment

Employment outcomes and income are closely linked to the education and skill levels of individuals. At August 2001, 37.7 per cent of people aged 15 years and over (approximately 5.6 million people) had completed year 12 or equivalent as the highest level of schooling. A further 23.8 per cent (3.5 million people) had completed year 10 or equivalent schooling, excluding the 3.4 per cent (500 000 people) who were still at school (many of whom were studying in year 11 or 12, and had completed year 10). Across jurisdictions, the proportion of people aged 15 years and over who had completed year 12 or equivalent schooling ranged from 57.8 per cent in the ACT to 27.2 per cent in Tasmania (figure A.5).

The proportion of non-Indigenous people aged 15 years or over who had completed year 12 or equivalent schooling (39.5 per cent) was considerably higher than the proportion of Indigenous people (16.8 per cent) 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 who had completed year 12 or equivalent was highest in the ACT (59.8 per cent) and lowest in Tasmania (28.4 per cent) (figure A.6).

Figure A.5 People aged 15 years or over, by highest year of school completed, August 2001[a, b, c]



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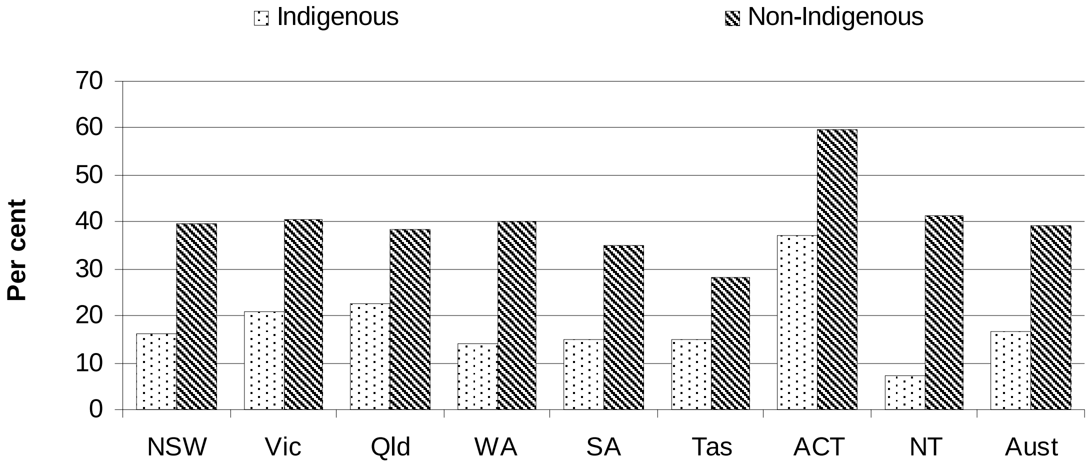
[a] Refers to primary or secondary schooling. [b] 'Australia' includes other territories. [c] 'All persons' includes Indigenous status not stated.

Source: ABS (2002b); table AA.15; 2007 Report, figure A.10, p. A.11.

Figure A.6 People aged 15 years or over who had completed year 12 or equivalent, by Indigenous status, August 2001[a, b]



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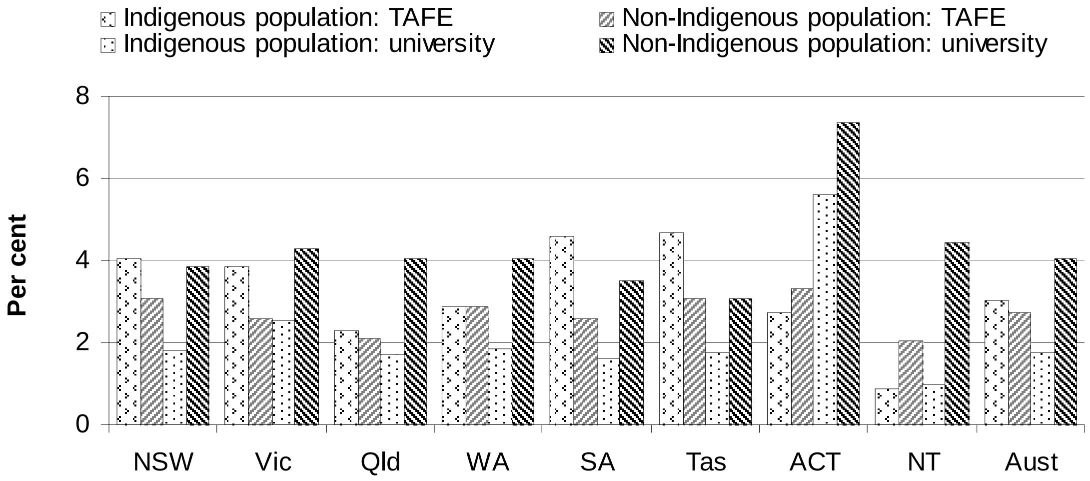
[a] Refers to primary and secondary schooling. [b] 'Australia' includes other territories.

