

Report on Government Services

2004

Indigenous
Compendium

*Steering Committee
for the Review of
Government
Service Provision*

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Chapter 1: Background

Heads of government established the Review of Government Service Provision (the Review) in 1993 to provide information on the effectiveness and efficiency of government services in Australia (box 1.1).

Box 1.1 Terms of reference

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

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

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

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

Source: Report on Government Services, 2004, p. xxv

The Review is overseen by a Steering Committee of senior officials from central agencies in all jurisdictions. The Steering Committee has overall responsibility for the work of the Review, including its annual publication, the *Report on Government Services* (Report). The name of the Review has changed since last year's Report (box 1.2).

Box 1.2 The 'Australian Government'

In mid-2003, the Commonwealth Government changed its title to 'Australian Government'. Consequently, the name of the Review has been changed from 'the Review of Commonwealth/State Service Provision' to 'the Review of Government Service Provision'. References to the 'Commonwealth Government' or the 'Federal Government' in the Report on Government Services have been altered to reflect the new title.

Proper titles and historic references to the 'Commonwealth' (for example, the Commonwealth State Housing Agreement and the Commonwealth Department of Health and Family Services) have not been changed. In addition, the Commonwealth Parliament and Commonwealth laws are not affected by the change.

Source: Report on Government Services, 2004, p. 1.1

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

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

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

Indigenous reporting

In May 1997, the Prime Minister (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. This task has involved expanding reporting on the provision of services to Indigenous Australians in the annual Report on Government Services.

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. The first edition of this Report, *Overcoming Indigenous Disadvantage: Key Indicators 2003* (Indigenous disadvantage report), was released by the Steering Committee in November 2003. This Report is included on the CD-ROM that accompanies the Report on Government Services, and can be found on the Review web page (www.pc.gov.au/gsp).

Whereas the Report on Government Services has as its focus the delivery of government services, the report on Indigenous disadvantage concentrates on high level outcomes and strategic areas for action. Thus, the two reports while different, are complementary.

The new performance indicator framework

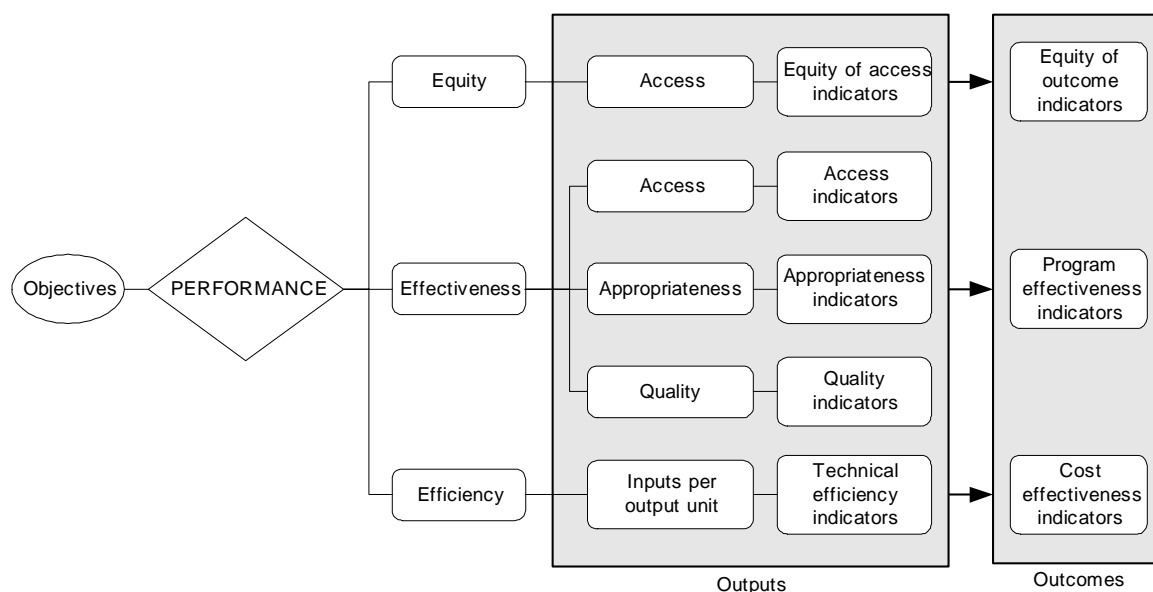
The Steering Committee developed a new general framework for performance indicators in 2002 and this framework has been implemented in most chapters for the first time in the 2004 Report on Government Services. The new approach depicts the Review's focus on outcomes, consistent with demand by governments for outcome oriented performance information. The new framework also accentuates the importance of equity and draws out the distinction between equity and access (figure 1.1).

Separating outputs and outcomes

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

While the aim of the Review is to focus on outcomes, they are often difficult to measure. The Report thus includes measures of outputs with an understanding that there is a correlation between some outputs and outcomes, and that measures of outputs can be proxies for measures of outcomes. The 'percentage of accredited mental health facilities', for example, is an output measure that can be used as a proxy for 'quality care in mental health facilities' (the outcome measure).

Figure 1.1 A general framework and examples of performance indicators



Equity, effectiveness and efficiency

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

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

Equity

Equity in the context of the Review reflects equity of access, whereby all Australians are expected to have fair access to services. Equity indicators measure how well a service is meeting the needs of certain groups in society. The term ‘equity’ has a number of interpretations (box 1.3).

Box 1.3 Equity

Equity is an important concept in economic literature, where there are two elements of equity:

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

In the context of performance measurement for service delivery, horizontal equity would be exhibited when services are available to everyone in the community, and there are no restrictions on access — that is, everyone is allowed to access the service.

For service delivery to exhibit vertical equity, the service would need to account for the special needs of certain groups in the community and adjust aspects of service delivery to suit these needs. This approach may be needed where geographical, cultural or other reasons mean some members of the community have difficulty accessing the service.

Source: Report on Government Services 2004, p. 2.17.

Facilitating access to key services for people with special needs is an important reason for governments to fund services. A number of criteria can be used to classify those groups who may have special difficulties in accessing government services, including: race or ethnicity; language or literacy proficiency; gender; age; physical or mental capacity; and geographic location.

Effectiveness

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

Access

Access indicators reflect how easily the community can obtain a delivered service (output) (for example, access to school education and police services). In the Report on Government Services, access has two main dimensions, undue delay (timeliness) and undue cost (affordability).

Appropriateness

Appropriateness indicators measure how well services meet client needs. Appropriateness indicators also seek to identify the extent of any underservicing or overservicing. 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. However, data on differences in service levels can indicate where further work could identify possible underservicing or overservicing.

Quality

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

The framework of indicators for the Report on Government Services treats 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. No perfect indicator of service quality exists; each indicator has its own strengths and weaknesses.

Efficiency

Efficiency indicators reflect how well services use their resources to produce outputs and achieve outcomes. Government funding per unit of service is typically used as an efficiency indicator. Where possible, full unit costs are used as the indicator of efficiency. Comparisons of unit cost of a service are a more meaningful input to public policy when they use the full cost to government, accounting for all resources consumed in providing the service. Problems can occur when some costs of providing services are overlooked or treated inconsistently (for example,

superannuation, overheads or the user cost of capital). The Steering Committee believes, where full cost information is not available in the short term, that data should at least be calculated consistently across jurisdictions. Further, data treatment should be fully transparent.

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

Table 2.1 provides a stocktake of performance related data on Indigenous Australians in the 2004 Report on Government Services, indicating which services have reported on at least one comparable performance indicator, or have descriptive data, for all jurisdictions. It does not signify the quality of the data. Table 2.1 is not comparable with table 2.1 in the 2003 Indigenous compendium due to the new approach (outcomes focus) adopted in most chapters in the 2004 Report on Government Services (see chapter 1 for details of the new approach).

Improvements in reporting of Indigenous data

Improvements to the Indigenous data within the 2004 Report on Government Services were made in a number of areas, as discussed below.

Education

- Nationally comparable learning outcomes (2001 data) for writing literacy for years 3 and 5 were reported for the first time for all students, including Indigenous students.
- For vocational education and training (VET), rates of participation in VET by Indigenous Australians were compared with those of the total population.

Health

- The former chapter on general practice (chapter 10) was broadened in the 2004 Report on Government Services with the aim of incorporating primary and community health services more generally. (This chapter is now titled Primary and community health.) The expanded coverage includes a comparison of hospitalisation rates for diabetes for Indigenous and non-Indigenous people.

Table 2.1 Reporting of at least one comparable data item on Indigenous Australians, 2004 Report^a

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

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

^a Table 2.1 is not comparable with table 2.1 in the 2003 Indigenous compendium due to the new approach implemented in most chapters in the 2004 Report on Government Services. The new approach (and the new framework) focuses on outcomes with outputs representing the services delivered. The outputs of a service are assessed through equity, effectiveness and efficiency indicators (see chapter 1 for details). ^b

Source: Report on Government Services 2004, p. 2.17.

Care in interpreting Indigenous data

Readers should exercise caution in interpreting data on services to Indigenous people within this compendium and the *Report on Government Services 2004*.

The task of collecting data on Indigenous Australians is complicated by the fact that many administrative data collections do not distinguish between Indigenous and non-Indigenous clients. The method and level of identification of Indigenous people appear to vary across jurisdictions. Further, surveys do not necessarily include an Indigenous identifier; when they do, they may not provide for sufficient sampling to allow an adequate confidence interval. In other cases, the numbers are sometimes so small that for privacy reasons, they cannot be published.

Improving Indigenous data

The ABS has an important role in this area. Work being undertaken by the ABS includes:

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

The Review will draw on these initiatives in future reports.

Education

Part A: Education preface

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

Factors external to the education sector — particularly health, housing and community services — can influence educational outcomes. These services are not covered in the following chapters on school education (chapter 3) and VET (chapter 4), but they are discussed in other chapters of the *Report on Government Services 2004*. Indigenous status, language and cultural background, disability status, socioeconomic status, gender and geographic location are also factors that potentially influence educational outcomes. It is a priority of the Review to improve the reporting of data to better assess the influence of these factors on the educational outputs and outcomes reported.

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

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

Chapter 3: School education

This chapter focuses on performance information — equity, effectiveness and efficiency — for government funded school education in Australia. Descriptive information and performance indicators are generally available 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 2004* contains the following data items on Indigenous people:

- The number of Indigenous full time students (and as a proportion of all students) in government, non-government and all schools, 2002.
- Proportion of Indigenous students achieving the year 3 reading benchmark, 2001.
- Proportion of Indigenous students achieving the year 5 reading benchmark, 2001.
- Proportion of Indigenous students achieving the year 3 writing benchmark, 2001.
- Proportion of Indigenous students achieving the year 5 writing benchmark, 2001.
- Proportion of Indigenous students achieving the year 3 numeracy benchmark, 2001.

-
- Proportion of Indigenous students achieving the year 5 numeracy benchmark, 2001.
 - Apparent retention rates of full time secondary students from year 7 or 8 to year 10, by Indigenous status, all schools, 2002.
 - Apparent retention rates of Indigenous full time secondary students from year 10 to year 12, by Indigenous status, 2002.

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

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

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

Supporting tables

Supporting tables for data within the school education chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 3A.3 is table 3 in the school education attachment to the compendium). As the data are directly sourced from the Report on Government Services 2004, the compendium also notes where the original table, figure or text in the Report on Government Services 2004 can be found. For example, where the compendium refers to ‘ROGS 2004, p. 3.15’ this is page 15 of chapter 3 and ‘ROGS 2004, 3A.2’ is attachment table 2 of attachment 3 of the Report on Government Services 2004.

Indigenous full-time students, 2001

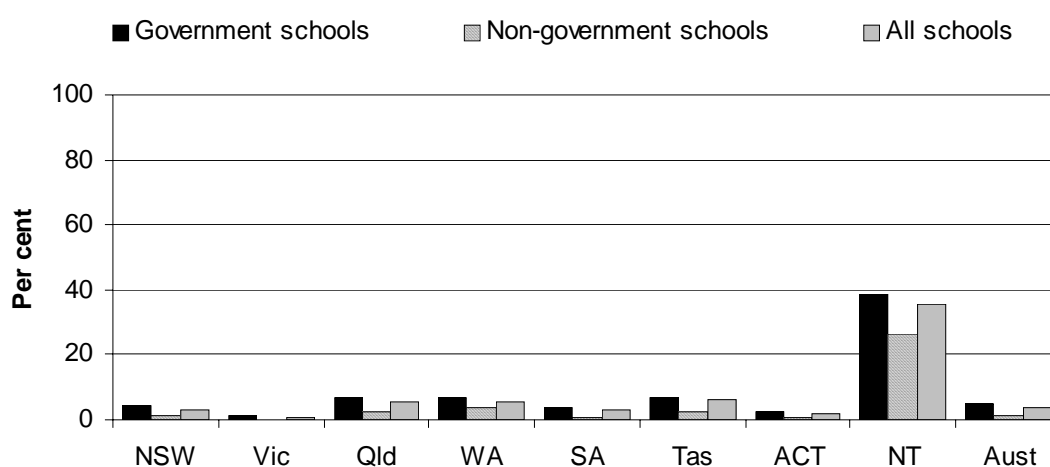
Certain groups of students, including Indigenous students, have been identified as having special needs in school education. Government schools provide education for a high proportion of students from special needs groups. In 2002, 87.5 per cent of Indigenous students, for example, attended government schools (table 3A.1).

The proportion of full time Indigenous students in NT schools was 35.8 per cent in 2002, far higher than the proportion in any other jurisdiction. The jurisdictions with the next highest proportions of full time Indigenous students were Tasmania and WA (5.9 per cent and 5.8 per cent respectively) (figure 3.1). In absolute terms, NSW (36 161) and Queensland (33 501) had the largest numbers of full time

Indigenous students, together accounting for 57.3 per cent of all Indigenous students enrolled in Australian schools (table 3A.1). Table 3A.1 provides additional information on Indigenous enrolments.

In all jurisdictions, the proportion of Indigenous students was higher in government schools than in non-government schools. Nationally, the proportion of Indigenous students was 4.7 per cent for government schools and 1.5 per cent for non-government schools (figure 3.1).

Figure 3.1 Indigenous students as a proportion of all students, 2002^a



	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Government schools	4.4	1.1	6.6	6.9	3.8	7.0	2.3	38.5	4.7
Non-government schools	0.9	0.2	2.4	3.4	0.8	2.5	0.8	26.6	1.5
All schools	3.3	0.8	5.4	5.8	2.8	5.9	1.7	35.8	3.7

^a Full time students.

Source: ABS (2003); ROGS 2004, p. 3.10; Table 3A.1.

Access and equity

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

Nationally comparable learning outcomes

The Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) endorsed in April 1999 a set of national goals for school education (see box 3.1, p. 3.14, SCRGSP 2004).

Benchmarks were developed for reading, writing, spelling and numeracy. These benchmarks describe the nationally agreed minimum acceptable standard in the aforementioned areas of study, at a particular year level — that is, the standard without which a student will have difficulty making sufficient progress at school. Given that the benchmarks represent *minimum* acceptable standards, Education Ministers have determined that the national goal is that all students achieve at least the benchmark level of performance.

The school education chapter in the Report on Government Services 2004 includes nationally comparable learning outcomes data for years 3 and 5 for 2001 for reading and writing literacy and numeracy. These data relate to agreed national benchmarks developed to assess student performance at these year levels. Data for 2002 are not available.

Learning outcomes data from the Program for International Student Assessment (PISA) 2000 assessment of the scientific literacy of 15 year old students was reported in the Report on Government Services 2003.¹ As PISA operates on a three year assessment cycle, the most recent survey was undertaken during 2003. The mathematical literacy was the major focus for this 2003 survey and results are expected to be available in late 2004.

Limitations of comparing learning outcomes results across jurisdictions are discussed in box 3.3 in the Report on Government Services 2004 (p. 3.36, SCRGSP 2004).

To assist with making comparisons between jurisdictions, 95 per cent confidence intervals are presented. Confidence intervals are a standard way of expressing the degree of sampling and measurement error associated with the survey estimates. An estimate of 80 with a confidence interval of ± 2 , for example, means that if the total population had been surveyed rather than a sample, or had another sample been drawn, there is a 95 per cent chance that the result would lie between 78 and 82. The participation rate for a jurisdiction, therefore, can be thought of in terms of a range. If one jurisdiction's rate ranges from 78–82 and another's from 77–81, then it

¹ Although PISA data were not reported in the school education chapter of the Report on Government Services 2004, they were included in the Report's attachments tables. These tables, therefore, have been included in this compendium (see tables 3A.5–3A.7).

is not possible to say with confidence that one differs from the other (because there is unlikely to be a statistically significant difference). Where ranges do not overlap, there is a high likelihood that there is a statistically significant difference. To say that there is a statistically significant difference means there is a high probability that there is an actual difference; it does not imply that the difference is necessarily large or important.

The commentary accompanying the learning outcomes data in the school education chapter compares the results for particular jurisdictions and the overall national result, and draws attention to cases where there is no overlap between confidence intervals. To say there is a statistically significant difference means there is a high probability of an actual difference; it does not imply that the difference is necessarily large or important.

Literacy — Reading

An indicator of performance is the proportion of students who reach a benchmark standard. Table 3.1 shows the percentage of assessed year 3 students who achieved the reading benchmark in 2001, reported by Indigenous status and language background other than English (LBOTE) status. (For further information and caveats to table 3.1, see table 3A.2.)

The proportion of Indigenous students who achieved the year 3 reading benchmark in 2001 was lower than the proportion of all students in all States and Territories, except in Tasmania and the ACT, where there was no difference.

Table 3.2 shows the percentage of assessed year 5 students who achieved the reading benchmark in 2001, reported by Indigenous status and LBOTE status. (For further information and caveats to table 3.2, see table 3A.2.)

In 2001, the extent to which reading benchmark results for Indigenous students were lower than those for all assessed students was similar for year 3 (ranging between 2.5 percentage points and 38.8 percentage points) and year 5 (ranging between 3.0 percentage points and 37.0 percentage points). Nationally, the proportion of Indigenous students who achieved the reading benchmark was below the proportion of all students by 18.3 percentage points at year 3 and by 22.9 percentage points at year 5 (tables 3.1 and 3.2).

Table 3.2 Year 3 students who achieved the reading benchmark, 2001 (per cent)^{a, b, c}

<i>State/Territory</i>					
<i>1. Average age^d</i>	<i>All</i>	<i>Male</i>	<i>Female</i>	<i>Indigenous</i>	<i>LBOTE</i>
<i>2. Years of schooling^e</i>	<i>students</i>	<i>students</i>	<i>students</i>	<i>students^f</i>	<i>students^f</i>
NSW	91.3	89.7	92.9	79.2	91.4
1. 8 years, 9 months	± 1.8	± 2.4	± 1.6	± 4.5	± 1.9
2. 3 years, 7 months					
Victoria ^g	89.0	86.5	91.4	64.3	86.0
1. 9 years, 0 months	± 2.2	± 2.7	± 2.1	± 5.3	± 2.7
2. 3 years, 7 months					
Queensland	89.0	87.1	91.5	71.6	87.4
1. 8 years, 3 months	± 2.5	± 3.0	± 2.2	± 5.1	± 2.9
2. 2 years, 8 months					
WA	95.0	93.9	96.1	83.5	94.5
1. 8 years, 2 months	± 1.5	± 1.9	± 1.4	± 5.1	± 1.8
2. 2 years, 7 months					
SA	87.7	85.0	90.4	61.7	84.5
1. 8 years, 6 months	± 2.5	± 3.0	± 2.3	± 5.9	± 2.6
2. 3 years, 3 months					
Tasmania	95.1	93.8	96.4	92.6	96.0
1. 9 years, 2 months	± 1.3	± 1.7	± 1.2	± 3.4	± 2.5
2. 3 years, 7 months					
ACT	95.1	93.2	97.1	89.8	92.4
1. 8 years, 8 months	± 0.8	± 1.3	± 0.7	± 4.9	± 2.0
2. 3 years, 6 months					
NT	68.0	64.1	72.3	29.2	34.7
1. 8 years, 10 months	± 2.2	± 2.9	± 2.7	± 3.3	± 3.6
2. 3 years, 6 months					
Australia	90.3	88.4	92.3	72.0	88.6
	± 2.0	± 2.6	± 1.9	± 4.8	± 2.3

^a The achievement percentages reported in this table include 95 per cent confidence intervals (for example, 80.0 per cent ± 2.7 per cent). Table 3A.35 contains details of test populations in all States and Territories.

^b Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies across jurisdictions, as shown in tables 3A.2, 3A.3 and 3A.4. Readers are urged to be cautious when comparing results. ^c Some movements in the results over time might have occurred as a result of State equating processes and may not reflect improvements in student performance. ^d The typical average age of students at the time of testing (expressed in years and months). Table 3A.34 contains more information. ^e The typical average time that students had spent in schooling at the time of testing (expressed in years and months). Table 3A.34 contains more information. ^f The methods used to identify Indigenous students and LBOTE students varied across jurisdictions. The two categories are not mutually exclusive. Definitions can be found in section 3.7 of the Report on Government Services 2004 (SCRGSP 2004). Table 3A.2 contains more information. ^g Victoria's results have been adjusted based on exempt student data and are not directly comparable to previous years results.

^g Victoria's results have been adjusted based on exempt student data and are not directly comparable to previous years results.

Source: MCEETYA (2003a).

Table 3.3 Year 5 students who achieved the reading benchmark, 2001 (per cent)^{a, b, c}

<i>State/Territory</i>					
<i>1. Average age^d</i>	<i>All</i>	<i>Male</i>	<i>Female</i>	<i>Indigenous</i>	<i>LBOTE</i>
<i>2. Years of schooling^e</i>	<i>students</i>	<i>students</i>	<i>students</i>	<i>students^f</i>	<i>students^f</i>
NSW	92.0	90.5	93.5	76.6	90.6
1. 10 years, 9 months	± 1.2	± 1.5	± 1.1	± 3.2	± 1.5
2. 5 years, 7 months					
Victoria ^g	90.9	88.7	93.1	71.7	87.8
1. 10 years, 11 months	± 1.2	± 1.7	± 1.1	± 4.0	± 2.0
2. 5 years, 7 months					
Queensland	83.0	80.1	86.3	57.3	76.0
1. 10 years, 4 months	± 1.6	± 2.0	± 1.5	± 3.4	± 2.4
2. 4 years, 8 months					
WA	94.5	93.2	95.9	77.9	92.2
1. 10 years, 2 months	± 1.0	± 1.3	± 0.9	± 4.3	± 1.7
2. 4 years, 7 months					
SA	89.0	86.5	91.6	62.9	87.0
1. 10 years, 6 months	± 1.3	± 1.7	± 1.3	± 4.5	± 1.8
2. 5 years, 3 months					
Tasmania	94.4	92.2	96.6	91.5	93.5
1. 11 years, 2 months	± 0.9	± 1.4	± 0.8	± 2.9	± 3.0
2. 5 years, 7 months					
ACT	94.6	92.9	96.4	82.3	91.9
1. 10 years, 8 months	± 0.8	± 0.8	± 0.7	± 7.9	± 2.4
2. 5 years, 6 months					
NT	71.5	71.0	72.2	34.5	34.4
1. 10 years, 8 months	± 2.2	± 2.7	± 2.7	± 3.6	± 3.6
2. 5 years, 3 months					
Australia	89.8	87.8	92.0	66.9	87.7
	± 1.3	± 1.6	± 1.2	± 3.6	± 1.8

^a The achievement percentages reported in this table include 95 per cent confidence intervals (for example, 80.0 per cent ± 2.7 per cent). Table 3A.35 contains details of test populations in all States and Territories.

^b Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies across jurisdictions as shown in tables 3A.2, 3A.3 and 3A.4. Readers are urged to be cautious when comparing results. ^c Some movements in the results over time might have occurred as a result of State equating processes and may not reflect improvements in student performance. ^d The typical average age of students at the time of testing (expressed in years and months). Table 3A.34 contains more information. ^e The typical average time that students had spent in schooling at the time of testing (expressed in years and months). Table 3A.34 contains more information. ^f The methods used to identify Indigenous students and LBOTE students varied across jurisdictions. The two categories are not mutually exclusive. Definitions can be found in section 3.7 of the Report on Government Services 2004 (SCRGSP 2004). Table 3A.2 contains more information. ^g Victoria's results have been adjusted based on exempt student data and are not directly comparable to previous years results.

Source: MCEETYA (2003); ROGS 2004, p. 3.40.

Literacy — Writing

Table 3.3 shows the percentage of assessed year 3 students who achieved the writing benchmark in 2001, reported by Indigenous status and LBOTE status. (For further information and caveats to table 3.3, see table 3A. 3.)

The proportion of Indigenous students who achieved the year 3 writing benchmark in 2001 was lower than the proportion of all students in all States and Territories except Tasmania and the ACT, where there was no difference.

Table 3.4 shows the percentage of assessed year 5 students who achieved the writing benchmark in 2001, reported by Indigenous status and LBOTE status. (For further information and caveats to table 3.4, see table 3A.3.)

In 2001, the extent to which writing benchmark results for Indigenous students were lower than those for all assessed students was similar for year 3 (ranging between 2.4 percentage points and 30.7 percentage points) and year 5 (ranging between 3.9 percentage points and 36.0 percentage points). Nationally, the proportion of Indigenous students who achieved the writing benchmark was below the proportion of all students by 21.7 percentage points at year 3 and by 14.1 percentage points at year 5 (tables 3.3 and 3.4).

Numeracy

Table 3.5 shows the percentage of assessed year 3 students who achieved the numeracy benchmark in 2001, reported by Indigenous status and LBOTE status. (For further information and caveats to table 3.5, see table 3A.4.)

The proportion of Indigenous students who achieved the year 3 numeracy benchmark in 2001 was lower than the proportion of all students in all States and Territories.

Table 3.6 shows the percentage of assessed year 5 students who achieved the numeracy benchmark in 2001, reported by Indigenous status and LBOTE status. (For further information and caveats to table 3.6, see table 3A.4.)

In 2001, the extent to which numeracy benchmark results for Indigenous students were lower than those for all assessed students changed between year 3 (ranging between 1.5 percentage points and 23.1 percentage points) and year 5 (ranging between 6.7 percentage points and 36.5 percentage points). Nationally, the proportion of Indigenous students who achieved the numeracy benchmark was below the proportion for all students by 13.7 percentage points at year 3 and by 26.4 percentage points at year 5 (tables 3.5 and 3.6).

Table 3.4 Year 3 students who achieved the writing benchmark, 2001 (per cent)^{a, b, c}

<i>State/Territory</i>	<i>All students</i>	<i>Male students</i>	<i>Female students</i>	<i>Indigenous students^f</i>	<i>LBOTE students^f</i>
1. <i>Average age^d</i>					
2. <i>Years of schooling^e</i>					
NSW	89.9	87.0	92.7	73.1	89.3
1. 8 years, 9 months	± 2.9	± 3.8	± 2.4	± 6.2	± 3.0
2. 3 years, 7 months					
Victoria ^g	94.7	93.1	96.2	78.2	92.9
1. 9 years, 0 months	± 1.7	± 2.4	± 1.4	± 4.0	± 2.1
2. 3 years, 7 months					
Queensland	85.4	81.1	90.5	68.4	83.8
1. 8 years, 3 months	± 1.9	± 2.6	± 1.6	± 3.4	± 2.1
2. 2 years, 8 months					
WA	84.3	80.0	88.8	54.7	83.7
1. 8 years, 2 months	± 2.5	± 3.2	± 2.3	± 4.9	± 2.8
2. 2 years, 7 months					
SA	88.4	84.9	91.9	60.5	84.8
1. 8 years, 6 months	± 2.5	± 3.3	± 2.2	± 6.2	± 2.9
2. 3 years, 3 months					
Tasmania	91.8	88.7	94.9	89.4	90.2
1. 9 years, 2 months	± 1.6	± 2.2	± 1.4	± 3.9	± 3.9
2. 3 years, 7 months					
ACT ^h	93.3	90.7	96.1	87.4	90.4
1. 8 years, 10 months	± 1.3	± 1.9	± 1.0	± 6.2	± 2.5
2. 3 years, 6 months					
NT	79.1	75.8	82.5	48.4	51.1
1. 8 years, 8 months	± 2.7	± 3.4	± 2.7	± 4.9	± 4.4
2. 3 years, 3 months					
Australia	89.5	86.4	92.7	67.8	88.5
	± 2.3	± 3.0	± 1.9	± 4.9	± 2.7

^a The achievement percentages reported in this table include 95 per cent confidence intervals (for example, 80.0 per cent ± 2.7 per cent). Table 3A.37 contains details of test populations in all States and Territories.

^b Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies across jurisdictions, as shown in tables 3A.2, 3A.3 and 3A.4. Readers are urged to be cautious when comparing results. ^c Some movements in the results over time might have occurred as a result of State equating processes and may not reflect improvements in student performance. ^d The typical average age of students at the time of testing (expressed in years and months). Table 3A.36 contains more information. ^e The typical average time that students had spent in schooling at the time of testing (expressed in years and months). Table 3A.36 contains more information. ^f The methods used to identify Indigenous students and LBOTE students varied across jurisdictions. The two categories are not mutually exclusive. Definitions can be found in section 3.7 of the Report on Government Services 2004 (SCRGSP 2004). Table 3A.3 contains more information. ^g Victoria's results have been adjusted based on exempt student data and are not directly comparable to previous years results. ^h ACT writing data should be interpreted with some caution as a criterion-referenced assessment process was not used. This will be changed from 2003.

Source: MCEETYA (2003); ROGS 2004, p. 3.42.

Table 3.5 Year 5 students who achieved the writing benchmark, 2001 (per cent)^{a, b, c}

<i>State/Territory</i>	<i>All students</i>	<i>Male students</i>	<i>Female students</i>	<i>Indigenous students^f</i>	<i>LBOTE students^f</i>
1. <i>Average age^d</i>					
2. <i>Years of schooling^e</i>					
NSW	95.9	94.6	97.2	87.4	94.6
1. 10 years, 9 months	± 0.9	± 1.4	± 0.7	± 3.1	± 1.1
2. 5 years, 7 months					
Victoria ^g	92.4	89.6	95.3	75.4	91.4
1. 10 years, 11 months	± 0.8	± 1.1	± 0.6	± 3.3	± 1.0
2. 5 years, 7 months					
Queensland	95.8	94.5	97.7	87.5	94.3
1. 10 years, 4 months	± 0.7	± 1.1	± 0.4	± 2.1	± 0.9
2. 4 years, 8 months					
WA	89.4	85.6	93.2	63.8	86.7
1. 10 years, 2 months	± 1.9	± 2.6	± 1.4	± 4.9	± 2.3
2. 4 years, 7 months					
SA	95.0	93.3	96.8	80.0	93.7
1. 10 years, 6 months	± 0.8	± 1.2	± 0.7	± 3.9	± 1.1
2. 5 years, 3 months					
Tasmania	91.9	88.4	95.5	88.0	88.7
1. 11 years, 2 months	± 1.3	± 1.9	± 1.1	± 3.6	± 4.2
2. 5 years, 7 months					
ACT ^h	90.6	87.0	94.4	66.9	88.0
1. 10 years, 8 months	± 1.8	± 2.5	± 1.5	± 10.6	± 3.4
2. 5 years, 6 months					
NT	77.6	74.3	80.9	41.6	45.8
1. 10 years, 8 months	± 2.2	± 2.9	± 2.4	± 4.2	± 4.2
2. 5 years, 3 months					
Australia	94.0	91.9	96.2	79.9	92.2
	± 1.0	± 1.4	± 0.7	± 3.3	± 1.2

^a The achievement percentages reported in this table include 95 per cent confidence intervals (for example, 80.0 per cent ± 2.7 per cent). Table 3A.37 contains details of test populations in all States and Territories.

^b Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies across jurisdictions, as shown in tables 3A.2, 3A.3 and 3A.4. Readers are urged to be cautious when comparing results. ^c Some movements in the results over time might have occurred as a result of State equating processes and may not reflect improvements in student performance.

^d The typical average age of students at the time of testing (expressed in years and months). Table 3A.36 contains more information. ^e The typical average time that students had spent in schooling at the time of testing (expressed in years and months). Table 3A.36 contains more information. ^f The methods used to identify Indigenous students and LBOTE students varied across jurisdictions. The two categories are not mutually exclusive. Definitions can be found in section 3.7 of the Report on Government Services 2004 (SCRGSP 2004). Table 3A.3 contains more information. ^g Victoria's results have been adjusted based on exempt student data and are not directly comparable to previous years results. ^h ACT writing data should be interpreted with some caution as a criterion-referenced assessment process was not used. This will be changed from 2003.

^h ACT writing data should be interpreted with some caution as a criterion-referenced assessment process was not used. This will be changed from 2003.

Source: MCEETYA (2003); ROGS 2004, p. 3.43.

Table 3.6 Year 3 students who achieved the numeracy benchmark, 2001 (per cent)^{a, b, c}

<i>State/Territory</i>	<i>All students</i>	<i>Male students</i>	<i>Female students</i>	<i>Indigenous students^f</i>	<i>LBOTE students^f</i>
1. <i>Average age^d</i>					
2. <i>Years of schooling^e</i>					
NSW	95.0	94.9	95.0	86.9	94.7
1. 8 years, 9 months	± 0.9	± 1.0	± 0.9	± 2.8	± 1.0
2. 3 years, 7 months					
Victoria ^g	94.1	93.7	94.5	75.1	91.8
1. 9 years, 0 months	± 1.2	± 1.2	± 1.4	± 4.3	± 1.5
2. 3 years, 7 months					
Queensland	93.4	93.4	94.0	79.0	91.5
1. 8 years, 3 months	± 1.4	± 1.5	± 1.6	± 4.0	± 1.8
2. 2 years, 8 months					
WA	92.9	92.4	93.4	79.2	92.0
1. 8 years, 2 months	± 2.0	± 2.2	± 2.2	± 5.3	± 2.3
2. 2 years, 7 months					
SA	91.1	90.3	91.8	68.0	86.2
1. 8 years, 6 months	± 1.4	± 1.5	± 1.3	± 4.5	± 1.9
2. 3 years, 3 months					
Tasmania	95.6	95.2	95.9	94.1	94.3
1. 9 years, 2 months	± 1.3	± 1.4	± 1.4	± 3.0	± 3.2
2. 3 years, 7 months					
ACT	97.0	96.5	97.4	91.4	94.2
1. 8 years, 8 months	± 0.6	± 0.7	± 0.7	± 4.3	± 1.6
2. 3 years, 6 months					
NT	86.6	84.9	88.4	65.0	64.8
1. 8 years, 8 months	± 2.0	± 2.4	± 2.1	± 4.8	± 4.5
2. 3 years, 3 months					
Australia	93.9	93.7	94.3	80.2	92.5
	± 1.2	± 1.3	± 1.3	± 3.9	± 1.5

^a The achievement percentages reported in this table include 95 per cent confidence intervals (for example, 80.0 per cent ± 2.7 per cent). Table 3A.39 contains details of test populations in all States and Territories.

^b Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies across jurisdictions, as shown in tables 3A.2, 3A.3 and 3A.4. Readers are urged to be cautious when comparing results. ^c Some movements in the results over time might have occurred as a result of State equating processes and may not reflect improvements in student performance. ^d The typical average age of students at the time of testing (expressed in years and months). Table 3A.38 contains more information. ^e The typical average time that students had spent in schooling at the time of testing (expressed in years and months). Table 3A.38 contains more information. ^f The methods used to identify Indigenous students and LBOTE students varied across jurisdictions. The two categories are not mutually exclusive. Definitions can be found in section 3.7 of the Report on Government Services 2004 (SCRGSP 2004). Table 3A.4 contains more information. ^g Victoria's results have been adjusted based on exempt student data and are not directly comparable to previous years results.

Source: MCEETYA (2003); ROGS 2004, p. 3.45.

Table 3.7 Year 5 students who achieved the numeracy benchmark, 2001 (per cent)^{a, b, c}

<i>State/Territory</i>	<i>All students</i>	<i>Male students</i>	<i>Female students</i>	<i>Indigenous students^f</i>	<i>LBOTE students^f</i>
<i>1. Average age^d</i>					
<i>2. Years of schooling^e</i>					
NSW	91.7	91.5	91.8	74.6	90.3
1. 10 years, 9 months	± 1.0	± 1.1	± 1.1	± 2.9	± 1.2
2. 5 years, 7 months					
Victoria ^g	94.7	94.4	94.9	80.4	92.4
1. 10 years, 11 months	± 1.0	± 1.0	± 1.1	± 3.3	± 1.3
2. 5 years, 7 months					
Queensland	81.8	82.2	81.9	54.4	75.0
1. 10 years, 4 months	± 1.9	± 2.0	± 2.2	± 3.5	± 2.4
2. 4 years, 8 months					
WA	90.0	89.7	90.3	65.6	87.3
1. 10 years, 2 months	± 1.9	± 2.0	± 2.2	± 5.4	± 2.6
2. 4 years, 7 months					
SA	85.9	85.6	86.2	54.9	82.8
1. 10 years, 6 months	± 1.3	± 1.5	± 1.6	± 4.4	± 1.8
2. 5 years, 3 months					
Tasmania	91.7	91.2	92.2	85.0	89.1
1. 11 years, 2 months	± 1.3	± 1.6	± 1.6	± 4.1	± 4.2
2. 5 years, 7 months					
ACT	93.1	92.2	94.0	71.9	87.4
1. 10 years, 8 months	± 1.1	± 1.4	± 1.3	± 10.1	± 3.2
2. 5 years, 6 months					
NT	68.8	69.2	68.3	32.3	34.0
1. 10 years, 8 months	± 2.8	± 3.0	± 3.4	± 4.1	± 3.8
2. 5 years, 3 months					
Australia	89.6	89.5	89.8	63.2	87.9
	± 1.3	± 1.4	± 1.5	± 3.7	± 1.6

^a The achievement percentages reported in this table include 95 per cent confidence intervals (for example, 80.0 per cent ± 2.7 per cent). Table 3A.39 contains details of test populations in all States and Territories.

