

Report on
Government
Services
2012

Indigenous
Compendium

*Steering Committee
for the Review of
Government
Service Provision*

April 2012

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Foreword

This Indigenous Compendium contains, in an accessible form, all the Indigenous data to be found in the *Report on Government Services 2012*. The Compendium, like the Report itself, was compiled by the Steering Committee for the Review of Government Service Provision, for which the Productivity Commission acts as the Secretariat.

For a number of years, the Steering Committee has devoted particular attention in its Report to mainstream services delivered to Aboriginal and Torres Strait Islander people. This has meant that the amount of data has expanded considerably. The Compendium brings these data together in the one publication.

This edition of the Compendium, mirroring the 2012 Report, contains additional reporting by Indigenous status, including learning outcomes for recent cohorts of students. The Compendium has also been further developed this year with the introduction of sector summaries for all service areas.

Gary Banks AO
Chairman
April 2012

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ACRONYMS AND ABBREVIATIONS

First use of acronyms and abbreviations are spelt out in each chapter. A complete list of acronyms and abbreviations and a glossary can be found in the *Report on Government Services 2012*.

1 Background

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This Compendium of Indigenous data is drawn entirely from information contained in the *Report on Government Services 2012* (2012 Report). The Report on Government Services (RoGS) is published annually and is a product of the Review of Government Service Provision (the Review).

The Review was established under the auspices of the Council of Australian Governments (COAG) in 1993 to:

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

The RoGS, now in its seventeenth edition, is a tool for government (see terms of reference for the RoGS, p. XXXVI). It has been used:

- for strategic budget and policy planning, for policy evaluation and to demonstrate government accountability
- to assess the resource needs and resource performance of government agencies
- to identify jurisdictions with which to share information on services.

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

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

In 2009, a high level review of RoGS was endorsed by COAG. COAG recognised the RoGS as ‘the key tool to measure and report on the productive efficiency and cost effectiveness of government services’ and in 2010 agreed to a new terms of reference and charter of operations for the Review, as well as a separate terms of reference for the RoGS (www.pc.gov.au/gsp/review/tor; COAG 2010).

The Steering Committee has begun implementation of recommendations of the high level review, including:

- alignment of RoGS and National Agreement indicators
- a review of the RoGS Performance Indicator Framework by an Independent Reference Group (IRG 2010) (outcomes implemented in this edition of RoGS)
- a review of all performance indicators and measures by the IRG against the principles in the Intergovernmental Agreement on Federal Financial Relations (most outcomes implemented in this edition of RoGS, others to be progressively implemented in future editions)
- development of formal criteria to determine whether the RoGS should include particular service sectors (provided to COAG for endorsement)
- developing sector summaries for the six broad service areas (as a precursor to streamlining the hard copy RoGS)
- the introduction of data quality information for indicators (being iteratively introduced over time)
- expanding time-series reporting

-
- the introduction of mini-case studies.

The Steering Committee anticipates completing the implementation of the remaining recommendations over the next RoGS edition (chapter 2).

Indigenous reporting in the 2012 Report

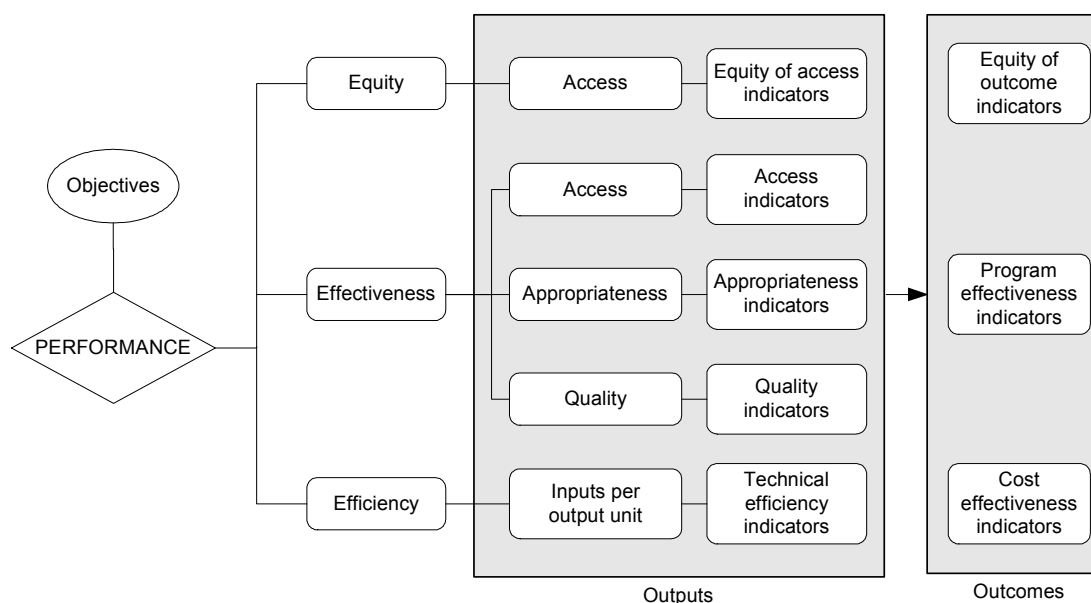
The Indigenous compendium is a compilation of data for Indigenous people from the 2012 Report. Service areas covered by the 2012 Report include:

- early childhood, education and training
- justice
- emergency management
- health
- community services
- housing and homelessness.

The general performance indicator framework

The RoGS' general performance indicator framework is set out in figure 1.1. The framework depicts the Review's focus on outcomes, consistent with demand by governments for outcome oriented performance information. This outcome information is supplemented by information on outputs. Output indicators are grouped under 'equity', 'effectiveness' and 'efficiency' headings.

Figure 1.1 A general framework and examples of performance indicators



Source: 2012 Report, figure 1.2, p. 1.14.

The service process

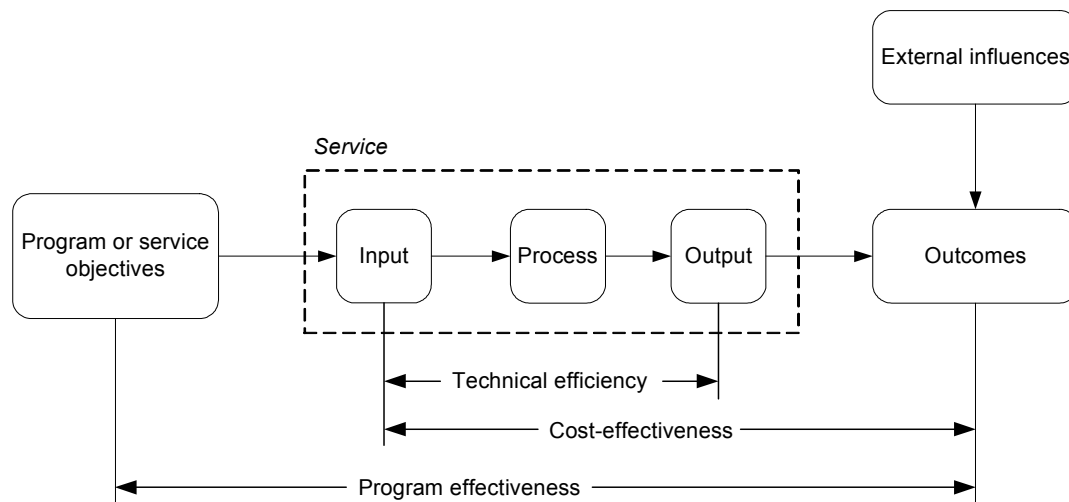
The general framework reflects the service process through which service providers transform inputs into outputs and outcomes in order to achieve desired policy and program objectives.

For each service, governments have a number of objectives that relate to desired outcomes for the community. To achieve these objectives, governments provide services and/or fund service providers. Service providers transform resources (inputs) into services (outputs). The rate at which resources are used to make this transformation is known as ‘technical efficiency’.

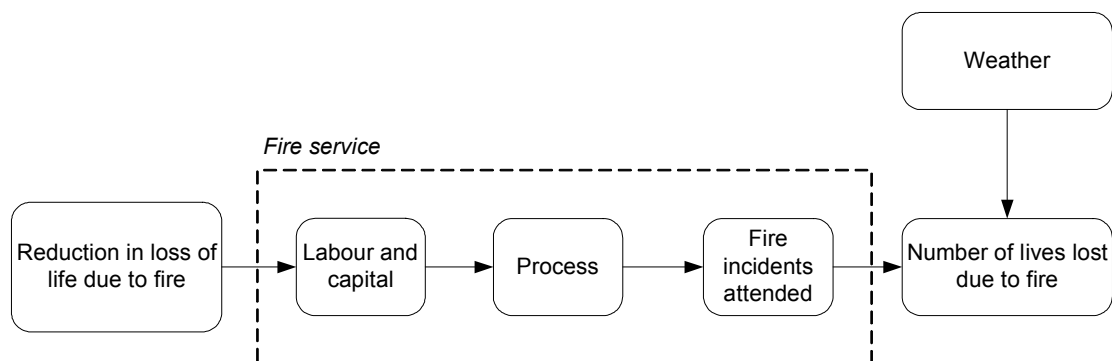
The impact of these outputs on individuals, groups and the community are the outcomes of the service. In RoGS, the rate at which inputs are used to generate outcomes is referred to as ‘cost effectiveness’. Often, outcomes (and to a lesser extent, outputs) are influenced by factors external to the service. Figure 1.2 distinguishes between technical efficiency (the ratio of inputs to outputs) and cost-effectiveness (the ratio of inputs to outcomes), and also recognises that other influences affect overall program effectiveness (the extent to which outcomes achieve the objectives of the service).

Figure 1.2 **Service process**

Example: general model



Example: fire services



Source: 2012 Report, figure 1.3, p. 1.15.

Objectives

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

Distinguishing outcomes and outputs

Outcome indicators provide information on the impact of a service on the status of an individual or a group, and on the success of the service area in achieving its objectives. In contrast, outputs are the services delivered.

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

The approach in the RoGS is to:

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

While the aim of the Review is to focus on outcomes, they are often difficult to measure. The RoGS therefore includes measures of outputs (which are often easier to measure), with an understanding that there is a relationship between those outputs and desired outcomes, and that the measures of outputs are, in part, proxies for measures of outcomes. Output information is also critical for efficient and effective management of government services, and is often the level of performance information that is of most interest to individuals who access services.

The indicator framework groups output indicators according to the desired characteristics of a service — for example, accessibility, appropriateness or quality (figure 1.1). By contrast, outcome indicators are not grouped according to desired characteristics, as outcomes typically depend on a number of service characteristics and are usually influenced by other service-sectors and extraneous factors.

Equity, effectiveness and efficiency

The Steering Committee takes a comprehensive view of performance reporting, and the RoGS framework gives equal prominence to equity, effectiveness and efficiency, as the three overarching dimensions of performance. There are inherent

trade-offs in allocating resources and dangers in analysing only some aspects of a service. A unit of service may have a high cost but be more effective than a lower cost service, and therefore be more cost effective. Similarly, improving outcomes for a group with special needs may lead to an increase in the average cost per unit of providing a service.

Equity

The term ‘equity’ has a number of interpretations, which are explained in box 1.1. Equity indicators in the RoGS measure how well a service is meeting the needs of particular groups that have special needs. While effectiveness indicators are generally absolute measures of performance, equity indicators relate to the gap in outputs and outcomes between special needs groups and the general population. Equity indicators may reflect equity of access, whereby all Australians are expected to have adequate access to services, and equity of outcome, whereby all Australians are expected to achieve similar outcomes arising from service use.

Box 1.5 Equity

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

- horizontal equity — the equal treatment of equals
- vertical equity — the unequal but equitable (‘fair’) treatment of unequals.

In the context of this RoGS:

- *horizontal* equity is exhibited when services are equally accessible to everyone in the community with a similar level of need
- *vertical* equity is exhibited when services account for the special needs of particular groups in the community. This approach may be needed where geographic, cultural or other reasons mean some members of the community have difficulty accessing a standard service.

A number of criteria can be used to classify groups who may have special needs or difficulties in accessing government services. These include:

- language or literacy proficiency
- gender
- age
- physical or mental capacity, including people with disability
- race or ethnicity

-
- geographic location.

Identifying those service recipients who belong to groups with special needs or access difficulties poses challenges, particularly when relying on client self-identification. If members of such groups are required to identify themselves, then the accuracy of the data will depend in part on how a group perceives the advantages (or disadvantages) of identification, and whether such perceptions change over time (see for example, SCRGSP 2009). Comparability problems also arise where different data collections and different jurisdictions have different definitions of special needs groups.

The RoGS often uses the proportion of each target group in the broader community as a point of comparison when examining service delivery to special needs groups. This approach is suitable for services that are provided on a virtually universal basis (for example, school education), but must be treated with caution for other services, where service provision is based on the level of need, which may vary between groups (for example, disability services). Another option is to collect a more accurate profile of need (for example, the estimation of the ‘potential population’ of people with the potential to require specialist disability services at some time).

Where geographic location is used to identify groups with special needs, data are usually disaggregated according to a geographical classification system. Geographical classifications are generally based on population density and/or the distance that residents need to travel to access services. The geographic classification system used in each service area is outlined in chapter 2 of the 2012 Report.

All geographic classification systems are imperfect indicators of the time and cost of reaching a service; for example, they do not consider the client’s capacity to bear the cost of accessing the service (Griffith 1998). Moreover, for some services, classification systems based on distance or population are not useful indicators of access to services — for example, ambulances can sometimes respond more quickly in rural areas over longer distances than in metropolitan areas over shorter distances, because of differences in traffic flows.

Effectiveness

Effectiveness indicators measure how well the outputs of a service reflect the stated objectives of that service. The reporting framework groups effectiveness indicators according to characteristics that are considered important to the service. For most chapters, these characteristics include access, appropriateness and/or quality.

Access

Access indicators measure how easily the community can obtain a service. In the RoGS, access has two main dimensions:

- undue delay (timeliness) — for example, waiting times in public hospitals and for aged care services
- undue cost (affordability) — for example, the proportion of income spent on particular services, such as out-of-pocket expenses in children's services).

Appropriateness

Appropriateness indicators measure how well services meet client needs. In primary and community care, for example, a series of indicators measure whether patients with particular health conditions are receiving the clinically endorsed treatments.

Appropriateness indicators also seek to identify the extent of any underservicing or overservicing (Renwick and Sadkowsky 1991). Some services have developed measurable standards of service need, against which 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 household. Other services have few measurable standards of service need; for example, the desirable number of medical treatments 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. Information about quality is particularly important when there is a strong emphasis on increasing efficiency (as indicated by lower unit costs). There is usually more than one way in which to deliver a service, and each alternative has different implications for both cost and quality. Information about quality is needed to ensure all relevant aspects of performance are considered.

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

conform to specifications — for example, the level of accreditation of public hospitals and aged care facilities.

The reporting framework includes quality as one aspect of effectiveness, and distinguishes it from access and appropriateness (figure 1.2). This distinction is somewhat artificial because these other aspects of service provision also contribute to a meaningful picture of quality.

Efficiency

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

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

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

Comparisons of the unit cost of a service should reflect the full cost to government. Problems can occur when some costs are not included or are treated inconsistently across jurisdictions (for example, superannuation, overheads or the user cost of capital). The Steering Committee's approach, where full cost information is not available in the short term, is that:

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

Where there are shortcomings in the data, other indicators of efficiency are used (including partial productivity ratios such as staff levels per student in government schools and administrative costs as a proportion of total expenditure in services for people with disability).

The Commonwealth Grants Commission, when calculating relativities across states and territories to distribute Australian Government general purpose grants, accounts

for both a jurisdiction's ability to raise revenue, and influences beyond a jurisdiction's control (called 'disabilities') that affect the jurisdiction's cost of providing services and capacity to raise revenue. This assessment may include factors such as the size of the jurisdiction, the dispersed nature of the population and the socio-demographic distribution of the population (CGC 2010). The RoGS does not make cost adjustments based on any of these factors, but appendix A provides a short statistical profile of each State and Territory, which may assist readers to interpret the RoGS performance indicators.

Related performance measurement exercises

Three other COAG performance measurement exercises are closely related to the RoGS:

- National Agreements and National Partnerships performance reporting under the Intergovernmental Agreement on Federal Financial Relations (IGA)
- *Overcoming Indigenous Disadvantage: Key Indicators* report
- *Indigenous Expenditure Report*.

The governance arrangements of these other COAG performance measurement exercises and their relationship with the RoGS are outlined below.

National Agreement performance reporting

In November 2008, COAG endorsed a new Intergovernmental Agreement on Federal Financial Relations (2009). The Ministerial Council for Federal Financial Relations (MCFFR) has general oversight of the operations of the IGA [para. A4(a)].

The IGA included six new National Agreements (NAs), five of which are associated with a national Specific Purpose Payment (SPP) that can provide funding to the states and territories for the sector covered by the NA. The *National Indigenous Reform Agreement* (NIRA) is not associated with a specific SPP, but draws together Indigenous elements from the other NAs and is associated with several National Partnership agreements (NPs) — a new form of payment to fund specific projects and to facilitate and/or reward states and territories that deliver on nationally significant reforms.

The Steering Committee was requested by COAG to collate information relevant to the NA performance indicators and provide this to the CRC for its analysis (COAG 2008). The Steering Committee recognises the importance of ensuring that

related COAG performance reporting exercises are aligned. The Steering Committee has aligned all relevant RoGS performance indicators with those in related NAs.

Overcoming Indigenous Disadvantage report

In 2002, COAG commissioned the Steering Committee to produce a regular public report on progress in overcoming Indigenous disadvantage. The terms of reference for this report were updated in March 2009. Five editions of the *Overcoming Indigenous Disadvantage: Key Indicators* (OID) report have been published (SCRGSP 2003, 2005, 2007, 2009, 2011). The sixth edition of the OID report is anticipated to be published in 2014.

In contrast to the RoGS, which focuses on the efficiency and effectiveness of specific services, as well as the outcomes of these services, the OID report focuses on priority outcomes for Indigenous people. It does not report on individual government services. The reporting framework has two tiers of indicators ‘COAG targets and headline indicators’ for the longer term outcomes sought and a second tier of ‘strategic areas for action’ that are potentially responsive to government policies and programs in the shorter term.

COAG endorsed an alignment of the OID report framework and the NIRA indicators in March 2009. The Steering Committee is also committed to ensuring alignment with relevant indicators in the RoGS.

Indigenous Expenditure Report

In December 2007, COAG committed to reporting on expenditure on services to Indigenous Australians. In October 2008, Treasury requested the Secretariat for the Review to provide secretariat services to the Indigenous Expenditure Report (IER) Steering Committee, an arrangement endorsed by COAG in 2009.

The IER Steering Committee developed a national framework for collecting and reporting information on government expenditure on services to Indigenous and non-Indigenous Australians. A high-level overview of the reporting approach was endorsed by COAG at its July 2009 meeting.

The *2010 Indigenous Expenditure Report* (IER), containing data on the levels and patterns of government expenditure in 2008-09, was published in February 2011. An *Australian Government Supplement* was published in September 2010. The second edition of the IER is anticipated to be published in mid-2012.

In February 2011, COAG transferred responsibility for future editions of the IER to the Steering Committee for the Review of Government Service Provision. The former IER Steering Committee is continuing as a working group providing expert advice to the Review Steering Committee.

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2 The Compendium of Indigenous data

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The primary aim of this Compendium is to provide an easily accessible collation of Indigenous data from the *Report on Government Services 2012* (2012 Report).

The data contained in this Compendium — focusing on the efficiency and effectiveness of specific areas of service delivery — can provide information that complements the material in the separate *Overcoming Indigenous Disadvantage: Key Indicators report* (SCRGSP 2011). The *Overcoming Indigenous Disadvantage* report summarises outcomes for Indigenous Australians, rather than assessing the performance of specific services.

Improvements in reporting of Indigenous data

Improvements to the Indigenous data to specific areas of the RoGS are summarised in each chapter.

Timeliness

As noted in chapter 1 of the 2012 Report, recent data are more useful for policy decision making but there can be a trade-off between the accuracy of data and their timeliness. The Steering Committee’s approach is to publish imperfect data with caveats on an annual basis wherever possible. This approach allows increased scrutiny of the data and reveals the gaps in critical information, providing the

foundation for developing better data over time. Table 2.1 summarises the time periods for data included in this RoGS. In relation to the Indigenous data, the most recent data on the amenity/location and customer satisfaction of State owned and managed Indigenous housing are for 2007. Data for net recurrent cost per dwelling and rent collection rate for community housing, and all data for Indigenous community housing are provided one year in arrears (2009-10 data for the 2012 RoGS).

Table 2.1 Time period of reported performance results, 2012 RoGS

<i>Service area/indicator framework</i>	<i>At or earlier than 2008 or 2008-09</i>	<i>Previous year (2009 or 2009-10)</i>	<i>Current year (2010 or 2010-11)</i>
Early childhood, education and training	Literacy and numeracy (2006); Selected VET qualifications by Indigenous status (2006); Indigenous status (population data are for 2009); Participation in employment education and training; Year 12 or equivalent, or Certificate II; Without qualifications at or above Certificate III	Most government expenditure; Proportion of children developmentally on track in language and cognitive skills as they enter school	Selected government expenditure measures; All others
	Children's services	Hospital separations	All others
	School education	School expenditure; Participation — achievement of VET competencies; Learning outcomes — Science literacy	All others
VET	..	Number of VET qualifications completed (Skill profile); Employer engagement with VET; Employer satisfaction with VET	All others
Justice	..	Crime victimisation; Higher court defendants resulting in a guilty plea or finding	All others
Police services	..	Victims of homicide; Crime victimisation; Reporting rates; Outcomes of investigations; Land transport hospitalisations; Defendants resulting in a guilty plea or finding	All others
Court administration	..	..	All
Corrective services	..	..	All
Emergency management	..	Deaths from emergency events	All others
Fire events	Level of safe fire practices in the community; residential structures with smoke alarms	Fire deaths from all causes (combined); Fire injuries	Deaths from landscape fires
Ambulance events	..	Emergency department patients by arrival method	All others
Road rescue events	..	..	All

Continued on next page

Table 2.1 (continued)

<i>Service area/indicator framework</i>	<i>At or earlier than 2008 or 2008-09</i>	<i>Previous year (2009 or 2009-10)</i>	<i>Current year (2010 or 2010-11)</i>
Health	Health workforce; Access to services compared to need by type of service; Health risk factors	All others	Mortality rates; Life expectancy; Median age at death
Public hospitals	..	All others	Patient satisfaction; Emergency department waiting times; Total elective surgery waiting times
Maternity services	Recurrent cost per maternity separation	All others	Caesareans and Inductions for selected primiparae; Apgar scores
Health			
Primary and community health ^a	Management of asthma	Selected potentially preventable hospitalisations — Potentially preventable hospitalisations for vaccine preventable, acute and chronic conditions; Hospitalisations for diabetes; Hospitalisations of older people for falls. Availability of public dentists; Influenza vaccination coverage for older people; Participation in breast, and cervical, cancer screening.	All others
Mental health management	Social and economic inclusion of people with a mental illness; Prevalence of mental disorders	All	Rates of licit and illicit drug use; Primary mental health care for children and young people

Continued on next page

Table 2.1 (continued)

<i>Service area/indicator framework</i>	<i>At or earlier than 2008 or 2008-09</i>	<i>Previous year (2009 or 2009-10)</i>	<i>Current year (2010 or 2010-11)</i>
Community services			
Aged care services	..	Longer care arrangements; selected adverse events in residential aged care; Long term aged care in public hospitals; Complaints; Cost per output unit	All others
Services for people with disability	..	All others	Administrative efficiency
Child protection and out-of-home care	..	..	All
Juvenile justice	..	Average rates of young people under juvenile justice supervision (both in detention and in the community) ^b	All others
Housing and homelessness services			
Housing and homelessness	Australians who are homeless (2006); Indigenous households living in overcrowded conditions (2008); Indigenous households living in houses of an acceptable standard (2008)	Low income households in rental stress ..	..
Social housing	Dwelling condition for ICH (2006); Amenity/location, Customer satisfaction for SOMIH (2007)	Net recurrent cost per dwelling and rent collection rate for community housing; All indicators for ICH (except dwelling condition)	All indicators for public housing and SOMIH (except amenity/location and customer satisfaction)
Homelessness services (formerly Supported Accommodation Assistance Program [SAAP])	..	All others	Some financial data

GP = general practitioner. ICH = Indigenous community housing. SOMIH = State-owned and managed housing. ^a Asthma management data are from a survey conducted approximately every three years. The most recent available data are from the 2007-08 survey. ^b Previous year juvenile justice material is the profile data for the JJ NMDS that is delayed by one year. All the performance indicator data are current year. .. Not applicable; 2012 Report, table 2.1, pp. 2.57.

Comparability of data

Data are generally considered to be directly comparable when definitions, counting rules and the scope of measurement are consistent (and if applicable, the sample size is large enough to be statistically reliable — explained in the statistical appendix). Performance indicator framework (PIF) diagrams in each chapter are shaded to reflect indicator comparability. Table 2.2 in the 2012 Report summarises the proportions of performance indicators in each service area (1) with comparable data and (2) with data reported, both comparable and not directly comparable. Of the 19 service area PIFs, 12 have over 50 per cent of indicators reported on a comparable basis.

Table 2.2 in the 2012 Report reports on indicators with data reported. It does not reflect the work undertaken to identify new indicators and associated measures, develop definitions and counting rules and identify relevant data collections. In addition, 2012 Report, table 2.2 does not capture other aspects of improvements in reporting, for example changing the scope of reporting to reflect changes to government policy priorities. In this RoGS, as a result of implementing the IRG's recommendations three frameworks have been merged into one social housing framework — public housing and SOMIH (of which 100 per cent were comparable), community housing (of which 20 per cent were comparable) and Indigenous community housing (of which 11 per cent were comparable). Overall, 29 indicators were streamlined into 11 indicators, without reducing the information available.

Indigenous data in the 2012 Report

Some chapters of the RoGS focus on the performance of agencies in providing services to specific groups in society — for example, the chapters on aged care services, services to people with disability and children’s services. Across the RoGS, the Review also seeks to report on the performance of agencies providing services for three identified special needs groups: Indigenous people; people living in communities outside the capital cities (that is, people living in other metropolitan areas, or rural and remote communities); and people from a non-English speaking background. There is a paucity of data on outcomes for these groups.

Indigenous Australians

In May 1997, the (then) Prime Minister asked the Review to give particular attention to the performance of mainstream services in meeting the needs of Indigenous Australians. Table 2.2 provides an indication of which service areas report at least one data item on Indigenous Australians.

Overcoming Indigenous Disadvantage: Key Indicators report

In April 2002, the Council of Australian Governments (COAG) commissioned the Steering Committee to produce a regular report on key indicators of Indigenous disadvantage. The terms of reference for this report was updated in March 2009 and the new terms of reference for the Review, endorsed by COAG in 2010, encompasses the *Overcoming Indigenous Disadvantage: Key Indicators* (OID) report. Five editions of the OID report have been published (SCRGSP 2003, 2005, 2007, 2009, 2011). The sixth edition of the *Overcoming Indigenous Disadvantage* (OID) report is anticipated to be released in 2014.

Indigenous Expenditure Report

In December 2007, COAG committed to expenditure reporting on services to Indigenous Australians. In October 2008, Treasury requested the Secretariat for the Review to provide secretariat services to the Indigenous Expenditure Report (IER) Steering Committee, an arrangement endorsed by COAG in 2009. In 2011, COAG transferred responsibility for developing and producing future editions of the IER to the Steering Committee for the Review. The former IER Steering Committee will continue as the IER Working Group providing expert advice to the Review’s Steering Committee.

Table 2.2 Reporting of at least one data item on Indigenous Australians, 2012 RoGS

<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>Early childhood, education and training</i>					
Children's services	x	x	✓	x	x
School education	✓	✓	✓	✓	x
VET	x	✓	✓	✓	x
<i>Justice</i>					
Police services	✓	✓	✓	✓	x
Court administration	x	x	x	x	x
Corrective services	✓	x	x	✓	x
<i>Emergency management</i>					
Fire events	x	x	x	x	x
Road rescue events	x	x	x	x	x
Ambulance events	x	x	x	x	x
<i>Health</i>					
Public hospitals	✓	x	x	✓	x
Maternity services	x	✓	x	x	x
Primary and community health	✓	✓	✓	✓	x
Mental health management	✓	✓	✓	x	x
<i>Community services</i>					
Aged care services	✓	x	✓	✓	x
Services for people with disability	✓	x	✓	✓	x
Child protection and out-of-home care	✓	x	x	✓	x
Juvenile justice services	✓	x	x	✓	x
<i>Housing and homelessness</i>					
Social housing	✓	✓	✓	x	✓
Homelessness services	x	✓	✓	✓	x

Source: Chapters 3–17; 2012 Report, table 2.4, pp. 2.15.

The first IER, released in 2011, notes that identifying the share of government expenditure that relates to Indigenous people is a complex exercise, and the quality of reporting is likely to improve across subsequent reports. An Australian government Supplement to the IER was published in September 2011. The next IER is anticipated to be released in mid-2012.

Data collection issues relating to Indigenous Australians

National work on improving Indigenous identification is ongoing. The robustness of Indigenous identification cuts across jurisdictions' collections, and a joint ABS and AIHW paper on national Indigenous identification is forthcoming.

Many administrative data collections do not have accurate or complete identification of the Indigenous status of their clients. In some instances, the method and level of identification of Indigenous people appear to vary across jurisdictions. Further, while many surveys now include an Indigenous identifier, many do not include a sufficiently large sample to provide reliable results for the Indigenous population.

The ABS and AIHW undertake important roles in improving data for the Indigenous population, including:

- an ongoing program to improve the identification of Indigenous status of clients in Australian, State and Territory governments' administrative systems. Priority is being given to the improvement of births and deaths statistics in all states and territories, as well as data for hospital separations, community services, education, housing and crime and justice
- work with other agencies to develop and support national Indigenous information plans, Indigenous performance indicators and Indigenous taskforces on a number of topics
- improving Indigenous enumeration in the five-yearly Census of Population and Housing, including data for small geographic areas
- an established cycle of Indigenous-specific surveys as part of the ABS Household Survey Program to provide Indigenous statistics on a three-yearly basis and an annual series of Indigenous labour force estimates
- producing publications related to improving methods for Indigenous statistics.

The (then) Ministerial Council on Aboriginal and Torres Strait Islander Affairs (MCATSIA) commissioned work to identify methodological issues in Indigenous data collections, outline how these are being addressed and identify any remaining gaps. The findings are presented in *Population and Diversity: Policy Implications of Emerging Indigenous Demographic Trends*, released in mid-2006 by the Centre for Aboriginal Economic Policy Research (CAEPR) (Taylor 2006). In mid-2007, MCATSIA commissioned further work on Indigenous population statistics from the CAEPR constructed around four projects:

- detailed regional analysis of change in Indigenous social indicators

-
- assessment of social and spatial mobility among Indigenous people in metropolitan areas
 - development of conceptual and methodological approaches to the measurement of short term mobility
 - case-study analyses of multiple disadvantage in select city neighbourhoods and regional centres.

Working Papers related to these projects are co-badged with MCATSIA and released as part of the CAEPR Working Paper Series (CAEPR 2011).

In December 2007, COAG established a Working Group on Indigenous Reform (WGIR) to support the achievement of COAG's Indigenous targets. It is chaired by the Hon Jenny Macklin MP, Australian Government Minister for Families, Housing, Community Services and Indigenous Affairs and comprises senior officials from each jurisdiction. The WGIR has developed a Closing the Gaps framework and the Steering Committee is committed to aligning relevant indicators in this RoGS with the WGIR framework.

The Coordinator-General for Remote Indigenous Services (CGRIS) provides a six monthly report to the Minister for Families Community Services and Indigenous Affairs. The first report was noted at COAG on 7 December 2009. COAG decided that the WGIR will provide a progress report to COAG on recommendations in the CGRS report. The first WGIR progress report was noted by COAG at its April 2010 meeting. COAG also committed to continuing its monitoring of progress of the National Partnership on Remote Service Delivery (COAG 2010). The fourth CGRIS report was released in October 2011 (CGRIS 2011).

The Review will draw on these initiatives in future RoGS.

The first three volumes of the ABS' ASGS were released in 2010 and 2011 for Main Structure and Greater Capital City Statistical Areas (ABS 2011a), Indigenous Structure (ABS 2011b), and Non ABS Structures (ABS 2011c).

'Cross-cutting' issues

There is growing emphasis on the management of policy issues that cover more than one service-sector, service area or ministerial portfolio — for example, government policies aimed at specific client groups such as older people, females, children, Indigenous Australians, people in rural and remote areas and people from non-English speaking backgrounds. Improving the management of these issues can contribute to more effective and efficient service provision. Greater efficiency can

come from more clearly defined priorities and from the elimination of duplicated or inconsistent programs. Improved outcomes can also result from a more holistic and client centred approach to service delivery.

References

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- 2011b, *Australian Statistical Geography Standard (ASGS): Volume 2 — Indigenous Structure*, Cat. no. 1270.0.55.002, Canberra.
- 2011c, *Australian Statistical Geography Standard (ASGS): Volume 2 — Non ABS Structures*, Cat. no. 1270.0.55.003, Canberra.
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B Early childhood, education and training sector summary

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this sector summary, table BA.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. B.1', this is page 1 of the Early childhood, education and training sector summary of the 2012 Report, and '2012 Report, table BA.1' is table 1 of attachment BA of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Early childhood, education and training (ECET) sector summary in the *Report on Government Services 2012* (2012 Report) provides contextual and cross-sector information relating to early childhood, education and training services in Australia.

Data are reported for Indigenous people for a subset of the performance indicators reported in that sector summary — those data are compiled and presented here.

The sector summary provides an introduction to the ECET chapters of the 2012 Report: Children's services (Chapter 3), School education (Chapter 4) and Vocational education and training (Chapter 5). It provides an overview of the ECET sector presenting both contextual information and high level performance information.

Major improvements in reporting in the ECET sector this year are identified in each of the service-specific ECET chapters.

Indigenous data in the Early childhood, education and training sector summary

The ECET sector summary in the 2012 Report contains the following information on Indigenous people:

- participation in higher education, 2010
- full time participation in employment, education or training, 2008
- completion of year 12 or equivalent, or certificate level II or above, 2008
- population who do not have qualifications at or above certificate III, 2008.

Policy context

To achieve the COAG aspirations for the ECET sector governments have endorsed a number of major funding agreements and initiatives. These are detailed in the service specific chapters and the broadest of these COAG initiatives are outlined in box B.1. There are also a range of State and Territory based policy initiatives across the early childhood, education and training sector to support these broader COAG initiatives.

Box B.1 COAG initiatives in the ECET sector

- The *National Early Childhood Development Strategy* aims to improve outcomes for all children and their families and includes the following initiatives:
 - the *National Partnership Agreement on Early Childhood Education* to achieve universal access to early childhood education for all children in the year before full time school by 2013
 - the *National Partnership Agreement on Indigenous Early Childhood Development*
 - the *National Quality Framework* (NQF) that incorporates a new *National Quality Standard* to ensure high quality and consistent care across Australia. The NQF will be implemented via the *National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care*
 - workforce initiatives for the early childhood education and care workforce.
- The *National Education Agreement* (NEA) covers school education, consisting of objectives and outcomes for all schools and school systems, including the roles and responsibilities of the Australian and State and Territory governments and a framework for performance reporting.
- The *National Agreement for Skills and Workforce Development* (NASWD) sets out the commitment between the Australian government and the state and territory governments to work towards increasing the skill levels of all Australians.
- The *National Indigenous Reform Agreement* (NIRA) provides an integrated framework for closing the gap in Indigenous disadvantage based on the seven building blocks of early childhood schooling, health, economic participation, healthy homes, safe communities, and governance and leadership.
- The Australian Government and the State and Territory governments have also agreed to a number of additional National Partnerships related to education and training, including:
 - The *Smarter Schools National Partnership* which incorporates: the *National Partnership on Literacy and Numeracy*; the *National Partnership on Low Socio-Economic Status School Communities* and the *National Partnership on Improving Teacher Quality*.
 - The *National Partnership Agreement on the Nation Building and Jobs Plan: Building Prosperity for the Future and Supporting Jobs Now* facilitates payments by the Australian Government for the Building the Education Revolution.
 - The *Digital Education Revolution*
 - The *Trade training centres in Schools program*.
 - The *National Partnership on Youth Attainment and Transitions*
 - The *National Partnership Agreement for Productivity Places Program*

Further information on COAG National Agreements and National Partnerships is available at www.federalfinancialrelations.gov.au.

Source: COAG (2009a and 2009b).

Factors impacting on engagement in the ECET sector

A key challenge for Australia across the ECET sector is to address the achievement and attainment gaps of the lowest performing students. A range of factors may contribute to performance inequality including socioeconomic disadvantage, geography and Indigenous status.

Indigenous Australians overall have a lower level of participation in education and training than non-Indigenous Australians. In addition to facing issues affecting the broader population, Indigenous-specific reasons for non-attendance in school education have been proposed. These Indigenous-specific issues relate to a lack of recognition by schools of Indigenous culture and history, failure to fully engage parents and carers of Indigenous children and the Indigenous community and ongoing disadvantage in many areas of the daily lives of Indigenous Australians (AIHW 2010).

The Western Australian Aboriginal Child Health Survey conducted in 2001 and 2006 found that when the period of compulsory education ends the proportion of Indigenous children who no longer attend school is substantially higher than that for non-Indigenous children. Of those Indigenous children who left school soon after the period of compulsory education one-third were neither working nor undertaking any form of education (SCRGSP 2009).

Service-sector objectives

Australia's ECET sector has a range of objectives, some of which are common across all sector components while others are more specific to a particular sub-sector. Specific objectives of children's services, school education, VET and higher education service areas are detailed in box B.2.

Box B.2 Objectives of the early childhood, education and training sector

The objectives of children's services as based on the common objectives agreed to by the *Community and Disability Services Ministers' Advisory Council* are to meet the care and education needs of all children in developmentally appropriate ways, in a safe and nurturing environment, to provide support for families in caring for their children, and to provide these services across a range of settings in an equitable and efficient manner (2012 Report, box 3.2). Children's services have both education and care objectives.

The objectives of school education services (2012 Report, box 4.1), as reflected in the national goals for schooling agreed by education Ministers in the *Melbourne Declaration on Educational Goals for Young Australians* (and consistent with the *National Education Agreement*) are that (1) Australian schooling promotes equity and excellence and (2) All young Australians become: successful learners; confident and creative individuals and active and informed citizens.

The objectives of VET services, as reflected in the *National Agreement for Skills and Workforce Development* (2012 Report, box 5.3) are to ensure all working age Australians have the opportunity to develop the skills and qualifications needed, including through a responsive training system, to enable them to be effective participants in and contributors to the modern labour market. VET services aim to assist individuals to overcome barriers to education, training and employment, and to be motivated to acquire and utilise new skills. VET also aims to ensure Australian industry and businesses develop, harness and utilise the skills and abilities of the workforce, and to provide opportunities for Indigenous Australians to acquire skills to access viable employment.

The objectives of higher education services, as reflected in the *Commonwealth Higher Education Support Act 2003*, include contributing to the development of cultural and intellectual life in Australia, and appropriately meeting Australia's social and economic needs for a highly educated and skilled population.

Sector performance indicator framework

This sector summary is based on a sector performance indicator framework (figure B.1). This framework is made up of the following elements.

- Sector objectives — three sector objectives are a précis of the key commitments agreed to by the Council of Australian Governments (COAG), including the *National Partnership on Early Childhood Education*, the *National Education Agreement* and the *National Agreement on Skills and Workforce Development*. Although these goals are based on outcomes in these commitments wording has been amended for relevance to the ECET sector summary reporting (box B.5).

- Sector-wide indicators — three sector-wide headline indicators are high level indicators that reflect activity across the sector and there are several measures that support each indicator.

Figure B.1 Early childhood, education and training sector performance indicator framework

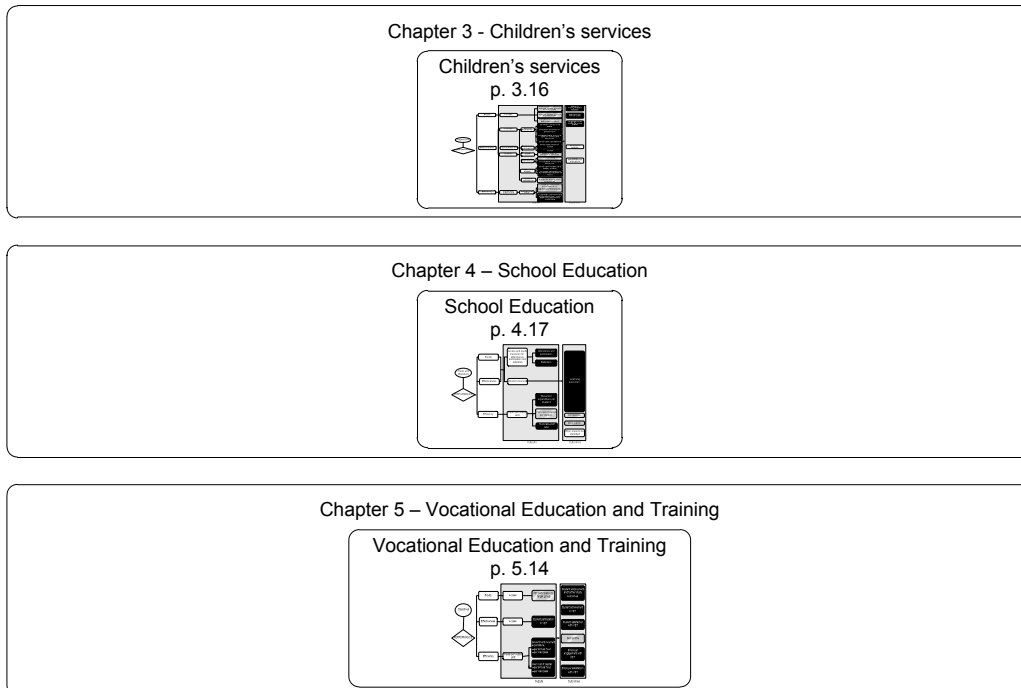
Sector objectives



Sector-wide indicators



Service-specific performance indicator frameworks



Source: 2012 Report, figure B.5, p. B.20.

Sector-wide indicators

This section includes high level indicators of ECET outcomes. Many factors are likely to influence outcomes — not solely the performance of government services. However, these outcomes inform the development of appropriate policies and delivery of government services.

Participation

‘Participation’ is an indicator of governments’ objectives to develop the talents and competencies of the population through the education and training system, to enable them to have the learning and skills required to participate in the productive economy (box B.3).

Box B.3 Participation

There are six measures against the participation indicator.

- participation in early childhood education and schooling for children, defined as the proportion of children aged 3–14 years participating in early childhood education or school education.
- participation in education and training by sector (school education, TAFE, Higher education, other education and training), defined as the proportion of the population aged 15-24 years participating in education and training by sector.
- school leaver participation in full time post school education and training, defined as the proportion of 15-19 year old school leavers participating in full time post school education and training.
- school leaver destination by sector, defined as the proportion of school leavers who have left school by destination (Higher education, TAFE or other study, not enrolled).
- participation in higher education by selected groups, defined as the proportion of the population participating in higher education by selected disadvantaged groups.
- full time participation in employment, education or training by Indigenous status, defined as the proportion of population participating in full time employment, education or training.

Holding other factors constant, a higher or increasing participation in the early childhood, education, training and higher education sector suggests an improvement in educational outcomes through greater access.

(Continued next page)

Box B.3 (Continued)

The level of participation in education and training varies across jurisdictions for many reasons. These include different age/grade structures, starting ages at school, minimum leaving age and the level of service provision. In addition there are influences beyond the direct control of governments, such as labour market changes, population movements, urbanisation, and socioeconomic status.

Additionally, the level of full time participation in either education, training or work indicates the proportion of the population at risk of marginal participation (or non participation) in the labour market. Young people who are not participating full time in education, training, work or some combination of these activities are more likely to have difficulty making a transition to full time employment by their mid 20s (ACER 2005, FYA 2008). The participation measures reported in the ECET sector summary reflect outcomes where participation in school and non-school based education are regarded as valid pathways.

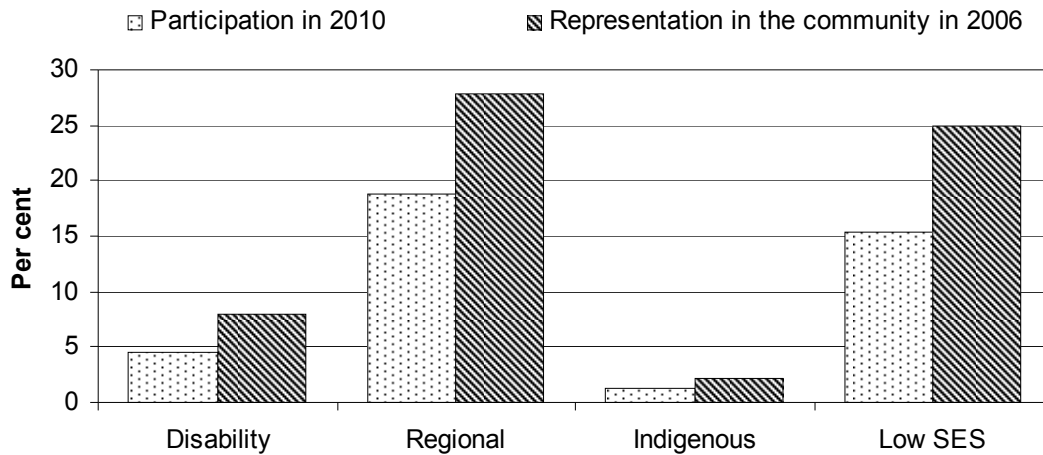
Data for this indicator are comparable.

Data quality information for two measures of this indicator is at www.pc.gov.au/gsp/reports/rogs/2012. DQI for other measures is under development.

Participation in higher education by selected groups

In higher education, there is an under-representation (compared to the proportion of the relative group in the community) among people from regional areas of Australia, people with disability, those with disadvantaged/low socioeconomic backgrounds and Indigenous Australians (figure B.2).

Figure B.2 **Participation in higher education by selected groups, 2010 a, b**



a Students can be included in more than one selected group. **b** Regional includes regional, remote, rural and isolated areas.

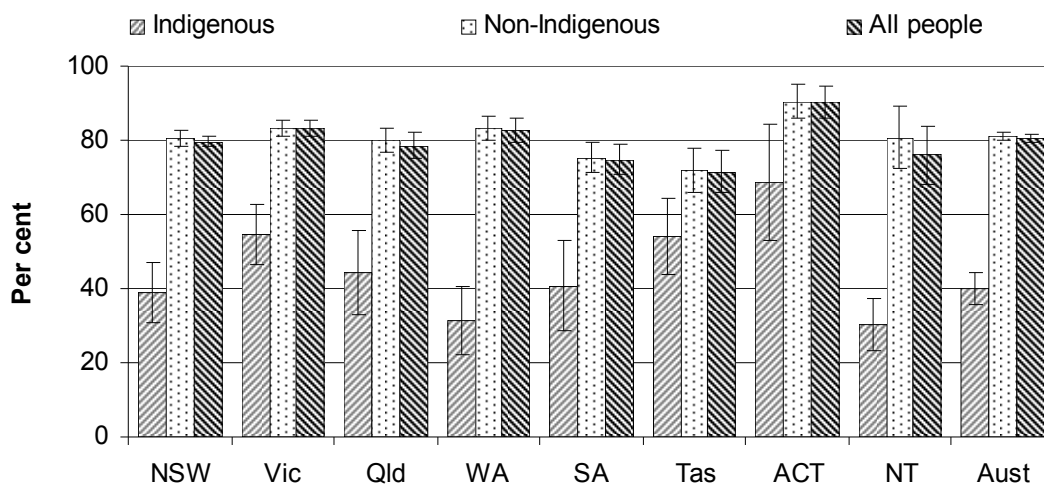
Source: DEEWR (unpublished) Higher Education Student Statistics, 2010; table BA.20; 2012 Report, figure B.10, p. B.30.

Full time participation in employment, education or training (by Indigenous status)

Full time participation in employment, education or training (school education, vocational training and higher education) for age groups 15-19; 20-24; 25-29; 18-24 and 15-64 years are presented in 2012 Report, figure B.11.

Nationally in 2008, non-Indigenous 18–24 year olds were more likely than Indigenous 18–24 year olds to be engaged in full time employment, education or training (81.0 per cent and 40.2 per cent respectively) (figure B.3).

Figure B.3 Proportion of 18–24 year olds engaged in full time employment, education or training, by Indigenous status, 2008^{a, b, c, d, e, f, g, h, i}



^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b Full time participation is defined as participation in full time employment, full time education or training, or a combination of both part time employment and part time education or training. ^c Data for Australia for non-Indigenous people and 'all people' includes 'Other Territories'. ^d All people aged 18–24 years excludes people whose fully engaged employment or education status was unknown. ^e All people includes those for whom Indigenous status is unknown. ^f Proportions are determined using the number of students educated in the jurisdiction divided by the estimated resident population for the jurisdiction in the age group. In some cases students are educated in a different jurisdiction to their place of residence. These students are counted in their jurisdiction of education for the numerator (number of students educated in the jurisdiction) and their jurisdiction of residence for the denominator (estimated resident population). ^g Data for Indigenous people are sourced from the ABS *National Aboriginal and Torres Strait Islander Social Survey*. ^h Data for non-Indigenous and 'all people' are sourced from the ABS *Survey of Education and Work*. ⁱ The ABS Survey of Education and Work was not conducted in very remote areas in 2008 which affects the comparability of NT results as this accounts for 20 per cent of the NT population.

Source: ABS (unpublished) *National Aboriginal and Torres Strait Islander Social Survey* and *Survey of Education and Work*; table BA.23; 2012 Report, figure B.12, p. 4.32.

Attainment

'Attainment' is an indicator of governments' objective for people to possess adequate skills to enable them to contribute to society and the economy (box B.4).

Box B.4 **Attainment**

Attainment is defined by five measures:

- level of highest qualification completed, defined as the level of highest qualification completed of the working age population.
- completion of year 12 or equivalent, or certificate level II or above, defined as the proportion of population completing year 12 or equivalent, or certificate II or above (by Indigenous status).
- completion of year 12 or equivalent, or certificate III or above defined as the proportion of population completing year 12 or equivalent, or certificate level III or above.
- population who do not have qualifications at or above certificate III, is defined as the proportion of 20-64 year olds who do not have qualifications at or above certificate III. This measure is also reported by Indigenous status.
- achievement at skill level 3 or above (prose, document and numeracy), defined as the proportion of 15-64 year olds who have achieved at skill level 3 or above (prose, document and numeracy).

An important objective of the education system is to add to the skill base of the population, with the benefits of improving employment, worker productivity and economic growth.

Educational attainment is used as a proxy indicator for the stock of skills. Holding other factors constant, a higher or increasing attainment level indicates an improvement in educational outcomes.

However attainment should be interpreted with caution as it understates the skill base because it does not capture skills acquired through partially completed courses, courses not leading to a formal qualification, or informal learning (including training and experience gained at work). Industry endorsed skill sets are also an important consideration for industry in course design. Skill sets recognise part qualifications and groups of competencies, however data on skill sets are not included in this Report.

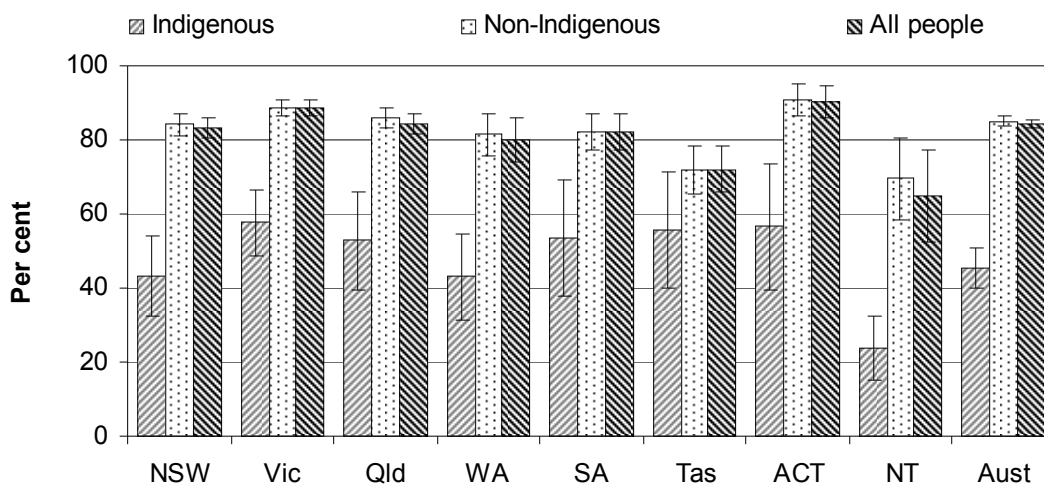
Data for this indicator are comparable.

Data quality information for two measures of this indicator is at www.pc.gov.au/gsp/reports/rogs/2012. DQI for other measures is under development.

Completion of year 12 or equivalent, or certificate level II or above

Nationally in 2008, non-Indigenous 20-24 year olds were more likely than Indigenous 20-24 year olds to have completed year 12 or equivalent, or gained a qualification at certificate II or above (85.0 per cent and 45.4 per cent respectively) (figure B.4).

Figure B.4 Proportion of 20–24 year olds who have completed year 12 or equivalent, or gained a qualification at certificate level II or above, by Indigenous status, 2008^{a, b, c, d, e, f, g}



^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b Australia includes 'Other Territories'. ^c People aged 20–24 years who have completed year 12 or certificate II or above includes certificate I or II nfd but excludes people with a certificate nfd and people whose level of non-school qualification could not be determined. ^d All people include those for whom Indigenous status is unknown and consequently the proportion of Indigenous students may be under-represented in some jurisdictions. ^e Data for Indigenous people are sourced from the ABS (unpublished) *National Aboriginal and Torres Strait Islander Social Survey*. ^f Data for non-Indigenous and all people are sourced from the ABS (unpublished) *Survey of Education and Work*. ^g The ABS *Survey of Education and Work* was not conducted in very remote areas in 2008 which affects the comparability of NT results as this accounts for 20 per cent of the NT population.

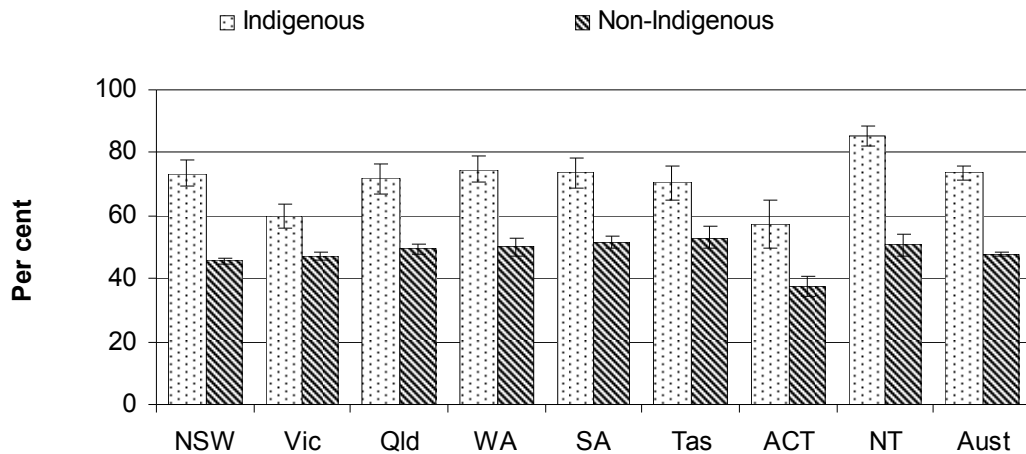
Source: ABS (unpublished) *National Aboriginal and Torres Strait Islander Social Survey* and *Survey of Education and Work*; table BA.28; 2012 Report, figure B.15, p. 4.36.

The proportion of the Indigenous population who have completed year 12 or equivalent, or gained a qualification at certificate level II or above are presented for 20-64 year olds in table BA.28.