Source: ABS (2002b); table AA.15; 2007 Report, figure A.11, p. A.12.

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.7).

Figure A.7 **Proportion of population attending higher education, by Indigenous status, August 2001[a, b]**



[a] 'Australia' includes other territories. [b] 'University' includes other tertiary institutions.

Source: ABS (2002b); table AA.16; 2007 Report, figure A.13, p. A.13.

Statistical concepts used in the Report — age standardisation of data

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 all Australians, figure A.1). Variations in age profiles are important because the likelihood of needing certain services (such as aged care services) increases with age. 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

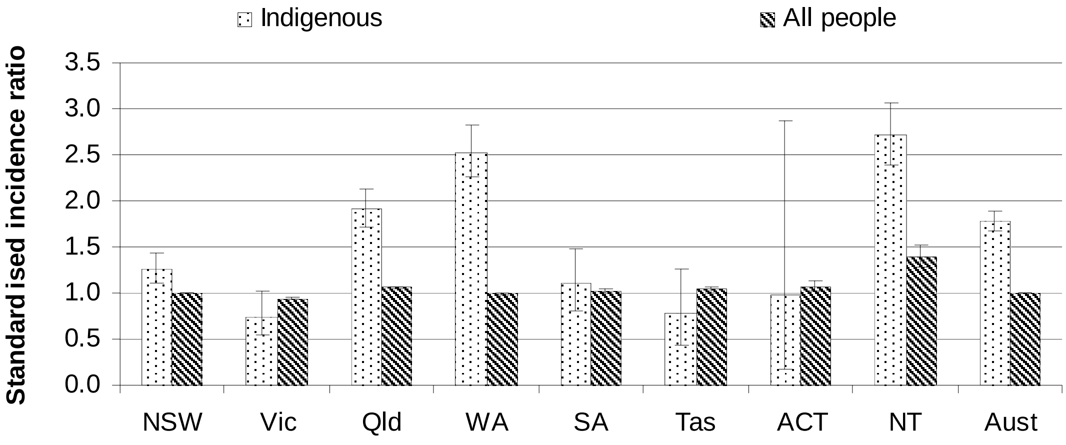
Either direct or indirect standardisation can be used. Indirect standardisation is presented here because it is more appropriate when comparing small populations. This method applies standard age-specific usage rates (in this case, average Australian rates) to actual populations (different groups within 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 would be expected if the particular group had 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.

Application of indirect standardisation

In the following illustration, the combined use of permanent residential aged care and CACPs by Indigenous people is compared with average service use by all Australians (using 2001 data). The resulting standardised incidence ratios are presented in figure A.8. 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.

Figure A.8 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 A.1). Results vary across jurisdictions.

Figure A.8 Standardised incidence ratio for use of CACP and permanent residential aged care (combined), 30 June 2001[a, b, c]



[a] The Indigenous ratio is per 1000 Indigenous people aged 50 or over, the all people ratio is per 1000 Indigenous people aged 50 or over and non-Indigenous people aged 70 or over. [b] The calculations use indirect age standardisation against use by all people Australia-wide. [c] ACT data are based on a very small Indigenous population and have high standard errors.

Source: AIHW (unpublished); table AA.17; 2007 Report, figure A.15, p. A.21.

Table A.1 Age-specific usage rates of CACPs and permanent residential aged care (per 1000 people), 30 June 2005[a, b]