^b Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies across jurisdictions, as shown in tables 3A.2, 3A.3 and 3A.4. Readers are urged to be cautious when comparing results. ^c Some movements in the results over time might have occurred as a result of State equating processes and may not reflect improvements in student performance.

^d The typical average age of students at the time of testing (expressed in years and months). Table 3A.38 contains more information. ^e The typical average time that students had spent in schooling at the time of testing (expressed in years and months). Table 3A.38 contains more information. ^f The methods used to identify Indigenous students and LBOTE students varied across jurisdictions. The two categories are not mutually exclusive. Definitions can be found at section 3.7 of the Report on Government Services 2004 (SCRGSP 2004). Table 3A.4 contains more information. ^g Victoria's results have been adjusted based on exempt student data and are not directly comparable to previous years results.

^h The typical average age of students at the time of testing (expressed in years and months). Table 3A.38 contains more information. ⁱ The typical average time that students had spent in schooling at the time of testing (expressed in years and months). Table 3A.38 contains more information. ^j The methods used to identify Indigenous students and LBOTE students varied across jurisdictions. The two categories are not mutually exclusive. Definitions can be found at section 3.7 of the Report on Government Services 2004 (SCRGSP 2004). Table 3A.4 contains more information. ^k Victoria's results have been adjusted based on exempt student data and are not directly comparable to previous years results.

Source: MCEETYA (2003); ROGS 2004, p. 3.46.

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

Apparent retention rates estimate the percentage of full time students who continue from a specified year level to a higher year level. The term ‘apparent’ is used because no adjustments are made for migration, student movements between jurisdictions or students repeating year levels.

Apparent rates of retention from the commencement of secondary school to year 10 provide one measure of the equity of outcomes for Indigenous students. Apparent retention rates for all students were commonly 95–100 per cent in 2002, with a national proportion of 98.1 (figure 3.2). High rates are to be expected because normal year level progression means students in year 10 are generally of an age at which schooling is compulsory. Rates for Indigenous students, however, were considerably lower than those for all students in all jurisdictions except Tasmania and the ACT. The national retention rate for Indigenous students was 86.4 per cent, or 11.7 percentage points lower than that for all students.²

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 2002 as a proportion of the number of full time school students enrolled in year 10 in 2000.

Progression to final years of schooling is 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. Apparent retention to year 12 is presented as an indicator of the extent to which students progress to their final year of schooling. It does not reflect factors such as:

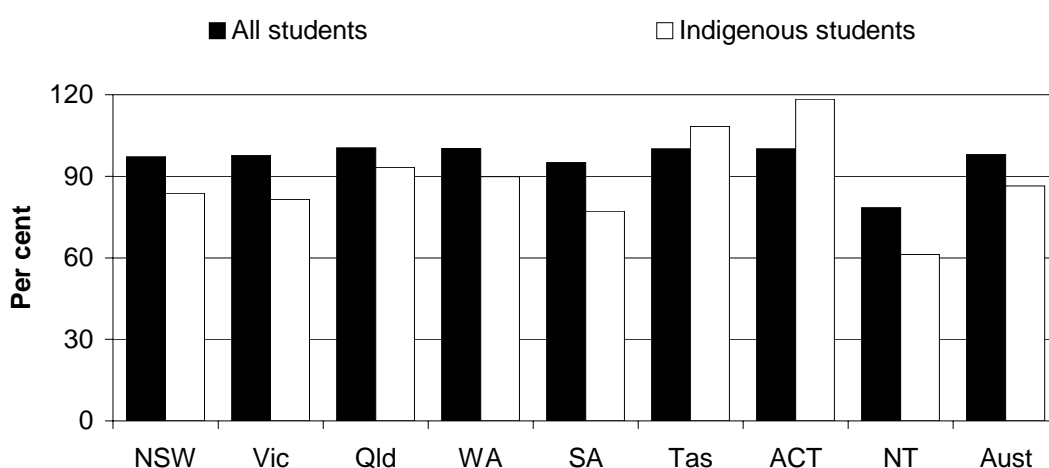
- students repeating a year of education or returning to education after a period of absence and thus being included in the year 10 cohort in 2000 but not in the year 12 cohort in 2002
- differing enrolment policies across jurisdictions (which contribute to different age/grade structures)
- students enrolled in year 12 on a part time basis
- interstate movement of students

² Time series data on apparent retention rates across jurisdictions are reported in the school education attachment tables of this compendium.

- movement between the government school sector and the non-government school sector
- impacts of migration and full fee paying overseas students
- varying enrolment patterns in which students choose to complete their secondary schooling in TAFE institutes.

All these factors can combine to result in a year 12 cohort that is significantly different in composition from the corresponding year 10 cohort.

Figure 3.2 **Apparent rates of retention from year 7 or 8 to year 10, full time secondary students, all schools, 2002^{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. Retention rates can exceed 100 per cent for a variety of reasons, including student transfers between jurisdictions after the base year. ^b The exclusion of part time students from standard apparent retention rate calculations has implications for the interpretation of results for all jurisdictions, but particularly for SA, Tasmania and the NT where there is a high proportion of part time students (table 3.4). ^c Ungraded students are not included in the calculation of apparent retention rates. This exclusion has particular implications for the NT, where around 50 per cent of Indigenous secondary students are ungraded (compared with an average of around 4 per cent for the rest of Australia). As a result, Indigenous apparent retention rates may misrepresent the retention of students in secondary schooling in the NT.

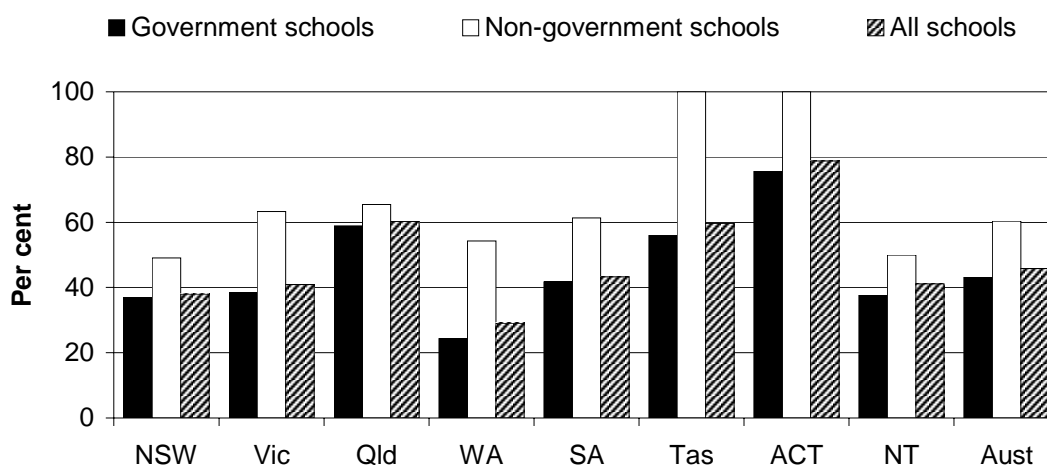
Source: ABS (2003); ROGS 2004, p. 3.21; Table 3A.8.

Apparent rates of retention from year 10 to year 12 in all schools in 2002 ranged from 89.8 per cent in the ACT to 66.2 per cent in the NT. The apparent retention rates for government schools ranged from 101.1 per cent in the ACT to 61.9 per cent in SA (table 3A.9). One reason for the ACT rate exceeding 100 per cent is that a number of non-government schools in the ACT do not enrol students beyond year 10 and students thus need to change schools for years 11 and

12. This set-up has the effect of reducing the retention rate for non-government schools and increasing the retention rate for government schools.

For all schools, apparent rates of retention from year 10 to year 12 for Indigenous students in 2002 ranged from 78.8 per cent in the ACT to 29.0 per cent in WA (figure 3.3). In interpreting this indicator, note that about 10–20 per cent of Indigenous students leave school before year 10 (figure 3.2) so are not included in the base year for retention from year 10 to year 12. Nationally, Indigenous retention from year 10 to year 12 for all schools in 2002 was 45.8 per cent (figure 3.3), or 31.2 percentage points lower than the rate for all students.

Figure 3.3 Apparent rates of retention from year 10 to year 12, Indigenous full time secondary students, 2002^{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 is a high proportion of part time students (see table 3.4, p. 3.8 in the Report on Government Services 2004). ^c Ungraded students are not included in the calculation of apparent retention rates. This exclusion has particular implications for the NT, where around 50 per cent of Indigenous students are ungraded (compared with an average of around 4 per cent for the rest of Australia). As a result, Indigenous apparent retention rates may misrepresent the retention of students in secondary schooling in the NT.

Source: ABS (2003); Department of Education, Science and Training (unpublished); ROGS 2004, p. 3.24; Table 3A.9.

References

ABS (Australian Bureau of Statistics) 2003, *Schools Australia, 2002*, Cat. no. 4221.0, Canberra.

MCEETYA (Ministerial Council on Education, Employment, Training and Youth Affairs) 2003, *National Report on Schooling in Australia, 2001*, Melbourne.

SCRGSP (Steering Committee for the Review of Government Service Provision)
2004, *Report on Government Services 2004*, Productivity Commission,
Canberra.

Chapter 4: Vocational Education and Training

This chapter focuses on the education and training system that delivers employment related skills. The vocational education and training (VET) system 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. It includes publicly and privately funded VET delivered by a wide range of training institutions and enterprises through a number of delivery methods.

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

Indigenous data in the Vocational Education and Training chapter

The vocational education and training chapter in the *Report on Government Services 2004* contains the following data items on Indigenous people:

- VET participation by Indigenous status, 2002.
- The load pass rate for Indigenous students relative to other students, 2002.
- Proportion of Indigenous graduates indicating whether the VET course helped them achieve their main reason for doing the course.

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

Supporting tables

Supporting tables for data within the vocational education and training chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example,

table 4A.3 is table 3 in the vocational education and training attachment to the compendium). As the data are directly sourced from the Report on Government Services 2004, the compendium also notes where the original table, figure or text in the Report on Government Services 2004 can be found. For example, where the compendium refers to 'ROGS 2004, p. 4.15' this is page 15 of chapter 4 and 'ROGS 2004, 4A.2' is attachment table 2 of attachment 4 of the Report on Government Services 2004.

Key performance indicator results

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

Outputs - Equity

A key national goal of the VET system is to increase opportunities and outcomes for disadvantaged groups, including Indigenous people. The VET participation of target equity groups, compared with their representation in the general population, may reflect the effectiveness of current strategies to increase access to VET for disadvantaged groups. Care needs to be taken in interpreting the participation rates presented for Indigenous people, people with a disability and NESB people because (1) the data depend on self-identification at the time of enrolment, and (2) the number of nonresponses (that is, students who did not indicate whether they belong to these groups) varied across jurisdictions.

VET participation by Indigenous status

In 2002, the proportion of VET students who identified as Indigenous ranged from 44.8 per cent in the NT to 0.9 per cent in Victoria (table 4.1).

Table 4.1 VET participation, by Indigenous status, 2002 (per cent)

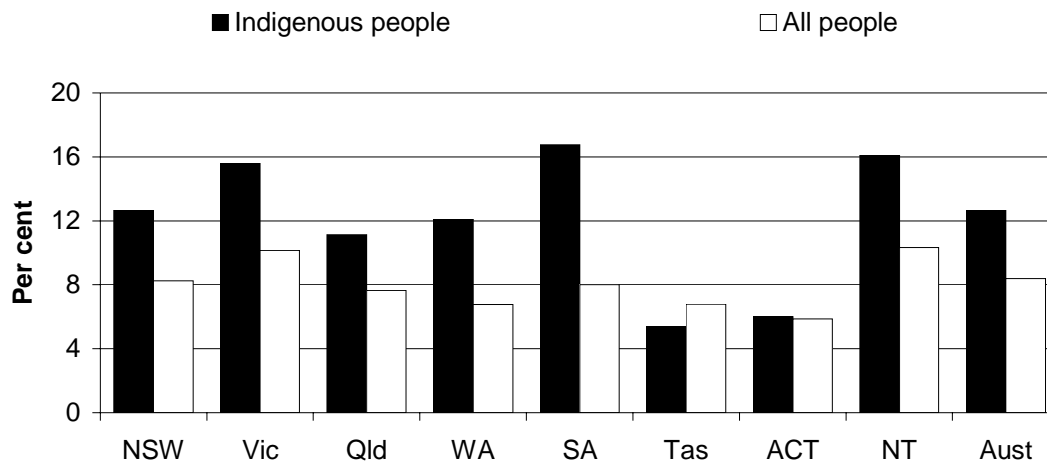
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Students reported as Indigenous	3.1	0.9	4.9	6.1	3.5	2.9	1.2	44.8	3.5
Students reported as non-Indigenous	75.2	77.4	81.5	60.6	80.8	91.0	96.8	51.6	76.5
Indigenous status not reported	21.6	21.7	13.6	33.2	15.7	6.0	2.0	3.6	20.0
Proportion of the Australian population reported as Indigenous ^a	2.1	0.6	3.5	3.5	1.7	3.7	1.2	28.8	2.4

^a The proportion of the Australian population who reported as Indigenous differs from the data in ANTA (2003) because the figures reported here are calculated using Australian Bureau of Statistics (ABS) estimated resident Indigenous population data (see statistical appendix, table A.6).

Source: ANTA (2003); ABS (unpublished); ROGS 2004, p. 4.12; Tables A.2, A.6 and 4A.1.

The all ages VET participation rate was higher for Indigenous people than that for all people in all jurisdictions except Tasmania and the ACT in 2002 (figure 4.1). Nationally, the participation rate for Indigenous people was 12.7 per cent compared with 8.4 per cent for all people.

Figure 4.1 VET participation rates for all ages, by Indigenous status, 2002^{a, b}



^a The Indigenous participation rate is the number of students who reported being Indigenous as a percentage of the total Indigenous population. ^b Care needs to be taken in interpreting these data as the Indigenous population data has a lower age profile than the non-Indigenous population. Participation rates for all ages are likely to differ from participation rates for working age populations.

Source: ANTA (2003); ABS (unpublished); ROGS 2004, p. 4.13; Tables A.2, A.6 and 4A.1.

Load pass rates

Load pass rates report the extent to which students pass assessment in an assessable module or unit of competency. Care needs to be taken in comparing data because

average module durations and competency standards achieved by students vary across jurisdictions. Load pass rates (the ratio of hours attributed to students who passed assessment in an assessable module or unit of competency to all students who were assessed and either passed, failed or withdrew) are provided in this section for Indigenous students and all students. The calculation is based on the nominal hours supervised for each assessable module or unit of competency.

Nationally, the load pass rates for Indigenous students (63.8 per cent) were below the national average (77.3 per cent) in 2002 (table 4.2). The gap between load pass rates for Indigenous students and those for all students was highest in WA (22.6 percentage points) and lowest in the ACT (3.6 percentage points).

Care needs to be taken in making jurisdictional comparisons of load pass rates for Indigenous students given the high non-identification rates for these groups.

Table 4.2 Load pass rates, by target groups, 2002 (per cent)^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT^c</i>	<i>NT</i>	<i>Aust</i>
All people	76.4	77.1	77.8	72.7	87.7	77.5	80.2	71.4	77.3
Target groups									
Female students	76.5	78.0	78.7	72.9	88.6	79.2	82.7	70.0	77.8
Rural area students	75.9	78.5	80.5	74.7	91.7	77.0	na	74.5	78.6
Remote area students	74.7	81.3	82.6	69.3	93.0	78.0	..	69.5	75.6
Students who reported being Indigenous	61.5	64.4	71.9	50.1	74.5	70.7	76.6	62.4	63.8
Students who reported having a disability ^b	68.3	67.5	66.8	62.8	81.9	68.2	75.4	66.0	68.2
Students who reported speaking a language other than English at home	73.3	70.9	67.1	64.9	81.4	76.9	73.2	59.0	71.7

^a For Victoria in 2002, nominal hours supervised have not been recorded for all units of competency; instead, scheduled hours have been used to calculate load pass rates. ^b Disabilities include visual/sight/seeing, hearing, physical, intellectual, chronic illness and other disabilities. ^c For the ACT, the number of students from rural areas is too small to calculate meaningful rates. There are no remote areas in the ACT. **na** Not available. **..** Not applicable.

Source: ANTA (2003); ROGS 2004, p. 4.15; Table 4A.2.

Outcomes

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

The objectives for VET services are to achieve a range of outcomes for students and employers. In 2002, ANTA commissioned the National Centre for Vocational Education Research (NCVER) to undertake the Student Outcomes Survey to ascertain training outcomes for students who completed at least one module of VET

at TAFE institutes or universities in Australia in 2001. The survey targeted students who had graduated with a qualification from a course (graduates) and students who had successfully completed some training below the level of full qualification and who were no longer engaged in training when the survey was undertaken (module completers). Given that the Student Outcomes Survey collects the opinions of a sample of students, the results are only estimates of the opinions of the total student population.

Nationally, 78.2 per cent of graduates, compared with 80.8 per cent of Indigenous graduates, indicated that the VET course helped or partly helped them achieve their main reason for doing the course (table 4A.3).

Justice

Part B: Justice preface

Governments provide justice services to ensure a safe society by enhancing public order and security, and upholding the rule of law. This provision involves crime prevention, detection and investigation, judicial processes and dispute resolution, prisoner and offender management, and rehabilitation services. The focus of the *Report on Government Services 2004* is on the justice services provided by police, court administration and adult corrective services.

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 the reluctance of some justice agencies to ask explicitly for a person's Indigenous status. A number of agencies, however, have recently moved to rectify this situation.

New South Wales and WA continue to collect Indigenous status data based on the ABS standard Indigenous questions. The Queensland Government has been collecting statistics on the level of Indigenous representation in the criminal justice system (based on the ABS standard Indigenous questions) from July 2003, as has the NT. The standard Indigenous questions are the ABS's preferred method of identifying Indigenous clients. They endeavour to facilitate self-identification of Indigenous status. An ABS outposted officer is working with police in Tasmania to develop the capacity to collect this type of data early in 2004.

Western Australian courts, with the introduction of the 'ebrief' system now routinely collect Indigenous status data direct from the police service, resulting in Indigenous data being captured in approximately 80 per cent of all police initiated cases.

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

Another source of Indigenous data is the Australian Institute of Criminology, which produces statistical and analytical reports on the involvement of Indigenous people in the criminal justice system, particularly in relation to deaths in police and corrective services custody.

Chapter 5: Police services

This chapter reports on the performance of police services. These 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 under the 'Policing arrangement between the ACT and Commonwealth governments'. The national policing function of the Australian Federal Police (AFP) and other national non police law enforcement bodies such as the Australian Crime Commission (ACC) are not included in the Report.

Indigenous data

The police chapter in the *Report on Government Services 2004* contains the following data items on Indigenous people:

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

Supporting tables

Supporting tables for data within the police services chapter of the compendium are contained in the attachment to the compendium. 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 to the compendium). As the data are directly sourced from the Report on Government Services 2004, the compendium also notes where the original table, figure or text in the Report on Government Services 2004 can be found. For example, where the compendium refers to 'ROGS 2004, p. 5.15' this is page 15 of chapter 5 and 'ROGS 2004, 5A.2' is attachment table 2 of attachment 5 of the Report on Government Services 2004.

Indigenous staffing

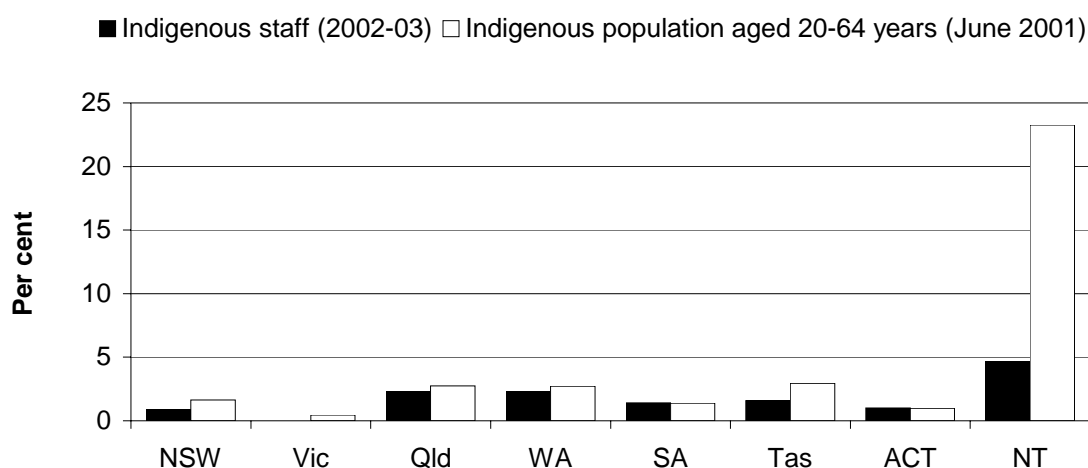
This section focuses on the performance of mainstream services in relation to Indigenous Australians. The process of identifying Indigenous staff members and clients poses challenges, particularly when relying on self-identification. Where Indigenous people are required to identify themselves, then the accuracy of the data will partly depend on how they perceive the advantages (or disadvantages) of identification and whether these perceptions change over time. For the purposes of this chapter, an Indigenous person is one who self-identifies as being Aboriginal or

Torres Strait Islander. All jurisdictions except Victoria could provide information on Indigenous staffing for 2002-03.

A proxy for assessing the level of Indigenous staff representation in police services is to measure Indigenous staff levels as a proportion of the estimated Indigenous working age population (that is, those old enough to be eligible for police employment). This is important, because a significantly larger proportion of the Indigenous population falls within the younger non working age groupings compared with the non-Indigenous population. Readily available ABS population estimates for people aged 20–64 years in 30 June 2001 provide a close proxy for the estimated working population.

Of the jurisdictions that provided data in 2002-03, the NT had the highest proportion of Indigenous police staff (4.7 per cent), while NSW had the lowest proportion (0.9 per cent) (table 5A.1). In most jurisdictions, the proportion of Indigenous police staff was broadly in line with the representation of Indigenous people in the population aged 20–64 years. The exception was the NT, where the representation of Indigenous people in police staff (4.7 per cent) was significantly lower than their representation in the 20–64 year-old population (23.3 per cent) (figure 5.1).

Figure 5.1 Proportion of Indigenous staff (sworn and unsworn) and Indigenous population aged 20–64 years^{a, b, c}



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

Source: State and Territory governments (unpublished); ABS *Population by Age and Sex, Australian States and Territories*, Cat. no. 3201.0, (unpublished); ROGS 2004, p. 5.27; Table 5A.1.

Deaths in police custody and custody-related operations

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

Table 5.1 **Deaths in police custody and custody-related operations^{a, b}**

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

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

Source: Australian Institute of Criminology (AIC), *Deaths in Custody, Australia* (various years); ROGS 2004, p. 5.60; table 5A.2.

References

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

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

Chapter 6: Court administration

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

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

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

Indigenous data in the court administration chapter

The court administration chapter in the *Report on Government Services 2004* contains no data items on Indigenous people.

Chapter 7: Corrective services

In this chapter, corrective services include prison custody (including periodic detention) and a range of community corrections orders and programs for adult offenders (for example, parole and community work orders). The term ‘prisoners’ is used in this chapter to refer to people held in full time custody under the jurisdiction of an adult corrective service agency; the term ‘offenders’ is used to refer to people serving community corrections orders. Both public and privately operated correctional facilities are included; however, the scope of this chapter does not extend to:

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

Indigenous data in the corrective services chapter

The corrective services chapter in the *Report on Government Services 2004* contains the following data items on Indigenous people:

- Indigenous and non-Indigenous imprisonment rates, 2002-03
- Indigenous and non-Indigenous community corrections rates, 2002-03
- Prisoner death rates from apparent unnatural causes, 2002-03.

Supporting tables

Supporting tables for data within the corrective services chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 7A.3 is table 3 in the corrective services attachment to the compendium). As the data are directly sourced from the Report on Government Services 2004, the compendium also notes where the original table, figure or text in the Report on Government Services 2004 can be found. For example, where the compendium refers to ‘ROGS 2004, p. 7.15’ this is page 15 of chapter 7 and ‘ROGS 2004, 7A.2’ is attachment table 2 of attachment 7 of the Report on Government Services 2004.

Prison custody

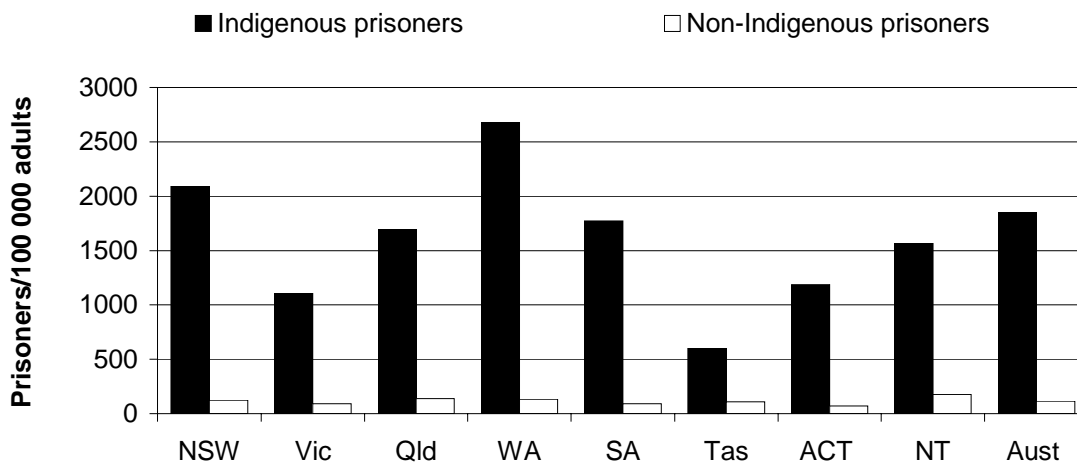
On average, 22 232 people per day (excluding periodic detainees) were held in Australian prisons during 2002-03 — 20 725 males and 1507 females (93.2 per cent and 6.8 per cent of the prison population respectively). This daily average was an increase of 2.6 per cent over the average daily number reported in the previous year (SCRCSSP 2003). Nationally, the daily average number of Indigenous prisoners was 4600 (compared with 4239 in 2001-02) — 20.7 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 includes people at or over the minimum age at which sentencing to adult custody can occur in each jurisdiction (17 years old in Victoria and Queensland and 18 years old in all other jurisdictions for the reporting period).

The national imprisonment rate per 100 000 Indigenous adults was 1850.5 in 2002-03 compared with a rate of 115.4 for non-Indigenous prisoners per 100 000 non-Indigenous adults (figure 7.1). WA reported the highest rate of Indigenous imprisonment per 100 000 adults (2678.4) and Tasmania reported the lowest (600.8). The NT reported the highest non-Indigenous imprisonment rate per 100 000 adults (177.7) and the ACT reported the lowest (70.2) in 2002-03 (figure 7.1). These comparisons need to be interpreted with care, especially for States and Territories with low Indigenous populations, where small changes in prisoner numbers can cause variations in rates that do not accurately represent either real trends over time or consistent differences from other jurisdictions.

While imprisonment rates for Indigenous people are far higher than those for non-Indigenous people, the majority of prisoners are non-Indigenous. Nationally, 77.1 per cent of prisoners were non-Indigenous in 2002-03 (table 7A.1).

Figure 7.1 **Indigenous and non-Indigenous imprisonment rates, 2002-03^{a, b, c, d}**



^a Based on the daily average prisoner population numbers supplied by States and Territories, calculated against adult Indigenous and non-Indigenous population estimates (ABS figures supplied by the National Centre for Crime and Justice Statistics). ^b ACT rates include ACT prisoners held in the ACT and in NSW prisons. NSW rates exclude ACT prisoners held in NSW prisons. ^c Excludes prisoners reported as being of unknown Indigenous status. ^d Queensland was unable to report unknown Indigenous status separately and included prisoners of unknown Indigenous status as non-Indigenous prisoners.

Source: State and Territory governments (unpublished); ; ROGS 2004, p. 7.6; Table 7A.3.

Community corrections

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

Community corrections include court imposed non-custodial sentences that are administered by corrective services. These sentences may include suspended sentences, court imposed home detention, community service orders, probation, intensive supervision orders and recognisance. In most States and Territories, fine default orders are administered by community corrections, as is bail supervision in some jurisdictions. All jurisdictions have reparation and supervision orders. Restricted movement orders were available in all jurisdictions except Victoria and

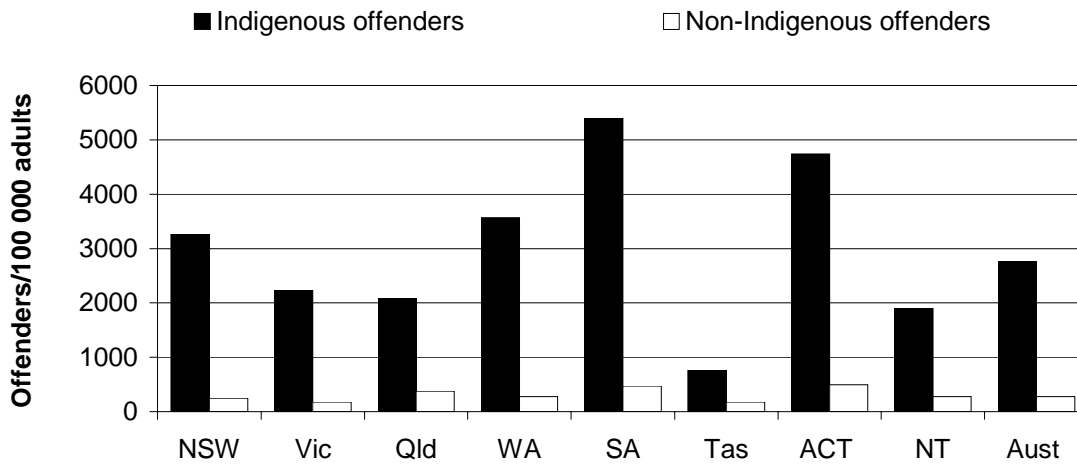
Tasmania in 2002-03. Community corrections also include post-custodial programs (for example, parole, release on licence, pre-release orders and some forms of home detention), under which prisoners released into the community continue to be subject to corrective services supervision.

A daily average of 51 929 offenders were serving community corrections orders across Australia in 2002-03 — a decrease of 0.7 per cent from the previous year's average (SCRCSSP 2003). This daily average comprised 42 329 males (81.5 per cent), 9225 females (17.8 per cent) and 375 offenders whose gender was reported as unknown. The daily average comprised 6871 Indigenous offenders (13.2 per cent of the total community correction population), 40 893 non-Indigenous offenders (78.7 per cent) and 4165 persons whose Indigenous status was unknown (table 7A.2).

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

For Indigenous offenders, the national rate was 2764.1 per 100 000 Indigenous adults compared with 275.3 for non-Indigenous offenders (figure 7.2). South Australia reported the highest rate of Indigenous offenders per 100 000 Indigenous adults in 2002-03 (5398.1) and Tasmania reported the lowest (766.5). The ACT reported the highest rate of non-Indigenous offenders per 100 000 non-Indigenous adults (497.5) and Victoria reported the lowest rate (173.7) in 2002-03 (figure 7.2). As in the case of imprisonment rates, these comparisons need to be interpreted with care, especially for those jurisdictions with low Indigenous populations, where small changes in offender numbers can cause variations in rates that do not accurately represent either real trends over time or consistent differences from other jurisdictions.

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



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

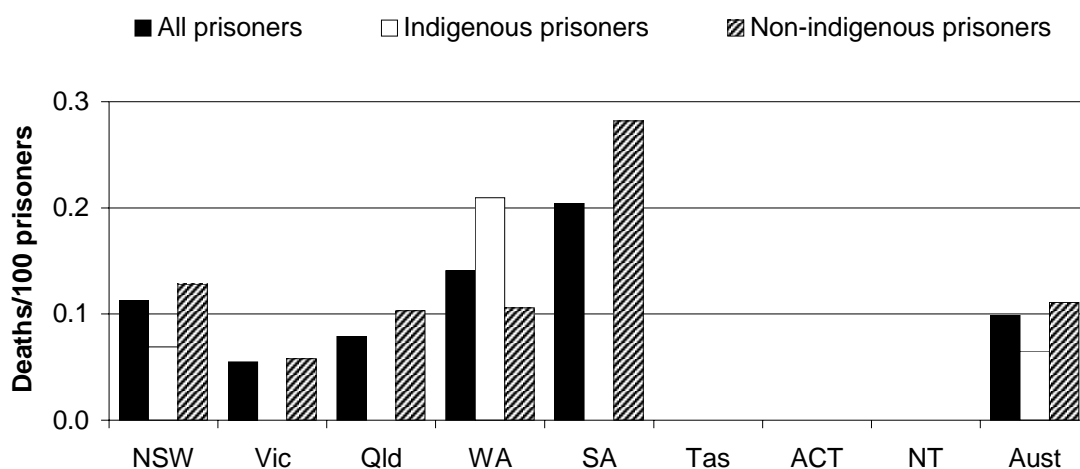
Source: State and Territory governments (unpublished); ROGS 2004, p. 7.9; Table 7A.3.

Custody — apparent unnatural deaths

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

In 2002-03, the rate of death from apparent unnatural causes for all prisoners ranged from 0.20 per 100 prisoners in SA to zero in Tasmania, the ACT and the NT (figure 7.3). For Indigenous prisoners, WA reported the highest rate of death from apparent unnatural causes (0.21 — two deaths) and Victoria, Queensland, SA, Tasmania, the ACT and the NT reported the lowest (zero) (figure 7.3). Neither of the two jurisdictions operating periodic detention reported deaths of periodic detainees in 2002-03 (table 7A. 4).

Figure 7.3 Prisoner death rates from apparent unnatural causes, 2002-03^a



^a Indigenous death rates from apparent unnatural causes represent one death in NSW and two deaths in WA in 2002-03.

Source: State and Territory governments (unpublished); ROGS 2004, p. 7.15; Table 7A. 4.

The national rate of death by apparent unnatural causes for all prisoners declined from 0.22 in 1998-99 to 0.10 in 2002-03 (figure 7.4). Rates fell for both Indigenous and non-Indigenous prisoners (table 7A.5).

Jurisdictional data

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

References

SCRCSSP (Steering Committee for the Review of Commonwealth/State Service Provision) 2003, *Report on Government Services 2003*, Productivity Commission, Canberra.

Chapter 8: Emergency Management

Emergency management aims to reduce the level of risk to the community of emergencies occurring, reduce the adverse effects of emergencies, and improve the level and perception of safety in the community. The emergency management chapter reports on selected activities of State and Territory government fire services, ambulance services (with ambulance defined as pre-hospital care, treatment and transport services) and emergency rescue services. The chapter does not report on the total range of State and Territory emergency services.

Indigenous data in the emergency management chapter

There were no data items on Indigenous people contained in this chapter in the *Report on Government Services 2004*.

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

References

- SCRCSSP (Steering Committee for the Review of Commonwealth/State Service Provision) 2002, *Report on Government Services 2002*, Productivity Commission, Canberra.
- 2003, *Report on Government Services 2003*, Productivity Commission, Canberra.

Health

Part C: Health preface

Health care 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. More broadly defined, the health system includes a range of activities that raise awareness of health issues, thereby reducing the risk and onset of illness and injury (box HP.1).

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

Estimates of government expenditure on health care provision commonly include (by definition) high level residential aged care services. These services are not covered in the health chapters in this Report, but are reported separately in chapter 12 (on aged care services). Patient transport services are also included in estimates of government health expenditure. Ambulance services (defined as pre-hospital care, treatment and transport services) are reported in chapter 8 (on emergency management).

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

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

A range of government services — such as education, public housing, sanitation and water supply — also influence health outcomes. These are not formally part of Australia's health system and are not the subject of the health chapters. Education

(see chapters 3 and 4) and public housing (see 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 community at large. It is a priority of the Review to improve reporting on the performance of government provided health care services for Indigenous people and residents in non-metropolitan regions of Australia.

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

Primary health care: Services that:

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

Public health: an organised social response to protect and promote health and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing medical interventions, is the population as a whole or population 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. However, charges to non-admitted patients and admitted patients on discharge may be levied in accordance with the AHCAs (for example, charges for aids and appliances).

Source: ROGS 2004, p. E.3.

Indigenous data in the Health preface

The health preface in the *Report on Government Services 2004* contains the following information on Indigenous people:

- An overview of Indigenous health, including information on government policy and programs, expenditure and data quality
- Expenditure on health services for Indigenous people, 1998-99
- Mortality rates (including infants), 1999–2001
- Principal causes of death, 2001
- Life expectancy at birth and median age at death, 1999-2001
- Birthweight of babies, 2000

Supporting tables

Supporting tables for data within the health preface of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by a 'HPA' suffix (for example, table HPA.3 is table 3 in the health preface attachment to the compendium). As the data are directly sourced from the Report on Government Services 2004, the compendium also notes where the original table, figure or text in the Report on Government Services 2004 can be found. For example, where the compendium refers to 'ROGS 2004, p. 9.15' this is page 15 of chapter 9 and 'ROGS 2004, 9A.2' is attachment table 2 of attachment 9 of the Report on Government Services 2004.

Overview of Indigenous health

The Steering Committee has placed a high priority on reporting on services to Indigenous people. Accordingly, 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 in the interpretation of these data and provide a broader understanding of Indigenous health.