Population who do not have qualifications at or above certificate III (by Indigenous status)

In 2008 Indigenous 20–64 year olds were more likely to be without qualifications at or above a certificate III than non-Indigenous 20–64 year olds (nationally, 73.6 per cent and 47.8 per cent respectively) (figure B.5).

Figure B.5 Proportion of 20–64 year olds without qualifications at or above certificate III, by Indigenous status, 2008^{a, b, c, d, e}



^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b Certificate III or above includes certificate III, IV, diploma, advanced diploma, bachelor degree and above, based on ABS decision tree for determination of level of highest education attainment. ^c Data for Indigenous people are sourced from the ABS (unpublished) *National Aboriginal and Torres Strait Islander Social Survey*. ^d Data for non-Indigenous people are sourced from the ABS (unpublished) *Survey of Education and Work*. ^e The ABS *Survey of Education and Work* was not conducted in very remote areas in 2008 which affects the comparability of NT results as this accounts for 20 per cent of the NT population.

Source: ABS (unpublished) *National Aboriginal and Torres Strait Islander Social Survey* and *Survey of Education and Work*, table BA.32; 2012 Report, figure B.18, p. 4.39.

The proportions of the population with or working towards a post school qualification are presented by Indigenous status in table BA.35. Nationally in 2006, 35.3 per cent of 20-64 year olds had, or were working towards, a post school qualification at certificate III, IV, diploma or advanced diploma level. Non-Indigenous 20-64 year olds were more likely than Indigenous 20-64 year olds to have, or be working towards, a certificate III, IV, diploma or advance diploma (35.5 per cent and 25.6 per cent respectively).

Service-specific performance indicator frameworks

Indigenous reporting on service-specific performance indicator frameworks for children’s services (chapter 3), school education (chapter 4) and vocational education and training (chapter 5) are in the subsequent chapters of this Compendium.

List of attachment tables

Attachment tables for data within this sector summary are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a 'BA' prefix (for example, table BA.1 is table 1 in the Early childhood, education and training sector summary attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

- Table BA.20** Higher education participation by selected groups
- Table BA.23** Full time participation in employment, education or training, by Indigenous status (per cent), 2008
- Table BA.28** Proportion of people who have completed year 12 or equivalent or gained a qualification at certificate level II or above, by Indigenous status, 2008
- Table BA.32** Proportion of 20–64 year old population who do not have qualifications at or above certificate III, by Indigenous status, 2008
- Table BA.35** Proportion of 20–64 year old population with or working towards post school qualification in certificate III, IV, diploma and advanced diploma, by Indigenous status, 2006

References

- ACER (Australian Council for Educational Research) 2005, *Leaving school in Australia: Early career and labour market outcomes*, LSAY Briefing Number 9, July 2005, Melbourne.
- AIHW (Australian Institute of Health and Welfare) 2010, *School attendance and retention of Indigenous Australian students*, Issues paper no.1 produced for the Closing the Gap Clearinghouse, Cat. no. IHW 33 ISBN 978-1-74249-060-1, Canberra. www.aihw.gov.au/closingthegap/documents/issues_papers/ctg-ip01.pdf (accessed 17 August 2011).
- COAG (Council of Australian Governments) 2009a, *Investing in the Early Years — A National Early Childhood Development Strategy. An initiative of the Council of Australian Governments*, 2 July 2009, www.coag.gov.au/coag_meeting_outcomes/2009-07-02/docs/national_ECD_strategy.pdf (accessed 3 October 2011).
- 2009b, *Communique 7 December 2009 Brisbane Meeting*, Canberra, www.coag.gov.au/coag_meeting_outcomes/2009-12-07/docs/20091207_communique.pdf (accessed 3 October 2011)
- FYA (Foundation for Young Australians) 2008, *How Young People are Faring '08*, www.fya.org.au/ (accessed 17 August 2011).
- SCRGSP (Steering Committee for the Review of Government Service Provision) 2009, *Overcoming Indigenous Disadvantage: Key Indicators 2009*, Productivity Commission, Canberra.

3 Children's services

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 3A.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 3.1' this is page 1 of chapter 3 of the 2012 Report, and '2012 Report, table 3A.1' is attachment table 1 of attachment 3A of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Children's services chapter (chapter 3) in the *Report on Government Services 2012* (2012 Report) reports on the performance of children's services in each Australian state and territory. Data are reported for Indigenous people for a subset

of the performance indicators reported in that chapter — those data are compiled and presented here.

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

Most of the data in this chapter relate to services that are supported by the Australian, State and Territory governments and provided for children aged 0–12 years. Local governments also plan, fund and deliver children's services. Due to data limitations, the only local government data included are where Australian, State and Territory government funding and/or licensing are involved.

The major improvements to reporting on children's services this year include:

- refinement of the presentation of indicators and measures reported, including specification as to whether the indicator relates to child care or preschool or both
- inclusion for the first time of new data quality information (DQI) documentation for the indicators 'children using child care' and 'children enrolled in preschool'.

Indigenous data in the Children's services chapter

The Children's services chapter in the 2012 Report contains the following data items on Indigenous people:

- representation of Indigenous children in Australian Government approved child care services (compared to their representation in the community), 2010
- representation of Indigenous children in State and Territory Government child care and preschools (compared to their representation in the community), 2010
- Indigenous children enrolled in State and Territory Government preschool services, 2006-07 to 2010-11

The arrangements for departmental responsibility for early childhood education and care vary across State and Territory governments. There are also differences across states and territories for early childhood education program names and starting ages. Table 3A.1 shows basic information on child care and preschool education programs, such as agency responsibility, program names and starting ages.

The Australian Government provides supplementary funding to support the participation of Indigenous children in eligible preschool programs. In 2010,

\$13.0 million was provided on a per person and project basis to 1538 government and non-government preschools. The funding covered 9707 full time equivalent Indigenous preschool enrolments (DEEWR unpublished).

Framework of performance indicators

The Children's services performance indicator framework outlined in figure 3.1 identifies the performance indicators reported in the 2012 Report. Data for Indigenous people are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

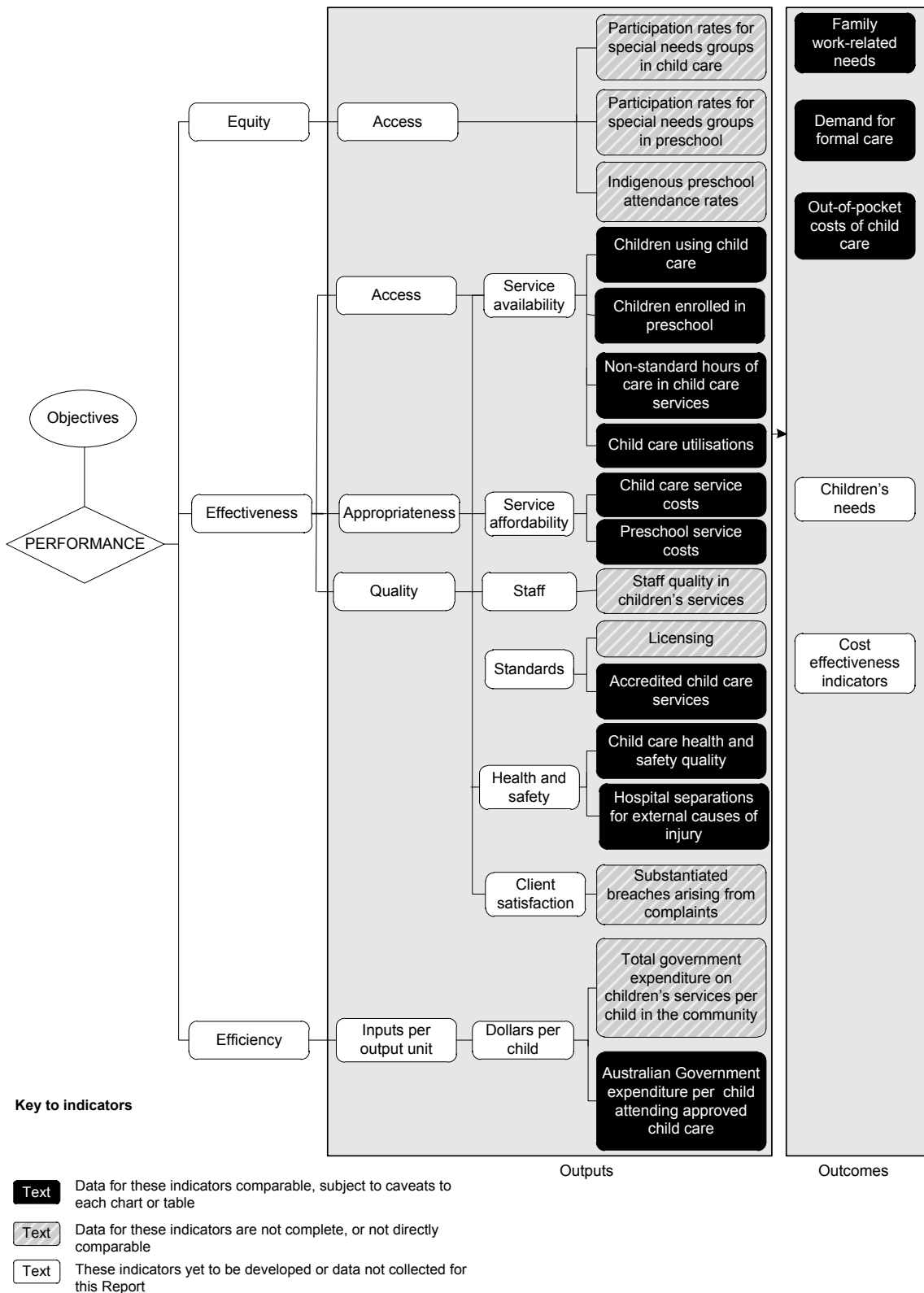
COAG has agreed to six National Agreements (NAs) to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services, (see 2012 Report, chapter 1 for more detail on reforms to federal financial relations).

There are no service specific NAs that relate to children's services. However, the *National Indigenous Reform Agreement* (NIRA) establishes specific outcomes for reducing the level of disadvantage experienced by Indigenous Australians, and includes an indicator relating to access to quality early childhood education for Indigenous children. Data developments for reporting against the agreed indicator were underway at the time of preparing this Report. It is anticipated that this indicator will be included in the 2013 Report.

A performance indicator framework consistent with the objectives for children's services is shown in figure 3.1. The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of Children's services. The framework shows which data are provided on a comparable basis in the 2012 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective (2012 Report, see section 1.6).

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Figure 3.1 Children’s services performance indicator framework



Source: 2012 Report, figure 3.2, p. 3.16.

Equity

Access — participation rates for special needs groups in child care

‘Participation rates for special needs groups in child care’ is an indicator of governments’ objective to ensure that services are provided in an equitable manner to all special needs groups in the community, and that there is consideration of the needs of those groups which can have special difficulty in accessing services (box 3.1).

Box 3.1 Participation rates for special needs groups in child care

‘Participation rates for special needs groups in child care’ is defined as the proportion of children using child care services who are from targeted special needs groups, compared with the representation of these groups in the community. Data are reported for children in child care aged 0–5 and 6–12 years.

Targeted special needs groups include children from non-English speaking backgrounds, Indigenous children, children from low income families, children with disability, and children from regional and remote areas.

A high or increasing participation rate is desirable. If the representation of special needs groups among child care services users is broadly similar to their representation in the community, this suggests more equitable access.

Data reported for this indicator are not directly comparable.

Data quality information for this indicator is under development.

Data for participation by special needs groups using Australian Government approved child care services for 2010 were drawn from the *National ECEC Workforce Census 2010* and DEEWR administrative systems. Box 3.2 contains more information on the census.

Box 3.2 Australian Government National Early Childhood Education and Care Workforce Census

The *National Early Childhood Education and Care Workforce Census* (National ECEC Workforce Census) was conducted in 2010 and is an initiative of the Australian Government in partnership with State and Territory governments. The information collected aims to provide comprehensive, current and nationally consistent data on access to early childhood education and care services, and staff qualifications and experience.

This chapter presents final data for 2010 from the 2010 National ECEC Workforce Census, updating preliminary data for 2010 included in the 2011 Report.

This National ECEC Workforce Census replaced the Australian Government Child Care Provider Survey (AGCCPS) conducted in 2008-09 and the Australian Government Census of Child Care services (AGCCC) conducted in earlier years, as the source of non-administrative data available from the Australian Government.

The National ECEC Workforce Census collected information on children with special needs and staff in Australian Government approved child care services. The same information was collected in the AGCCPS and the AGCCC, although different methods were used. Variations in collection methods and different weighting methods affect the comparability of data across the collections. Therefore comparisons across time should be made with caution.

Source: DEEWR (2010).

At a national level, Indigenous children aged 0–12 years had a lower representation in child care services (2.0 per cent) than their representation in the community (4.7 per cent). This was also the case for both the 0–5 years age group and the 6–12 years age group (tables 3.1 and 3A.14).

Data on representation of special needs groups in State and Territory government funded and/or provided child care for children aged 0–12 years are presented in table 3A.16.

Table 3.1 Proportion of children aged 0–12 years attending Australian Government approved child care services from special needs groups, 2010 (per cent)^{a, b, c, d}

	<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>
<i>Children from non-English speaking backgrounds</i>									
In child care services	19.7	17.2	6.5	9.8	7.8	3.2	13.1	11.0	13.7
In the community, 2006	23.2	21.7	11.9	15.5	13.7	7.2	16.2	36.8	18.8
<i>Indigenous children</i>									
In child care services	2.1	0.6	2.9	2.1	1.4	1.5	0.9	9.3	2.0
In the community, 2010	4.4	1.2	6.5	5.9	3.6	7.0	2.4	43.4	4.7
<i>Children from low income families</i>									
In child care services	24.1	24.0	24.9	22.7	24.1	24.8	8.8	14.4	23.9
In the community, 2009-10	28.4	26.6	26.9	23.8	23.9	30.5	11.5	23.0	26.6
<i>Children with disability</i>									
In child care services	3.3	2.2	1.9	2.2	3.6	2.0	1.9	2.7	2.6
In the community, 2009	7.4	5.7	5.8	8.2	5.9	8.4	8.3	5.4	6.6
<i>Children from regional areas</i>									
In child care services	26.0	23.6	32.4	20.6	18.7	100.4	1.1	79.9	28.0
In the community, 2006	28.8	28.2	45.6	24.7	26.6	97.7	0.2	51.0	33.0
<i>Children from remote areas</i>									
In child care services	0.2	–	1.2	3.3	1.8	0.6	–	20.2	0.9
In the community, 2006	0.7	0.1	4.4	8.6	4.4	2.0	–	50.3	3.0

^a Data on children in child care services represent the population of children attending child care in 2010. Data on representation in the community are reported for different years due to the availability of data and are sourced from either the ABS *Survey of Disability, Ageing and Carers 2009*, the *2006 Census of Population and Housing*, the *Survey of Income and Housing 2009-10*, or *Experimental Estimates and Projections of the Aboriginal and Torres Strait Islander Population, 1991 to 2009*. ^b Data on children in child care services for 2010 are not directly comparable with previous years data (presented in table 3A.15) due to a change in data source. 2010 data in this report are updated final data from the National ECEC Workforce Census (preliminary 2010 data were reported in the 2011 Report). Refer to box 3.1 and table 3A.15 for more information. ^c See table 3A.15 for complete footnotes and definitions. ^d Data in italics have relative standard errors above 25 per cent, and need to be used with caution. – Nil or rounded to zero

Source: DEEWR (unpublished) administrative data collection and *National Early Childhood Education and Care Workforce Census, 2010*; ABS (unpublished) *Survey of Income and Housing 2009-10*, Cat. no. 6523.0, *2006 Census of Population and Housing*, Cat. no. 2031.0; *Survey of Disability, Ageing and Carers 2009*, Cat no. 4430.0 and *Experimental Estimates and Projections of the Aboriginal and Torres Strait Islander Population, 1991 to 2009* (Series B), Cat. no. 3238.0; table 3A.15; 2012 Report, table 3.4, p. 3.20.

Access — Participation rates for special needs groups in preschool

‘Participation rates for special needs groups in preschool’ is an indicator of governments’ objective to ensure that services are provided in an equitable manner to all special needs groups in the community, and that there is consideration of the needs of those groups which can have special difficulty in accessing services (box 3.3).

Box 3.3 Participation rates for special needs groups in preschool

'Participation rates for special needs groups in preschool' is defined as the proportion of children using preschool services who are from targeted special needs groups, compared with the representation of these groups in the community. Data are reported for children enrolled in preschool services aged 3–5 years.

Targeted special needs groups include children from non-English speaking backgrounds, Indigenous children, children with disability, and children from regional and remote areas.

A high or increasing participation rate is desirable. If the representation of special needs groups among preschool services users is broadly similar to their representation in the community, this suggests more equitable access.

Data reported for this indicator are not directly comparable.

Data quality information for this indicator is under development.

Data on the representation of special needs groups for children in State and Territory government funded and/or provided preschools are provided in table 3.2. Nationally, the representation of Indigenous children aged 3–5 years in preschool (5.4 per cent) was higher than their representation in the community (4.7 per cent) though this varies across jurisdictions.

Data on the representation of special needs groups in preschool in the year before full time school are presented in table 3A.16.

Table 3.2 Proportion of children (aged 3–5 years) enrolled in State and Territory government funded or provided preschools from special needs groups, 2010-11 (per cent)^{a, b, c}

	<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^d</i>
Children from non-English speaking backgrounds									
In preschool services	11.2	14.2	7.8	na	11.9	na	23.0	na	12.3
In the community, 2006	23.2	21.6	11.6	15.6	13.5	7.2	16.1	38.7	18.7
Indigenous children									
In preschool services	5.1	1.4	6.8	8.8	6.3	6.3	4.6	42.9	5.4
In the community, 2010	4.4	1.2	6.7	5.8	3.6	6.9	2.4	42.5	4.7
Children with disability									
In preschool services ^e	6.2	4.2	2.8	3.1	13.0	na	4.7	5.0	5.4
In the community, 2009	7.3	3.9	7.3	6.8	5.5	7.2	7.3	np	6.3
Children from regional areas									
In preschool services	38.0	24.7	37.4	21.5	26.7	98.4	1.6	48.0	31.4
In the community, 2006	28.0	27.5	45.1	24.5	26.2	97.7	0.1	48.2	32.3
Children from remote areas									
In preschool services	1.3	0.1	7.0	8.0	5.2	1.6	..	52.0	3.6
In the community, 2006	0.7	0.1	4.7	9.0	4.4	2.0	..	53.1	3.2

^a Data on children in preschool services represent the population of children enrolled in preschool in 2010-11. Data on representation in the community are reported for different years due to the availability of data and are sourced from the ABS *Survey of Disability, Ageing and Carers 2009*, *2006 Census of Population and Housing* and the *Experimental Estimates and Projections of the Aboriginal and Torres Strait Islander Population, 1991 to 2009*. ^b See table 3A.16 for complete footnotes and definitions. ^c Data exclude innovative or flexible services that receive direct funding from the Australian Government and are targeted towards children from these groups. Data on preschool services can include some children aged 3 years or 5 years for all jurisdictions. Preschool data in the NT include some children aged greater than 5 years. ^d Data for Australia for children from non-English speaking backgrounds, children with disability and children from remote areas, in preschool, are the total of the sum of the states and territories for which data are available, and should not be interpreted as national data. Data for Australia for Indigenous children in preschool, and data on the representation in the community represent all states and territories and can be interpreted as national data. ^e Data on children with a disability are not directly comparable because the definition of disability varies across jurisdictions. **na** Not available. **np** Not published. **..** Not applicable.

Source: State and Territory governments (unpublished); ABS (unpublished) *2006 Census of Population and Housing*, Cat. no. 2031.0; *Survey of Disability, Ageing and Carers 2009*, Cat. no. 4430.0 and *Experimental Estimates and Projections of the Aboriginal and Torres Strait Islander Population, 1991 to 2009* (Series B), Cat. no. 3238.0; table 3A.16; 2012 Report, table 3.5, p. 3.22.

Access — Indigenous preschool attendance

Indigenous preschool attendance is an indicator of governments' objective to ensure that services are provided in an equitable manner to all special needs groups in the community, and that there is consideration of the needs of those groups which can have special difficulty in accessing services (box 3.4).

Box 3.4 Indigenous preschool attendance

'Indigenous preschool attendance' is measured by absentee rates. The measure is defined as the number of Indigenous children absent from non-government preschools, as a proportion of all Indigenous children enrolled in non-government preschools.

Data on Indigenous preschool attendance rates are limited to Indigenous children enrolled in non-government preschools, as data on Indigenous children enrolled in government preschools are not available. Non-government preschools include preschool programs delivered in government funded, registered, licensed and/or approved services, and these arrangements vary across jurisdictions. Preschool programs operated by commercial providers are excluded.

A child is deemed absent if they missed one or more of the sessions they were enrolled in during the reference week. Preschool attendance is not compulsory (DEEWR unpublished).

A low or decreasing absentee rate indicates a high or increasing rate of attendance at preschools, and is desirable.

Data reported for this indicator are not complete.

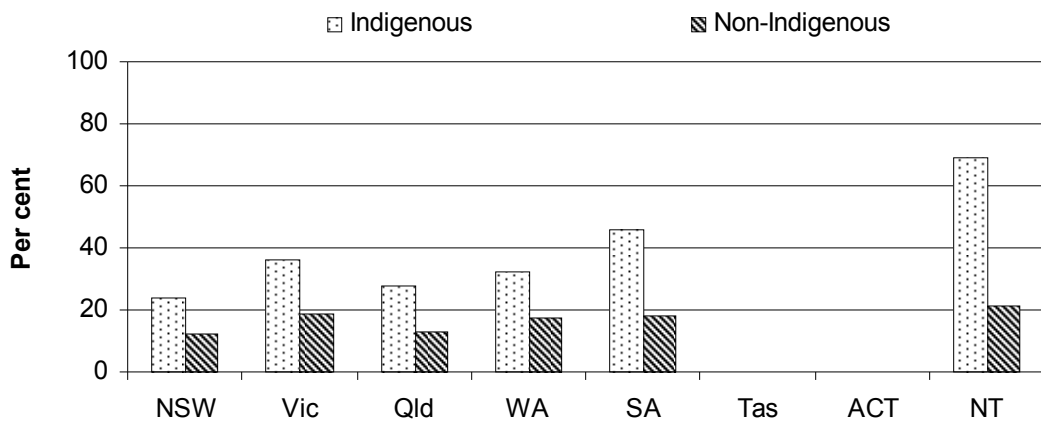
Data quality information for this indicator is under development.

Indigenous preschool enrolments provide a broad indication of access to preschool. Data on Indigenous preschool enrolments were provided for all jurisdictions. Nationally in 2010-11, 12 052 Indigenous children were enrolled in State and Territory government funded and/or provided preschool. Of these Indigenous children, at least 6457 were enrolled in preschool in the year before full time school (table 3A.16). Data on Indigenous children's representation in preschool compared with their representation in the community are presented in table 3.2. Data on Indigenous children enrolled in preschool for the period 2006-07 to 2010-11 are presented in table 3A.17.

'Indigenous preschool attendance' provides a broad indication of the participation of Indigenous children in preschools. These data are sourced from the National Preschool Census (NPC) and relate only to non-government preschools. These data can overlap with the preschools data provided by State and Territory governments and are therefore not directly comparable with other preschool data included in this Report. The NPC collected data from 97.5 per cent of the 3367 non-government preschools in scope for the 2010 NPC (DEEWR unpublished). This represents approximately 68.2 per cent of all government and non-government preschools, though this proportion varies considerably across jurisdictions (table 3A.18). Data for jurisdictions with a small number of non-government preschools should be interpreted with care.

In 2010, for jurisdictions where data were available (all except Tasmania and ACT), non-attendance by Indigenous children was higher than non-attendance by non-Indigenous children (figure 3.2).

Figure 3.2 Enrolled children absent from non-government preschools, 2010^{a, b, c, d, e}



^a Data on attendance are limited to non-government preschools. At the national level, approximately 68 per cent of children are in preschools deemed to be non-government, though this percentage varies across jurisdictions: 89.7 per cent in NSW, 100 per cent in Victoria, 93.1 per cent in Queensland, 27.6 per cent in WA, 16.5 per cent in SA, 25.7 per cent in Tasmania, 14.1 per cent in the ACT, and 7.1 per cent in the NT. Preschool attendance data for jurisdictions with a small proportion of non-government preschools should be interpreted with care. ^b Preschool attendance is not compulsory. ^c Attendance was measured during the week of 2-6 August 2010. Children are counted as absent if they are absent for one or more of the sessions that they were enrolled in during this week. Absences due to illness can be higher during winter than at other times of the year. ^d Data for non-Indigenous children are derived from data on Indigenous children and all children. ^e Tasmania and ACT Indigenous data and non-Indigenous data were not published for 2010 due to privacy reasons, therefore the Australian total was not published.

Source: DEEWR (unpublished) *National Preschool Census 2010*; table 3A.18; 2012 Report, figure 3.3, p. 3.24.

Future directions in performance reporting

COAG developments

Report on Government Services alignment with National Agreement reporting

It is anticipated that future editions of the Children's services chapter will align with applicable NIRA indicators. Further reporting changes may result from future developments in National Agreement reporting.

Definitions of key terms and indicators

Australian Government approved child care service	A service approved by the Australian Government to receive Child Care Benefit (CCB) on behalf of families.
Centre-based long day care	<p>Centre based child care services providing all-day or part-time care for children (services may cater to specific groups within the general community).</p> <p>Long day care primarily provide services for children aged 0-5 years. Some long day care may also provide preschool and kindergarten programs and care for school children before and after school and during school holidays, where State and Territory government regulations allow this. The service may operate from stand-alone or shared premises, including those on school grounds.</p>
Child care services	The meeting of a child's care, education and developmental needs by a person other than the child's parent or guardian. The main models of service are centre-based long day care, family day care, outside school hours care (before/after school hours and 'pupil free days' care), vacation care, occasional care and other care.
Children	All resident male and female Australians aged 12 years or younger at 30 June of each year (unless otherwise stated).
Children from low income families	Families who are receiving the maximum rate of Child Care Benefit.
Children's services	All government funded and/or provided child care and preschool services (unless otherwise stated).
Full time equivalent staff numbers	A measure of the total level of staff resources used. A full time staff member is employed full time and engaged solely in activities that fall within the scope of children's services covered in the chapter. The full time equivalent of part time staff is calculated on the basis of the proportion of time spent on activities within the scope of the data collection compared with that spent by a full time staff member solely occupied by the same activities.
Government funded or/and provided	All government financed services — that is, services that receive government contributions towards providing a specified service (including private services eligible for Child Care Benefit) and/or services for which the government has primary responsibility for delivery.
Indigenous children	Children of Aboriginal or Torres Strait Islander origin who self identify or are identified by a parent or guardian to be of Aboriginal or Torres Strait islander origin.
Occasional care	Comprises services usually provided at a centre on an hourly or sessional basis for short periods or at irregular intervals for parents who need time to attend appointments, take care of personal matters, undertake casual and part time employment, study or have temporary respite from full time parenting. These services provide developmental activities for children, and are aimed primarily at 0-5 year olds. Centres providing these services usually employ a mix of qualified and other staff.
Other services	Comprise government funded services to support children with additional needs or in particular situations (including children from an Indigenous or non-English speaking background, children with disability or of parents with disability, and children living in regional and remote areas). 'Other services' include in-home care which comprises services where an approved carer provides care in the child's home.

Preschool services	Comprises services that deliver early childhood education programs provided by a qualified teacher that are aimed at children in the year before they commence full time schooling, although different starting ages occur across jurisdictions.
Regional and remote areas	Geographic location is based on the ABS's Australian Standard Geographical Classification of Remoteness Areas, which categorises areas as 'major cities', 'inner regional', 'outer regional', 'remote', 'very remote' and 'migratory'. The criteria for remoteness areas are based on the Accessibility/Remoteness Index of Australia, which measures the remoteness of a point based on the physical road distance to the nearest urban centre in each of five size classes. The 'regional' classification used in the chapter is derived by adding data for inner regional and outer regional areas. The 'remote' classification is derived by adding data for remote, very remote and migratory areas.
Special needs group	An identifiable group within the general population who can have special difficulty accessing services. Special needs groups for which data are reported in this chapter include: children from a non-English speaking background; Indigenous children; children from low income families (Australian Government child care only); children with disability; and children from regional or remote areas.

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a '3A' prefix (for example, table 3A.1 is table 1 in the Children's services attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

Table 3A.1	Early Childhood Education and Care in Australia, as at 30 June 2011
Table 3A.14	Representation of special needs groups attending Australian Government approved child care services (per cent), by age group, 2010
Table 3A.15	Representation of special needs groups attending Australian Government approved child care services, children aged 0–12 (per cent)
Table 3A.16	Representation of children from special needs groups in State and Territory government child care and preschool services, 2010-11
Table 3A.17	Indigenous children enrolled in State and Territory government preschool services, 2006-07 to 2010-11
Table 3A.18	Children absent from non-government preschools, 2010

References

DEEWR (Department of Employment, Education and Workplace Relations) 2010, *National Quality Framework – National Workforce Census*, www.deewr.gov.au/EarlyChildhood/Pages/NationalWorkforceCensus.aspx (accessed 7 October 2011).

4 School education

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 4A.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 4.1', this is page 1 of chapter 4 of the 2012 Report, and '2012 Report, table 4A.1' is table 1 of attachment 4A of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The School education chapter (chapter 4) in the *Report on Government Services 2012* (2012 Report) reports on the performance of government funded school education in Australia. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here. Reporting relates to government funding only, not to the full cost to the community of providing school education.

Descriptive information and performance indicators are variously reported for:

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

Data in this chapter generally relate to 2010 and for the 2009-10 financial year.

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.

Major improvements in reporting on school education this year include:

- consolidating reporting on learning outcomes across a range of domains as measures under a single indicator 'learning outcomes', including:
 - further alignment with National Education Agreement (NEA) and National Indigenous Reform Agreement (NIRA) indicators

-
- reporting learning outcomes ‘gain’ for student cohorts from 2008 to 2010, by Indigenous status
 - reporting the outcomes of the years 6 and 10 2010 Civics and Citizenship National Assessment Program (NAP)
 - inclusion of additional data quality information (DQI) documentation.

Indigenous data in the School education chapter

The School education chapter in the 2012 Report contains the following data items for Indigenous people:

- real and nominal Australian, State and Territory government recurrent expenditure (\$'000)
- number and proportion of full time students
- student attendance rate, government schools
- proportion of children aged 6–15 years enrolled in school
- apparent retention rate from year 7 or 8 to year 10
- apparent retention rate from year 7 or 8 to year 12
- apparent retention rate from year 10 to year 12
- participation in NAPLAN testing
- reading performance
- writing performance
- numeracy performance
- science literacy performance
- civics and citizenship performance
- information and communication technologies literacy performance
- year 10 or above completion rate.

Special needs groups

Some groups of students in school education have been identified as having special needs. These special needs groups include:

- Indigenous students
- students from language backgrounds other than English (LBOTE)

- students with disabilities
- geographically remote students
- students from families of low socioeconomic status.

Government schools provide education for a high proportion of students from special needs groups. In 2010, 85.3 per cent of Indigenous students and 78.4 per cent of students with disabilities, attended government schools (tables 4A.24 and 4A.26). Further information on student body mix in government, non-government and all schools is in tables 4A.27–29. Care needs to be taken in interpreting this information because definitions of special needs students may differ across states and territories.

Indigenous full time students, 2010

The number and proportion of full time Indigenous students varies greatly across jurisdictions (table 4.1). In all jurisdictions, the proportion of full time Indigenous students was higher in government schools than in non-government schools. Nationally, the proportion of full time Indigenous students was 6.0 per cent in government schools and 2.0 per cent in non-government schools in 2010 (table 4.1).

Table 4.1 Indigenous full time students, 2010

	<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>
Indigenous full time students (000) ^a									
Government schools	42.8	8.6	40.4	19.2	8.3	4.6	1.1	13.0	138.0
Non-government schools	6.5	1.2	7.3	3.6	1.0	0.8	0.3	2.9	23.8
All schools^b	49.3	9.8	47.7	22.8	9.4	5.4	1.4	16.0	161.8
Indigenous full time students as a proportion of all full time students (%)									
Government schools	5.8	1.6	8.3	8.2	5.1	8.1	3.1	44.8	6.0
Non-government schools	1.7	0.4	3.1	2.9	1.1	3.4	1.1	28.7	2.0
All schools	4.4	1.2	6.6	6.4	3.7	6.7	2.2	40.6	4.6

^a Students counted as Indigenous are those who have identified as being of Indigenous origin. It is possible that the number of Indigenous students may be under-represented in some jurisdictions. ^b Totals may not add as a result of rounding.

Source: ABS (2011) *Schools Australia 2010*, Cat. no. 4221.0; table 4A.24; 2012 Report, table 4.5, p. 4.11.

Framework of performance indicators

The School education performance indicator framework outlined in figure 4.1 identifies the performance indicators reported in the 2012 Report. Data for Indigenous people are reported for a subset of the performance indicators and are

presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Indicator boxes presented throughout the chapter provide information about the reported indicators. As these are sourced directly from the 2012 Report, they might include references to data not reported for Indigenous people and therefore not included in this Compendium.

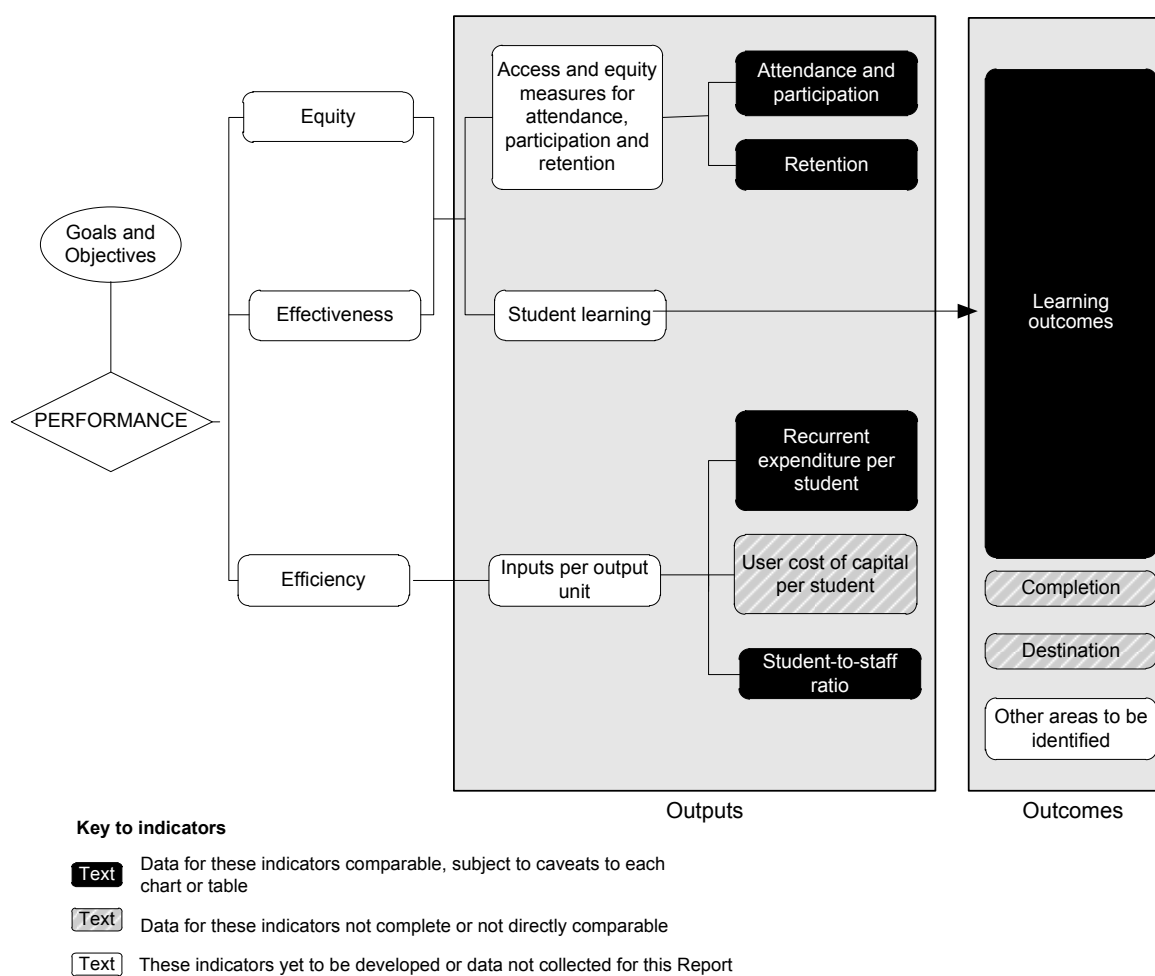
The NEA covers the area of school education, and education and training indicators in the NIRA establish specific outcomes for reducing the level of disadvantage experienced by Indigenous Australians. Both agreements include sets of performance indicators, for which the Steering Committee collates performance information for analysis by the COAG Reform Council (CRC). Performance indicators reported in this chapter are aligned with school education performance indicators in the NEA.

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of school education (figure 4.1). The performance indicator framework shows which data are comparable in the 2012 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective (see 2012 Report, section 1.6).

Different delivery contexts and locations influence the equity, effectiveness and efficiency of school education services. Results are also affected by the broader education environment (for example, availability of employment and further educational alternatives, population movements).

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Figure 4.1 School education performance indicator framework



Source: 2012 Report, figure 4.4, p. 4.17.

Equity and effectiveness

Attendance and participation

‘Attendance and participation’ is an indicator of governments’ objective to develop fully the talents and capacities of young people through equitable access to, and participation in, education and learning necessary to enable completion of school education to year 12 or its equivalent (box 4.1). National and international research confirms a link between attendance and student achievement, although numerous interrelated factors influence attendance and achievement in complex ways.

In addition, attendance and participation rates for special needs groups are an indication of the equity of access to school education (box 4.1).

Box 4.1 Attendance and participation

This indicator is defined by four measures:

Attendance

- the number of actual full time equivalent 'student days attended' over the collection period as a percentage of the total number of possible student days attended over the collection period. Holding other factors equal, a high student attendance rate is desirable.

Data on student attendance are collected for each State and Territory by school sector (government, Catholic and independent), sex, year level (1–10) and Indigenous status (Indigenous and non-Indigenous students).

Data for this measure are not directly comparable.

It is intended to measure student attendance over a single consistent time period (the first semester) for all schools. However, current reporting against the measure is transitional, with most jurisdictions providing government school data for the first semester, and non-government schools providing data over a period including the last 20 days in May.

Participation

- the total number of children aged 6–15 years and enrolled in school (full time and part time enrolments) as a proportion of the estimated resident population of the same age, reported by Indigenous status
- the number of full time and part time school students of a particular age expressed as a proportion of the estimated resident population of the same age, for each year for 14–19 year olds.

Holding other factors constant, a higher or increasing participation rate suggests an improvement in educational outcomes through greater access to school education. Participation rates in school education need to be interpreted with care because rates are influenced by jurisdictional differences in age/grade structures, and the participation rate is an age-based rate. The rate is comparable over time within a jurisdiction, but may not be directly comparable across jurisdictions where there are differences in the age/grade structure.

These measures do not provide information on young people who develop their talents and capacities through other options for delivering post-compulsory education and training — for example, work-based training and enrolment in technical and further education (TAFE) delivered programs. A broader participation indicator that accounts for some of these factors is reported in the 'Early childhood, education and training sector summary'.

(Continued next page)

Box 4.1 (continued)

- the proportion of 15–19 year olds who have successfully completed at least one unit of competency as part of a VET qualification at AQF Certificate II or above

Data for these three measures are comparable.

Care should be exercised in relation to the data for Indigenous students, particularly in some jurisdictions and in the non-government sectors, due to small population sizes.

Data quality information for attendance, participation (6–15 years) and participation for each year for 14–19 year olds is at www.pc.gov.au/gsp/reports/rogs/2012. Data quality information for the proportion 15–19 year olds who have successfully completed at least one unit of competency as part of a VET qualification at AQF Certificate II or above is under development.

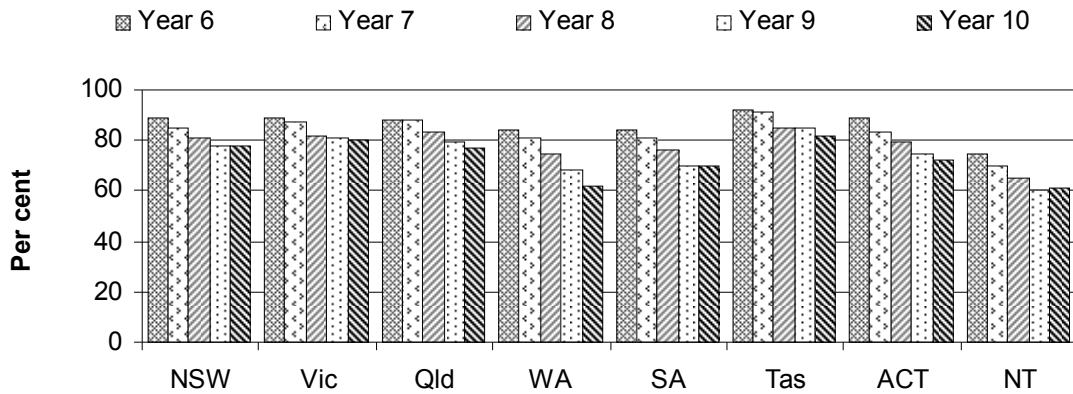
Attendance

School attendance is measured in a specific collection period during the school year (see box 4.1 for details), and results may not be representative of school attendance throughout the school year.

For all students in 2010, attendance was fairly stable across years 1–5. In general, from year 6 attendance gradually declined to year 10 (typically the end of compulsory schooling) (2012 Report, tables 4A.110–115).

For government schools, the total student attendance rate ranged from 77 per cent to 95 per cent across year levels and jurisdictions (2012 Report, figure 4.5 and 2012 Report, table 4A.110). Non-Indigenous students had higher attendance rates than Indigenous students across all year levels in all jurisdictions (figure 4.2 and table 4A.111). The differences varied across states and territories.

Figure 4.2 **Student attendance rate, Indigenous students, government schools, 2010^a**



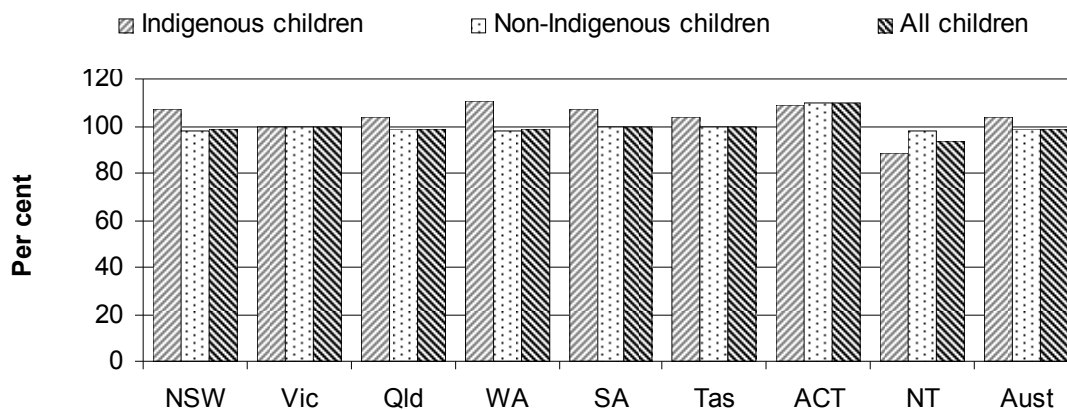
^a Attendance rates are the number of actual full time equivalent 'student days' attended as a percentage of the total number of possible student days attended over the period. Student attendance data are reported for full time students in years 1–10, but are not collected uniformly across jurisdictions and schooling sectors and therefore are not comparable.

Source: ACARA (unpublished); table 4A.111; 2012 Report, figure 4.6, p. 4.21.

Participation — proportion of children aged 6–15 years enrolled in school

Nationally, 98.9 per cent of children aged 6–15 years were enrolled (either full or part time) in school in 2010. Nationally, the enrolment rate for Indigenous children was 103.6 per cent compared with 98.7 per cent for non-Indigenous children (figure 4.3). These proportions are determined using the number of students educated in the jurisdiction divided by the estimated residential population for the age group in the jurisdiction. Proportions that exceed 100 per cent may reflect disparities between the sources of data for students and residential population (including the Indigenous population undercount), multiple enrolments by individual students or students residing in one jurisdiction enrolling in schools in another jurisdiction.

Figure 4.3 Proportion of children aged 6–15 years enrolled in school, by Indigenous status, 2010^{a, b, c}



^a In the absence of population estimates by Indigenous status for inter-censal years, non-Indigenous population figures are calculated by subtracting projections of the Indigenous population from estimates of the total population. ^b See footnotes to table 4A.97 for further information on derivations of population figures. ^c Some students' Indigenous status is not stated and are included in the data for 'non-Indigenous students', and 'all students'. Consequently, the number of Indigenous students counted in the Indigenous rates may be under-represented in some jurisdictions. Refer to footnote (b) in table 4A.97.

ABS (2011) *Schools Australia, 2010*, Cat. No. 4221.0; ABS (2010) *Population by Age and Sex, Australian States and Territories, June 2010*, Cat. No. 3201.0; 2012 Report, table 4A.97; 2012 Report, figure 4.7, p. 4.22.

Retention

'Retention' to the final years of schooling is an indicator of governments' objective that all students have access to high quality education and training necessary to enable the completion of education to year 12 or its equivalent (box 4.2).

Box 4.2 Retention

'Retention' (apparent retention rate) is defined as the number of full time school students in a designated level/year of education as a percentage of their respective cohort group (either at the commencement of their secondary schooling at year 7 or 8, or at year 10). Data are reported for:

- the proportion of students commencing secondary school at year 7 or 8 and continuing to year 10
- the proportion of students commencing secondary school at year 7 or 8 and continuing to year 12
- the proportion of year 10 students continuing to year 12.

Data are reported for all students, Indigenous and non-Indigenous students, and for students in government and non-government schools.

Holding other factors constant, a higher or increasing apparent retention rate suggests that a larger proportion of students are continuing to participate in school education, which is likely to result in improved educational outcomes.

This indicator does not include part time students or provide information on students who pursue year 12 (or equivalent qualifications) through non-school pathways.

The term 'apparent' is used because the indicator is derived from total numbers of students in each of the relevant year levels, rather than by tracking the retention of individual students. Care needs to be taken in interpretation because the apparent retention rate does not take account of factors such as:

- students repeating a year of education or returning to education after a period of absence
- movement or migration of students between school sectors, between states/territories and between countries
- the impact of full fee paying overseas students.

Data for this indicator are comparable.

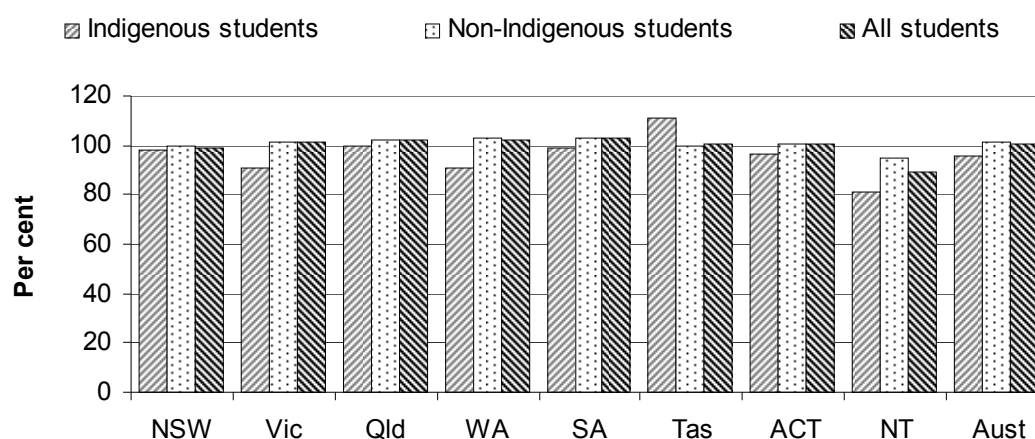
Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

In most jurisdictions, in 2010, apparent retention rates from the commencement of secondary school at year 7 or 8 (2012 Report, figure 4.1 shows the differences across jurisdictions) to year 10, were 99–103 per cent, with a national rate of 100.8 per cent (figure 4.4). 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.

Retention rates for Indigenous students provide one measure of the equity of access to schooling. Retention rates to year 10 for Indigenous students were lower than those for non-Indigenous students and all students in most jurisdictions, with

national retention rate for Indigenous students of 95.8 per cent, 5.2 percentage points lower than that for non-Indigenous students and 5.0 percentage points lower than that for all students (figure 4.4).

Figure 4.4 Apparent retention rate from year 7 or 8 to year 10, full time secondary students, all schools, 2010^{a, b, c, d, e}



^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 (see figure 4.11). ^b Retention rates can exceed 100 per cent for a variety of reasons, including student transfers between jurisdictions. ^c The standard apparent retention rate calculation excludes part time students, which has implications for the interpretation of results for all jurisdictions (table 4.4). ^d Ungraded students are not included in the calculation of apparent retention rates. ^e Some students' Indigenous status is not stated. Consequently, the number of Indigenous students counted in the Indigenous rates may be under-represented in some jurisdictions. Students for whom Indigenous status is not stated are not included in the data for 'Non-Indigenous students', but are included in the data for 'All students'.

Source: ABS (2011) *Schools Australia 2010*, Cat. no. 4221.0; table 4A.100; 2012 Report, figure 4.10, p. 4.26.

The national apparent retention rate from the commencement of secondary schooling at year 7 or year 8 (2012 Report, figure 4.1 shows the differences across jurisdictions) to year 10 for all full time students was 98.1 per cent in 2002, rising to 98.6 per cent in 2006 and 100.8 per cent in 2010 (2012 Report, figure 4.11). Data for intervening years and by Indigenous status are in table 4A.102. Data for government schools and non-government schools are in tables 4A.103 and 4A.104.

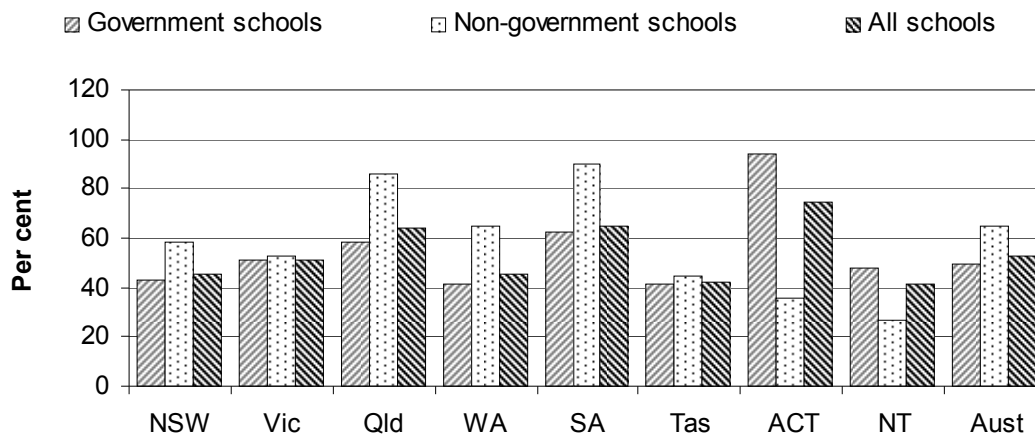
The national apparent retention rate, from the commencement of secondary school at year 7 or 8 (2012 Report, figure 4.1 shows the differences across jurisdictions) to year 12, for all full time students was 75.1 per cent in 2002, rising to 78.0 per cent in 2010 (2012 Report, figure 4.12). Data for intervening years and by Indigenous status are in table 4A.102. Data for government schools and non-government schools are in tables 4A.103 and 4A.104.

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 2010 as a proportion of the number of full time school students enrolled in year 10 in 2008.

For government and non-government schools, apparent rates of retention from year 10 to year 12 for Indigenous students in 2010 were consistently lower than rates for all students (2012 Report, figure 4.13) but varied across jurisdictions (figure 4.5). In interpreting this indicator, it should be noted that nationally 4.2 per cent of Indigenous students left school before year 10 (figure 4.4), and so are not included in the base year for retention from year 10 to year 12. Further, Indigenous students made up 6.0 per cent of all students in government schools compared with 2.0 per cent in non-government schools and some jurisdictions have very low numbers of Indigenous students (table 4.1).

Nationally, Indigenous retention from year 10 to year 12 for all schools in 2010 was 52.5 per cent (figure 4.5), compared with 78.5 per cent for all students and 79.5 per cent for non-Indigenous students (table 4A.102). However, Indigenous retention from year 10 to year 12 for all schools has risen from 45.8 per cent in 2002 to 52.5 per cent in 2010, with the gap between Indigenous students and all students decreasing from 31.2 percentage points in 2002 to 26.0 percentage points in 2010, and the gap between Indigenous students and non-Indigenous students decreasing from 32.0 percentage points in 2002 to 27.0 percentage points in 2010 (table 4A.102).

Figure 4.5 Apparent retention rates from year 10 to year 12, Indigenous full time secondary students, 2010^{a, b, c, d}



^a Apparent retention rates are affected by factors that vary across jurisdictions. For this reason, variations in apparent retention rates over time within jurisdictions may be more useful than comparisons across jurisdictions (see tables 4A.102–104). ^b The standard apparent retention rate calculation excludes part time students, which has implications for the interpretation of results for all jurisdictions (table 4.1). ^c Ungraded students are not included in the calculation of apparent retention rates. ^d Some students' Indigenous status is not stated. Consequently, the number of Indigenous students counted in these rates may be under-represented in some jurisdictions.

Source: ABS (2011) *Schools Australia 2010*, Cat. no. 4221.0; tables 4A.102–104; 2012 Report, figure 4.14, p. 4.30.

Nationally, apparent rates of retention for all full time students from year 10 to year 12 have been relatively stable, around 77.0 per cent from 2002 to 78.5 per cent in 2010 (2012 Report, figure 4.15). Data for intervening years and by Indigenous status are in table 4A.102. Data for government schools and non-government schools are in tables 4A.103 and 4A.104.

Outcomes

Outcomes are the impact of services on the status of an individual or group (while outputs are the actual services delivered) (2012 Report, see chapter 1, section 1.5).

Nationally comparable learning outcomes

'Learning outcomes' measures students' attainment of a range of skills, in literacy and numeracy and in areas such as science literacy, information and communication technology and civics and citizenship.

The ‘learning outcomes’ indicator examines outcomes in these areas and draws on two main sources of information:

- the National Assessment Program – Literacy and Numeracy (NAPLAN), and NAP sample assessments). These are MCEECDYA-endorsed tests developed to measure student performance in relation to the National Goals for Schooling
- Australia’s participation in two international tests: the Organisation for Economic Co-operation and Development (OECD) Programme for International Student Assessment (PISA); and the Trends in International Mathematics and Science Study (TIMSS).

National Assessment Program

This chapter reports NAPLAN proportions of students undertaking NAPLAN testing in years 3, 5, 7 and 9 achieving the national minimum standard, and mean scale score learning outcomes, for reading, writing and numeracy performance in 2010, including by Indigenous status and geolocation. Data comparing a range of outcomes for 2008 and 2010 for reading and numeracy are also included in the chapter.

Achieving (but not exceeding) the national minimum standard represents achievement of the basic elements of literacy or numeracy for the year level. Students who have not achieved the national minimum standard for that year need focused intervention and additional support to help them achieve the skills they require to progress in schooling (ACARA 2010). The chapter and attachment tables also include additional data on NAPLAN mean scale scores for 2010.

Detailed NAPLAN data for 2010, including outcomes by socio-economic status, are included in the attachment tables (2012 Report, tables 4A.31–38 for reading performance, 2012 Report, tables 4A.45–52 for writing performance and 2012 Report, tables 4A.59–66 for numeracy performance). More detailed NAPLAN time series data for 2008, 2009 and 2010 are included in 2012 Report, tables 4A.39–44 for reading performance, 2012 Report, tables 4A.53–58 for writing performance and 2012 Report, tables 4A.67–72 for numeracy performance.