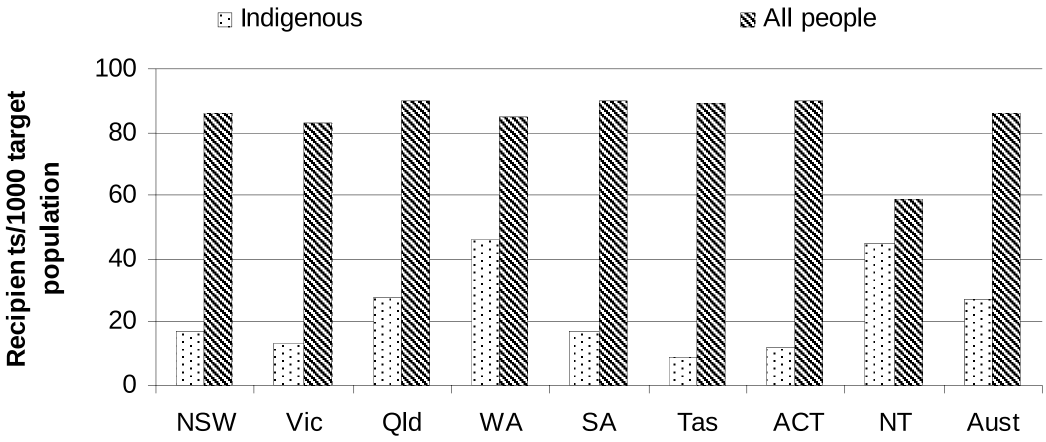
	CACP recipients		*Permanent aged care residents*	
Age (years)	*Indigenous*	*Non-Indigenous*	*Indigenous*	*Non-Indigenous*
50-54	4.1	0.1	2.5	0.7
55-59	9.8	0.3	5.8	1.4
60-64	19.2	0.8	8.8	2.8
65-69	36.3	1.8	15.4	5.9
70-74	48.5	3.9	28.7	13.5
75+	82.1	17.8	106.8	102.0

[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 (2006a), AIHW (2006b); 2007 Report, table A.1, p. A.21.

The age standardised rates are quite different from those that result from comparing use with the target group population (clients per 1000 in the target group). The target group measure (figure A.9) suggests that combined use of CACPs and permanent residential aged care is much lower for Indigenous people than for all people. Figure A.9 also suggests that use of the two services for all people is much lower in the NT than in other jurisdictions; this difference is not apparent after age standardisation (figure A.8), indicating that the difference in this measure is the result of the relatively young age structure of the NT (even within the two subgroups of people 70 years and over and Indigenous people 50 years and over).

Figure A.9 **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 people' ratio is per 1000 Indigenous people aged 50 years or over and non-Indigenous people aged 70 years or over.

Source: AIHW (unpublished); table AA.17; 2007 Report, figure A.16, p. A.22.

Supporting tables

Supporting tables for data within this chapter are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an ‘AA’ suffix (for example, table AA.3 is table 3 in the statistic appendix attachment). The tables included in the attachment are listed below.

Population

Table AA.1	Estimated resident population by age and sex, 30 June 2005 ('000)
Table AA.2	Estimated resident population by calendar and financial year
Table AA.3	Persons by country of birth, August 2001 ('000)
Table AA.4	Persons by language spoken at home, August 2001 ('000)
Table AA.5	Estimated resident population by geographic location, 30 June 2005
Table AA.6	Preliminary estimated resident Indigenous population by age and sex, 30 June 2001
Table AA.7	Experimental projection of the Indigenous population, 2000 to 2009 (number)
Table AA.8	Language spoken at home by Indigenous people and proficiency in spoken English, by sex, August 2001 (number)

Family and household

Table AA.9	Families and persons in families in occupied private dwellings by Indigenous status and family type, August 2001
Table AA.10	Household structure, 2001–2005
Table AA.11	Occupied private dwellings by tenure type and landlord type, August 2001 ('000)

Income and employment

Table AA.12	Persons aged 15 years and over, by weekly individual income and sex, August 2001
Table AA.13	Persons aged 15 years and over by weekly individual income and Indigenous status, August 2001
Table AA.14	Persons aged 15 years and over, by weekly individual income and age, August 2001
Table AA.15	People aged 15 years or over, by highest level of schooling completed and Indigenous status, August 2001 ('000)
Table AA.16	Type of educational institution attending by Indigenous status, August 2001 ('000)

Statistical concepts

Table AA.17	Age standardisation data, June 2001

References

ABS (Australian Bureau of Statistics) 2001, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians*, Cat. no. 3238.0, Canberra.

—— 2002a, *Census of Population and Housing: Basic Community Profiles*, Australia, Cat. no. 2002.0, DX Database, viewed 18 July 2002, unpublished.

—— 2002b, *Census of Population and Housing: Indigenous Community Profiles*, Australia, Cat. no. 2002.0, DX Database, viewed 18 July 2002, unpublished.

AIHW (Australian Institute of Health and Welfare) 2006a, *Residential Aged Care in Australia 2004-05: A Statistical Overview*, Cat. no. AGE 45, Aged Care Statistics Series no. 22, Canberra.

—— 2006b, *Community Aged Care Packages in Australia 2004-05: A Statistical Overview*, Cat. no. AGE 47, Aged Care Statistics Series no. 23, Canberra.