Indigenous people are more likely to experience disability and reduced quality of life due to ill health, and to die at younger ages than other Australians do (NHIMG 2003). These patterns are reflected in the data on mortality, life expectancy and low birthweight babies (later in this preface); hospitalisation for diabetes, assault and infectious pneumonia (see chapter 9); and suicide (see

chapter 11). Other publications, such as *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (ABS/AIHW 2003), include more comprehensive data on the health status of Indigenous people.

Mortality rates for Indigenous Australians are also higher than those for Indigenous people in New Zealand and the United States (Ring and Firman 2000). In recent decades the mortality rates for Indigenous populations in these countries have declined to levels well below the rates for Indigenous Australians.

Many interrelated factors contribute to the health status of Indigenous people being generally poorer than other Australians, including:

- relatively low education, employment and income levels
- relatively high rates for risk factors such as obesity, smoking, harmful alcohol use and violence
- geographic, language, cultural and financial barriers to accessing health services, particularly primary health services
- inadequate housing, water supply, sewerage and other health related infrastructure.

The determinants of health for Indigenous people also vary across regions and between urban, rural and remote areas (ABS/AIHW 2003). The extent to which differences between jurisdictions in reported health outcomes can be attributed to the performance of government provided health services alone is limited due to the complexity of determinants of health and the data quality problems discussed below. The Steering Committee publication *Overcoming Indigenous Disadvantage: Key Indicators 2003* (SCRGSP 2003), shows some of the multiple contributors (and their complex cross-links) to outcomes for Indigenous people.

Government policy and programs

The majority of government expenditure on Indigenous health is through mainstream health programs (AIHW 2001). In addition, the Australian, State and Territory governments fund Indigenous specific health programs and undertake coordination and research activities. Following the transfer of responsibility from the Aboriginal and Torres Strait Islander Commission (ATSIC) in 1995, the Australian Government Department of Health and Ageing has adopted a leadership role in Indigenous health. Most Australian Government expenditure on Indigenous specific health programs is directed to ACCHSs. State and Territory governments fund a range of community and public health programs that specifically target Indigenous people. More information on these services is included in chapter 10 (on primary and community health).

Agreements on Aboriginal and Torres Strait Islander Health (framework agreements) have been established in each State and Territory to promote a partnership approach. Partners to these agreements are the Australian, State and Territory governments, ATSIC and the community sector. The agreements 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 data collection and evaluation.

At the national level, under the framework agreements, the National Aboriginal and Torres Strait Islander Health Council was established to provide 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 new framework builds on the 1989 National Aboriginal Health Strategy and outlines agreed principles and the following nine key result areas that all jurisdictions and the community controlled sector are committed to achieving cooperatively over the next 10 years:

- *community controlled primary health care*: building community capacity so individuals and communities can better address their own health needs
- *health system delivery framework*: focusing on improving the responsiveness of mainstream services to Indigenous health needs, and forging stronger partnerships between mainstream and Indigenous specific services
- *a competent health workforce*: aiming to improve the training, recruitment and retention of appropriately skilled health professionals in both mainstream and Indigenous specific services
- *emotional and social wellbeing*: focusing on mental health, suicide, family violence, substance misuse and male health
- *environmental health*: delivering safe housing, water, sewerage and waste disposal
- *wider strategies that impact on health*: requiring the involvement of portfolios outside the health sector, such as action in the areas of education, employment and transport
- *data, research and evidence*: improving information on health service effectiveness in meeting the needs of Indigenous Australians

-
- *resources and finance*: providing resources for Indigenous health commensurate with need, the cost of delivering services and community capacity to deliver health outcomes
 - *accountability*: being accountable to communities and governments for the delivery and effectiveness of health services.

Expenditure

The most recent estimates of health services expenditure for Indigenous people are for 1998-99 (AIHW 2001). Expenditure on primary care (including Medicare and the PBS) included in these estimates was based on survey data, with identification of Indigenous status acknowledged as being incomplete. The 2002 and 2003 Reports covered these estimates, so only key points are repeated here.

- Total recurrent expenditure on health services for Indigenous people was around \$1.2 billion in 1998-99.³ This total was equivalent to \$3065 per Indigenous person, compared with \$2518 per non-Indigenous person — a ratio of 1.22:1 (table E.1). This ratio is low, considering the much lower health status of Indigenous Australians and the higher costs of service delivery in remote areas.
- Expenditure per person on Medicare and the PBS in 1998-99 was much lower for Indigenous people — around 39 per cent of that for non-Indigenous people (AIHW 2001) (table HP.1).
- Indigenous Australians are using secondary/tertiary care at a higher rate than they are using primary health care.
- Public expenditure on the health of Indigenous people in 1998-99 appears to have been similar to that on the health of non-Indigenous people in low income groups (when their relative income position is taken into account) (AIHW 2001). Indigenous people, however, have generally lower health status than that of non-Indigenous people in low income groups.
- Indigenous people were much higher users of publicly provided health services in 1998-99, on average but used fewer privately provided services (such as doctors in private practice). Governments funded 90.8 per cent of Indigenous recurrent health costs, compared with 67.5 per cent of the recurrent health care costs of non-Indigenous Australians (table HP.1).
- Expenditure on Indigenous people in public hospitals in 1998-99 was twice as much per person as expenditure for non-Indigenous people. In community and

³ The Report examines recurrent expenditure only. Capital costs are not included in expenditure estimates.

public health services it was more than five times as much per person, (table HP.2).

In light of the key role that preventative and primary health services play in maintaining health, the apparent low rate of expenditure on these services for Indigenous people is perhaps the most important message from the expenditure data.

Table HP.1 Estimated recurrent expenditure per person, by source of funds and Indigenous status, 1998-99^a

Source of funds	Indigenous		Non-Indigenous		Indigenous/ non-Indigenous
	\$/person	%	\$/person	%	ratio
State government funding of State government programs	1 376	44.9	484	19.2	2.84
Australian Government funding	1 393	45.5	1 206	47.9	1.15
Indigenous specific	298	9.7	1	–	..
Medicare/PBS	196	6.4	506	20.1	0.39
Other Australian Government programs	163	5.3	366	14.5	0.45
Payments to States	735	24.0	334	13.2	2.20
Local government funding	15	0.5	9	0.4	1.67
Total government	2 783	90.8	1 700	67.5	1.64
Total private^b	281	9.2	819	32.5	0.34
Total health expenditure	3 065	100.0	2 518	100.0	1.22

^a Totals may not add as a result of rounding. ^b Private funding includes funding from out-of-pocket payments by patients, health insurance funding and other funding sources such as workers compensation. – Nil or rounded to zero. .. Not applicable.

Source: AIHW (2001); ROGS 2004, p. E.14.

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 some recent improvements, however, limited data are available on Indigenous health and there are significant quality issues with most of the data that are available.

Table HP.2 Estimated recurrent expenditure per person, by program and Indigenous status, 1998-99^a

	<i>Indigenous \$/person</i>	<i>Non-Indigenous \$/person</i>	<i>Indigenous/ non-Indigenous ratio</i>
Expenditure through Australian, State and Territory government programs			
Acute care institutions			
Admitted patient services	1 125	558	2.02
Non-admitted patient services	307	139	2.21
Mental health institutions	64	25	2.53
<i>Public hospitals</i>	<i>1 496</i>	<i>722</i>	<i>2.07</i>
High care residential aged care	99	209	0.47
Community and public health	874	170	5.14
Patient transport	106	31	3.39
Medicare and other medical ^b	179	468	0.38
PBS medicines ^c	61	195	0.31
Administration and research	101	72	1.40
Total government program expenditure	2 917	1 868	1.56
Expenditures on private sector services			
Private hospitals	25	222	0.11
Dental and other professional	42	213	0.20
Non-PBS medicines and appliances	66	144	0.46
Medical (compensable etc)	11	37	0.30
Administration	5	34	0.14
Total private sector services expenditure	148	650	0.23
Total health expenditure	3 065	2 518	1.22

^a Totals may not add as a result of rounding. ^b Includes Medicare optometrical and dental as well as medical services, and includes MBS payments through patient co-payments, and through the Department of Veterans' Affairs. ^c Includes PBS payments through patient co-payments and through the Department of Veterans' Affairs.

Source: AIHW (2001); ROGS 2004, p. E.15.

Some of the following problems are associated with Indigenous health data (ABS/AIHW 2003):

- Estimates of the Indigenous population are affected by variations in the propensity of people to identify as Indigenous and by incomplete identification of Indigenous status in the births and deaths data used in estimating population changes between Census years.
- Indigenous people are not always accurately or consistently identified in administrative collections (such as hospital records, and birth and death registrations) due to variations in definitions, different data collection methods and failure to record Indigenous status.

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- Various health related surveys include an Indigenous identifier but do not necessarily provide reliable data on Indigenous people due to their sample size or survey design (although considerable improvement has been made in this area in recent years).

In some cases, agencies such as the Australian Bureau of Statistics (ABS) or the AIHW have identified jurisdictions with acceptable data quality for particular collections. These judgments have informed the presentation of Indigenous health data in this Report.

Selected indicators of health outcomes

It is difficult to isolate the effect of health care services on the general health of the population. Socioeconomic factors (such as ethnicity, 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. Data on health outcomes presented in this Report include self-assessed health status, mortality rates (for infants and all people), leading causes of death, life expectancy and the birthweight of babies. As discussed elsewhere, reporting data for Indigenous people is a priority for the Review. Where possible, data are presented for Indigenous people as well as the Australian population as a whole.

The efforts of governments to address health care needs are influenced by factors external to their control, including geographic dispersion, age profiles, racial characteristics and socioeconomic status. It is important to remember the limits of the data presented, due to the effects of other non-health related factors.

Mortality rates

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

Data on Indigenous mortality are collected through State and Territory death registrations. Although these data collections have good data for the total Australian population, the accuracy of the identification of Indigenous Australians varies significantly across States and Territories. The term ‘coverage’ refers to the number of Indigenous deaths registered as a percentage of the number of deaths expected based on Census population data. The NT, SA, WA and, more recently, Queensland

are generally considered to have the best coverage of death registrations for Indigenous people. In 2001, the estimated coverage ranged from 85 per cent in the NT to 22 per cent in Tasmania, with 55 per cent coverage Australia-wide (based on 1996 low series population projections).

Limitations to identification in the Census and births data also affect the reliability of Indigenous mortality data. The number of Indigenous deaths (or births) can be underestimated; by extension, the mortality (or birth) rate of Indigenous people can also be underestimated (ABS 2002b). The ABS now makes available Indigenous mortality data for all jurisdictions except Tasmania and the ACT. Due to the relatively small number of Indigenous deaths and the consequent volatility in annual mortality rates, the data in table E.4 are presented for a three year period. To improve comparability, indirect age standardisation methods have been used for both the Indigenous and total population rates. With above caveats concerning coverage in mind, the mortality rate for Indigenous people in 1999–2001 was more than twice that for all people in all jurisdictions for which data are available (table HP.3).

Table HP.3 Mortality per 1000 people, age standardised for all causes, 1999–2001^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust^b</i>
Total population	6.8	6.7	6.9	6.6	6.8	na	na	11.9	6.8
Indigenous ^{c, d, e}	14.4	14.9	17.2	21.6	19.5	na	na	27.4	18.5

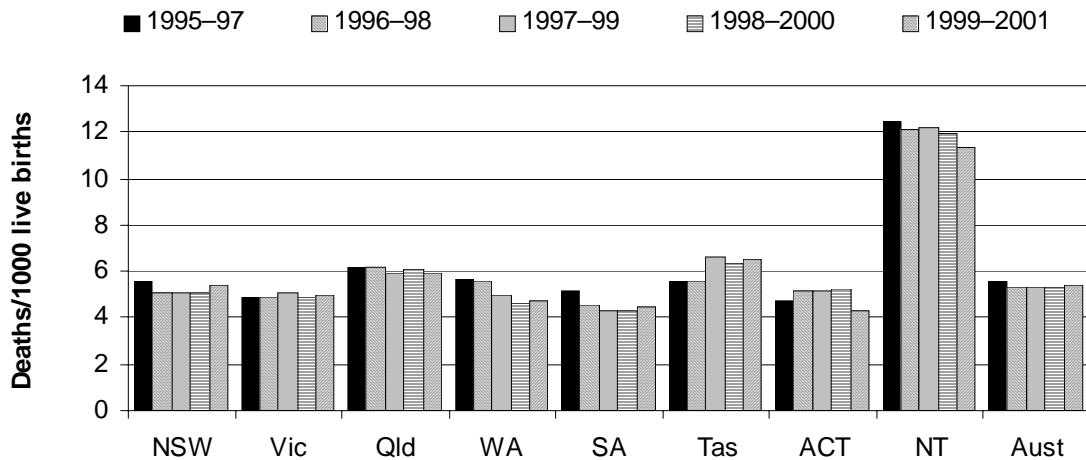
^a Calculated using indirect methods of age standardisation. ^b Based on NSW, Victoria, Queensland, WA, SA and the NT. ^c Uses age specific death rates for the total population as the standard and the low series of the projected Indigenous populations. ^d Based on registered deaths with no adjustment for undercoverage of Indigenous death registrations. ^e The accuracy of Indigenous mortality data is variable. ABS assessments indicate that the coverage of death registrations for Indigenous people in Queensland, WA, SA and the NT is higher than that for other jurisdictions. Estimated coverage of Indigenous deaths based on the ABS 1996 Census (per cent): NSW 45, Victoria 41, Queensland 56, WA 62, SA 59, Tasmania 22 and the NT 85. **na** Not available.

Source: ABS (unpublished); ROGS 2004, p. E.21.

The infant mortality rates shown in figure HP.1 have been averaged over three years to reduce the volatility inherent in the annual rates. Infant mortality rates⁴ in Australia declined from 6.3 per 1000 live births in 1992–94 to 5.4 per 1000 live births in 1999–2001, although the rate has been relatively static in recent years (table EA.6). Infant mortality rates in 1999–2001 were highest in the NT (11.4 per 1000 live births) and lowest in the ACT (4.3 per 1000 live births) (figure HP.1).

⁴ The number of deaths of children under 1 year of age in a calendar year per 1000 live births in the same year.

Figure HP.1 Infant mortality rate, three year average



Source: ABS (2002b); ROGS 2003, p. E.21; Table HPA.1.

Three year average infant mortality rates for Indigenous Australians are reported for NSW, Queensland, WA and the NT in this year's Report. The accuracy of Indigenous mortality data is variable due to varying rates of coverage across jurisdictions and over time, and to changes in the estimated Indigenous population caused by changing rates of identification in the Census and births data. In all jurisdictions for which data are reported, the Indigenous infant mortality rate was more than twice as high as the national average for all Australians in 1999-2001 (table HPA.1).

Principal causes of death

The leading causes of death for Indigenous people in 2001 are presented in table HP.4. (The equivalent results for all Australians are in attachment table HPA.2.) External causes⁵ of death made up a higher proportion of deaths for Indigenous people (20.0 per cent for males and 11.7 per cent for females) than for all Australians (8.1 per cent for males and 3.9 per cent for females). Similarly, diabetes mellitus contributed to 5.3 per cent (males) and 9.9 per cent (females) of Indigenous deaths compared to 2.5 per cent (males) and 2.3 per cent (females) of total deaths (table HP.4). Malignant neoplasms (cancers) accounted for a smaller proportion of Indigenous deaths (13.4 per cent for males and 19.6 per cent for females) than for all Australians (31.1 per cent for males and 25.9 per cent for females) (tables HPA.2 and HPA.3 of the 2004 Report on Government Services).

⁵ 'External causes' includes transport accidents, suicide, assault and all other external causes of mortality.

Some of the difference in the proportions of deaths for particular causes is due to differences in the age profiles of the Indigenous and total Australian populations.

Table HP.4 Principal causes of deaths for Indigenous people, 2001 (per cent)^{a, b}

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Male									
External causes ^c	15.9	24.1	20.2	20.5	31.1	na	na	20.1	20.0
Suicide	4.7	na	10.4	na	6.8	na	na	na	6.8
Transport accidents	3.6	na	na	6.2	na	na	na	5.4	4.8
Assault	1.8	na	na	na	na	na	na	2.7	2.1
Heart disease ^d	26.8	24.1	20.9	14.3	13.5	na	na	13.9	19.5
Diabetes mellitus	3.3	na	5.5	7.1	6.8	na	na	5.4	5.3
Female									
External causes ^c	10.2	12.8	9.6	11.9	9.9	na	na	15.3	11.7
Suicide	2.4	na	3.3	na	3.7	na	na	na	2.6
Transport accidents	2.0	na	na	4.8	na	na	na	5.9	2.7
Assault	1.5	na	na	na	na	na	na	5.9	2.5
Heart disease ^d	21.5	15.4	14.6	8.7	9.9	na	na	10.0	14.7
Diabetes mellitus	4.4	na	9.6	16.7	6.2	na	na	14.1	9.9

^a The accuracy of Indigenous mortality data is variable. ABS assessments indicate that the coverage of death registrations for Indigenous people in Queensland, WA, SA and the NT is higher than that for other jurisdictions. Estimated coverage of Indigenous deaths based on the 1996 Census (per cent): NSW 45, Victoria 41, Queensland 56, WA 62, SA 59, Tasmania 22 and the NT 85. ^b Numbers of Indigenous deaths from some causes in some jurisdictions are very small and a small change in the number of deaths for one cause may result in a large change in percentage terms. ^c Includes transport accidents, intentional self-harm, assault and all other external causes of mortality. ^d Ischaemic heart disease. **na** Not available.

Source: ABS (2002c); ROG 2004, p. E.24; Table HPA.3.

Life expectancy

The life expectancy of Australians has improved dramatically since Federation. The average life expectancy at birth in the period 1901–10 was 55.2 years for males and 58.8 years for females. It then rose steadily until it reached 77.0 years for males and 82.4 for females in 1999–2001 (table HPA.4).

Indigenous Australians had considerably lower life expectancies than those of non-Indigenous Australians for all years reported. The ABS has published experimental estimates of life expectancy for Indigenous Australians for a number of years. Based on estimates for 1999–2001, the life expectancies at birth of Indigenous Australians were 56.3 years for males and 62.8 years for females.

Indigenous life expectancies are 20.7 years less for males and 19.6 years less for females than the average life expectancies for all Australians (table HPA.4). Care needs to be taken when interpreting these figures because they are only estimates and are affected by underreporting of Indigenous deaths.

The method of calculating Indigenous life expectancy estimates has been updated; new estimates are available from the ABS but were not released in time for inclusion in this Report. In updating the estimates of both Indigenous life expectancy and the coverage of Indigenous deaths registrations, the ABS has accounted for the 2001 Census based population estimates and registered deaths since 1996.

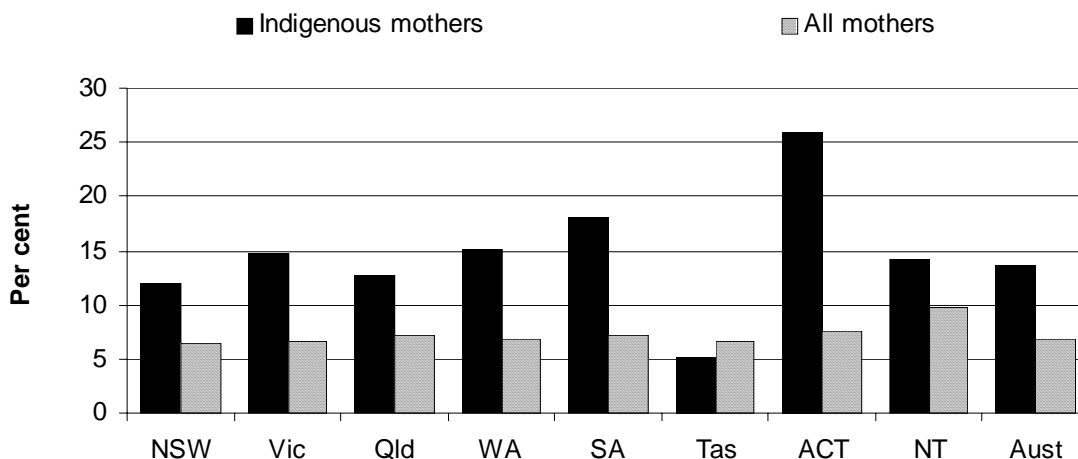
The median age at death is an alternative measure of longevity. This measure is less affected by underreporting of Indigenous deaths, although comparisons of the median age at death for Indigenous and non-Indigenous people are affected by the different age structures of these populations. In 2001, the median age at death was 75.5 years for males and 81.8 years for females for all Australians, and 52.0 years for males and 57.6 years for females for Indigenous Australians (table HPA.5). The median age at death for male Indigenous Australians was highest in NSW (56.3 years) and lowest in the NT (45.1 years). For female Indigenous Australians it was highest in Victoria (63.8 years) and lowest in the NT (52.8 years) (table HPA.5).

Birthweight of babies

The birthweights of babies born to all mothers and to Indigenous mothers are included as part of the Steering Committee's focus on improving reporting on the Indigenous population. It is an important indicator of the health and life expectancy of Indigenous people compared with the population generally.

The birthweight of a baby is an important indicator of its health status and future wellbeing. The most recent data available for birthweights of babies are for 2000 (AIHW NPSU 2003). The mean birthweight of babies born to Indigenous mothers nationally was 3166 grams in 2000 (table HPA.6), compared with 3364 grams for babies born to all mothers (table HPA.7). The percentage of babies weighing less than 2500 grams born to Indigenous mothers nationally was 13.6 per cent in 2000, compared with 6.8 per cent for babies born to all mothers. For babies born to Indigenous mothers, the percentage ranged from 25.9 per cent in the ACT to 5.2 per cent in Tasmania; for babies born to all mothers, it ranged from 9.8 per cent in the NT to 6.4 per cent in NSW (figure HP.2). The data are only for babies born to Indigenous mothers and do not include babies with Indigenous fathers and non-Indigenous mothers.

Figure HP.2 **Proportion of babies with birthweights under 2500 grams, 2000^{a, b}**



^a Data are for babies born to Indigenous mothers only. Babies with Indigenous fathers and non-Indigenous mothers are not included. ^b The ACT data for births to Indigenous mothers may vary from year to year due to small numbers. In 2000, most of the low birth weight babies born to Indigenous mothers in the ACT were to women from NSW, so the proportion of such births does not reflect the health status of resident Indigenous mothers and their babies.

Source: AIHW NPSU (2003); tables HPA.6 and HPA.7.

Future directions

Improving reporting on Indigenous health is a common priority across all of the health chapters. Performance indicators for use of health services by Indigenous Australians were first published in the 2000 Report. Improvements have since been made where possible. During 2003, the Steering Committee developed a strategy for reporting on Indigenous health. Some elements of the strategy have been incorporated in the 2004 Report, such as the Indigenous health overview included in this preface. Other elements of the strategy that will be developed for future reports include:

- focussing on priority areas such as primary and community health, diabetes, substance use and mental health
- developing time series reporting
- investigating reporting on environmental health across the Review, with a view to addressing gaps in reporting within the health chapters
- considering the outcomes of the Australian Health Ministers' Advisory Council Standing Committee on Aboriginal and Torres Strait Islander Health review of national performance indicators for Aboriginal and Torres Strait Islander health, with a view to adopting new indicators for this Report

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- continuing to report on expenditure on health services for Indigenous people, if possible by including AIHW data for 2001-02 in the 2005 Report.

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Chapter 9: Public hospitals

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

- acute care services to admitted patients
- sub-acute and non-acute services to admitted patients (for example, rehabilitation or palliative care, or long stay maintenance care)
- emergency, outpatient and other services to non-admitted patients⁶
- 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 reports on the performance of State and Territory public hospitals, and focuses on acute care services provided to admitted patients and emergency services provided to non-admitted patients in public hospitals. These services comprise the bulk of public hospital activity and, in the case of acute care services to admitted patients, have the most reliable data available. It also reports separately on a significant component of the services provided by public hospitals — maternity services. Some data in the chapter include sub-acute and non-acute care services where they cannot yet be separately identified from acute care. In some instances, stand-alone psychiatric hospitals are also included, although their role is diminishing in accordance with the National Mental Health Strategy. The performance of psychiatric hospitals and psychiatric units of public hospitals is examined more closely in the Health management chapter (chapter 11). Some common health terms relating to hospitals are defined in box 9.1.

⁶ Other services to non-admitted patients include community health services such as baby clinics and immunisation units, district nursing services and other outreach services. Definitions are provided in (AIHW 2001a).

Box 9.1 **Some common terms relating to hospitals**

Patients

Admitted patient: a patient who has formally undergone an 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 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.

Ambulatory services: services provided by hospitals to non-admitted patients.

Sub-acute and non-acute care: clinical services provided to patients suffering from chronic illnesses or recovering from such illnesses. They 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 to be non-acute.

Hospital outputs

Separation: the discharge, transfer, death or change of episode of care of an admitted patient. For measuring a hospital's activity, separations are used in preference to admissions because diagnoses and procedures can be more accurately recorded at the end of a patient's stay and patients may undergo more than one separation from the time of admission. Admitted patients who receive same day procedures (for example, renal dialysis) are recorded 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 occasions of service: clinical services provided by hospitals to non-admitted patients. Services may include emergency department visits, outpatient services (such as pathology, radiology and imaging, and allied health services, including speech therapy and family planning) and other services to non-admitted patients. Hospital non-admitted occasions of service are not yet recorded consistently across States and Territories, and relative differences in the complexity of services provided are not yet documented.

Other common health terms

Co-morbidity: the simultaneous occurrence of two or more diseases or health problems that affect the care of the patient.

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

ICD-10-AM (the Australian modification of the International Standard Classification of Diseases and Related Health Problems): a classification of diseases and injuries replacing the earlier ICD-9-CM (Australian version of the International Classification of Diseases, revision 9, clinical modification).

Source: AIHW (2001a); DHAC (1998); NCCH (1998).

Indigenous data in the public hospitals chapter

The public hospitals chapter in the *Report on Government Services 2004* contains the following data items on Indigenous people:

- Indigenous separations in public and private hospitals, 2001-02
- Indigenous and non-Indigenous separation rates, public hospitals, 2001-02
- Indigenous Standardised Hospital Separation Ratios for selected conditions, by gender, 2001-02
- discussion of differences in admitted patient expenditures between Indigenous and non-Indigenous people.

Supporting tables

Supporting tables for data within the public hospitals chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 9A.3 is

table 3 in the public hospitals attachment to the compendium). As the data are directly sourced from the Report on Government Services 2004, the compendium also notes where the original table, figure or text in the Report on Government Services 2004 can be found. For example, where the compendium refers to 'ROGS 2004, p. 9.15' this is page 15 of chapter 9 and 'ROGS 2004, 9A.2' is attachment table 2 of attachment 9 of the Report on Government Services 2004.

Equity — Separation rates by target group

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

Without appropriate access to hospital services, the consequences of any injury or illness are more likely to be either permanent disability or premature death for a patient. Equity of access has been measured using data on Indigenous and non-Indigenous separations. Data on Indigenous people are limited by the accuracy and extent to which Indigenous people are identified in hospital records and this varies across States and Territories. In 1998, a pilot study in 11 hospitals found that the accuracy with which a person's Indigenous status was recorded varied greatly from hospital to hospital, ranging from 55 per cent to 100 per cent (ATSIHWIU 1999). The quality of data improved from 2000-01 because all jurisdictions used consistent categories and definitions for Indigenous status from that year. Despite this, it is considered that for 2001-02 the quality of data was acceptable only in the NT, SA and WA (ABS/AIHW 2003). In addition, difficulties in estimating the size of the Indigenous population limit the comparability of data over time.

Descriptive data on Indigenous and non-Indigenous separations in public hospitals in 2001-02 are provided in table 9.1. Indigenous separations accounted for around 3.0 per cent of total separations in 2001-02 (and 4.7 per cent of separations in public hospitals), although Indigenous people represented around 2.4 per cent of the total population in 2001-02. Most Indigenous separations occurred in public hospitals (97.2 per cent). 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 a lower use of private hospitals (ABS 2000). Data in table 9.1 need to be interpreted with care. The AIHW advised that only data from WA, SA and the NT are considered to be of acceptable quality (AIHW 2003).

Table 9.1 Separations by Indigenous status, 2001-02^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT^b</i>	<i>NT^c</i>	<i>Aust</i>
<i>Number of public hospital separations ('000)</i>									
Indigenous	34.7	8.0	53.2	34.6	12.7	1.5	1.4	39.6	185.7
Non-Indigenous	1224.3	1081.9	630.0	318.1	340.4	73.0	58.4	23.6	3749.7
Not reported	4.7	0.0	11.6	0.0	9.3	4.9	2.2	0.3	32.9
Total	1263.7	1089.9	694.7	352.8	362.3	79.5	61.9	63.5	3968.3
<i>Number of private hospital separations ('000)</i>									
Indigenous	0.5	0.4	1.4	2.7	0.2	0.1	0.0	na	5.4
Non-Indigenous	691.2	579.5	462.0	262.4	192.4	23.2	25.6	na	2236.2
Not reported	0.8	0.0	129.7	0.0	5.2	47.4	1.6	na	184.6
Total	692.5	579.8	593.1	265.1	197.8	70.6	27.2	na	2426.2
<i>Separations in public hospitals as a proportion of separations in all hospitals (%)</i>									
Indigenous	99	95	97	93	98	91	97	na	97
Non-Indigenous	64	65	58	55	64	76	70	na	63

^a Identification of Indigenous patients is not considered complete and completeness varies across jurisdictions. The AIHW advised that only data from WA, SA and the NT are of acceptable quality.

^b Separations reported for Indigenous people in the ACT are subject to variability due to the small Indigenous population in the jurisdiction. A high proportion of separations are for maintenance renal dialysis episodes attributable to a small number of people. ^c Data for the private hospital in the NT are not available. **na** Not available.

Source: AIHW (2003); ROGS 2004, p. 9.41; Table 9A.1.

A performance indicator of Indigenous access to hospitals is given by the rate of separations per 1000 people. Data on separation rates for Indigenous people and all people for all public hospitals are presented in table 9.2. Data regarding private hospital separation rates are contained in table 9A.2.

In 2001-02, on an age standardised basis, 614.3 separations (including same day separations) for Indigenous patients were reported per 1000 Indigenous people in public hospitals. This rate was markedly higher than the corresponding rate for the total population of 202.8 per 1000. Indigenous separation rates for public hospitals were highest in the NT (1129.6 separations per 1000 Indigenous people) (table 9.2). The AIHW advised that only data from WA, SA and the NT are considered to be of acceptable quality. Incomplete identification of Indigenous people limits the validity of comparisons over time, as well as across jurisdictions.

Table 9.2 Estimates of separations per 1000 people by reported Indigenous status, public hospitals^{a, b}

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT^c</i>	<i>NT</i>	<i>Aust</i>
1997-98									
Indigenous people	324.2	369.3	512.6	753.8	633.7	128.1	347.6	871.6	522.6
Total population	202.2	201.7	205.8	201.4	228.5	170.7	211.3	351.0	205.3
1998-99									
Indigenous people	337.3	344.0	594.6	809.8	673.1	22.9	27.3	920.5	557.1
Total population	199.5	207.7	209.1	204.0	232.3	170.5	212.8	359.6	207.1
1999-2000									
Indigenous people	363.4	413.1	708.3	868.9	875.5	132.2	1461.7	1105.0	652.4
Total population	192.1	211.7	205.0	202.0	232.6	160.1	219.2	372.9	204.6
2000-01									
Indigenous people	403.8	461.4	671.6	852.2	772.6	110.6	858.0	1031.6	637.5
Total population	187.9	213.6	195.5	199.7	228.8	150.5	217.0	370.9	201.1
2001-02									
Indigenous people	361.1	416.0	676.5	752.7	743.6	139.4	982.8	1129.6	614.3
Total population	188.6	222.5	192.5	190.7	229.7	165.0	216.3	394.3	202.8

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

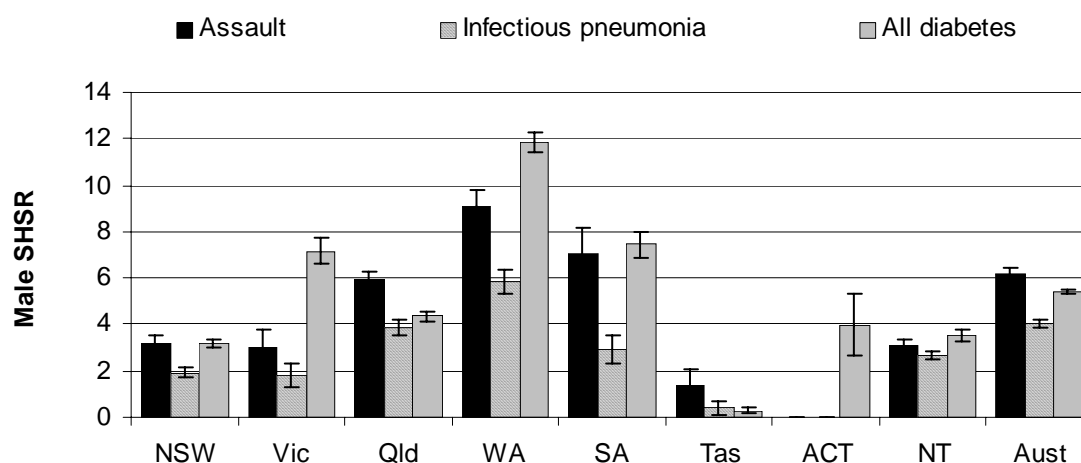
Source: AIHW (unpublished); ROGS 2004, p. 9.42; Table 9A.2.

Data on Indigenous separations for selected conditions are included in this chapter for descriptive purposes only. The data do not signal the performance of hospitals, but reflect a range of factors, such as: the spectrum of public, primary care and post-hospital care available; Indigenous access to these as well as hospital services; social and physical infrastructure services for Indigenous people; and differences in the complexity, incidence and prevalence of disease between the Indigenous and non-Indigenous populations.

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

For males in 2001-02, there was a marked difference between the Indigenous separation rates and those of the total population for assault (with the Indigenous separation rates being 6.2 times higher than for all Australians), all diabetes⁷ (with the Indigenous separation rates being 5.4 times higher than for all Australians), and infectious pneumonia (with the Indigenous separation rates being 4.0 times higher than for all Australians) (figure 9.1). While the 2001-02 standardised rates for rheumatic heart disease and tympanoplasty associated with otitis media for Indigenous males also appeared to be markedly higher than for the Australian male population, the number of separations for these conditions was very small (table 9A.3).

Figure 9.1 **Standardised hospital separation ratios for selected conditions: Indigenous males to all males, 2001-02^{a, b, c, d, e, f}**



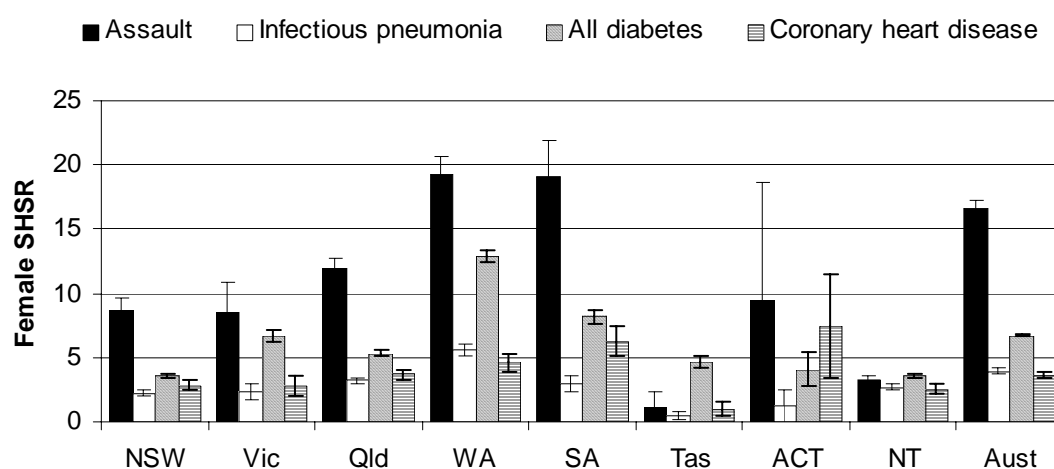
^a The ratios are indirectly age standardised using the Census based estimated resident population of Indigenous males at 30 June 2001, the hospital separation rates for Australian males aged 0–74 years for 2000-01 and the male population at 30 June 2001. ^b Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among jurisdictions. The variation in the number of Indigenous separations per 1000 Indigenous population among the States and Territories suggests variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population. ^c The quality of the data provided for Indigenous status in 2001-02 has continued to improve due to the use of the National Health Data Dictionary definitions by all jurisdictions, however it is still in need of improvement, being considered acceptable for only SA, WA and the NT. Data on Indigenous status should, therefore, be interpreted cautiously. ^d The ACT data are not considered reliable due to the small size of the Indigenous population in that jurisdiction. ^e 'All diabetes' refers to separations with either a principal or additional diagnosis of diabetes. ^f These data do not signal the performance of hospitals, but reflect a range of factors such as: the spectrum of public, primary care and post hospital care available; Indigenous access to these as well as hospital services; social and physical infrastructure services for Indigenous people; and differences in the complexity, incidence and prevalence of disease between the Indigenous and non-Indigenous populations. Information on the Indigenous population in each jurisdiction is contained in the appendix A.

Source: AIHW (unpublished); ROGS 2004, p. 9.43; Table 9A.3.

⁷ 'All diabetes' refers to separations with either a principal or additional diagnosis of diabetes.

In 2001-02, separation rates were markedly higher for Indigenous females than those for all females for assault (16.6 times higher), all diabetes (6.7 times higher), infectious pneumonia (4.0 times higher) and coronary heart disease (3.6 times higher) (figure 9.2). While the standardised rates for rheumatic heart disease and tympanoplasty associated with otitis media for Indigenous females also appeared markedly higher than for the Australian female population, the number of separations for these conditions was very small (table 9A.4).