The NAP also undertakes triennial national sample assessments on a rotating basis. This chapter reports years 6 and 10 civics and citizenship performance data for 2004, 2007 and 2010 (2010 data are available for the first time in this Report). The attachment tables include additional data on civics and citizenship performance (2012 Report, tables 4A.76–78); year 6 science literacy performance for 2003, 2006 and 2009 (2012 Report, tables 4A.73–75); and year 6 and year 10 information and

communication technologies literacy performance for 2005 and 2008 (2012 Report, tables 4A.79–80).

International tests

This chapter reports outcomes of PISA triennial assessments in reading literacy, mathematical literacy and scientific literacy. The attachment tables include additional information in 2012 Report, tables 4A.81–92.

The TIMSS focuses on the mathematics and science curriculum, in a quadrennial assessment. The attachment tables include information on the most recent TIMSS years 4 and 8 learning outcomes data, for 2006-07 (2012 Report, tables 4A.93–96).

Interpreting learning outcomes data

To assist with making comparisons between jurisdictions, where appropriate, 95 per cent confidence intervals are presented in charts and attachment tables. Confidence intervals are a standard way of expressing the degree of uncertainty associated with survey estimates or performance measurement. An estimate of 80 per cent with a confidence interval of ± 2.0 , for example, means that if another sample had been drawn, or if another combination of test items had been used, there is a 95 per cent chance that the result would lie between 78 per cent and 82 per cent. Each learning outcomes proportion can be thought of in terms of a range. If one jurisdiction's rate ranges from 78–82 per cent and another's from 77–81 per cent, then it 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. 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.

Participation in NAPLAN testing

NAPLAN testing reports the number of assessed, exempt, absent and withdrawn students in years 3, 5, 7 and 9. Assessed students include all students who attempt the test and exempt students. Exempt students are students with a language background other than English, who arrived from overseas less than a year before the test, or students with significant intellectual and/or functional disabilities unable to access the test/s within the guidelines for accommodations. Participating students are those who were assessed or deemed exempt, other students were either absent or withdrawn. Holding other factors constant, a higher or increasing proportion of

students participating in NAPLAN testing suggests an improvement in that aspect of educational participation. The proportion of assessed, exempt, absent and withdrawn students in years 3, 5, 7 and 9 for reading, writing and numeracy in 2010 are in tables 4A.37, 4A.51 and 4A.65 respectively. Participation in the 2010 NAPLAN tests, by Indigenous status, for reading, writing and numeracy are included in tables 4A.38, 4A.52 and 4A.66 respectively. In all domains and year levels, a lower proportion of Indigenous students than non-Indigenous or all students participated in NAPLAN testing.

Learning outcomes

‘Learning outcomes’ is an indicator of governments’ objective that all students should attain: a range of skills, including English literacy, such that every student should be able to read, write, spell and communicate at an appropriate level; skills in numeracy; and skills and becoming informed in areas such as science literacy, information and communications technologies and civics and citizenship (box 4.3).

Box 4. 3. Learning outcomes

‘Learning outcomes’ is defined by five measures:

- the percentage of years 3, 5, 7 and 9 students achieving at or above the national minimum standard in NAPLAN testing for reading, writing and numeracy for a given year, reported by Indigenous status, sex, LBOTE, socioeconomic status and geolocation (2012 Report, section 4.1 identifies the profile of equity groups in each State and Territory).
- the mean scale score achieved by years 3, 5, 7 and 9 students in NAPLAN assessment for reading, writing and numeracy for a given year reported by Indigenous status. This Report also includes a time series for student ‘gain’ for the cohort (e.g between year 3 in 2008 and year 5 in 2010) based on the mean scale score outcomes.
- the proportion of sampled year 6 and year 10 students achieving at or above the proficient standard in civics and citizenship, information and communication technologies and science literacy (year 6 only). National data from the triennial National Assessment Program tests are reported by sex, Indigenous status, LBOTE status and geolocation
- the percentage of sampled 15 year old students achieving at or above the proficient standard on the OECD PISA combined reading, mathematical literacy and science literacy scales in a triennial international assessment. National data are also reported by sex, Indigenous status, socioeconomic status and geolocation

(Continued next page)

Box 4.3 (continued)

- the percentage of sampled students achieving at or above the proficient standard on the TIMSS mathematical literacy and science literacy scales in a quadrennial assessment (assessed year 4 and year 8 students who achieve at or above the proficient standard on the TIMSS mathematical literacy scale for a given year).

A high or increasing proportion of students achieving at or above the national minimum standard or proficient standard, or a high or increasing mean scale score for learning outcomes is desirable.

Data for this indicator are comparable across jurisdictions. Most data are comparable across years, except where specifically identified.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

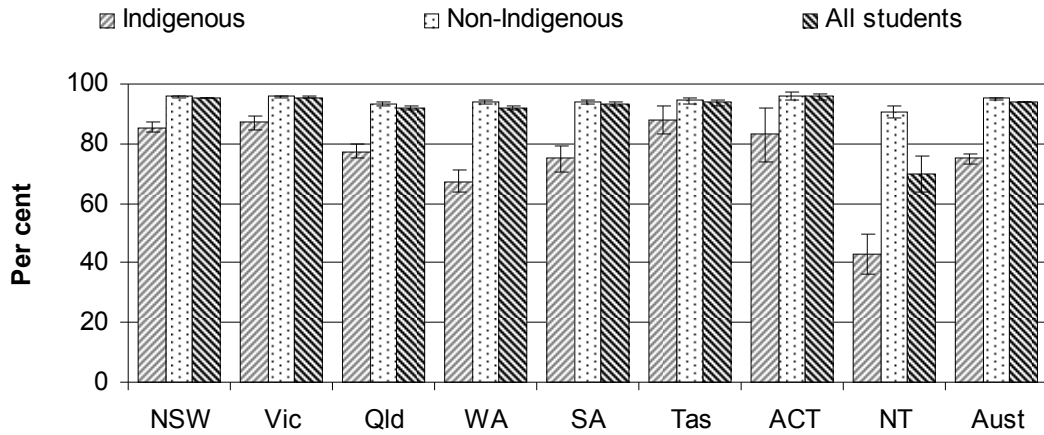
NAPLAN Reading

This section of the ‘learning outcomes’ indicator provides key outcomes for NAPLAN testing (years 3, 5, 7 and 9) in the reading domain. Indigenous outcomes are highlighted, but outcomes for a range of other equity groups including male, female, LBOTE, geolocation and socio-economic status (parental education and parental occupation) are included in 2012 Report, tables 4A.31–44.

All students and Indigenous students

The proportion of year 3 students who achieved at or above the reading national minimum standard in 2010 was 93.7–94.1 per cent nationally. The proportion of Indigenous students (73.4–76.8 per cent) was significantly lower than for non-Indigenous students (94.8–95.2 per cent) (figure 4.6). These proportions varied across jurisdictions.

Figure 4.6 Proportion of year 3 students achieving at or above the reading national minimum standard, 2010^{a, b}

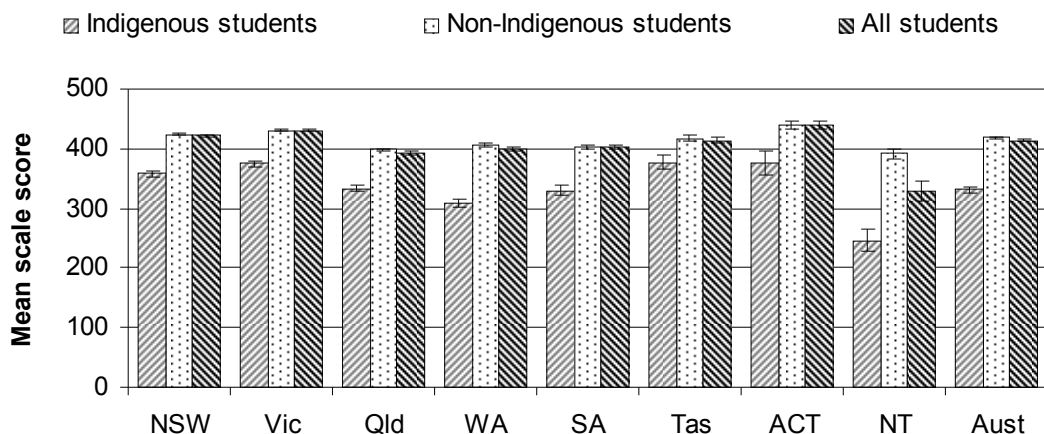


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.31.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.31; 2012 Report, figure 4.24, p. 4.44.

The mean scale score for year 3 reading in 2010 for all students was 413.2–415.4 nationally. The mean scale score for Indigenous students (326.5–335.1) was significantly lower than for non-Indigenous students (417.6–419.6) (figure 4.7). Mean scale scores varied across jurisdictions.

Figure 4.7 Mean scale scores for year 3 students for reading, 2010^{a, b}

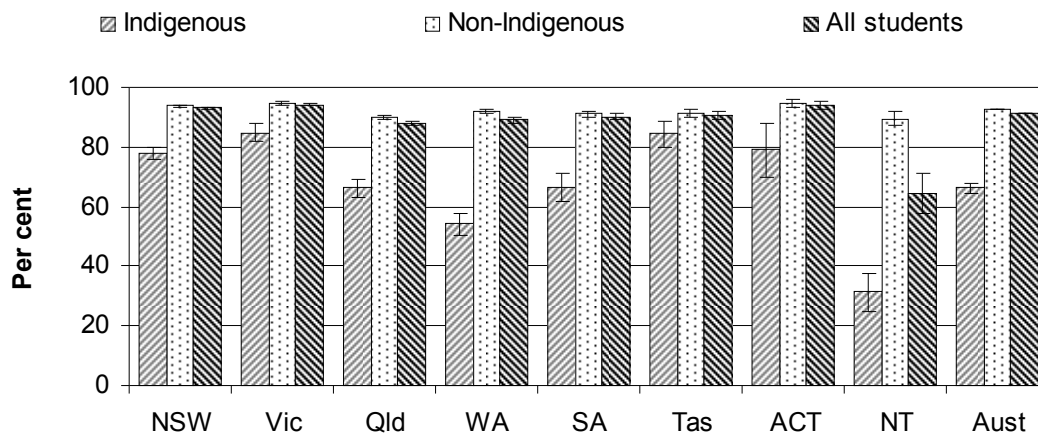


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.34.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.34; 2012 Report, figure 4.25, p. 4.44.

The proportion of year 5 students who achieved at or above the reading national minimum standard in 2010 was 91.0–91.6 per cent nationally. The proportion of Indigenous students (64.4–68.0 per cent) was significantly lower than for non-Indigenous students (92.5–92.9 per cent) (figure 4.8). These proportions varied across jurisdictions.

Figure 4.8 Proportion of year 5 students achieving at or above the reading national minimum standard, 2010^{a, b}

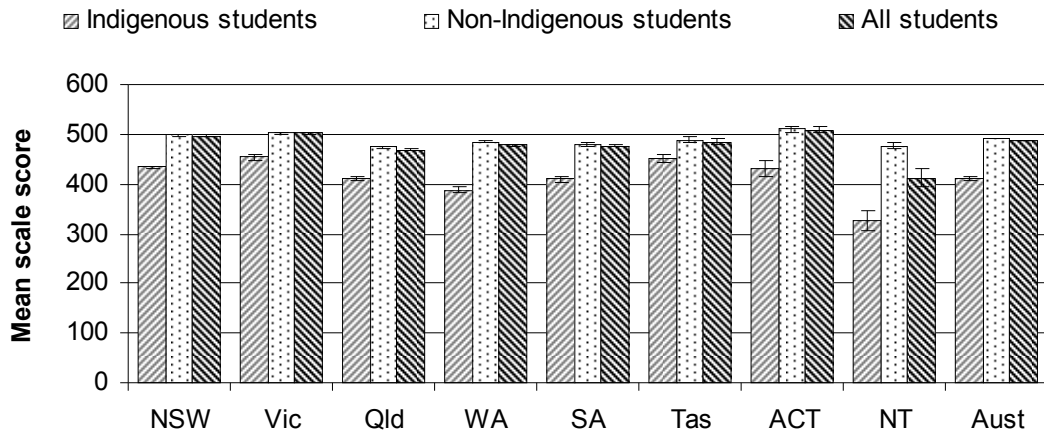


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.31.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.31; 2012 Report, figure 4.26, p. 4.45.

The mean scale score for year 5 reading in 2010 for all students was 486.3–488.5 nationally. The mean scale score for Indigenous students (405.8–413.4) was significantly lower than for non-Indigenous students (490.4–492.4) (figure 4.9). Mean scale scores varied across jurisdictions.

Figure 4.9 Mean scale scores for year 5 students for reading, 2010^{a, b}

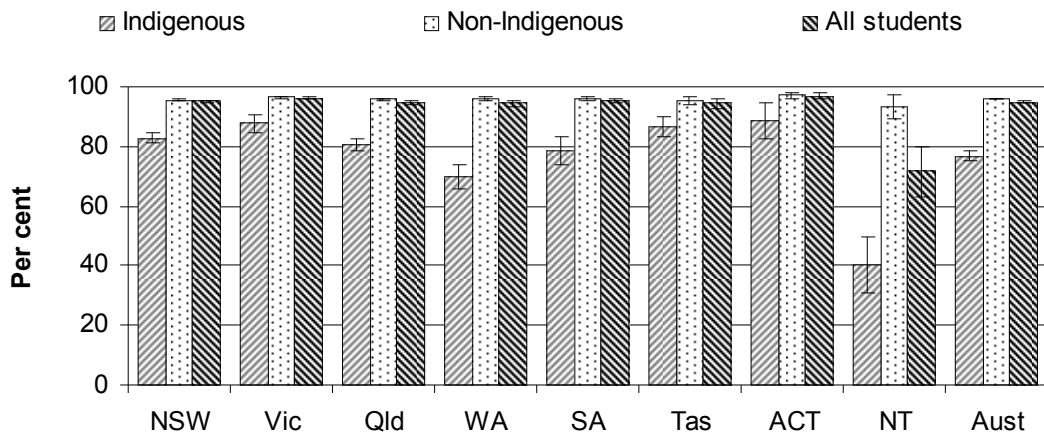


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.34.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.34; 2012 Report, figure 4.27, p. 4.46.

The proportion of year 7 students who achieved at or above the reading national minimum standard in 2010 was 94.7–95.1 per cent nationally. The proportion of Indigenous students (75.0–78.2 per cent) was significantly lower than for non-Indigenous students (95.7–96.1 per cent) (figure 4.10). These proportions varied across jurisdictions.

Figure 4.10 Proportion of year 7 students achieving at or above the reading national minimum standard, 2010^{a, b}

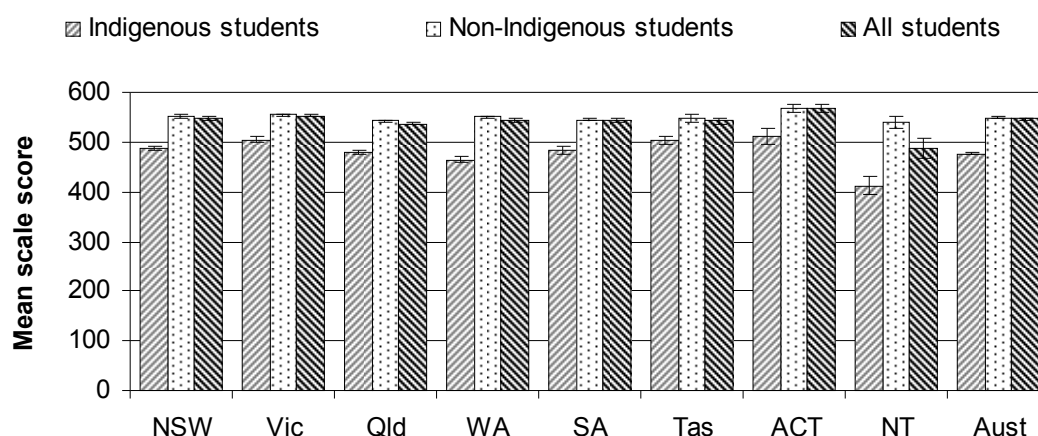


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.31.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.31; 2012 Report, figure 4.28, p. 4.46.

The mean scale score for year 7 reading in 2010 for all students was 544.6–547.4 nationally. The mean scale score for Indigenous students (474.2–479.8) was significantly lower than for non-Indigenous students (548.3–550.9) (figure 4.11). Mean scale scores varied across jurisdictions.

Figure 4.11 Mean scale scores for year 7 students for reading, 2010^{a, b}

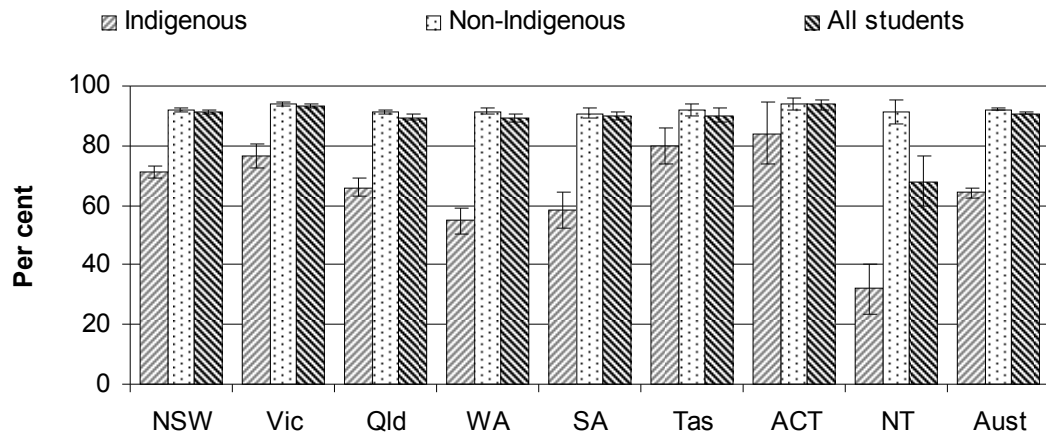


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.34.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.34; 2012 Report, figure 4.29, p. 4.47.

The proportion of year 9 students who achieved at or above the reading national minimum standard in 2010 was 90.4–91.2 per cent nationally. The proportion of Indigenous students (62.3–66.1 per cent) was significantly lower than for non-Indigenous students (91.9–92.5 per cent) (figure 4.12). These proportions varied across jurisdictions.

Figure 4.12 Proportion of year 9 students achieving at or above the reading national minimum standard, 2010^{a, b}

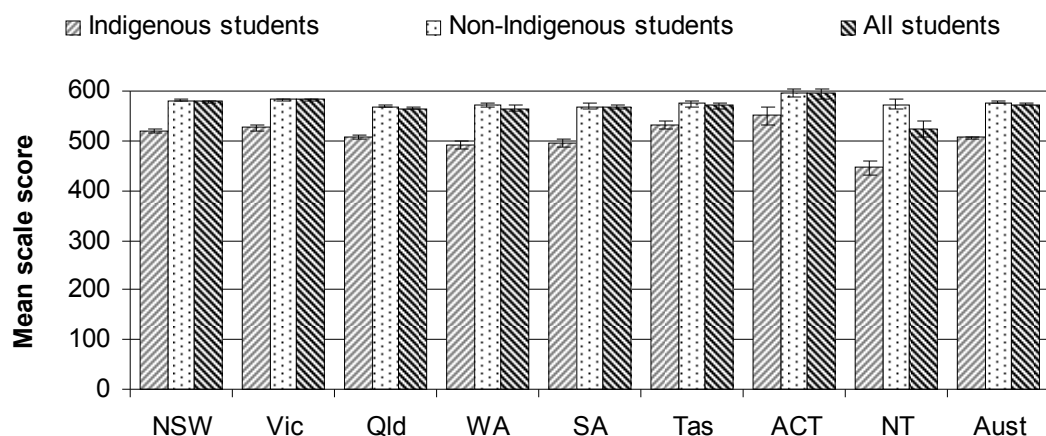


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.31.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.31; 2012 Report, figure 4.30, p. 4.48.

The mean scale score for year 9 reading in 2010 for all students was 572.2–575.2 nationally. The mean scale score for Indigenous students (502.7–508.5) was significantly lower than for non-Indigenous students (575.6–578.6) (figure 4.13). Mean scale scores varied across jurisdictions.

Figure 4.13 Mean scale scores for year 9 students for reading, 2010^{a, b}



^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.34.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.34; 2012 Report, figure 4.31, p. 4.48.

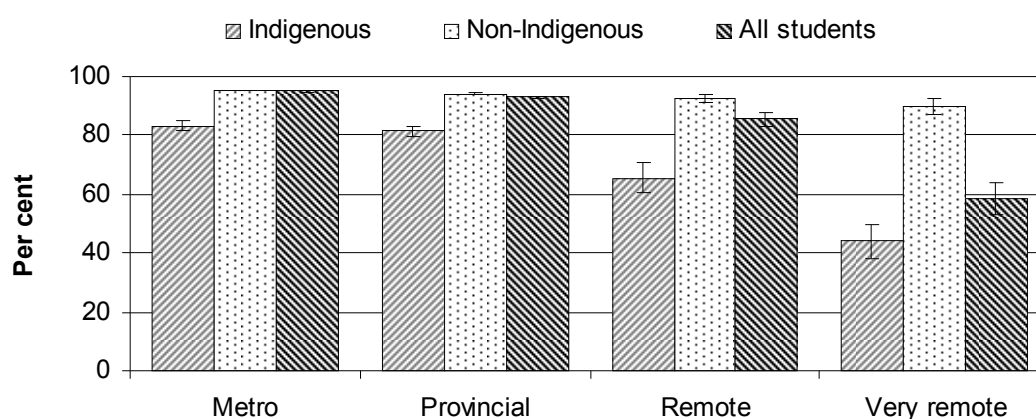
Geolocation

Nationally, in 2010, reading outcomes tended to decline with remoteness. In year 3, for example, 94.7–95.1 per cent of students in metropolitan areas achieved at or above the reading national minimum standard, higher than the proportions of provincial students (92.7–93.5 per cent), remote students (83.2–88.0 per cent) and very remote students (53.0–64.2 per cent) (figure 4.14).

For all geolocation categories across years 3, 5, 7 and 9, reading outcomes nationally for Indigenous students were lower than those for non-Indigenous students and all students. Nationally, outcomes for Indigenous students generally declined as remoteness increased, and the gap in learning outcomes between Indigenous students and non-Indigenous students, and between Indigenous students and all students, was generally greater in remote and very remote areas than in metropolitan and provincial areas.

State and Territory results by Indigenous status and geolocation for years 3, 5, 7 and 9 reading literacy are in table 4A.32. The general pattern in jurisdictions appears similar to the national results. However, due to relatively large confidence intervals, caution should be exercised when making comparisons for some data. Mean scale score results by Indigenous status and geolocation are provided in table 4A.35.

Figure 4.14 National proportion of year 3 students achieving at or above the reading national minimum standard, by Indigenous status and geolocation, 2010^{a, b, c}



^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b Data for year 3 students are shown and may not be representative of students in years 5, 7 and 9 which are detailed in table 4A.32. ^c Insufficient or no students in an area of geographic classification are not included.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.32; 2012 Report, figure 4.32, p. 4.49.

Socio economic status

State and territory data on the proportions of students achieving at or above the national minimum standard and mean scale scores in reading assessment for years 3, 5, 7 and 9 by parental education and parental occupation for 2010 are included in 2012 Report, tables 4A.33 and 4A.36. National data on the proportions of students achieving at or above the national minimum standard for 2008 and 2009 were included in the 2011 Report.

Time series analysis of NAPLAN reading outcomes

The 95 per cent confidence intervals applied in this section to compare NAPLAN data across years may differ from those used for the single year analysis.

Nationally, there was a statistically significant increase in the proportion of Indigenous year 3 students achieving at or above the national minimum standard for reading, from 66.3–70.3 per cent in 2008 to 71.2–79.0 per cent in 2010. There was also a statistically significant increase in the proportion of non-Indigenous year 3 students achieving at or above the national minimum standard, from 93.3–93.7 per cent in 2008 to 94.1–95.9 per cent in 2010. These proportions varied across jurisdictions (table 4A.39). The attachment tables include information for years 3, 5, 7 and 9 for 2008, 2009 and 2010, by Indigenous status, sex and LBOTE (tables 4A.39–42).

Nationally, there was a statistically significant increase in the mean scale scores of Indigenous year 3 students for reading, from 308.8–318.6 in 2008 to 321.1–340.5 in 2010. There was also a statistically significant increase in the mean scale scores of non-Indigenous year 3 students for reading, from 403.9–406.1 in 2008 to 409.9–427.3 in 2010 respectively (table 4A.43). Table 4A.43 also includes 2008, 2009 and 2010 outcomes by Indigenous status for years 3, 5, 7 and 9.

Analysis of NAPLAN mean scale score data for the years 2008 and 2010 enables comparisons of outcomes for the same cohort of students over time (box 4.4). This chapter reports on gains in reading and numeracy from year 3 in 2008 to year 5 in 2010. Student gain for year 3 writing and other cohorts are included in attachment tables.

Box 4. 4. Achievement and gain

Gain is the difference in mean scale scores in a domain for the same cohort of students between two testing years, for example between 2008 and 2010.

A feature of gain in NAPLAN performance is that the size of the gain tends to be associated with the level of prior performance: the lower the prior performance, the more likely the possibility of greater gain. This is evident in the results for year 3 reading in 2008 to year 5 reading in 2010 — the largest gains were in the Northern Territory, which had the lowest reading outcomes in 2008. Further, for literacy and numeracy, student gain is greater in the early years.

Few of the differences across States and Territories in the gains made between 2008 and 2010 are statistically significant. This report includes confidence intervals, which provide an indication of the level of uncertainty of the gain over the two year period.

Source: ACARA (2010).

From year 3 in 2008 to year 5 in 2010, the gain in reading mean scale score was between 79.0 and 94.8 points nationally. For Indigenous students, the gain was between 85.9 and 105.9 points and for non-Indigenous students, it was between 78.5 and 94.3 points. These gains varied across jurisdictions (table 4.2). Data for years 5–7 and years 7–9 gain are in table 4A.44.

Table 4.2 Gain in mean scale score for reading: year 3 (2008) to year 5 (2010)^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</i>
Indigenous students									
2008	347.5 ±	368.9 ±	309.5 ±	292.7 ±	329.7 ±	376.6 ±	359.5 ±	208.1 ±	313.7 ±
Year 3	3.6	6.3	7.6	7.1	8.7	9.4	17.6	19.5	4.9
2010	433.3 ±	454.4 ±	411.3 ±	387.3 ±	408.8 ±	451.9 ±	430.6 ±	326.7 ±	409.6 ±
Year 5	3.4	6.5	4.7	6.1	7.5	8.8	14.7	18.8	3.8
Gain									
2008-	85.8 ±	85.5 ±	101.8 ±	94.6 ±	79.1 ±	75.3 ±	71.1 ±	118.6 ±	95.9 ±
2010	9.2	11.9	11.8	12.2	13.9	15.0	24.1	28.2	10.0
Non-Indigenous students									
2008	414.9 ±	420.6 ±	375.9 ±	394.5 ±	403.9 ±	403.4 ±	422.8 ±	382.5 ±	405.0 ±
Year 3	1.7	1.6	2.4	2.7	3.1	5.2	5.7	8.1	1.1
2010	498.7 ±	502.7 ±	473.4 ±	484.5 ±	479.1 ±	488.0 ±	510.4 ±	475.4 ±	491.4 ±
Year 5	1.9	1.7	1.9	2.6	2.9	5.3	5.4	6.1	1.0
Gain									
2008-	83.8 ±	82.1 ±	97.5 ±	90.0 ±	75.2 ±	84.6 ±	87.6 ±	92.9 ±	86.4 ±
2010	8.2	8.1	8.4	8.6	8.9	10.7	11.0	12.8	7.9
All students									
2008	412.3 ±	419.9 ±	371.1 ±	386.7 ±	400.5 ±	401.2 ±	421.0 ±	306.6 ±	400.5 ±
Year 3	1.8	1.6	2.6	3.1	3.3	4.9	5.9	19.9	1.2
2010	496.2 ±	502.2 ±	468.7 ±	477.5 ±	476.5 ±	484.6 ±	508.6 ±	412.1 ±	487.4 ±
Year 5	1.9	1.7	2.1	2.8	3.0	5.5	5.5	18.1	1.1
Gain									
2008-	83.9 ±	82.3 ±	97.6 ±	90.8 ±	76.0 ±	83.4 ±	87.6 ±	105.5 ±	86.9 ±
2010	8.2	8.1	8.4	8.8	9.0	10.7	11.1	27.7	7.9

^a The mean scale scores for 2008 and 2010 reported in this table include 95 per cent confidence intervals (for example, a mean scale score of 400.0 ± 2.7, or a gain from 2008 to 2010 of 80.1 ± 2.7). Confidence intervals for the gain provide an indication of the level of uncertainty of the gain over the two year period.

Source: ACARA (2010 and unpublished) *2010 National Assessment Program — Literacy and Numeracy: Achievement in Numeracy, Writing, Language Conventions and Numeracy*; table 4A.44; 2012 Report, table 4.7, p. 4.53.

NAPLAN Numeracy

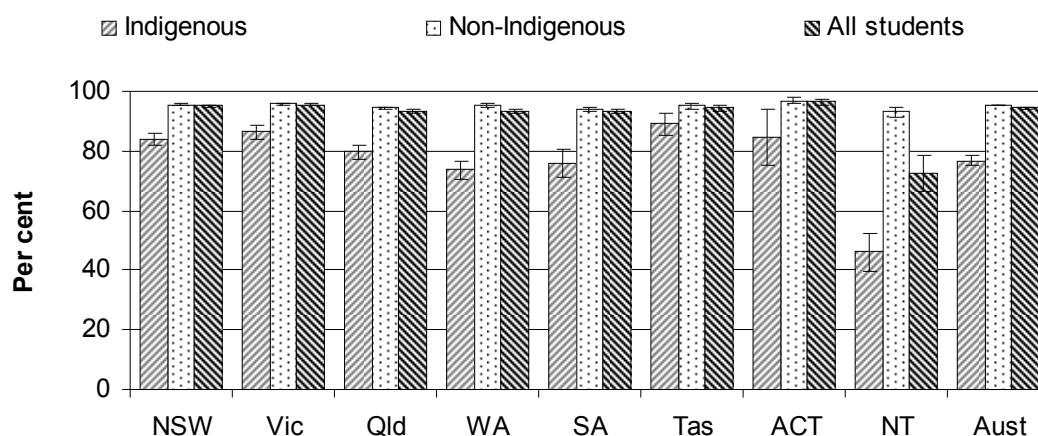
This section of the ‘learning outcomes’ indicator provides key outcomes for NAPLAN testing (years 3, 5, 7 and 9) in the numeracy domain. Indigenous outcomes are highlighted, but outcomes for a range of other equity groups, including male, female, LBOTE, geolocation and socio-economic status (parental education and parental occupation) are included in 2012 Report, tables 4A.59–72.

All students and Indigenous students

The proportion of year 3 students who achieved at or above the numeracy national minimum standard in 2010 was 94.1–94.5 per cent nationally. The proportion of Indigenous students (74.9–78.3 per cent) was significantly lower than for

non-Indigenous students (95.1–95.5 per cent) (figure 4.15). These proportions varied across jurisdictions.

Figure 4.15 Proportion of year 3 students achieving at or above the numeracy national minimum standard, 2010^{a, b}

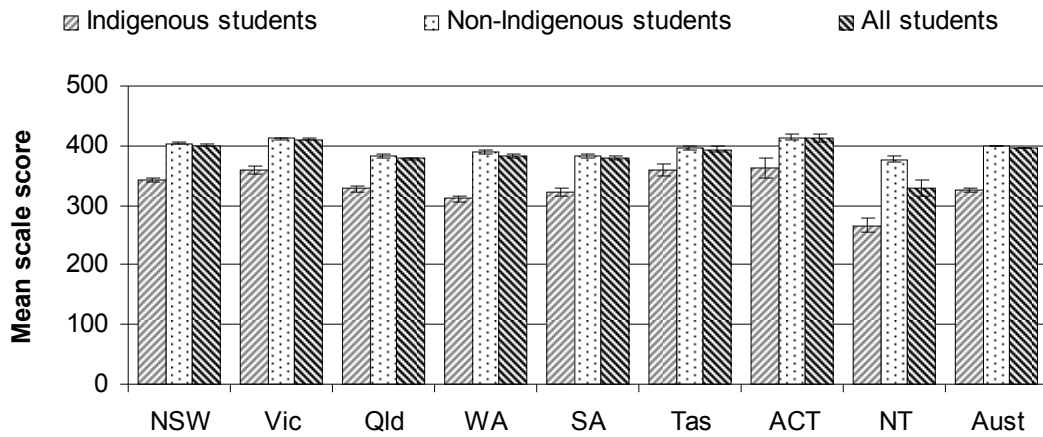


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.59.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.59; 2012 Report, figure 4.35, p. 4.54.

Nationally, the mean scale score for year 3 numeracy in 2010 for all students was 394.4–396.4. The mean scale score for Indigenous students (322.2–328.4) was significantly lower than for non-Indigenous students (398.1–399.9). Mean scale scores varied across jurisdictions (figure 4.16).

Figure 4.16 Mean scale scores for year 3 students for numeracy, 2010^a,
^b

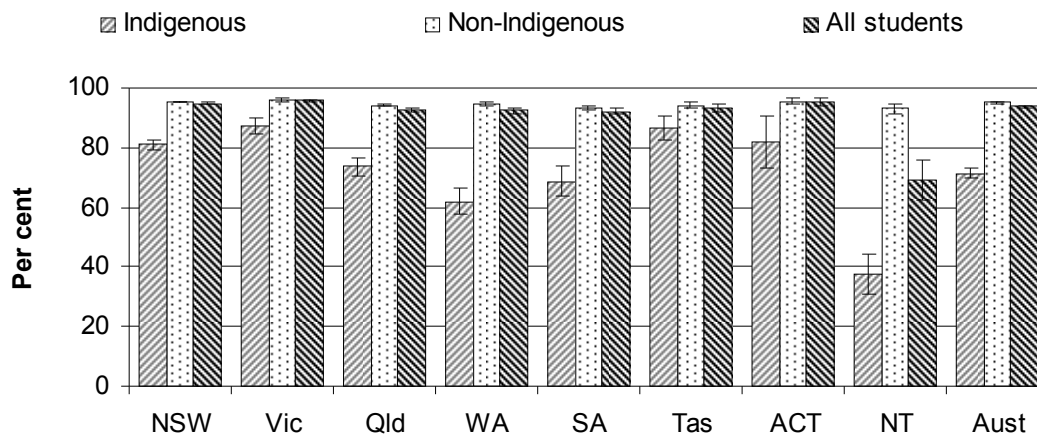


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.62.

Source: ACARA (2010 and unpublished) *2010 National Assessment Program — Literacy and Numeracy: Achievement in Numeracy, Writing, Language Conventions and Numeracy*; table 4A.62; 2012 Report, figure 4.36, p. 4.55.

The proportion of year 5 students who achieved at or above the numeracy national minimum standard in 2010 was 93.5–93.9 per cent nationally. The proportion of Indigenous students (69.5–73.3 per cent) was significantly lower than for non-Indigenous students (94.8–95.2 per cent) (figure 4.17). These proportions varied across jurisdictions.

Figure 4.17 Proportion of year 5 students achieving at or above the numeracy national minimum standard, 2010^{a, b}

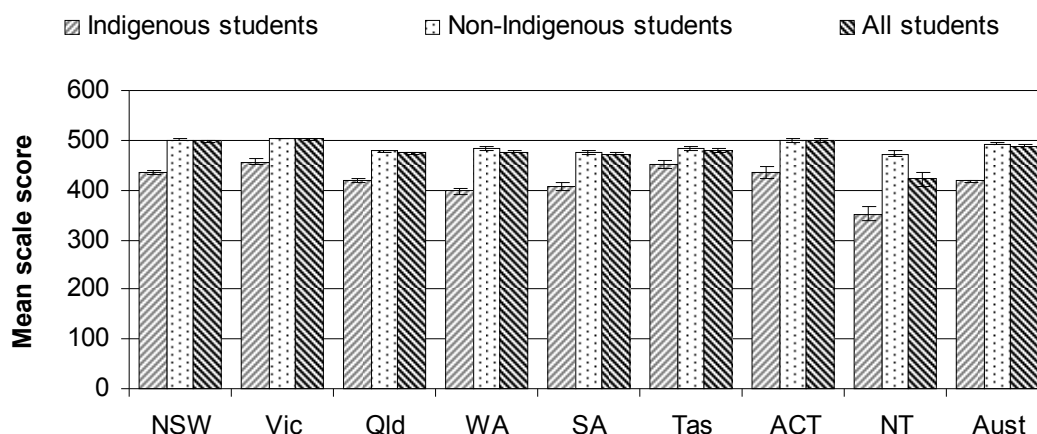


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.59.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.59; 2012 Report, figure 4.37, p. 4.56.

Nationally, the mean scale score for year 5 numeracy in 2010 for all students was 487.8–489.8. The mean scale score for Indigenous students (413.8–420.0) was significantly lower than for non-Indigenous students (491.6–493.6) (figure 4.18). Mean scale scores varied across jurisdictions.

Figure 4.18 Mean scale scores for year 5 students for numeracy, 2010^{a, b}

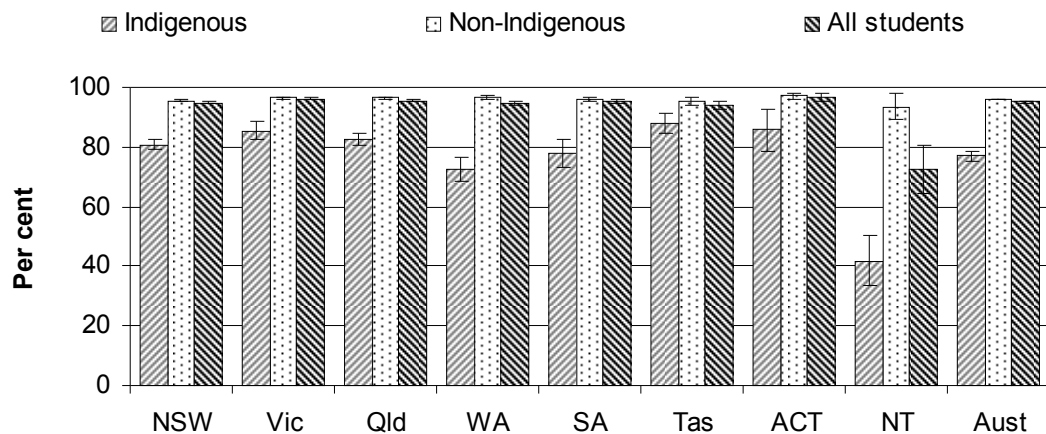


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.62.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.62; 2012 Report, figure 4.38, p. 4.56.

The proportion of year 7 students who achieved at or above the numeracy national minimum standard in 2010 was 94.9–95.3 per cent nationally. The proportion of Indigenous students (75.5–78.5 per cent) was significantly lower than for non-Indigenous students (95.9–96.3 per cent) (figure 4.19). These proportions varied across jurisdictions.

Figure 4.19 Proportion of year 7 students achieving at or above the numeracy national minimum standard, 2010^{a, b}

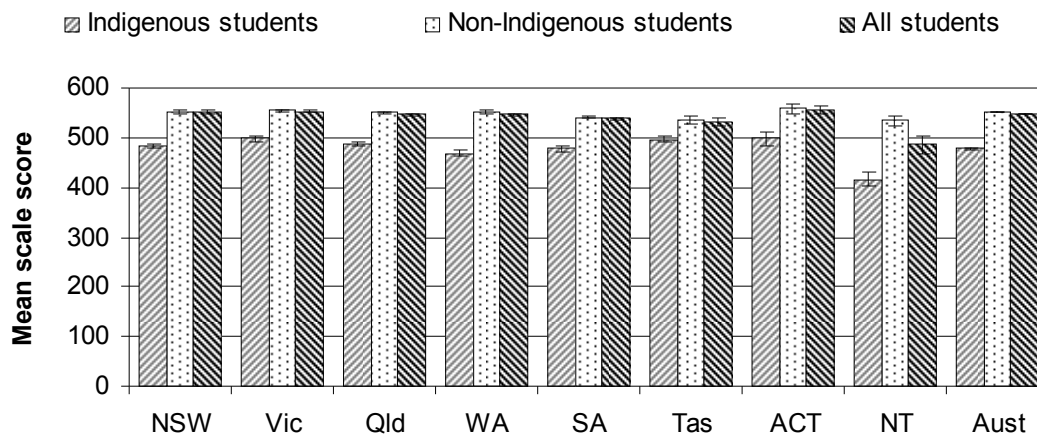


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.59.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.59; 2012 Report, figure 4.39, p. 4.57.

Nationally, the mean scale score for year 7 numeracy in 2010 for all students was 546.2–549.4. The mean scale score Indigenous students (474.9–480.1) was significantly lower than for non-Indigenous students (549.9–552.9) (figure 4.20). Mean scale scores varied across jurisdictions.

Figure 4.20 Mean scale scores for year 7 students for numeracy, 2010^a,
^b

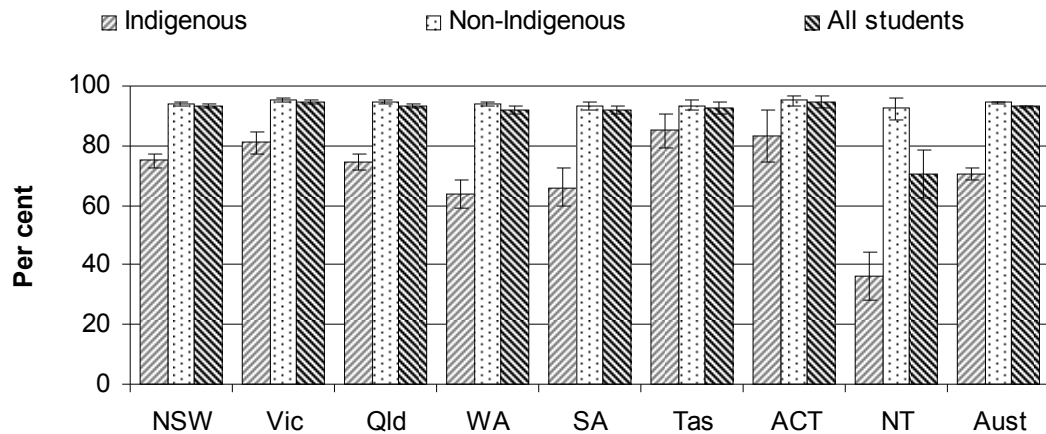


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.62.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.6; 2012 Report, figure 4.40, p. 4.58.

The proportion of year 9 students who achieved at or above the numeracy national minimum standard in 2010 was 92.8–93.4 per cent nationally. The proportion of Indigenous students (68.5–72.3 per cent) was significantly lower than for non-Indigenous students (94.0–94.6 per cent) (figure 4.21). These proportions varied across jurisdictions.

Figure 4.21 Proportion of year 9 students achieving at or above the numeracy national minimum standard, 2010^{a, b}

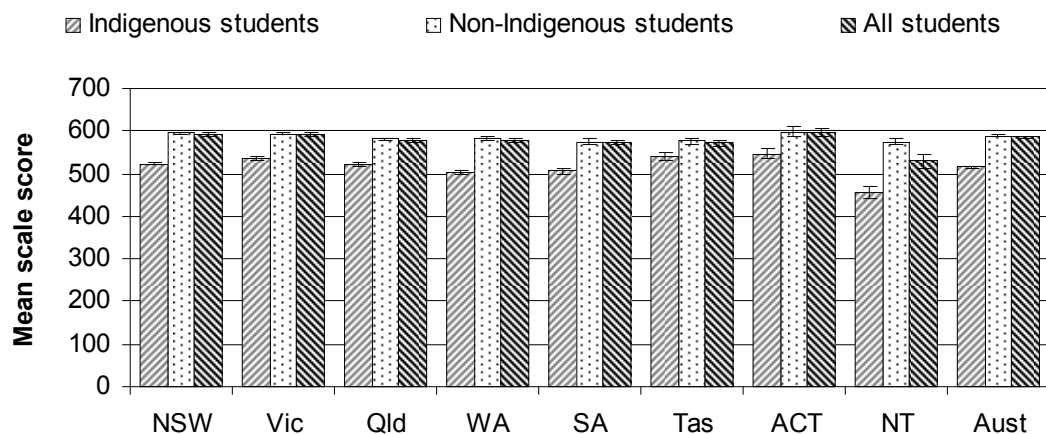


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.59.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.59; 2012 Report, figure 4.41, p. 4.59.

Nationally, the mean scale score for year 9 numeracy in 2010 for all students was 583.3–586.9. The mean scale score for Indigenous students (512.4–518.0) was significantly lower than for non-Indigenous students (586.7–590.3) (figure 4.22). Mean scale scores varied across jurisdictions.

Figure 4.22 Mean scale scores for year 9 students for numeracy, 2010^{a, b}



^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.62.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.62; 2012 Report, figure 4.42, p. 4.59.

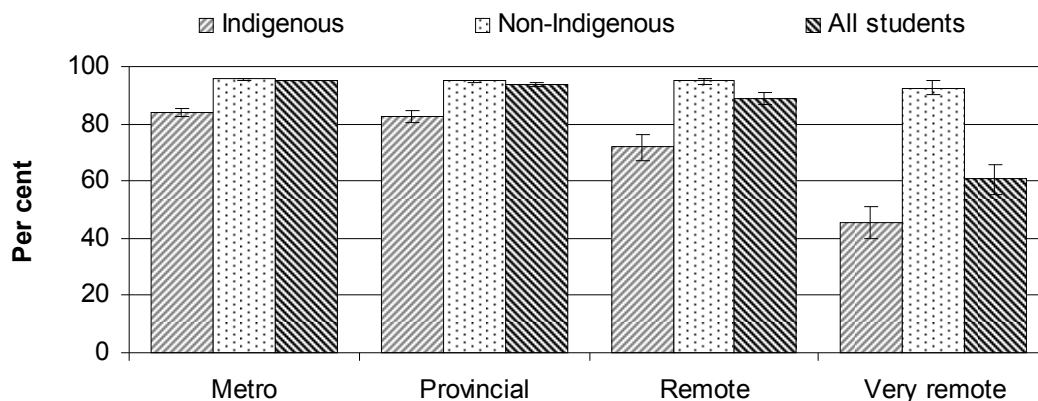
Geolocation

Across all year levels, numeracy outcomes tended to decline with remoteness. For year 3, for example, 94.9–95.3 per cent of students in metropolitan areas achieved at or above the national minimum standard, higher than the proportion for provincial students (93.3–94.1 per cent), remote students (86.8–90.8 per cent) and very remote students (55.0–66.0 per cent) (figure 4.23).

For all geolocation categories across years 3, 5, 7 and 9, the numeracy outcomes nationally for Indigenous students were lower than those for non-Indigenous students and all students. Nationally, outcomes for Indigenous students generally declined as remoteness increased, and the gap in learning outcomes between Indigenous students and non-Indigenous students, and between Indigenous students and all students, was generally greater in remote and very remote areas than in metropolitan and provincial areas.

State and Territory results by Indigenous status and geolocation for years 3, 5, 7 and 9 numeracy literacy are in table 4A.60. The general pattern in jurisdictions appears similar to the national results. However, due to relatively large confidence intervals, caution should be exercised when making comparisons for some data. Mean scale score results by Indigenous status and geolocation are provided in table 4A.63.

Figure 4.23 National proportion of year 3 students achieving at or above the numeracy national minimum standard, by Indigenous status and geolocation, 2010^{a, b, c}



^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b Data for year 3 students are shown and may not be representative of students in years 5, 7 and 9 which are detailed in table 4A.60. ^c Insufficient or no students in an area of geographic classification are not included.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.60; 2012 Report, figure 4.43, p. 4.60.

Socio-economic status

State and territory data on the proportions of students achieving at or above the national minimum standard and mean scale scores in numeracy assessment for years 3, 5, 7 and 9 by parental education and parental occupation for 2010 are included in 2012 Report, tables 4A.61 and 4A.64. National data for 2008 and 2009 were included in the 2011 Report.

Time series analysis of NAPLAN numeracy outcomes

The 95 per cent confidence intervals applied in this section to compare NAPLAN data across years may differ from used for the single year analysis.

Nationally, there was no statistically significant change in the proportions of Indigenous year 3 students achieving at or above the national minimum standard for numeracy, from 76.9–80.3 per cent in 2008 to 72.7–80.5 per cent in 2010. Similarly, there was no statistically significant change in the proportion of non-Indigenous year 3 students achieving at or above the national minimum standard (95.8–96.2 per cent in 2008 to 94.4–96.2 per cent in 2010). These proportions varied across jurisdictions (table 4A.67). The attachment tables provide information for years 3, 5, 7 and 9 for 2008, 2009 and 2010, by Indigenous status, sex and LBOTE (tables 4A.67–70).

Nationally, there was no statistically significant difference in the mean scale scores of Indigenous year 3 students for numeracy, from 324.3–330.9 in 2008 to 316.5–334.1 in 2010. Similarly, there was no statistically significant difference in the mean scale scores of non-Indigenous year 3 students for numeracy, from 399.5–401.5 in 2008 to 390.7–407.3 in 2010 (table 4A.71). Table 4A.71 also includes 2008, 2009 and 2010 outcomes by Indigenous status for years 3, 5, 7 and 9.

The concept of gain in mean scale scores between 2008 and 2010 is discussed in box 4.5. From year 3 in 2008 to year 5 in 2010, the gain in numeracy mean scale score was between 83.6 and 100.2 points nationally. For Indigenous students, the gain was between 80.0 and 98.6 points and for non-Indigenous students, it was between 83.8 and 100.4 points nationally. These gains varied across jurisdictions (table 4.3). Data for years 5–7 and years 7–9 gain are included in table 4A.72.

Table 4.3 Gain in mean scale score for numeracy: year 3 (2008) to year 5 (2010)^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</i>
Indigenous students									
2008	350.3 ±	376.9 ±	316.2 ±	313.9 ±	330.7 ±	377.1 ±	355.1 ±	275.0 ±	327.6 ±
Year 3	3.1	5.5	6.4	5.1	6.5	8.2	16.2	11.0	3.3
2010	435.8 ±	457.0 ±	419.5 ±	398.0 ±	406.9 ±	450.0 ±	434.7 ±	351.6 ±	416.9 ±
Year 5	3.0	5.8	4.5	6.0	6.8	8.0	12.8	13.0	3.1
Gain 2008-2010	85.5 ±	80.1 ±	103.3 ±	84.1 ±	76.2 ±	72.9 ±	79.6 ±	76.6 ±	89.3 ±
	9.2	11.4	11.3	11.3	12.4	14.1	22.1	18.9	9.3
Non-Indigenous students									
2008	411.3 ±	417.5 ±	371.9 ±	387.4 ±	391.7 ±	401.6 ±	413.1 ±	386.9 ±	400.5 ±
Year 3	1.6	1.4	2.1	2.2	2.5	4.5	5.0	5.9	1.0
2010	501.0 ±	503.2 ±	478.5 ±	483.0 ±	475.2 ±	482.8 ±	500.2 ±	472.7 ±	492.6 ±
Year 5	1.9	1.6	1.8	2.4	2.7	4.6	5.0	5.0	1.0
Gain 2008-2010	89.7 ±	85.7 ±	106.6 ±	95.6 ±	83.5 ±	81.2 ±	87.1 ±	85.8 ±	92.1 ±
	8.5	8.4	8.6	8.8	9.0	10.4	10.7	11.2	8.3
All students									
2008	408.9 ±	416.9 ±	367.9 ±	381.9 ±	388.8 ±	399.9 ±	411.5 ±	338.4 ±	396.9 ±
Year 3	1.6	1.4	2.2	2.4	2.7	4.2	5.1	12.4	1.0
2010	498.4 ±	502.7 ±	474.1 ±	476.8 ±	472.6 ±	479.4 ±	498.7 ±	421.5 ±	488.8 ±
Year 5	2.0	1.6	1.9	2.6	2.8	4.8	5.1	14.4	1.0
Gain 2008-2010	89.5 ±	85.8 ±	106.2 ±	94.9 ±	83.8 ±	79.5 ±	87.2 ±	83.1 ±	91.9 ±
	8.5	8.4	8.6	8.9	9.0	10.3	10.8	20.5	8.3

^a The mean scale scores for 2008 and 2010 reported in this table include 95 per cent confidence intervals (for example, a mean scale score of 400.0 ± 2.7, or a gain from 2008 to 2010 of 80.1 ± 2.7). Confidence intervals for the gain provide an indication of the level of uncertainty of the gain over the two year period.

Source: ACARA (2010 and unpublished) *2010 National Assessment Program — Literacy and Numeracy: Achievement in Numeracy, Writing, Language Conventions and Numeracy*; table 4A.72; 2012 Report, table 4.8, p. 4.63.

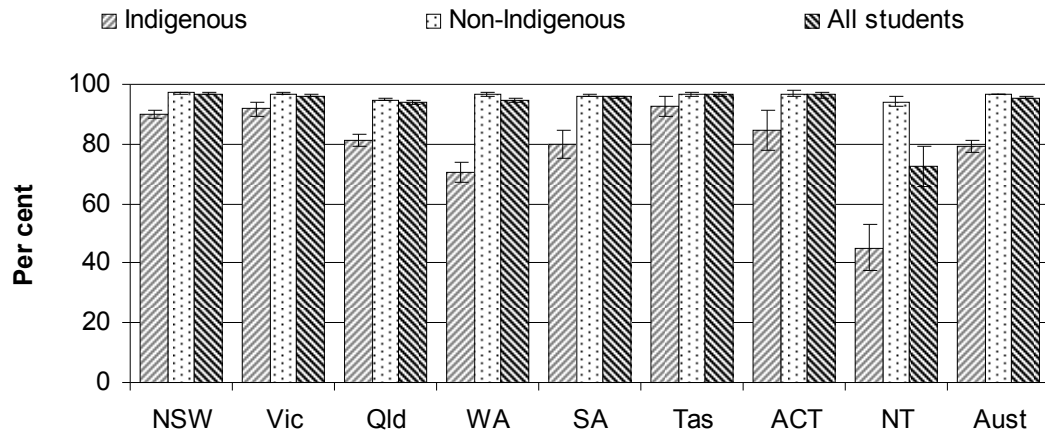
NAPLAN Writing

This section of the ‘learning outcomes’ indicator provides key outcomes for NAPLAN testing (years 3, 5, 7 and 9) in the writing domain. Indigenous outcomes are highlighted, but outcomes for a range of other equity groups including male, female, LBOTE, geolocation and socio-economic status (parental education and parental occupation) and data for earlier years and student gain are included in 2012 Report, tables 4A.45–58.

The proportion of year 3 students who achieved at or above the writing national minimum standard in 2010 was 95.3–95.7 per cent nationally. The proportion of Indigenous students (77.1–80.9 per cent) was significantly lower than for

non-Indigenous students (96.4–96.8 per cent). These proportions varied across jurisdictions (figure 4.24).

Figure 4.24 Proportion of year 3 students achieving at or above the writing national minimum standard, 2010^{a, b}

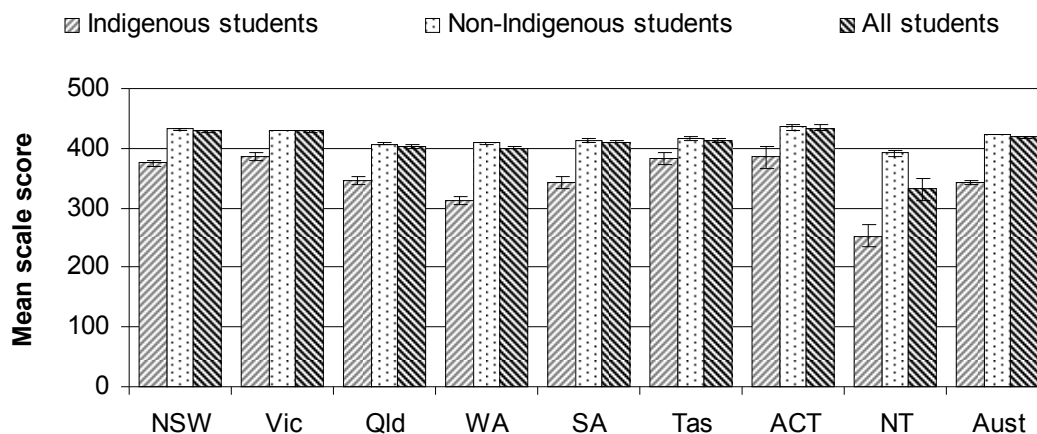


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.45.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.45; 2012 Report, figure 4.46, p. 4.64.