Figure 9.2 **Standardised hospital separation ratios for selected conditions: Indigenous females to all females, 2001-02^{a, b, c, d, e, f}**



^a The ratios are indirectly age standardised using the Census based estimated resident population of Indigenous females at 30 June 2001, the hospital separation rates for Australian females aged 0–74 years for 2000-01 and the female population at 30 June 2001. ^b Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among jurisdictions. The variation in the number of Indigenous separations per 1000 Indigenous population among the States and Territories suggests variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population. ^c The quality of the data provided for Indigenous status in 2001-02 has continued to improve due to the use of the National Health Data Dictionary definitions by all jurisdictions, however it is still in need of improvement, being considered acceptable for only SA, WA and the NT. Data on Indigenous status should, therefore, be interpreted cautiously. ^d The ACT data are not considered reliable due to the small size of the Indigenous population in that jurisdiction. ^e 'All diabetes' refers to separations with either a principal or additional diagnosis of diabetes. ^f These data do not signal the performance of hospitals, but reflect a range of factors such as: the spectrum of public, primary care and post hospital care available; Indigenous access to these as well as hospital services; social and physical infrastructure services for Indigenous people; and differences in the complexity, incidence and prevalence of disease between the Indigenous and non-Indigenous populations. Information on the Indigenous population in each jurisdiction is contained in the appendix A.

Source: AIHW (unpublished); ROGS 2004, p. 9.44; Table 9A.4.

Efficiency — Recurrent cost per casemix-adjusted separation

The recurrent cost per casemix-adjusted hospital separation is an efficiency indicator that measures the average cost of providing care for an admitted patient

(whether overnight stay or same day), adjusted for the relative complexity of the patient's clinical condition and of the hospital services provided (AIHW 2000). The AIHW (2001b) showed that hospital recurrent expenditures on Indigenous and non-Indigenous people may differ (box 9.2). This difference may also influence unit cost outcomes.

Box 9.2 Admitted patient costs for Indigenous people, 1998-99

The AIHW (2001b) noted that a number of factors drive differences in the admitted patient expenditures for Indigenous people and non-Indigenous people.

- The average AR-DRG cost weight is lower for Indigenous patients than for non-Indigenous patients due to the Indigenous population's higher numbers of low cost AR-DRGs (such as dialysis) and lower numbers of high cost surgical AR-DRGs.
- The average length of hospital stay tends to be longer for Indigenous people than for non-Indigenous people within the same AR-DRG. This leads to higher costs per episode and can be attributed to case complexity, hospital and regional cost variations, differences in clinical practice and post-discharge support.
- A high proportion of Indigenous people live in areas where the hospitals are relatively high cost, such as those in remote parts of Australia. On the other hand, in some cases, a high proportion of Indigenous people live in the vicinity of lower cost hospitals, such as small non-remote rural hospitals and remote Queensland hospitals.⁸
- In addition, there is evidence that cost per separation for Indigenous people is higher due to the higher costs of caring for patients with greater co-morbidities. These costs are in addition to those associated with longer lengths of stay. The AIHW (2001b) added a 5 per cent cost loading for Indigenous admitted patients to account for this effect.

Overall, after adjusting for length of stay and differences in hospital costs due to locational factors, costs per separation within AR-DRGs for Indigenous patients were 6 per cent higher than for non-Indigenous patients in 1998-99. This gap varied across jurisdictions. Costs per separation for Indigenous patients were 4 per cent lower in NSW and 6 per cent lower in Queensland, whereas WA, SA and NT costs per separation for Indigenous patients were 5 per cent, 13 per cent and 6 per cent higher respectively. Higher costs in SA in 1998-99 were the result of treatment of Indigenous patients many hundreds of kilometres from home. Many of the high cost NT patients are treated in SA hospitals.

Source: AIHW (2001b); ROGS 2004, p. 9.48.

⁸ In 1998-99, over one quarter of the Indigenous population (27.5 per cent) lived in remote areas, compared with only 2.6 per cent of the total Australian population (AIHW 2001b).

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Chapter 10: Primary and community health

Previous reports have included a chapter on general practice. This year, the chapter has been expanded to include community health, to achieve a more comprehensive coverage of the primary health services supported by government. The primary and community health sector is the part of the healthcare system most frequently accessed by Australians. It is important in providing preventative care, diagnosis and treatment of illness, and referral to other health care services.

The expanded coverage of the primary and community health chapter includes (in addition to general practice) Indigenous primary health care, drug and alcohol treatment, public dental, maternal and child health, and a range of other community health services. The scope of this chapter does not extend to:

- Home and Community Care program services (which are covered in the Aged care chapter)
- public hospital emergency departments and outpatient services (which are covered in the Public hospitals chapter)
- community mental health services (which are covered in the Health management issues chapter)
- government funding of pharmacies.

Indigenous data in the primary and community health chapter

The primary and community health chapter in the *Report on Government Services 2004* contains the following on Indigenous people:

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

Supporting tables

Supporting tables for data within the primary and community health chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 10A.3 is table 3 in the primary and community health attachment to the compendium). As the data are directly sourced from the Report on Government

Services 2004, the compendium also notes where the original table, figure or text in the Report on Government Services 2004 can be found. For example, where the compendium refers to 'ROGS 2004, p. 10.15' this is page 15 of chapter 10 and 'ROGS 2004, 10A.2' is attachment table 2 of attachment 10 of the Report on Government Services 2004.

Primary and community health services

In Australia, general practices are an important source of primary health care. General practice is the business structure within which one or more general practitioners provide and supervise health care for a group of patients. The services provide in a general practice include: diagnosing and treating illness (both chronic and acute); providing preventative care through to palliative care; referring patients to consultants, allied health professionals, community health services and hospitals; and acting as gatekeepers for other health care services (DHFS 1996). The Royal Australian College of General Practitioners (RACGP) defines a general practitioner (GP) as 'a medical practitioner who provides primary, comprehensive and continuing care to patients and their families within the community' (Britt *et al.* 1999, p. xxxv).

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, or government funded with management by a local 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 the area of Indigenous health.

Aboriginal Community Controlled Health Services and government provided community health services

Primary health care services are delivered to Indigenous people through general practice, Aboriginal Community Controlled Health Services (ACCHSs) and government provided community health services. This section includes information on the latter two categories, while a later section covers the use of general practice services by Indigenous people.

There are ACCHSs in all jurisdictions. These services are planned and governed by local Indigenous communities and aim to deliver holistic and culturally appropriate

health and health related services. Funding for ACCHSs is provided by Australian, State and Territory governments. In addition to the ACCHSs, there are specific health programs for Indigenous Australians funded by jurisdictions, as outlined below.

- The Indigenous health services provided by NSW include health information and promotion programs, pre- and post-natal programs, and early childhood nursing programs (table 10A.1).
- Community health services in Victoria are provided through a range of Indigenous specific and mainstream services funded by the Department of Human Services. The areas covered include medical, alcohol and drug, maternity and early childhood services (table 10A.2)
- Queensland provides a range of primary and community health care services and activities — spanning the prevention, management and maintenance continuum — that address particular needs of Indigenous communities. Services offered include: health prevention and promotion services; men’s and women’s health programs; child and adolescent health services; alcohol, tobacco and other drug services; sexual health services; allied health services; and patient transport provided to increase access to health care (table 10A.3).
- In WA, Indigenous health services are provided to clients in various age groups (table 10A.4).
- South Australia provides a range of services including: strategies to improve birthing outcomes for Indigenous babies; Indigenous home support; and programs provided by multidisciplinary teams from community settings (table 10A.5).
- In Tasmania, population and health priorities programs are implemented to prevent and manage chronic conditions, and promote nutrition, physical activity and injury prevention in identified population groups such as the Indigenous population (table 10A.6).
- Primary care for the Indigenous population in the NT is provided by the NT Government and community controlled Aboriginal Medical Services. The NT also provides services to promote Indigenous community awareness on Aboriginal Hearing Health (table 10A.8).

Since 1997-98, information on service activity in Australian Government funded Aboriginal and Torres Strait Islander primary health care services has been collected through service activity reporting (SAR) surveys. Many of the surveyed services receive additional funding from State and Territory governments and other sources. The SAR data reported here represent the health related activities, episodes and staffing resulting from all funding sources.

In 2000-01, 124 Indigenous primary health care services provided SAR data. Of these services, 51 (41.1 per cent) were located in remote or very remote areas. The number of services by jurisdiction and by remoteness category are shown in tables 10A.9 and 10A.10 respectively. A wide range of primary health care services are provided, including the diagnosis and treatment of illness and disease, the management of chronic illness and immunisation (table 10A.11).

An episode of health care is defined in the SAR data collection as contact between an individual client and a service by one or more staff to provide health care. Estimated episodes of health care provided by participating services are shown in table 10.1. Estimated episodes are shown by remoteness category in table 10A.10.

Table 10.1 Estimated episodes of care by surveyed services

	<i>NSW & ACT</i>	<i>Vic & Tas</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>NT</i>	<i>Aust</i>
1997-98	228 749	76 592	107 173	228 998	107 827	110 062	859 401
1998-99	265 783	143 492	149 251	247 112	131 433	124 186	1 061 257
1999-2000	286 775	172 471	176 265	295 025	129 651	163 027	1 223 214
2000-01	348 592	143 537	186 884	326 703	147 383	189 372	1 342 471

Source: DHA SAR (unpublished); ROGS 2004, p. 10.10.

At 30 June 2001, services included in the SAR data collection employed approximately 2300 full time equivalent staff, including 1477 health staff. Of the health staff, 985 were Indigenous (66.7 per cent). The proportions of Indigenous doctors (2.5 per cent of doctors) and nurses (12.8 per cent of nurses) employed by surveyed services, however, were relatively low (table 10A.12). In addition, 200 full time equivalent staff worked at, but were not paid by, the services. Most services (70 per cent) had access to medical specialists or allied health professionals who were not paid by the service.

Use of general practice services by Indigenous people

An overview of Indigenous health is provided in the Health preface. Two key points for the purposes of this chapter are as follows:

- Based on data from 1998-99, expenditure per person on Medicare and the Pharmaceutical Benefits Scheme (PBS) was much lower for Indigenous people than for non-Indigenous people — about 39 per cent (AIHW 2001, table HP.1).
- Indigenous Australians are using secondary/tertiary care at a higher rate than they are using primary care.

These conclusions are based in part on BEACH survey data collected from 1998 to 2000, adjusted for under identification of Indigenous people. The reliability of these

data is affected by the sample frame used not being designed to produce statistically significant results for Indigenous Australians. However, no more recent or more reliable data are available on expenditure on health services for Indigenous people.

Annual BEACH data indicate the nature of encounters between Indigenous people and GPs. The BEACH study includes questions to identify encounters between Indigenous patients and participating GPs, but these data should be treated with care for the reasons mentioned above. Further the Indigenous Australians included in the BEACH survey do not necessarily have the same characteristics as other Indigenous Australians. The 2003 BEACH study also included Indigenous data aggregated over a five year period to improve reliability.

Over the period 1998-99 to 2002-03, 5476 encounters between Indigenous patients and GPs were recorded in the BEACH study (table 10A.13). This represented 1.1 per cent of encounters in the study over this period (compared with the Indigenous proportion of the Australian population which was 2.4 per cent in June 2001 [tables A.2 and A.6 in appendix A]). Extrapolating these results to all GP/patient encounters across Australia suggests there was an average of around 1.1 million encounters between Indigenous patients and GPs annually over the five years to 2002-03 (Britt *et al.* 2003).

The 10 most common health problems managed at encounters with Indigenous people over the five years of the BEACH study are presented in table 10.2, along with comparative data for all encounters. Diabetes was the problem most frequently managed (7.1 per 100 Indigenous encounters, compared with 2.8 per 100 total encounters). Other problems with significantly higher management rates at Indigenous encounters include acute otitis media and pre- and post-natal care. Further information on BEACH study encounters between Indigenous patients and GPs is included in tables 10A.14–10A.16.

Future directions

The overview of Indigenous health included in the Health preface identifies barriers to accessing primary health services as a factor contributing to the health status of Indigenous people being generally poorer than that for other Australians. Evidence of access deficiencies includes the apparent low rate of expenditure on these services for Indigenous people. In recognition of this, the Steering Committee has identified primary and community health services for Indigenous people as a priority area for reporting. Accordingly, the feasibility of including indicators of the accessibility of primary and community health services to Indigenous people will be examined. If possible, indicators relating to the capability of the health workforce

and other aspects of the health system's capability to address the primary health care needs of Indigenous people will also be developed.

Table 10.2 Health problems managed for Indigenous encounters and all encounters, 1998-99 to 2002-03

<i>Problems managed</i>	<i>Indigenous encounters</i>			<i>All encounters</i>		
	<i>Rate per 100 encounters (n=5476)</i>	<i>95% LCL</i>	<i>95% UCL</i>	<i>Rate per 100 encounters (n=502 100)</i>	<i>95% LCL</i>	<i>95% UCL</i>
Diabetes ^a	7.1	6.0	8.2	2.8	2.7	2.9
Hypertension ^a	6.7	5.7	7.7	8.8	8.6	9.0
Upper respiratory tract infection	5.7	4.8	6.5	6.0	5.9	6.2
Asthma	4.3	3.6	5.0	2.9	2.8	3.0
Acute bronchitis/ bronchiolitis	3.8	3.2	4.5	2.8	2.7	2.8
Depression ^a	3.4	2.9	3.9	3.8	3.7	3.9
Immunisation (all) ^a	3.3	2.6	3.9	4.8	4.6	5.0
Acute otitis media/ myringitis	3.1	2.5	3.6	1.4	1.4	1.5
Back complaint ^a	2.2	1.7	2.6	2.6	2.5	2.7
Pre- and post-natal check ^a	2.1	1.5	2.5	1.0	0.9	1.0
Subtotal	41.7
Total problems	147.7	143.7	151.6	148.1	147.3	148.9

LCL = lower confidence level. UCL = upper confidence level. ^a Includes multiple primary care classification codes. .. Not applicable.

Source: Britt *et al.* (2003); ROGS 2004, p. 10.13; Table 10A.13.

References

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Chapter 11: Health management

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). The health management chapter reports on the management of breast cancer and mental health, and represents some activities of the Australian, State and Territory governments in health management.

Breast cancer and mental illness are significant causes of morbidity and mortality in Australia. Cancer control and mental health are identified by governments as National Health Priority Areas, along with diabetes mellitus, cardiovascular health, injury prevention and the control of asthma, arthritis and musculoskeletal conditions. These areas represent a significant proportion of the burden of illness in Australia and their management offers considerable scope for reducing this burden (AIHW 1998).

Indigenous data in the health management chapter

The health management chapter in the *Report on Government Services 2004* contains the following data items on Indigenous people:

- Participation rates of women aged 50–69 years from selected communities in BreastScreen Australia screening programs, 1999–2000 to 2001–02 (24 month period).
- Specialised psychiatric care by Indigenous status, 2000-01.
- Mortality due to suicide, 2001.

Supporting tables

Supporting tables for data within the health management chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 11A.3 is table 3 in the health management attachment to the compendium). As the data are directly sourced from the *Report on Government Services 2004*, the compendium also notes where the original table, figure or text in the *Report on Government Services 2004* can be found. For example, where the compendium refers to ‘ROGS 2004, p. 11.15’ this is page 15 of chapter 11 and ‘ROGS 2004, 11A.2’ is attachment table 2 of attachment 11 of the *Report on Government Services 2004*.

Breast cancer

Breast cancer, the most frequent cause of death from cancer for females, was responsible for 2505 female deaths in 1999, 2511 female deaths in 2000 and 2585 female deaths in 2001 (ABS 2002). There is a strong relationship between age and the mortality rate from breast cancer. Women aged 40–44 years had an annual average mortality rate over the period 1997–2001 of 18.2 per 100 000, whereas women aged 75–79 years had an annual average mortality rate of 103.5 per 100 000.

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

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

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

The participation rate of women from selected groups in the community — 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 of the effectiveness (in terms of access and equity) of the breast cancer screening program. Data for this indicator are presented in table 11.1. Care needs to be taken when comparing data across jurisdictions because differences in the collection of Indigenous, NESB, and rural and remote status across jurisdictions make comparisons difficult.

For the 24 month period 2001 and 2002, the age standardised participation of Indigenous women aged 50–69 years was markedly lower than that of all females in that age group, although this may be influenced by problems with identification of

Indigenous status. The largest difference between Indigenous and other females' participation was in SA (26.2 percentage points). The smallest difference was in Queensland (10.4 percentage points).

Table 11.1 Age standardised participation rates of women aged 50–69 years from selected communities in BreastScreen Australia programs (per cent)^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>
1999–2000 (24 month period)								
Indigenous ^b	29.1	na	46.6	36.7	42.3	na	48.0	na
NESB ^c	42.7	na	66.2	56.2	54.0	na	na	na
Metropolitan or capital city ^d	50.8	na	55.2	51.0	63.0	na	na	na
Rural and remote or rest of State ^e	56.7	na	61.0	61.1	66.5	na	..	na
Total aged 50–69 years	52.9	58.8	58.1	54.5	63.9	na	na	na
2000–2001 (24 month period)								
Indigenous ^b	32.6	51.4	48.8	35.9	43.9	na	36.6	37.7
NESB ^c	42.3	65.4	67.2	50.9	53.1	na	57.2	na
Metropolitan or capital city ^d	51.6	58.0	57.1	60.8	63.5	62.7	57.3	41.1
Rural and remote or rest of State ^e	59.2	66.0	62.4	58.4	67.7	62.8	..	67.6
Total aged 50–69 years	52.3	60.2	58.5	55.7	64.6	60.1	57.4	53.3
2001–2002 (24 month period)								
Indigenous ^b	41.3	42.1	48.3	31.3	38.6	33.4	41.4	25.3
NESB ^c	45.1	52.1	69.1	56.4	62.4	45.4	70.7	na
Metropolitan or capital city ^d	51.4	58.4	56.6	53.9	63.8	61.1	58.9	34.1
Rural and remote or rest of State ^e	57.7	64.4	61.8	63.7	67.7	59.1	..	53.5
Total aged 50–69 years	53.0	60.0	58.7	55.2	64.8	59.1	59.0	51.2

^a First and subsequent rounds. ^b Those women who self identify as being of Aboriginal or Torres Strait Islander descent. ^c Women who speak a language other than English at home. ^d Includes 'capital city' (State and Territory capital city statistical divisions) and 'other metropolitan centre' (one or more statistical subdivisions that have an urban centre with a population of 100 000 or more). ^e Includes 'large rural centre' statistical local areas where most of the population resides in urban centres with a population of 25 000 or more; 'small rural centre' (statistical local areas in rural zones containing urban centres with populations between 10 000 and 24 999); 'other rural area' (all remaining statistical local areas in the rural zone); 'remote centre' (statistical local areas in the remote zone containing populations of 5000 or more) and 'other remote area' (all remaining statistical local areas in the remote zone). **na** Not available .. Not applicable.

Source: State and Territory governments (unpublished); ROGS 2004, p. 11.24; Tables 11A.1 and 11A.5.

Mental health

Mental health relates to an individual's ability to negotiate the daily challenges and social interactions of life without experiencing undue emotional or behavioural incapacity (DHAC and AIHW 1999). Problems and disorders that interfere with this

ability and diminish quality of life and productivity cover cognitive, emotional and behavioural disorders. Some of the major mental disorders perceived to be public health problems are schizophrenia, depression, anxiety disorders, dementia and substance use disorders (DHAC and AIHW 1999). Each of these disorders is unique in terms of its incidence across the lifespan, causal factors and treatments.

Mental disorders are a major cause of chronic disability. In 1996 (the most recent year for which data are available), mental disorders accounted for 1 per cent of years of life lost as a result of mortality, but were the leading cause of years of healthy life lost as a result of disability (nearly 30 per cent of the non-fatal burden of disease) (Mathers and Stevenson 1999). Most of this burden has been attributed to affective disorders (35 per cent of the calculated burden), anxiety disorders (24 per cent) and substance use disorders (20 per cent).

Mental health services provided

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

Table 11.2 Specialised psychiatric care, by Indigenous status, 2000-01^{a, b}

	Same day separations	Overnight separations	Total separations	Total patient days	Total psychiatric care days	Average length of stay (overnight)	Psychiatric care days per overnight separation
<i>No.</i>							
Indigenous	569	3 343	3 912	65 307	64 495	19.4	19.1
Total pop.	79 471	99 016	178 487	2 151 441	2 128 042	20.9	20.7
<i>Per 1000 population^c</i>							
Indigenous	1.7	9.3	11.1	209.1	206.1
Total pop.	4.1	5.2	9.3	112.3	111.1

^a The completeness of data on Indigenous status varies, so these data need to be used with care.

^b Specialised psychiatric care refers to separations in which at least one day of specialised psychiatric care was received. ^c Separations per 1000 population are indirectly age standardised rates based on the projected Aboriginal and Torres Strait Islander population for 30 June 2000 and the estimated resident population for 30 June 2000. .. Not applicable.

Source: AIHW (2003); ROGS 2004, p. 11.47; Table 11A.2.

Schizophrenia disorders accounted for a large proportion of overnight specialised psychiatric care separations reported for Indigenous patients in Australia in 2000-01 (27.0 per cent). They also accounted for around 45.8 per cent of patient days for Indigenous patients and a similar percentage of psychiatric care days (46.1 per cent) in 2000-01 (table 11A.3).

Mortality due to suicide

Evidence indicates that people with a mental disorder are at a higher risk of suicide than the general population (although they are also at a higher risk of death from other causes, such as cardiovascular disease). 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. Adverse childhood experiences such as

sexual abuse, for example, can increase the risk of suicide, particularly in adolescents and young adults. Alcohol and other drugs are also often associated with increased risk of suicidal behaviour. Other factors that can influence suicide rates include economic growth rates, which affect unemployment rates and social disadvantage. Often, a combination of these factors can increase the risk of suicidal behaviour.

Not all of those who commit suicide are patients of mental health services. An improved indicator would be restricted to suicide by patients of mental health services. In 2001, 2454 deaths by suicide were recorded in Australia — equivalent to 12.5 deaths per 100 000 people. The national rate fell each year from 1997 to 2000, followed by a slight increase in 2001.

In 2001, the suicide rate for Indigenous people was considerably higher than the rate for the total population. Care needs to be taken when interpreting these data because data for Indigenous people are incomplete and data for some jurisdictions are not of publishable standard.⁹ Estimating the Indigenous population is difficult because the propensity for people to identify as Indigenous varies across jurisdictions and over time. In addition, Indigenous people are not always accurately identified in administrative collections (such as hospital records, and birth and death registrations) due to variations in definitions, different data collection methods and failure to record Indigenous status. The Health preface discusses the quality of Indigenous mortality data collected by the ABS.

The 2001 Indigenous suicide rate in Queensland was 42.5 per 100 000 Indigenous people compared with around 13.8 per 100 000 for the total Queensland population. In WA, the suicide rate was 19.0 per 100 000 Indigenous people compared with 14.2 per 100 000 for the total population. In SA, the suicide rate was 38.9 per 100 000 Indigenous people, compared with 13.7 per 100 000 for the total population. In the NT, the suicide rate was 35.1 per 100 000 Indigenous people compared with 22.6 per 100 000 for the total population (table 11A.4).

References

ABS (Australian Bureau of Statistics) 2002, *Causes of Death 2001, Australia*, Cat.

⁹ While the ABS considered data for Queensland, WA, SA and the NT to be of publishable standard, the trend figures for Indigenous suicides still need to be interpreted with care, given the low number of suicides among Indigenous people and uncertainty about the accuracy of Indigenous population estimates.

AIHW (Australian Institute of Health and Welfare) 2003, *Mental Health Services in Australia 2000-01*, AIHW Cat. no. HSE 24, AIHW Mental Health Series No. 4, Canberra.

AIHW, BreastScreen Australia and the NCSP (National Cervical Screening Program) 1998, *Breast and Cervical Cancer Screening in Australia 1996 and 1997*, Cat. no. CAN 3, AIHW, Canberra.

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

Mathers, C., Vos, T. and Stevenson, C. 1999, *The Burden of Disease and Injury in Australia: Summary Report*, Cat. no. PHE, AIHW, Canberra.

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

Community Services

Part D: Community services preface

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

Community service activities (box CSP.1) typically include those activities 'which assist or support members of the community in personal functioning as individuals or as members of the wider community' (ABS 2001). They may include financial assistance and relief to people in crisis, and housing assistance of a short term or transitional nature, but exclude acute health care services, long term housing assistance and income support (such as social security pensions and allowances). The definition of community service activities contained in this preface is based on the National Classification of Community Services, developed by the Australian Institute of Health and Welfare (AIHW 1997) (box CSP.1).

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

Box CSP.1 Community service activities

Child care — the provision of care, by persons other than the child's parents, under the supervision of a paid coordinator in a group setting or in another home.

Training and employment for people with disabilities — services that assist people with a disability in the labour market by providing training, job search skills, help in finding work, placement and support in open employment and, where appropriate, supported employment.

Financial and material assistance — provision of financial aid and goods (such as equipment, clothing and household items, food and vouchers) on a temporary emergency basis, to meet particular needs in times of crisis or disaster.

Residential care — services that help people who are disadvantaged (in terms of their capacity for independent living) to access suitable community housing arrangements and other appropriate community resources.

Foster care placement — placement of a child or young adult who lives apart from natural or adoptive parents in a private household with one or more adults who act as substitute parents.

Accommodation placement and support — services that assist disadvantaged people gain access to, and help maintain them in, suitable community housing arrangements (for example, State or Territory housing agency accommodation). These services include placement/outreach services for those leaving refuges.

Statutory protection and placement — services that include daily care, protective investigation, post-investigation intervention, removal to alternative care, statutory case management of out-of-home placements and/or application for a child protection order to the Children's Court and adoption placement.

Juvenile and disability corrective services — services that provide correctional and rehabilitative supervision and protection of public safety through corrective arrangements (for example, supervision of community-based orders and management of juvenile justice detention centres) and advice to courts and parole boards on juvenile offenders or offenders with intellectual or psychiatric disabilities. (Corrective activities for adults other than those with an intellectual or psychiatric disability are excluded.)

Other direct community service activities — other direct community service activities, such as preschool activities, recreation/leisure activities, community nursing services and other personal and social support.

Community service related activities — policy, community and service development and support, government administration of funding and monitoring of the licensing and regulating of service providers, retirement village self care units, and other community service related activities.

Source: Australian Bureau of Statistics (ABS) (2001).

Indigenous data in the community services preface

The community services preface in the *Report on Government Services 2004* contains the following data items on Indigenous people:

- Average daily population of Indigenous people aged 10–17 years in juvenile corrective institutions (number), 1997-98 to 2001-02.
- Average annual rate of detention per 100 000 Indigenous people aged 10-17 years in juvenile corrective institutions (number), 1997-98 to 2001-02.
- Indigenous and non-Indigenous detention rates, 2001-02.

Juvenile detentions

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 which dictates the policies and practices of the juvenile justice system within its jurisdiction.

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

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

Nationally, the average daily number of people aged 10–17 years detained in juvenile corrective institutions fell from 748 to 609 between 1997-98 and 2001-02 (Report on Government Services 2004, p. F.10, table F.3). The national rate of detention of people aged 10–17 years in juvenile corrective institutions fell by around one fifth between 1997-98 and 2001-02, although there were substantial differences across jurisdictions (Report on Government Services 2004, p. F.11, table F.4).

The daily average number of Indigenous people aged 10–17 years detained in juvenile corrective institutions fluctuated between 1997-98 and 2001-02, from a

high of 315 in 1997-98 to a low of 246 in 2000-01, and averaged 266 in 2001-02 (table CSP.1).

Table CSP.1 Average daily population of Indigenous people aged 10–17 years in juvenile corrective institutions (number)^{a, b}

Year	NSW	Vic	Qld	WA	SA	Tas ^c	ACT ^d	NT	Aust ^e
1997-98	110	12	80	77	16	na	3	18	315
1998-99	96	9	77	80	14	na	2	17	295
1999-2000	91	8	60	77	13	na	2	10	261
2000-01	86	7	53	71	13	na	4	12	246
2001-02	92	7	53	71	19	na	5	12	266

^a Average based on population of juvenile corrective institutions on the last day of each quarter of the financial year. ^b 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. ^c A review of data provided by Tasmania indicates that discrepancies in the number of young people reported in the data may result in higher numbers reported than the actual numbers in the detention centre. The proclamation of the *Tasmanian Youth Justice Act 1997* in February 2000 extended the upper range of the target group, resulting in an increased number of young people in detention. ^d ACT data for 2001-02 have been revised from data previously published by the AIC. ^e The 2000-01 figure includes one Indigenous male held in detention for other reasons. **na** Not available.

Source: AIC (2003); ROGS 2004, p. F.12.

Nationally, the daily average detention rate for Indigenous people aged 10–17 years in 2001-02 was 287.5 per 100 000 Indigenous people (table CSP.2). This compares with a daily average detention rate of 15.7 per 100 000 people for the non-Indigenous population aged 10–17 years (figure CSP.1).

Table CSP.2 Rate of detention per 100 000 Indigenous people aged 10–17 years in juvenile corrective institutions (number)^{a, b}

Year	NSW	Vic	Qld	WA	SA	Tas ^c	ACT ^d	NT	Aust ^e
1997-98	490.0	283.6	383.2	690.1	367.0	na	397.3	189.3	430.5
1998-99	393.8	201.8	347.0	677.7	314.7	na	236.1	173.5	378.5
1999-2000	343.5	181.9	250.8	624.1	266.2	na	284.1	97.6	315.1
2000-01	300.8	146.0	208.9	548.3	258.9	na	460.3	119.6	280.4
2001-02	302.8	145.2	205.8	526.9	364.5	na	506.0	116.3	287.5

^a Average based on population of juvenile corrective institutions on the last day of each quarter of the financial year. ^b 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. ^c A review of data provided by Tasmania indicates that discrepancies in the number of young people reported in the data may result in higher numbers reported than the actual numbers in the detention centre. The proclamation of the *Tasmanian Youth Justice Act 1997* in February 2000 extended the upper range of the target group, resulting in an increased number of young people in detention. ^d ACT data for 2001-02 have been revised from data previously published by the AIC. ^e The 2000-01 figure includes one Indigenous male held in detention for other reasons. **na** Not available.

Source: AIC (2003); ROGS 2004, p. F.12.

Figure CSP.1 Indigenous and non-Indigenous detention rates, 2001-02 ^{a, b, c, d}



^a 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. ^b Detention rate is based on the average population of juvenile corrective institutions on the last day of each quarter of the financial year. ^c A review of data provided by Tasmania indicates that discrepancies in the number of young people reported in the data may result in higher numbers reported than the actual numbers in the detention centre. The proclamation of the *Tasmanian Youth Justice Act 1997* in February 2000 extended the upper range of the target group, resulting in an increased number of young people in detention. ^d ACT data for 2001-02 have been revised from data previously published by the AIC.

Source: AIC (2003); ROGS 2004, p. F.13.

Chapter 12: Aged care

The aged care system comprises all services specifically designed to meet the care and support needs of frail older Australians. The aged care chapter focuses on government funded residential and community based services for older people. Services designed for the carers of older people are also within the scope of this chapter. The services currently covered include:

- residential services, which include high care services, low care services, services providing a mixture of high and low care, and residential respite services
- community care services, which include Home and Community Care (HACC) program services, the Community Aged Care Package (CACAP) program, the Extended Aged Care at Home (EACH) program and Veterans' Home Care (VHC)¹⁰
- respite services, which include HACC respite and centre-based day care and the National Respite for Carers Program (NRCP)
- assessment services, which are provided by Aged Care Assessment Teams (ACATs).

Government funded aged care services covered in this chapter relate to the three levels of government (Australian, State and Territory, and some local) involved in service funding and delivery. The formal publicly funded services covered in this chapter represent 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 1998 who required help with self care, mobility or communications received assistance from the informal care network of family, friends and neighbours (ABS 1999). Many people receive assistance from both formal aged care services and informal sources.

A range of privately funded services also provide support for older Australians. These services do not receive government support and are not within the scope of reporting in the chapter.

Services for older people are provided on the basis of the frailty or functional disability of the recipients rather than specific age criteria. Nevertheless, without more specific information, the 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

¹⁰ Unless otherwise stated, HACC expenditure excludes the Department of Veterans' Affairs expenditure on VHC.

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 and CACPs.

Indigenous data in the aged care chapter

The aged care chapter in the *Report on Government Services 2004* contains the following data items on Indigenous people:

- Assessment rates per 1000 target population, 2001-02
- Characteristics of older Indigenous people
- Residents per 1000 target population, June 2003
- CACP recipients per 1000 target population, June 2003
- HACC service by recipient age and Indigenous status, 2002-03
- Standardised incidence ratio for CACP and permanent residential aged care (combined), 30 June 2001
- Age-specific usage rates of CACPs and permanent residential aged care, 30 June 2001
- Ratio of CACP recipients and permanent residential (combined) to 1000 target population, 30 June 2001.

Supporting tables

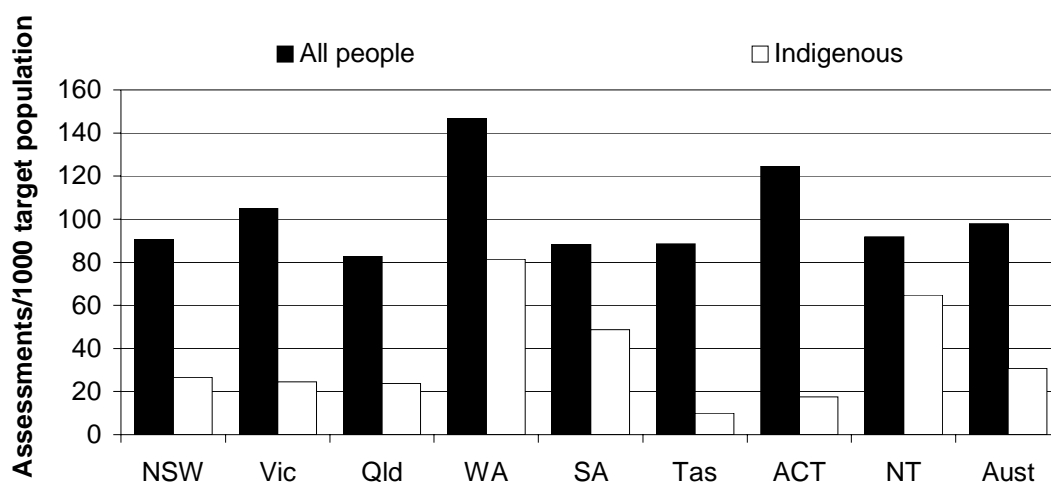
Supporting tables for data within the aged care chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 12A.3 is table 3 in the aged care attachment to the compendium). As the data are directly sourced from the Report on Government Services 2004, the compendium also notes where the original table, figure or text in the Report on Government Services 2004 can be found. For example, where the compendium refers to 'ROGS 2004, p. 12.15' this is page 15 of chapter 12 and 'ROGS 2004, 12A.2' is attachment table 2 of attachment 12 of the Report on Government Services 2004.

Assessment services

The Australian Government established the Aged Care Assessment Program (ACAP) in 1984, based on the assessment processes used by State and Territory Area Health Services to determine eligibility for admission into residential care and the level of care required (and thus the subsidy paid to such services). The core objective of the ACAP is to assess the needs of frail older people and recommend appropriate services. Assessment and recommendation by ACATs are mandatory for admission to residential care or receipt of a CACP or an EACH package.

The number of assessments per 1000 target population varied across jurisdictions in 2001-02. WA had the highest assessments of people aged 70 years or over per 1000 people aged 70 years or over (146.9) and the highest rate for Indigenous assessments per 1000 Indigenous people aged 50 years or over (81.5).¹¹ The lowest rate of assessment for all people during 2001-02 was in Queensland (82.9), while Tasmania had the lowest rate of Indigenous assessments per 1000 Indigenous people aged 50 years or over (10.0) during the same period (figure 12.1).

Figure 12.1 **ACAT assessment rates, 2001-02^{a, b, c}**



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

Source: Lincoln Gerontology Centre (2003); ROGS 2004, p. 12.5; Table 12A.1.

¹¹ Remote areas of WA often do not have other agencies and services in a position to perform 'comprehensive assessments' for many groups, so a higher rate of referral to ACATs than in metropolitan areas may occur.

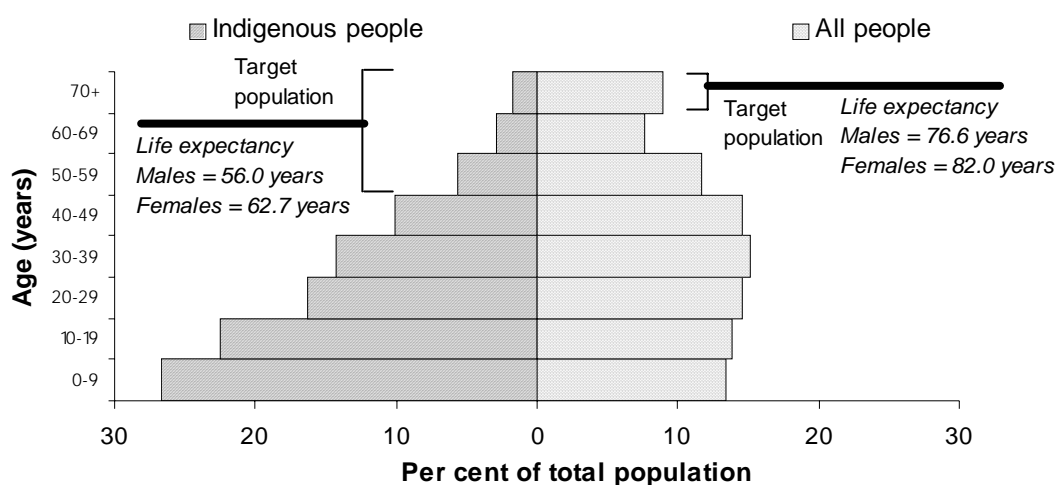
Indigenous specific and flexibly funded services

Flexible models of care are provided under the Aboriginal and Torres Strait Islander Aged Care Strategy. Services delivered under the Strategy are outside the Aged Care Act (DHA 2002). About 70 per cent of Indigenous Australians receiving residential aged care services have their needs met through the mainstream services covered by this chapter (DHA unpublished). A number of aged care residential services are targeted to Indigenous people, and these services are funded under the Aged Care Act. The Australian Government also actively targets CACPs to Indigenous communities and contracts Aboriginal Hostels Limited to provide ongoing assistance to ensure services in rural and remote areas remain viable (DHA 2002).

Characteristics of older Indigenous people

The ABS estimated that about 43 700 Indigenous people were aged 50 years or more in Australia at 30 June 2003. The majority were located in NSW (32.7 per cent), Queensland (26.5 per cent), WA (12.8 per cent) and the NT (10.3 per cent) (table 12A.2). Although the Indigenous population is also ageing, there are marked differences in the age profile and life expectancy of Indigenous Australians compared with the non-Indigenous population. The life expectancy of Indigenous males and females at June 2001 was nearly 20 years below that recorded for the total Australian population (figure 12.2). Indigenous people are likely to need aged care services earlier in life, compared with the general population.

Figure 12.2 **Age profiles, target populations and life expectancy differences between Indigenous and other Australians, June 2001**



Source: ABS (2001 and unpublished); ROGS 2004, p. 12.14.

Access to residential services by different groups

Special needs groups identified by the Aged Care Act are people from Indigenous communities, people from non-English speaking countries, people who live in rural or remote areas, people who are financially or socially disadvantaged, and veterans. A key national objective of the aged care system is to provide equitable access to residential services for all people who require these services. Indigenous people tend to require aged care services at a younger age than the general population. Participation is therefore based on Indigenous people aged 50 years or over.

In all jurisdictions at 30 June 2003, on average, Indigenous people and people from mainly non-English speaking countries had lower rates of use of aged care residential services, compared with the rest of the population (figure 12.3).

Figure 12.3 Residents per 1000 target population, 30 June 2003^{a, b, c}



^a All residents data are per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years.

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

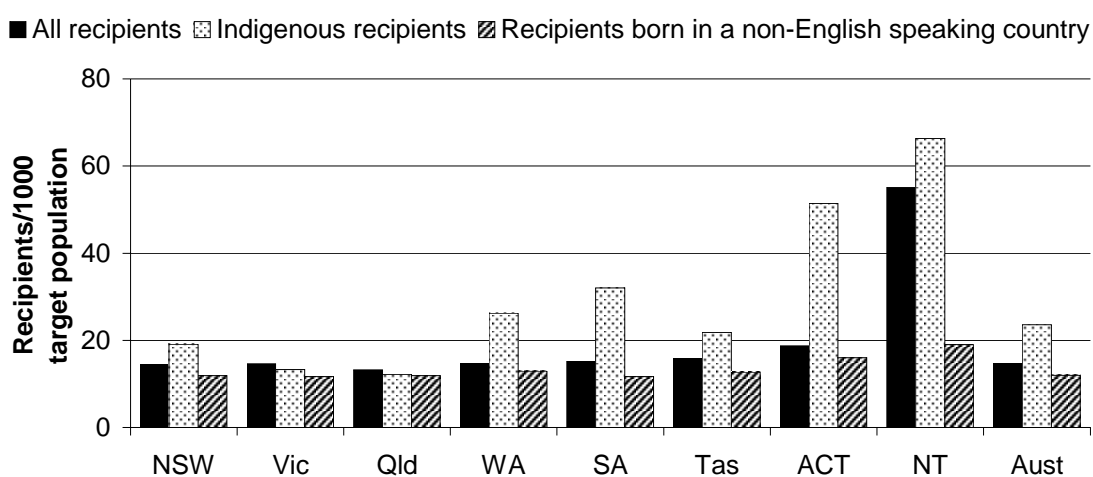
Source: DHA (unpublished); ROGS 2004, p. 12.22; Tables 12A.3 and 12A.4.

Access to CACPs by different groups

The number of CACP recipients per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years has grown in recent years, but was small relative to the total number of recipients of residential care at June 2003 (14.7 compared with 79.4 total recipients per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years) (table 12A.4).

Jurisdictions with smaller populations had higher proportions of CACP recipients per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years at June 2003. The NT had the highest proportion of Indigenous CACP recipients per 1000 Indigenous people aged 50 years or over (66.7 per cent) (figure 12.4). The Australian Government’s allocation of CACPs in every jurisdiction at June 2003 exceeded its target of 10 CACPs per 1000 target population.

Figure 12.4 CACP recipients per 1000 target population, 30 June 2003^{a, b, c, d}



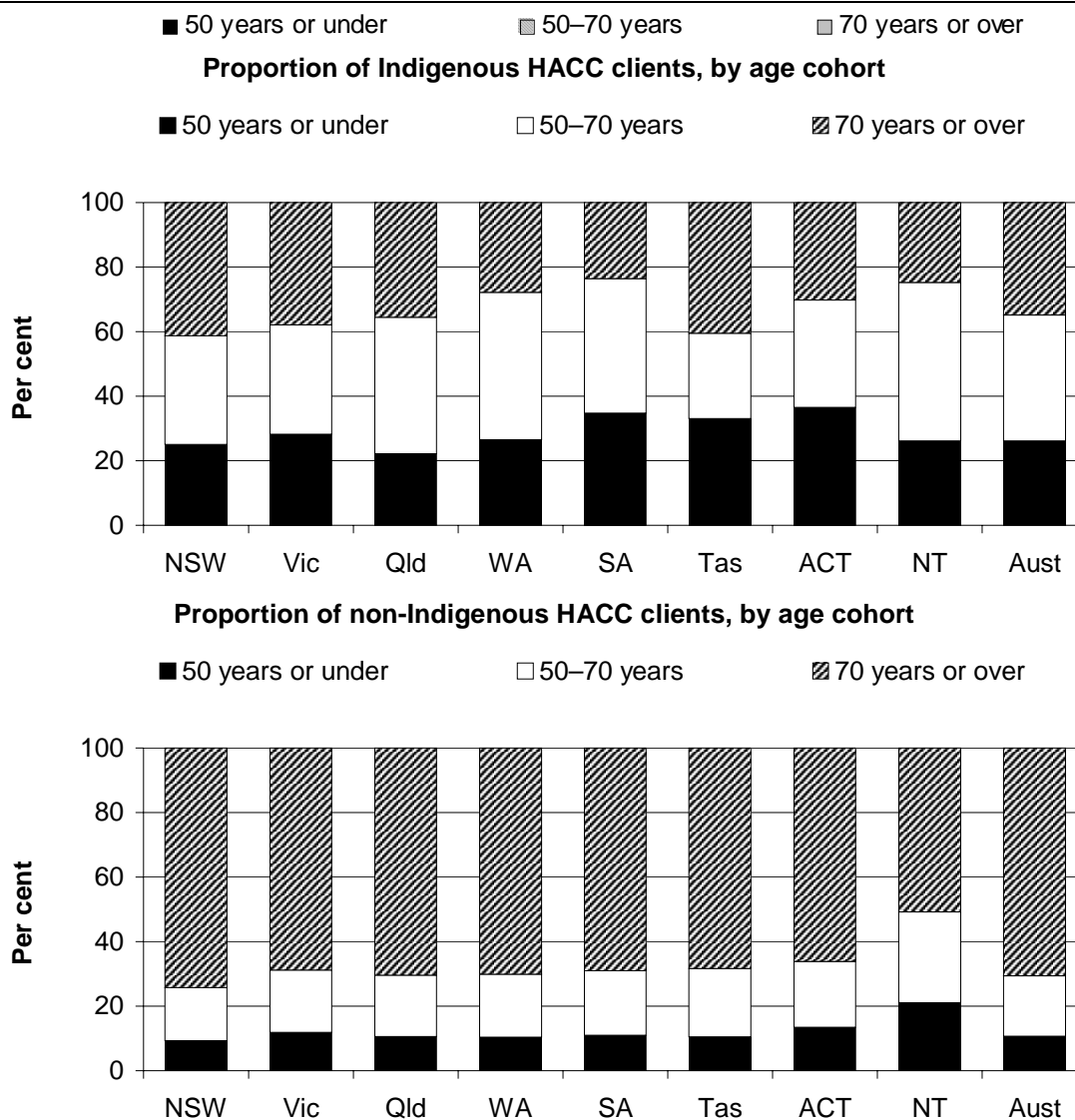
^a All recipients data are per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years. ^b Indigenous recipients data are per 1000 Indigenous people aged 50 years or over. ^c Data for recipients from non-English speaking countries are per 1000 people from non-English speaking countries aged 70 years or over. ^d The ACT has a very small Indigenous population aged 50 years or over (table 12A.2), and a small number of packages will result in a very high provision ratio.

Source: DHA (unpublished); ROGS 2004, p. 12.23; Tables 12A.3 and 12A.4.

Home and Community Care program

Home and Community Care program services are provided in the client’s home or community to frail older people with a severe, profound or moderate disability and to their carers. Around 69.3 per cent of HACC recipients were aged 70 years or over during 2002-03. Reported use of HACC services shows a substantial difference between all people and Indigenous people across all age groups in the age profile in 2002-03. This reflects the difference in morbidity and mortality trends between Indigenous people and the general population (figure 12.5).

Figure 12.5 HACC service by recipient age and Indigenous status, 2002-03



Source: DHA (unpublished); ROGS 2004, p. 12.25; Table 12A.5.

Age profiles can distort observed usage patterns

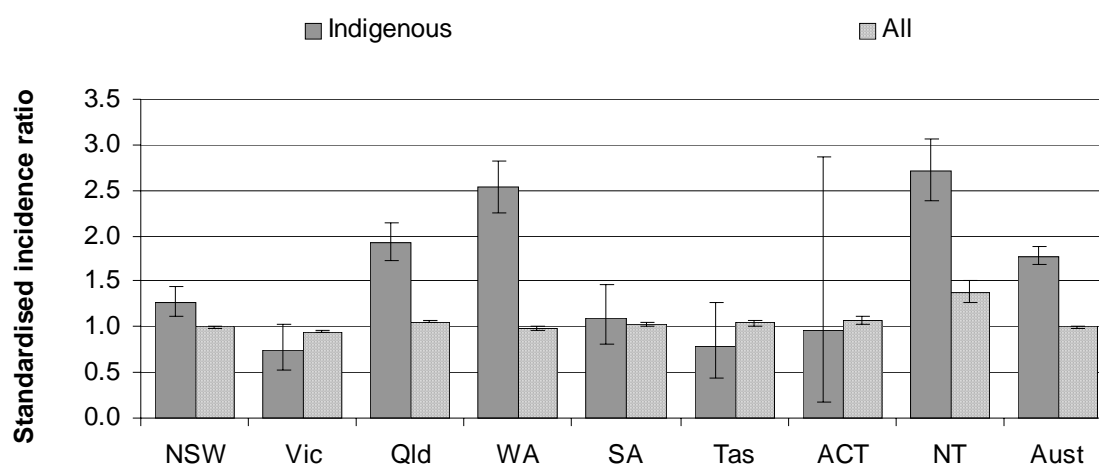
The age profiles of Australians varies across jurisdictions and across different cultural and linguistic backgrounds. Variations in age profiles are important because the likelihood of needing aged care services increases with age. As a result, observed differences in usage rates by different cohorts 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.

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 was higher than expected if the particular group had the same usage rates as that of the Australian population as a whole. A value below 1.0 means use was lower than expected. Age standardisation generally covers use by all age groups, and therefore the resulting standardised incidence ratios compare use by complete population groups, not just by those aged 70 years or over.

In the following illustration, 2001 data are used. Within each State and Territory, the combined use of permanent residential aged care and CACPs by Indigenous people is compared with average service use by all Australians. The resulting standardised incidence ratios are presented in figure 12.6. 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. It should be noted that people, and Indigenous people in particular, also use long-stay hospital beds, flexible places and other services not covered in the analysis; consequently, these results do not represent all the services available to people.

Figure 12.6 shows that, overall, 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 among those aged under 75 years (table 12.1). The picture, however, changes from State to State: combined use of the services is not significantly different from the national average for Indigenous people in Victoria, SA, Tasmania and the ACT, but is higher than average in NSW (about 25 per cent higher), Queensland (90 per cent higher), WA (250 per cent higher) and the NT (270 per cent higher). Looking at both Indigenous and non-Indigenous people, Victorians generally use residential aged care at a slightly lower rate than the national average, while people from Queensland, SA, Tasmania and the NT have slightly higher than average usage rates.

Figure 12.6 **Standardised incidence ratio for CACP and permanent residential aged care (combined), 30 June 2001^a**



^a Uses indirect age standardisation against use by all people Australia-wide.

Source: AIHW (unpublished); ROGS 2004, p. 12.52; Table 12A.6.

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

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

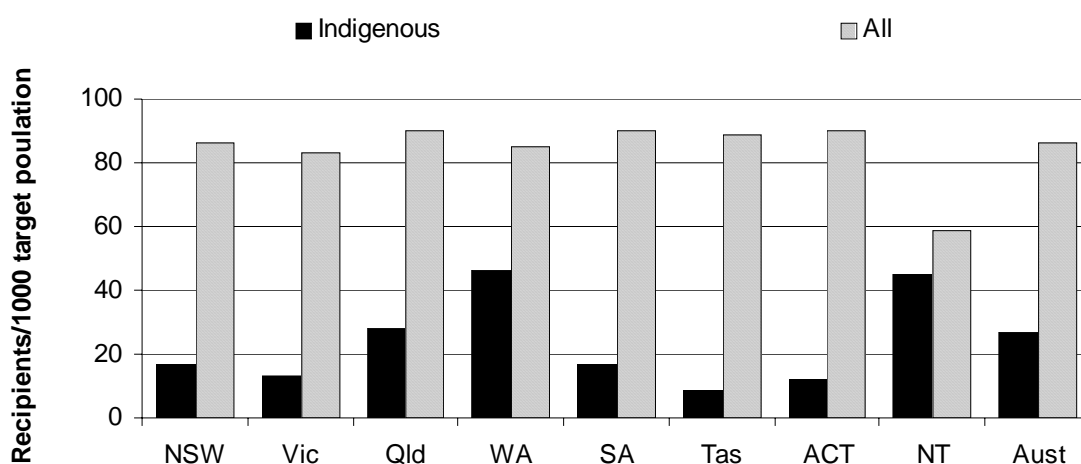
^a Excludes clients of multipurpose and flexible services. ^b Cases with missing data on Indigenous status have been pro rated within gender/age groups.

Source: AIHW (unpublished); ROGS 2004, p. 12.53.

The above picture is quite different from that given when comparing use with the target group population (clients per 1000 in the target group — figure 12.7). This measure suggests that in all jurisdictions except the NT, combined use of CACPs and permanent residential aged care is much lower for Indigenous people than others, and even in the NT for Indigenous people the ratio of clients to target population is about 25 per cent lower than that for all people from the NT.

Figure 12.7 also suggests that combined use of the two services in the NT is generally much lower than in other jurisdictions; this difference is not apparent after age-standardisation (figure 12.6), indicating that the difference in this measure is the result of the relatively young age structure of the NT.

Figure 12.7 **Ratio of CACP recipients and permanent residents (combined) to 1000 persons in target population, 30 June 2001^a**



^a Indigenous ratio is per 1000 Indigenous people aged 50 or over, all ratio is per 1000 Indigenous people aged 50 or over and non-Indigenous people aged 70 or over.

Source: AIHW (unpublished); ROGS 2004, p. 12.54; Table 12A.6.

References

ABS (Australian Bureau of Statistics) 1999, *Survey of Disability, Ageing and Carers, 1998*, Cat no. 4430.0, Canberra.

— 2001, *Estimated Residential Population, by Age and Sex* Cat no. 3101.0, Canberra.

DHA (Department of Health and Ageing) 2002, *Report on the Operation of the Aged Care Act 1997, 1 July 2001 to 30 June 2002*, Canberra.

— 2003, *Report on the Operation of the Aged Care Act 1997, 1 July 2002 to 30 June 2003*, Canberra.

Lincoln Gerontology Centre 2003, *Aged Care Assessment Program: National Minimum Data Set Report: July 2001 – June 2002*, La Trobe University, Melbourne.

Chapter 13: Disability services

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 supports for people with a disability and their carers. A definition of disability is provided in box 13.1.

Box 13.1 Definition of disability

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

The Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers was conducted in 1981, 1988, 1993 and 1998, and was based on the International Classification of Functioning, Disability and Health and its predecessor. The 1998 survey defined disability as any person with 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 restriction as follows:

- mild — where a person 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
- profound — where a person is unable to perform self-care, mobility and/or communication tasks, or always needs assistance.

Source: ABS (1999); WHO (2001); ROGS 2004, p. 13.3.

A five year agreement between the Australian, State and Territory governments provides the framework for the provision of specialist disability services to those with a disability who require ongoing or long term episodic support.

Services to people with a disability can be grouped into income support, disability support services, and relevant generic services provided to the community as a whole, including people with a disability. The Review generally does not report information on income support. Disability support services are primarily delivered under the Commonwealth State/Territory Disability Agreement (CSTDA), Commonwealth/State Disability Agreements (CSDAs), as well as through programs

such as Home and Community Care (HACC) and rehabilitation. This Report does not provide performance information on rehabilitation services for people with a disability.

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

In recognition of the changing information needs in the disability services field, a redeveloped CSTDA National Minimum Data Set (NMDS) collection was implemented during 2002-03. Data for 2002-03 collected under the new NMDS were not available for the Report on Government Services 2004. As a result, this disability services chapter repeats 2001-02 data collected under the CSDA, with some revisions to data reported in previous years. Data collected through the new CSTDA NMDS collection in 2002-03 are expected to be reported in the Report on Government Services 2005.

This Report includes current year (2002-03) financial data that were provided directly by jurisdictions. Data on efficiency indicators (cost per place/client) for 2002-03 are not reported because place/client data from the new CSTDA NMDS collection were not available in time to be included in this Report.

Indigenous data in the disability services chapter

The disability services chapter in the *Report on Government Services 2004* contains the following data items on Indigenous people:

- Indigenous representation per 1000 people in both accommodation support and day activity services, snapshot day 2002
- Indigenous representation per 1000 people in employment support services, snapshot day 2002.

Supporting tables

Supporting tables for data within the disability services chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 13A.3 is table 3 in the disability services attachment to the compendium). As the data are

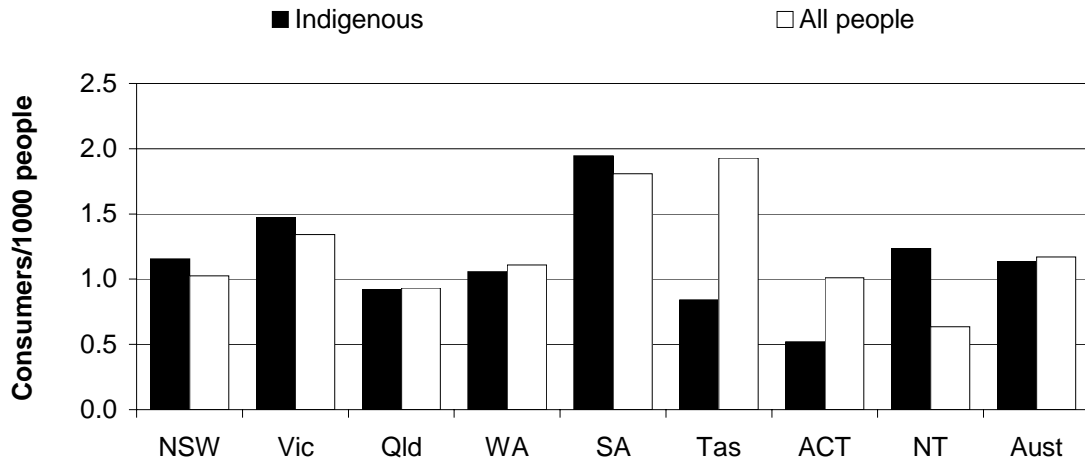
directly sourced from the Report on Government Services 2004, the compendium also notes where the original table, figure or text in the Report on Government Services 2004 can be found. For example, where the compendium refers to 'ROGS 2004, p. 13.15' this is page 15 of chapter 13 and 'ROGS 2004, 13A.2' is attachment table 2 of attachment 13 of the Report on Government Services 2004.

Service use of Indigenous consumers

An important indicator of access is the comparison between the representation of all people with a disability who access services and the representation of people with special needs — for example, Indigenous people. Data are presented by disability service type, as the representation of each special needs group in the total population of people with special needs per 1000 people, compared to the representation of all disability services consumers in the total Australian population per 1000 people.

Nationally, the representation of Indigenous consumers in accommodation support services was lower than that of all consumers in accommodation support services on the snapshot day in 2002 (1.13 Indigenous consumers per 1000 people in the Indigenous population compared to 1.17 total consumers per 1000 people in the total population). A lower proportion of the Indigenous population than of the total population used accommodation support services in Queensland, WA, Tasmania and the ACT. Across jurisdictions, the proportion of Indigenous consumers accessing accommodation support services ranged from 1.95 consumers per 1000 people in SA to 0.52 consumers per 1000 people in the ACT (figure 13.1).

Figure 13.1 Consumers of accommodation support services per 1000 people, by Indigenous status, 2002^{a, b, c, d, e, f}

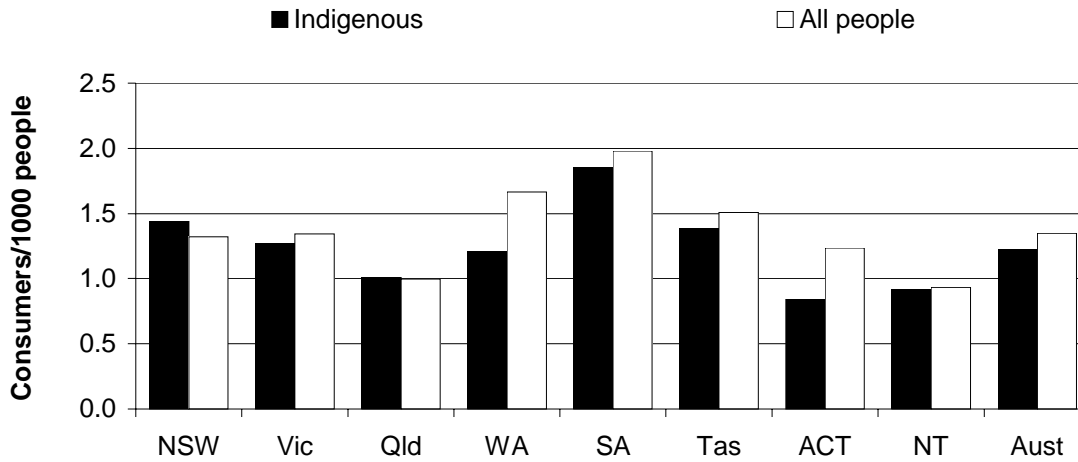


^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where Indigenous status is inconsistently recorded for the same consumer, the consumer is counted as an Indigenous Australian. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. ^b Data for Indigenous consumers per 1000 people are derived from the Indigenous consumer data divided by the Indigenous Australians data, multiplied by 1000. ^c Data for all consumers in 2002 exclude 943 consumers whose Indigenous origin was 'not known' or 'not stated', so may differ from totals of other tables. ^d ABS population projections are used for 2002 population data. Indigenous population data in each State or Territory for 2002 is obtained by multiplying the percentage of Indigenous people to the ABS 2001 Census data on the projected population for 2002. The percentage of Indigenous people in each State or Territory is based on ABS Estimated Resident Population data for June 2002. ^e Data for consumers of CSDA accommodation support services exclude psychiatric services specifically identified by the jurisdiction. ^f Data are revised, so differ from those in previous reports.

Source: AIHW (2001, 2002); ROGS 2004, p. 13.25; Table 13A.13.

Nationally, the representation of Indigenous consumers in employment support services was lower than that of the community representation of all consumers in employment support services on the snapshot day in 2002 (1.22 Indigenous consumers per 1000 Indigenous people compared to 1.35 total consumers per 1000 people in the total population). In general, a lower proportion of the Indigenous population than of the total population used employment support services except in NSW and Queensland. Across jurisdictions, the proportion of Indigenous consumers accessing employment support services ranged from 1.85 consumers per 1000 people in SA to 0.84 consumers per 1000 people in the ACT (figure 13.2).

Figure 13.2 Consumers of employment support services per 1000 people, by Indigenous status, 2002^{a, b, c, d, e, f}

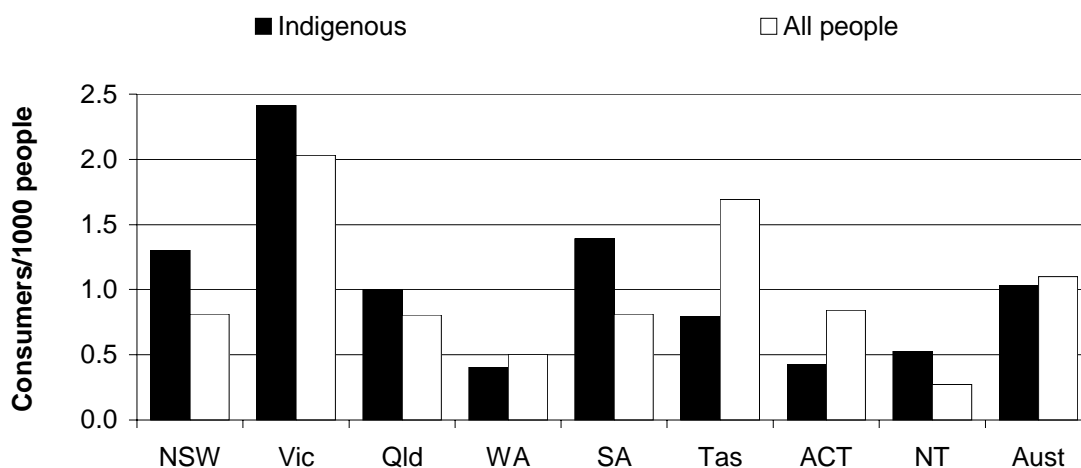


^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. ^b Where Indigenous status is inconsistently recorded for the same consumer, the consumer is counted as an Indigenous Australian. ^c Data for Indigenous consumers per 1000 people are derived from the Indigenous consumer data divided by the Indigenous Australians data, multiplied by 1000. ^d ABS population projections are used for 2002 population data. Indigenous population data in each State or Territory for 2002 is obtained by multiplying the percentage of Indigenous people to the ABS 2001 Census data on the projected population for 2002. The percentage of Indigenous people in each State or Territory is based on ABS Estimated Resident Population data for June 2002. ^e Data for all consumers in 2002 exclude 395 consumers of employment services whose Indigenous origin was 'not known' or 'not stated', so may differ from totals of other tables. ^f Data are revised, so differ from those in previous reports.

Source: AIHW (2001, 2002); ROGS 2004, p. 13.26; Table 13A.2.

Nationally, the representation of Indigenous consumers in day activity services was lower than that of all consumers in day activity services on the snapshot day in 2002 (1.03 Indigenous consumers per 1000 Indigenous people and 1.10 total consumers per 1000 people in the total population). A lower proportion of the Indigenous population than of the total population used day activity services in WA, Tasmania and the ACT. Across jurisdictions, the proportion of Indigenous consumers accessing day activity services ranged from 2.41 consumers per 1000 people in Victoria to 0.40 consumers per 1000 people in WA (figure 13.3).

Figure 13.3 Consumers of day activity services per 1000 people, by Indigenous status, 2002^{a, b, c, d, e, f, g}



^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where Indigenous status is inconsistently recorded for the same consumer, the consumer is counted as an Indigenous Australian. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. ^b Data for Indigenous consumers per 1000 people are derived from the Indigenous consumer data divided by the Indigenous Australians data, multiplied by 1000. ^c ABS population projections are used for 2002 population data. Indigenous population data in each State or Territory for 2002 is obtained by multiplying the percentage of Indigenous people to the ABS 2001 Census data on the projected population for 2002. The percentage of Indigenous people in each State or Territory is based on ABS Estimated Resident Population data for June 2002. ^d Day activity services in 2002 include consumers using the following community access service types: learning and life skills development; and other community access (but not recreation/holiday program). ^e Data for all consumers in 2002 exclude 737 consumers whose Indigenous origin was 'not known' or 'not stated', so may differ from total of other tables. ^f Data for consumers of CSDA community access services exclude psychiatric services specifically identified by the jurisdiction. ^g Data may have different inclusions for different jurisdictions (which may explain variability across jurisdictions), so are not strictly comparable across jurisdictions.

Source: AIHW (2001, 2002); ROGS 2004, p. 13.27; Table 13A.3.

References

- ABS (Australian Bureau of Statistics) 1999, *Disability, Ageing and Carers Australia: Summary of Findings 1998*, Cat. no. 4430.0, Canberra.
- 2001, *First National Results on Services Provided under the Commonwealth–State Disability Agreement: National Data*, Cat. no. DIS 24, Canberra.
- 2002, *First National Results on Services Provided under the Commonwealth–State Disability Agreement: National Data*, Cat. no. DIS 27, Canberra.
- WHO (World Health Organisation) 2001, *ICIDH-2: International Classification of Functioning, Disability and Health*, Final draft, Full version, Geneva.

Chapter 14: Children's services

Children's services aim to meet the care, education and development needs of children, although the emphasis on these broad objectives may differ across the services. Child care is provided to children aged 12 years or younger, usually by someone other than the child's parents or guardian. Preschool services are provided to children mainly in the year or two before they commence full time schooling.

The children's services chapter presents performance and descriptive information for government funded and/or delivered child care and preschool services. Unless otherwise stated, the data relate to services that are supported by the Australian, State and Territory governments and provided for children aged 12 years or younger. Local governments also plan, fund and deliver children's services. However, given data limitations, this chapter records data on local government activities only where Australian, State and Territory government funding and licensing are involved. The chapter does not include services that do not receive government funding (unless otherwise noted).

Indigenous data in the children's services chapter

The children's services chapter in the *Report on Government Services 2004* contains the following data items on Indigenous people:

- Proportion of children from special needs groups attending Australian Government approved child care services, 2002.
- Proportion of preschool attendees from Indigenous backgrounds (relative to representation in the community, and among attendees), 2002-03.
- Proportion of preschool attendees from Indigenous backgrounds for each year between 1998-99 to 2002-03.

The *Report on Government Services 2004* also notes that the Australian Government provides supplementary funding for the preschool education of children from Indigenous backgrounds (Report on Government Services 2004, p. 14.6).

Supporting tables

Supporting tables for data within the children's services chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 14A.3 is

table 3 in the children's services attachment to the compendium). As the data are directly sourced from the Report on Government Services 2004, the compendium also notes where the original table, figure or text in the Report on Government Services 2004 can be found. For example, where the compendium refers to 'ROGS 2004, p. 14.15' this is page 15 of chapter 14 and 'ROGS 2004, 14A.2' is attachment table 2 of attachment 14 of the Report on Government Services 2004.

Access of target groups — representation in services

Data on the representation of children from some special needs groups in Australian Government approved child care services are available for 1997, 1999 and 2002 from the Australian Government Census of Child Care Services (AGCCCS)¹² conducted by the Australian Government Department of Family and Community Services (DFaCS) and data for August 2000 are from Centrelink administrative data. The AGCCCS and Centrelink data are not directly comparable because of differences in their collection methods.¹³ The variations are particularly distorting for data on children from Indigenous backgrounds and for NT data.

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

The proportion of children who attended child care services in 2002 who were from an Indigenous background ranged from 9.8 per cent in the NT (where the representation of Indigenous children in the population was 41.4 per cent) to 0.5 per cent in Victoria (where the representation in the population was 1.1 per cent). Nationally, the representation of children from an Indigenous

¹² The Australian Department of Family and Community Services (DFaCS) biennially conducts the AGCCCS to collect information on the characteristics of users and providers of all Australian Government funded child care services. State and Territory governments may also support many of these services. The 2001 AGCCCS, however, was limited to a survey of family day care services. Some 2001 data for other services were sourced from Centrelink administrative data for the 2002 Report. The AGCCCS was referenced in previous reports as the Commonwealth Census of Child Care Services (CCCCS).

¹³ The AGCCCS data are collected from Australian Government approved child care services based on data provided by services. The AGCCCS includes all children attending Australian Government supported services, and there will be double counting where a child attended more than one service. Centrelink administrative data are collected from customers when they claim Child Care Benefit. As such, the data collection is restricted to customers who are eligible for Child Care Benefit. There is no double counting where children attended more than one service because Centrelink assigns each child a unique reference number.

background in children accessing child care services was lower than this group's overall representation in the community (table 14.1).

Table 14.1 Proportion of children (aged 0–12 years) from special needs groups attending Australian Government approved child care services, 2002 (per cent)

<i>Representation</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA^a</i>	<i>SA</i>	<i>Tas</i>	<i>ACT^b</i>	<i>NT^b</i>	<i>Australia</i>
<i>Children from non-English speaking backgrounds</i>									
In child care services	16.3	12.3	5.9	7.2	6.4	2.4	11.0	6.3	10.8
In the community ^c	20.4	19.9	7.1	11.0	11.2	2.6	13.1	29.4	15.6
<i>Children from Indigenous backgrounds</i>									
In child care services	1.5	0.5	2.7	1.7	1.4	1.2	0.7	9.8	1.7
In the community ^c	4.1	1.1	6.6	6.5	3.4	7.0	2.3	41.4	4.6
<i>Children from low-income families</i>									
In child care services	29.1	29.0	35.2	34.3	35.4	33.6	13.7	19.1	31.2
In the community ^d	23.3	21.2	24.7	25.2	30.8	26.7	10.3	24.1	23.7
<i>Children with a disability</i>									
In child care services	2.3	2.3	2.1	1.6	3.3	2.5	2.1	2.0	2.3
In the community ^e	6.6	6.6	8.1	10.4	9.9	7.5	na	na	7.6
<i>Children from rural and remote areas</i>									
In child care services	22.1	22.1	22.9	20.2	18.5	48.6	–	31.2	22.1
In the community ^f	28.4	27.5	35.4	30.1	31.0	42.7	0.2	59.0	30.2

^a Excludes those children who attend Department of Education provided kindergartens for 4 year olds. ^b Data on children with a disability in the community were not available for publication. ^c Data relate to children aged 0–14 years at June 2001 and were obtained from the ABS 2001 Census of Population and Housing. ^d Data relate to children aged 0–14 years and were obtained from the ABS 1999–2000 Survey of Income and Housing. ^e Data relate to children aged 0–14 years at June 1998 and were obtained from the ABS 1998 Survey of Disability, Ageing and Carers. ^f Data relate to children aged 0–14 years at June 1996 and were obtained from the ABS 1996 Census of Population and Housing. **na** Not available. – Nil or rounded to zero.

Source: ABS 2000, (unpublished); ABS 1996 and 2001, (unpublished); ABS 1999, Cat. nos 4430.0, 4430.140.001–4430.9.40.001; AGCCCS, May 2002 (unpublished); table 14A.17; ROGS 2004, p. 14.16.

Preschools provide a range of educational and developmental programs (generally on a sessional basis) to children in the year immediately before they commence full time schooling and also, in some jurisdictions, to children aged 3 years or under (children aged 4 years or under in WA). The age from which children may attend preschools varies across jurisdictions. Victoria contributes funding towards a preschool program for all 4-year-old children, which is the year before they commence schooling. Children in the NT are usually funded by government to attend preschool in the year before they commence schooling. Younger children in

NSW, Queensland, WA, SA, Tasmania¹⁴ and the ACT may also access government funded preschool services.

Younger Indigenous children living in remote areas also may attend preschools in the NT and Queensland. In SA, a pre-entry program provides one session of preschool a week for 10 weeks in the term before preschool, and children from Indigenous backgrounds may attend preschool at 3 years of age. In the ACT, children from Indigenous backgrounds, children with English as a second language, and children with a hearing impairment and/or whose parents have a hearing impairment may be eligible for early entry into preschool (for 5.25 hours per week) at 3 years of age.

This disparity in the age from which children may access preschool services reduces the comparability of preschool data across jurisdictions. Preschool data are presented for two categories to improve comparability:

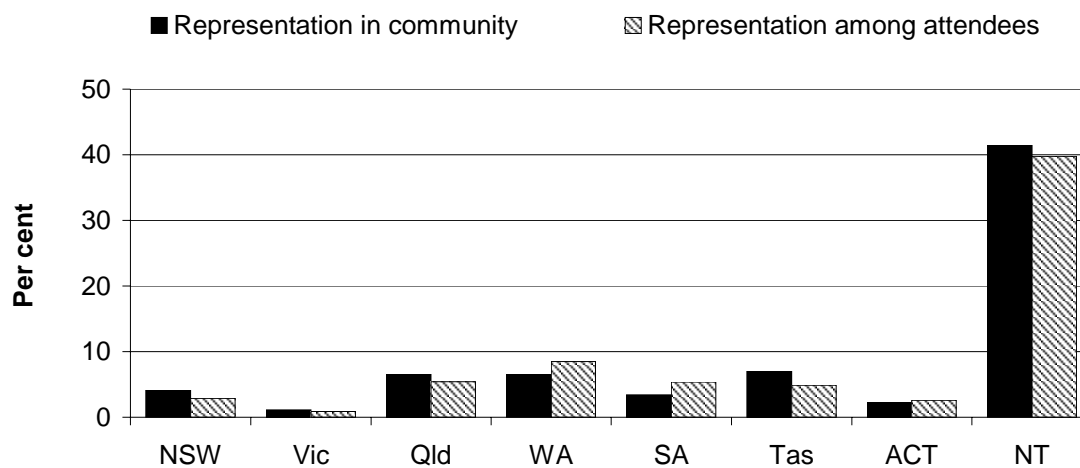
- children attending preschool in the year immediately before they commence full time schooling (data that are largely presented on a comparable basis for all jurisdictions)
- younger children attending preschool services.