Nationally, the mean scale score for year 3 writing in 2010 for all students was 417.7–419.5. The mean scale score for Indigenous students (337.4–347.0) was significantly lower than for non-Indigenous students (421.8–423.4). Mean scale scores varied across jurisdictions (figure 4.25).

Figure 4.25 Mean scale scores for year 3 students for writing, 2010^{a, b}



^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 4A.48.

Source: ACARA (2010 and unpublished) *NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2010*; table 4A.48; 2012 Report, figure 4.47, p. 4.65.

National Assessment Program

National Assessment Program – Civics and citizenship performance

The National Years 6 and 10 Civics and Citizenship assessment was conducted for the first time in 2004, and is conducted triennially. In 2010, 7246 year 6 students from 335 government and non-government schools and 6409 year 10 students from 312 government and non-government schools from all states and territories participated in the national civics and citizenship assessment (ACARA 2011a).

Nationally, the proportion of participating students who achieved at the proficient standard or above in civics and citizenship performance in 2010 was 49.6–54.4 per cent for year 6 students and 45.3–52.7 per cent for year 10 students. These proportions varied across jurisdictions (2012 Report, figures 4.48 and 4.49). Nationally in 2010:

- 8.2–23.8 per cent of Indigenous year 6 students achieved at the proficient standard or above in civics and citizenship performance, significantly lower than the proportion for non-Indigenous students (51.4–56.6 per cent) (table 4A.78)
- 9.3–24.7 per cent of Indigenous year 10 students achieved at the proficient standard or above in civics and citizenship performance, significantly lower than the proportion for non-Indigenous students (46.2–53.8 per cent) (table 4A.78).

PISA assessment

PISA assessments are conducted triennially (box 4.5).

Box 4.5 Programme for International Student Assessment

The PISA provides learning outcomes data for 15 year olds in three core assessment domains: reading literacy, mathematical literacy and scientific literacy. In 2009, almost 470 000 students from 65 countries and economies participated in the PISA assessment. From Australia, this included over 14 251 students from 353 schools. Reading literacy was the major domain tested in the PISA 2009 cycle.

Time series comparisons can only be made across PISA data once a subject has been a major assessment domain. All domains have now been the subject of a major assessment, but in different years.

This chapter contains detailed results for each 2009 PISA domain and the attachment tables provide summary data from earlier PISA rounds (2012 Report, tables 4A.81–92). Detailed results from earlier PISA rounds were included in earlier reports. Further information on PISA is available at the PISA website: www.acer.edu.au/ozpisa/reports.

Source: Australian Council for Educational Research (ACER) (2010)

PISA – Reading literacy

Reading literacy was the major domain tested in the PISA 2000 and 2009 surveys. Subsequent PISA surveys for reading literacy may be compared with the 2000 survey. The proportion of Australian 15 year old students who achieved at level 3 or above in reading literacy in PISA 2009 (63.5–67.1 per cent) was not statistically significantly different to the results in PISA 2000 or 2006. However, outcomes varied across jurisdictions (2012 Report, table 4A.81).

Further information on PISA reading literacy domain outcomes is provided by Indigenous status for 2000, 2003, 2006 and 2009 (table 4A.82).

PISA – Mathematical literacy

Mathematical literacy was the major domain tested in the PISA 2003 survey. Subsequent PISA surveys for mathematical literacy may be compared with the 2003 survey. The proportion of Australian 15 year old students who achieved at level 3 or above in mathematical literacy in PISA 2009 (62.0–65.8 per cent) was not statistically significantly different to the results from PISA 2003 and 2006. However, outcomes varied across jurisdictions (2012 Report, table 4A.85).

Further information on PISA mathematical literacy domain outcomes is provided by Indigenous status for 2003, 2006 and 2009 (table 4A.86).

PISA – Scientific literacy

Scientific literacy was the major domain tested in the PISA 2006 survey. Subsequent PISA surveys for scientific literacy may be compared with the 2006 survey. The proportion of Australian 15 year old students who achieved at level 3 or above in scientific literacy in PISA 2009 (65.8–69.2 per cent) was not statistically significantly different to the results in PISA 2006. However, outcomes varied across jurisdictions (2012 Report, table 4A.89).

Further information on PISA scientific literacy domain outcomes is provided by Indigenous status for 2006 and 2009 (table 4A.90).

Other outcomes

Completion

‘Completion’ is an indicator of governments’ objective that all students have access to high quality education and training to year 12 or equivalent, that provides clear and recognised pathways to further education, training and employment (box 4.6).

Box 4.6 Completion

'Completion' (completion rate) is defined by two measures:

Year 12 completion rate

- the number of students who meet the requirements of a year 12 certificate or equivalent expressed as a percentage of the estimated potential year 12 population. The estimated potential year 12 population is an estimate of a single year age group that could have attended year 12 that year, calculated as the estimated resident population aged 15–19 divided by five. The completion rate is reported by socioeconomic status, geolocation and sex.

Data for this measure are not directly comparable

- The criteria for obtaining a year 12 or equivalent certificate vary across jurisdictions.
- The aggregation of all postcode locations into three socioeconomic status categories — high, medium and low deciles — means there may be significant variation within the categories. Low deciles, for example, will include locations ranging from those of extreme disadvantage to those of moderate disadvantage.

Year 10 completion rate

- the number of people aged 17–19 years who have completed year 10 or above, divided by the total population aged 17–19 years, by Indigenous status.

Data for this measure are comparable.

Holding other factors constant, a higher or increasing completion rate against each of these three measures suggests an improvement in educational outcomes.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Year 10 completion rate

The proportion of the Indigenous 17–19 year old population who had completed year 10 or above in 2008 was 83.2 per cent nationally, compared to 96.6 per cent of the non-Indigenous 17–19 year old population (table 4A.107). These data, derived from the National Aboriginal and Torres Strait Islander Social Survey and the Survey of Education and Work (SEW), are not directly comparable with the rates derived from the 2006 Census of Population and Housing that were published in the 2011 Report.

The Early childhood, education and training (ECET) sector summary includes data on the proportions of the 20–24 and 20–64 year old populations having attained at least a year 12 or equivalent or AQF Certificate II; and the proportions of the 20–24 and 20–64 year old Indigenous and low socioeconomic status populations having

attained at least a year 12 or equivalent or AQF Certificate II (2012 Report, tables BA.27–29).

Future directions in performance reporting

Nationally comparable reporting of learning outcomes

The National Summary Report of results from the 2011 NAPLAN was released in September 2011 (ACARA 2011b). Results from a second report with more detailed information (including disaggregation by Indigenous status and geolocation) will be included in the 2013 Report.

Nationally consistent definitions

Nationally consistent definitions of most student background characteristics have been adopted for national reporting on students' educational achievement and outcomes. Ministers have endorsed standard definitions of sex, Indigenous status, socioeconomic background, language background and geographic location.

Definitions of key terms and indicators

Apparent retention rates	The number of full time students in a designated year of schooling, expressed as a percentage of their respective cohort group at an earlier base year. For example, the year 12 retention rate is calculated by dividing the total number of full time students in year 12 in the target year by the total number of full time students in year 10 two years before the target year.
Full time equivalent student	The FTE of a full time student is 1.0. The method of converting part time student numbers into FTEs is based on the student's workload compared with the workload usually undertaken by a full time student.
Full time student	A person who satisfies the definition of a student and undertakes a workload equivalent to, or greater than, that usually undertaken by a student of that year level. The definition of full time student varies across jurisdictions.
Geographic classification	<p>Geographic categorisation is based on the agreed MCEECDYA Geographic Location Classification which, at the highest level, divides Australia into three zones (the metropolitan, provincial and remote zones). A further disaggregation comprises five categories: metropolitan and provincial zones each subdivided into two categories, and the remote zone. Further subdivisions of the two provincial zone categories and the remote zone category provide additional, more detailed, classification options. When data permit, a separate very remote zone can be reported along with the metropolitan, provincial and remote zones, as follows.</p> <p>A. Metropolitan zone</p> <ul style="list-style-type: none">• Mainland State capital city regions (Statistical Divisions (SDs)): Sydney, Melbourne, Brisbane, Adelaide and Perth SDs.• Major urban Statistical Districts (100 000 or more population): ACT–Queanbeyan, Cairns, Gold Coast–Tweed, Geelong, Hobart, Newcastle, Sunshine Coast, Townsville, Wollongong. <p>B. Provincial zone (non-remote)</p> <ul style="list-style-type: none">• Provincial city Statistical Districts plus Darwin SD.<ul style="list-style-type: none">• Provincial city statistical districts and Darwin statistical division (50 000–99 999 population): Albury–Wodonga, Ballarat, Bathurst–Orange, Burnie–Devonport, Bundaberg, Bendigo, Darwin, Launceston, La Trobe Valley, Mackay, Rockhampton, Toowoomba, Wagga Wagga.• Provincial City Statistical Districts (25 000–49 999 population): Bunbury, Coffs Harbour, Dubbo, Geraldton, Gladstone, Shepparton, Hervey Bay, Kalgoorlie–Boulder, Lismore, Mandurah, Mildura, Nowra–Bomaderry, Port Macquarie, Tamworth, Warrnambool.• Other provincial areas (CD ARIA Plus score ≤ 5.92)<ul style="list-style-type: none">• Inner provincial areas (CD ARIA Plus score ≤ 2.4)• Outer provincial areas (CD ARIA Plus score > 2.4 and ≤ 5.92) <p>C. Remote zone</p> <ul style="list-style-type: none">• Remote zone (CD ARIA Plus score > 5.92)<ul style="list-style-type: none">• Remote areas (CD ARIA Plus score > 5.92 and ≤ 10.53)• Very remote areas (CD ARIA Plus score > 10.53)

Indigenous student	A student of Aboriginal or Torres Strait Islander origin who identifies as being an Aboriginal or Torres Strait Islander or from an Aboriginal and Torres Strait Islander background. Administrative processes for determining Indigenous status vary across jurisdictions. For NAPLAN data, a student is considered to be 'Indigenous' if he or she identifies as being of Aboriginal and/or Torres Strait Islander origin.
Language background other than English (LBOTE) student	A status that is determined by administrative processes that vary across jurisdictions. For NAPLAN data, a student is considered to be 'LBOTE' if either the student or parents/guardians speak a language other than English at home.
Part time student	A student undertaking a workload that is less than that specified as being full time in the jurisdiction
Participation rate	The number of full time and part time school students of a particular age (as at 1 July), expressed as a proportion of the estimated resident population of the same age (as at 30 June).
Potential year 12 population	An estimate of a single-year age group that could have participated in year 12 that year, defined as the estimated resident population aged 15–19 years, divided by 5.
Science literacy	Science literacy and scientific literacy: the application of broad conceptual understandings of science to make sense of the world, understand natural phenomena, and interpret media reports about scientific issues. It also includes asking investigable questions, conducting investigations, collecting and interpreting data and making decisions.
Socioeconomic status	As identified in footnotes to specific tables.
Student	A person who is formally (officially) enrolled or registered at a school, and is also active in a primary, secondary or special education program at that school. Students at special schools are allocated to primary and secondary on the basis of their actual grade (if assigned); whether or not they are receiving primary or secondary curriculum instruction; or, as a last resort, whether they are of primary or secondary school age.
Student, primary	A student in primary education, which covers pre-year 1 to year 6 in NSW, Victoria, Tasmania, ACT and the NT, pre-year 1 to year 7 in Qld, WA and SA.
Student, secondary	A student in secondary education, which commences at year 7 in NSW, Victoria, Tasmania, ACT and the NT, and at year 8 in Queensland, WA, and SA.
Teacher	Teaching staff have teaching duties (that is, they are engaged to impart the school curriculum) and spend the majority of their time in contact with students. They support students, either by direct class contact or on an individual basis. Teaching staff include principals, deputy principals and senior teachers mainly involved in administrative duties, but not specialist support staff (who may spend the majority of their time in contact with students but are not engaged to impart the school curriculum). For the Northern Territory, Assistant Teachers in Homeland Learning Centres and community school are included as teaching staff.
Ungraded student	A student in ungraded classes who cannot readily be allocated to a year of education. These students are included as either ungraded primary or ungraded secondary, according to the typical age level in each jurisdiction.

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a '4A' prefix (for example, table 4A.1 is table 1 in the School education attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

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5 Vocational education and training

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 5A.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 5.1' this is page 1 of chapter 5 of the 2012 Report, and '2012 Report, table 5A.1' is attachment table 1 of attachment 5A of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Vocational education and training (VET) chapter (chapter 5) in the *Report on Government Services 2012* (2012 Report) reports performance information about the equity, effectiveness and efficiency of government VET in Australia in 2010. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

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

The focus of this chapter is on VET services delivered by providers receiving government funding, which includes training activity funded under the *National Agreement for Skills and Workforce Development* (NASWD). These services include the provision of VET programs in government owned technical and further education (TAFE) institutes and universities with TAFE divisions, other government and community institutions, and government funded activity by private; 2011 Report, figure 5.12, p. 5.25 organisations (RTOs). The scope of this chapter does not extend to VET services provided in schools (which are within the scope of School education, chapter 4) or university education (some information on university education is included in Early childhood, education and training, sector summary B).

Indigenous data in the Vocational education and training chapter

The Vocational education and training chapter in the Report on Government Services 2012 (2012 Report) contains the following data items on Indigenous people:

- VET participation rate
- proportion of students who reported as Indigenous
- VET participation, by target age group
- VET participation in certificate III and above, by target age group
- VET participation in diploma and above, by target age group
- proportion of graduates who were employed and/or continued on to further study after completing their course
- the proportion of graduates employed after completing their course who were unemployed before the course
- the proportion of graduates who improved their employment circumstances after completing their course
- the proportion of graduates who undertook their course for employment-related reasons and were employed after completing their course, who reported at least one job-related benefit from completing the course
- load pass rate
- proportion of students who achieve their main reason for doing a VET course
- proportion of graduates who were satisfied with the quality of their completed course, by purpose of study
- number of qualifications completed
- proportion of qualifications completed by qualification level and by target age group
- number of units of competency completed
- number of modules completed
- Qualification equivalents.

Framework of performance indicators

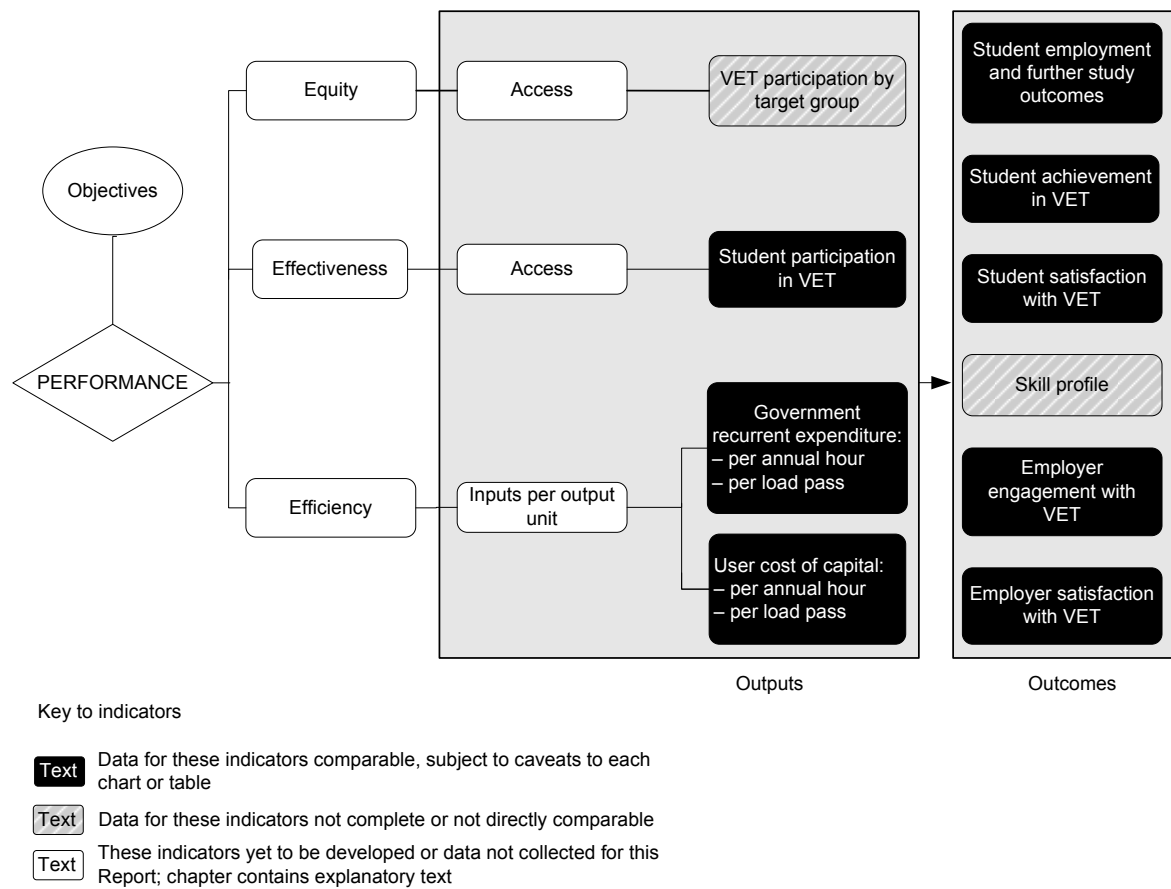
The VET performance indicator framework outlined in figure 5.1 identifies the principal VET activity areas considered in the 2012 Report. Data for Indigenous people are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Indicator boxes presented throughout the chapter provide information about the reported indicators. As these are sourced directly from the 2012 Report, they may include references to data not reported for Indigenous people and therefore not included in this Compendium.

COAG has agreed six National Agreements to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services (see chapter 1 for more detail on reforms to federal financial relations). The NASWD (COAG 2009) covers the areas of VET, and education and training indicators in the *National Indigenous Reform Agreement* (NIRA) (COAG 2011) establish specific outcomes for reducing the level of disadvantage experienced by Indigenous people. The agreements include sets of performance indicators, for which the Steering Committee collates annual performance information for analysis by the COAG Reform Council (CRC). The performance indicator results reported in this chapter and supporting data in attachment tables, have been revised where necessary, to align with the performance indicators in the National Agreements.

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Figure 5.1 VET performance indicator framework



Source: 2012 Report, figure 5.4, p. 5.14.

VET participation by target group

‘VET participation by target group’ is an indicator of governments’ objective to achieve equitable access to the VET system by target groups (Indigenous people, residents of remote and very remote areas, people with disability, and people speaking a language other than English at home), compared with that of the general population (box 5.1).

Box 5.1 VET participation by target group

'VET participation by target group' is defined as the number of government funded participants in the VET system who self-identified that they are from a target group, as a proportion of the total number of people in the population in that group. The four target groups are:

- Indigenous people
- people from remote and very remote areas
- people with disability
- people speaking a language other than English (LOTE) at home.

It is desirable that VET participation by target group is at a similar level to that for all students. A lower participation rate means the target group is underrepresented in VET; a higher participation rate means the group is overrepresented in VET.

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

Data on participation by Indigenous status are for students identified as aged 15–64 years, and data on participation for other groups are reported for students of all ages. Data on participation are for students who have participated in Australia's government funded VET system.

Data reported for this indicator are not directly comparable.

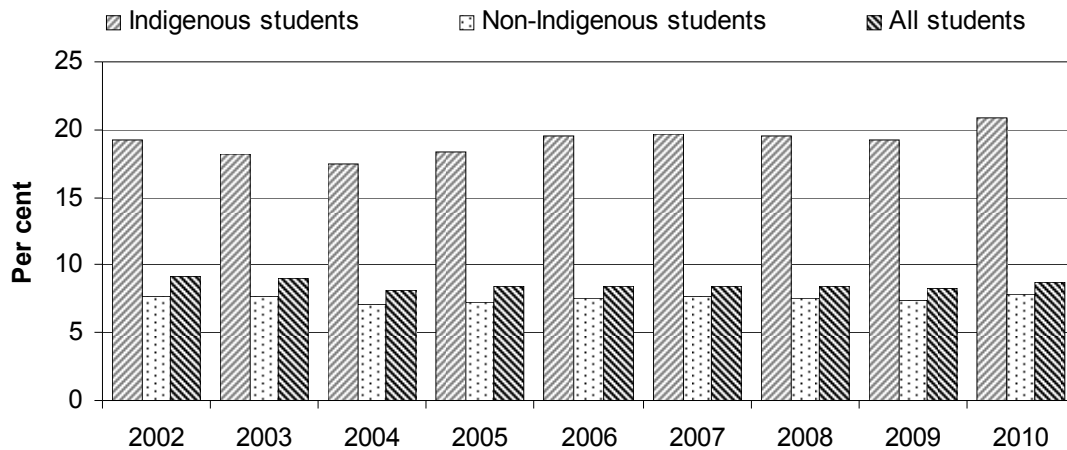
Data quality information for this indicator is under development.

VET participation by target group — Indigenous people

Nationally, the participation rate for the Indigenous population aged 15–64 years in government funded VET was 20.9 per cent in 2010, compared with 19.5 per cent in 2006 and 19.2 per cent in 2002. The participation rate for the non-Indigenous population aged 15–64 years was 7.8 per cent in 2010, compared with 7.5 per cent in 2006 and 7.7 per cent in 2002. The participation rate for all people aged 15–64 years was 8.8 per cent in 2010, compared with 8.5 per cent in 2006 and 9.2 per cent in 2002 (figure 5.2).

These student participation data are not age standardised, so the younger age profile of the Indigenous population relative to all Australians is likely to affect the results.

Figure 5.2 National VET participation rate for people aged 15–64 years, by Indigenous status^{a, b, c}

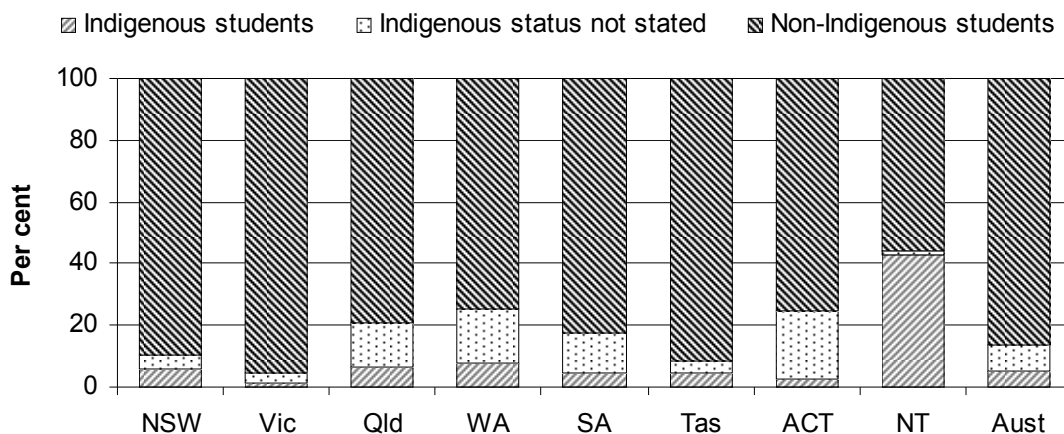


^a Data are for government funded VET students. ^b The Indigenous students participation rate is the number of Indigenous students as a percentage of the estimates of the Indigenous population for 30 June. The all students participation rate is the number of students as a percentage of the estimated total population as at 30 June. The non-Indigenous students participation rate is the number of students as a percentage of the estimated non-Indigenous population as at 30 June, calculated by subtracting the experimental estimates of Indigenous population from estimates of the total resident population. ^c Indigenous students are defined as those who self-identify on enrolment forms that they are of Aboriginal and/or Torres Strait Islander background. Not all students respond to the relevant question on the enrolment form (see table 5A.10). Care needs to be taken in comparing participation data due to the high non-response rates in some jurisdictions.

Source: NCVET (unpublished) National VET provider collection; ABS 2007, *Population by Age and Sex, Australian States and Territories, June 2007*, Cat. no. 3201.0, Canberra; ABS 2008, 2009, 2010 *Population by Age and Sex, Australian States and Territories*, various years, Cat. no. 3201.0; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islanders*, Cat. no. 3238.0; table 5A.10; 2012 Report, figure 5.5, p. 5.16.

Nationally in 2010, 5.5 per cent of government funded VET students (of all ages) identified themselves as Indigenous, while 8.0 per cent of students did not report their Indigenous status (figure 5.3). The proportion of government funded VET students who identified themselves as Indigenous (5.5 per cent) was higher than the proportion of Indigenous people in the total population (2.5 per cent) (table 5A.15).

Figure 5.3 VET students, all ages, by Indigenous status, 2010^{a, b}



^a Data are for government funded VET students. ^b Indigenous students are defined as those who self-identify on enrolment forms that they are of Aboriginal and/or Torres Strait Islander background. Not all students respond to the relevant question on the enrolment form (see table 5A.15).

Source: NCVET (unpublished) National VET provider collection; table 5A.15; 2012 Report, figure 5.6, p. 5.17.

Student participation in VET

‘Student participation in VET’ is an indicator of governments’ objective to provide people aged 15–64 years with the level of access to the VET system that is necessary for a highly skilled workforce (box 5.2).

Box 5.2 Student participation in VET

'Student participation in VET' is defined by three measures:

- the number of people aged 15–64 years participating in VET as a proportion of the population aged 15–64 years
- the number of people aged 15–64 years participating in VET at certificate level III and above as a proportion of the population aged 15–64 years
- the number of people aged 15–64 years participating in VET at diploma level and above as a proportion of the population aged 15–64 years.

High or increasing VET participation rates indicate high or increasing levels of access to the VET system by the general population. High or increasing participation in VET certificate level III and above, and in VET diploma level and above, indicate greater or increasing participation in higher skill level courses, which is desirable.

Data for VET diploma level and above are a sub-set of data for the larger group of VET certificate III level and above. Data are for government funded VET students.

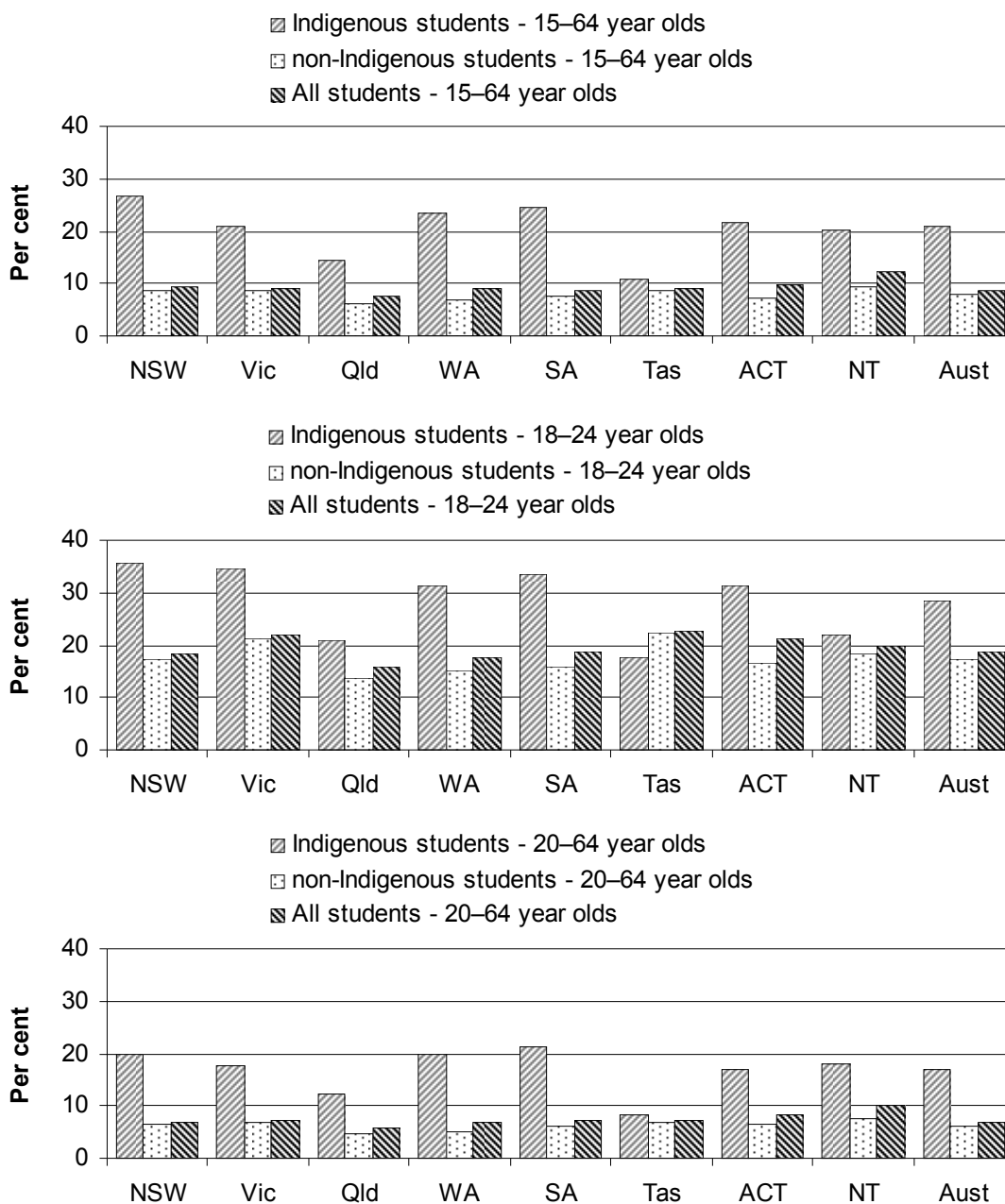
Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Figures 5.4–6 show VET participation rates for the 15–64 year old population by Indigenous status, and on the target age groups of 18–24 years and 20–64 years. The national participation rate for the general population aged 15–64 years was 8.8 per cent in 2010, compared with 20.9 per cent for the Indigenous population and 7.8 per cent for the non-Indigenous population aged 15–64 years (figure 5.4).

Nationally in 2010, 18.8 per cent of all people aged 18–24 years participated in government funded VET, compared with 28.4 per cent of the Indigenous population and 17.4 per cent of the non-Indigenous population in the same age group. Nationally, 6.8 per cent of all people aged 20–64 years participated, compared with 16.9 per cent of the Indigenous population and 6.0 per cent of the non-Indigenous population aged 20–64 years (figure 5.4).

Figure 5.4 VET participation rate, by target age group and Indigenous status, 2010^{a, b, c}



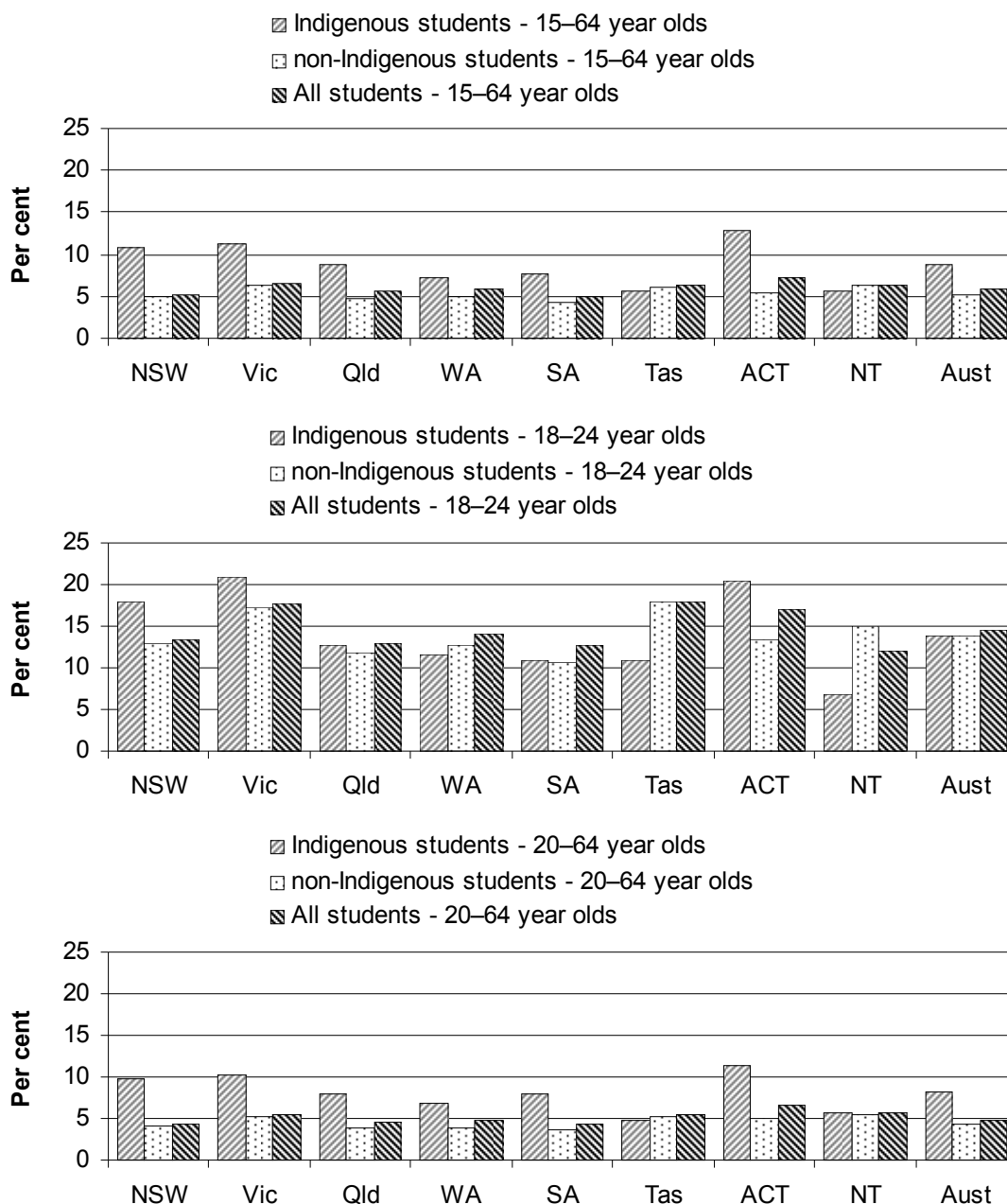
^a Data are for government funded VET students. ^b The Indigenous students participation rate is the number of Indigenous students as a percentage of the estimates of the Indigenous population. The all students participation rate is the number of students as a percentage of the estimated total population. ^c Indigenous students are defined as those who self-identify on enrolment forms that they are of Aboriginal and/or Torres Strait Islander background. Not all students respond to the relevant question on the enrolment form (see table 5A.10). Care needs to be taken in comparing participation data due to the high non-response rates in some jurisdictions.

Source: NCVET (unpublished) National VET provider collection; ABS (2010) *Population by Age and Sex, Australian States and Territories*, Cat. no. 3201.0; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islanders*, Cat. no. 3238.0; table 5A.10; 2012 Report, figure 5.10, p. 5.22.

In 2010, approximately 869 600 people aged 15–64 years participated in a government funded VET program at the certificate III level or above, representing 5.8 per cent of the population aged 15–64 years (figure 5.5 and table 5A.17). This compares with 8.8 per cent of the Indigenous population and 5.3 per cent of the non-Indigenous population aged 15–64 years (figure 5.5).

Nationally in 2010, 14.6 per cent of all people aged 18–24 years participated in government funded VET at the certificate III level or above, compared with 13.9 per cent of the Indigenous population and 13.8 per cent of the non-Indigenous population aged 18–24 years. Nationally, 4.8 per cent of all people aged 20–64 years participated, compared with 8.1 per cent of the Indigenous population and 4.4 per cent of the non-Indigenous population aged 20–64 years (figure 5.5).

Figure 5.5 VET participation rate in certificate III and above, by target age group and Indigenous status, 2010^{a, b, c, d}



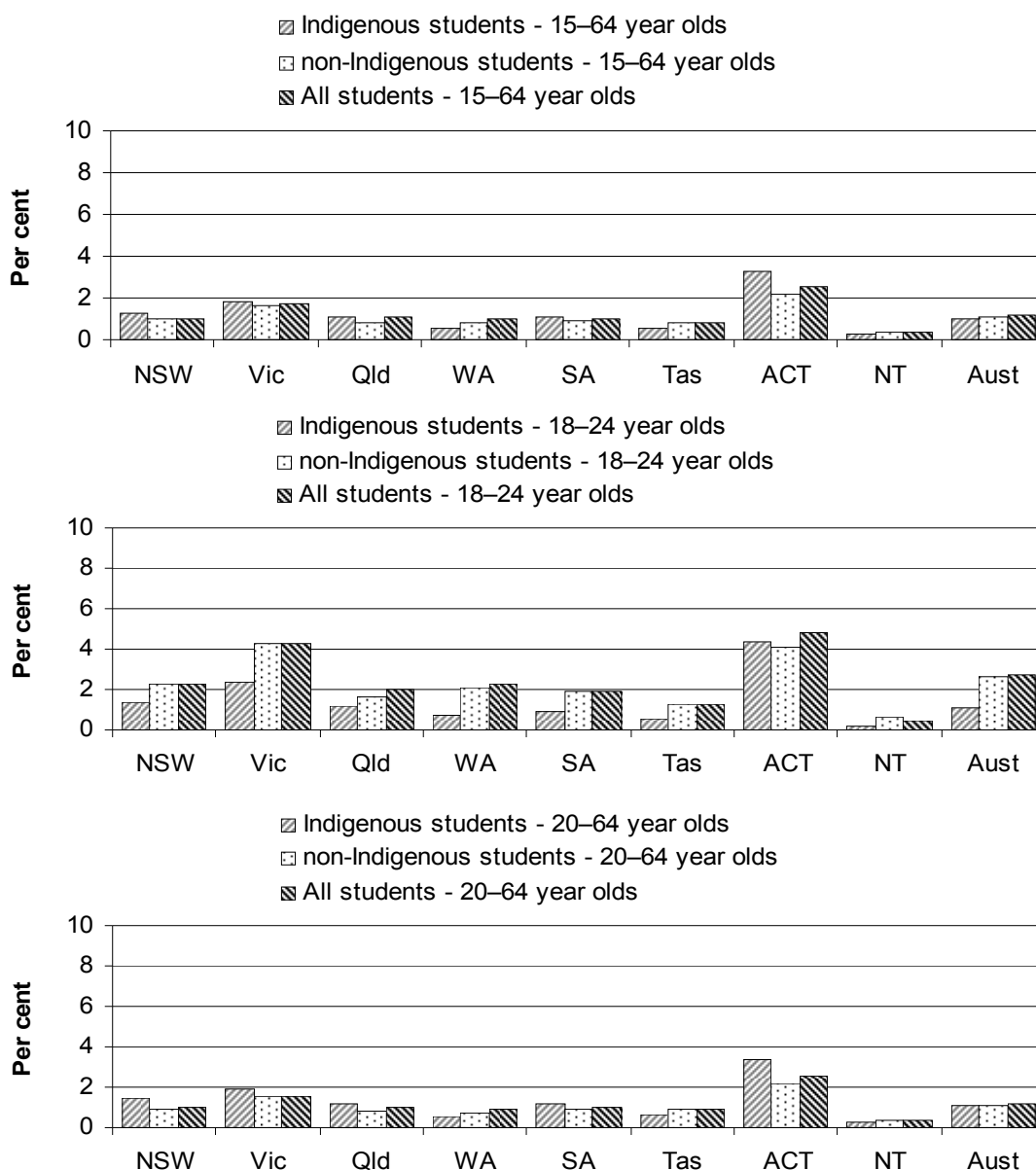
^a Data are for government funded VET students. ^b Data are for the highest level qualification attempted by a student in a reporting year. ^c The Indigenous students participation rate is the number of Indigenous students as a percentage of the estimates of the Indigenous population. The all students participation rate is the number of students as a percentage of the estimated total population. ^d Indigenous students are defined as those who self-identify on enrolment forms that they are of Aboriginal and/or Torres Strait Islander background. Not all students respond to the relevant question on the enrolment form (see table 5A.17). Care needs to be taken in comparing participation data due to the high non-response rates in some jurisdictions.

Source: NCVET (unpublished) National VET provider collection; ABS (2010) *Population by Age and Sex, Australian States and Territories*, Cat. no. 3201.0; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islanders*, Cat. no. 3238.0; table 5A.17; 2012 Report, figure 5.11, p. 5.24.

In 2010, approximately 184 000 people aged 15–64 years participated in a government funded VET program at the diploma level or above, representing 1.2 per cent of the population aged 15–64 years (figure 5.6 and table 5A.18). This compares with 1.0 per cent of the Indigenous population and 1.1 per cent of the non-Indigenous population aged 15–64 years (figure 5.6).

Nationally in 2010, 2.7 per cent of all people aged 18–24 years participated in government funded VET at the diploma level or above, compared with 1.1 per cent of the Indigenous population and 2.6 per cent of the non-Indigenous population aged 18–24 years. Nationally, 1.2 per cent of all people aged 20–64 years participated, compared with 1.1 per cent of the Indigenous population and 1.1 per cent of the non-Indigenous population aged 20–64 years (figure 5.6).

Figure 5.6 VET participation rate in diploma and above, by target age group and Indigenous status, 2010^{a, b, c, d, e}



^a Data are for government funded VET students. ^b Data are for the highest level qualification attempted by a student in a reporting year. ^c Course levels classified as diploma and above are included in the group of courses classified as certificate III and above. ^d The Indigenous students participation rate is the number of Indigenous students as a percentage of the estimates of the Indigenous population. The all students participation rate is the number of students as a percentage of the estimated total population. ^e Indigenous students are defined as those who self-identify on enrolment forms that they are of Aboriginal and/or Torres Strait Islander background. Not all students respond to the relevant question on the enrolment form (see table 5A.18). Care needs to be taken in comparing participation data due to the high non-response rates in some jurisdictions.

Source: NCVET (unpublished) National VET provider collection; ABS (2010) *Population by Age and Sex, Australian States and Territories*, Cat. no. 3201.0; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islanders*, Cat. no. 3238.0; table 5A.18; 2012 Report, figure 5.12, p. 5.26.

Student employment and further study outcomes

‘Student employment and further study outcomes’ is an indicator of governments’ objective for the VET system to meet individual students’ objectives. It reports on the benefits students gained from the VET system. These benefits include employment, improved employment circumstances, a pathway for further study/training, and personal development (box 5.3).

Box 5.3 Student employment and further study outcomes

‘Student employment and further study outcomes’ is defined by four measures:

- the proportion of graduates who were employed and/or continued on to further study after completing their course, reported by VET target groups
- the proportion of graduates employed after completing their course who were unemployed before the course
- the proportion of graduates who improved their employment circumstances after completing their course, reported by VET target groups. The definition of ‘improved employment circumstances’ is at least one of:
 - employment status changing from not employed before training (both unemployed and not in the labour force) to employed either full-time or part-time after training
 - employed at a higher skill level after training
 - received a job-related benefit after completing their training, including set up or expanded their own business, got a promotion, increased earnings, or other job-related benefits
- the proportion of graduates who undertook their course for employment-related reasons and were employed after completing their course, who reported at least one job-related benefit from completing the course.

Data are provided for VET target groups (students with disability, students speaking a language other than English at home, students from remote and very remote areas and Indigenous students).

Holding other factors constant, high or increasing proportions indicate positive employment or further study outcomes after training. The proportion of students who improved their employment outcomes or were engaged in further study can overlap, since students may realise the two outcomes simultaneously.

Comparison of labour market outcomes must also account for the general economic conditions in each jurisdiction (see appendix A).

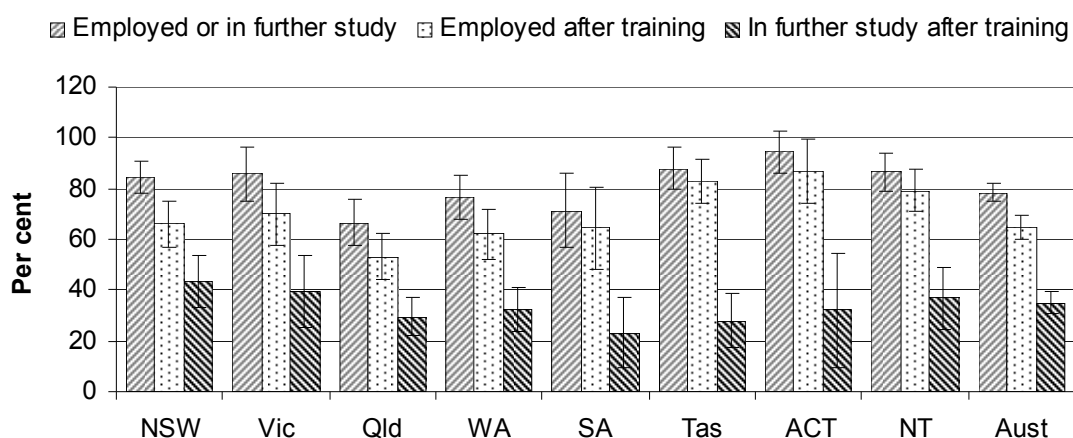
Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Student employment and further study outcomes —the proportion of graduates who were employed and/or continued on to further study after completing their course

Nationally, 78.5 per cent of Indigenous government funded VET graduates in 2010 indicated that they were employed and/or in further study after completing a course — compared with 77.6 per cent in 2006. Of Indigenous government funded VET graduates in 2010, 64.7 per cent indicated that they were employed after completing a course (compared with 75.1 per cent of all government funded VET graduates) and 35.1 per cent continued on to further study (compared with 34.0 per cent of all government funded VET graduates) (figure 5.7 and table 5A.26).

Figure 5.7 Proportion of Indigenous government funded VET graduates in employment and/or who continued on to further study in 2010 after completing a course in 2009^{a, b}

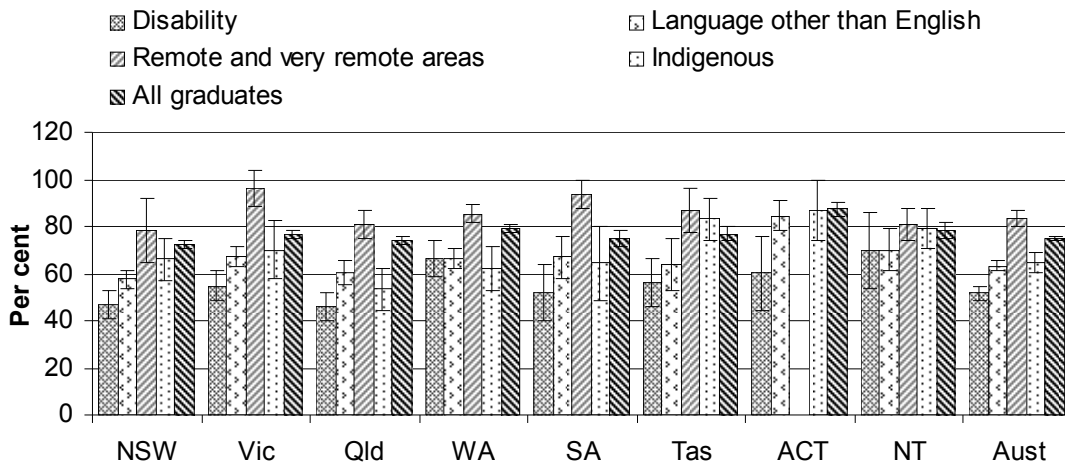


^a Graduates employed and graduates in further study are subsets of graduates who are employed or in further study. Graduates can be both employed and in further study. ^b The data for SA and the ACT 'In further study' has a relative standard errors greater than 25 per cent and needs to be used with caution. The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate.

Source: NCVET (unpublished) *Student Outcomes Survey*; table 5A.26; 2012 Report, figure 5.18, p. 5.39.

Nationally, 51.5 per cent of government funded VET graduates with disability, 63.1 per cent of graduates who spoke a language other than English at home, 83.3 per cent of graduates from remote and very remote areas and 64.7 per cent of Indigenous graduates, were employed in 2010 after completing a course in 2008. In comparison, 75.1 per cent of all government funded VET graduates were employed (figure 5.8).

Figure 5.8 Proportion of government funded VET graduates in employment after completing a course, by target group, 2010^{a, b, c}

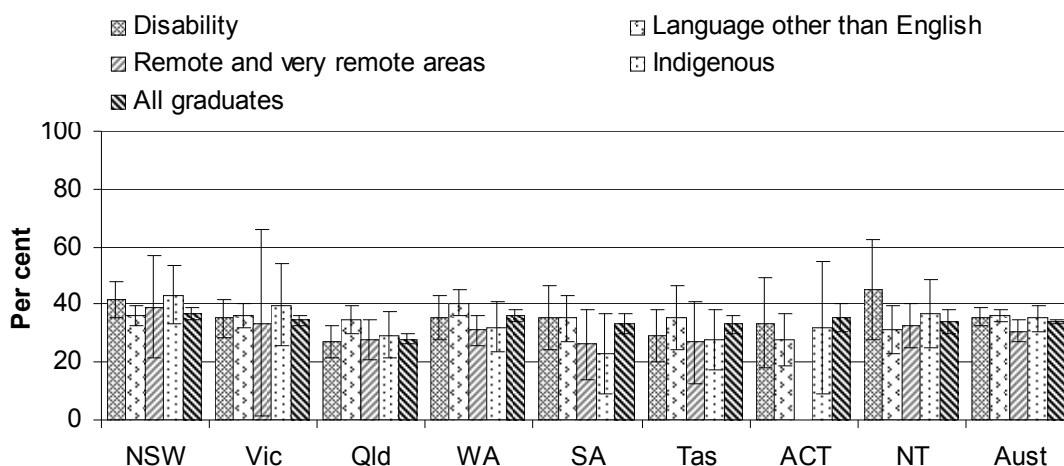


^a Students reported as having disability are defined as those who self-identify that they have disability, and impairment or a long-term condition. Disabilities include hearing/deaf, physical, intellectual, learning, mental illness, acquired brain impairment, vision, medical condition and other unspecified disabilities. ^b The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate. ^c There are no very remote areas in Victoria and no remote or very remote areas in the ACT. The remote data for Victoria are for students from remote areas throughout Australia studying in Victoria (there are no remote data for the ACT).

Source: NCVET (unpublished) *Student Outcomes Survey*; 2012 Report, tables 5A.25–26 and 5A.32–34; 2012 Report, figure 5.19, p. 5.40.

Nationally, 35.6 per cent of government funded VET graduates with disability, 36.2 per cent of graduates who spoke a language other than English at home, 30.8 per cent of graduates from remote and very remote areas and 35.1 per cent of Indigenous graduates, continued on to further study after completing a course in 2009. In comparison, 34.0 per cent of all government funded VET graduates continued on to further study (figure 5.9).

Figure 5.9 Proportion of government funded VET graduates who continued on to further study after completing a course, by target group, 2010^{a, b, c}

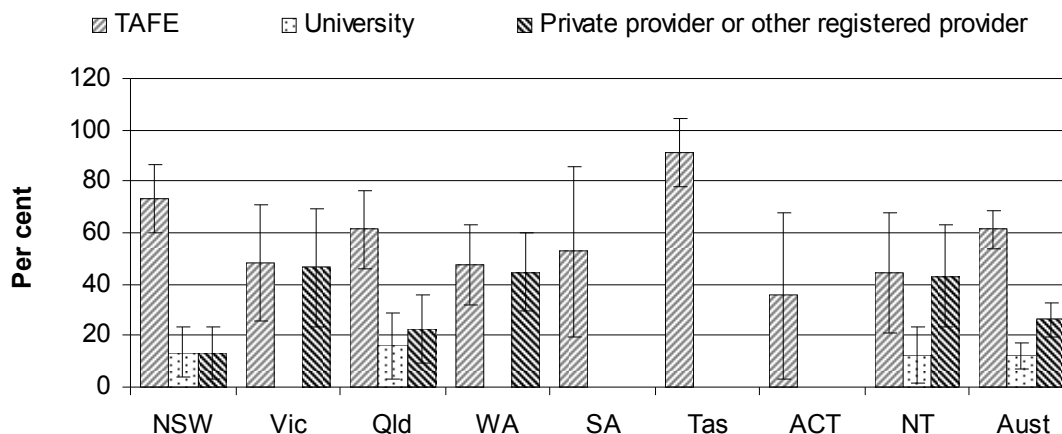


^a Students reported as having disability are defined as those who self-identify that they have disability, and impairment or a long-term condition. Disabilities include hearing/deaf, physical, intellectual, learning, mental illness, acquired brain impairment, vision, medical condition and other unspecified disabilities. ^b The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate. The data for graduates from remote and very remote areas in Victoria and Tasmania, and Indigenous graduates in SA and the ACT have relative standard errors greater than 25 per cent and need to be used with caution. ^c There are no very remote areas in Victoria and no remote or very remote areas in the ACT. The remote and very remote data for Victoria are for students from remote and very remote areas throughout Australia studying in Victoria (there are no remote and very remote data for the ACT).

Source: NCVET (unpublished) *Student Outcomes Survey*; 2012 Report, tables 5A.25–26 and 5A.32–34; 2012 Report, figure 5.20, p. 5.41.

Of those Indigenous government funded VET graduates who went on to further study, 61.3 per cent continued on to further study within the TAFE system (compared with 56.0 per cent for all government funded VET graduates), while 12.4 per cent went to university (compared with 21.2 per cent for all government funded VET graduates) and 26.3 per cent went on to further study at private providers or other registered providers (compared with 22.9 per cent for all government funded VET graduates) (figure 5.10 and 2012 Report, table 5A.25).

Figure 5.10 Proportion of Indigenous government funded VET graduates who continued on to further study after completing a course, by type of continuing institution, 2010^{a, b}



^a The data for graduates who continued at TAFE for SA, the ACT and the NT, at University data for NSW, Queensland and the NT, and data for graduates at private provider or other registered provider for Victoria and Queensland have relative standard errors greater than 25 per cent and should be used with caution. Some data for Victoria, WA, SA, Tasmania and the ACT are not published due to 5 or fewer responses. ^b The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate.

Source: NCVET (unpublished) *Student Outcomes Survey*; tables 5A.26; 2012 Report, figure 5.22, p. 5.43.

Student employment and further study outcomes — the proportion of graduates employed after completing their course who were unemployed before the course

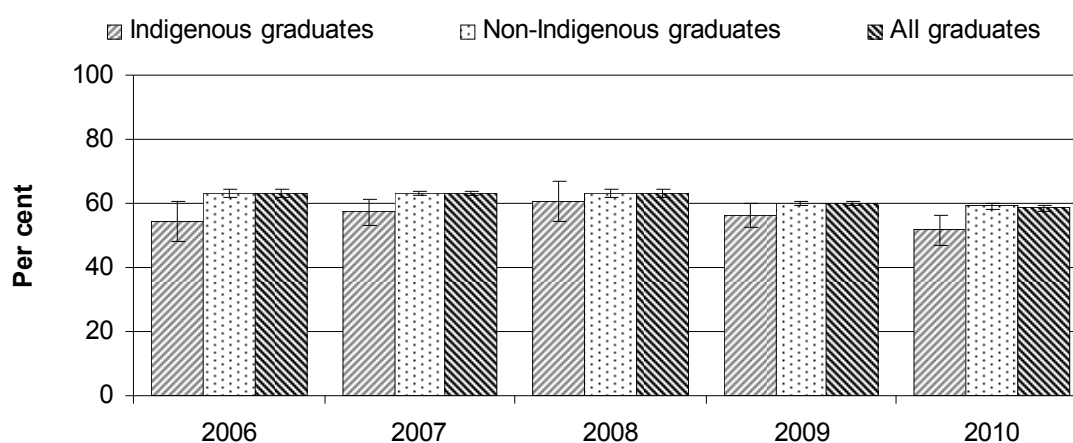
Between 2006 and 2010, the proportion of all government funded VET graduates who were unemployed before the course and who became employed after the course decreased by 8.4 percentage points to 46.2 per cent (2012 Report, figure 5.24). This compares with a decrease of 9.5 percentage points over the same period for Indigenous government funded VET graduates to 35.4 per cent (table 5A.36).

Tables 5A.38-39 provide additional background information on the proportion of graduates employed, unemployed, and not in the labour force before their course, by their employment status after completing their course (government funded and total reported VET graduates, by Indigenous status).

Student employment and further study outcomes — the proportion of graduates who improved their employment circumstances after completing their course

Nationally, 51.6 per cent of all Indigenous government funded VET graduates in 2010 indicated they had improved their employment circumstances after completing their course – a decrease of 5.7 percentage points from 2005 (table 5A.47) – compared with 59.1 per cent of non-Indigenous government funded VET graduates and 58.7 per cent of all government funded VET graduates in 2010 (figure 5.11).

Figure 5.11 Proportion of government funded VET graduates who improved their employment circumstances after training, by Indigenous status^a



^a The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate.

Source: NCVET (unpublished) *Student Outcomes Survey*, 2012 Report, table 5A.45; tables 5A.47-48; 2012 Report, figure 5.26, p. 5.47.

Indigenous government funded VET graduates nationally in 2010 indicated that:

- the employment status of 14.8 per cent changed from not employed before training to employed after training
- 10.1 per cent were employed at a higher skill level after training
- 47.1 per cent received a job-related benefit after completing their training (table 5A.50).

Tables 5A.49–50 provide information on the percentage of graduates who improved their employment circumstances after completing their training (government funded and total reported VET graduates, by Indigenous status).

Student employment and further study outcomes — the proportion of graduates who undertook their course for employment-related reasons and were employed after completing their course, who reported at least one job-related benefit from completing the course

Nationally in 2010, of all government funded VET graduates who were employed after their training and undertook their course for employment related reasons, 75.7 per cent indicated they had gained at least one job-related benefit from completing the course (2012 Report, figure 5.27). This compares with 73.6 per cent for Indigenous government funded VET graduates (table 5A.44).

Student achievement in VET

‘Student achievement in VET’ is an indicator of governments’ objective for students to achieve success in VET (box 5.4).

Box 5.4 Student achievement in VET

'Student achievement in VET' is defined by two measures:

- 'Load pass rate' is the ratio of hours attributed to students who gained competencies/passed assessment in an assessable module or unit of competency to all hours of students who were assessed and either passed, failed or withdrew. The calculation is based on the annual hours for each assessable module or unit of competency and includes competencies achieved/units passed through RPL.
- 'Number of students who commenced and completed' is defined as the number of VET students in a given year who commenced a course and eventually completed their course, expressed as a proportion of all course commencing enrolments in that year.

Data are provided for VET target groups (students with disability, students speaking a language other than English at home, students from remote and very remote areas and Indigenous students). Achievement by VET target groups can also indicate the equity of outcomes for these groups.

Load pass rate is a measure of students' success, which has an impact on a student's attainment of skills. High or increasing load pass rates and number of students who commenced and completed indicate that student achievement is high or improving, which is desirable. The rates for target groups, relative to those for the general student population, indicate whether students from target groups are as successful as other students.

Care needs to be taken in comparing data across jurisdictions because average module durations vary across jurisdictions.

Reporting on the number of students who commenced and completed, expressed as a proportion of all course commencing enrolments in that year is dependent on the capacity to track individual students over more than one calendar year. Data were not available for the 2012 Report.

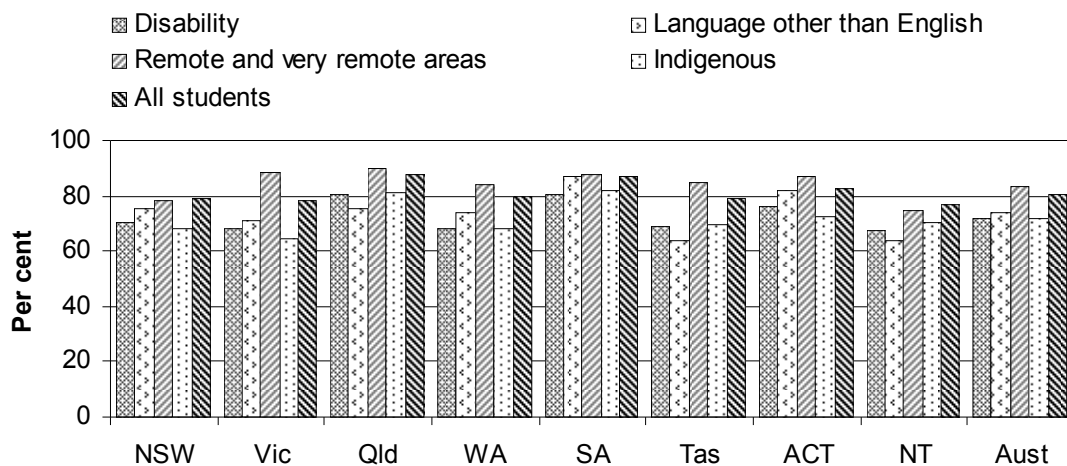
Data reported for this indicator are comparable.

Data quality information for 'load pass rate' is at www.pc.gov.au/gsp/reports/rogs/2012.

Student achievement in VET — Load pass rate

In 2010, the load pass rate for all government funded students was 80.7 per cent, similar to load pass rates for students from remote and very remote areas (83.7 per cent). The load pass rates for Indigenous students (71.6 per cent), students with disability (71.4 per cent) and students speaking a language other than English at home (74.2 per cent) were lower than for all students (figure 5.12).

Figure 5.12 Load pass rates, by target groups, 2010^{a, b, c, d}

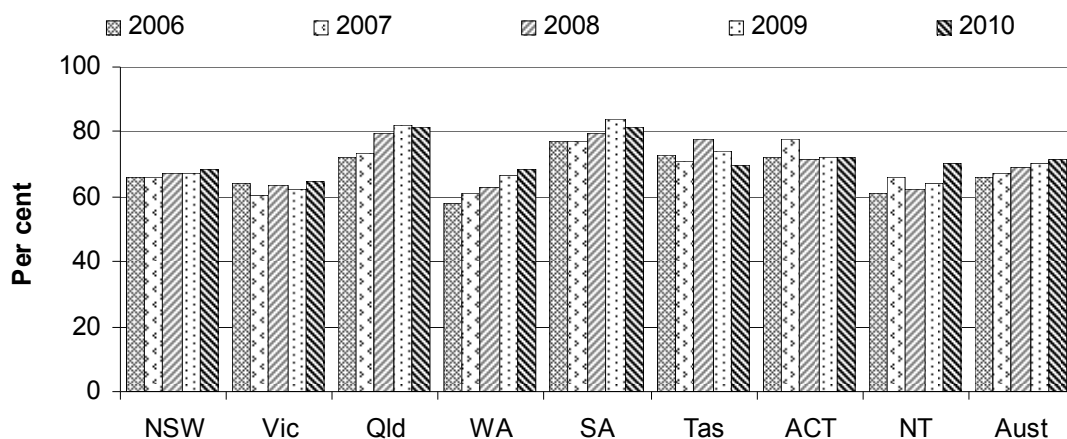


^a Data are for government funded hours. ^b People with disability are defined as those who self-identify on enrolment forms that they have disability, and impairment or a long-term condition. Not all students respond to the relevant question on the enrolment form. ^c Care needs to be taken in comparing load pass rates for students reporting disability, students speaking a language other than English at home and for Indigenous students because the non-identification rates for these groups are high. ^d There are no very remote areas in Victoria and no remote or very remote areas in the ACT. The remote data for Victoria and the ACT are for students from remote areas throughout Australia studying in these jurisdictions.

Source: NCVET (unpublished) National VET provider collection; 2012 Report, tables 5A.54–57; 2012 Report, figure 5.28, p. 5.50.

Nationally, between 2006 and 2010, load pass rates increased for all students by 2.5 percentage points to 80.7 per cent (table 5A.54) and for Indigenous students by 5.6 percentage points to 71.6 per cent (figure 5.13).

Figure 5.13 Load pass rate, Indigenous students^a

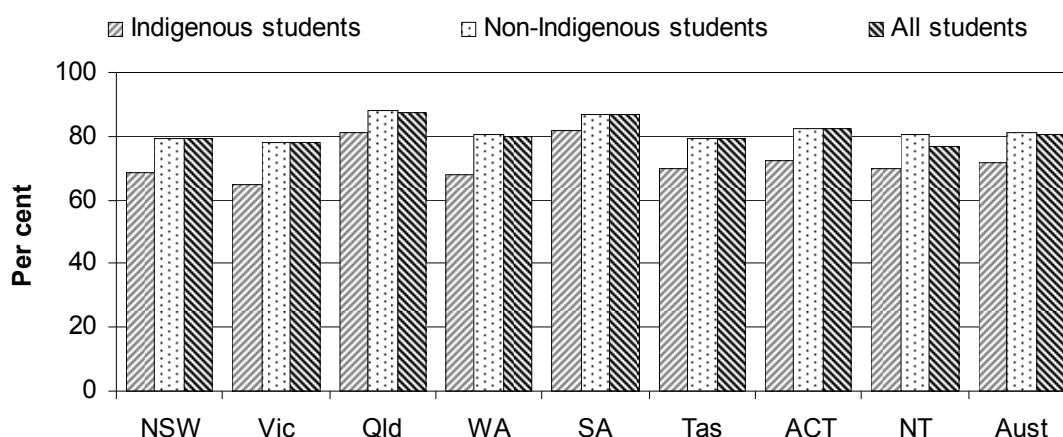


^a Data are for government funded hours. See table 5A.54 for further information.

Source: NCVET (unpublished) National VET provider collection; table 5A.54; 2012 Report, figure 5.29, p. 5.51.

In 2010, the national load pass rate for Indigenous students (71.6 per cent) was lower than the national load pass rate for non-Indigenous students (80.9 per cent) and for all students (80.7 per cent) (figure 5.14).

Figure 5.14 Load pass rate, by Indigenous status 2010^{a, b}



^a Data are for government funded hours. ^b Indigenous students are defined as those who self-identify on enrolment forms that they are of Aboriginal and/or Torres Strait Islander background. Not all students respond to the relevant question on the enrolment form. Care needs to be taken in comparing rates for Indigenous and non-Indigenous students. See table 5A.54 for further information.

Source: NCVET (unpublished) National VET provider collection; table 5A.54; 2012 Report, figure 5.30, p. 5.51.

Load pass rates for Indigenous students increased by 8.1 percentage points nationally between 2002 and 2010, to 71.6 per cent. This compares with an increase of 3.9 percentage points over the same period for non-Indigenous students (to 80.9 per cent in 2010) and an increase of 4.5 percentage points over the same period for all students (to 80.7 per cent) (table 5A.54).

Student satisfaction with VET

‘Student satisfaction with VET’ is an indicator of governments’ objective of enabling students’ satisfaction with their training program (box 5.5).

Box 5.5 Student satisfaction with VET

'Student satisfaction with VET' is defined by two measures:

- 'proportion of students who achieve their main reason for doing a VET course' is defined as the proportion of graduates in the Student Outcomes Survey who indicate that they achieved or partly achieved their main reason for doing the course
- 'proportion of students who were satisfied with the quality of their completed VET course' is defined as the proportion of graduates in the Student Outcomes Survey who indicate that they were satisfied or very satisfied with their VET training program.

Satisfaction with VET by target groups (students with disability, students speaking a language other than English at home, students from remote and very remote areas and Indigenous students) can also indicate the equity of outcomes for these groups.

A high or increasing percentage of perceived satisfaction is desirable. The proportion of graduates who achieve their training objectives varies according to their objectives (employment related, further study and/or developmental), so it is useful to distinguish amongst types of student objectives.

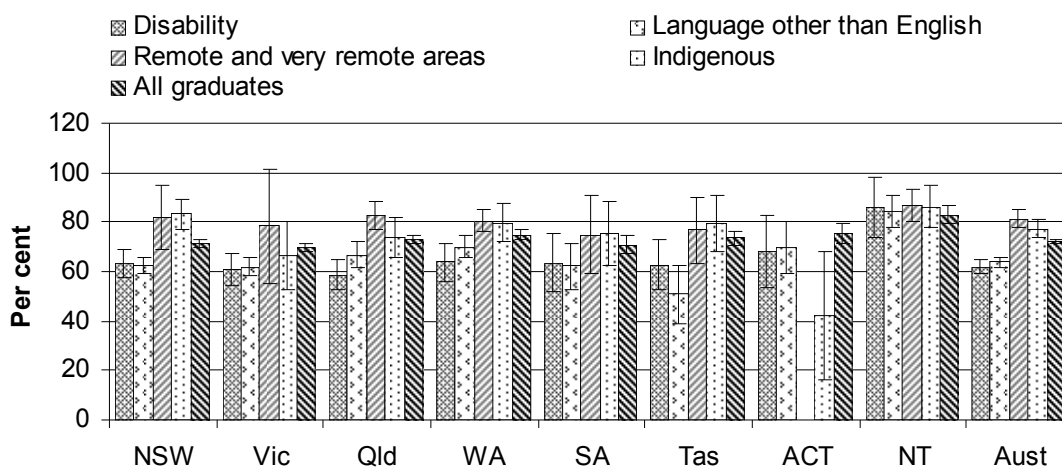
Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Student satisfaction with VET — students who achieve their main reason for doing a course

Of all government funded VET graduates surveyed, 72.0 per cent indicated that the course helped them achieve their main reason for doing the course. Nationally in 2010, of the target groups, graduates from remote and very remote areas were the most likely to indicate that the course helped them achieve their main reason for doing the course (81.4 per cent), while graduates reporting disability were the least likely to do so (62.0 per cent). Nationally, 77.4 per cent of Indigenous graduates indicated that the course helped them achieve their main reason (figure 5.15).

Figure 5.15 Proportion of government funded VET graduates who achieved their main reason for doing the course, by target group, 2010^{a, b, c}



^a Students reported as having disability are defined as those who self-identify that they have disability, and impairment or a long-term condition. Disabilities include hearing/deaf, physical, intellectual, learning, mental illness, acquired brain impairment, vision, medical condition and other unspecified disabilities. ^b There are no very remote areas in Victoria and no remote or very remote areas in the ACT. The remote data for Victoria are for students from remote areas throughout Australia studying in Victoria (there are no remote data for the ACT). ^c The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate.

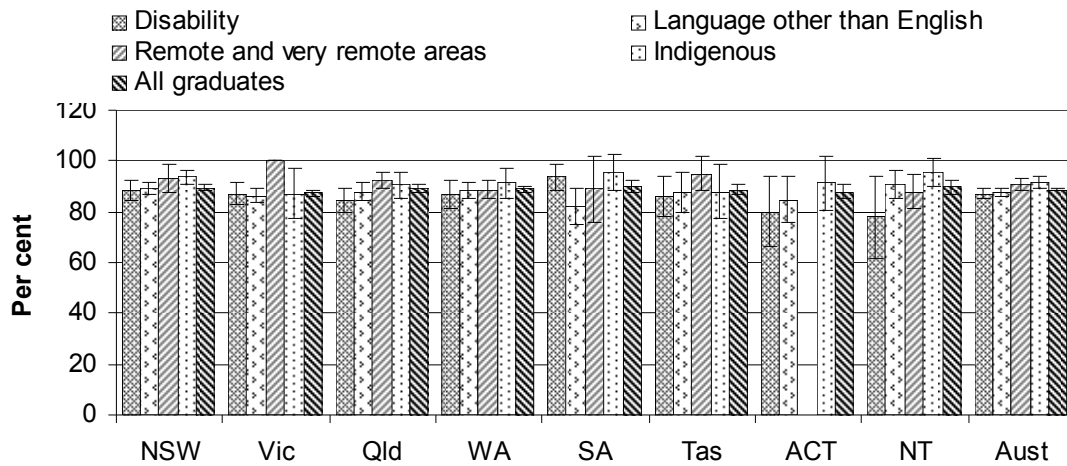
Source: NCVER (unpublished) *Student Outcomes Survey*; tables 5A.58–59 and 5A.65–67; 2012 Report, figure 5.32, p. 5.54.

Student satisfaction with VET — students who were satisfied with the quality of their completed training

In 2010, 88.8 per cent of all government funded VET graduates surveyed nationally indicated that they were satisfied with the quality of their completed training, representing an increase of 1.6 percentage points from 2005 (2012 Report, table 5A.68).

The satisfaction levels across target groups in 2010 were 91.8 per cent for Indigenous graduates (figure 5.16).

Figure 5.16 Proportion of government funded VET graduates who were satisfied with the quality of their completed course, by target group, 2010^{a, b, c, d}

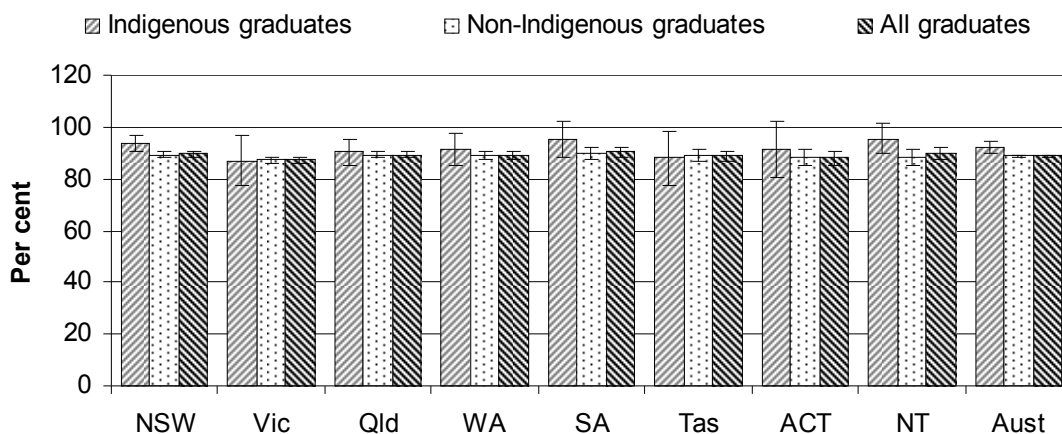


a Satisfaction with overall quality of training was rated as satisfied or very satisfied (4 or 5 on a 5 point scale). **b** There are no very remote areas in Victoria and no remote or very remote areas in the ACT. The remote data for Victoria are for students from remote areas throughout Australia studying in Victoria (there are no remote data for the ACT). **c** The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate. **d** Students reported as having disability are defined as those who self-identify that they have disability, and impairment or a long-term condition. Disabilities include hearing/deaf, physical, intellectual, learning, mental illness, acquired brain impairment, vision, medical condition and other unspecified disabilities.

Source: NCVET (unpublished) *Student Outcomes Survey*; 2012 Report, tables 5A.68–69 and 5A.75–77; 2012 Report, figure 5.33, p. 5.55.

Nationally in 2010, 91.8 per cent of Indigenous graduates indicated that they were satisfied — an increase of 6.4 percentage points from 2005 (table 5A.69) — compared with 88.7 per cent of non-Indigenous graduates and 88.8 per cent of all graduates in 2010 (figure 5.17).

Figure 5.17 Proportion of government funded VET graduates who were satisfied with the quality of their completed course, by Indigenous status, 2010^{a, b}

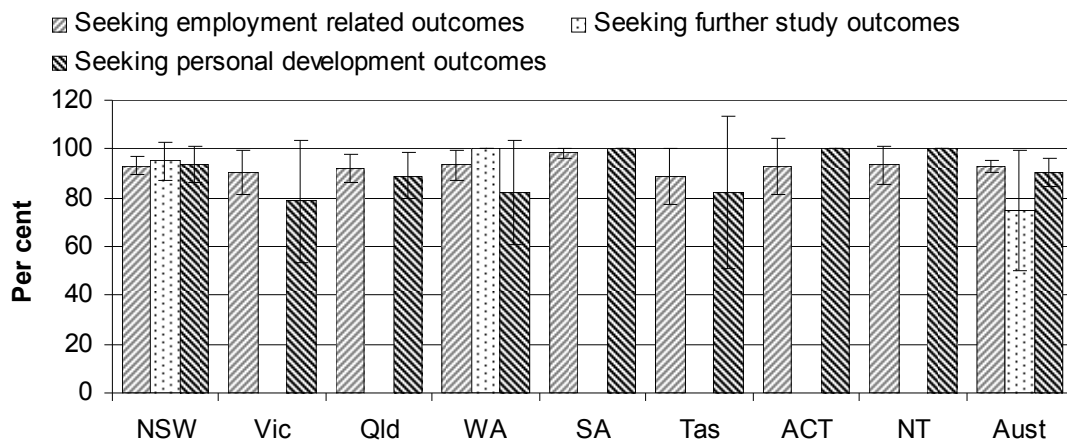


a Satisfaction with overall quality of training was rated as satisfied or very satisfied (4 or 5 on a 5 point scale).
b The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate.

Source: NCVET (unpublished) *Student Outcomes Survey*, 2012 Report, tables 5A.68–70; 2012 Report, figure 5.34, p. 5.56.

Nationally in 2010, 92.8 per cent of Indigenous graduates who had been seeking employment related outcomes indicated that they were satisfied, compared with 75.0 per cent of Indigenous graduates seeking further study outcomes and 90.4 per cent of Indigenous graduates seeking personal development outcomes (figure 5.18).

Figure 5.18 Proportion of Indigenous government funded VET graduates who were satisfied with the quality of their completed course, by purpose of study, 2010^{a, b, c, d, e}



^a Satisfaction with overall quality of training was rated as satisfied or very satisfied (4 or 5 on a 5 point scale). ^b Proportions for those seeking further study outcomes are not published for Victoria, Queensland and the NT due to 5 or fewer responses. ^c No data were collected for Tasmania and the ACT for this item (no respondents seeking further study outcomes answered the satisfaction question). ^d All responses for SA for this item were 'neither satisfied nor dissatisfied'. ^e The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate.

Source: NCVET (unpublished) *Student Outcomes Survey*; table 5A.69; 2012 Report, figure 5.36, p. 5.58.

Skill profile

'Skill profile' is an indicator of governments' objective to create and maintain a national pool of skilled Australian workers that is sufficient to support internationally competitive commerce and industry. It measures the stock of VET skills held by Australians (box 5.6).

Box 5.6 Skill profile

'Skill profile' is currently unable to be measured, and in the interim 'skill outputs from VET' is reported as a proxy for skill profile. 'Skill outputs from VET' is defined by five measures of students' skill outputs from the VET system in a given year:

- 'Qualifications completed' is defined as the number of qualifications achieved/passed each year by both government funded and non-government funded VET students, where a qualification is a certification to a person on successful completion of a course in recognition of having achieved particular knowledge, skills or competencies.

Data reported for this measure are comparable.

- 'Units of competency completed' is defined as the number of units of competency achieved/passed each year by government funded VET students, where a unit of competency is defined as a component of a competency standard and/or a statement of a key function or role in a particular job or occupation.

Data reported for this measure are not directly comparable.

- 'Modules completed' is defined as the number of modules (outside training packages) achieved/passed each year by government funded VET students, where a module (also called a subject) is a unit of education or training which can be completed on its own or as part of a course. Modules may also result in the attainment of one or more units of competency.

Data reported for this measure are not directly comparable.

- 'Annual change in qualifications completed, units of competency completed and modules completed' is defined as the percentage change of qualifications, units of competency or modules achieved/passed from year to year.

Data reported for this measure are not directly comparable.

- 'Qualification Equivalents' is defined as the number of training activity (annual hours) associated with successful completions of modules and units of competency by government funded VET students, divided by an agreed value of training activity representing a qualification.

Data reported for this measure are comparable.

Data are provided for VET target groups (residents of remote and very remote areas, people with disability, people speaking a language other than English at home and by Indigenous status). Further details are provided for individual measures in 2012 Report, section 5.6.

Holding other factors constant, high or increasing numbers of qualifications completed and units of competency or modules achieved/passed results in an increase in the stock of VET skills.

The latest available data for qualifications completed are for 2009.

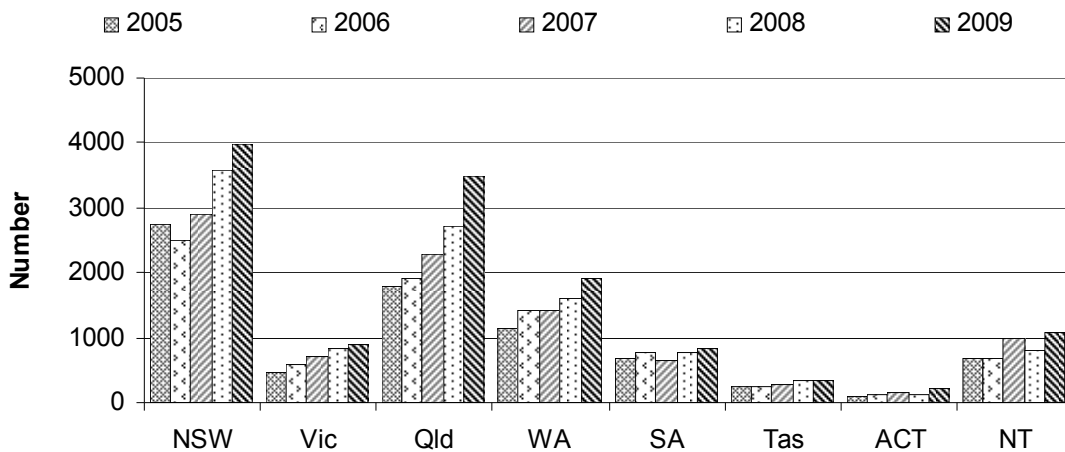
Data quality information for this indicator is under development.

Skill outputs from VET — qualifications completed

Between 2005 and 2009 the number of qualifications completed nationally increased by 62.8 per cent for Indigenous students (table 5A.78).

Nationally, Indigenous students completed 12 786 VET qualifications in 2009, an increase of 18.4 per cent from 10 803 in 2008. Indigenous students accounted for 3.2 per cent of all the qualifications completed in 2009 (table 5A.78). The number of qualifications completed by Indigenous students varied across jurisdictions (figure 5.19).

Figure 5.19 Qualifications completed, Indigenous students^{a, b}



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

Source: NCVET (unpublished) National VET provider collection; table 5A.78; 2012 Report, figure 5.39, p. 5.62.

Nationally in 2009:

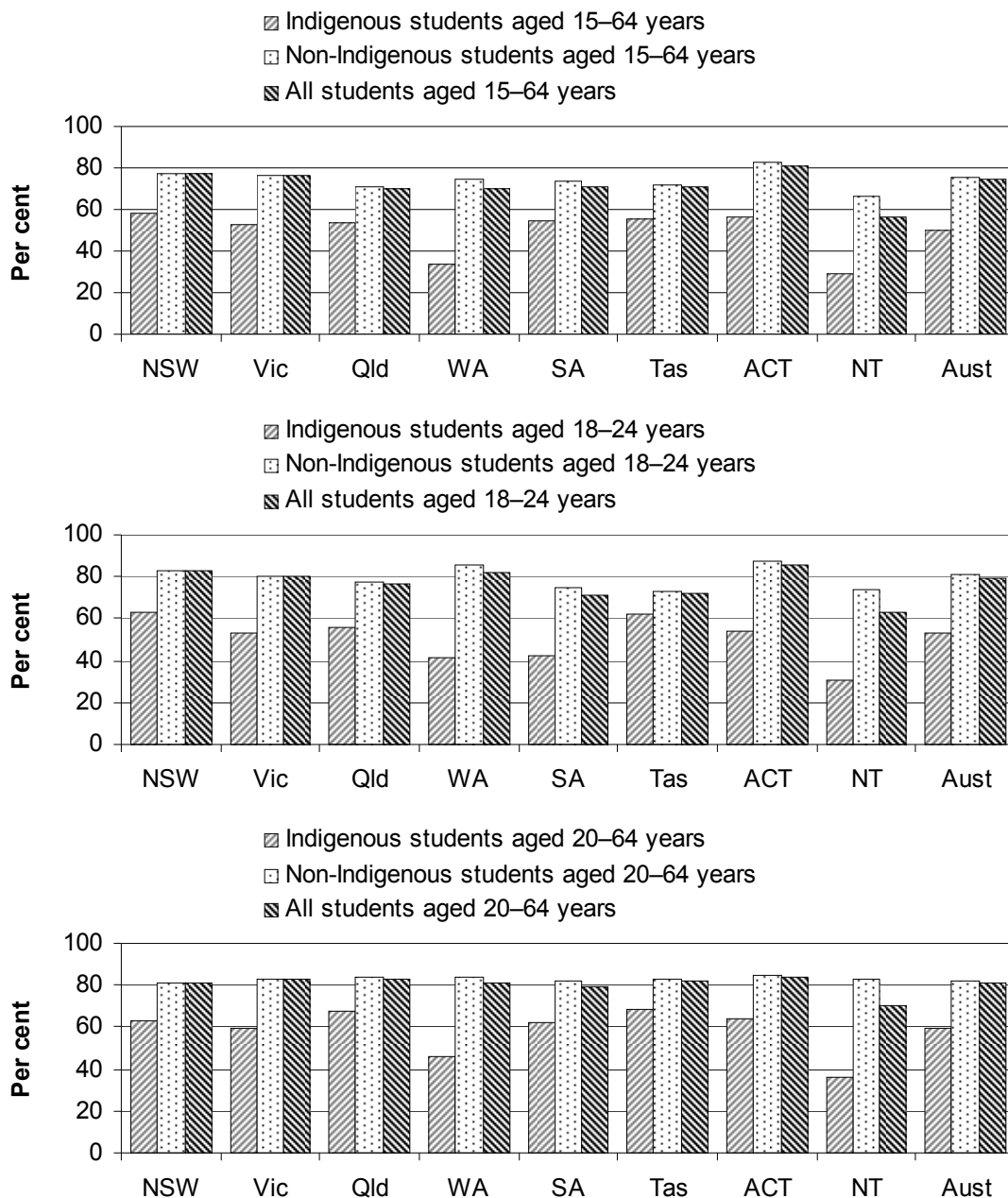
- 74.1 per cent of qualifications completed by all students aged 15–64 years were at the certificate III level or above, compared with 50.2 per cent of qualifications completed by Indigenous students aged 15–64 years and 75.3 per cent for non-Indigenous students aged 15–64 years
- 79.7 per cent of qualifications completed by all students aged 18–24 years were at the certificate III level or above, compared with 53.2 per cent of qualifications completed by Indigenous students aged 18–24 years and 80.7 per cent for non-Indigenous students aged 18–24 years
- 81.5 per cent of qualifications completed by all students aged 20–64 years were at the certificate III level or above, compared with 59.5 per cent of qualifications

completed by Indigenous students aged 20–64 years and 82.3 per cent for non-Indigenous students aged 20–64 years (figure 5.20).

Nationally in 2009:

- 14.1 per cent of qualifications completed by all students aged 15–64 years were at diploma level or above, compared with 5.5 per cent of qualifications completed by Indigenous students aged 15–64 years and 14.1 per cent for non-Indigenous students aged 15–64 years
- 16.1 per cent of qualifications completed by all students aged 18–24 years were at diploma level or above, compared with 3.2 per cent of qualifications completed by Indigenous students aged 18–24 years and 16.0 per cent for non-Indigenous students aged 18–24 years
- 16.5 per cent of qualifications completed by all students aged 20–64 years were at diploma level or above, compared with 7.3 per cent of qualifications completed by Indigenous students aged 20–64 years and 16.5 per cent for non-Indigenous students aged 20–64 years (figure 5.21).

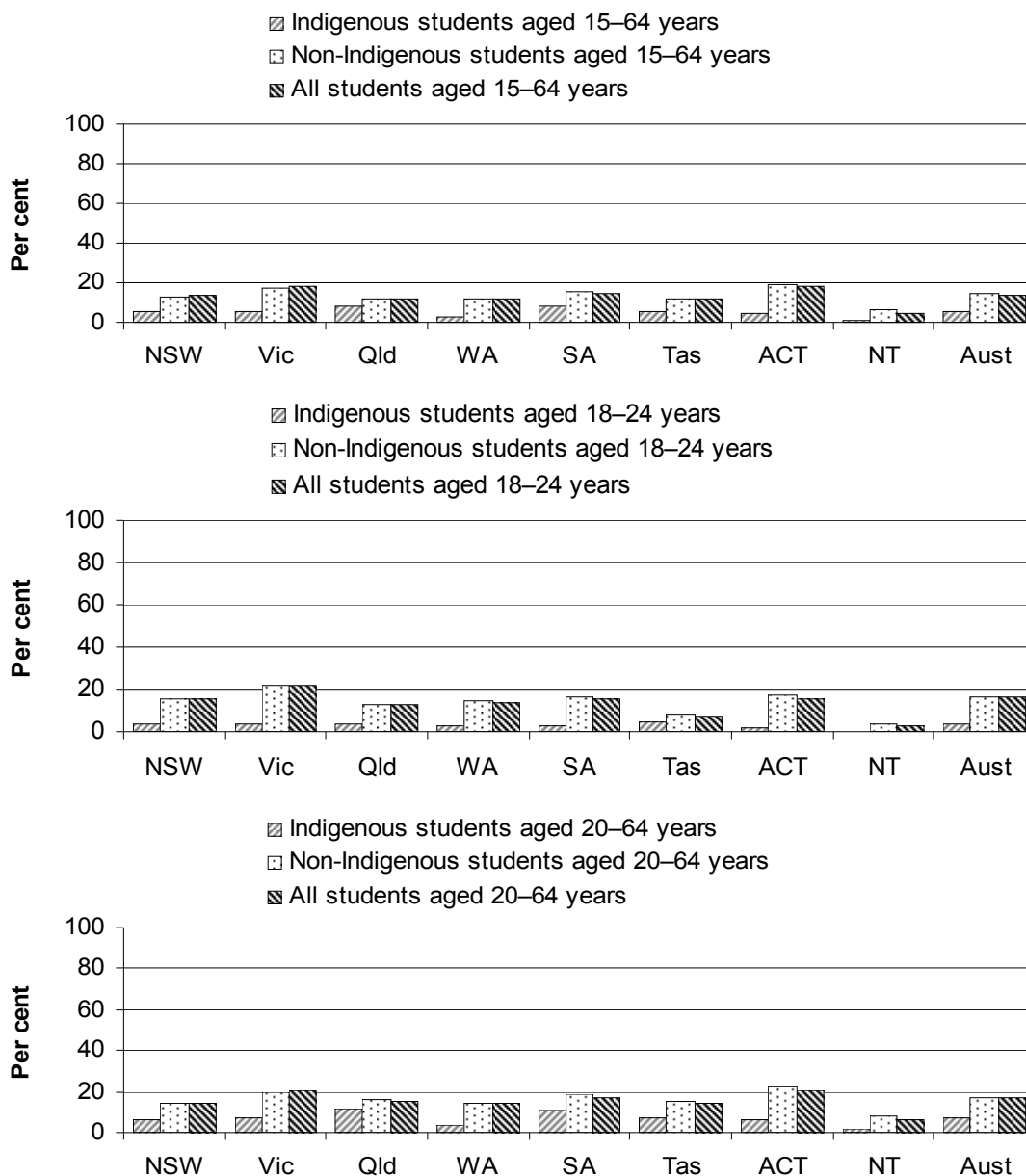
Figure 5.20 Qualifications completed in certificate III and above, by target age group and Indigenous status, 2009^{a, b, c}



^a Qualifications completed includes courses accredited or approved by a local State or Territory authority and represents students eligible to be awarded a qualification. ^b The number of qualifications completed includes both government funded and non-government funded VET students. ^c Indigenous students are defined as those who self-identify on enrolment forms that they are of Aboriginal and/or Torres Strait Islander background. Not all students respond to the relevant question on the enrolment form (see table 5A.84). Care needs to be taken in comparing qualifications completed due to the high non-response rates in some jurisdictions.

Source: NCVET (unpublished) National VET provider collection; table 5A.84; 2012 Report, figure 5.40, p. 5.63.

Figure 5.21 Qualifications completed in diploma and above, by target age group and Indigenous status, 2009^{a, b, c, d, e}



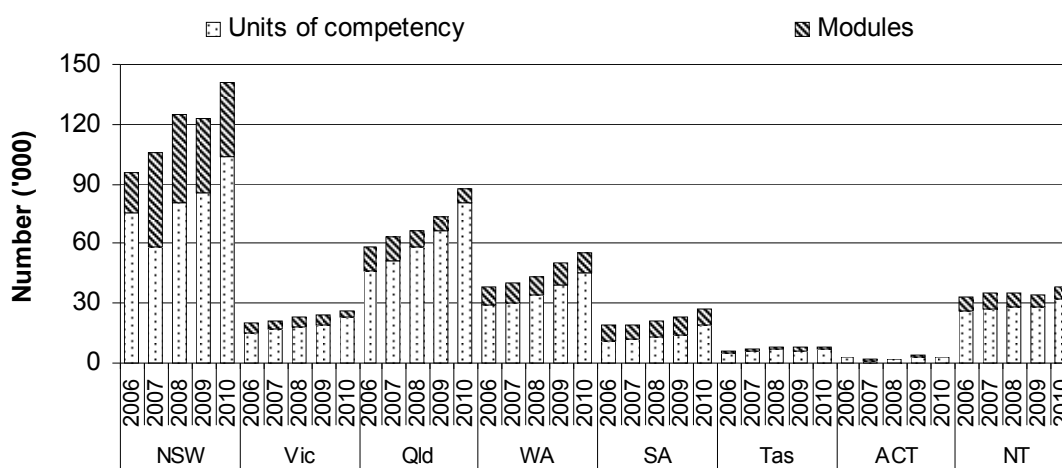
^a Qualifications completed includes courses accredited or approved by a local State or Territory authority and represents students eligible to be awarded a qualification. ^b The number of qualifications completed includes both government funded and non-government funded VET students. ^c Course levels classified as diploma and above are included in the group of courses classified as certificate III and above. ^d Indigenous students are defined as those who self-identify on enrolment forms that they are of Aboriginal and/or Torres Strait Islander background. Not all students respond to the relevant question on the enrolment form (see table 5A.84). Care needs to be taken in comparing qualifications completed due to the high non-response rates in some jurisdictions. ^e No qualifications were recorded as having been completed in diploma and above by Indigenous graduates aged 18-24 years in the NT in 2010.

Source: NCVET (unpublished) National VET provider collection; table 5A.84; 2012 Report, figure 5.41, p. 5.65.

Skill outputs from VET — Units of competency and modules completed

Nationally, Indigenous students completed approximately 313 700 units of competency in 2010, a 48.8 per cent increase from 210 800 units in 2006 (table 5A.94). Nationally, Indigenous students completed 74 900 modules in 2010, a 16.2 per cent increase from 64 400 modules in 2006 (table 5A.94). The number of units of competency and number of modules completed by Indigenous students varied across jurisdictions (figure 5.22).

Figure 5.22 **Units of competency and modules completed, Indigenous students^{a, b}**



^a Data are for government funded VET students. ^b Due to changes in the AVETMISS and the method of implementation of these changes by some training providers and jurisdictions, a large number of units of competency that NSW and the ACT reported in previous years were not reported in 2007. In addition, a large number of modules that would not have been reported in previous years were reported in 2007 by NSW and the ACT. As a result, reported units of competency significantly decreased and the number of modules significantly increased in 2007 in NSW and the ACT.

Source: NCVET (unpublished) National VET provider collection; table 5A.94; 2012 Report, figure 5.43, p. 5.67.

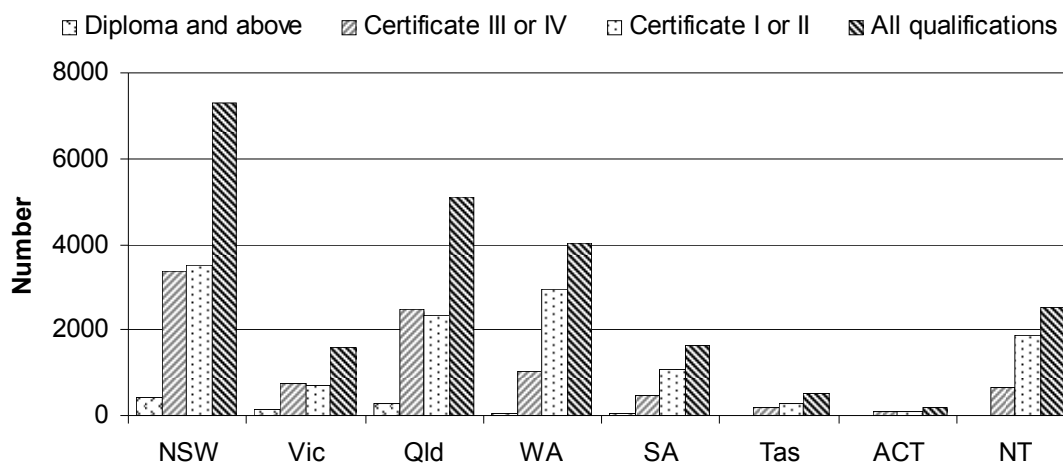
Between 2006 and 2010, the number of units of competency completed nationally increased by 48.8 per cent for Indigenous students, and the number of modules completed increased by 16.2 per cent for Indigenous students (table 5A.94).

Skill outputs from VET — Qualification Equivalents

Nationally, government funded VET Indigenous students undertook training equivalent to 22 847 VET qualifications in 2010, an increase from 19 675 in 2009 and from 15 650 in 2006. The change from 2006 to 2010 represents a 46.0 per cent increase (compared with a 37.6 per cent increase for all government funded students

over the same period) (table 5A.85). The number of Qualification Equivalents varied across jurisdictions (figure 5.23).

Figure 5.23 Qualification Equivalents, Indigenous students, 2010^a



^a Data are for government funded VET students.

Source: NCVET (unpublished) National VET provider collection; table 5A.85; 2012 Report, figure 5.47, p. 5.70.

Future directions in performance reporting

Aspects of some VET indicators are not yet fully developed or comparable, and developments for future reports include improving the quality of Indigenous outcomes data.

Definitions of key terms and indicators

Annual hours	The total hours of delivery based on the standard nominal hour value for each subject undertaken. These represent the hours of supervised training under a traditional delivery strategy. Annual hours are adjusted to account for invalid module enrolments.
AVETMISS	Australian Vocational Education and Training Management Information Statistical Standard. A nationally consistent standard for the collection, analysis and reporting of vocational education and training information throughout Australia. This standard was observed in the collection and preparation of data for this Report.
Completions	<p>Fulfilment of all of the requirements of a course enrolment or module enrolment. Completion of a qualification or course is indicated by acknowledging eligibility for a qualification (whether or not the student physically received the acknowledgment).</p> <p>Data on qualifications completed includes both government and non-government funded VET students attending TAFE, and only government funded students from private providers. This differs to other data under the outcome indicator 'skill profile', such as data for units of competency and modules completed, which are reported for government-funded students only (in keeping with the scope of the VET chapter focusing on government-funded activity). This is due to a limitation of the data, that does not enable correct disaggregation of completions by funding source.</p>
Course	A structured program of study that leads to the acquisition of identified competencies and includes assessment leading to a qualification.
Enrolment	<p>The registration of a student at a training organisation's delivery location for the purpose of undertaking a program of study. The enrolment is considered valid only if the student has undertaken enrolment procedures, met their fee obligations, and has engaged in learning activity regardless of the mode of delivery.</p> <p>A VET student may be enrolled in more than one VET training program, and therefore there are more 'enrolments' in the VET system than 'students'. This may be of importance if comparing VET data in this chapter with other VET data.</p>
Government funded VET students	Government funded VET students who are funded under Commonwealth and State recurrent, Commonwealth specific and State specific funding. This includes activity funded under the NASWD, and excludes students participating in VET programs delivered in schools (where the delivery was undertaken by schools) or who undertook 'recreation, leisure or personal enrichment' education programs. Fee for-service by private providers, delivery undertaken at overseas campuses of Australian VET institutions, and credit transfer are also excluded.
Government recurrent expenditure per load pass	Government recurrent expenditure divided by the number of hours successfully completed from assessable government funded enrolments of modules and units of competency achieved/passed and RPL.
Graduate	A person who has completed a VET program.

Load pass rate	The ratio of hours attributed to students who gained competencies/passed assessment in an assessable module or unit of competency to the hours of all students who were assessed and either passed, failed or withdrew. Load pass rate is calculated as the total competency achieved/passed and RPL divided by the total competency achieved/passed, RPL, competency not achieved/failed and withdrawn.
Module	A unit of training in which a student can enrol and be assessed.
Private provider	A commercial organisation that provides training to individuals and industry.
Program of study	A generic term to describe Training Package qualifications, nationally recognised accredited courses, other courses (not nationally recognised accredited courses), units of competency and modules.
Qualification Equivalents (QE)	<p>Qualification Equivalents (QE) expresses skill outputs in terms of equivalent qualifications within each AQF level and field of education. QEs are based on the training activity (annual hours) associated with completions of modules and units of competency, divided by an agreed value of training activity representing a qualification.</p> <p>All courses have a nominal hour value reported as part of the national VET provider collection. This value provides a guide to the amount of activity that is required to complete the qualifications. These courses are classified by Australian Standard Classification of Education (ASCED) field of education and qualification level. For example, the median hours associated with a course in the field of education Food, Hospitality and Personal Services at diploma level for 2005 was 1660 hours. The number of hours successfully completed in modules and units of competency from these courses was 353 052. These 353 052 nominal hours represent 213 equivalent diploma qualifications.</p>
Registered training organisation (RTO)	RTOs are organisations registered by a State or Territory recognition authority to deliver specified VET and/or assessment services, and issue nationally recognised qualifications in accordance with the AQTF. RTOs include TAFE colleges and institutes, adult and community education providers, private providers, community organisations, schools, higher education institutions, commercial and enterprise training providers, industry bodies and other organisations meeting the registration requirements.
TAFE	Technical and further education colleges and institutes, which are the primary providers of government funded VET.
Training packages	<p>An integrated set of nationally endorsed standards, guidelines and qualifications for training, assessing and recognising people's skills, developed by industry to meet the training needs of an industry or group of industries. Training packages consist of core endorsed components of competency standards, assessment guidelines and qualifications, and optional non-endorsed components of support materials such as learning strategies, assessment resources and professional development materials.</p> <p>A Training Package is the grouping together of the training components designed to assist in achieving the competencies for a specific industry. Units of competency are packaged together which, when combined at various levels, can form qualifications (Certificate, Diploma etc.).</p>

Unit of competency	A unit of competency is the smallest component of a VET program that can be assessed and recognised in the VET system for collection purposes.
VET participation	<p>VET student participation data presented in this Report refer only to VET students who were funded by government expenditure and delivered by TAFE and other government providers (including multi-sector higher education institutions), registered community providers and registered private providers. They do not include students who participated in VET programs delivered in schools (where the delivery was undertaken by schools) or undertook 'recreation, leisure or personal enrichment' education programs. Fee-for-service by private providers, delivery undertaken at overseas campuses of Australian VET institutions, and credit transfer are also excluded.</p> <p>A VET student may be enrolled in more than one VET training program, and therefore there are more 'enrolments' in the VET system than 'students'. This distinction between 'student' numbers and the number of 'enrolments' (or 'student enrolments') may be of importance if comparing VET data in this chapter with other VET data.</p>
VET participation by Indigenous people	The number of government funded participants of all ages in the VET system reported as Indigenous as a proportion of the number of Indigenous people aged 15–64 years in the Australian population.
VET program	A course or module offered by a training organisation in which students may enrol and gives people work-related knowledge and skills.

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a '5A' prefix (for example, table 5A.1 is table 1 in the Vocational education and training attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

Table 5A.10	VET participation by target age group and Indigenous status
Table 5A.15	VET participation by Indigenous status (per cent)
Table 5A.17	VET participation in Certificate III and above, by target age group and Indigenous status
Table 5A.18	VET participation in Diploma and above, by target age group and Indigenous status
Table 5A.26	Proportion of Indigenous graduates in employment and/or continued on to further study after completing a course (per cent)
Table 5A.36	Labour force status after the course of Indigenous graduates who were unemployed prior to the course (per cent)
Table 5A.38	Proportion of total reported VET graduates employed, unemployed, and not in the labour force before training, by employment status after training, by Indigenous status, (per cent)

Table 5A.39	Proportion of government funded VET graduates employed, unemployed, and not in the labour force before training, by employment status after training, by Indigenous status, (per cent)
Table 5A.44	Indigenous graduates who undertook their course for employment related reasons, by job related benefits (per cent)
Table 5A.47	Proportion of Indigenous graduates who improved their employment circumstances after training, (per cent)
Table 5A.49	Proportion of total reported VET graduates who improved their employment circumstances after training, by Indigenous status, (per cent)
Table 5A.50	Proportion of government funded VET graduates who improved their employment circumstances after training, by Indigenous status, (per cent)
Table 5A.54	Load pass rates by Indigenous status (per cent)
Table 5A.59	Whether course helped graduates achieve their main reason for undertaking training, Indigenous graduates
Table 5A.69	Proportion of Indigenous graduates who were satisfied with the quality of their completed course, by purpose of study
Table 5A.78	Number of VET qualifications completed, by Indigenous status
Table 5A.84	VET qualifications completed by course level, Indigenous status and target age group
Table 5A.85	Qualification Equivalents (government funded VET students), all ages, by Indigenous status
Table 5A.94	Number of units of competency and modules completed, by Indigenous status ('000)

References

- COAG (Council of Australian Governments) 2009, *National Agreement for Skills and Workforce Development*, http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx (accessed 3 January 2012).
- 2011, *National Indigenous Reform Agreement*, http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx (accessed 3 January 2012).

C Justice sector summary

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Attachment tables

There are no Justice sector summary attachment tables throughout this Indigenous Compendium.

The Justice sector summary in the *Report on Government Services 2012* (2012 Report) provides contextual and cross-sector information relating to justice services in Australia.

This sector summary provides an introduction to justice services, comprising police services (chapter 6), civil and criminal courts administration (chapter 7) and adult corrective services (chapter 8). It provides an overview of the justice sector, presenting both contextual information and high-level performance information.

The justice system is usually divided into criminal and civil justice. Under the federal system of government in Australia, the states and territories assume responsibility for the administration of criminal justice within each individual State and Territory and, as a result, there is no single criminal justice system operating across Australia. The eight states and territories have separate and independent

systems of police, courts, prisons, community corrections systems and juvenile justice centres. There are also some criminal justice services that operate at national level, for example, the Australian Federal Police has jurisdiction for certain offences regardless of whether these are committed in a particular State or Territory. National law enforcement functions are also provided by other Commonwealth agencies, such as the Australian Crime Commission (ACC). There are also federal courts and tribunals with national jurisdiction for both civil and criminal matters, however, the majority of court and law enforcement matters are dealt with by services administered at State and Territory government level.

Civil justice services are provided at state and territory government levels, as well as at the federal level. There is a wide variety of services available for civil dispute resolution and the vast majority of civil matters are resolved outside of courts.

The operations of the civil and criminal justice systems require the provision of government services for crime prevention, detection and investigation, judicial processes and dispute resolution, prisoner and offender management, and rehabilitation services. These are mainly delivered through the three service delivery agencies that are reported on by the RoGS — police services, court administration and corrective services. Other agencies also deliver some of these functions, although more restricted in scope. For example, government departments may investigate and prosecute particular offences directly, as in the case of social security fraud or tax evasion.

Sector scope

The justice sector services covered in this Report (box C.1) comprise both criminal and civil jurisdictions. Services in the criminal jurisdiction are delivered by police, court administration and corrective services. In the civil jurisdiction, police deliver services for infringements, and court administration deals with civil law matters.

Box C.1 Justice sector services covered in this Report

In this Report

- Police reporting covers the operations of police agencies of each State and Territory government but excludes the national policing function delivered by the Australian Federal Police and other national non-police law enforcement bodies such as the ACC.
- Court administration reports on service delivery in the State and Territory supreme, district/county and magistrates' courts (including children's courts, coroner's courts and probate registries). The Federal Court of Australia, Family Court of Australia, Family Court of WA and the Federal Court of Australia are included, but the High Court of Australia and tribunals and specialist jurisdiction courts such as Indigenous courts, circle sentencing courts and drug courts operating at State and Territory level are generally excluded.
- Corrective services reports on adult custodial facilities and community corrections, including prison services provided through contractual arrangements with private contractors.

Profile of the Justice sector

Detailed profiles for each of the three services in this Report comprising the justice sector are reported in chapters 6, 7 and 8 and cover:

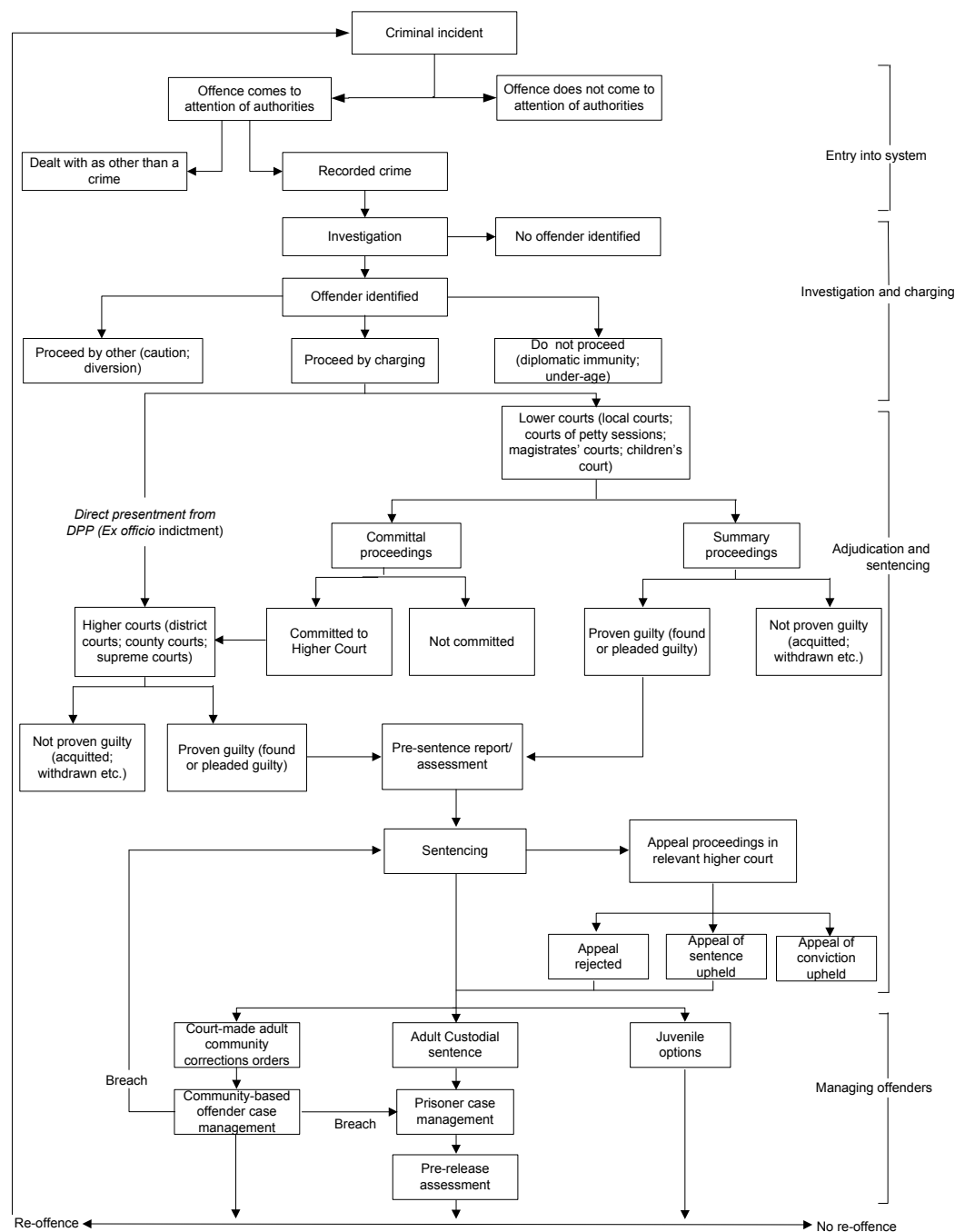
- size and scope of the individual service types
- roles and responsibilities of each level of government
- funding and expenditure.