In 2002-03, 83.5 per cent of children of 4 years of age attended funded and/or provided preschool in the year immediately before they commenced school. Across jurisdictions for which 2002-03 data were available, this proportion ranged from about 100 per cent in Queensland to 61.9 per cent in NSW.

Across jurisdictions, the proportion of Indigenous children attending preschools in 2002-03 was broadly similar to their representation in the community. The proportion ranged from 39.8 per cent in the NT (where the representation of Indigenous children in the community was 41.4 per cent) to 0.9 per cent in Victoria (where their representation in the community was 1.1 per cent) (figure 14.1).

¹⁴ In Tasmania, the flexibility to enrol children of pre-kindergarten age is permitted only under limited circumstances (such as for gifted children or children previously enrolled in another State or Territory who now reside in Tasmania).

Figure 14.1 Proportion of preschool attendees from Indigenous backgrounds, 2002-03^{a, b}



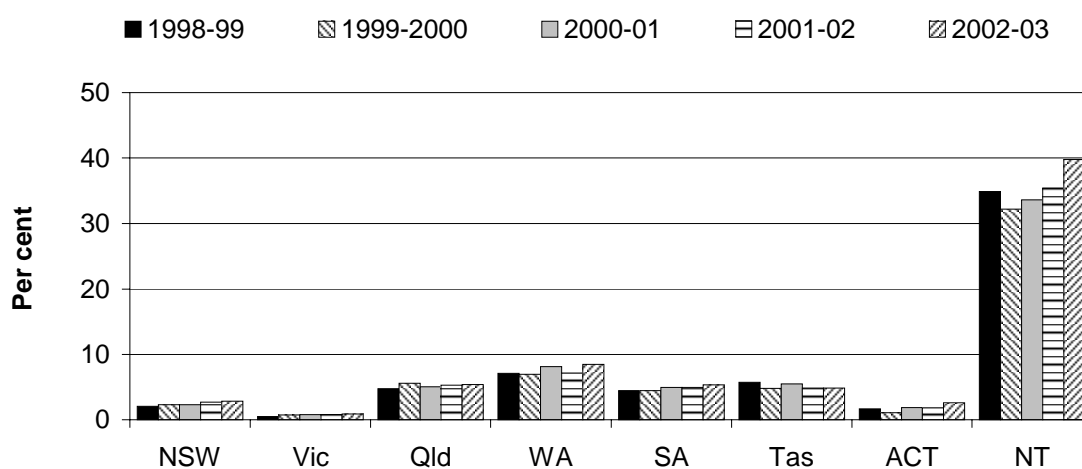
Representation	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
In preschool	%	2.9	0.9	5.4	8.5	5.4	4.9	2.6	39.8
In community	%	4.1	1.1	6.6	6.5	3.4	7.0	2.3	41.4

^a Comparisons between the representation of Indigenous children among preschool attendees and their representation in the community need to be treated with caution because there are definitional differences and differences in the base population. ^b Excludes younger children attending preschool and all children attending non-government preschools.

Source: ABS 2001, (unpublished); State and Territory governments (unpublished); ROGS 2004, p. 14.17; Tables 14A.2–14A.9.

The proportion of preschool attendees from Indigenous backgrounds varied across jurisdictions, but has been relatively constant over time within jurisdictions (figure 14.2).

Figure 14.2 **Preschool attendees from Indigenous backgrounds^a**



Year	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1998-99	%	2.0	0.5	4.8	7.1	4.5	5.8	1.7	34.9
1999-2000	%	2.3	0.8	5.6	6.9	4.5	4.8	1.1	32.2
2000-01	%	2.3	0.8	5.1	8.1	5.0	5.5	1.9	33.6
2001-02	%	2.7	0.8	5.3	7.2	5.0	4.9	1.8	35.4
2002-03	%	2.9	0.9	5.4	8.5	5.4	4.9	2.6	39.8

^a Excludes younger children attending preschool and children attending non-government preschools.

Source: State and Territory governments (unpublished); ROGS 2004, p. 14.18; Tables 14A.2–14A.9.

References

ABS (Australian Bureau of Statistics) 1996, 2001, *Census of Population and Housing*, Canberra, unpublished.

— 1999, *Disability, Ageing and Carers: Summary Tables*, Cat. nos 4430.0, 4430.1.40.001–4430.9.40.001, Canberra.

— 2000, *1999-2000 Survey of Income and Housing*, Canberra, unpublished.

Chapter 15: Protection and support services

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

The protection and support services chapter reports on:

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

Indigenous data in the protection and support chapter

The protection and support services chapter in the *Report on Government Services 2004* contains the following data items on Indigenous people:

- Indigenous children who were the subject of child protection notifications, 2002-03.
- Indigenous children who were the subject of a substantiation, 2001-02.
- Indigenous children who were on care and protection orders, 30 June 2003.
- Indigenous children who were in out-of-home care, 30 June 2003.
- Proportion of children in out-of-home care placed with relatives/kin, by Indigenous status, 30 June 2003.
- Proportion of children aged under 12 years in out-of-home care placed in home-based care, by Indigenous status, 30 June 2003.
- Placement of Indigenous children in out-of-home care, 30 June 2003.
- Proportion of clients who had no substantive change in income source after Supported Accommodation Assistance Program (SAAP) support, by Indigenous status, 2002-03.

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- Support periods, by existence of a support plan, by Indigenous status, 2002-03.
 - Indigenous clients, by met and unmet support needs, 2002-03.
 - Accommodation type on exit from SAAP support, 2002-03.
 - Change in labour force status after SAAP support, 2002-03.
 - SAAP clients who exited from the service and who returned to SAAP agencies before the end of that year, 2002-03.
 - Indigenous people among SAAP clients, and the proportion of requests for SAAP service from Indigenous people that did not result in the assistance requested, 2002-03.

Supporting tables

Supporting tables for data within the protection and support services chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 15A.3 is table 3 in the protection and support services attachment to the compendium). As the data are directly sourced from the Report on Government Services 2004, the compendium also notes where the original table, figure or text in the Report on Government Services 2004 can be found. For example, where the compendium refers to 'ROGS 2004, p. 15.15' this is page 15 of chapter 15 and 'ROGS 2004, 15A.2' is attachment table 2 of attachment 15 of the Report on Government Services 2004.

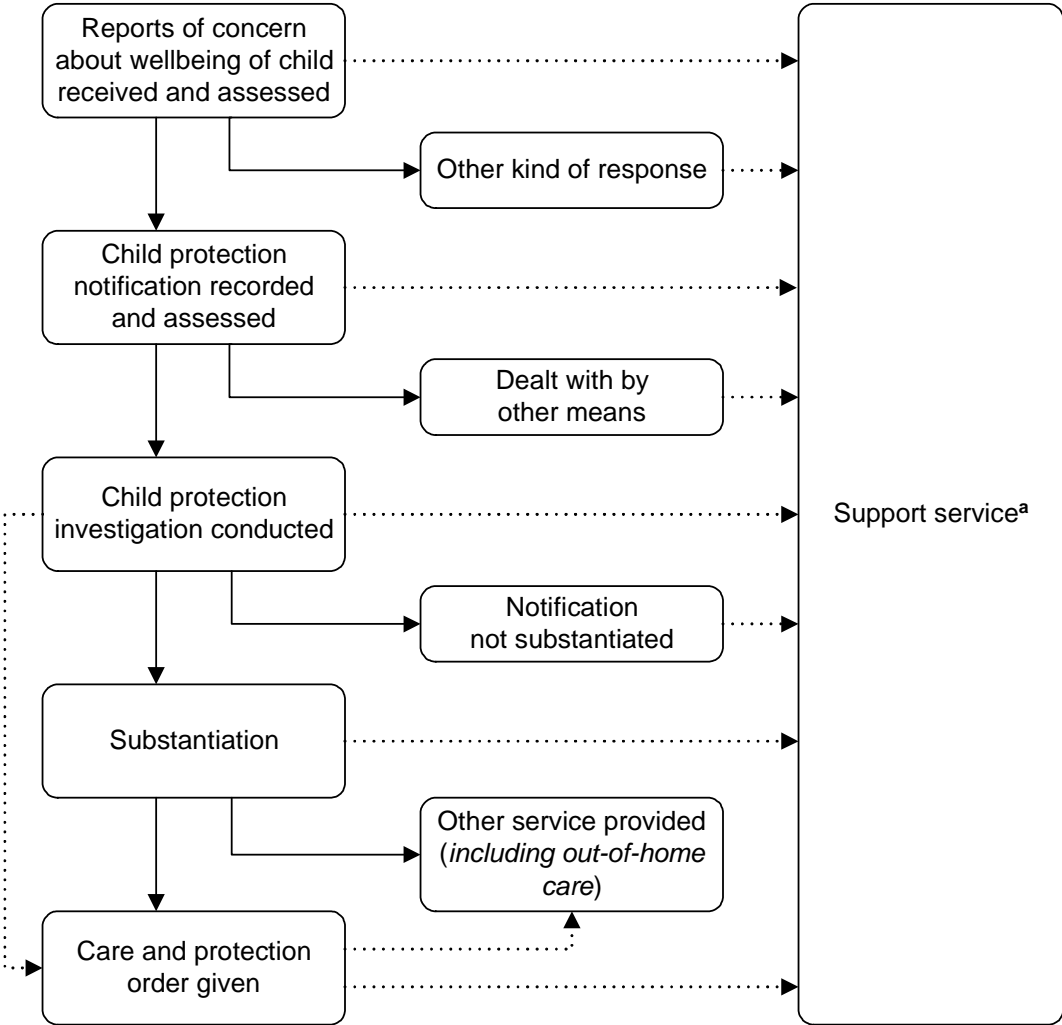
Child protection system

Child protection legislation, policies and practices vary among jurisdictions, but the broad processes in the child protection system are similar (figure 15.1).¹⁵ State and Territory community services departments are advised of concerns about the wellbeing of children through reports to the department. Reports may be made by people mandated to report (such as medical practitioners, police services, and school teachers and principals) or by other members of the community. These reports are then assessed and classified as child protection notifications, child concern reports or matters requiring some other kind of response. Jurisdictions

¹⁵ Child protection services, care and protection orders and out-of-home care relate to children aged 0–17 years. Rates of children in 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.

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 that the number of notifications is not strictly comparable across jurisdictions.

Figure 15.1 Child protection system



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

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

Source: ROGS 2004, p. 15.7.

Inquiry into child abuse and neglect within Indigenous communities

The incidence of child abuse and neglect within the Indigenous communities was highlighted in the Gordon Inquiry (Gordon Report 2002, box 15.1).

Box 15.1 **Western Australian Gordon Inquiry**

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

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

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

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

The WA Government accepted the challenges posed by the Gordon Inquiry and is developing responses to its findings through a Statement of Commitment developed in partnership with the Aboriginal and Torres Strait Island Commission (ATSIC). This Statement will be guided by the views of Aboriginal communities and their elected representatives. The challenge is threefold and includes:

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

(Continued on next page)

Box 15.1 (Continued)

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

The Government has responded with new initiatives aimed at combating child abuse and family violence in Aboriginal communities. These initiatives include funding over four years and more than 100 additional staff across a range of Government agencies. The package is aimed at ending the cycle of abuse in many Aboriginal communities. In addition, the Government is pursuing new ways of working across the public sector, particularly involving the departments of Community Development, Police, Justice, Health and Education.

Source: Department for Community Development (unpublished); Gordon Report (2002); ROGS 2004, pp. 15.3-15.4.

Notification

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

In all jurisdictions, notifications are investigated when deemed appropriate, based on the policies and practices in that jurisdiction. Once it has been decided that an investigation is required, the investigation process is similar across jurisdictions. This investigation process determines whether the notification is substantiated or not substantiated (figure 15.1).

Although notifications are defined differently across jurisdictions, 12 542 Indigenous children and 117 682 non-Indigenous children were the subject of child protection notifications nationally in 2002-03. The rate of notifications per 1000 children in the population aged 0–16 years was 63.1 for Indigenous children and 27.2 for non-Indigenous children (table 15A.1).

Substantiation

The criteria for substantiation vary across jurisdictions. In some jurisdictions, a notification is substantiated when an incident of abuse or neglect has occurred or is

likely to occur; in others, it is substantiated when the child has been harmed or is likely to be harmed, or when there is a combination of the two.¹⁶ If an investigation results in substantiation, then intervention by the relevant community services department may be needed to protect the child. This intervention can take a number of forms, including referral to other services, supervision, counselling or recourse to the court, or placement in out-of-home care.

Nationally in 2001-02, 4325 Indigenous children and 26 450 non-Indigenous children were the subject of a substantiation. The rate of children who were the subject of a substantiation per 1000 children in the population aged 0–16 years was 21.8 for Indigenous children and 6.1 for non-Indigenous children (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.

Across Australia, 4803 Indigenous children and 17 327 non-Indigenous children were on care and protection orders at 30 June 2003. The rate of children on care and protection orders per 1000 children in the population aged 0–17 years was 23.1 for Indigenous children and 3.8 for non-Indigenous children (table 15A.1).

Out-of-home care

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 in conjunction with care and protection orders.

Out-of-home care services are either home-based care (such as foster care, care with the child's extended family and other home-based arrangements), facility-based care (such as family group homes and community residential care), or independent living (which is often intensively supported) as a transition to full independence or supported placements. Across jurisdictions, there has been a shift away from the use

¹⁶ 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, the focus is shifting away from the actions of parents and guardians, towards the outcomes for the child, and the identification and investigation of actual harm to the child and the child's needs.

of facility-based (or residential) care towards foster care and other forms of home-based care, including relative/kinship care. Intensive family support services are increasingly seen as an alternative to the removal of the child from his or her home for child protection reasons (see box 15.2, p. 15.5, Report on Government Services 2004).

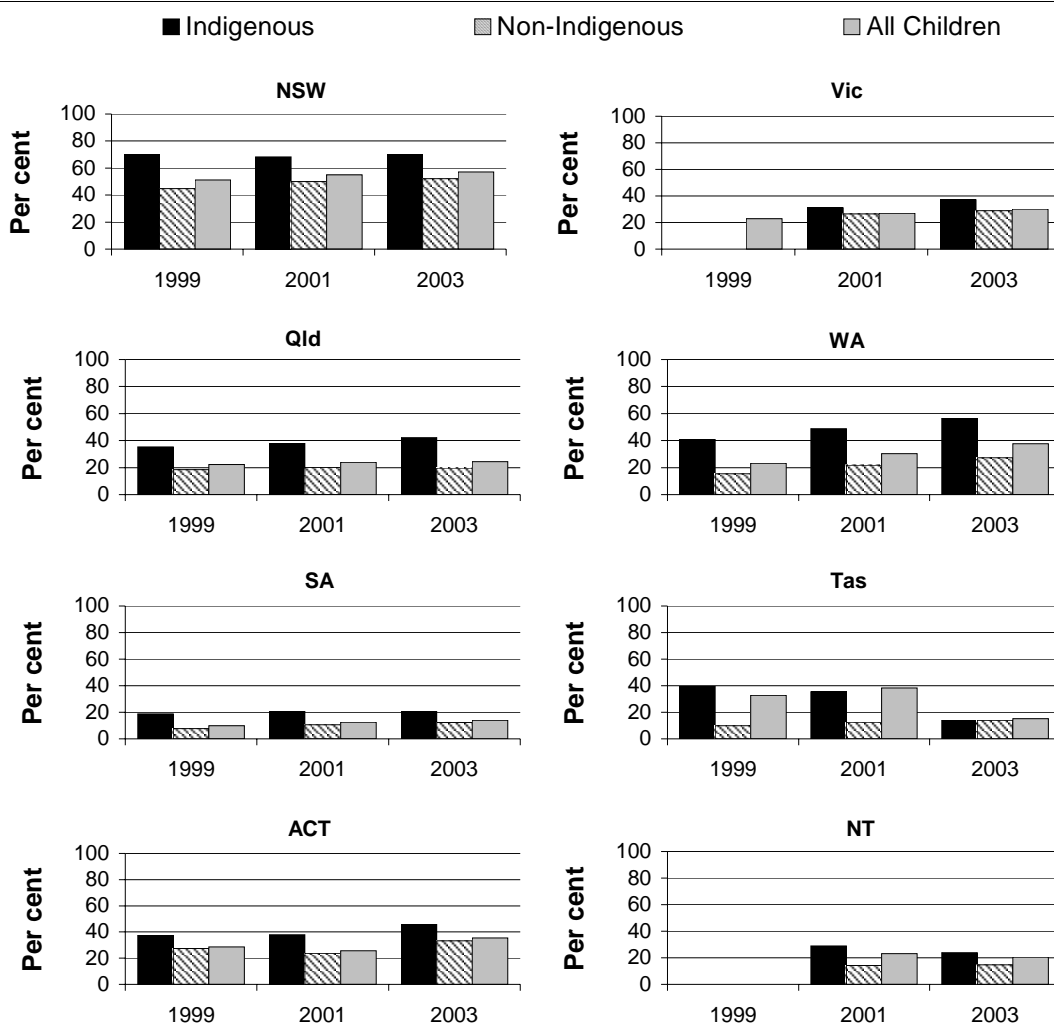
Out-of-home care is one of a range of services provided to families and children where there is a need to provide safe care for a child. The current emphasis in policy and practice is to maintain the child within the family if possible and to place a child in out-of-home care only if this will improve the outcome for the child. If it is necessary to remove the child from his or her home, then placement with the wider family or community is sought where possible, particularly in the case of Indigenous children (AIHW 1999). 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.

Across Australia, 4750 Indigenous children and 15 547 non-Indigenous children were in out-of-home care at 30 June 2003. The rate of children in out-of-home care per 1000 children in the population aged 0–17 years was 22.9 for Indigenous children and 3.4 for non-Indigenous children (table 15A.2).

Service quality — placement with extended family or in home-based care

The type of placement is another indicator of the quality of child placement. Placing children with their relatives or kin is generally preferred for children in out-of-home care. The proportion of children placed with relatives or kin at 30 June 2003 ranged from 57.1 per cent in NSW to 13.9 per cent in SA. The proportion of children placed with relatives or kin in 2002-03 was greater for Indigenous children than for non-Indigenous children in all jurisdictions except Tasmania (figure 15.2).

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

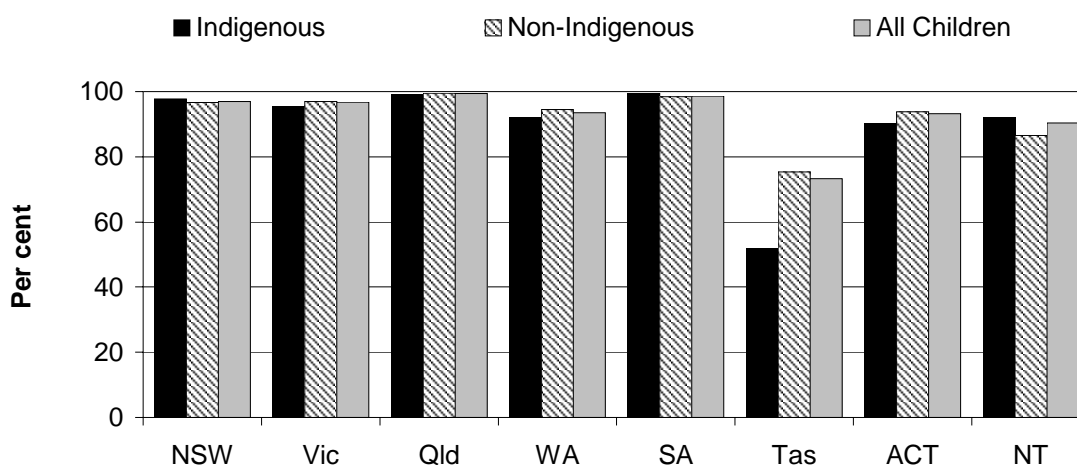


^a Victoria could not provide data by Indigenous status before 2001.

Sources: AIHW *Children in out-of-home care, Australia* data collection (unpublished); ROGS 2004, p. 15.19; Tables 15A.3–15A.10.

Placing children in home-based care is generally considered to be in their best interests, particularly for younger children. The proportion of children aged under 12 years who were placed in home-based care at 30 June 2003 ranged from 99.4 per cent in Queensland to 73.3 per cent in Tasmania. In all jurisdictions except Tasmania and the NT, the proportion of children aged under 12 years who were placed in home-based care was broadly similar to that of non-Indigenous children. In Tasmania, a greater proportion of non-Indigenous children were placed in home-based care. In the NT, a greater proportion of Indigenous children were placed in home-based care (figure 15.3).

Figure 15.3 Proportion of children aged under 12 years in out-of-home care and in a home based placement, by Indigenous status, 30 June 2003



Source: AIHW *Children in out-of-home care, Australia* data collection (unpublished); ROGS 2004, p. 15.20; Table 15A.11.

Service quality — placement in accordance with the Aboriginal Child Placement Principle

According to the Aboriginal Child Placement Principle (NLRC 1997), the following hierarchy or placement preference should be pursued for Indigenous children:

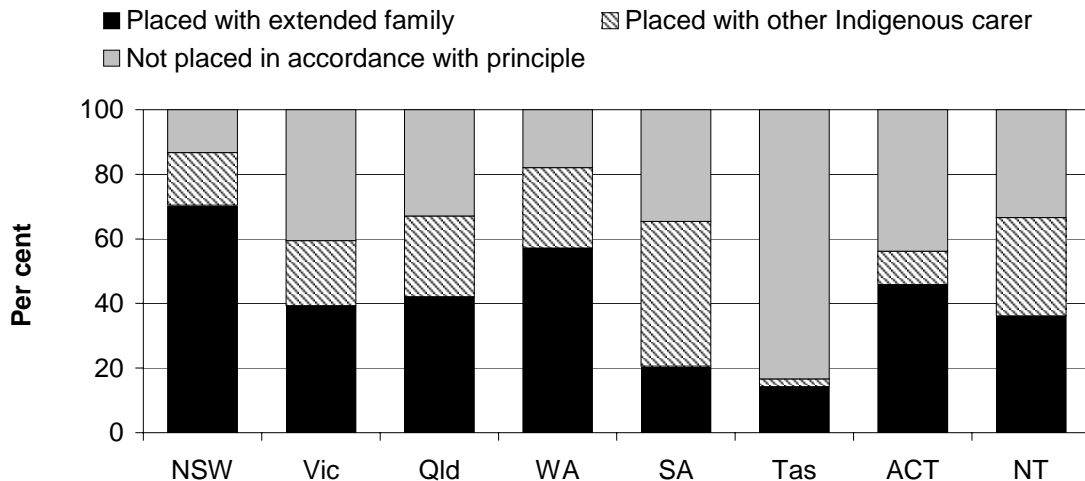
- placement with the child's extended family (which includes Indigenous and non-Indigenous relatives/kin)
- placement within the child's Indigenous community
- placement with other Indigenous people.

All jurisdictions have adopted this principle, either in legislation or policy. The proportion of Indigenous children in out-of-home care at 30 June 2003 placed in accordance with the principle ranged from 86.7 per cent in NSW to 16.7 per cent in Tasmania (figure 15.4).

The preferred placement option outlined under the Aboriginal Child Placement Principle is placement with the child's extended family. The proportion of Indigenous children in out-of-home care placed with extended family at 30 June 2003 ranged from 70.5 per cent in NSW to 14.3 per cent in Tasmania. Placement with other Indigenous care providers (the child's Indigenous community or other Indigenous people) also complies with the principle. The proportion placed with

other Indigenous care providers at 30 June 2003 ranged from 44.8 per cent in SA to 2.4 per cent in Tasmania (table 15A.12).

Figure 15.4 **Placement of Indigenous children in out-of-home care, 30 June 2003^{a, b, c}**



^a Excludes Indigenous children living independently and those whose living arrangements were unknown. ^b 'Placed with another Indigenous carer' includes those living in Indigenous residential care. ^c Note that data for Tasmania and the ACT relate to a small number of Indigenous children (43 and 48 respectively) in care at 30 June 2003.

Source: AIHW *Children in out-of-home care, Australia* data collection (unpublished); ROGS 2004, p. 15.21; Table 15A.12.

Supported Accommodation and Assistance Program (SAAP)

Supported accommodation and assistance services (SAAP) 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.

Output — Proportion of people who receive a service

Data for assessing access to SAAP services are available from the data collection on unmet demand and the data on clients. Unmet demand is where a homeless person seeking supported accommodation or support cannot be provided with that assistance (although one-off assistance may be provided).

Assessing the experience of target groups using data from the unmet demand collection is problematic. The client data and unmet demand data are not strictly comparable: the former count clients and each client's cultural status, whereas the latter are based on valid requests for services and record the cultural status of everyone in the group, making no distinction between adults and accompanying children. Also, the two week sample period over which data are collected may not be representative of the eventual success of clients accessing SAAP services over the full year.

The available data suggest around 85.8 per cent of requests for SAAP services were provided with the assistance requested in the data collection period in 2002-03. Requests for SAAP services were not met for a number of reasons in 2002-03, including a lack of available accommodation (the main reason that 66.5 per cent of potential clients were not provided with services), no vacancies at the referral agency (20.8 per cent), and insufficient staff (2.0 per cent).

Nationally, 17.7 per cent of SAAP service requests by Indigenous people in the data collection period in 2002-03 did not result in the assistance requested in 2002-03, which was the same as the representation of Indigenous clients among SAAP clients. In all jurisdictions except Victoria, Queensland and Tasmania, the proportion of requests by Indigenous people that did not result in the provision of a service was higher than the representation of Indigenous people among clients (figure 15.5).

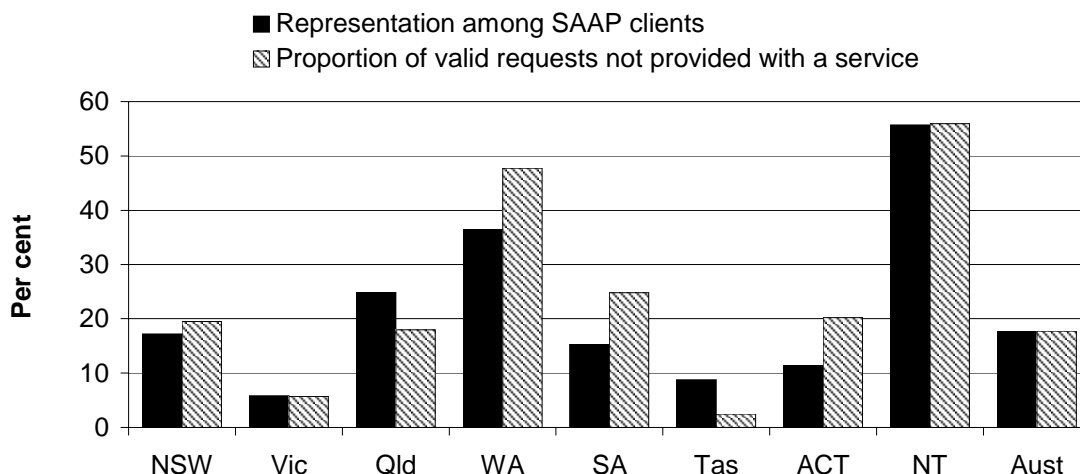
Output — Development of agreed support plan

The existence of an agreed support plan is an indicator of and quality in service delivery, but it may be judged to be inappropriate for some support periods (such as when a support period is short term). Nationally, there was an agreed support plan for 61.3 per cent of support periods in 2002-03 (59.3 per cent of support periods for Indigenous clients) (figure 15.6). Across jurisdictions, the proportion for all clients ranged from 81.6 per cent in the ACT to 49.3 per cent in WA in 2002-03. For Indigenous clients during the same period, the proportion ranged from 83.1 per cent in the ACT to 46.8 per cent in WA (figure 15.6).

Output — Match of needs of clients

The proportion of clients receiving services that they need is an indicator of appropriateness. Data are collected on which services are needed by clients and whether these services are provided or the clients are referred to another agency. The range of needed services is broad (ranging from meals to laundry facilities to long term accommodation), so the effect of not providing these services varies.

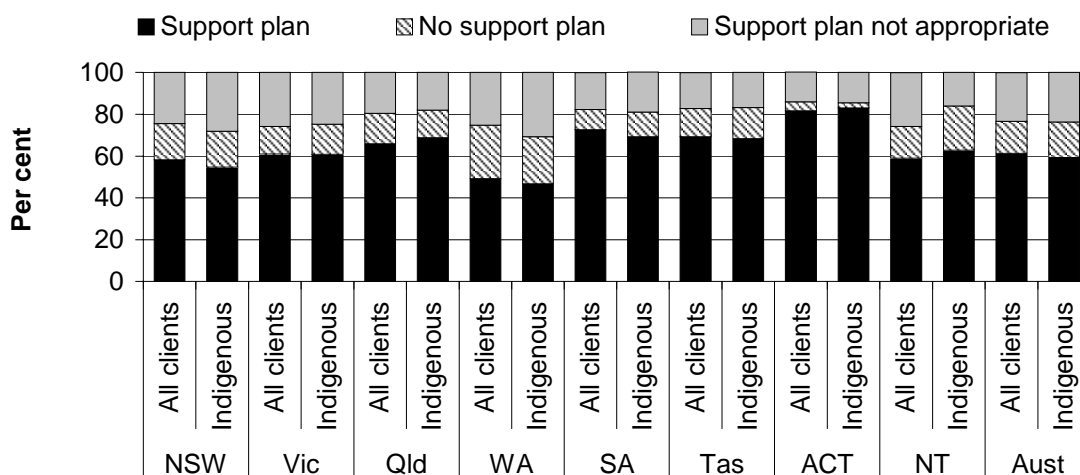
Figure 15.5 Indigenous people among SAAP clients, and the proportion of requests for SAAP service from Indigenous people that did not result in the assistance requested, 2002-03^{a, b}



^a The number of people unable to be provided with a SAAP service was the 'unmet demand'. See notes to table 15A.180 for more detail. ^b Excludes people who refused offered assistance; those who made a similar request at a SAAP funded agency within the collection period (to limit double counting); and those whose request was not met because either the referral was inappropriate (wrong target group) or the agency did not provide the type of service requested.

Source: SAAP NDCA Demand for Accommodation Collection (unpublished); ROGS 2004, p. 15.41; Table 15A.13.

Figure 15.6 Support periods, by the existence of a support plan, 2002-03^{a, b}



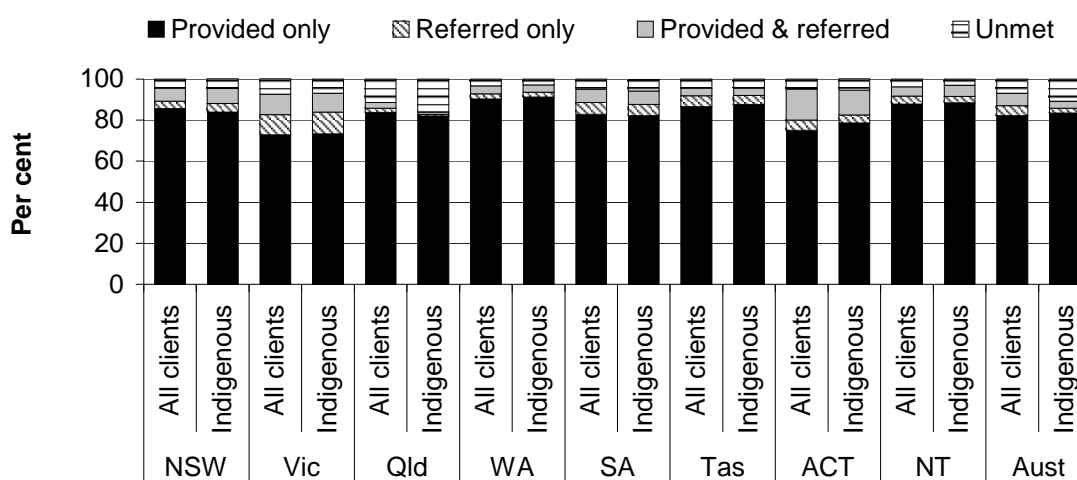
NESB = Non-English speaking background

^a Excludes high volume records because not all items are included on high volume forms. ^b See notes to table 15A.176 for more detail.

Source: SAAP NDCA Administrative Data and Client Collections (unpublished); ROGS 2004, p. 15.42; Table 15A.14.

Nationally, the proportion of clients who received needed services or were referred to another agency for needed services was 93.1 per cent in 2002-03. Across jurisdictions, the proportion ranged from 96.8 per cent in WA to 88.6 per cent in Queensland (table 15A.15). Across Australia, 89.3 per cent of Indigenous clients either received needed SAAP services or were referred to another agency for these services in 2002-03 — 3.8 percentage points lower than the proportion for all clients. Across jurisdictions, the proportion ranged from 97.2 per cent in the WA to 84.0 per cent in Queensland (figure 15.7).

Figure 15.7 Indigenous clients, by met and unmet support needs, 2002-03



Source: SAAP NDCA Administrative Data and Client Collections (unpublished); ROGS 2004, p. 15.44; Table 15A.15.

Outcomes — Achievement of independent living: housing

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

The proportion of clients achieving independent housing at the end of a support period indicates the independence of clients after program support. Nationally, 72.4 per cent of clients (71.9 per cent of Indigenous clients) achieved independent housing at the end of a support period in 2002-03. Data are available for only one third of completed support periods, so may not represent the total SAAP population (figure 15.8).

By type of independent housing on exiting from SAAP, 39.1 per cent of all clients in 2002-03 moved to private rental housing (27.5 per cent of Indigenous clients),

16.5 per cent entered public housing (28.2 per cent of Indigenous clients) and 3.7 per cent moved to owner-occupied housing (0.6 per cent of Indigenous clients). The proportion of all clients moving to private rental housing was highest in Tasmania (48.3 per cent) and lowest in the ACT (19.3 per cent). The proportion moving to public housing ranged from 27.9 per cent in the NT to 10.9 per cent in Queensland (figure 15.8).

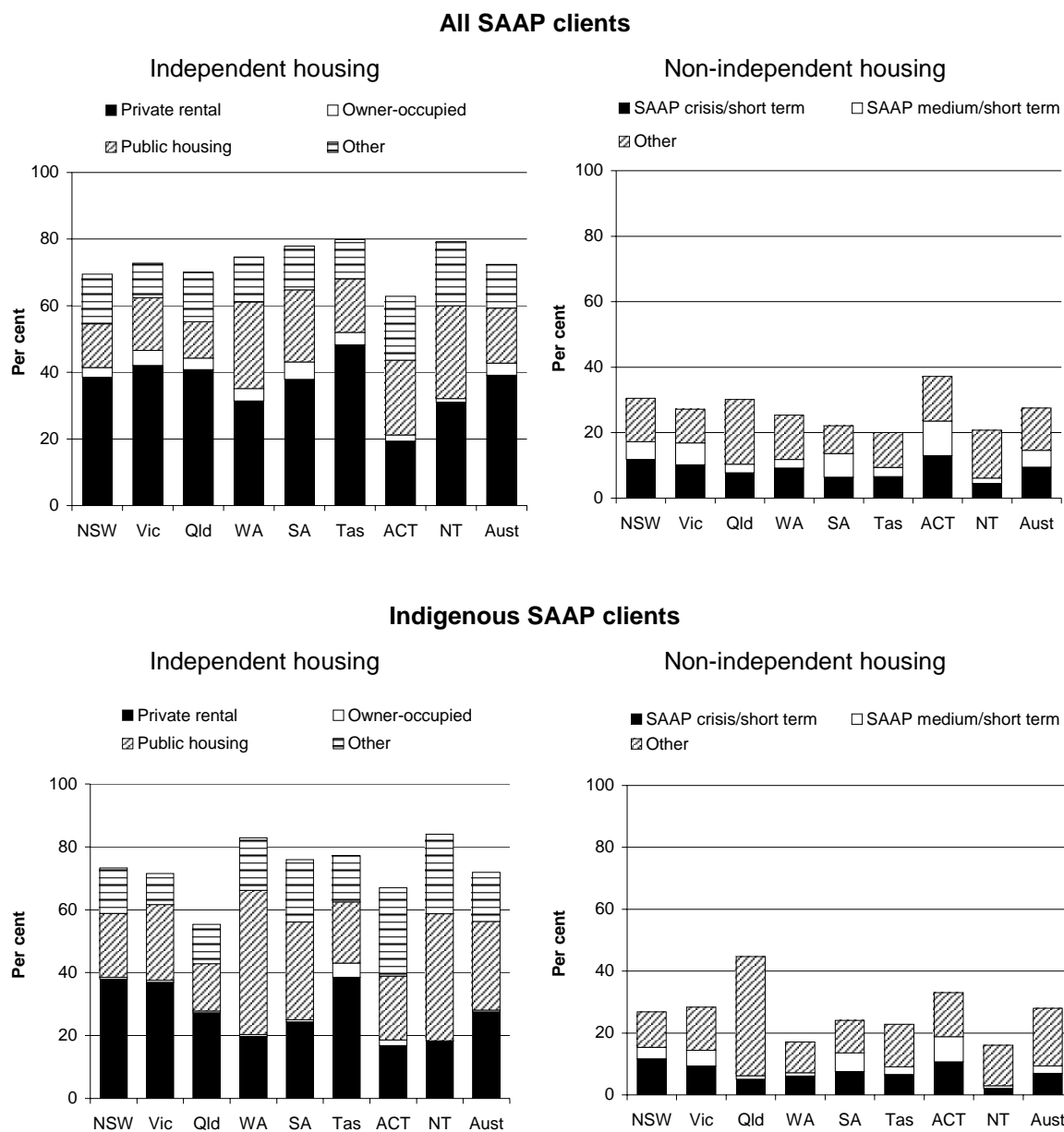
By type of non-independent housing, 14.6 per cent of all clients in 2002-03 continued to live in SAAP accommodation (9.4 per cent of Indigenous clients), 9.5 per cent continued in crisis or short term accommodation (7.0 per cent of Indigenous clients) and 5.1 per cent continued in medium term to short term accommodation (2.4 per cent of Indigenous clients). The proportion of all clients remaining in SAAP accommodation was highest in the ACT (23.6 per cent) and lowest in the NT (6.1 per cent) (figure 15.8).