Overview of the criminal justice system

The criminal justice system involves the interaction of many entities and their processes and practices are aimed at providing protection for the rights and freedoms of all people. For most people who come into contact with it, the criminal justice system is a sequentially structured process.

Figure C.1 shows the typical flow of events in the criminal justice system. The roles of police, courts and corrective services, and the sequencing of their involvement, are clearly shown. This depiction is broadly indicative and, for brevity and clarity, does not seek to capture all the complexities of the criminal justice system or variations across jurisdictions.

Figure C.1 Flows through the criminal justice system^{a, b, c}



^a Does not account for all variations across Australian, State and Territory governments' criminal justice systems. ^b The flow diagram is indicative and does not seek to include all the complexities of the criminal justice system. ^c Juvenile justice is covered in the Protection and support services chapter (chapter 15).

Source: ABS (2007) ; 2012 Report, figure C.1, p. C.6.

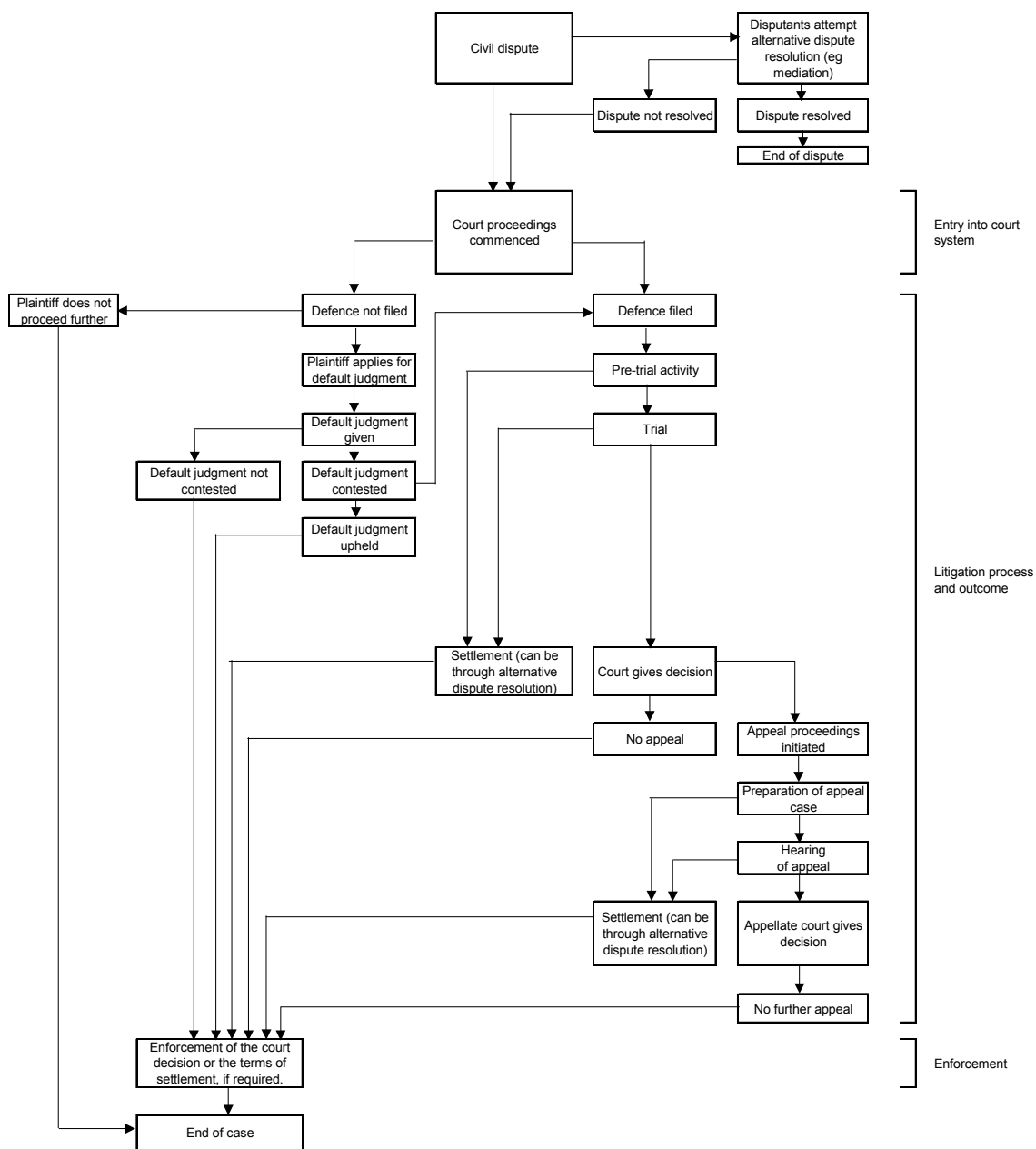
Overview of the civil justice system

In the civil justice system, courts deal with civil law matters. The civil justice system involves the interaction of a number of practices, procedures and case management processes aimed at achieving fair, accessible and effective dispute resolution.

Courts are not the primary means by which people resolve their disputes. The vast majority of disputes are settled outside of the formal court system. Methods of resolution can include legal advice and help, internal complaint mechanisms, external dispute resolution and ombudsmen, family dispute resolution services, and alternative dispute resolution processes such as mediation, negotiation and arbitration (Australian Government Attorney-General's Department 2009).

Figure C.2 is an indicative model of the flows through the civil justice system; it has been simplified because specific steps are complex, vary between jurisdictions, and cannot all be captured in a single figure. While the emphasis in figure C.2 is on the flow of disputes which proceed to court, the role of alternative dispute resolution processes is considerable in civil justice.

Figure C.2 Flows through the civil justice system^{a, b}



^a Does not account for all variations across Australian, State and Territory governments' civil justice systems.
^b The flow diagram is indicative and does not seek to include all the complexities of the civil justice system.

Source: figure C.2, p. C.8.

Social and economic factors affecting demand for services

Civil jurisdiction

Demand for civil justice services are influenced by the types of legal issues people experience, which in turn are influenced by social and economic factors. Demand also varies with the way in which people respond to legal issues – do nothing, deal with the issue independently or seek advice or legal assistance (Australian Government Attorney-General's Department 2009). A survey of legal needs undertaken in New South Wales in 2003 (Law and Justice Foundation 2006) found that in disadvantaged areas, legal needs for civil issues were generally higher for people with chronic illness or disability. Age, Indigenous status and personal income also had varying influences on both the type of legal issue experienced and whether people chose to seek assistance.

In addition to expenditure by state and territory governments on civil justice, the Australian Government contributes substantially to the federal civil justice system. In 2007-08 over \$1 billion was spent on federal civil courts, tribunals, legal aid, Indigenous programs, community legal centres, commonwealth ombudsman, legal aid, community legal centres and insolvency and trustee services (Australian Government Attorney-General's Department 2009). Expenditure on the federal courts (the High Court, the Federal Court of Australia, the Family Court and the Federal Magistrates Court) comprised just under one third of the total federal gross expenditure on civil justice.

Cross-cutting and interface issues

Although service areas are represented in separate chapters in this Report, performance results are to some extent interdependent. Changes to the functions and operations of each element of the justice system can affect the other parts of the system, for example, the effect of:

- police services on the courts through the implementation of initiatives such as the issue of police cautions and other diversionary strategies
- police and courts on corrective services, such as use of court diversion schemes, bail and the range of sentencing options available
- correctional systems' services on courts sentencing decisions through court advice services.

There is a trend toward the delivery of justice services through partnerships between agencies, in order to address complex issues and client needs. For example, bail or

housing support programs, Neighbourhood Justice centres in Victoria, specialist courts such as Indigenous and drug courts, adoption of restorative justice principles.

Indigenous data in the Justice sector summary

The Justice sector summary in the 2012 Report contains no specific data items on Indigenous people.

Indigenous reporting on service-specific performance indicator frameworks for police services (chapter 6) and corrective services (chapter 8) are in the subsequent chapters of this Compendium. There is no Indigenous reporting in court administration (chapter 7).

Future directions in performance reporting

The Review continues to examine alternative indicators of performance, consistent with the ongoing development of performance evaluation and reporting frameworks in individual jurisdictions. New data sets such as that recently released by the ABS on the characteristics of offenders will suggest future directions in reporting.

Corrective services

In 2011 the second report on prisoner health, *The health of Australia's prisoners 2010* (AIHW 2011) was published. The report relates to the National Prisoner Health Indicators (aligned to the National Health Performance Framework), which were developed to assist in monitoring the health of prisoners and to inform and evaluate the planning, delivery and quality of prisoner health services. It is based on a survey that was conducted in 44 of the 45 public and private prisons throughout Australia (except NSW and Victoria) during late 2010 over a two week period on all prison entrants, all prisoners who visited a clinic, all prisoners who were taking prescribed medication while in custody, prison clinic services and staffing levels.

For the corrective services chapter, it is anticipated that prisoner health will be reported in the future, subject to the availability of external data sources and the development and trial of an appropriate indicator. The disaggregation of various indicators by Indigenous and non-Indigenous status is also being trialled for possible incorporation in future reports as the basis for equity-access indicator rates.

References

- AIHW (Australian Institute of Health and Welfare) 2011, *The health of Australia's prisoners, 2010*, Cat. no. PHE 149.
- Australian Government Attorney-General's Department 2009, *A strategic framework for access to justice in the federal civil justice system*. Report by the Access to Justice Taskforce.
- Law and Justice Foundation of NSW 2006, *Justice made to measure: NSW legal needs survey in disadvantaged areas*. Report on access to justice and legal needs vol. 3.

6 Police services

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 6A.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 6.1', this is page 1 of chapter 6 of the 2012 Report, and '2012 Report, table 6A.1' is table 1 of attachment 6A of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Police services chapter (chapter 6) in the *Report on Government Services 2012* (2012 Report) reports on the performance of police services in Australia. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

Police services are the principal means through which State and Territory governments pursue the achievement of a safe and secure environment for the community. This is through the investigation of criminal offences, response to life threatening situations, provision of services to the judicial process and provision of road safety and traffic management. Police services also respond to more general needs in the community — for example, working with emergency management organisations and a wide range of government services and community groups, and

advising on general policing and crime issues. Additionally, police are involved in various activities which aim to improve public safety and prevent crime.

Indigenous data in the Police services chapter

The Police services chapter in the 2012 Report contains the following data for Indigenous people:

- Indigenous staffing
- proportion of police staff from Indigenous backgrounds relative to the proportion of the general population who are from Indigenous backgrounds, 2010-11
- deaths in police custody and Indigenous deaths in custody 2006-07 to 2010-11.

Framework of performance indicators

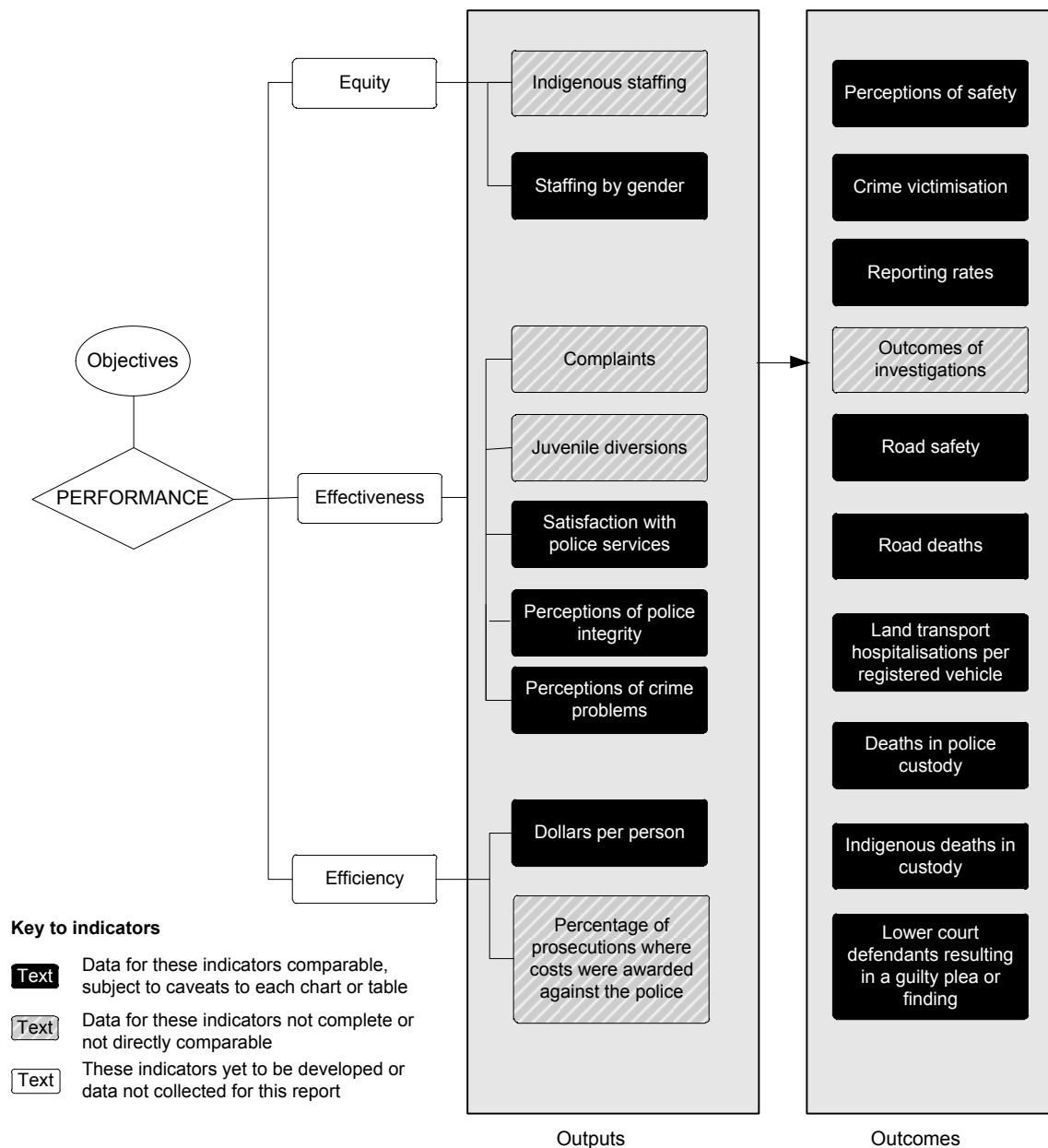
The Police services performance indicator framework outlined in figure 6.1 identifies the principal police activity areas considered in the 2012 Report. Data for Indigenous people are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Indicator boxes presented throughout the chapter provide information about the reported indicators. As these are sourced directly from the 2012 Report, they might include references to data not reported for Indigenous people and therefore not included in this Compendium.

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Indicators relevant to all police services are discussed in 2012 Report, section 6.3. These include two 'equity' output indicators 'Indigenous staffing' and 'police staff by gender'.

Figure 6.1 Police services performance indicator framework



Source: 2012 Report, figure 6.3, p. 6.7.

Indigenous staffing

‘Indigenous staffing’ is an indicator of governments’ objective that provision of services occurs in an equitable manner (box 6.1). Indigenous people might feel more comfortable in ‘accessing’ police services when they are able to deal with Indigenous police staff.

Box 6.1 Indigenous staffing

'Indigenous staffing' is defined as the proportion of police staff (operational plus non-operational) from Indigenous backgrounds compared to the proportion of people aged 20–64 years who are from Indigenous backgrounds. These data are used because a significantly larger proportion of the Indigenous population falls within the younger non-working age groupings compared with the non-Indigenous population. Readily available ABS population projections of people aged 20–64 years provide a proxy for the estimated working population.

A proportion of police staff from Indigenous backgrounds closer to the proportion of people aged 20–64 years who are from Indigenous backgrounds represents a more equitable outcome.

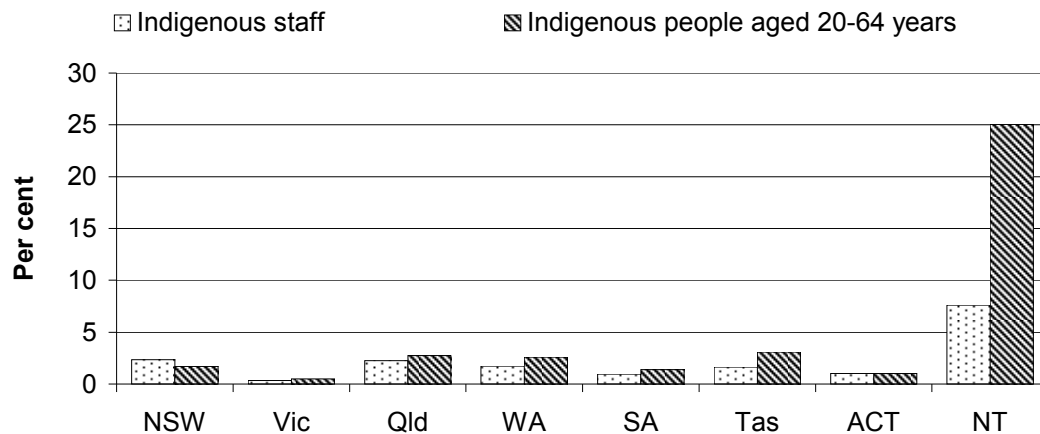
The process of identifying Indigenous staff members generally relies on self-identification as being Aboriginal and/or Torres Strait Islander. Where Indigenous people are asked to identify themselves, the accuracy of the data will partly depend on how they perceive the advantages (or disadvantages) of identification and whether these perceptions change over time. Many factors will influence the willingness of Indigenous people to access police services, including familiarity with procedures for dealing with police and confidence in the effectiveness of police services.

Data reported for this indicator are not directly comparable.

Data quality information for this indicator is under development.

The proportion of Indigenous police staff in 2010-11 was similar to the representation of Indigenous people in the population aged 20–64 years for most jurisdictions except the NT (figure 6.2).

Figure 6.2 **Proportions of Indigenous staff in 2010-11 and Indigenous population aged 20–64 years^{a, b, c}**



^a Indigenous staff numbers relate to those staff who self-identify as being of Aboriginal and/or Torres Strait Islander descent. ^b Information on Indigenous status is collected only at the time of recruitment. ^c Data comprise all FTE staff except in the NT, where data are based on a headcount at 30 June.

Source: ABS (2009) *Experimental Estimates and Projections, Indigenous population aged 20–64 years* Cat. no. 3238.0 (Series B); State and Territory governments (unpublished); table 6A.17; 2012 Report, figure 6.5, p. 6.11.

Time series data for police Indigenous staffing are reported in tables 6A.1–6A.8 and 6A.17.

Deaths in police custody and Indigenous deaths in custody

‘Deaths in police custody’, and ‘Indigenous deaths in police custody’ are indicators of governments’ objective to provide safe custody for alleged offenders, and ensure fair and equitable treatment for both victims and alleged offenders (box 6.2).

Box 6.2 **Deaths in police custody, and Indigenous deaths in police custody**

‘Deaths in police custody’ and ‘Indigenous deaths in police custody’ are defined as the number of non-Indigenous and Indigenous deaths in police custody and custody-related operations.

A low or decreasing number of deaths in custody and custody-related operations is desirable.

Data reported for these indicators are comparable.

Data quality information for this indicator is under development.

Nationally, there were 17 deaths in police custody and custody-related operations in 2010-11. Of these 17 deaths, 7 were Indigenous (table 6.1).

Table 6.1 Deaths in police custody and custody-related operations^{a, b}

	<i>NSW^c</i>	<i>Vic^d</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									
2006-07	12	6	3	4	4	–	1	–	30
2007-08	8	8	4	4	2	–	–	3	30
2008-09	8	3	3	7	4	–	–	1	26
2009-10	5	3	2	2	1	–	1	–	15
2010-11	6	–	–	1	2	1	–	–	10
Indigenous deaths									
2006-07	–	1	1	–	–	–	–	1	3
2007-08	–	–	1	–	2	–	–	2	5
2008-09	–	–	1	1	2	–	–	4	8
2009-10	–	–	–	2	–	–	–	1	3
2010-11	1	–	1	4	–	–	–	1	7
Total Indigenous deaths 2006–07 to 2010-11^c	1	1	4	7	4	–	–	9	26
Total deaths									
2006-07	12	7	4	4	4	–	1	1	33
2007-08	8	8	5	4	4	–	–	5	35
2008-09	8	3	4	8	6	–	–	5	34
2009-10	5	3	2	4	1	–	1	2	18
2010-11	7	–	1	5	2	1	–	1	17
Total deaths 2006–07 to 2010-11	40	21	16	25	17	1	2	14	137

^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 were attempting to detain a person, such as pursuits). ^b These AIC data for 2010-11 are preliminary (unpublished) and final data in other publications might differ. Data for historic years were revised during 2010 and are now presented on a financial year basis so they differ from those in earlier reports. ^c In 2006, two deaths occurred in NSW for which Indigenous status has not been determined. ^d Data for Victoria Police is provisional and unconfirmed.

– Nil or rounded to zero.

Source: AIC (various years, unpublished) *Deaths in Custody*, Australia; table 6A.38; 2012 Report, table 6.3, p. 6.50.

Definitions of key terms and indicators

Full time equivalent (FTE)	The equivalent number of full time staff required to provide the same hours of work as performed by staff actually employed. A full time staff member is equivalent to a full time equivalent of one, while a part time staff member is greater than zero but less than one.
Indigenous staff	Number of staff who are identified as being of Aboriginal or Torres Strait Islander descent.
Offender	In the Police Services chapter, the term 'offender' refers to a person who is alleged to have committed an offence. This definition is not the same as the definition used in chapter 8 (Corrective services).

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a '6A' prefix (for example, table 6A.1 is table 1 in the School education attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

Table 6A.1	Police service expenditure, staff and asset descriptors, NSW
Table 6A.2	Police service expenditure, staff and asset descriptors, Victoria
Table 6A.3	Police service expenditure, staff and asset descriptors, Queensland
Table 6A.4	Police service expenditure, staff and asset descriptors, WA
Table 6A.5	Police service expenditure, staff and asset descriptors, SA
Table 6A.6	Police service expenditure, staff and asset descriptors, Tasmania
Table 6A.7	Police service expenditure, staff and asset descriptors, ACT
Table 6A.8	Police service expenditure, staff and asset descriptors, NT
Table 6A.17	Indigenous, sworn and unsworn police staff
Table 6A.38	Number of deaths in police custody and custody-related operations

7 Court administration

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Attachment tables

There are no Court administration attachment tables throughout this Indigenous Compendium.

The Court administration chapter (chapter 7) in the *Report on Government Services 2012* (2012 Report) focuses on administrative support functions for the courts, not on the judicial decisions made in the courts. The primary support functions of court administration services 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.

This chapter covers the State and Territory supreme, district/county and magistrates' (including children's) courts, coroners' courts and probate registries. It also covers the Federal Court of Australia, the Family Court of Australia, the Family Court of WA and the Federal Magistrates Court of Australia. The chapter does not include information on the High Court of Australia, and broadly excludes tribunals and specialist jurisdiction courts (for example, Indigenous courts, circle sentencing courts and drug courts are excluded). The 2012 Report also excludes electronic infringement and enforcement systems which have been included in previous reports.

Major improvements in reporting on court administration this year include data quality information (DQI) for all performance indicators. Improvements in

consistency and integrity of data reported are ongoing by all jurisdictions and are footnoted where appropriate.

Roles and responsibilities

Within certain court levels, a number of specialist jurisdiction courts (such as Indigenous courts, circle sentencing courts and drug courts) aim to improve the responsiveness of courts to the special needs of particular service users. Tribunals can also improve responsiveness and assist in alleviating the workload of courts — for example, small claims tribunals can assist in diverting work from the magistrates' court. Specialist jurisdiction courts (other than the children's courts, family courts and coroners' courts) and tribunals are outside the scope of this Report and excluded from reported data where possible.

Indigenous data in the Court administration chapter

The Court administration chapter in the 2012 Report contains no specific data items on Indigenous people.

8 Corrective services

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 8A.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 8.1' this is page 1 of chapter 8 of the 2012 Report, and '2012 Report, table 8A.1' is attachment table 1 of attachment 8A of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Corrective services chapter (chapter 8) in the *Report on Government Services 2012* (2012 Report) reports on the performance of corrective services in each Australian State and Territory. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

Corrective services aim to provide a safe, secure and humane custodial environment and an effective community corrections environment in which prisoners and offenders are effectively managed, commensurate with their needs and the risks they pose to the community. Additionally, corrective services aim to reduce the risk of re-offending by providing services and program interventions that address the

causes of offending, maximise the chances of successful reintegration into the community and encourage offenders to adopt a law-abiding way of life.

In this chapter, corrective services include prison custody, periodic detention, and a range of community corrections orders and programs for adult offenders (for example, parole and community work orders). Both public and privately operated correctional facilities are included; however, the scope of this chapter generally does not extend to:

- juvenile justice¹ (reported on in chapter 15, Protection and support services)
- prisoners or alleged offenders held in forensic mental health facilities to receive psychiatric care (who are usually the responsibility of health departments)
- prisoners held in police custody (reported on in chapter 6, Police services)
- people held in facilities such as immigration or military detention centres.

Jurisdictional data reported in this chapter provided by State and Territory governments are based on the definitions and counting rules from the National Corrections Advisory Group (unpublished) *Corrective Services Data Collection Manual 2010-11*.

Box 8.1 Terms relating to corrective services

Prisoners in this chapter refers to people held in full time custody under the jurisdiction of an adult corrective services agency. This includes sentenced prisoners serving a term of imprisonment and unsentenced prisoners held on remand.

Detainees refers to people subject to a periodic detention order, under which they are held for two consecutive days within a one-week period in a proclaimed prison or detention centre under the responsibility of corrective services.

Offenders refers to people serving community corrections orders.

This year data quality information for escapes, order completions, and unnatural deaths, is available at www.pc.gov.au/gsp.

¹ From 2004-05, NSW Corrective Services continues to manage one 40-bed facility that houses males aged 16 to 18. These young offenders are included in the daily average number of prisoners and are included in the calculation of indicators. As they represent only a very small proportion of NSW prisoners (less than one-half of one percent) they will have a negligible effect on these indicators and are not footnoted to each table and figure.

Indigenous data in the Corrective services chapter

The Corrective services chapter in the *Report on Government Services 2012* (2012 Report) contains the following data items on Indigenous people:

- imprisonment rates, 2010-11
- community corrections rates, 2010-11
- prisoner death rates from apparent unnatural causes, 2010-11.

The corrective services attachment contains additional data relating to Indigenous people including periodic detention rates, 2010-11.

Prison custody

On average, 28 711 people per day (excluding periodic detainees) were held in Australian prisons during 2010-11 — a decrease of 0.8 per cent over the average daily number reported in the previous year (table 8A.1). In addition, on average, 456 people per day were serving periodic detention orders in NSW and the ACT in 2010-11 — a decrease of 48.3 per cent from the 2009-10 average. This is attributable to the abolition of periodic detention as a sentencing option in NSW during the reporting period.

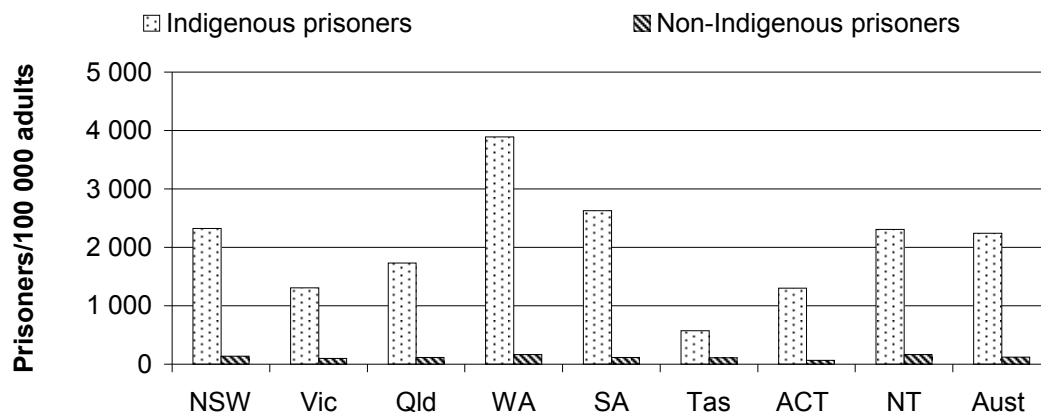
The daily average number of Indigenous prisoners was 7507 — 26.1 per cent of prisoners nationally (table 8A.1).

The rate of imprisonment represents the number of prisoners (excluding periodic detainees) per 100 000 people in the corresponding adult population. The adult population refers to people at or over the minimum age at which offenders are generally sentenced as adults in each jurisdiction (17 years in Queensland and 18 years in all other jurisdictions for the reporting period).

The national (crude) imprisonment rate for all prisoners was 164.9 per 100 000 Australian adults in 2010-11, compared to 169.1 in 2009-10 (2012 Report, figure 8.2, p 8.6).

The national (crude) imprisonment rate per 100 000 Indigenous adults in 2010-11 was 2241.7 compared with a corresponding rate of 121.5 for non-Indigenous prisoners (figure 8.1).

Figure 8.1 Indigenous and non-Indigenous crude imprisonment rates, 2010-11^{a, b}



^a Non-age standardised rates based on the daily average prisoner population numbers supplied by State and Territory governments, calculated against adult Indigenous and non-Indigenous population estimates.

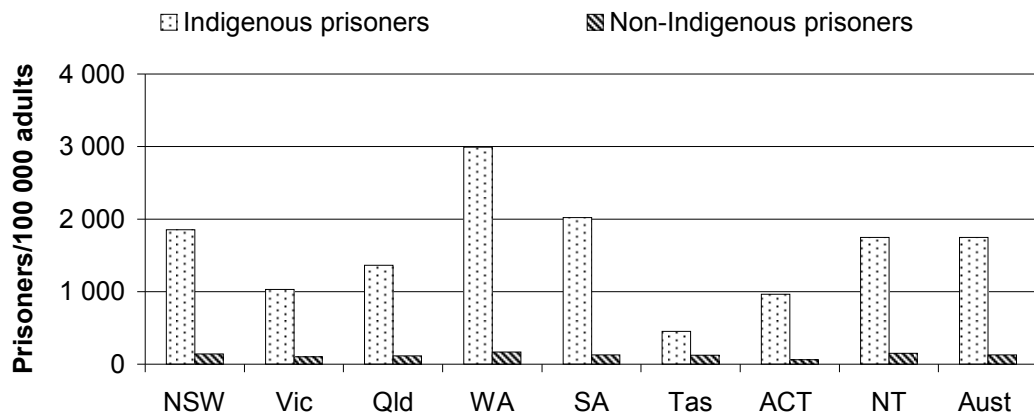
^b Excludes prisoners whose Indigenous status was reported as unknown.

Source: ABS (unpublished) *Australian Demographic Statistics*, December quarter, 2010 (preliminary), Cat. no. 3101.0; ABS (unpublished) *Experimental Estimates and Projections, Indigenous Australians* (series B), Cat. no. 3238.0; State and Territory governments (unpublished); table 8A.4; 2012 Report, figure 8.3, p. 8.7.

The Indigenous population has a younger age profile compared with the non-Indigenous population, and that factor will contribute to higher rates when the overall (crude) imprisonment rate is compared between the Indigenous and non-Indigenous populations. Age standardisation is a statistical method that accounts for differences in the age structures of populations, allowing a more valid comparison to be made between populations.

The national age standardised imprisonment rate per 100 000 Indigenous adults in 2010-11 was 1746.5 compared with a corresponding rate of 125.4 for non-Indigenous prisoners (figure 8.2). This represents a ratio of 13.9, compared with a ratio of 18.5 for the crude imprisonment rate.

Figure 8.2 Indigenous and non-Indigenous age standardised imprisonment rates, 2010-11^a



^a Rates are based on the indirect standardisation method, applying age-group imprisonment rates derived from Prison Census data.

Source: ABS (unpublished) *Australian Demographic Statistics*, December quarter, 2010 (preliminary), Cat. no. 3101.0; ABS (unpublished) *Experimental Estimates and Projections, Indigenous Australians* (series B), Cat. no. 3238.0; ABS (unpublished) *Prisoners in Australia*, Cat. no 4517.0; State and Territory governments (unpublished); table 8A.4; 2012 Report, figure 8.4, p. 8.8.

While imprisonment rates for Indigenous people, whether calculated on a crude or age standardised basis, are far higher than those for non-Indigenous people, the majority of prisoners are non-Indigenous. Nationally, 72.3 per cent of all prisoners were non-Indigenous in 2010-11 (table 8A.1).

Statistical information on the profile of prisoners additional to that provided in the *Report on Government Services* is available through Australian Bureau of Statistics publications. For example, *Prisoners in Australia* (Cat. no. 4517.0) provides data on the offence types and length of sentences served by prisoners in each jurisdiction and nationally.

Community corrections

All jurisdictions provide community corrections services. Community corrections are responsible for a range of non-custodial sanctions (listed for each jurisdiction in 2012 Report, table 8A.24) and also deliver post-custodial interventions, under which prisoners released into the community continue to be subject to corrective services supervision.

These services vary in the extent and nature of supervision, the conditions of the order (such as a community work component or personal development program

attendance) and the level of restriction placed on the offender's freedom of movement in the community (for example, home detention). No single objective or set of characteristics is common to all jurisdictions' community corrections services, other than that they generally provide a non-custodial sentencing alternative or a post-custodial mechanism for reintegrating prisoners into the community under continued supervision.

All jurisdictions have reparation and supervision orders. Restricted movement orders were available in all jurisdictions except Queensland, Tasmania and the ACT in 2010-11. In most states and territories, fine default orders are administered by community corrections. Corrective services are also involved in the supervision of unsentenced offenders in most jurisdictions. 2012 Report, Table 8A.24 shows the range of sanctions involving corrective services that operated across jurisdictions during the reporting period.

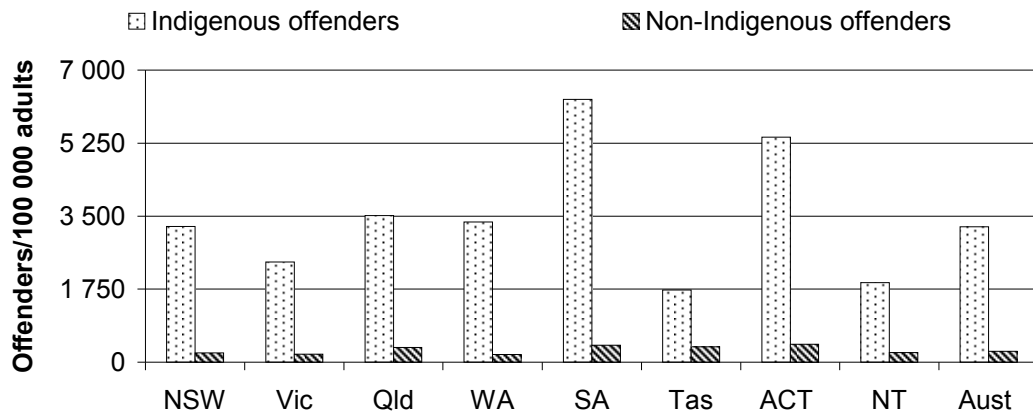
Nationally, an average of 56 056 offenders per day were serving community corrections orders in 2010-11 — a decrease of 2.5 per cent from the previous year (table 8A.3). This daily average comprised 45 867 males (81.8 per cent), 10 136 females (18.1 per cent) and 53 offenders whose gender was not reported. The daily average comprised 10 854 Indigenous offenders (19.4 per cent of the total community correction population), 43 790 non-Indigenous offenders (78.1 per cent) and 1412 people whose Indigenous status was unknown (table 8A.3).

The community corrections rate represents the number of offenders serving community corrections orders per 100 000 people in the corresponding adult population. The adult population refers to people at or over the minimum age at which offenders are generally sentenced as adults in each jurisdiction (17 years in Queensland and 18 years in all other jurisdictions for the reporting period).

The national rate for Indigenous offenders in 2010-11 was 3241.2 per 100 000 Indigenous adults compared with 256.4 for non-Indigenous offenders (figure 8.3).

Comparisons need to be interpreted with care, especially for those jurisdictions with relatively small Indigenous populations, because small changes in offender numbers can cause variations in rates that do not accurately represent either real trends over time or consistent differences from other jurisdictions. Further, community corrections rates presented in figure 8.3 are not age standardised (that is, they are not adjusted to account for the different age structures of the Indigenous and non-Indigenous populations). Data are not available for calculating age standardised community correction offender rates.

Figure 8.3 **Indigenous and non-Indigenous community corrections rates, 2010-11^{a, b}**



^a Non-age standardised rates based on the daily average offender population numbers supplied by State and Territory governments, calculated against adult Indigenous and non-Indigenous population estimates.

^b Excludes offenders whose Indigenous status was reported as unknown.

Source: ABS (unpublished) *Australian Demographic Statistics*, December quarter, 2010, Cat. no. 3101.0; ABS (unpublished) *Experimental Estimates and Projections, Indigenous Australians* (series B), Cat. no. 3238.0; State and Territory governments (unpublished); table 8A.4; 2012 Report, figure 8.6, p. 8.11.

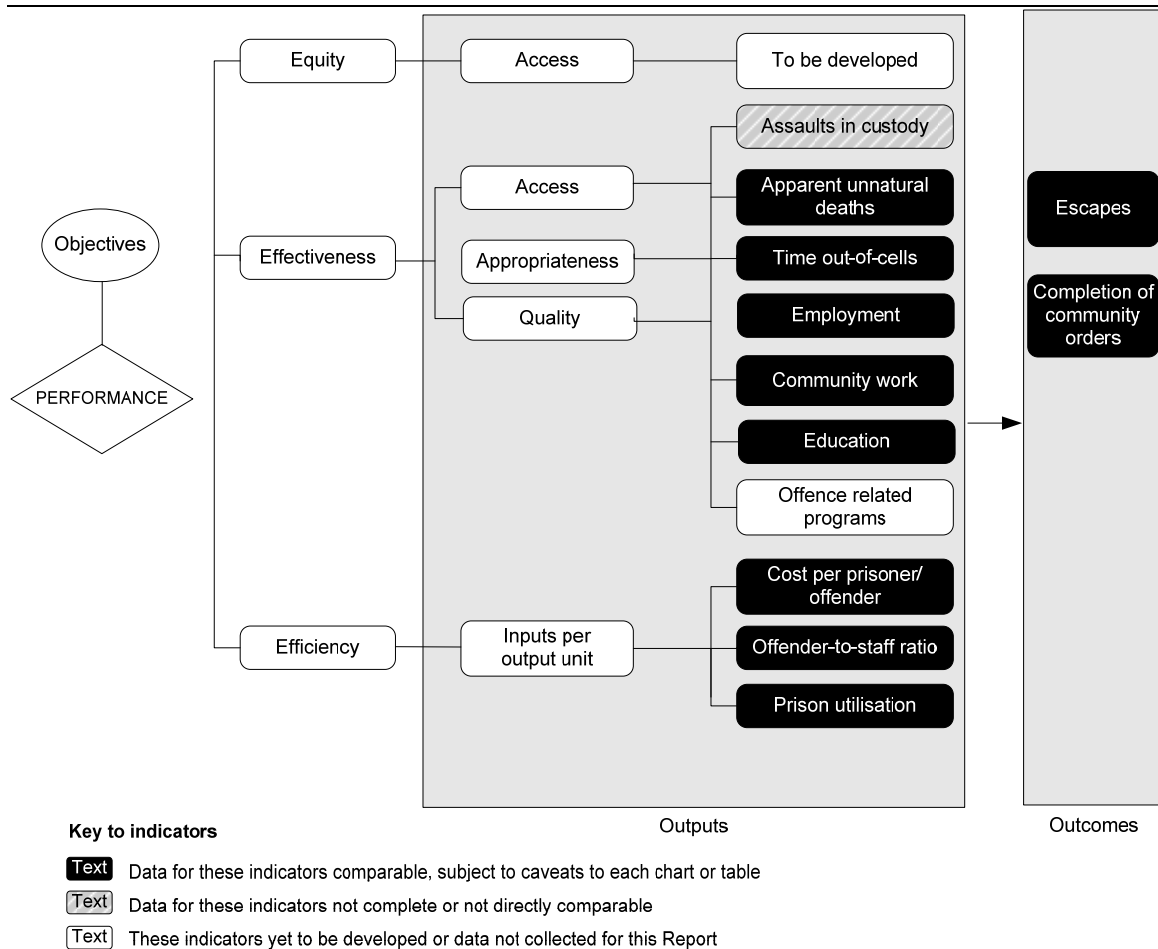
Framework of performance indicators

The Corrective services performance indicator framework outlined in figure 8.4 identifies the principal corrective services activity areas considered in the 2012 Report. Data for Indigenous people are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Indicator boxes presented throughout the chapter provide information about the reported indicators. As these are sourced directly from the 2012 Report, they may include references to data not reported for Indigenous people and therefore not included in this Compendium.

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (such as Indigenous and ethnic status) (Appendix A).

Figure 8.4 Corrective services performance indicator framework



Source: 2012 Report, figure 8.7, p. 8.3.

Apparent unnatural deaths

‘Apparent unnatural deaths’ is an indicator of governments’ objective of providing a safe, secure and humane custodial environment including providing a custodial environment in which there is a low risk of death from unnatural causes (box 8.2).

Box 8.2 Apparent unnatural deaths

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

A zero, low or decreasing rate of apparent unnatural deaths indicates better performance, however rates for this indicator need to be interpreted with caution. A single incident in a jurisdiction with a relatively small prisoner or detainee population can significantly increase the rate in that jurisdiction, but would have only a minor impact in jurisdictions with larger populations. A relatively high rate in a jurisdiction with a small prisoner or detainee population can represent only a very small number of deaths.

Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally, the rate of deaths from apparent unnatural causes for all prisoners was 0.07 per 100 prisoners in 2010-11 (table 8A.15). Table 8.1 presents data on number and rates of death from apparent unnatural causes in 2010-11, for Indigenous and non-Indigenous prisoners.

Table 8.1 Rate and number of prisoner deaths from apparent unnatural causes, by Indigenous status, 2010-11

	<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>
Deaths/100 prisoners									
Indigenous	0.04	–	–	0.06	0.21	–	–	–	0.04
Non-Indigenous	0.12	0.05	0.08	–	0.07	–	–	0.48	0.08
Number of deaths									
Indigenous	1	–	–	1	1	–	–	–	3
Non-Indigenous	9	2	3	–	1	–	–	1	16

– Nil or rounded to zero.

Source: State and Territory governments (unpublished); tables 8A.15, 8A.26, 8A.34, 8A.40, 8A.46, 8A.52, 8A.58, 8A.64, and 8A.72; 2011 Report, table 8.1, p. 8.16.

The national rate of deaths from apparent unnatural causes has continued to show the relatively low levels reported for past years in the five-year trend series for both Indigenous prisoners at 0.04 per 100 Indigenous prisoners in 2010-11 and 0.08 for non-Indigenous prisoners (table 8.2).

Table 8.2 Rate of prisoner deaths from apparent unnatural causes, five year trends, by Indigenous status (per 100 prisoners)^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</i>
Indigenous									
2006-07	0.10	–	–	0.07	–	–	–	–	0.05
2007-08	–	–	–	–	–	–	–	–	–
2008-09	0.05	–	–	0.06	–	–	–	–	0.03
2009-10	0.04	–	–	0.10	–	–	–	0.11	0.05
2010-11	0.04	–	–	0.06	0.21	–	–	–	0.04
Non-Indigenous									
2006-07	0.07	–	0.05	–	0.15	–	–	–	0.05
2007-08	0.05	0.05	0.02	0.09	–	–	–	–	0.05
2008-09	0.05	0.05	0.10	–	0.07	–	1.01	–	0.06
2009-10	0.07	0.10	0.10	0.14	–	–	–	–	0.08
2010-11	0.12	0.05	0.08	–	0.07	–	–	0.48	0.08

^aData for previous years may vary from rates given in previous Reports. Deaths reported as 'unknown cause', where there is insufficient evidence to assess, subject to a Coroner's finding, whether the cause of death was natural or unnatural are not included in the calculation of rates. Deaths occurring in past years where cause of death was recorded as unknown at the time of the Report but were subsequently determined to have been from unnatural causes are updated in the relevant year's figures and rates when known.

– Nil or rounded to zero.

Source: State and Territory governments (unpublished); table 8A.16; 2012 Report, table 8.2, p. 8.17.

There were no deaths from apparent unnatural causes for periodic detainees in 2010-11 (table 8A.15).

A case study of an innovation in community corrections is outlined in box 8.3.

Box 8.3 Wulgunggo Ngalu Learning Place (Victoria)

Wulgunggo Ngalu is a culturally appropriate, residential diversion program for up to 20 Indigenous adult males on Community Based Orders. The objective of the program is to reduce breach rates of Indigenous men on community based orders imposed by the courts and to increase the rate at which they successfully complete these orders.

The program logic is based on the findings of the Royal Commission into Aboriginal Deaths in Custody and on international empirical evidence that the exposure of Indigenous communities to the criminal justice system can only be successfully addressed through partnerships that respect and build on the cultural heritage of participants. It is a key initiative of the Victorian Aboriginal Justice Agreement (AJA) - a partnership between the Victorian Government and the Indigenous community of Victoria and was developed in response to the findings of the Royal Commission.

Indigenous offenders can be referred from Courts or from any Community Correctional Services location in Victoria to a purpose-built facility in the Gippsland region designed by an Indigenous architect.

Participants reside at the program for 3 to 6 months and their case plans include cultural, educational, employment and life skills programs. The program is staffed 24 hours a day, seven days a week and utilises the skills and knowledge of Indigenous staff to support the delivery of targeted programs and services.

The design of the program replicates community living wherever possible and encourages participants to take responsibility for their lives.

A state-wide Elders Group ensures the cultural integrity of the programs and provides positive support, role modelling and mentoring to participants and staff.

Learnings from this program will have relevance to other correctional jurisdictions, all of which are faced with similar challenges.

In 2010, the program won the community corrections category at the International Corrections and Prisons Association awards presented in Belgium. The award recognised the quality and innovation of its approach and it was acknowledged as a leader in its field.

Provisional data indicate a positive impact on improved order completion rates, but an independent program evaluation will be undertaken in 2012.

Future directions in performance reporting

The disaggregation of various indicators by Indigenous and non-Indigenous status is being trialled for possible incorporation in future reports as the basis for equity-access indicator rates.

Definitions of key terms and indicators

Apparent unnatural death	<p>The death of a person:</p> <ul style="list-style-type: none">• who is in corrective services custody (which includes deaths that occur within prisons and periodic detention centres, during transfer to or from prison, within a medical facility following transfer from prison, or in the custody of corrective services outside a custodial facility)• whose death is caused or contributed to by traumatic injuries sustained, or by lack of proper care, while in such custody• who dies or is fatally injured in the process of prison officers attempting to detain that person• who dies or is fatally injured in the process of that person escaping or attempting to escape from prison custody• there is sufficient evidence to suggest, subject to a Coroner's finding, that the most likely cause of death is homicide, suicide, an accidental cause or a drug overdose. <p>The rate is expressed per 100 prisoners, calculated by dividing the number of deaths by the daily average prisoner population, multiplied by 100.</p>
Average number of hours ordered per offender	<p>The total of community work hours ordered to be worked per offender with active work orders containing community hours on the first day of the counting period and/or imposed new community work hours ordered during the counting period.</p>
Average number of hours worked per offender	<p>The number of actual hours worked per offender with a work order in the counting period.</p>
Capital costs per prisoner/offender	<p>The daily cost per prisoner/offender, based on the user cost of capital (calculated as 8 per cent of the value of government assets), depreciation, and debt servicing fees for privately owned facilities.</p>
Community corrections	<p>Community-based management of court-ordered sanctions, post-prison orders and administrative arrangements and fine conversions for offenders, which principally involve one or more of the following requirements: supervision; program participation; or community work.</p>
Community corrections rate	<p>The annual average number of offenders per 100 000 population aged 17 years or over in those jurisdictions where persons are remanded or sentenced to adult custody at 17 years of age, or 18 years or over in those jurisdictions where the age for adult custody is 18 years old.</p>
Community corrections staff	<p>Full-time equivalent staff employed in community corrections. Operational staff refers to staff whose main responsibility involves the supervision or provision of support services directly to offenders, for example, probation/parole/community corrections officers, home detention officers, case managers, program co-ordinators, and court advice workers. Other staff refers to staff based in Head Office or officers in the field whose responsibilities are managerial or administrative in relation to offender management. Staff members who perform a mix of caseload and administrative functions are allocated proportionately to each category based upon the workload assigned to that position.</p>

Community work (offenders)	Unpaid community work (hours) by offenders serving community corrections orders during the counting period.
Completion of community orders	The percentage of community orders that were completed successfully within the counting period (by order type). An order is successfully completed if the requirements of the order are satisfied. An order is unsuccessfully completed if the requirements of the order were breached for failure to meet the order requirements or because further offences were committed.
Detainee	A person subject to a periodic detention order.
Education	<p>The number of prisoners actively participating in education as a percentage of those who are eligible for education. Prisoners excluded as ineligible for education may include:</p> <ul style="list-style-type: none"> • prisoners in centres where education programs are not provided as a matter of policy or where education programs are not available (for example, remand centres, 24-hour court cells) • remandees for whom access to education is not available • hospital patients who are medically unable to participate • fine defaulters (who are incarcerated for only a few days at a time).
Employment	<p>The number of prisoners or periodic detainees employed as a percentage of those eligible to participate in employment. Prisoners excluded as ineligible for employment includes those undertaking full time education and prisoners whose situation may exclude their participation in work programs, for example:</p> <ul style="list-style-type: none"> • remandees who choose not to work • hospital patients or aged prisoners who are unable to work • prisoners whose protection status prohibits access to work • fine defaulters (who are only incarcerated for a few days at a time).
Escapes	The escape of a prisoner under the direct supervision of corrective services officers or private providers under contract to corrective services, including escapes during transfer between prisons, during transfer to or from a medical facility and escapes that occurred from direct supervision by corrective services outside a prison, for example during escort to a funeral or medical appointment. The rate is expressed per 100 prisoners, calculated by dividing the number of escapes by the daily average open/secure prison population, multiplied by 100. The rate for periodic detainees relates to those detainees who have been convicted of escape from lawful custody, and is calculated by dividing the number of escapes by the daily average detainee population, multiplied by 100.
Home detention	A corrective services program requiring offenders to be subject to supervision and monitoring by an authorised corrective services officer while confined to their place of residence or a place other than a prison.
Imprisonment rate	The annual average number of prisoners per 100 000 population aged 17 years or over in those jurisdictions where persons are remanded or sentenced to adult custody at 17 years of age, or 18 years or over in those jurisdictions where the age for adult custody is 18 years old.

Indigenous status	Persons identifying themselves as either an Aboriginal or Torres Strait Islander person if they are accepted as such by an Aboriginal or Torres Strait Islander community.
Net operating expenditure per prisoner/offender	The daily cost of managing a prisoner/offender, based on operating expenditure net of operating revenues (see definitions below) divided by (i) the number of days spent in prison or detention by the daily average prisoner population and the daily average periodic detention population on a 2/7 th basis or (ii) the number of days spent under community corrections supervision by the daily average community corrections population respectively.
Offence-related programs	A structured, targeted, offence focused learning opportunity for prisoners/offenders, delivered in groups or on a one-to-one basis, according to assessed need.
Offender	An adult person subject to a current community-based corrections order (including bail supervision by corrective services).
Offender-to-staff ratio	The daily average number of offenders divided by the number of fulltime (equivalent) staff employed in community corrections.
Open prison	A custodial facility where the regime for managing prisoners does not require them to be confined by a secure perimeter physical barrier, irrespective of whether a physical barrier exists.
Operating expenditure	Expenditure of an ongoing nature incurred by government in the delivery of corrective services, including salaries and expenses in the nature of salary, other operating expenses incurred directly by corrective services, grants and subsidies to external organisations for the delivery of services, and expenses for corporate support functions allocated to corrective services by a broader central department or by a 'shared services agency', but excluding payroll tax.
Operating revenues	Revenue from ordinary activities undertaken by corrective services, such as prison industries.
Periodic detention	An order of confinement, imposed by a court of law, requiring that a person be held in a legally proclaimed prison or periodic detention facility for two consecutive days within a one-week period.
Periodic detention rate	The annual average number of periodic detainees per 100 000 population aged 17 years or over in those jurisdictions where persons are remanded or sentenced to adult custody at 17 years of age, or 18 years or over in those jurisdictions where the age for adult custody is 18 years old.
Periodic detention utilisation	The extent to which periodic detention centre capacity meets demand for periodic detention accommodation, calculated as the total daily average periodic detention population attending a residential component of the order, divided by average periodic detention design capacity.
Prison	A legally proclaimed prison or remand centre, which holds adult prisoners, excluding police prisons or juvenile detention facilities.

Prison utilisation	The extent to which prison design capacity meets demand for prison accommodation, calculated as the total daily average prisoner population divided by average prison design capacity.
Prisoner	A person held in full time custody under the jurisdiction of an adult corrective services agency.
Private prison	A government or privately owned prison (see prison) managed under contract by a private sector organisation.
Recurrent expenditure	The combined total of operating expenditure (see previous definitions) and capital costs, that is, depreciation, debt servicing fees, and user cost of capital.
Remand	A legal status where a person is held in custody pending outcome of a court hearing, including circumstances where the person has been convicted but has not yet been sentenced.
Reparation order	A subcategory of community-based corrections orders that refers to an order with a community service bond/order or fine option that requires them to undertake unpaid work.
Restricted movement order	A subcategory of community-based corrections that refers to an order that limits the person's liberty to their place of residence unless authorised by corrective services to be absent for a specific purpose, for example, Home Detention Orders.
Secure prison	A custodial facility where the regime for managing prisoners requires them to be confined by a secure perimeter physical barrier.
Serious assault	An act of physical violence committed by a prisoner that resulted in physical injuries requiring medical treatment involving overnight hospitalisation in a medical facility (e.g. prison clinic, infirmary, hospital or a public hospital) or on-going medical treatment. Serious assaults include all sexual assaults. The criteria for reporting described for 'assaults' above also apply.
Supervision order	A subcategory of community-based corrections that refers to an order that includes a range of conditions other than those categorised as restricted movement or reparation.
Time out-of-cells	The average number of hours in a 24-hour period that prisoners are not confined to their own cells or units, averaged over the year.
Total cost per prisoner/offender	The combined operating expenditure and capital costs per prisoner per day, net of operating revenues and excluding transport/escort expenditure where reported separately by jurisdictions.
Transitional Centres	Transitional Centres are residential facilities administered by corrective services where prisoners are prepared for release towards the end of their sentences.
Transport and escort services	Services used to transport prisoners between prisons or to/from external locations (for example, court), whether by corrective services officers or external contractors involved in escorting prisoners as part of the transport arrangements.

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by an 'A' prefix (for example, table 8A.1 is table 1). Attachment tables are provided on the Review website (www.pc.gov.au/gsp).