Outcomes — Achievement of independent living: employment

Employment is another indicator of clients' achievement of self-reliance and independence. Nationally, 9.2 per cent of support periods in 2002-03 involved clients who were employed before support, while 32.0 per cent involved clients who were previously unemployed.

Of the clients who were unemployed when entering SAAP, about 7.3 per cent were employed at the end of the support period (2.5 per cent full time, 1.6 per cent part time and 3.2 per cent on a casual basis), 81.7 per cent remained unemployed and 10.9 per cent were not in the labour force (figure 15.9). For Indigenous clients who were unemployed when entering SAAP in 2002-03, about 4.6 per cent were employed at the end of the support period (1.3 per cent full time, 1.2 per cent part time and 2.1 per cent on a casual basis), 83.1 per cent remained unemployed and 12.3 per cent were not in the labour force (table 15A.18).

Figure 15.8 Accommodation type on exit from SAAP support, 2002-03^{a, b}



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

Source: SAAP NDCA *Administrative Data and Client Collections* (unpublished); ROGS 2004, p 15.49; Tables 15A.16 and 15A.17.

Figure 15.9 **Unemployed SAAP clients — labour force status after SAAP support, 2002-03^{a, b}**



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

Source: SAAP NDCA *Administrative Data and Client Collections* (unpublished); ROGS 2004, p. 15.50; Table 15A.18.

The performance information above relates to relatively short term outcomes — that is, outcomes for clients immediately after their support period. Longer term outcomes are important, but there are challenges in collecting information on these outcomes. The data collection for SAAP allows for the measurement of the number of clients and of the number and types of service provided to clients (box 15.2).

Outcomes — Not returning to crisis accommodation within six months

An important longer term indicator of whether clients are achieving self-reliance and independence is whether a client has needed to return to SAAP services. If a client received two or more support periods over the year, then they must have returned to the program (but not necessarily to the same agency) for a period of support during the year. It may be appropriate, however, for some clients to receive more than one support period (moving from crisis to medium term accommodation, for example). One group that makes multiple use of SAAP are adults and children escaping domestic violence. A number of SAAP clients with long term problems also access SAAP services a number of times before being able to address their issues.

Nationally, 25.9 per cent of clients (28.5 per cent of Indigenous clients) returned to SAAP services during 2002-03 after having exited the program less than 12 months earlier (table 15A.19). Across jurisdictions, the proportion ranged from 27.6 per

cent in WA to 19.3 per cent in the ACT. For Indigenous clients, the proportion ranged from 31.2 per cent in WA to 20.0 per cent in the ACT (table 15A.19).

Box 15.2 Issues when analysing SAAP data

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

- Informed consent is an essential component of the integrity of the data. The principle of client/consumer rights (which underpins informed consent) recognises that clients do not receive services under a mandatory order. They have the right to accept or reject the services offered, as they have the right to provide or not provide information while receiving SAAP services.
- Comprehensive information cannot be collected for all clients, such as casual clients and clients of high volume agencies (those accommodating 50 or more clients per night, telephone referral agencies, day centres, and information and referral centres).
- Clients consented to provide personal details for the SAAP client collection for 85 per cent of support periods in 2002-03. A weighting system has been developed to adjust for agency non participation (95 per cent of agencies participated in the client collection) and non consent.
- Caution needs to be taken when comparing client data from 2001-02 onwards, with data for previous years, as these data are based on estimated support periods per client rather than observed support periods per client.

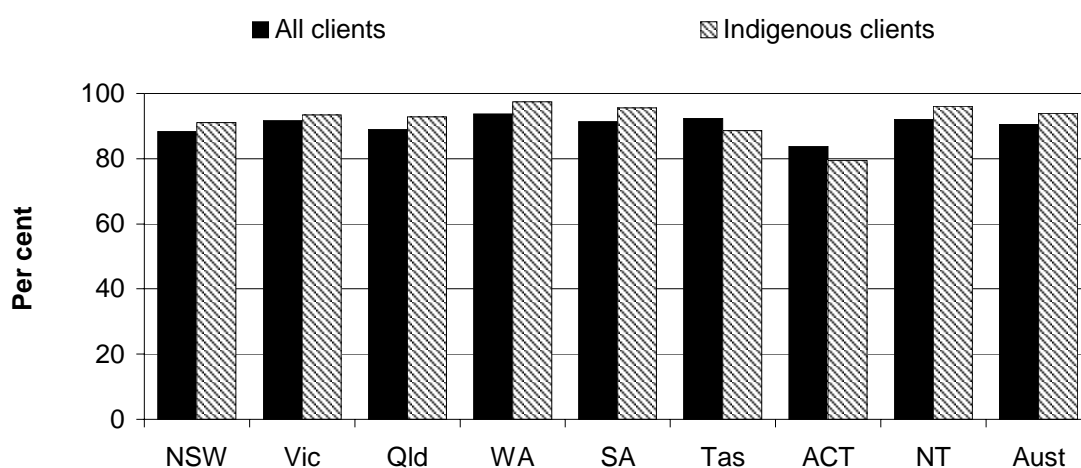
Outcomes — Exit with income

Client independence is enhanced when the client moves from having no income before entering SAAP services to obtaining some income (including wages and/or benefits) on exit from SAAP services. The proportion of all clients in 2002-03 who had no substantive change in income source ranged from 93.7 per cent in WA to 83.8 per cent in the ACT (figure 15.10). The proportion of Indigenous clients in 2002-03 who had no substantive change in income source ranged from 97.4 per cent in WA to 79.5 per cent in the ACT.

The proportion of clients who moved from having no income support to obtaining some income in 2002-03 ranged from 4.5 per cent in the ACT to 1.6 per cent in Tasmania. The proportion who obtained their own benefit or a wage ranged from 2.3 per cent in the NT to 0.7 per cent in Tasmania. The proportion who had no income before or after support ranged from 9.2 per cent in the ACT to 2.5 per cent in the NT. Nationally, 0.9 per cent of clients exiting SAAP moved from having a wage to receiving a government payment, or from having some income to having no income (table 15A.20).

The proportion of Indigenous clients who moved from having no income support to obtaining some income ranged from 3.8 per cent in the ACT to 0.5 per cent in WA. The proportion of those who obtained their own benefit or a wage ranged from 1.0 per cent in the ACT to 0.2 per cent in WA. The proportion who had no income before or after support ranged from 15.1 per cent in the ACT to 1.6 per cent in the NT. Nationally, 0.4 per cent of Indigenous clients exiting SAAP moved from having a wage to receiving a government payment, or from having some income to having no income (table 15A.21). The proportion who had no substantive change in income source ranged from about 97.4 per cent in WA to 79.5 per cent in the ACT.

Figure 15.10 **Proportion of clients who had no substantive change in income source after SAAP support, by Indigenous status, 2002-03^a**



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

Source: SAAP NDCA *Administrative Data and Client Collections* (unpublished); ROGS 2004, p. 15.53; Tables 15A.20 and 15A.21.

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AIHW (Australian Institute of Health and Welfare) 1999, *Child Protection Australia, 1997-98*, cat. no. CWS 8, Canberra.

— 2003, *Child Protection Australia, 2001-02*, cat. no. CWS 24, Canberra.

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

Chapter 16: Housing

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

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

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

Some of the performance indicators in the following chapter were also reported as key indicators of Indigenous disadvantage in the *Overcoming Indigenous Disadvantage: Key Indicators 2003* Report. The Indigenous disadvantage framework included the following indicators relating to housing:

- Home ownership
- Overcrowding in housing.

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.

The 1999 CSHA came into effect on 1 July 1999 and ran until 30 June 2003 and included, for the first time, bilateral agreements between the Australian Government and each State and Territory government, as well as an overarching multilateral agreement. Bilateral agreements are intended to provide greater flexibility for States and Territories to respond to their particular housing needs. The 2003 CSHA took effect on 1 July 2003 and will run until 30 June 2008.

Funding arrangements

The majority of funding under the 1999 CSHA was provided by the Australian Government and took the form of general assistance funding (public housing, home purchase assistance and private rental assistance) and specified funding for identified programs: the Aboriginal Rental Housing Program (ARHP), the Crisis Accommodation Program and the Community Housing Program. The majority of CSHA funding was distributed to State and Territory governments on a modified per capita basis, with the State and Territory governments contributing additional funding from their own resources to partly 'match' Australian Government funding allocations.

Roles and responsibilities

Under the CSHA, the Australian Government has responsibility for:

- ensuring the outcomes pursued through the agreement are consistent with broader national objectives, particularly in relation to support for individuals and communities
- advising State and Territory governments of Australian Government objectives to be achieved under the agreement
- reporting to the Commonwealth Parliament on performance against agreed outcomes and targets of housing assistance provided under the agreement.

State and Territory governments have responsibility for:

- developing housing assistance strategies that are consistent with Australian, State and Territory government objectives and that best meet the circumstances of the State or Territory
- 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 (1999, 2003).

A four year CSHA came into effect on 1 July 1999 and ran until 30 June 2003. A performance framework for reporting under this CSHA was developed to reflect the national objectives of the agreement, to improve the quality of national performance information and to recognise the need for balanced reporting at the national and

bilateral levels. Performance reporting in this chapter for public, community and State owned and managed Indigenous housing is based on this framework. The chapter includes data on the final year of the 1999 CSHA.

A new CSHA took effect on 1 July 2003 and will run until 30 June 2008. Many aspects of the new agreement, such as funding arrangements and housing assistance roles and responsibilities, are similar to those of the previous agreement. The 2003 CSHA has a focus on reducing workforce disincentives and increasing private sector involvement in affordable housing. It also places greater emphasis on Australian, State and Territory governments improving housing outcomes for Indigenous people. Governments will work towards improving access to mainstream housing options for Indigenous people living in urban and rural areas (CSHA 2003). Work will be undertaken on the performance indicator framework to reflect the objectives of the new agreement and to further improve the quality and scope of reporting national performance indicators.

Public, community and State owned and managed Indigenous housing information has been obtained from the Australian, State and Territory governments except where otherwise indicated. The Australian Institute of Health and Welfare (AIHW) collects and collates these data and produces annual data collection manuals. The data manuals and data reports are available from the AIHW web site at www.aihw.gov.au (AIHW 2003a, 2003b and 2003j). This year data for public rental housing and for State owned and managed Indigenous housing were compiled for all jurisdictions from unit record data under the National Housing Data Repository at the AIHW. CRA data have been obtained from the Department of Family and Community Services (DFaCS).

Housing services not covered

The chapter does not cover a number of government funded and provided housing services, including:

- the Crisis Accommodation Program under the CSHA, which provides capital funding for accommodation for homeless people
- home purchase assistance and private rental assistance provided under the CSHA
- the Aboriginal and Torres Strait Islander Commission (ATSIC)/Army Community Assistance Program, which provides new housing and improved infrastructure for Indigenous communities
- non-CSHA programs, including those provided by the Department of Veterans' Affairs (DVA) and ATSIC

-
- CRA paid by the DVA or the Department of Education, Science and Training (DEST)
 - the First Home Owners Grant, provided by the Australian Government and delivered through State and Territory governments
 - some Indigenous housing and infrastructure assistance provided by ATSIC, State and Territory governments, land councils and Indigenous community organisations
 - non-Indigenous community housing not funded under the CSHA.

Indigenous data in the housing chapter

The housing chapter in the *Report on Government Services 2004* contains the following data items on Indigenous people:

- Real gross recurrent expenditure per dwelling State owned and managed Indigenous housing, 2000-01, 2001-02 and 2002-03.
- Proportion of State owned and managed Indigenous housing stock occupied at 30 June 2003.
- Average turnaround times for State owned and managed Indigenous housing, 2000-01, 2001-02 and 2002-03.
- Total rent collected for State owned and managed Indigenous housing dwellings as a proportion of total rent charged (per cent), 2000-01, 2001-02 and 2002-03.
- Low income and special needs households as a proportion of all new State owned and managed Indigenous housing households (per cent), 2000-01, 2001-02 and 2002-03.
- Proportion of new State owned and managed Indigenous housing tenancies allocated to households with special needs, 2000-01, 2001-02 and 2002-03.
- Households that pay less than market rent or that are special needs households paying market rent as a proportion of all State owned and managed Indigenous housing households, 2001, 2002 and 2003.
- Greatest need allocations as a proportion of all new State owned and managed Indigenous housing allocations (per cent), year ending 30 June 2003.
- Rent charged for State owned and managed Indigenous housing as a proportion of market rent, adjusted for CRA, 2001, 2002 and 2003.

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- Proportion of State owned and managed Indigenous housing with overcrowding 2001, 2002 and 2003.
 - Income units receiving CRA by income unit type, 30 June 2003.
 - Income units receiving CRA by Indigenous status and geographic location, 30 June 2003.
 - Income units receiving CRA by benefit type, 30 June 2003.
 - Indigenous income units receiving CRA, by benefit type, 30 June 2003.
 - Indigenous CRA recipients paying less than 30 per cent of income on rent, with and without CRA, at 29 November 2002.

Supporting tables

Supporting tables for data within the housing chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 16A.3 is table 3 in the housing attachment to the compendium). As the data are directly sourced from the Report on Government Services 2004, the compendium also notes where the original table, figure or text in the Report on Government Services 2004 can be found. For example, where the compendium refers to 'ROGS 2004, p. 16.15' this is page 15 of chapter 16 and 'ROGS 2004, 16A.2' is attachment table 2 of attachment 16 of the Report on Government Services 2004.

Service overview

The composition of Australian households is changing. There is an increasing number of smaller households, including a rising number of single person households. The average Australian household size fell from 3.3 people to 2.6 people between 1971 and 2001, while the proportion of single person households increased from 18.1 per cent to 22.9 per cent over this period (ABS 2002a). The average Indigenous household is larger than the average non-Indigenous household — the average household with at least one Indigenous person was 3.5 people (ABS and AIHW 2003).

The Indigenous population is younger than the non-Indigenous population. The ABS 2001 Census showed that 39.0 per cent of the Indigenous population was aged under 15 years compared with 20.3 per cent of the non-Indigenous population. Only

2.8 per cent of the Indigenous population was aged over 65 years, compared with 12.7 per cent of the non-Indigenous population (tables A.1 and A.6).

Roles and responsibilities

Various levels of government have 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 public housing, community housing, Indigenous rental housing (both State and community managed), private rental assistance and home purchase assistance. Some also contribute to the delivery of housing assistance through mechanisms such as home lending programs and joint ventures with the private sector. State and Territory governments are also responsible for land taxes, stamp duties and residential tenancy legislation.
- Local governments implement planning regulations and are sometimes involved in providing community housing.

Size and scope

Housing assistance is provided in various forms, and models for delivering assistance can vary both within and across jurisdictions. The main forms of assistance are outlined in box 16.2. This chapter focuses on four forms of assistance: public housing, community housing, State owned and managed Indigenous housing, and CRA.

Box 16.2 Forms of housing assistance

There are several main forms of CSHA housing assistance.

- *Public housing*: dwellings owned (or leased) and managed by State and Territory housing authorities to provide affordable rental accommodation. The CSHA is the main source of funding for public housing.
- *Community housing*: rental housing provided for low to moderate income or special needs households managed by community-based organisations that are at least partly subsidised by government. Community housing models vary across jurisdictions.
- *Indigenous housing*: public rental housing targeted at Indigenous households and houses which are owned and managed by Indigenous community housing organisations and community councils in major cities, regional and remote areas.
- *Crisis accommodation*: accommodation services to help people who are homeless or in crisis. Services are generally provided by non-government organisations and many are linked to support services funded through SAAP. Sources of government funding include the Crisis Accommodation Program of the CSHA, which provides funding for accommodation, and SAAP funding for live-in staff, counselling and other support services.
- *Home purchase assistance*: assistance provided by State and Territory governments to low to moderate income households to help with first home purchases or mortgage repayments.
- *Private rental assistance*: assistance funded by State and Territory governments to low income households experiencing difficulty in securing or maintaining private rental accommodation. This assistance may include ongoing or one-off payments to help households meet rent payments, one-off payments for relocation costs, guarantees or loans to cover the cost of bonds, and housing assistance advice and information services. Assistance may be provided by community-based organisations funded by government.

The chapter also reports on:

- *Commonwealth Rent Assistance*: 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 Family Tax Benefit Part A and who rent in the private rental market
- *Indigenous community housing*: in addition to housing funded under the CSHA, Indigenous housing and housing related infrastructure are funded through the Community Housing Infrastructure Program administered by ATSIC. State and Territory governments also provide funding from their own resources.

Source: CSHA (1999); DSS (1998).

Indigenous housing

Government funded Indigenous housing includes both State managed and community managed housing. The State managed component is generally funded by the ARHP and may be supplemented by untied CSHA funds and State matching funds. Community managed Indigenous housing may be funded from ARHP funds, supplementary State funds, untied CSHA funds, ATSIC funds and funds from other sources.

State owned and managed Indigenous housing

Reporting on State owned and managed Indigenous housing was included for the first time in the Report on Government Services 2002.¹⁷ That Report referred to such housing as the ARHP, but the title for the Report on Government Services 2003 changed to reflect that the ARHP data collection refers to only State owned and managed Indigenous housing yet ARHP funds are also used to provide other forms of Indigenous housing, particularly Indigenous community housing. 'State owned and managed Indigenous housing' refers to rental housing owned and managed by the State government and allocated to Indigenous households only. It includes dwellings managed by government Indigenous housing agencies for allocation to Indigenous tenants. The framework for reporting on State owned and managed Indigenous housing is based on that used for public and community housing. There were 12 563 dwellings identified in the 2002-03 State owned and managed Indigenous housing collection (table 16A.1).

State owned and managed Indigenous housing is only one of a number of programs designed to provide housing assistance to Indigenous people. Indigenous Australians may also be 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). Some mainstream community housing providers target Indigenous Australians for the allocation of housing. In the 2002-03 CSHA community housing data collection, 20 mainstream community housing organisations nominated Indigenous Australians as their primary target group for the allocation of housing.

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. The NT government cannot differentiate

¹⁷ The Territories are not included in the data collection for this program, so are not included in the section heading.

between the various funding sources due to its commitment under the CSHA Indigenous Agreement to 'pool' all funds earmarked for Indigenous housing and associated infrastructure in the NT. The ACT and the NT are not included in the State owned and managed Indigenous housing data collection.

Indigenous community housing

For community managed Indigenous housing, it is not possible to report against a performance indicator framework. However, data from the ATSI/ABS Community Housing and Infrastructure Needs Survey (CHINS) (ABS 2002b) provide a snapshot of the sector. The CHINS data provide information on housing managed by Indigenous community housing organisations, including discrete community councils. Readers should not compare CHINS data and State owned and managed Indigenous housing data. The former is a survey, while reporting for State owned and managed Indigenous housing is based on administrative data.

The CHINS was conducted between March and June 2001 to collect information on all discrete Indigenous communities and Indigenous organisations that provide housing to Indigenous people in urban, rural and remote locations in all States and Territories. The response rate was 98.1 per cent for discrete Indigenous communities and 98.6 per cent for Indigenous housing organisations. Trained ABS officers collected information via personal interviews with key community and Indigenous housing organisation representatives.

The 2001 CHINS identified 21 287 permanent Indigenous community housing dwellings (table 16A.12), of which 7.8 per cent were unoccupied (table 16A.13). Cultural factors may influence the time taken to re-occupy Indigenous dwellings. Following the death of a significant person, for example, a dwelling may need to be vacant for a longer period (Morel and Ross 1993). The higher proportion of dwellings in rural and remote areas may also contribute to delays in completing administrative tasks and maintenance before dwellings can be re-tenanted. Due to the diversity of funding arrangements across programs and jurisdictions, problems may occur with program boundaries (especially where the management of government owned stock has transferred to the Indigenous community sector) and, therefore, some government owned dwellings could be reported in the CHINS results. In addition to the number of permanent dwellings mentioned above, the CHINS also identified 5600 people living in temporary dwellings.

Of the 616 Indigenous housing organisations included in the 2001 CHINS, 47.2 per cent managed 1–19 dwellings, 33.6 per cent managed 20–49 dwellings and 18.8 per cent managed 50 or more dwellings. The majority (56.7 per cent) of Indigenous housing organisations were in discrete Indigenous communities, and the

remainder were in urban areas. Most (93.7 per cent) discrete Indigenous communities were in remote and very remote parts of Australia. The total population of discrete Indigenous communities was reported as 108 000, of whom 85.9 per cent lived in remote and very remote communities.

Housing grants were received by 58.0 per cent of Indigenous housing organisations during the financial year before the 2001 CHINS. Indigenous housing organisations in discrete communities were more likely (68.8 per cent) than urban Indigenous housing organisations (43.8 per cent) to receive grants. The main providers of grants were ATSIC (28.4 per cent of organisations) and the State and Territory governments (19.6 per cent of organisations), with joint State or Territory and Australian Government funding reported for 16.6 per cent of organisations. No grants were received by 41.9 per cent of organisations.

In the 2001 CHINS, 70.4 per cent of permanent Indigenous community housing dwellings were classified as needing minor or no repair, 18.9 per cent were in need of major repair and 8.4 per cent were classified as needing replacement (table 16A.14). Average annual maintenance expenditure per permanent Indigenous community housing dwelling in 2001 was \$1870 a year, while the average weekly rent paid by Indigenous community households was \$38 (table 16A.15) (ABS 2002b).

State and Territory Indigenous housing operations

State owned and managed Indigenous housing dwellings are defined as those rental housing dwellings owned and managed by government and allocated to only Indigenous Australians (AIHW 2003a). In the ACT, Indigenous people are housed predominantly in mainstream public and community housing.

In the NT, funding under the ARHP is directed at community managed Indigenous housing. All Indigenous housing programs in the NT are community managed and administered, and specific management issues (such as eligibility and waiting lists) are the responsibility of Indigenous housing organisations that manage permanent dwellings for people in discrete Indigenous communities. The approaches of these organisations may differ significantly, depending on the size of the organisations, the socioeconomic circumstances of particular communities, and cultural considerations. The Indigenous Housing Authority of the NT (IHANT) allocates funds to the seven ATSIC regional councils in the NT, which in turn allocate funds to those communities most in need.

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, ATSIC and the State Government (in addition to its CSHA commitments).

Some other jurisdictions are increasingly pooling funding but currently report State owned and managed Indigenous housing data separately. Queensland administers a separate Aboriginal and Torres Strait Islander Housing Program, which includes ARHP funds, untied CSHA funds and State funds, and does not report separately against the ARHP component of the program funds (which forms more than one third of total expenditure).

- *Eligibility criteria for access to State owned and managed Indigenous housing.* In NSW, Victoria, WA, SA and Tasmania, once an applicant is confirmed as being Indigenous, eligibility for State owned and managed Indigenous housing is consistent with eligibility requirements for public housing (although in Tasmania, applications outside the guidelines may be considered where there are extenuating circumstances in relation to income, asset and age criteria). In Queensland, there are no income or age eligibility limits on State owned and managed Indigenous housing because the program is aimed at addressing discrimination and a history of social disadvantage, and discrimination can occur regardless of income or age.
- *Management of the waiting list.* Management of waiting lists varies across jurisdictions for State owned and managed Indigenous housing. NSW, Victoria and WA each have one waiting list for both State owned and managed Indigenous housing and public housing. Indigenous applicants are placed on the waiting list and provided housing under the first available program. In Queensland, State owned and managed Indigenous housing is provided on a 'wait turn' basis, with provision for a small number of applicants to be housed ahead of turn in urgent circumstances. No more than 10 per cent of annual allocations are to be based on priority. SA has divided the State owned and managed Indigenous housing waiting list into four categories, with category 1 reflecting those in most urgent need of housing and category 4 reflecting the least urgent housing need. In Tasmania, although the Housing Assessment System developed for public rental housing may be used as a guide, applications for State owned and managed Indigenous housing are not subject to the allocation of points to determine overall housing need or relative priority. Aboriginal customer service officers undertake assessments considering an applicant's claim against criteria such as ill health, medical requirements, and the affordability and adequacy of current housing. Priority may be given to applicants with children and applicants for whom the provision of housing may enhance their educational or employment opportunities. Regional Aboriginal housing committees determine priority and allocate properties.

- *Term of tenure.* In NSW, Victoria, WA and SA, security of tenure is the same as that for public housing. In Queensland, security of tenure depends on State owned and managed Indigenous housing tenants meeting their responsibilities under the *Residential Tenancies Act 1994* (Qld) (which involves paying their rent, maintaining the property and keeping the peace of the neighbourhood). In Tasmania, tenants are signed to either a fixed term lease or a lease of no fixed term, depending on their previous housing history. Tenure arrangements may be reviewed if, following family breakdown or death, a non-Indigenous person is the remaining tenant in a State owned and managed Indigenous housing dwelling.
- *Regional and remote area concentrations.* The proportion of State owned and managed Indigenous housing located in regional and remote areas using the RA classification is shown in table 16.1.

Table 16.1 **Regional and remote area concentrations, 2003 (per cent)^a**

	NSW	Vic	Qld	WA	SA	Tas ^b	Aust
Regional ^c	51.5	62.6	59.6	30.2	26.3	100.0	47.9
Remote ^d	7.4	0.4	27.8	40.8	13.0	–	18.1

^a At 30 June. ^b Under the RA classification, Tasmania consists of mainly regional areas with some remote areas. ^c Comprises inner and outer regional areas. ^d Comprises remote and very remote areas. – Nil or rounded to zero.

Source: AIHW (2003d); ROGS 2004, p. 16.20; Table 16A.1.

Framework of performance indicators

The framework of performance indicators for public, community and State owned and managed Indigenous housing in this chapter is based on the performance indicator framework developed for the 1999 CSHA (figures 16.2, 16.3 and 16.4, pp. 16.23-16.25, Report on Government Services 2004).

The public, community and State owned and managed Indigenous housing indicator frameworks have been modified this year in line with the new general framework for performance indicators implemented across all chapters for the first time in this Report. The new approach reflects the adoption by governments of accrual accounting and clearly depicts the Review's focus on outcomes, consistent with demand by governments for outcome oriented performance information. The new framework also accentuates the importance of equity and draws out the distinction between equity and access. More detail on the new framework, along with the differences between outputs and outcomes, can be found in the Report on Government Services 2004 (p. 1.11, chapter 1).

Performance reporting for State owned and managed Indigenous housing

Different delivery contexts, locations and types of client may affect the performance reported in this section. Care needs to be taken in interpreting performance indicator results, and the qualifications presented with the data need to be considered. Further, there may have been some difficulties in separating Indigenous housing data from public housing data. Variations in the funding and administration of State owned and managed Indigenous housing across jurisdictions may also influence the comparability of data. Some descriptive data on State owned and managed Indigenous housing are included in table 16A.1. (As outlined earlier, the ACT and the NT are not included in the State owned and managed Indigenous housing data collection.) State owned and managed Indigenous housing dwellings are more likely than public or community housing dwellings to be located in rural or remote areas.

Outputs: Efficiency — gross cost per unit

The costs incurred by jurisdictions in providing housing include:

- administration costs (the cost of the administration offices of the property manager and tenancy manager)
- operating costs (the costs of maintaining the operation of the dwelling, including repairs and maintenance, rates, the costs of disposals, market rent paid and interest expenses)
- depreciation costs
- the user cost of capital (the cost of the funds tied up in the capital used to provide public housing).

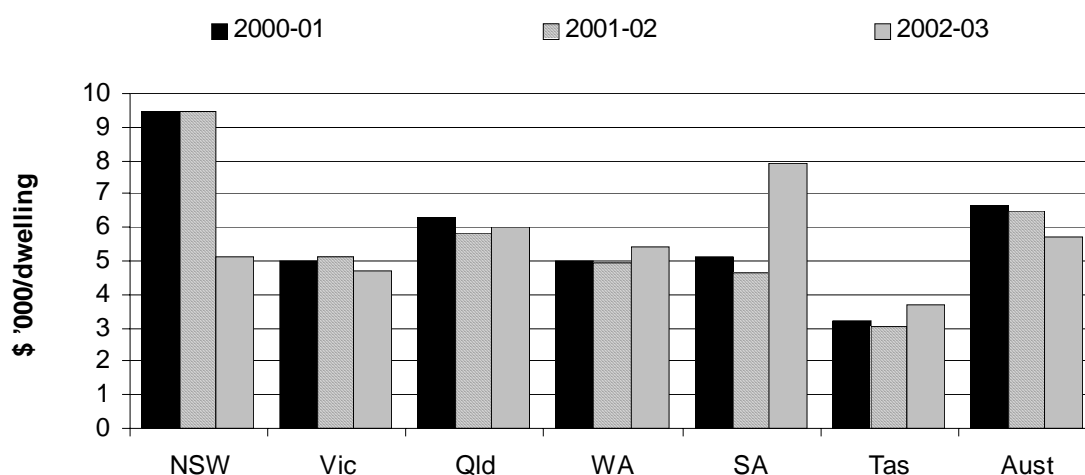
Depreciation costs and the user cost of capital (capital costs) are not available for reporting on State owned and managed Indigenous housing. The cost per dwelling shown in figure 16.1 represents gross recurrent expenditure (that is, administration and operating costs) per dwelling. Rent received from tenants has not been deducted. For those jurisdictions able to provide data, the gross cost per dwelling (excluding capital costs) ranged from \$7917 in SA to \$3686 in Tasmania (figure 16.1). On average, gross cost per dwelling was \$5703.

It is not appropriate to compare the gross cost per State owned and managed Indigenous housing dwelling with the recurrent cost per dwelling for public housing (which would be the public housing equivalent of this indicator) because there is greater scope for economies of scale in administration costs with public housing, which is a much larger program overall.

State owned and managed Indigenous housing dwellings are also more highly concentrated in rural and remote areas where the cost of providing housing assistance is potentially greater. The need to construct culturally appropriate housing (possibly requiring a higher standard of amenities, such as communal cooking, laundry and toilet facilities) may also affect the cost per dwelling. Finally, different cost structures may apply to the programs. Construction of dwellings, for example, under State owned and managed Indigenous housing may involve a skills development element to allow for training of apprentices in rural areas.

Care needs to be taken in interpreting the total cost of delivering housing. Administration costs and operating costs, for example, may not capture all costs incurred by government, so the total costs of housing provision could be understated.

Figure 16.1 **Real gross cost per dwelling, excluding capital costs (2002-03 dollars)^{a, b}**



^a NSW data for 2000-01 and 2001-02 include one-off capital expenditure resulting from maintenance liabilities incurred before the Aboriginal Housing Office took possession of the stock, so data are not comparable over the three years. ^b For a more detailed explanation of WA data, see SCRCSSP (2003).

Source: AIHW (2002a, 2003c, 2003d); ROGS 2004, p. 16.50; Table 16A.2.

Outputs: Efficiency — occupancy rates

There was little variation across jurisdictions in the proportion of State owned and managed Indigenous housing stock (including untenable dwellings) occupied at 30 June 2003, with an average of 95.2 per cent nationally (table 16.2).

Table 16.2 Occupancy rates^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>Aust</i>
2001	98.0	95.4	94.0	96.0	94.3	93.1	95.8
2002	97.9	96.6	94.6	95.2	91.2	92.7	95.4
2003	97.6	96.1	94.2	94.4	91.8	95.8	95.2

^a At 30 June.

Source: AIHW (2002a, 2003c, 2003d); ROGS 2004, p. 16.51; Table 16A.3.

Outputs: Efficiency — turnaround time

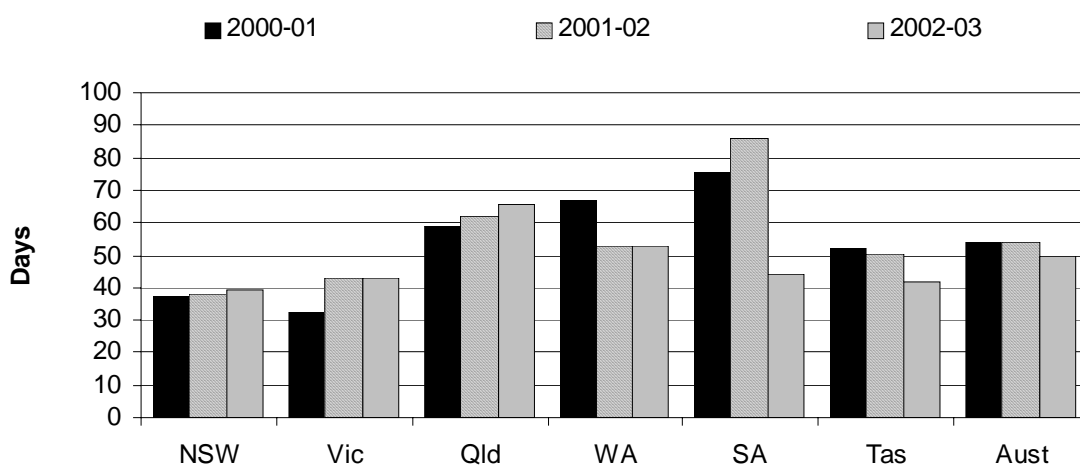
Turnaround time indicates the speed with which housing stock is re-occupied after it has been vacated or acquired. The length of time taken to rent untenanted stock affects allocations of State owned and managed Indigenous housing, waiting times, the length of waiting lists and rent forgone. All jurisdictions aim to minimise turnaround times.

The average number of days for vacant stock to be allocated in 2002-03 varied from 66 days in Queensland to 39 days in NSW (figure 16.2). This indicator may be affected by changes in maintenance programs, and some jurisdictions may have difficulty excluding stock upgrades. Cultural factors may also influence the turnaround time for State owned and managed Indigenous housing dwellings relative to public housing dwellings. Following the death of a significant person, for example, a dwelling may need to be vacant for a longer period of time (Morel and Ross 1993). The higher proportion of dwellings in rural and remote areas may also contribute to delays in completing administrative tasks and maintenance before dwellings can be re-tenanted.

Outputs: Efficiency — rent arrears

Total rent collected as a proportion of the rent charged measures whether unpaid rent represents a financial burden to housing authorities. 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. Rent collected as a proportion of the rent charged in 2002-03 varied from 107.9 per cent in SA to 97.2 per cent in Queensland (table 16.3). Payment arrangements for rent in some jurisdictions mean that the rent collected over a 12 month period may be higher than rent charged over that period.

Figure 16.2 Average turnaround times^{a, b, c}



^a For NSW the previous years data have been adjusted to ensure comparability. ^b Data for Victoria are based on a different method from that used for the other data presented and need to be interpreted with caution. For further details of these variations, see table 16A.4. ^c WA and SA data for 2002-03 are based on a different method from that used for previous years, and a direct comparison with previous years cannot be made. For details of these changes, see SCRCSSP (2003).

Source: AIHW (2002a, 2003c, 2003d); ROGS 2004, p. 16.52; Table 16A.4.

Table 16.3 Total rent collected as a proportion of total rent charged (per cent)^a

	NSW	Vic	Qld	WA ^b	SA	Tas	Aust
2000-01	99.3	99.5	99.1	101.1	95.0	94.8	98.8
2001-02	99.9	98.8	97.3	103.0	92.6	99.1	98.5
2002-03	102.3	98.1	97.2	101.9	107.9	98.8	101.4

^a Payment arrangements for rent in some jurisdictions mean that rent collected over a 12 month period may be higher than rent charged over that period. ^b Data for WA are based on a different method from that used for the other data presented and need to be interpreted with caution. For details of these variations, see SCRCSSP (2003).

Source: AIHW (2002a, 2003c, 2003d); ROGS 2004, p. 16.52; Table 16A.5.

Outcomes: Low income and special needs

Three performance indicators relate to low income and special needs. The first measures the low income and special needs (but not low income) status of households receiving State owned and managed Indigenous housing assistance (table 16.4). As with public housing, there are two household income measures for the purpose of this indicator:

- low income A households — those in State owned and managed Indigenous housing in which all members of the household have incomes at or below the

maximum pension rate. (Pension rates have been selected for calculating this indicator because they are higher than allowance rates).

- low income B households — those in State owned and managed Indigenous housing that have incomes that would enable them to receive government income support benefits below the maximum pension.

Households with incomes below these levels are included in the measure, although they may not necessarily receive income support benefits. The proportion of new tenancies allocated to low income A households varied in 2002-03 from 91.5 per cent in NSW to 86.5 per cent in SA. The proportion of new tenancies allocated to low income A or special needs (not low income) households were fairly similar across jurisdictions (table 16.4). Table 16A.6 contains information on both low income A households and low income B households.

Table 16.4 Low income and special needs households as a proportion of all new households (per cent)

	NSW ^a	Vic ^b	Qld ^c	WA ^{a, d}	SA ^{a, d}	Tas ^a	Aust
<i>New low income A households as proportion of all new households</i>							
2000-01	91.3	80.0	81.4	89.3	88.9	76.8	86.5
2001-02	89.6	88.1	83.1	81.3	87.3	95.5	85.8
2002-03	91.5	87.8	89.7	89.1	86.5	87.2	89.2
<i>New low income A households or special needs (not low income) households as proportion of all new households</i>							
2000-01	96.9	83.3	87.0	92.0	97.9	81.7	91.4
2001-02	92.6	91.7	89.5	84.4	90.1	97.0	89.6
2002-03	92.9	92.9	94.6	92.1	93.2	92.3	93.0

^a Excludes some multiple family and non-rebated households (see table 16A.25 for further details). ^b Data for Victoria for 2002-03 are based on a different method from that used for their previous years and a direct comparison of 2002-03 data with previous years cannot be made. For details of these changes, see table 16A.6. ^c For a more detailed explanation of Queensland data, see table 16A.6. ^d Data for WA and SA are based on a different method from that used for the other data presented and need to be interpreted with caution. For details of these variations, see table 16A.6.

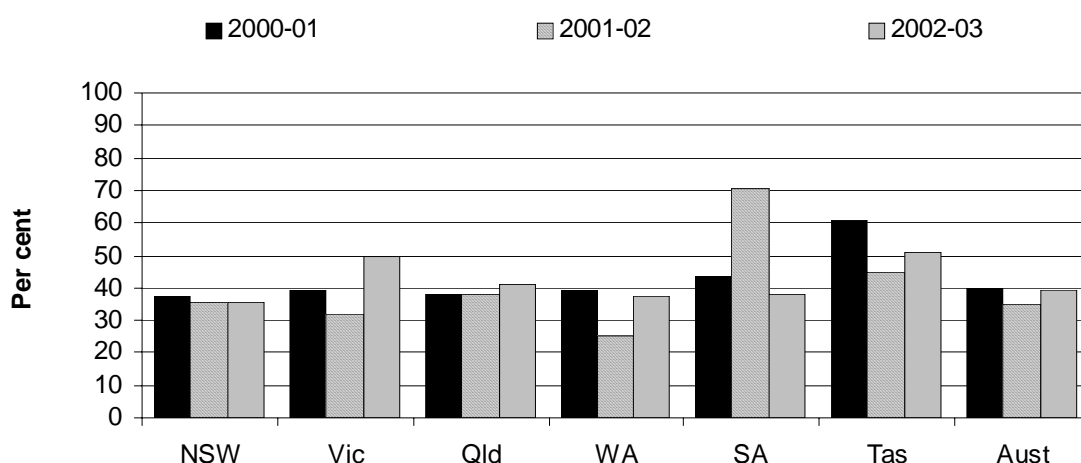
Source: AIHW (2002a, 2003c; 2003d); ROGS 2004, p. 16.53; Table 16A.6.

The second indicator measures the proportion of new tenancies allocated to households with special needs. Special needs households are those that have a household member with a disability or a principal tenant aged 24 years or under, or 50 years or over. The proportion of new tenancies allocated to special needs households in 2002-03 varied from 50.6 per cent in Tasmania to 35.8 per cent in NSW (figure 16.3).

It is not appropriate to use this indicator to compare the performance of public housing and State owned and managed Indigenous housing. The special needs indicator for public housing includes Indigenous households in the definition of special needs households, so using this definition for State owned and managed

Indigenous housing would result in 100 per cent of State owned and managed Indigenous housing households being regarded as having special needs. State owned and managed Indigenous housing uses a definition of special needs more appropriate to the program. The definition also differs for 'aged' households: households with a principal tenant aged 50 years or over are considered special needs households for State owned and managed Indigenous housing, while households with a principal tenant aged 75 years or over are considered special needs households for mainstream public and community housing. This difference reflects the lower life expectancy and the higher burden of illness among Indigenous Australians.

Figure 16.3 **New tenancies allocated to households with special needs^{a, b}**



^a Data for 2002-03 for Victoria and SA are based on a different method from that used for previous years and a direct comparison of 2002-03 with previous years cannot be made. For details of these changes, see table 16A.7. ^b For more detailed explanation of Queensland and WA data see table 16A.7.

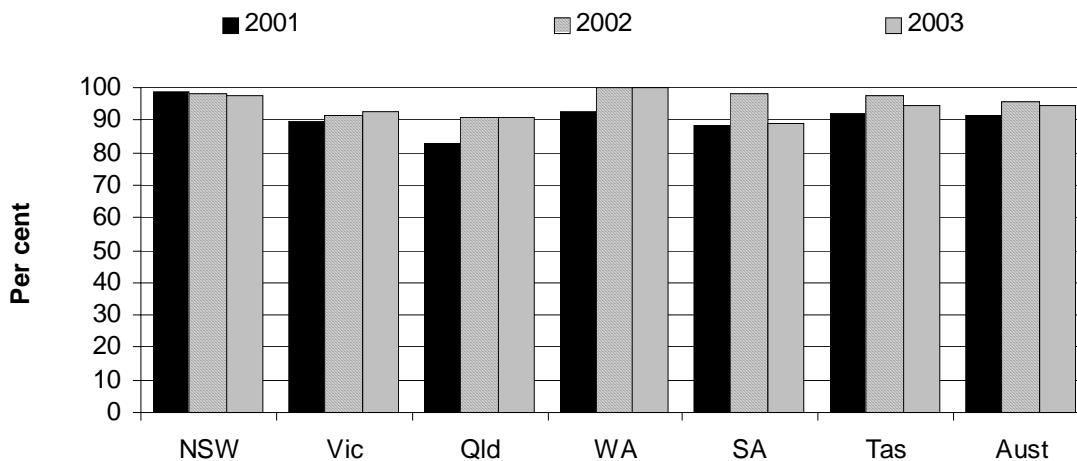
Source: AIHW (2002a, 2003c, 2003d); ROGS 2004, p. 16.54; Table 16A.7.

The third indicator is the proportion of all households that pay less than market rent or that are special needs households paying market rent. At 30 June 2003, this proportion ranged from 100.0 per cent in WA to 89.0 per cent in SA (figure 16.4).

Outcomes: Priority access to those in greatest need

This indicator measures the priority of access given 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.

Figure 16.4 **Households paying less than market rent, or special needs households paying market rent, as a proportion of all State owned and managed Indigenous households^{a, b, c, d}**



^a At 30 June. ^b Data for NSW on special need are available only for households that were housed after November 1999, and direct comparison of 2002-03 with previous years data cannot be made. ^c For a more detailed explanation of Queensland data, see table 16A.8 footnotes and SCRCSSP (2003). ^d SA data for 2003 are based on a different method from that used in previous years, and a direct comparison with previous years cannot be made. For details of these changes see table 16A.8.

Source: AIHW (2002a, 2003c, 2003d); ROGS 2004, p. 16.55; Table 16A.8.

The proportion of new allocations to those in greatest need varied for 2002-03, ranging from 70.7 per cent in SA to 3.5 per cent in Queensland (table 16.5). The relatively low level of priority allocations in Victoria was partly because Indigenous tenants in greatest need are likely to be housed under the State's general public housing program. Table 16.5 shows the proportion of new allocations to applicants with greatest need by time on the waiting list. Data are provided for tenants waiting for under three months to more than two years. These numbers are not cumulative.

It may not be appropriate to compare the performance of public housing and State owned and managed Indigenous housing in relation to priority access to those in greatest need. In some jurisdictions, different priority allocation guidelines may be used to allocate targeted housing. Further, where allocation is made at the community level, reasons for allocation may not be recorded in information management systems.

Table 16.5 **Greatest need allocations as a proportion of all new allocations (per cent)**

	NSW ^a	Vic	Qld ^b	WA	SA	Tas	Aust
Total for year ending 30 June 2003	14.4	21.9	3.5	22.4	70.7	na	23.3
Proportion of greatest need allocations to new allocations, by time to allocation							
< 3 months	33.8	31.5	3.3	35.9	61.4	na	36.7
3 — < 6 months	15.0	35.3	6.5	41.1	94.9	na	35.7
6 months — < 1 year	1.4	18.4	5.7	7.7	95.0	na	19.9
1 — < 2 years	8.9	3.8	2.7	—	65.0	na	8.3
2+ years	0.9	—	—	—	8.3	na	0.8

^a In NSW, annual changes tend to reflect the small sample, rather than changes in performance. ^b Data for Queensland are not comparable with other data presented because those in greatest need are priority A on a waitlist. This is an underestimation of the true greatest need figure because a priority A flag is rarely used in low wait time areas. **na** Not available. — Nil or rounded to zero.

Source: AIHW (2002a, 2003c, 2003d); ROGS 2004, p. 16.56; Table 16A.9.

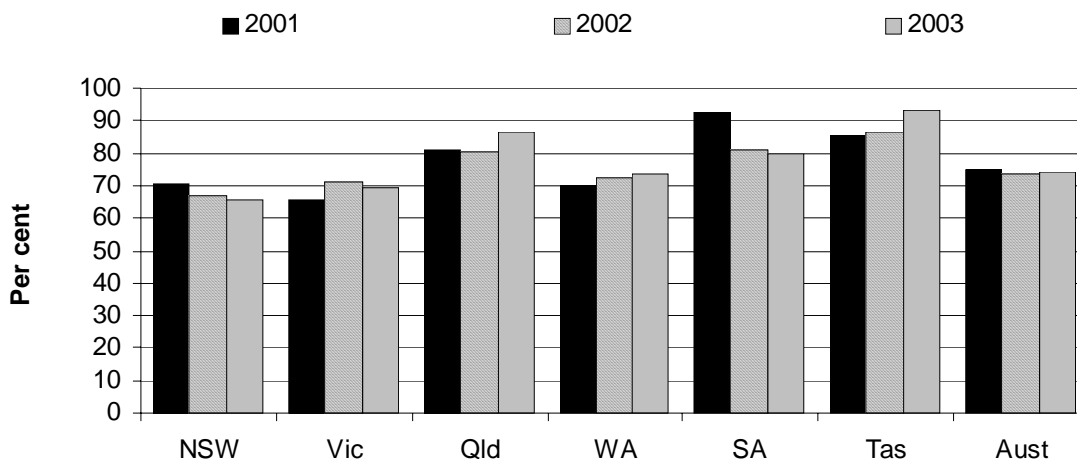
Outcomes: Affordability

Affordability measures the rent charged to tenants as a proportion of the market rent for each dwelling, adjusted for CRA. Variations in the definition of market rent will influence the results for this indicator. For those jurisdictions able to provide data, the rent charged at 30 June 2003 as a proportion of the market rent for each dwelling (adjusted for CRA), ranged from 93.2 per cent in Tasmania to 65.7 per cent in NSW (figure 16.5). More information on the proportion of income paid in rent by State owned and managed Indigenous housing tenants can be found in table 16A.23.

Outcomes: Match of dwelling to household size

The match of rental dwellings to household size is reported for State owned and managed Indigenous housing. Queensland had the highest proportion of overcrowded dwellings at 30 June 2003 (6.7 per cent), while Tasmania had the lowest (0.3 per cent) (figure 16.6).

Figure 16.5 Rent charged as a proportion of market rent, adjusted for CRA^{a, b, c, d}



^a At 30 June. ^b Data for NSW are not comparable over the three years due to changes in the way that households are excluded from the computation. Further 2001 and 2002 figures are based on 2000 rent valuations, while 2003 data are based on 2002 valuations. The data are also affected by a 1 per cent rent increase in each of the three years. ^c For more detailed explanation of WA data, see SCRCSSP (2003). ^d Excludes some multiple family and non-rebated households (see table 16A.25 for further details).

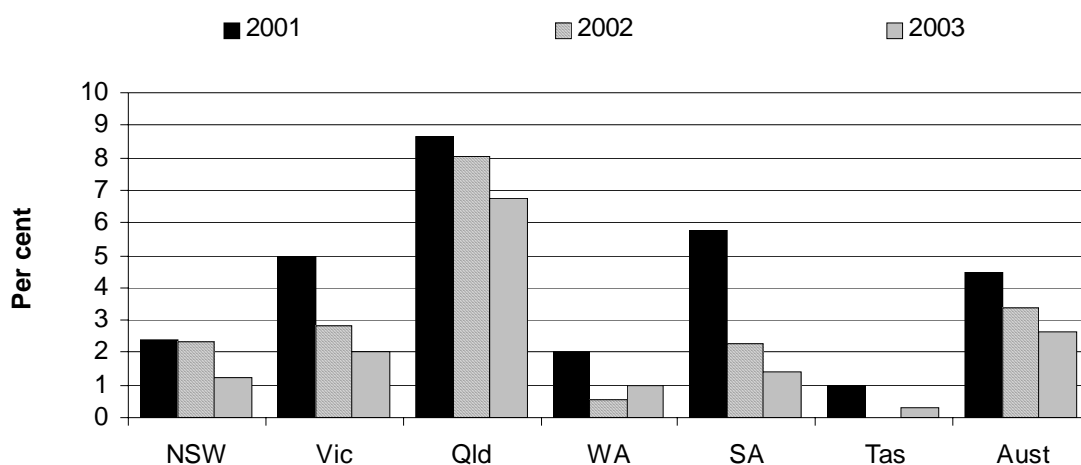
Source: AIHW (2002a, 2003c, 2003d); ROGS 2004, p. 16.57; Table 16A.10.

Care needs to be taken in comparing the performance of public housing and State owned and managed Indigenous housing in relation to overcrowding. Two major factors potentially result in a higher incidence of overcrowding in the latter relative to public housing dwellings:

- differences in Indigenous housing arrangements (for example, several generations living in one house, or visitors having 'right of access' in some circumstances) (Pholeros, Rainow and Torzillo 1993)
- the influence of climate and culture (for example, people in rural areas may live outside houses rather than inside, while the proxy occupancy standard does not allow for verandahs or larger shared living spaces) (Pholeros, Rainow and Torzillo 1993).

More information on overcrowding and underuse for State owned and managed Indigenous housing can be found in table 16A.24.

Figure 16.6 **Overcrowded dwellings**^{a, b, c, d, e, f, g}



^a At 30 June. ^b Data for NSW not comparable over the three years due to changes in the way that households are excluded from the computation. ^c Data for Victoria for 2002-03 and 2001-02 are not comparable to data for 2000-01. ^d For a more detailed explanation of Queensland data, see table 16A.11. ^e For a more detailed explanation of WA data, see SCRCSSP (2003). ^f SA data for 2003 are based on a different method from that used in previous years, and a direct comparison with previous years cannot be made. For details of these variations, see SCRCSSP (2003). ^g Excludes some multiple family and non-rebated households. For further details, see table 16A.25.

Source: AIHW (2002a, 2003c, 2003d); ROGS 2004, p. 16.58; Table 16A.11.

Commonwealth Rent Assistance

Access — income unit type

One measure of access to Commonwealth Rent Assistance (CRA) is the number and proportion of eligible income support recipients receiving the payment. Data are available both by type of income unit and type of payment received. This indicator also provides information on Indigenous recipients.

Important eligibility requirements for CRA (which is paid automatically once eligibility has been established) are the receipt of an income support payment or more than the base rate of Family Tax Benefit Part A, and liability to pay rent. There were 940 708 income units (where income units are analogous to family units, except that non-dependent children and other adults living in the same household are treated as separate income units) receiving CRA at 30 June 2003. Of these, 23 546 (approximately 2.5 per cent) self-identified as Indigenous. Single people with no children represented approximately 54.2 per cent of CRA recipients and 42.4 per cent of Indigenous CRA recipients (table 16.6).

For all jurisdictions except the NT, the proportion of income units receiving CRA at 30 June 2003 who identified as Indigenous was virtually identical to Indigenous representation in the overall community. The NT had the highest proportion of self-identified Indigenous people receiving the payment (18.1 per cent), which compared with the Indigenous proportion of the NT population of 29.1 per cent. Victoria had the lowest proportion of self-identifying Indigenous people receiving CRA (0.7 per cent) and the lowest Indigenous population as a proportion of the State population (table 16.7).

Table 16.6 Income units receiving CRA by income unit type, 2003^{a, b}

<i>Income unit type^c</i>	<i>Income units</i>	<i>Proportion of CRA recipients</i>		<i>Proportion of Indigenous CRA recipients</i>	
		<i>no.</i>	<i>%</i>	<i>no.</i>	<i>%</i>
Single, no dependent children	362 637	38.5	7 430	31.6	
Single, no children, sharer ^d	147 272	15.7	2 555	10.9	
Single, 1 or 2 dependent children	184 464	19.6	6 359	27.0	
Single, 3 or more dependent children	34 798	3.7	2 055	8.7	
Partnered, no dependent children	77 135	8.2	1 023	4.3	
Partnered, 1 or 2 dependent children	91 819	9.8	2 328	9.9	
Partnered, 3 or more dependent children	37 806	4.0	1 577	6.7	
Partnered, illness separated, no dependent children	2 195	0.2	37	0.2	
Partnered, temporarily separated, no dependent children	182	–	7	–	
Unknown income unit	2 400	0.3	175	0.7	
Total	940 708	100.0	23 546	100.0	

^a At 30 June. Data are for CRA recipients who were clients of DFACS only. Data exclude those paid rent assistance by, or on behalf of, the DVA or DEST. Components may not sum to 100 per cent as a result of rounding. ^b Income units are analogous to family units except that non-dependent children and other adults are treated as separate income units (see ROGS 2004, p. 16.86, table 16.24 for more detail). ^c A child is regarded as dependent on an adult only if the adult receives Family Tax Benefit for the care of the child. ^d The maximum rate of assistance is lower for some single persons without dependent children who share accommodation (see the definition of sharer in ROGS 2004, p. 16.86, table 16.24). – Nil or rounded to zero.

Source: DFACS (unpublished); ROGS 2004, p. 16.60; Table 16A.16.

Table 16.7 Income units receiving CRA by Indigenous status and geographic location, 2003

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust ^a
<i>Non-Indigenous</i>										
Individual recipients	no.	306 227	199 558	227 318	83 841	64 299	22 384	8 128	4 631	916 386
In capital city	no.	168 277	142 687	100 574	65 114	50 719	9 549	8 114	3 646	548 680
In rest of State	no.	137 950	56 871	126 744	18 727	13 580	12 835	14	985	367 706
Share of all recipients	%	97.3	99.2	96.3	97.2	98.3	97.0	98.6	80.7	97.4
Non-Indigenous population, as a proportion of total population ^b	%	98.0	99.4	96.6	96.6	98.3	96.3	98.8	70.9	97.7
<i>Indigenous</i>										
Individual recipients	no.	8 141	1 412	8 709	2 311	1 075	679	112	1 037	23 476
In capital city	no.	2 196	684	2 462	1 315	643	233	112	553	8 198
In rest of State	no.	5 945	728	6 247	996	432	446	–	484	15 278
Share of all recipients	%	2.6	0.7	3.7	2.7	1.6	2.9	1.4	18.1	2.5
Indigenous population, as a proportion of total population ^b	%	2.0	0.6	3.4	3.4	1.7	3.7	1.2	29.1	2.3
Total individual recipients	no.	314 565	201 078	236 120	86 244	65 392	23 087	8 240	5 742	940 708

^a At 30 June. National total includes postcodes that could not be classified. ^b Based on ABS 2001 estimated residential populations. – Nil or rounded to zero.

Source: DFACS (unpublished); ROGS 2004, p. 16.61; Table 16A.17.

Access — payment type

Data are also available based on the type of primary payment received by CRA recipients. The highest proportion of CRA recipients (20.6 per cent) at 30 June 2003 were recipients of the Parenting Payment (Single), followed by recipients of the Newstart Allowance (20.5 per cent of CRA recipients). These proportions were higher for Indigenous Australians (32.5 per cent and 32.0 per cent respectively). Only 3.0 per cent of Indigenous CRA recipients received the Age Pension, compared with 16.7 per cent for all Australians (table 16.8).

Table 16.8 Income units receiving CRA, by benefit type, 2003^a

<i>Benefit type</i>	<i>Income units^b</i>	<i>Proportion of CRA recipients</i>	<i>Indigenous income units</i>	<i>Proportion of Indigenous CRA recipients</i>
	no.	%	no.	%
Newstart	192 819	20.5	7 533	32.0
Parenting Payment, Single	193 583	20.6	7 657	32.5
Disability Support Pension	166 163	17.7	3 744	15.9
Age Pension	157 518	16.7	703	3.0
Youth Allowance	88 653	9.4	1 358	5.8
Family Tax Benefit	79 551	8.5	1 435	6.1
Parenting Payment, Partnered	25 347	2.7	601	2.6
Other qualifying payments	37 074	3.9	515	2.2
Total	940 708	100.0	23 546	100.0

^a At 30 June. Data are for CRA recipients who were clients of DFACS only. Data exclude those paid rental assistance by, or on behalf of, the DVA or DEST. Components may not sum to 100 per cent as a result of rounding. ^b Income units are classified as Family Tax Benefit only if neither the person nor partner receives an income support payment. Income units are classified as Parenting Payment Partnered only if a partner does not receive an income support payment.

Source: DFACS (unpublished); ROGS 2004, p. 16.62; Table 16A.18.

Access — special needs

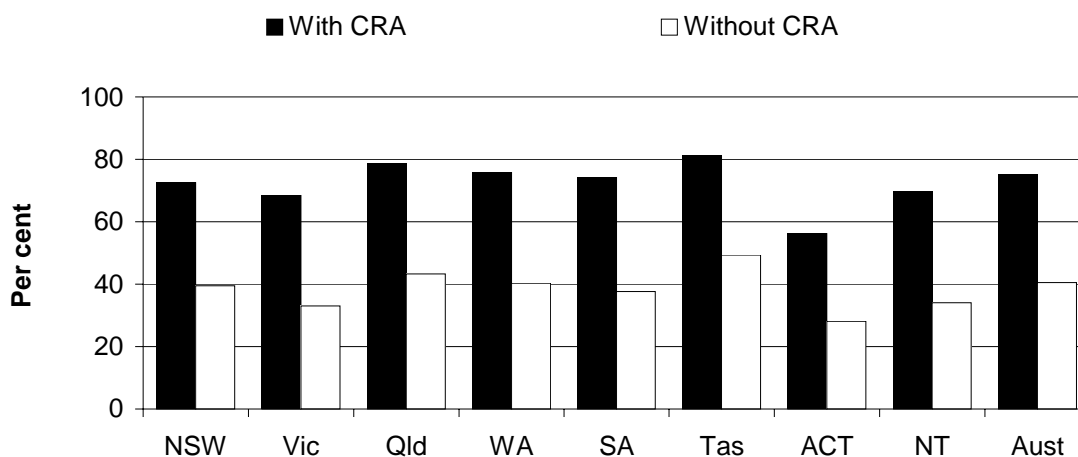
This indicator measures both the access of special needs groups to CRA and the extent to which CRA assists with housing affordability. Overall, approximately 64.4 per cent of CRA recipients were located in major cities, 34.2 per cent were in regional areas (as distinct from remote areas) and 1.3 per cent were in remote areas at June 2003 (table 16A.19). Of Indigenous CRA recipients, approximately 35.7 per cent were located in major cities, 54.9 per cent were in regional areas (as distinct from remote areas) and 9.2 per cent were in remote areas (table 16A.20).

Outcomes — Affordability

This indicator relates to the proportions of recipients spending more than 30 per cent and 50 per cent of their income on rent with and without CRA, by Indigenous and rural and remote status. Nationally, if CRA was not payable, then 31.4 per cent of those income units receiving CRA would have spent less than 30 per cent of income on rent at 29 November 2002. Across jurisdictions, this proportion ranged from 39.8 per cent in Tasmania to 28.4 per cent in the NSW. Accounting for CRA (thereby reducing the rent paid by the amount of the assistance), the national proportion of income units who spent less than 30 per cent of income on rent at 29 November 2002 increases to 66.1 per cent. Across jurisdictions, this proportion ranged from 79.4 per cent in Tasmania to 55.5 per cent in the ACT. Similarly, if CRA was not payable, then 72.6 per cent of income units across Australia would have spent less than 50 per cent of income on rent at 29 November 2002. Accounting for CRA payments, this proportion increases to 91.1 per cent (table 16A.21).

Data are also available on the proportion of income spent on rent with and without CRA by Indigenous Australians, Australians living in rural and remote areas, and Disability Support Pension recipients. Nationally, if CRA was not payable, only 40.5 per cent of those Indigenous income units receiving CRA would have spent less than 30 per cent of income on rent at 29 November 2002. Across jurisdictions, this proportion ranged from 49.3 per cent in Tasmania to 28.1 per cent in the ACT. Accounting for CRA payments (thereby reducing the rent paid by the amount of the assistance), the national proportion of Indigenous income units who spent less than 30 per cent of income on rent at 29 November 2002 increases to 75.1 per cent. Across jurisdictions, this proportion ranged from 81.1 per cent in Tasmania to 56.2 per cent in the ACT (figure 16.7). Similarly, if CRA was not payable, then 79.6 per cent of Indigenous income units across Australia would have spent less than 50 per cent of income on rent at 29 November 2002. Accounting for CRA payments, this proportion increases to 94.6 per cent (table 16A.22).

Figure 16.7 Indigenous CRA recipients paying less than 30 per cent of income on rent, with and without CRA, 2002^a



^a At 29 November.

Source: DFACS (unpublished); ROGS 2004, p. 16.69; Table 16A.22.

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Statistical appendix

This appendix contains contextual information to assist the interpretation of the performance indicators presented in the Report.

Most of the service areas covered by the Report on Government Services 2004 use population data from table A.1 for descriptive information (such as expenditure per person in the population) or performance indicators (such as participation rates for vocational education and training [VET]).

The attachment tables for this statistical appendix are listed in Box A.1.

Box A.1	List of source tables
Table A.1	Estimated resident population, by age and sex, 30 June 2002
Table A.2	Estimated resident population, by calendar and financial year
Table A.3	People, by country of birth, August 2001
Table A.4	People, by language spoken at home, August 2001
Table A.5	Estimated resident population, by geographic location, 30 June 2002
Table A.6	Estimated resident Indigenous population, by age and sex, 30 June 2001
Table A.7	Experimental projection of the Indigenous population, 1996 – 2006
Table A.8	Language spoken at home by Indigenous people and proficiency in spoken English, by sex, August 2001
Table A.9	Families and persons in families in occupied private dwellings, by Indigenous status, by family type, August 2001
Table A.10	Persons aged 15 years and over, by weekly individual income, by Indigenous status, August 2001
Table A.11	People aged 15 years and over by highest level of schooling completed, by Indigenous status, August 2001
Table A.12	Type of educational institution attended, by Indigenous status, August 2001

Supporting tables

Supporting tables for data within the statistical appendix of the compendium are contained in the attachment to the compendium. Supporting tables are identified in

references throughout this chapter by the abbreviated chapter name (for example, A.5 is table 5 in the statistical appendix attachment to the compendium).

As the data are directly derived from the *Report on Government Services 2004*, the compendium also notes where the original table, figure or text in the Report can be found. For example, where the compendium refers to 'ROGS 2004, p. 6.15' this is page 15 of chapter 6 and 'ROGS 2004, A.2' is attachment table 2 of the statistical appendix of the Report on Government Services 2004.

Population

More than three quarters of Australia's 19.7 million people lived in the eastern States in June 2002, with NSW, Victoria and Queensland accounting for 33.8 per cent, 24.8 per cent and 18.9 per cent respectively of the nation's population. Western Australia and SA accounted for a further 9.8 per cent and 7.7 per cent of the population respectively. Tasmania, the ACT and the NT accounted for the remaining 2.4 per cent, 1.6 per cent and 1.0 per cent respectively (table A.1).

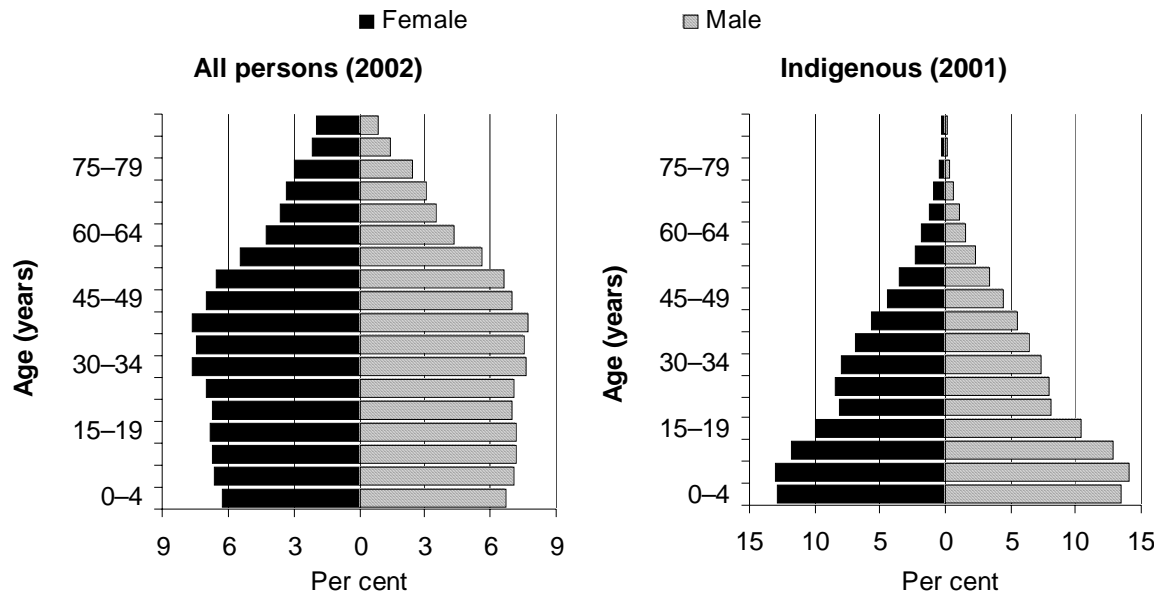
The Australian population is highly urbanised, with 70.8 per cent of the population located in metropolitan areas in June 2002 (including 63.0 per cent in capital cities. Across jurisdictions, this proportion ranged from 100.0 per cent in the ACT to 41.9 per cent in Tasmania (table A.5).

As in most other developed economies, greater life expectancy and declining fertility have contributed to an 'ageing' of Australia's population. The experiences of Indigenous people, however, are markedly different (figure A.1). At 30 June 2002, 9.1 per cent of Australia's population was aged 70 years or more.

Indigenous population profile

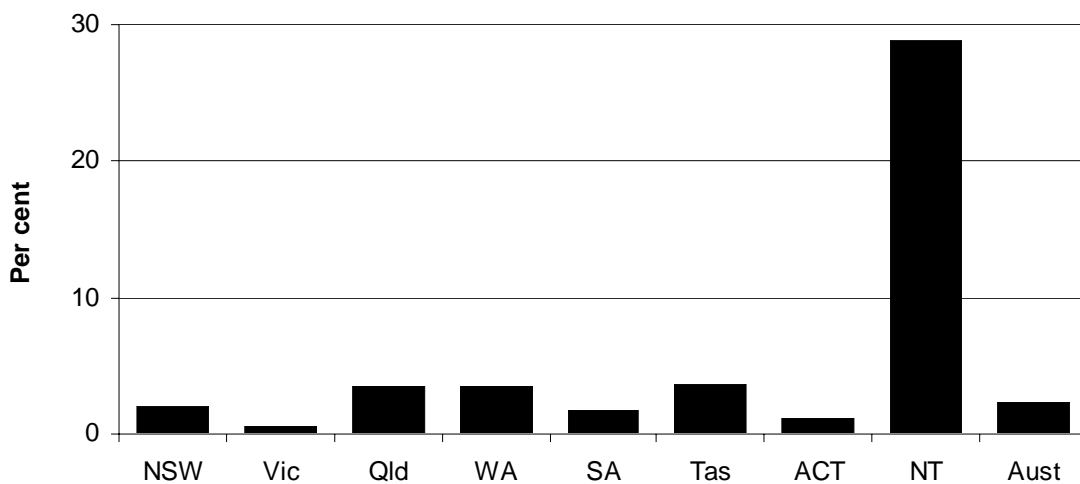
There were 458 520 (230 994 female and 227 526 male) Indigenous people in Australia at 30 June 2001, accounting for approximately 2.4 per cent of the population (tables A.2 and A.6). The proportion of people who were Indigenous was significantly higher in the NT (28.8 per cent) than in any other jurisdiction. Across the other jurisdictions, the proportion ranged from 3.7 per cent in Tasmania to 0.6 per cent in Victoria (figure A.2).

Figure A.1 Population distribution, by age and sex, 30 June



Source: ABS (2003b); ROGS 2004, p. 4; Tables A.1 and A.6.

Figure A.2 Indigenous people as a proportion of the population, by State, 30 June 2001



Source: ABS (2003b, 2003c); ROGS 2004, p. 7; Tables A.2 and A.6.

The majority of Indigenous people (79.8 per cent) at August 2001 spoke only English at home, 12.1 per cent spoke an Indigenous language and English, and 2.5 per cent spoke another language. At that time, 5.6 per cent did not state any specific language (table A.8).

Income

Nationally, 26.8 per cent of non-Indigenous people aged 15 years and over in August 2001 had a weekly individual income of \$199 or less. The proportion was considerably higher for Indigenous people (41.6 per cent) (table A.10).

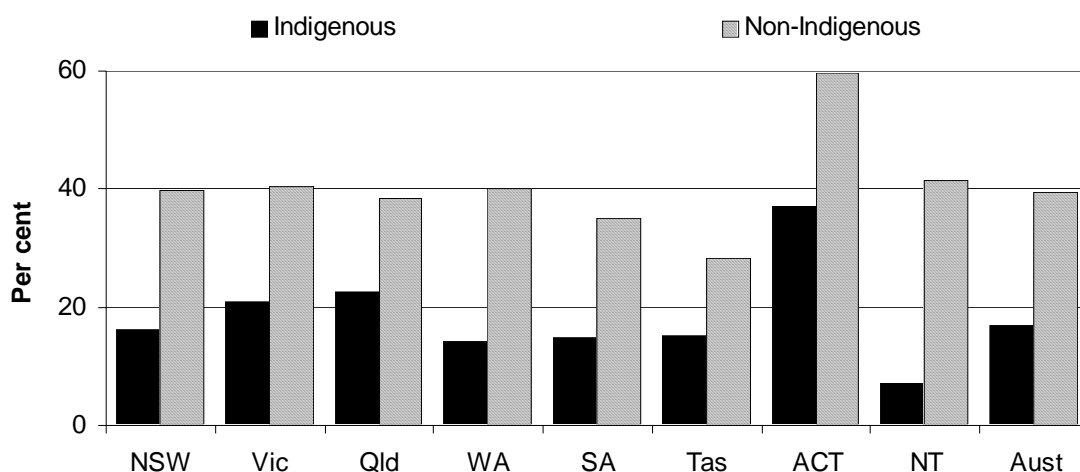
Educational attainment

Employment outcomes and income are closely linked to the education and skill levels of individuals.

The proportion of Indigenous people aged 15 years and over who had completed year 12 or equivalent schooling was considerably lower than the proportion of non-Indigenous people (16.8 per cent and 39.5 per cent respectively) in August 2001. Across jurisdictions, the difference between Indigenous and non-Indigenous proportions ranged from 34.3 percentage points in the NT to 13.3 percentage points in Tasmania (figure A.3).

Tertiary education in Australia is principally provided by technical and further education (TAFE) institutes and universities. Nationally, 6.5 per cent of the population were attending TAFE or university in August 2001 (2.6 per cent at TAFE and 3.8 per cent at university) (table A.12).

Figure A.3 **People aged 15 years and over who had completed year 12 or equivalent, by Indigenous status, August 2001**

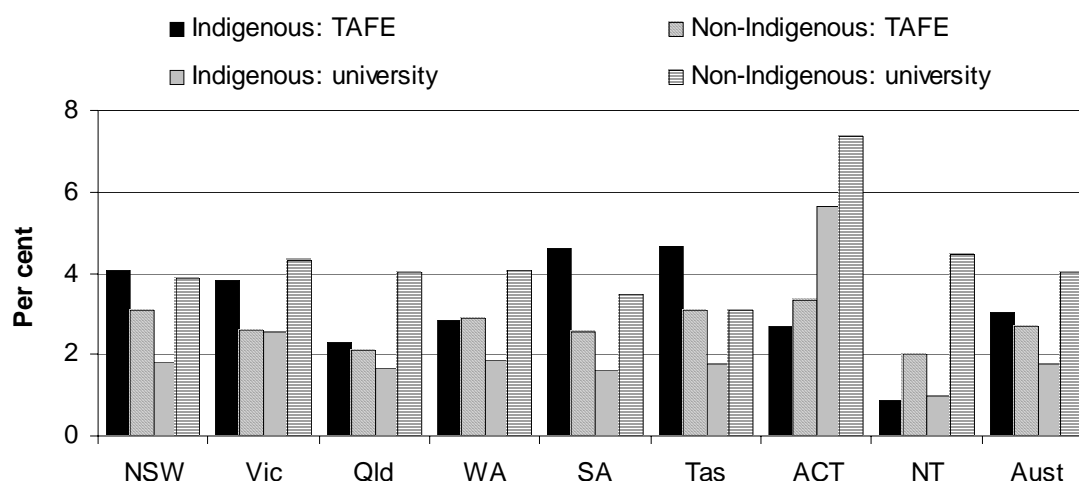


Source: ABS (2002a); ROGS 2004, p. 12; Table A.11.

The proportion of the Indigenous population who were attending TAFE in August 2001 was greater than the proportion of the non-Indigenous population in all

jurisdictions except WA, the ACT and the NT. Conversely, the proportion of the Indigenous population attending university was less than that of the non-Indigenous population in all jurisdictions (figure A.4).

Figure A.4 **The population attending higher education, by Indigenous status, August 2001^{a, b}**



^a Australia includes other territories. ^b University includes other tertiary institutions.

Source: ABS (2002a); ROGS 2004, p. 13; Table A.12.

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