- Table 8A.1** Average daily prisoner population
- Table 8A.3** Average daily community corrections offender population
- Table 8A.4** Imprisonment, periodic detention and community corrections rates, by sex and Indigenous status (per 100 000 adults)
- Table 8A.15** Deaths from apparent unnatural causes, by Indigenous status, 2010-11 (per 100 prisoners/detainees)
- Table 8A.16** Deaths from apparent unnatural causes, by year and Indigenous status (per 100 prisoners)

Single Jurisdiction Data _ NSW

- Table 8A.25** Descriptors, prisons
- Table 8A.26** Effectiveness, prisons
- Table 8A.27** Descriptors, periodic detention
- Table 8A.30** Descriptors, community corrections

Single jurisdiction data _ Vic

- Table 8A.33** Descriptors, prisons
- Table 8A.34** Effectiveness, prisons
- Table 8A.36** Descriptors, community corrections

Single jurisdiction data _ Qld

- Table 8A.39** Descriptors, prisons
- Table 8A.40** Effectiveness, prisons
- Table 8A.42** Descriptors, community corrections

Single jurisdiction data _ WA

- Table 8A.45** Descriptors, prisons
- Table 8A.46** Effectiveness, prisons
- Table 8A.48** Descriptors, community corrections

Single jurisdiction data _ SA

- Table 8A.51** Descriptors, prisons
- Table 8A.52** Effectiveness, prisons
- Table 8A.54** Descriptors, community corrections

Single jurisdiction data _ Tas

- Table 8A.57** Descriptors, prisons

Table 8A.58	Effectiveness, prisons
Table 8A.60	Descriptors, community corrections
Single jurisdiction data _ ACT	
Table 8A.63	Descriptors, prisons
Table 8A.64	Effectiveness, prisons
Table 8A.65	Descriptors, periodic detention
Table 8A.66	Effectiveness, periodic detention
Table 8A.68	Descriptors, community corrections
Single jurisdiction data _ NT	
Table 8A.71	Descriptors, prisons
Table 8A.72	Effectiveness, prisons
Table 8A.74	Descriptors, community corrections

D Emergency management sector summary

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Attachment tables

There are no Emergency management sector summary attachment tables in the Indigenous Compendium.

The Emergency management sector summary in the *Report on Government Services 2012* (2012 Report) provides contextual and cross-sector information relating to emergency management in Australia.

This sector summary provides an introduction and the policy context for the government services reported in 'Fire, road rescue and ambulance' (chapter 9) by providing an overview of the 'emergency management' sector.

Cross-cutting and interface issues

Emergency management policies need to consider how government services cut across populations and communities with special needs. Recently the Standing Council on Police and Emergency Management reiterated that the cross-cutting issues of Indigenous disadvantage, access to services, gender equality, and inclusion for people with disability, as well as the specific needs of regional Australia need to be taken into account in implementing the *National Strategy for Disaster Resilience* (ANZPEM 2011). The National Emergency Management Committee will keep cross-cutting issues under regular review.

The development of the National Emergency Management Strategy for Remote Indigenous Communities was initiated by the Australian Emergency Management

Committee in 2004. The completed Strategy has been endorsed by the Augmented Australasian Police Ministers' Council (now the Standing Council on Police and Emergency Management). The strategy aims to improve the disaster resilience of remote Indigenous communities.

Indigenous data in the Emergency management sector summary

The Emergency management sector summary in the 2012 Report contains no specific data items on Indigenous people.

References

ANZPEM (Australia, NZ Police and Emergency Management Ministers) 2011, *Communiqué — Australia, NZ Police and Emergency Management Ministerial Meeting*, Media release, 29 July 2011.

9 Fire, road rescue and ambulance

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Attachment tables

There are no Fire, road rescue and ambulance attachment tables in the Indigenous Compendium.

The Fire, road rescue and ambulance chapter in the *Report on Government Services 2012* (2012 Report) reports on selected emergency events, including fire, emergency road crash rescue and ambulance (pre-hospital care, treatment and transport).

Emergency services for fire, road rescue and ambulance events aim to reduce the level of risk to the community of emergencies occurring, reduce the adverse effects of emergency events, and improve the level and perception of safety in the community.

Information regarding the policy context, scope, profile, social and economic factors, and objectives of the emergency management sector (and related data) are included in the Emergency management sector summary.

Indigenous data in the Fire, road rescue and ambulance chapter

The Fire, road rescue and ambulance chapter in the 2012 Report currently provides data on services provided in remote locations, but not other special needs groups — including items for Indigenous people.

Some jurisdictions have particular arrangements for the provision of fire services in Indigenous communities. (For more information on fire services in Indigenous communities see SCRCSSP 2002, p. 572. and SCRGSP 2009, p. 11.35.)

References

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

SCRGSP (Steering Committee for the Review of Government Service Provision) 2009, *Overcoming Indigenous Disadvantage: Key Indicators 2009*, Productivity Commission, Canberra.

E Health sector summary

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this sector summary, table EA.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. E.1', this is page 1 of the Health sector summary of the 2012 Report, and '2012 Report, table EA.1' is table 1 of attachment EA of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Health sector summary in the *Report on Government Services 2012* (2012 Report) provides contextual and cross-sector information relating to health services in Australia. Data are reported for Indigenous people for a subset of the performance indicators reported in that sector summary — those data are compiled and presented here.

This sector summary provides an introduction to the Public hospitals (chapter 10), Primary and community health (chapter 11), and Mental health management (chapter 12) chapters of this Report. It provides an overview of the health sector, presenting both contextual information and high level performance information.

Major improvements in reporting in health this year are identified in each of the service-specific health chapters.

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

Indigenous data in the Health sector summary

The Health sector summary in the 2012 Report contains the following information on Indigenous people:

- an overview of health, data quality and government expenditure on health services in 2009-10
- health workforce, 2006, 2009
- self-assessed health, 2004-05

-
- health risk factors, 2004-05, 2007-08
 - incidents of selected cancers, 2008
 - mortality rates, 2005–2009
 - infant mortality rates, 2006-2010, 2008-2010
 - child mortality rates, 2006-10
 - causes of death, 2005–2009
 - life expectancy, 2005–2007
 - median age at death, 2010
 - potentially avoidable deaths, 2005-2009
 - birthweight of babies, 2009.

Policy context

All levels of government in Australia fund, deliver and regulate health services, with most of the activity performed by the Australian, State and Territory governments. The Australian Government's health services activities include:

- funding improved access to primary health care, including Indigenous-specific primary health, specialist services and infrastructure for rural and remote communities.

State and Territory governments contribute funding for, and deliver, a range of health care services (including services specifically for Indigenous people) such as:

- public hospital services
- public health programs (such as health promotion programs and disease prevention)
- community health services
- public dental services
- mental health programs
- patient transport
- the regulation, inspection, licensing and monitoring of premises, institutions and personnel
- health policy research and policy development
- specialist palliative care.

Social and economic factors affecting demand for services

There is a complex relationship between social and economic factors and demand for health services.

It has been well documented that people who experience social and economic disadvantage are at risk of negative health outcomes. Compared with those who have social and economic advantages, disadvantaged Australians are more likely to have shorter lives (AIHW 2010). Those who are disadvantaged tend to have greater health risks such as smoking more and higher rates of obesity (SCRGSP 2009). Burden-of-disease studies indicate greater burden among people who are relatively disadvantaged in society (Begg et al. 2007). Those who are disadvantaged are more likely to report their health as fair or poor than those that do not suffer the same disadvantage as measured by the Socio Economic Indexes for Areas (2012 Report, table EA.23).

Indigenous people are generally less healthy than other Australians, die at much younger ages, and have more disability and a lower quality of life (AIHW 2010 and tables EA.40, EA.49 and EA.50). Many Indigenous Australians live in conditions of social and economic disadvantage. Indigenous people have low employment and income levels when compared to non-Indigenous people (see statistical appendix tables AA.2, AA.10, AA.11, and AA.26 to AA.27, and SCRGSP 2011). Indigenous people have relatively high rates for many health risk factors and are more likely to smoke and to consume alcohol at risky levels (ABS 2006a and SCRGSP 2011). Indigenous people are more likely to live in inadequate and overcrowded housing (SCRGSP 2011) and in remote areas with more limited access to health services. In 2006, 51 992 Indigenous people were living in discrete Indigenous communities that were 100 kilometres or more from the nearest hospital (ABS 2007).

Service-sector objectives

Government involvement in health services is predicated on the desire to improve the health of all Australians and to ensure equity of access and the sustainability of the Australian health system. Box E.1 presents the overall objectives of the health system as summarised for this Report, which are consistent with the objectives outlined in the National Healthcare Agreement (MCFFR 2011). Governments provide a variety of services in different settings to fulfil these objectives.

Box E.1 Overall objectives of the health system

Government involvement in the health system is aimed at efficiently and effectively protecting and restoring the health of the community by ensuring Australians:

- are born and remain healthy
- receive appropriate high quality and affordable primary and community health services
- receive appropriate high quality and affordable hospital and hospital related care
- have positive health experiences that take account of individual circumstances and care needs
- have a health system that promotes social inclusion and reduces disadvantage, especially for Indigenous Australians
- have a sustainable health system.

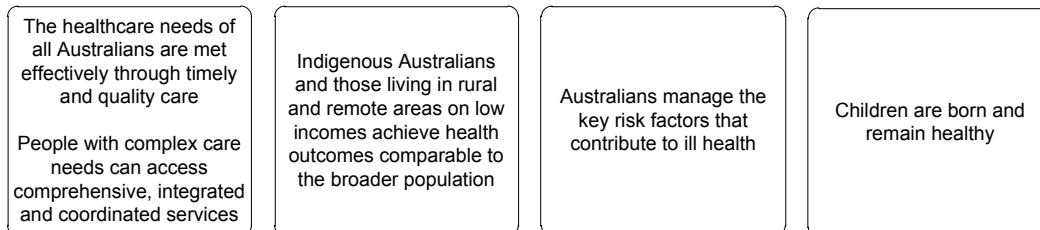
Sector performance indicator framework

This sector summary is based on a sector performance indicator framework (figure E.1). This framework is made up of the following elements:

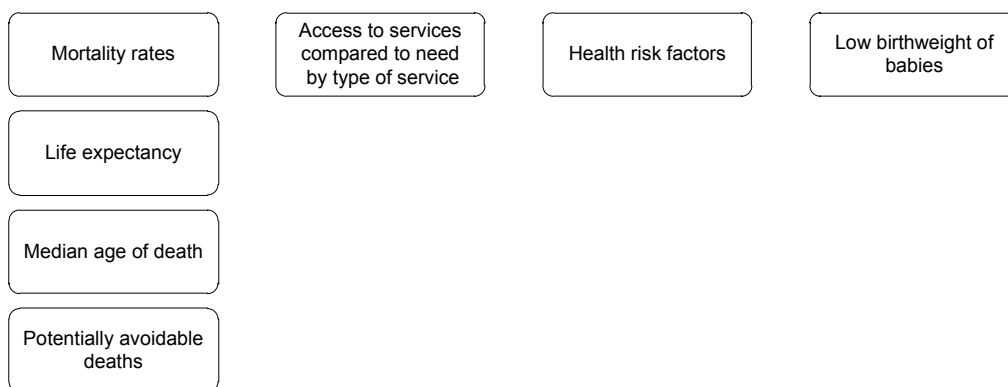
- Sector objectives — four sector objectives are a précis of the key objectives of the health system and reflect the outcomes in the NHA (box E.1).
- Sector-wide indicators — seven sector-wide indicators relate to the overarching service sector objectives identified in the NHA.

Figure E.1 Health services sector performance indicator framework

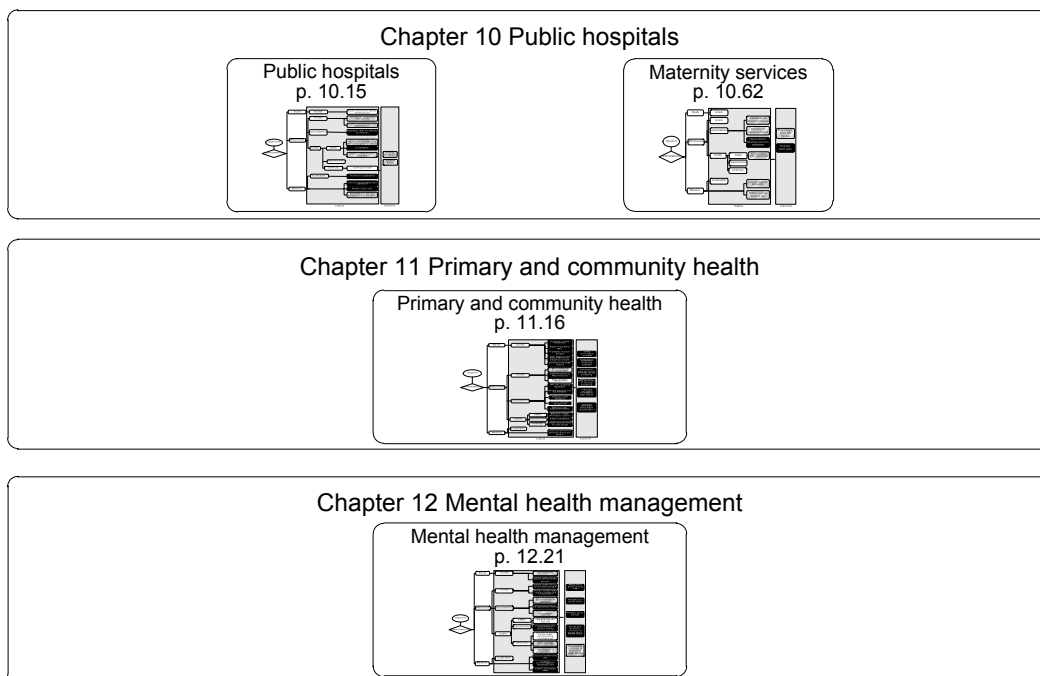
Sector objectives



Sector-wide indicators



Service-specific performance indicator frameworks



Source: 2012 Report, figure E.6, p. E.11.

Sector-wide performance indicators

This section includes high level indicators of health outcomes. Many factors are likely to influence outcomes — not solely the performance of government services. However, these outcomes inform the development of appropriate policies and delivery of government services.

Mortality rates

‘Mortality rates’ is an indicator of governments’ objective that the healthcare needs of all Australians are met effectively through timely and quality care and people with complex care needs can access comprehensive, integrated and coordinated services (box E.2).

Box E.2 Mortality rates

‘Mortality rates’ is defined by the following four measures:

- ‘mortality rate’ defined as age standardised mortality per 1000 people
- ‘infant mortality rate’ defined as the number of deaths of children under 1 year of age in a calendar year per 1000 live births in the same year
- ‘child mortality rate’ defined as the number of deaths of children between one and four years of age in a calendar year per 100 000 children between one and four years of age
- ‘mortality rates by major cause of death’ age standardised per 100 000 people.

Where possible, data are presented for Indigenous people as well as the Australian population as a whole.

A low or decreasing mortality rate is desirable.

Most components of the health system can influence mortality rates, although there can be decades between the action and the effect. Factors external to the health system also have a strong influence on mortality rates.

Data reported for this indicator are comparable.

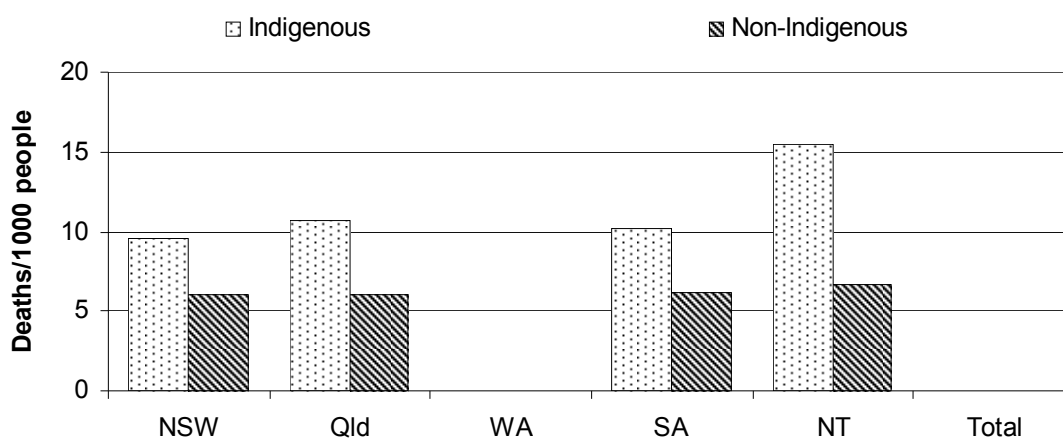
Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Data on Indigenous mortality are collected through State and Territory death registrations. The completeness of identification of Indigenous Australians in these collections varies significantly across states and territories so care is required when making comparisons.

Due to the relatively small number of Indigenous deaths and the consequent volatility in annual mortality rates, data are presented for the five year period 2005–2009. To improve the comparability of age-related mortality rates, age standardisation methods have been used for both the Indigenous and total population rates.

NSW, Queensland, WA, and the NT are currently generally considered to have the best coverage of death registrations for Indigenous people (ABS 2009a).¹ For these four jurisdictions and SA combined, the overall rates of mortality for Indigenous people were nearly twice as high as mortality rates for non-Indigenous people based on data for 2005–2009 (figure E.2 and table EA.40). Due to identification completeness issues, mortality rates presented here are likely to be under-estimates of the true mortality of Indigenous Australians (ABS and AIHW 2008).

Figure E.2 Mortality rates, age standardised, by Indigenous status, five year average, 2005–2009^{a, b, c, d, e}



^a Deaths are based on year of registration of death. ^b Deaths per 1000 population. Standardised death rates use total people in the 2001 Australian population as the standard population. ^c Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information. ^d Calculations of rates for the Indigenous population are based on *ABS Experimental Projections, Aboriginal and Torres Strait Islander Australians 1991 to 2009* (ABS Cat. no. 3238.0, low series, 2001 base). There are no comparable population data for the non-Indigenous population. Calculations of rates for comparison with the Indigenous population are derived by subtracting Indigenous population projections from total Estimated Resident Population and should be used with care, as these data include deaths and population units for which Indigenous status were not stated. ERP used in calculations are final ERP based on 2006 Census. ^e Total: Includes NSW, Qld, SA, WA, and NT combined, based on state or territory of usual residence. Vic, Tas and the ACT are excluded due to small numbers of registered Indigenous deaths.

Source: ABS (2010) *Deaths Australia, 2009*; table EA.40; 2012 Report, figure E.13, p. E.13.

¹ The term ‘coverage’ refers to the number of Indigenous deaths registered as a percentage of the number of expected deaths based on experimental Indigenous population estimates and projections from the 2006 Census.

Infant and child mortality rates

Infant and child mortality rates are presented as an average over three years to reduce the volatility inherent in the annual rates due to small numbers of deaths and annual fluctuations.

For WA, SA and the NT, longer-term trends suggest that the mortality rate for Indigenous infants decreased by 48 per cent between 1991 and 2009 (SCRGSP 2011). Despite this significant improvement, infant mortality rates for Indigenous children are still markedly higher than for non-Indigenous children in Australia.

For the period 2006–2010, the average infant mortality rate for Indigenous infants was higher than for non-Indigenous infants in the jurisdictions (NSW, Queensland, SA and NT) for which there were data available (table EA.43). For the same period, the average child mortality rate for Indigenous children was also higher for these jurisdictions (table EA.44). The combined infant and child average mortality rate for Indigenous infants and children was 157.4, 224.3, 184.1 and 322.2 deaths per 100 000 of the infant and child population in NSW, Queensland, SA and NT respectively. This compared with 100.9, 116.7, 87.4 and 95.9 deaths per 100 000 of the infant and child population for non-Indigenous infants and children (table EA.45).

Major causes of death

In the jurisdictions for which age standardised death rates are available by Indigenous status (NSW, Queensland, WA, SA and the NT), death rates were significantly higher for Indigenous Australians than for non-Indigenous Australians in 2005–09. For these jurisdictions the leading age-standardised cause of death for Indigenous people was circulatory diseases followed by neoplasms (cancer) (table EA.47).

Compared to non-Indigenous people, Indigenous people died at higher rates from endocrine diseases, metabolic and nutritional disorders, kidney diseases, digestive diseases, and infectious and parasitic diseases (tables E.1 and EA.47).

Table E.1 Age standardised mortality rates by major cause of death (deaths per 100 000 people), by Indigenous status, 2005–2009^{a, b, c, d, e, f, g}

	NSW		Qld		WA		SA		NT	
Indigenous rate compared to non-Indigenous rate	Rate difference	Rate ratio	Rate difference	Rate ratio	Rate difference	Rate ratio	Rate difference	Rate ratio	Rate difference	Rate ratio
Circulatory diseases	142.6	1.7	122.3	1.6	np	np	104.0	1.5	205.7	2.2
Cancer	39.9	1.2	57.0	1.3	np	np	14.5	1.1	72.2	1.4
External causes	18.4	1.5	30.7	1.8	np	np	70.2	2.9	74.9	2.2
Endocrine, metabolic and nutritional disorders	34.2	2.7	113.1	6.0	np	np	52.6	3.2	170.7	6.7
Respiratory diseases	48.9	2.0	43.2	1.9	np	np	53.1	2.1	92.8	2.5
Digestive diseases	25.8	2.3	36.2	2.8	np	np	29.0	2.4	68.3	3.7
Conditions originating in perinatal period	11.5	2.0	22.7	3.2	np	np	np	np	65.9	5.7
Nervous system diseases	1.4	1.4	3.4	2.1	np	np	np	np	6.9	3.6
Kidney diseases	8.4	1.8	15.4	3.3	np	np	np	np	33.3	3.6
Infectious and parasitic diseases	0.1	1.0	-4.2	0.8	np	np	16.9	1.7	9.5	1.5
Other causes ^h	20.7	1.5	26.0	1.6	np	np	40.7	2.0	74.5	2.4
All causes	352.0	1.6	465.9	1.8	np	np	411.2	1.7	874.8	2.3

^a Age standardised to the Australian population as at 30 June 2001. ^b Rate ratio is the age-standardised Indigenous rate divided by the age-standardised non-Indigenous rate. ^c Although most deaths of Indigenous people are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous 'all causes' mortality rate. ^d Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis. ^e Data are presented in five-year groupings due to the volatility of small numbers each year. ^f Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases. ^g Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information. ^h 'Other causes' consist of all conditions excluding the selected causes displayed in the table. **np** not published

Source: ABS (unpublished) *Causes of Death Australia, 2009*, Cat. No. 3301.0; table EA.47; 2012 Report, table E.2, p. E.17.

Life expectancy

'Life expectancy' is an indicator of governments' objective that the key healthcare needs of all Australians are met effectively through timely and quality care and people with complex care needs can access comprehensive, integrated and coordinated services (box E.3).

Box E.3 Life expectancy

'Life expectancy' is defined as the average number of additional years a person of a given age and sex might expect to live if the age-specific death rates of the given period continued throughout his/her lifetime.

A high or increasing life expectancy is desirable.

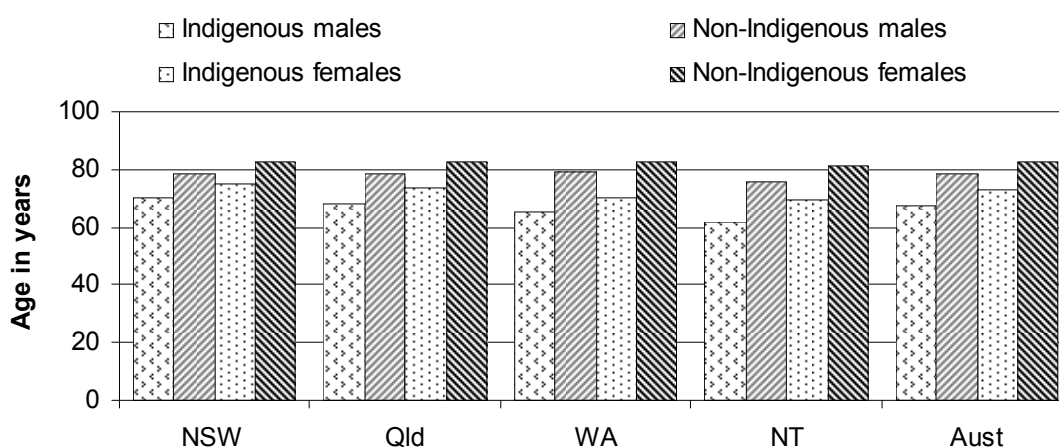
Most components of the health system can influence life expectancy, although there can be decades between the action and the effect. Factors external to the health system also have a strong influence on life expectancy.

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

The life expectancies of Indigenous Australians are considerably lower than those of non-Indigenous Australians. ABS experimental estimates indicate a life expectancy at birth of 67.2 years for Indigenous males and 72.9 years for Indigenous females born from 2005 to 2007. In the same time period, life expectancy at birth for non-Indigenous males was 78.7 years and for non-Indigenous females was 82.6 years (figure E.3 and table EA.49).

Figure E.3 **Estimated life expectancies at birth, by Indigenous status and sex, 2005–2007 (years)**^{a, b, c}



^a Indigenous estimates of life expectancy are not available for Victoria, SA, Tasmania or the ACT due to the small number of Indigenous deaths in these jurisdictions. ^b Life tables are constructed separately for Males and Females. ^c Australian total includes all states and territories.

Source: ABS (2009) *Experimental Life Tables for Aboriginal and Torres Strait Islander Australians 2005–2007*, Australia, Cat. no. 3302, Canberra; table EA.49; 2012 Report, figure E.13, p. E.13.

Median age at death

‘Median age at death’ is an indicator of governments’ objective that the key healthcare needs of all Australians are met effectively through timely and quality care and people with complex care needs can access comprehensive, integrated and coordinated services (box E.4).

Box E.4 Median age at death

‘Median age at death’ is defined as the age at which exactly half the deaths registered (or occurring) in a given time period were deaths of people above that age and half were deaths below that age.

A high or increasing median age at death is desirable.

Most components of the health system can influence median age at death, although there can be decades between the action and the effect. Factors external to the health system also have a strong influence on median age at death.

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

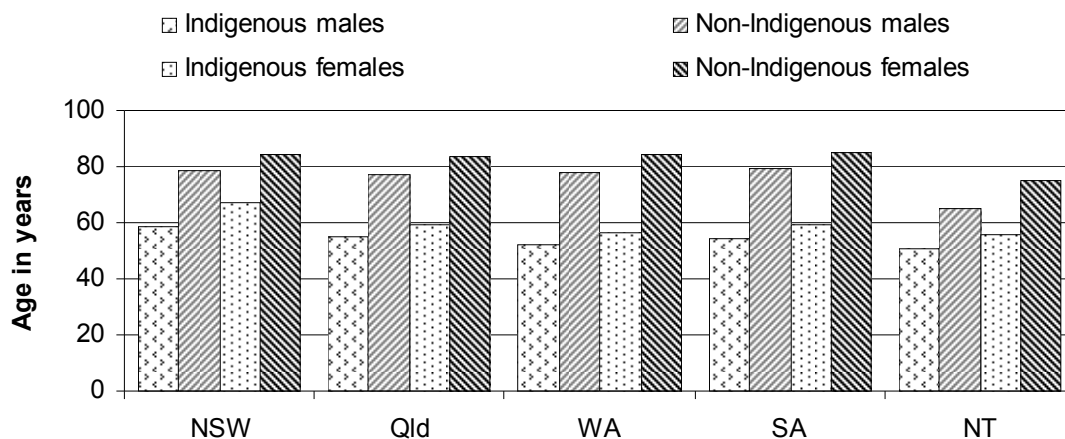
Comparisons of the median age at death for Indigenous and non-Indigenous people are affected by different age structures in the populations and by differences in the extent of identification of Indigenous deaths across jurisdictions and across age groups. Identification of Indigenous status for infant deaths is high, but falls significantly in older age groups. The median age of death for Indigenous people is, therefore, likely to be an underestimate.

Caution should be taken when comparing median age at death between Indigenous and non-Indigenous populations. Coory and Baade (2003) note that:

- the relationship between a change in median age at death and a change in death rate depends upon the baseline death rate. So comparison of trends in median age at death for Indigenous and non-Indigenous people is difficult to interpret
- changes in the median age at death of public health importance might be difficult to distinguish from statistical noise.

The median age at death in 2010 was 78.3 years of age for Australian males and 84.3 years of age for Australian females (table EA.50). In the jurisdictions for which data were available for Indigenous people, the median age at death for male Indigenous Australians was between 50.8 and 58.3 years of age. The median age at death for female Indigenous Australians was between 55.4 and 67.1 years of age (figure E.4 and table EA.50).

Figure E.4 **Median age at death, by sex and Indigenous status, 2010^{a, b}**



^a Vic, Tas and the ACT are excluded due to small numbers of registered Indigenous deaths. ^b The accuracy of Indigenous mortality data is variable as a result of varying rates of coverage across jurisdictions and age groups, and of changes in the estimated Indigenous population caused by changing rates of identification in the Census and births data.

Source: ABS (2011a) *Deaths Australia, 2010*, Cat. no. 3302.0, Canberra; table EA.50; 2012 Report, figure E.12, p. E.21.

Potentially avoidable deaths

‘Potentially avoidable deaths’ is an indicator of governments’ objective that the healthcare needs of all Australians are met effectively through timely and quality care and people with complex care needs can access comprehensive, integrated and coordinated services (box E.5). Avoidable deaths reflect the effectiveness of current and past preventative health activities.

Box E.5 Potentially avoidable deaths

‘Potentially avoidable deaths’ is defined as potentially preventable deaths (deaths amenable to screening and primary prevention, such as immunisation) and deaths from potentially treatable conditions (deaths amenable to therapeutic interventions) for those aged less than 75 years per 100 000 people aged less than 75 years.

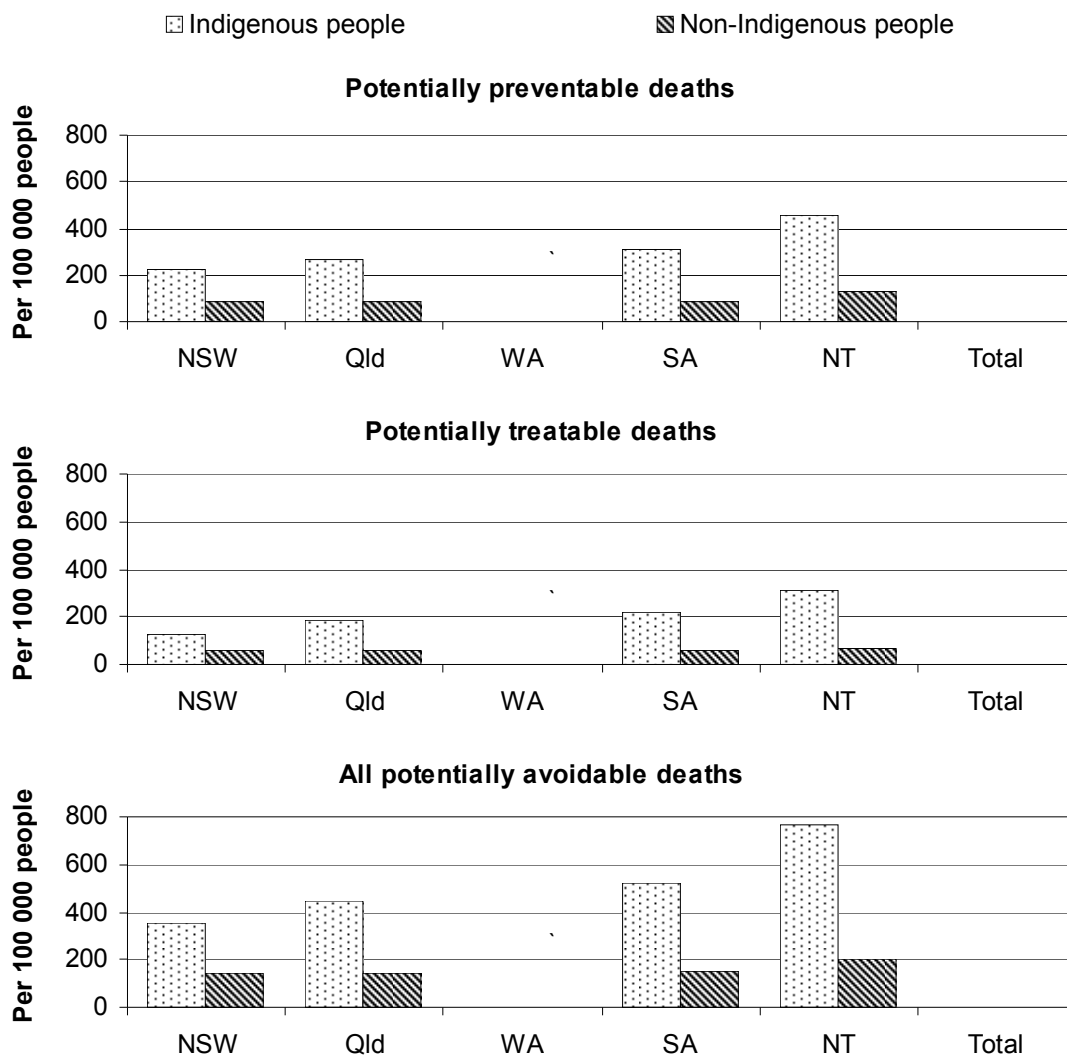
A low or decreasing potentially avoidable death rate is desirable.

Most components of the health system can influence potentially avoidable death rates, although there can be decades between the action and the effect. Factors external to the health system also have a strong influence on potentially avoidable death rates.

Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Figure E.5 Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2005–09^{a, b, c, d, e, f, g}



^a Age standardised to the Australian population as at 30 June 2001. ^b Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis. ^c Data are presented in five-year groupings due to the volatility of small numbers each year. ^d Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT). ^e Preventable deaths are those which are amenable to screening and primary prevention such as immunisation, and reflect the effectiveness of the current preventative health activities of the health sector. ^f Deaths from potentially treatable conditions are those which are amenable to therapeutic interventions, and reflect the safety and quality of the current treatment system. ^g Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

Source: ABS (unpublished) *Causes of Deaths, Australia, 2009*, Cat. no. 3303.0; table EA.52; 2012 Report, figure E.13, p. E.22.

Indigenous people had significantly higher death rates from potentially avoidable deaths (preventable and treatable) over the period 2005–2009, comprising higher

potentially preventable deaths per 100 000 people and higher treatable deaths per 100 000 people (figure E.5 and table EA.52). Single year data are presented in table EA.51.

Access to services compared to need by type of service

‘Access to services compared to need by type of service’ is an indicator of governments’ objective that Indigenous Australians and those living in rural and remote areas or on low incomes achieve health outcomes comparable to the broader population (box E.6).

Box E.6 Access to services compared to need by type of service

‘Access to services compared to need by type of service’ is defined as the number of people aged 15 years or over who accessed a particular health service in the past 12 months (for hospital admissions) or 2 weeks (for other health services) divided by the population aged 15 years or over, expressed as a percentage. Rates are age standardised and calculated separately for each type of service and by categories of self-assessed health status.

Service types are: admitted hospitalisations, casualty/outpatients, GP and/or specialist doctor consultations, consultations with other health professional and dental consultation.

Self assessed health status is categorised as excellent/very good/good and fair/poor and are reported by Indigenous status, remoteness and Socio Economic Indexes for Areas.

High or increasing rates of ‘Access to services compared to need by type of service’ are desirable, as are rates for those in disadvantaged groups being close to the rates for those who are not disadvantaged.

Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

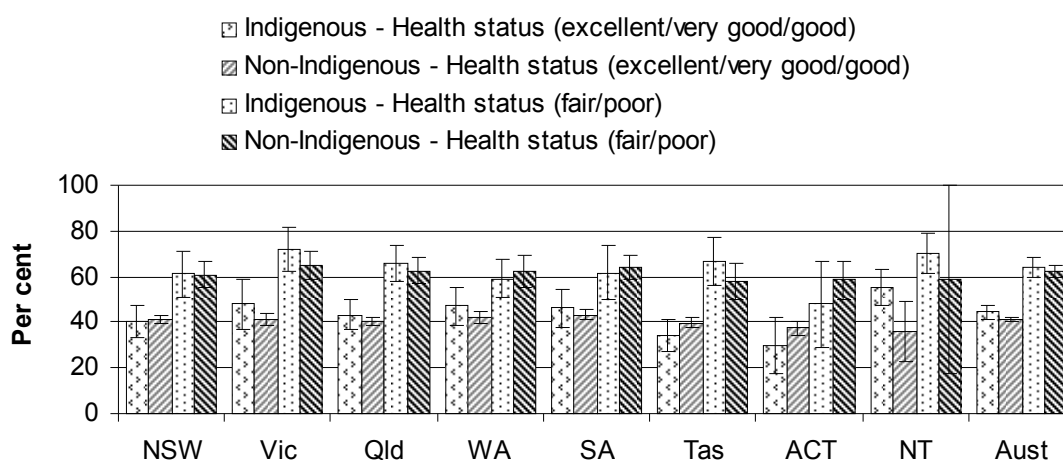
Results from the 2007-08 National Health Survey indicate that the majority of Australians (85 per cent) aged 15 years or over reported their health as either good, very good or excellent (ABS 2009c). In the 2008 National Aboriginal and Torres Strait Islander Social Survey, 78 per cent of Indigenous people reported their health as either good, very good or excellent (ABS 2009b).

The latest available data comparing the health outcomes of Indigenous and non-Indigenous people are from the National Aboriginal and Torres Strait Islander Health Survey 2004-05 (ABS 2006a) and National Health Survey 2004-05 (ABS 2006b).

The surveys show that Indigenous people were less likely than non-Indigenous people to report very good or excellent health and the difference between the two populations was greatest in the older age groups. Taking into account differences in age structure between the Indigenous and non-Indigenous populations, Indigenous people overall were almost twice as likely to report their health as fair or poor than non-Indigenous Australians in 2004-05.

Data from the surveys show that 41.8 per cent of Australians who reported their health status as being excellent/very good/good accessed health services in 2004-05, while health services were accessed by 62.6 per cent of people who reported their health status as being fair/poor (2012 Report, tables EA.17 and EA.18). There was little difference between the percentages of Indigenous and non-Indigenous people reporting excellent/very good/good health status who accessed health services or between Indigenous and non-Indigenous people reporting fair/poor health status who accessed health services in 2004-05 (figure E.6).

Figure E.6 Proportion of people who accessed health services by health status and Indigenous status, 2004-05^{a, b, c, d, e}



^a Rates are age standardised by State/Territory to the 2001 estimated resident population (5 year ranges from 15+). ^b People who accessed at least one of the health services noted in tables EA.19 and EA.20 in the last two weeks or were admitted to hospital in the last 12 months. ^c Limited to people aged 15 years or over. ^d Total people accessing any of the selected health services. Components may not add to total because people may have accessed more than one type of health service. ^e Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

Source: ABS (unpublished) *National Health Survey, 2004-05*; ABS (unpublished) *National Aboriginal and Torres Strait Islander Health Survey, 2004-05*; tables EA.19 and EA.20; 2012 Report, figure E.13, p. E.22.

Health risk factors

‘Health risk factors’ is an indicator of governments’ objective that Australians manage the key risk factors that contribute to ill health (box E.7).

A number of behaviours create risks to health outcomes; for example, dietary habits and exercise, smoking, alcohol consumption, and sun exposure.

Health services are concerned with promoting, restoring and maintaining a healthy society. An important part of this activity is reducing health risk factors through activities that raise awareness of health issues to reduce the risk and onset of illness and injury. The incidence of cancers for 2008 are reported in 2012 Report, tables EA.37–39.

Box E.7 Health risk factors

‘Health risk factors’ is defined by the following three measures:

- number of people aged 18 years or over who smoke tobacco every day as a percentage of the population aged 18 years or over.
- people aged 18 years or over assessed as having an alcohol consumption pattern that puts them at risk of long-term alcohol related harm, as a percentage of the population aged 18 years or over. ‘At risk of long-term alcohol related harm’ is defined according to the 2001 National Health and Medical Research Council guidelines: for males, 29 drinks or more per week; for females, 15 drinks or more per week.
- number of people aged 18 years or over with a Body Mass Index (BMI) in the categories of either underweight, normal range, overweight or obese, as a percentage of the population aged 18 years or over. BMI is calculated as weight (kg) divided by the square of height (m). BMI values are grouped according to World Health Organization and National Health and Medical Research Council guidelines. Among adults, a BMI of less than 18.5 is considered underweight, a BMI of 18.5 to less than 25 is considered normal weight, a BMI of 25 to less than 30 is considered overweight and a BMI of 30 and over is considered to be obese (WHO 2000; NHMRC 2003). Children are defined as people aged 5–17 years. For children, obesity is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.

Rates for all three measures are age standardised.

A low or decreasing rate is desirable for each health risk factor.

Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Body mass

Being overweight or obese increases the risk of an individual developing, among other things, heart disease, stroke and Type 2 diabetes.

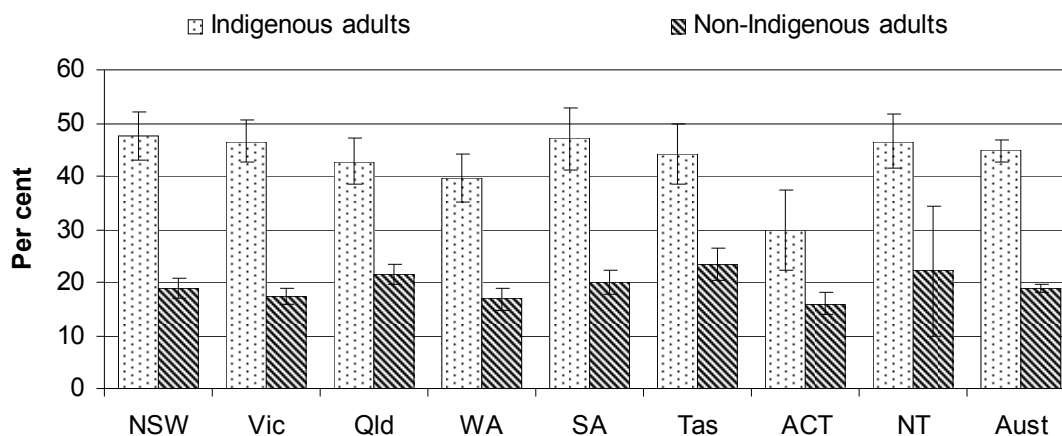
Nationally, there were almost twice as many obese Indigenous adults (33.6 per cent) as non-Indigenous adults (17.7 per cent) (table EA.29). RSEs and 95 per cent confidence intervals for the proportion of adults and children in BMI categories, in 2007-08 are presented in 2012 Report, table EA.31.

Smoking

Smoking is an important risk factor for heart disease, stroke and lung cancer. These were the three leading causes of death in Australia in 2009 (ABS 2011).

Current daily smokers aged 18 years and over accounted for 19.1 per cent of the population in 2007-08. There were some variations in the age standardised rates of smoking across jurisdictions (figure E.7 and table EA.33). Nationally, Indigenous people had higher age standardised rates of daily smoking (44.8 per cent) than non-Indigenous people (18.9 per cent). Daily smokers accounted for 27.3 per cent of the population in remote geographical areas, gradually decreasing as remoteness of residence decreases, accounting for 25.7 per cent of the population in outer regional areas, 20.1 per cent in inner regional areas and 17.6 per cent in major cities (2012 Report, table EA.32).

Figure E.7 **Proportion of adults who are daily smokers, by Indigenous status, 2007-08^{a, b, c, d}**



^a Rates are for people aged 18 years and over who are current daily smokers, age standardised, by State and Territory, to the 2001 Estimated Resident Population (10 year ranges from 18–55 years and over). ^b Data for Indigenous people are based on the ABS *National Aboriginal and Torres Strait Islander Social Survey*, 2008. ^c Data for non-Indigenous people are based on the ABS *National Health Survey*, 2007-08. ^d Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

Source: ABS (unpublished), *National Health Survey 2007-08*; table EA.33; 2012 Report, figure E.16, p. E.27.

Alcohol consumption

Excessive long term alcohol consumption increases the risk of heart disease, stroke, liver cirrhosis and some types of cancers. Further, it can contribute to injury and death through accidents, violence, suicide and homicide, and also to financial problems, family breakdown, and child abuse and neglect.

Nationally, 13.1 per cent of Australian adults were at risk of long term harm from alcohol in 2007-08. The age standardised rates varied among jurisdictions (2012 Report, table EA.34). Nationally, the age standardised proportion of adults at risk of long term harm from alcohol was slightly higher for Indigenous people (15.4 per cent) than for non-Indigenous people (13.5 per cent) in 2004-05. There were some variations in the proportion of Indigenous adults at risk of long term harm from alcohol across jurisdictions (table EA.36).

Low birthweight of babies

‘Low birthweight of babies’ is an indicator of governments’ objective that children are born and remain healthy (box E.8). The birthweight of a baby is an important indicator of its health status and future wellbeing. Low birthweight babies have a

greater risk of poor health and dying, require a longer period of hospitalisation after birth, and are more likely to develop significant disabilities (Goldenberg & Culhane 2007).

Box E.8 Low birthweight of babies

Babies' birthweight is defined as low if they weigh less than 2500 grams, very low if they weigh less than 1500 grams and extremely low if they weigh less than 1000 grams (Li et al. 2011).

A low or decreasing number of low birthweight babies is desirable.

Factors external to the health system also have a strong influence on the birthweight of babies. Some factors contributing to low birthweight include socioeconomic status, size of parents, age of mother, number of babies previously born, mother's nutritional status, smoking and alcohol intake, and illness during pregnancy (Li et al. 2011).

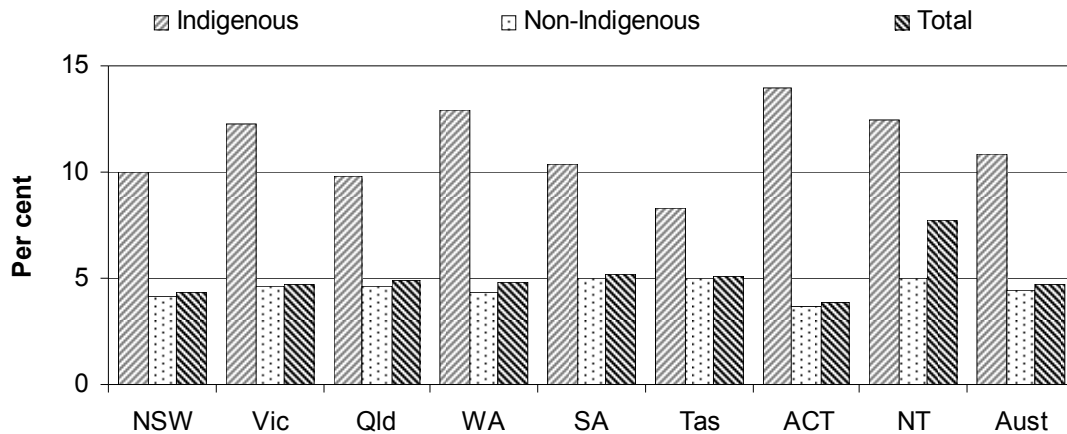
Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

In 2009, 92.0 per cent of liveborn babies in Australia weighed between 2500 and 4499 grams (Li et al. 2011). The average birthweight for all live births was 3374 grams in 2009 (2012 Report, table EA.53). The average birthweight for liveborn babies of Indigenous mothers was 3183 grams in 2009 (table EA.54). In 2009, 1.0 per cent of all liveborn babies in Australia weighed less than 2500 grams. This included 1.0 per cent of babies with a very low birthweight (who weighed less than 1500 grams) (2012 Report, table EA.53).

Among live babies born to Indigenous mothers in 2009, the proportion with low birthweight was over twice that of those born to non-Indigenous mothers (figure E.8). The number and proportion of live-born singleton babies of low birthweight for the period 2007–2009 are presented in table EA.56.

Figure E.8 **Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, 2009^{a, b, c, d, e}**



^a Low birthweight is defined as less than 2500 grams. ^b Disaggregation by State/Territory is by place of usual residence of the mother. ^c Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated. ^d Excludes stillbirths and multiple births. Births were included if they were at least 20 weeks gestation or at least 400 grams birthweight. ^e Birthweight data on babies born to Indigenous mothers residing in the ACT and Tasmania should be viewed with caution as they are based on small numbers of births.

Source: AIHW (unpublished) National Perinatal Data Collection; table EA.55; 2012 Report, figure E.17, p. E.29.

Service-specific performance indicator frameworks

Indigenous reporting on service-specific performance indicator frameworks for public hospitals (chapter 10), primary and community health (chapter 11) and mental health management (chapter 12) are in the subsequent chapters of this Compendium.

Cross cutting and interface issues

Many determinants affect Australian's health (AIHW 2010). They include the delivery of an efficient, effective and equitable health service, but also factors such as individuals' and communities' social and economic conditions and background.

Major improvements in health outcomes therefore depend on strong partnerships between components of the health system and relationships between the health sector and other government services:

-
- *Early childhood, education and training services* play an important role in shaping a child's development, which has consequences for overall health and wellbeing in later life (AIHW 2011).

Good health is critical to a child's educational development. Impaired hearing, malnutrition, poor general health, including poor eyesight, anaemia and skin diseases, and sleep deprivation have been identified as having adverse effects on the educational attainment of Indigenous children (AMA 2001).

- *Justice services* have a critical role in providing a safe and secure society, free from violence. They also enforce laws designed to improve public health such as to prevent road traffic accidents and the use of illicit drugs.

A person's health can also be a critical factor in a person's interaction with the justice system. Research shows that prisoners have significantly worse health, with generally higher levels of diseases, mental illness and illicit drug use than Australians overall (AIHW 2010).

- *Emergency management services* have an important role in the preparation and response to emergency events providing emergency first aid, protection and shelter. Ambulance services are an integral part of a jurisdiction's health service providing emergency as well as non-emergency patient care and transport.
- *Community services* and health services interact at many levels. People with disability are more likely than others to have poor physical and mental health, and higher rates of risk factors such as smoking and obesity (AIHW 2010). Aged care services can keep people living independently and healthily, without undue call on the health sector. Child protection services act to protect children and ensure their good health (while medical professionals are the source of many child protection notifications).
- *Housing and homelessness services* play an important role in ensuring the health of Australians. Living conditions (particularly poor housing and infrastructure) are a major contributor to health and well being. People with unmet housing needs tend to experience higher death rates, poor health, and are more likely to have serious chronic illnesses (Garner 2006).

List of attachment tables

Attachment tables for data within this sector summary are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a 'EA' prefix (for example, table EA.1 is table 1 in the Health sector summary attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

Table EA.12	Indigenous health workforce, by State/Territory, 2006
Table EA.13	Indigenous people in health workforce as a proportion of total health workforce, by age group and sex, 2006
Table EA.14	Proportion of the health workforce that is Indigenous, by occupation groupings, 2006
Table EA.15	Indigenous persons employed in selected health-related occupations, 2006
Table EA.16	Proportion of the health workforce that is Indigenous, by selected professions, 2009
Table EA.19	Proportion of people who accessed health services by health status, by Indigenous status, 2004-05
Table EA.20	RSEs and confidence intervals for the proportion of people who accessed health services by health status, by Indigenous status, 2004-05
Table EA.29	Rates of obesity for adults and children, by Indigenous status, 2004-05
Table EA.33	Proportion of adults who are daily smokers, by Indigenous status, 2007-08
Table EA.36	Proportion of adults at risk of long term harm from alcohol, by Indigenous status, 2004-05
Table EA.38	Incidence of selected cancers by Indigenous status
Table EA.40	Mortality rates, age standardised for all causes (per 1000 people)
Table EA.41	Infant mortality rate, three year average (per 1000 live births)
Table EA.43	All causes infant (<1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA and NT
Table EA.44	All causes child (1-4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA and NT, 2006-2010
Table EA.45	All causes child (0-4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA and NT, 2006-2010
Table EA.47	Age standardised mortality rates by major cause of death, by Indigenous status, 2005-2009
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10 Public hospitals

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 10A.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 10.1' this is page 1 of chapter 10 of the 2012 Report, and '2012 Report, table 10A.1' is attachment table 1 of attachment 10A of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Public hospitals chapter (chapter 10) in the *Report on Government Services 2012* (2012 Report) reports on the performance of public hospitals in each Australian state and territory. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

Public hospitals are important providers of government funded health services in Australia. This chapter reports on the performance of State and Territory public hospitals, focusing on acute care services. It also reports separately on a significant component of the services provided by public hospitals — maternity services.

Major improvements in reporting on public hospitals this year include:

- combining a number of indicators with similar characteristics as separate measures under new high level indicators
- reporting national data from the Australian Bureau of Statistics (ABS) *Patient Experience Survey 2010-11* under the 'Patient satisfaction' indicator
- inclusion of some 'data quality information' (DQI) documentation.

The public hospitals chapter in the 2012 Report focuses on 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 services to admitted patients, have the most reliable data. Data in the chapter include subacute and non-acute care services.

In some instances, data for stand-alone psychiatric hospitals are included in the 2012 Report. However, under the National Mental Health Strategy, the provision of psychiatric treatment is shifting away from specialised psychiatric hospitals to mainstream public hospitals and the community sector. The performance of

psychiatric hospitals and psychiatric units of public hospitals is examined more closely in the ‘Mental health management’ chapter (chapter 12).

Size and scope of sector

There are several ways to measure the size and scope of Australia’s public hospital sector. This chapter reports on: the number and size of hospitals; the number and location of public hospital beds; the number and type of public hospital separations; the proportion of separations by age group of the patient; the number of separations and incidence of treatment, by procedure and Indigenous status of the patient; the number of hospital staff; and types of public hospital activity.

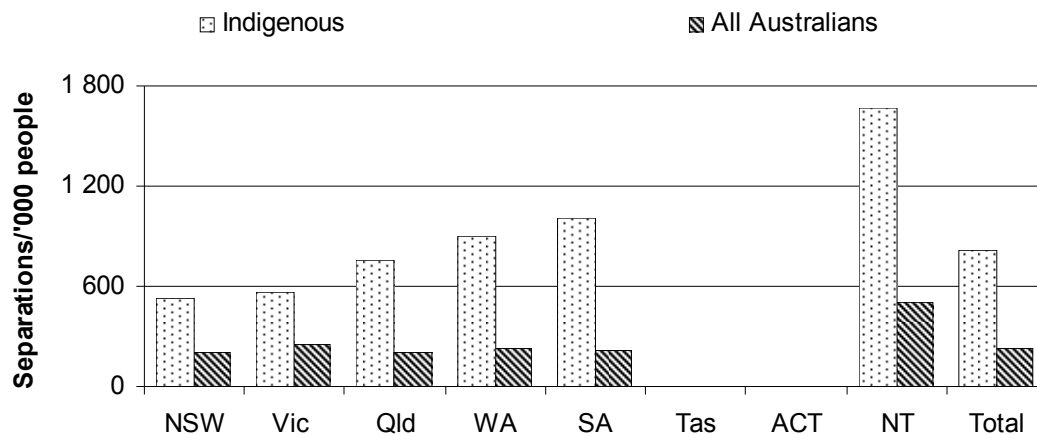
Admitted patient care for Indigenous patients

The completeness of Indigenous identification in hospital admitted patient data varies across states and territories. Efforts to improve Indigenous identification across states and territories are ongoing. In 2009-10, on an age standardised basis, 813.4 public hospital separations (including same day separations) for Indigenous patients were reported per 1000 Indigenous people in NSW, Victoria, Queensland, WA, SA and the NT combined. This rate was markedly higher than the corresponding rate of 224.3 per 1000 for these jurisdictions’ combined total population (figure 10.1).

Hospital episodes of care involving dialysis accounted for 42 per cent of all hospitalisations for Indigenous people (compared with 12 per cent for other Australians) in the period July 2006 to June 2008. The Indigenous hospitalisation rate for dialysis was 11 times as high as the rate for other Australians. After adjusting for age differences, the hospitalisation rate (excluding dialysis) for Indigenous people in the two years to June 2008 was 432 per 1000 population compared with 310 per 1000 population for other Australians (1.4 times as high) (AHMAC 2011).

In 2009-10, separations for Indigenous people accounted for around 3.7 per cent of total separations and 5.8 per cent of separations in public hospitals in NSW, Victoria, Queensland, WA, SA and the NT combined (table 10A.10). Indigenous people made up only around 2.5 per cent of the population in these jurisdictions (tables AA.2 and AA.7). Most separations involving Indigenous patients (92.3 per cent) in these jurisdictions occurred in public hospitals (table 10A.10).

Figure 10.1 Estimates of public hospital separations, by Indigenous status of patient, 2009-10^{a, b, c}



^a The rates are directly age standardised to the Australian population at 30 June 2001. ^b Identification of Indigenous patients is not considered complete and completeness varies across jurisdictions. ^c Data are reported for NSW, Victoria, Queensland, WA, SA and NT. These six jurisdictions are considered to have acceptable quality of Indigenous identification. The total comprises these jurisdictions only.

Source: AIHW (unpublished), National Hospital Morbidity Database; table 10A.11; 2012 Report, figure 10.8, p. 10.10.

Framework of performance indicators for public hospitals

Public hospitals performance is reported against objectives that are common to public hospitals in all jurisdictions (2012 Report, box 10.1). The ‘Health sector summary’ explains the performance indicator framework for health services as a whole, including the subdimensions of quality and sustainability that have been added to the standard Review framework.

The Council of Australian Governments (COAG) has agreed six National Agreements to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services (see chapter 1 for more detail on reforms to federal financial relations). The National Healthcare Agreement (NHA) covers the area of health, and health indicators in the National Indigenous Reform Agreement (NIRA) establish specific outcomes for reducing the level of disadvantage experienced by Indigenous Australians. Both agreements include sets of performance indicators, for which the Steering Committee collates performance information for analysis by the COAG Reform Council (CRC). Performance indicators reported in this chapter are aligned with health performance indicators in the NHA.

Box 10.1 Objectives for public hospitals

The common government objectives for public hospitals are to provide acute and specialist services that are:

- safe and of high quality
- appropriate and responsive to individual needs
- affordable, timely and accessible
- equitably and efficiently delivered.

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of public hospitals (figure 10.2). The performance indicator framework shows which data are comparable in the 2012 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective (see 2012 Report, section 1.6). Data for Indigenous people are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

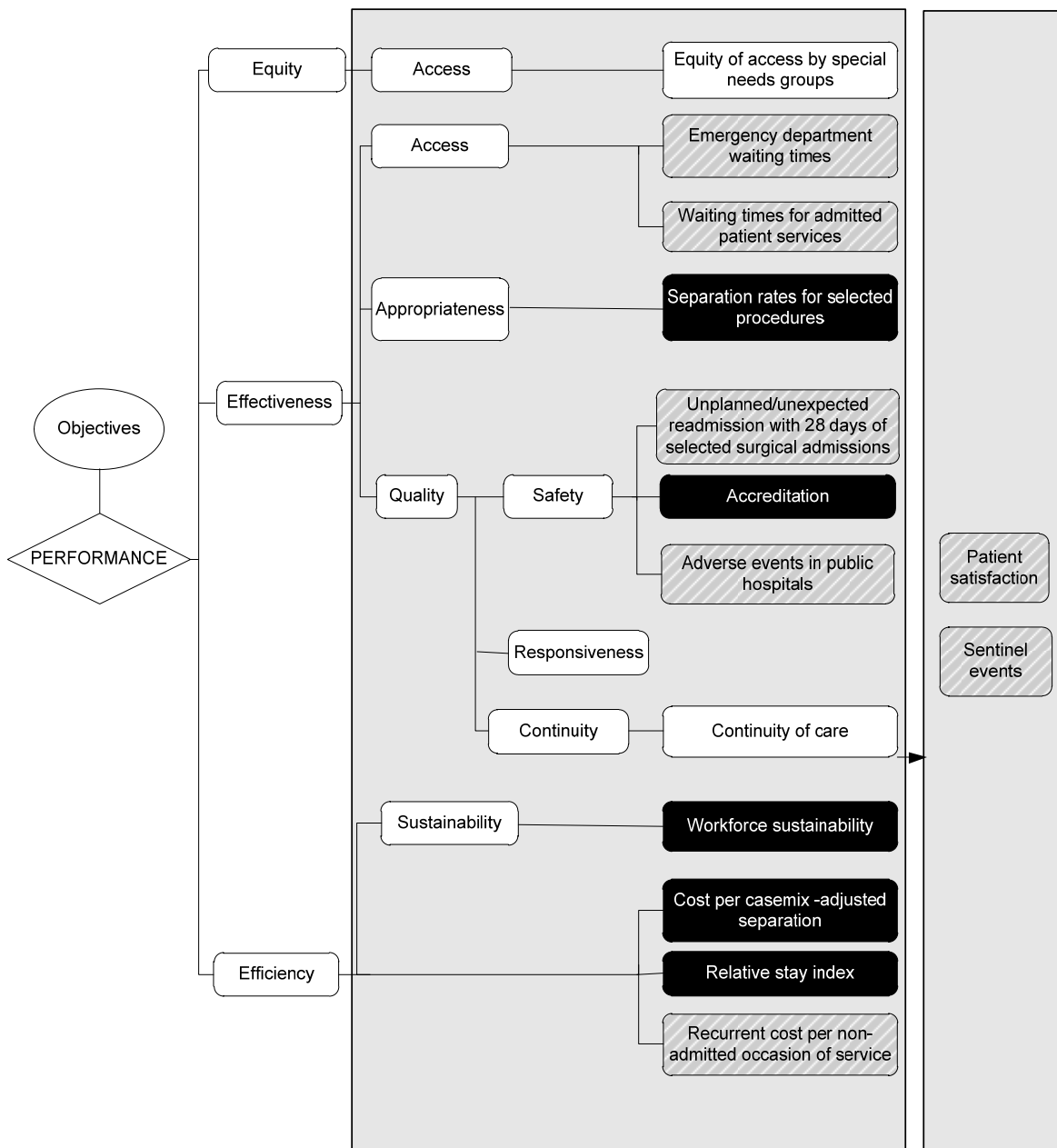
The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

For this Report, the framework has been revised to report a number of indicators with similar characteristics as separate measures under new high level indicators:

- 'Waiting times for elective surgery' and 'Waiting times for admission following emergency department care' are reported as separate measures under the 'Waiting times for admitted patient services' indicator
- 'Healthcare associated *Staphylococcus aureus* bacteraemia in acute care hospitals', 'Falls resulting in patient harm in hospitals', 'Intentional self harm in hospitals', 'Adverse drug events in hospitals' and 'Pressure ulcers in hospitals' are reported as separate measures under the 'Adverse events in public hospitals' indicator

- ‘Recurrent cost per casemix adjusted separation’ and ‘Total cost per casemix adjusted separation’ are reported as separate measures under the ‘Cost per casemix adjusted separation’ indicator.

Figure 10.2 Public hospitals performance indicator framework



Key to indicators

- Text** Data for these indicators comparable, subject to caveats to each chart or table
- Text** Data for these indicators not complete or not directly comparable
- Text** These indicators yet to be developed or data not collected for this Report

Source: 2012 Report, figure 10.10, p. 10.15.

Equity of access by special needs groups

‘Equity of access by special needs groups’ is an indicator of governments’ objective to provide accessible services (box 10.2).

Box 10.2 Equity of access by special needs groups

‘Equity of access by special needs groups’ measures the performance of agencies providing services for three identified special needs groups: Indigenous people; people living in communities outside the capital cities (that is, people living in other metropolitan areas, or rural and remote communities); and people from a non-English speaking background.

‘Equity of access by special needs groups’ has been identified as a key area for development in future Reports. Data for the ‘Emergency department waiting times’ and ‘Waiting times for admitted patient services’ indicators are reported by Indigenous status and remoteness.

Emergency department waiting times

‘Emergency department waiting times’ is an indicator of governments’ objective to provide accessible services (box 10.3).

Box 10.3 Emergency department waiting times

‘Emergency department waiting times’ measures the proportion of patients seen within the benchmarks set by the Australasian Triage Scale. The Australasian Triage Scale is a scale for rating clinical urgency, designed for use in hospital-based emergency services in Australia and New Zealand.

The nationally agreed method of calculation for waiting times is to subtract the time at which the patient presents at the emergency department (that is, the time at which the patient is clerically registered or triaged, whichever occurs earlier) from the time of commencement of service by a treating medical officer or nurse. Patients who do not wait for care after being triaged or clerically registered are excluded from the data.

(Continued next page)

Box 10.3 (Continued)

The benchmarks, set according to triage category, are as follows:

- triage category 1: need for resuscitation — patients seen immediately
- triage category 2: emergency — patients seen within 10 minutes
- triage category 3: urgent — patients seen within 30 minutes
- triage category 4: semi-urgent — patients seen within 60 minutes
- triage category 5: non-urgent — patients seen within 120 minutes (HDSC 2008).

A high or increasing proportion of patients seen within the benchmarks set for each triage category is desirable.

Data reported for this indicator are not directly comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

The comparability of emergency department waiting times data across jurisdictions can be influenced by differences in data coverage (2012 Report, table 10.2) and clinical practices — in particular, the allocation of cases to urgency categories.

Emergency department waiting times by Indigenous status and remoteness, for peer group A and B hospitals are reported in the attachment (tables 10A.19 and 2012 Report, 10A.20). Nationally, there was little difference between Indigenous and non-Indigenous people in the percentages of patients treated within national benchmarks across the triage categories, although there were variations across states and territories for some triage categories (table 10A.19).

Waiting times for admitted patient services

‘Waiting times for admitted patient services’ is an indicator of governments’ objective to provide accessible services (box 10.4). Elective surgery patients who wait longer are likely to suffer discomfort and inconvenience, and more urgent patients can experience poor health outcomes as a result of extended waits.

Box 10.4 **Waiting times for admitted patient services**

'Waiting times for admitted patient services' is defined by three measures:

- 'Overall elective surgery waiting times' are calculated by comparing the date on which patients are added to a waiting list with the date on which they are admitted. Days on which the patient was not ready for care are excluded. 'Overall waiting times' are presented as the number of days within which 50 per cent of patients are admitted and the number of days within which 90 per cent of patients are admitted. The proportion of patients who waited more than one year is also shown.
- 'Elective surgery waiting times by clinical urgency category' reports the proportion of patients who were admitted from waiting lists after an extended wait. The three generally accepted clinical urgency categories for elective surgery are:
 - category 1 — admission is desirable within 30 days for a condition that has the potential to deteriorate quickly to the point that it may become an emergency
 - category 2 — admission is desirable within 90 days for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency
 - category 3 — admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency. The desirable timeframe for this category is admission within 365 days.

The term 'extended wait' is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting more than the agreed desirable waiting times of 30 days and 90 days respectively.

- Waiting times for admission following emergency department care is currently expected to measure the percentage of patients who present to a public hospital emergency department and are admitted to the same hospital, whose time in the emergency department is less than 8 hours. This indicator is being developed as part of the NHA reporting process. Waiting times for admission following emergency department care has been identified as a key area for development in future Reports.

For 'Overall elective surgery waiting times' a low or decreasing number of days waited at the 50th and 90th percentiles, and a low or decreasing proportion of people waiting more than 365 days are desirable.

(Continued on next page)

Box 10.4 (Continued)

For 'Elective surgery waiting times by clinical urgency category' a low or decreasing proportion of patients who have experienced extended waits at admission is desirable. However, variation in the way patients are classified to urgency categories should be taken into account. Rather than comparing jurisdictions, the results for individual jurisdictions should be viewed in the context of the proportions of patients assigned to each of the three urgency categories (2012 Report, table 10.4).

Data reported for this indicator are not directly comparable.

Partial data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Waiting times for elective surgery

Attachment 10A includes data on 'elective surgery waiting times' by hospital peer group, specialty of surgeon and indicator procedure. It also includes waiting times by remoteness and by Indigenous status (2012 Report, tables 10A.21–10A.25). Those living in regional and very remote areas had longer waiting times than those in major cities at the 50th and 90th percentiles at the national level (2012 Report, table 10A.24). Nationally, Indigenous people had longer waiting times for elective surgery than non-Indigenous people at the 50th percentile and 90th percentiles (table 10A.23).

Effectiveness — appropriateness

Separation rates for selected procedures

'Separation rates for selected procedures' is an indicator of the appropriateness of public hospital services (box 10.5).

Box 10.5 Separation rates for selected procedures

‘Separation rates for selected procedures’ is defined as separations per 1000 people for certain procedures in public hospitals. The procedures are selected for their frequency, for sometimes being elective and discretionary, and because alternative treatments are sometimes available.

Higher/lower rates are not necessarily associated with inappropriate care. However, large jurisdictional variations in rates for particular procedures can require investigation to determine whether service levels are appropriate.

Care needs to be taken when interpreting the differences in the separation rates for the selected procedures. Variations in rates can be attributable to variations in the prevalence of the conditions being treated, or to differences in clinical practice across states and territories. Higher rates can be acceptable for certain conditions and not for others. Higher rates of angioplasties, for example, can represent appropriate levels of care, whereas higher rates of hysterectomies or tonsillectomies can represent an over-reliance on procedures. Some of the selected procedures, such as angioplasty and coronary artery bypass graft, are alternative treatment options for people diagnosed with similar conditions.

Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

The ‘separation rates for selected procedures’ reported here reflect the activities of the public health system. In previous Reports data for the public and private systems combined were reported. The most common procedures of those reported in 2009-10 were cataract extraction, cystoscopy, hysterectomy and cholecystectomy (2012 Report, table 10.5).

For all procedures, separation rates varied across jurisdictions. Statistically significant and material differences in the separation rates for these procedures can highlight variations in treatment methods across jurisdictions. Table 10A.42 reports separations for selected procedures by remoteness and Indigenous status.

Safety — unplanned/unexpected readmissions within 28 days of selected surgical admissions

‘Unplanned/unexpected readmissions within 28 days of selected surgical admissions’ is an indicator of governments’ objective to provide public hospital services that are safe and of high quality (box 10.6). Patients might be re-admitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, if post discharge planning was inadequate, or for reasons outside the control of the hospital (for example poor post-discharge care).

Box 10.6 Unplanned/unexpected readmissions within 28 days of selected surgical admissions

Unplanned/unexpected readmissions within 28 days of selected surgical admissions show the rate at which patients unexpectedly return to hospital within 28 days for further treatment of the same condition.

The indicator is calculated as the number of separations that were unplanned or unexpected readmissions to the same hospital following a separation in which a selected surgical procedure was performed and which occurred within 28 days of the previous date of separation, expressed per 1000 separations in which one of the selected surgical procedures was performed.

Selected surgical procedures are knee replacement, hip replacement, tonsillectomy and adenoidectomy, hysterectomy, prostatectomy, cataract surgery and appendectomy.

‘Unexpected/unplanned’ readmissions are those having a principal diagnosis of a post-operative adverse event for which a specified ICD-10-AM diagnosis code has been assigned.

Low or decreasing rates for this indicator are desirable. Conversely, high rates for this indicator suggest the quality of care provided by hospitals, or post-discharge care or planning, should be examined, because there may be scope for improvement.

Data reported for this indicator are not complete or directly comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Unplanned/unexpected readmissions within 28 days of selected surgical admissions in public hospitals in 2009-10 are reported in 2012 Report, table 10.6. Unplanned/unexpected readmissions are reported by Indigenous status and remoteness in table 10A.44.

Safety — adverse events in public hospitals

‘Adverse events in public hospitals’ is an indicator of governments’ objective to provide public hospital services that are safe and of high quality (box 10.7). Adverse events in public hospitals can result in serious consequences for individual patients, place a significant burden on the health system and are influenced by the safety of hospital practices and procedures.

Box 10.7 Adverse events in public hospitals

'Adverse events in public hospitals' is defined by the following five measures:

- Healthcare associated *Staphylococcus aureus* bacteraemia in acute care hospitals
- Falls resulting in patient harm in hospitals
- Intentional self harm in hospitals
- Adverse drug events in hospitals
- Pressure ulcers in hospitals

Healthcare associated Staphylococcus aureus bacteraemia in acute care hospitals

'Healthcare associated *Staphylococcus aureus* (including Methicillin-resistant *Staphylococcus aureus* [MRSA]) bacteraemia (SAB) in acute care hospitals' is the number of SAB patient episodes associated with acute care public hospitals, expressed as a rate per 10 000 patient days for public acute care hospitals reporting for the SAB indicator.

A patient episode of SAB is defined as a positive blood culture for SAB. Only the first isolate per patient is counted, unless at least 14 days has passed without a positive blood culture, after which an additional episode is recorded.

SAB is considered to be healthcare-associated if the first positive blood culture is collected more than 48 hours after hospital admission or less than 48 hours after discharge, or if the first positive blood culture is collected 48 hours or less after admission and one or more of the following key clinical criteria was met for the patient-episode of SAB:

- SAB is a complication of the presence of an indwelling medical device
- SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site
- an invasive instrumentation or incision related to the SAB was performed within 48 hours
- SAB is associated with neutropenia ($<1 \times 10^9/L$) contributed to by cytotoxic therapy.

Cases where a known previous blood culture has been obtained within the last 14 days are excluded.

A low or decreasing 'Healthcare associated SAB in acute care hospitals' rates is desirable.

Data reported for this measure are not directly comparable.

(Continued on next page)

Box 10.7 (Continued)

Falls resulting in patient harm in hospitals

Falls occurring in health care settings and resulting in patient harm is defined as the number of separations with an external cause code for fall and a place of occurrence of public health care setting, expressed as a rate per 1000 hospital separations.

A low or decreasing rate of falls resulting in patient harm in hospitals is desirable.

Data reported for this measure are comparable.

Intentional self harm in hospitals

Intentional self harm in hospitals is defined as the number of hospital separations with an external cause code for intentional self harm and a place of occurrence of public health care setting, expressed as a rate per 1000 hospital separations.

A low or decreasing rate of intentional self harm in hospitals is desirable.

Data reported for this measure are comparable.

Adverse drug events in hospitals

Adverse drug events in hospitals is currently expected to measure the number of separations with an adverse drug event occurring in hospital.

Adverse drug events in hospitals has been identified as a key area for development in future Reports. This indicator is being developed as part of the NHA reporting process.

Pressure ulcers in hospitals

Pressure ulcers in hospitals is currently expected to measure separations with a pressure ulcer in acute and subacute care settings recorded as arising during an episode of care.

Pressure ulcers in hospitals has been identified as a key area for development in future Reports. This indicator is being developed as part of the NHA reporting process.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Safety — falls resulting in patient harm in hospitals

The measure defines a fall in hospital as a fall for which the place of occurrence is coded as public health care setting. Public health care setting is broader in scope than hospitals, as it includes other health care settings such as day surgery centres or hospices. Data could therefore be an overestimate. Falls resulting in patient harm in public health care settings varied across states and territories in 2009-10, with a national rate of 3.2 falls per 1000 separations (2012 Report, figure 10.14). Data are reported by Indigenous status and remoteness in table 10A.47.

Safety — intentional self harm in hospitals

Available data for this measure are based on the place of occurrence being a ‘public health care setting’. This place of occurrence is broader in scope than hospitals, as it includes other health care settings, such as day surgery centres or hospices. Data could therefore be an overestimate. Nationally in 2009-10 occurrences of intentional self harm in public health care settings was around 0.2 per 1000 separations (2012 Report, figure 10.15). Data are reported by Indigenous status and remoteness in table 10A.48.

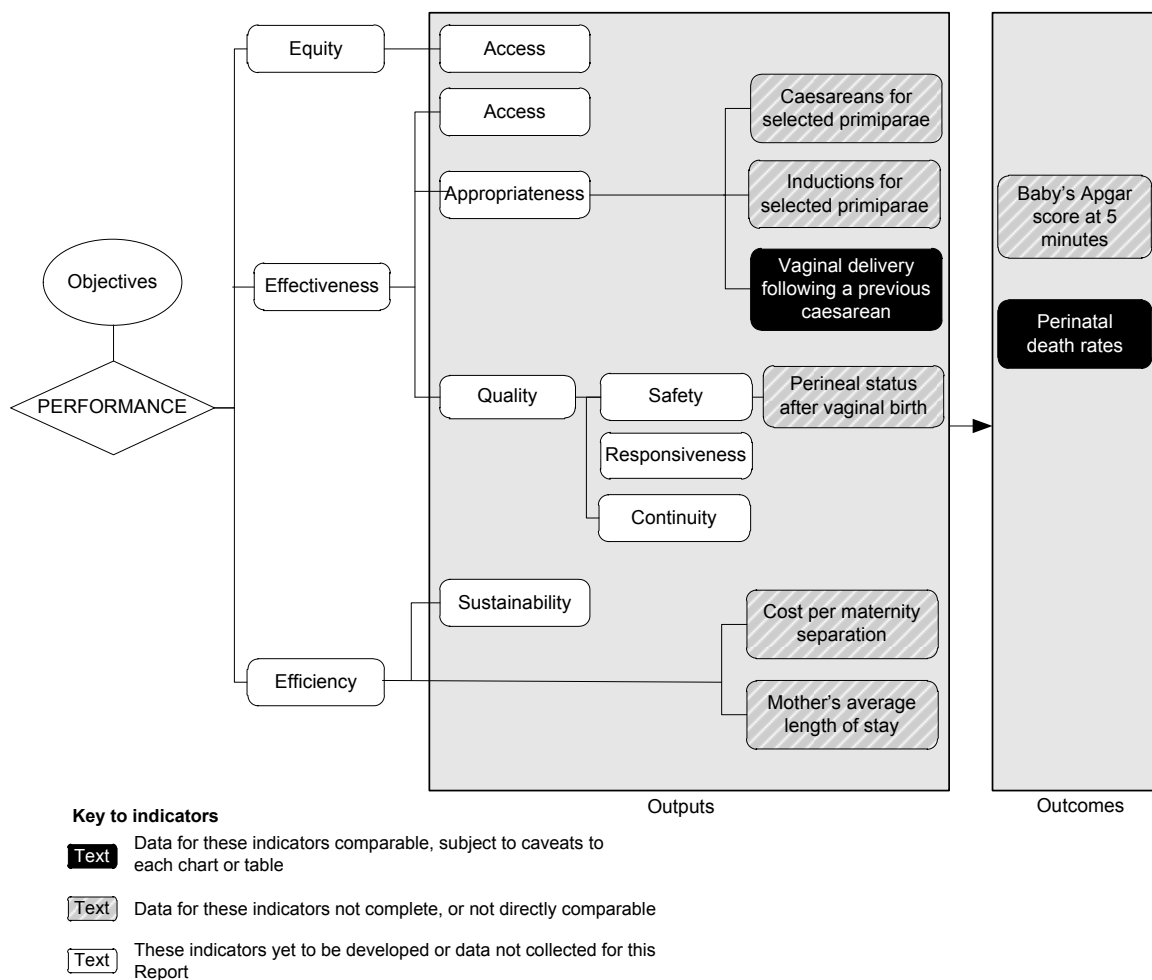
Framework of performance indicators for maternity services

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of maternity services (figure 10.3). The performance indicator framework shows which data are comparable in the 2012 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 of the 2012 Report discusses data comparability from a Report-wide perspective (see 2012 Report, section 1.6). The ‘Health sector summary’ explains the performance indicator framework for health services as a whole, including the subdimensions of quality and sustainability that have been added to the standard Review framework.

The Report’s statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

The framework has been revised to combine the previously reported indicators fetal, neonatal and perinatal deaths as separate measures under a new ‘Perinatal deaths’ indicator.

Figure 10.3 Maternity services performance indicator framework



Source: 2012 Report, figure 10.25, p. 10.62.

Outcomes

Outcomes are the impact of services on the status of an individual or group (while outputs are the services delivered) (see 2012 Report, chapter 1, section 1.5).

Perinatal death rate

‘Perinatal death rate’ is an indicator of governments’ objective to deliver maternity services that are safe and of high quality (box 10.8).

Box 10.8 Perinatal death rate

'Perinatal death rate' is defined by the following three measures:

- Fetal death (stillbirth) is the birth of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Fetal deaths by definition include only infants weighing at least 400 grams or of a gestational age of at least 20 weeks. The 'fetal death rate' is calculated as the number of fetal deaths divided by the total number of births (live births and fetal deaths combined), by State or Territory of usual residence of the mother. The rate of fetal deaths is expressed per 1000 total births.
- Neonatal death is the death of a live born infant within 28 days of birth (see section 10.8 for a definition of a live birth). The 'neonatal death rate' is calculated as the number of neonatal deaths divided by the number of live births registered. The rate of neonatal deaths is expressed per 1000 live births, by state or territory of usual residence of the mother.
- A perinatal death is a fetal or neonatal death. The 'perinatal death rate' is calculated as the number of perinatal deaths divided by the total number of births (live births registered and fetal deaths combined) in each jurisdiction. It is expressed per 1000 total births.

Low or decreasing death rates are desirable and can indicate high quality maternity services. The neonatal death rate tends to be higher among premature babies, so a lower neonatal death rate can also indicate a lower percentage of pre-term births.

Differences in the 'fetal death rate' between jurisdictions are likely to be due to factors outside the control of maternity services for admitted patients (such as the health of mothers and the progress of pregnancy before hospital admission). To the extent that the health system influences fetal death rates, the health services that can have an influence include outpatient services, general practice services and maternity services. In jurisdictions where the number of fetal deaths is low, small annual fluctuations in the number affect the annual rate of fetal deaths.

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

Data reported for this indicator are comparable.

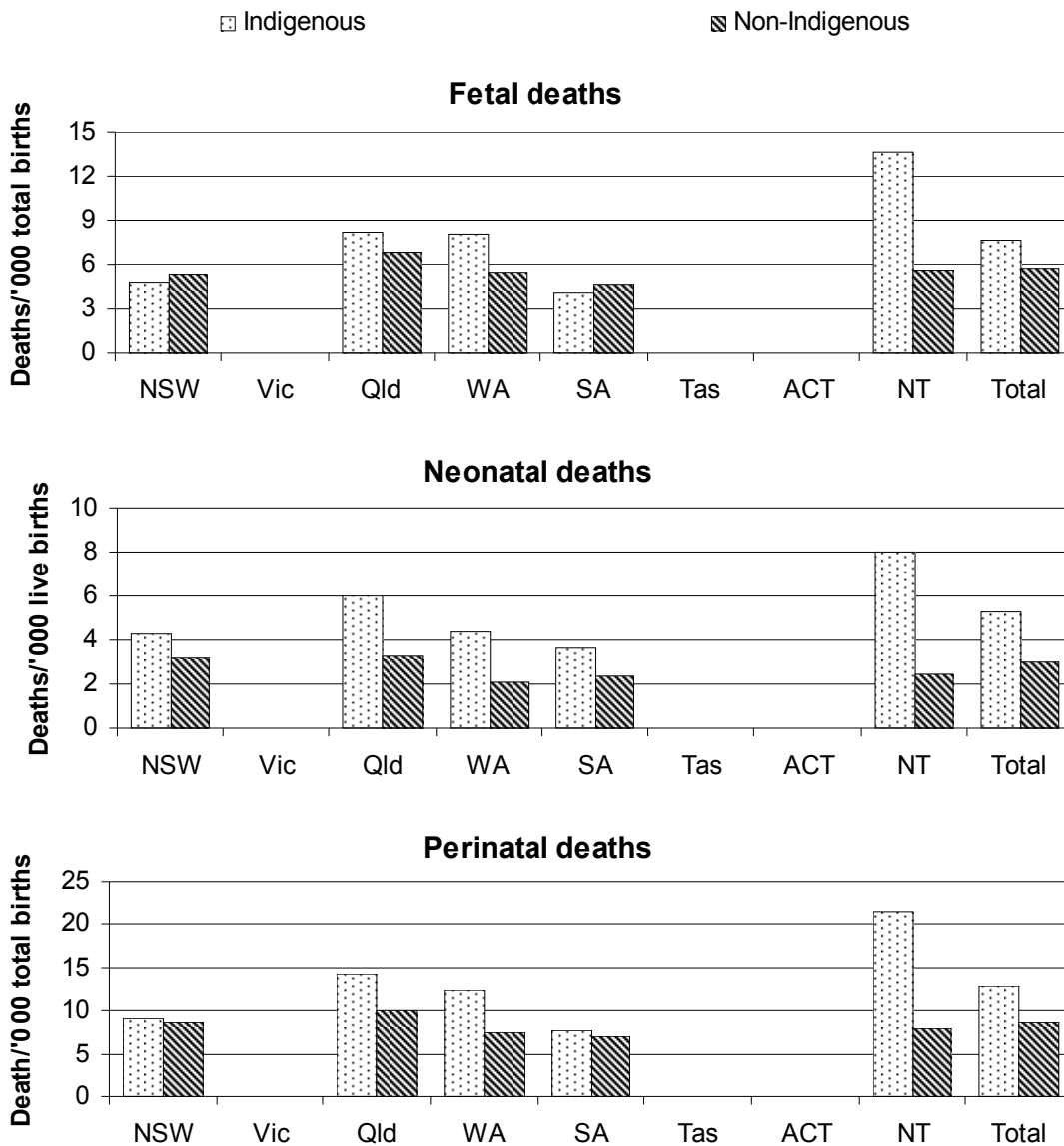
Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Fetal, neonatal and perinatal deaths for Indigenous people

Fetal, neonatal and perinatal deaths data by the Indigenous status of the mother are available for NSW, Queensland, WA, SA and the NT only. Data for other jurisdictions are not included due to small numbers or poor coverage rates

(ABS 2004). In most of the jurisdictions for which data are available, the fetal, neonatal and perinatal death rates for Indigenous people are higher than those for non-Indigenous people (figure 10.4).

Figure 10.4 Fetal, neonatal and perinatal deaths, by Indigenous status of mother 2005–2009^a



^a Data are reported individually by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. These 5 states have evidence of sufficient levels of identification and sufficient numbers of deaths. The total relates to those jurisdictions for which data are published. Data are not available for other jurisdictions.

Source: ABS (unpublished) *Perinatal deaths, Australia*, Cat. no. 3304.0; table 10A.112; 2012 Report, figure 10.35, p. 10.76.

Future directions

Priorities for future reporting on public hospitals and maternity services include the following:

- Improving the comprehensiveness of reporting by filling in gaps in the performance indicator frameworks. Important gaps in reporting for public hospitals include indicators of equity of access to services for special needs groups (particularly Indigenous people), and indicators of continuity of care. Gaps in the maternity services framework include equity of access, effectiveness of access, two aspects of quality — responsiveness and continuity — and the efficiency subdimension of sustainability.
- Improving the quality of Indigenous data. Work on improving Indigenous identification in hospital admitted patient data across states and territories is ongoing. The inclusion of data for Tasmania and the ACT in national totals is a priority for future Reports.

Definitions of key terms and indicators

Acute care	Clinical services provided to admitted or non-admitted patients, including managing labour, curing illness or treating injury, performing surgery, relieving symptoms and/or reducing the severity of illness or injury, and performing diagnostic and therapeutic procedures. Most episodes involve a relatively short hospital stay.
Admitted patient	A patient who has undergone a formal admission process in a public hospital to begin an episode of care. Admitted patients can receive acute, subacute or non-acute care services.
AR-DRG	Australian Refined Diagnosis Related Group - a patient classification system that hospitals use to match their patient services (hospital procedures and diagnoses) with their resource needs. AR-DRG version 5.1 is based on the ICD-10-AM classification.
Casemix adjusted	Adjustment of data on cases treated to account for the number and type of cases. Cases are sorted by AR-DRG into categories of patients with similar clinical conditions and requiring similar hospital services. Casemix adjustment is an important step to achieving comparable measures of efficiency across hospitals and jurisdictions.
Casemix adjusted separations	The number of separations adjusted to account for differences across hospitals in the complexity of episodes of care.
Cost per casemix adjusted separation	Recurrent expenditure multiplied by the inpatient fraction and divided by the total number of casemix-adjusted separations plus estimated private patient medical costs.
Elective surgery waiting times	The time elapsed for a patient on the elective surgery waiting list, from the date on which he or she was added to the waiting list for a procedure to admission or a designated census date.
Fetal death	Delivery of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Excludes infants that weigh less than 400 grams or that are of a gestational age of less than 20 weeks.
Fetal death rate	The number of fetal deaths divided by the total number of births (that is, by live births registered and fetal deaths combined).
ICD-10-AM	The Australian modification of the International Standard Classification of Diseases and Related Health Problems. This is the current classification of diagnoses and procedures in Australia.
Inpatient fraction	The ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion.
Live birth	Birth of a child who, after delivery, breathes or shows any other evidence of life, such as a heartbeat. Includes all registered live births regardless of birthweight.
Neonatal death	Death of a live born infant within 28 days of birth. Defined in Australia as the death of an infant that weighs at least 400 grams or that is of a gestational age of at least 20 weeks.
Neonatal death rate	Neonatal deaths divided by the number of live births registered.
Non-acute care	Includes maintenance care and newborn care.

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.
Perinatal death	Fetal death or neonatal death of an infant that weighs at least 400 grams or that is of a gestational age of at least 20 weeks.
Perinatal death rate	Perinatal deaths divided by the total number of births (that is, live births registered and fetal deaths combined).
Public hospital	A hospital that provides free treatment and accommodation to eligible admitted persons who elect to be treated as public patients. It also provides free services to eligible non-admitted patients and can provide (and charge for) treatment and accommodation services to private patients. Charges to non-admitted patients and admitted patients on discharge can be levied in accordance with the Australian Health Care Agreements (for example, aids and appliances).
Separation	A total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change in the type of care for an admitted patient (for example, from acute to rehabilitation). Includes admitted patients who receive same day procedures (for example, renal dialysis).
Separation rate	Hospital separations per 1000 people or 100 000 people.
Triage category	The urgency of the patient's need for medical and nursing care: category 1 — resuscitation (immediate within seconds) category 2 — emergency (within 10 minutes) category 3 — urgent (within 30 minutes) category 4 — semi-urgent (within 60 minutes) category 5 — non-urgent (within 120 minutes).

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a '10A' prefix (for example, table 10A.1 is table 1 in the Public hospitals attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

Table 10A.10	Separations by hospital sector and Indigenous status of patient, 2009-10
Table 10A.11	Separations per 1000 people, by Indigenous status of patient (number)
Table 10A.19	Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory
Table 10A.23	Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days)
Table 10A.42	Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population)

Table 10A.44	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations)
Table 10A.47	Separations for falls resulting in patient harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table 10A.48	Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table 10A.112	Perinatal, neonatal and fetal deaths, 2005–2009

References

- ABS (Australian Bureau of Statistics) 2004, *Deaths, Australia 2003*, Cat. no. 3302.0, Canberra.
- AHMAC (Australian Health Ministers' Advisory Council) 2011, *The Aboriginal and Torres Strait Islander Health Performance Framework 2010 Report*, AHMAC, Canberra.
- HDSC (Health Data Standards Committee) 2008, *National health data dictionary. Version 14*. Cat. no. HWI 101. AIHW, Canberra.

11 Primary and community health

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 11A.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 11.1' this is page 1 of chapter 11 of the 2012 Report, and '2012 Report, table 11A.1' is attachment table 1 of attachment 11A of the 2012 Report. A full list of attachment tables referred to in the compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Primary and community health chapter (chapter 11) in the *Report on Government Services 2012* (2012 Report) reports on the performance of primary and community health services in Australia. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

Primary and community health services include general practice, allied health services, dentistry, alcohol and other drug treatment, maternal and child health, the Pharmaceutical Benefits Scheme (PBS) and a range of other community health services. Reporting in this chapter focuses mainly on general practice, primary healthcare services targeted to Indigenous people, public dental services, drug and alcohol treatment and the PBS.

The primary and community health sector is the part of the healthcare system most frequently used by Australians. It is important in preventative healthcare and in the detection and management of illness and injury, through direct service provision and through referral to acute (hospital) or other healthcare services, as appropriate.

Indigenous data in the primary and community health chapter

The primary and community health chapter in the 2012 Report contains the following data items on Indigenous people:

- general practitioner-type service use
- Indigenous community healthcare services
- early detection and early treatment for Indigenous people

-
- proportion of children receiving a fourth year developmental health check
 - potentially avoidable GP-type presentations to emergency departments
 - management of asthma
 - proportion of children fully immunised
 - cervical screening rates
 - potentially preventable hospitalisations for selected conditions

Profile of primary and community health

Community health services

Community health services usually comprise multidisciplinary teams of salaried health and allied health professionals, who aim to protect and promote the health of particular communities (Quality Improvement Council 1998). The services may be provided directly by governments (including local governments) or indirectly, through a local health service or community organisation funded by government. State and Territory governments are responsible for most community health services. The Australian Government's main role in the community health services covered in this chapter is in health services for Indigenous people. In addition, the Australian Government provides targeted support to improve access to community health services in rural and remote areas. There is no national strategy for community health and there is considerable variation in the services provided across jurisdictions.

Dental services

The Australian Government and the State and Territory governments have different roles in supporting dental services in Australia's mixed system of public and private dental healthcare. State and Territory governments have the main responsibility for the delivery of major public dental programs, primarily directed at children and disadvantaged adults. The Australian Government supports the provision of dental services primarily through the private health insurance rebate, and also provides MBS funding for dental services for patients with chronic conditions and complex care needs, and for a limited range of medical services of an oral surgical nature. In addition, the Australian Government provides funding for the dental care of war veterans and members of the Australian Defence Force. It also has a role in the provision of dental services through Indigenous Primary Health Care Services. Each

jurisdiction determines its own eligibility requirements for accessing public dental services, usually requiring a person to hold a concession card issued by Centrelink.

Size and scope

General practice

There were 27 639 vocationally recognised GPs and OMPs billing Medicare Australia, based on MBS claims data, in 2010-11. On a full time workload equivalent (FWE) basis, there were 20 267 vocationally recognised GPs and OMPs (see section 11.5 for a definition of FWE). This was equal to 89.5 FWE recognised GPs and OMPs per 100 000 people (2012 Report, table 11A.4). These data exclude services provided by GPs working with the Royal Flying Doctor Service and GPs working in Indigenous primary healthcare services and public hospitals. In addition, for some GPs — particularly in rural areas — MBS claims provide income for only part of their workload. Compared with metropolitan GPs, those in rural or remote areas spend more of their time working in local hospitals, for which they are not paid through Medicare. The numbers of FWE vocationally recognised GPs and OMPs per 100 000 people across jurisdictions are shown in 2012 Report, figure 11.1.

Nationally, around 5599 general practitioner type services were provided per 1000 population under Medicare in 2010-11 (table 11A.5).

Alcohol and other drug treatment

Alcohol and other drug treatment activities range from a brief intervention to long term residential treatment. Types of treatment include detoxification, pharmacological treatment (also known as substitution or maintenance treatment), counselling and rehabilitation. The data included here have been sourced from a report on the Alcohol and Other Drug Treatment Services National Minimum Data Set (AIHW 2011a). Treatment activities excluded from that report include treatment with medication for dependence on opioid drugs such as heroin (opioid pharmacotherapy treatment) where no other treatment is provided, the majority of services for Indigenous people that are funded by the Australian Government, treatment services within the correctional system, and treatment units associated with acute care and psychiatric hospitals.

Indigenous community healthcare services

Indigenous Australians use a range of primary healthcare services, including private GPs and Aboriginal and Torres Strait Islander Community Controlled Primary Health Care Services. There are Aboriginal and Torres Strait Islander Community Controlled Primary Health Care Services in all jurisdictions. These services are planned and governed by local Indigenous communities and aim to deliver holistic and culturally appropriate health and health-related services. Funding is provided by Australian, State and Territory governments. In addition to these healthcare services, health programs for Indigenous Australians are funded by a number of jurisdictions. In 2009-10, these programs included services such as health information, promotion, education and counselling; alcohol, tobacco and other drug services; sexual health services; allied health services; disease/illness prevention; and improvements to nutrition standards (tables 11A.81–11A.89).

Data on Indigenous primary healthcare services that receive funding from the Australian Government are collected through the OATSIH Services Reporting (OSR) questionnaire (the OSR data collection replaced the previous Service Activity Reporting (SAR) data collection from the 2008-09 reporting period). Many of these services receive additional funding from State and Territory governments and other sources. The OSR data reported here represent the health-related activities, episodes and workforce funded from all sources.

For 2009-10, OSR data are reported for 223 Indigenous primary healthcare services (table 11A.9). Of these services, 91 (40.8 per cent) were located in remote or very remote areas (table 11A.10). They provided a wide range of primary healthcare services, including the diagnosis and treatment of illness and disease, the management of chronic illness, immunisations and transportation to medical appointments (table 11A.11). An episode of healthcare is defined in the OSR data collection as contact between an individual client and staff of a service to provide healthcare. Around 2.4 million episodes of healthcare were provided by participating services in 2009-10 (table 11.1). Of these, over 1 million (43.9 per cent) were in remote or very remote areas (table 11A.10).

Table 11.1 Estimated episodes of healthcare for Indigenous people by services for which OSR data are reported ('000)^a

	<i>NSW Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT NT</i>	<i>Aust</i>
2008-09	452.0	160.0	336.0	306.0	191.0	35.0	2 089.0
2009-10	542.4	184.8	378.8	408.8	191.6	36.2	2 390.7

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

Source: AIHW (unpublished) OSR data collection; 2012 Report, table 11.6, p. 11.13.

The services included in the OSR data collection employed 3115 full time equivalent health staff (as at 30 June 2010). Of these, 1701 were Indigenous (54.6 per cent). The proportions of doctors and nurses employed by surveyed services who were Indigenous were relatively low (4.8 per cent and 10.4 per cent, respectively) (table 11A.12).

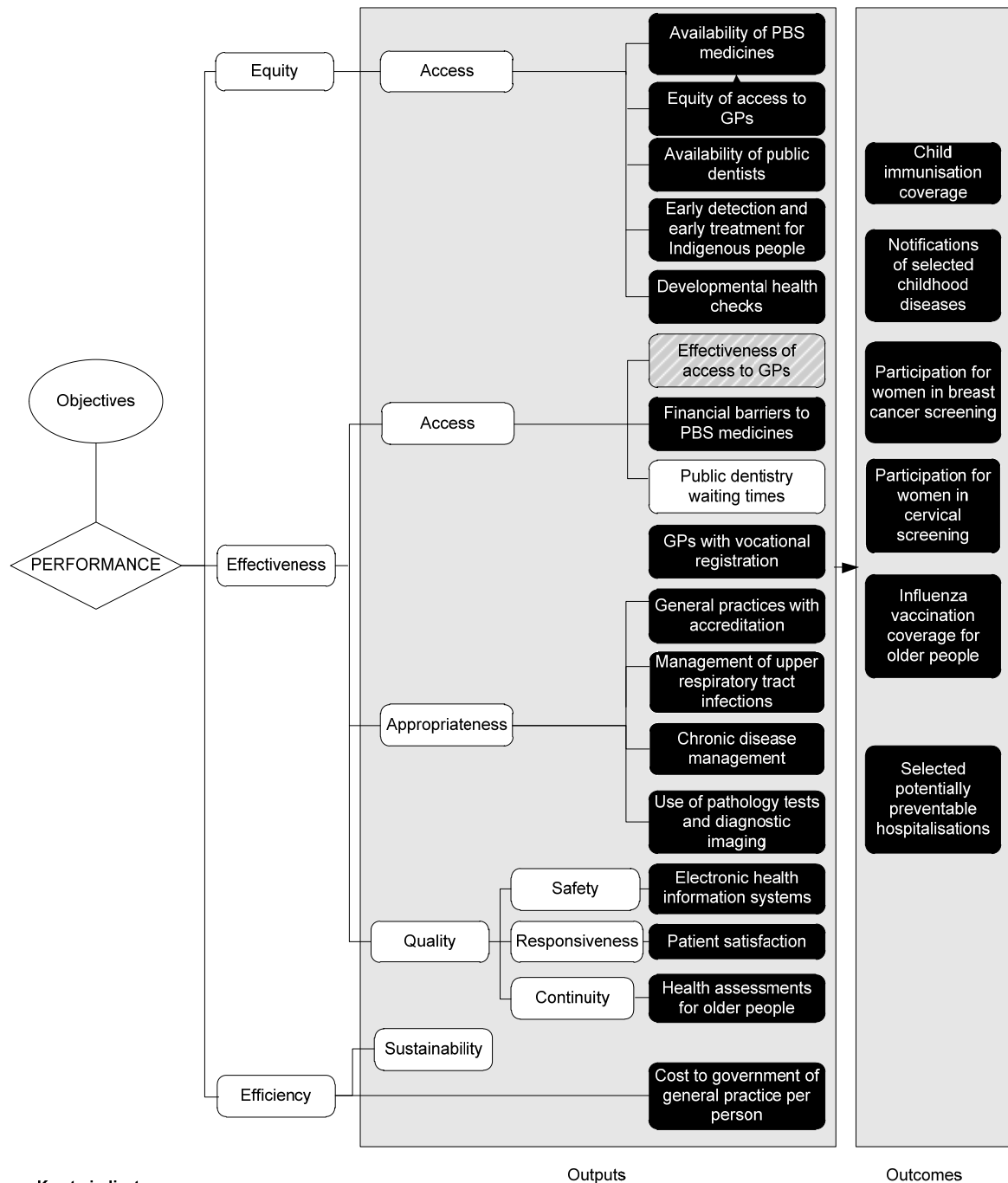
Framework of performance indicators

The performance indicator framework is based on the shared government objectives for primary and community health (2012 Report, box 11.1). The framework will evolve as better indicators are developed and as the focus and objectives for primary and community health change. In particular, the Steering Committee plans to develop and report against more indicators relating to community health services.

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of health services (figure 11.1). The performance indicator framework shows which data are comparable in the 2012 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report wide perspective (see 2012 Report, section 1.6).

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Figure 11.1 Primary and community health performance indicator framework



Key to indicators

- Text Data for these indicators comparable, subject to caveats to each chart or table
- Text Data for these indicators not complete or not directly comparable
- Text These indicators yet to be developed or data not collected for this Report

Source: 2012 Report, figure 11.3, p. 11.16.

Early detection and early treatment for Indigenous people

‘Early detection and early treatment for Indigenous people’ is an indicator of governments’ objective to provide equitable access to primary and community healthcare services for Indigenous people (box 11.1).

Box 11.1 Early detection and early treatment for Indigenous people

‘Early detection and early treatment for Indigenous people’ is defined as:

- the identification of individuals who are at high risk for, or in the early stages of, preventable and/or treatable health conditions (early detection)
- the provision of appropriate prevention and intervention measures in a timely fashion (early treatment).

Four measures of early detection and early treatment for Indigenous people are reported:

- The proportion of older people who received a health assessment by Indigenous status, where
 - older people are defined as non-Indigenous people aged 75 years or over and Indigenous people aged 55 years or over, excluding hospital inpatients and people living in aged care facilities. The relatively young age at which Indigenous people become eligible for ‘older’ people’s services recognises that they typically face increased health risks at younger ages than most other groups in the population. It also broadly reflects the difference in average life expectancy between the Indigenous and non-Indigenous populations (see the Health sector summary)
 - health assessments are MBS items that allow comprehensive examinations of patient health, including physical, psychological and social functioning. The assessments are intended to facilitate timely prevention and intervention measures to improve patient health and wellbeing.
- The proportion of older Indigenous people who received a health assessment in successive years of a five year period.
- The proportion of Indigenous people who received a health assessment or check by age group — health assessment/checks are available for Indigenous children (0–14 years), adults (15–54 years) and older people (55 years or over).
- The proportion of Aboriginal and Torres Strait Islander primary healthcare services that provided early detection services.

(Continued next page)

Box 11.1 (Continued)

A low or decreasing gap between the proportion of all older people and older Indigenous people who received a health assessment can indicate more equitable access to early detection and early treatment services for Indigenous people. An increase over time in the proportion of older Indigenous people who received a health assessment is desirable as it indicates improved access to these services. A low or decreasing gap between the proportion of Indigenous people in different age groups who received a health assessment/check can indicate more equitable access to early detection and treatment services within the Indigenous population. An increase in the proportion of Aboriginal and Torres Strait Islander primary healthcare services that included early detection activities is desirable as it indicates improved access to early detection and treatment services for Indigenous Australians.

This indicator provides no information about the proportion of people who receive early detection and early treatment services that are not listed in the MBS. Such services are provided by salaried GPs in community health settings, hospitals and Aboriginal and Torres Strait Islander primary healthcare services, particularly in rural and remote areas. Accordingly, this indicator understates the proportion of people who received early detection and early treatment services.

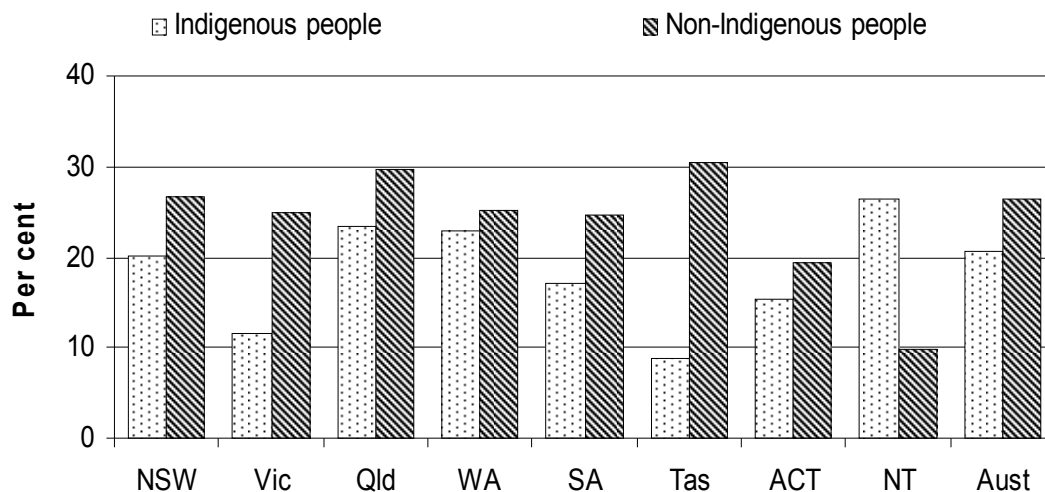
Data for this indicator are comparable.

Data quality information for this indicator is under development.

The high prevalence of preventable and/or treatable health conditions in the Indigenous population is strongly associated with relatively poor health outcomes for Indigenous people (AIHW 2008a; SCRGSP 2011). The availability and uptake of early detection and early treatment services is understood to be a significant determinant of people's health.

In 2010-11, the proportion of Indigenous older people who received an annual health assessment was lower than the proportion of non-Indigenous older people who received an annual health assessment in all jurisdictions except the NT (figure 11.2). This suggests that access to early detection and early treatment services may not be equitable.

Figure 11.2 Older people who received an annual health assessment by Indigenous status, 2010-11^{a, b}

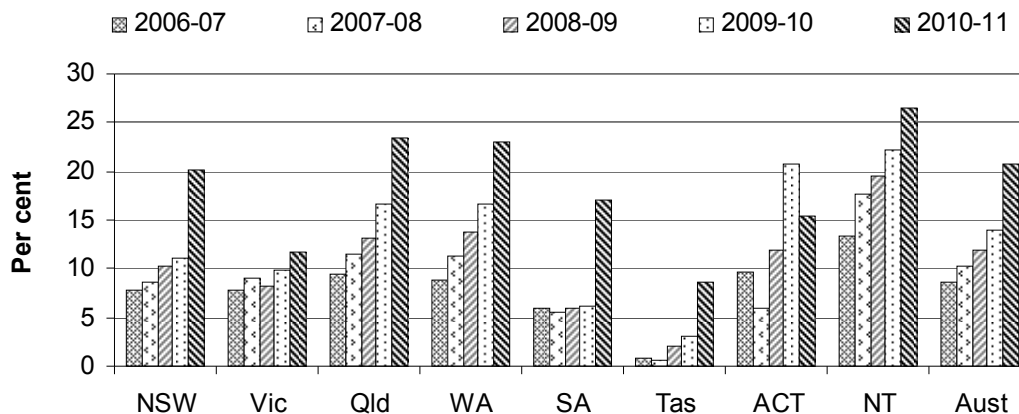


^a Older people are defined as Indigenous people aged 55 years or over and non-Indigenous people aged 75 years or over. ^b Indigenous status is determined by self-identification. Indigenous people aged 75 years or over may receive a health assessment under the 'all older people' MBS items. This is unlikely to affect overall proportions significantly, due to the relatively low average life expectancy of Indigenous people.

Source: Derived from DoHA (unpublished) MBS Statistics, ABS (2009) *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021*, Cat. no. 3238.0; ABS (2010) *Australian demographic statistics June quarter 2010*, Cat. no. 3101.0; 2012 Report, figure 11.9, p. 11.25.

The proportion of older Indigenous people who received an annual health assessment increased in most jurisdictions between 2006-07 and 2010-11 (figure 11.3).

Figure 11.3 Older Indigenous people who received an annual health assessment^a



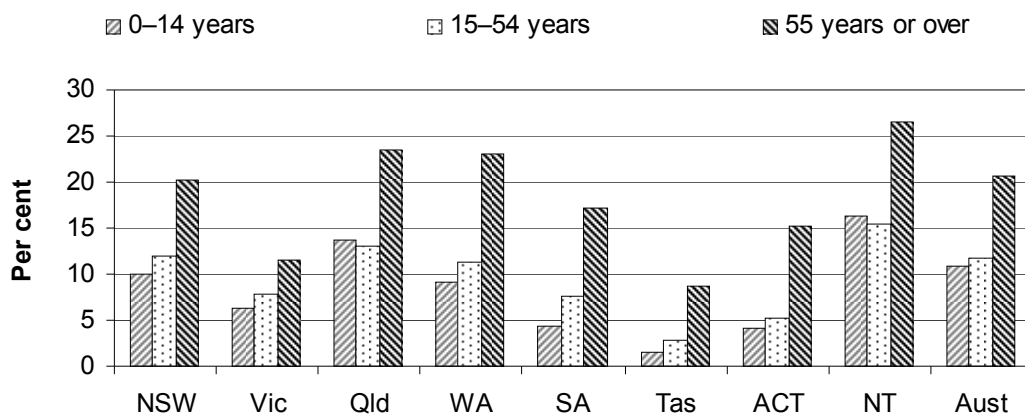
^a Older people are defined as Indigenous people aged 55 years or over. Indigenous status is determined by self-identification. Indigenous people aged 75 years or over may receive a health assessment under the 'all older people' MBS items. This is considered unlikely to significantly affect overall proportions due to the relatively low average life expectancy of Indigenous people.

Source: Derived from DoHA (unpublished) MBS data collection and ABS (2009) *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021*, Cat. no. 3238.0; table 11A.20; 2012 Report, figure 11.9, p. 11.25.

Health check MBS items were introduced for Indigenous people aged 15–54 years in May 2004. Initially available biennially, since 1 May 2010 they have been available annually. Also available annually are health checks for Indigenous children aged 0–14 years, introduced in May 2006.

The proportion of the eligible Indigenous population who received a health assessment or check was highest for older people and lowest for children aged 0–14 years in most jurisdictions (figure 11.4). This can, in part, reflect differences in how long the items have been available, as factors such as awareness and administrative requirements affect the uptake of new MBS items (AIHW 2008a).

Figure 11.4 Indigenous people who received a health check or assessment by age, 2010-11^a

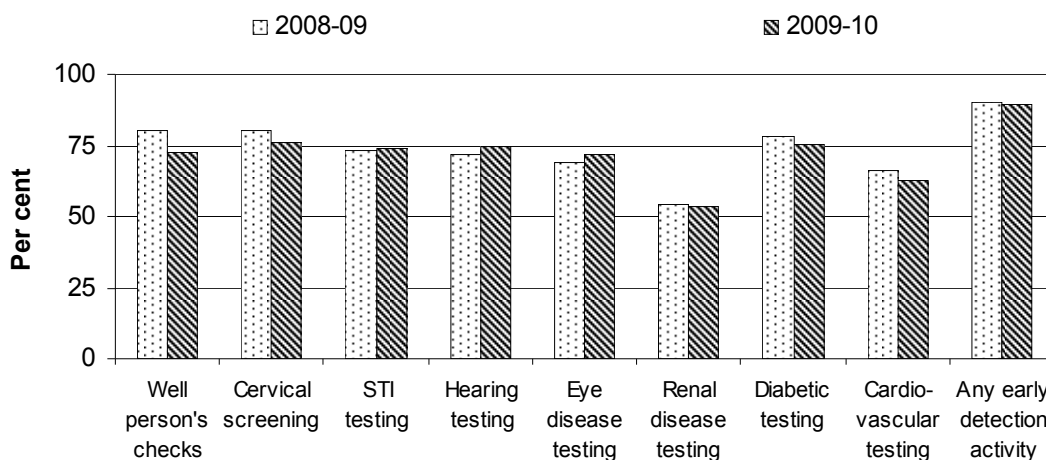


^a Indigenous status is determined by self-identification. Indigenous people aged 75 years or over may have received a health assessment under the 'all older people' MBS items. This is considered unlikely to significantly affect overall proportions due to the relatively low average life expectancy of Indigenous people.

Source: Derived from DoHA (unpublished) MBS Statistics and ABS (2009) *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021*, Cat. no. 3238.0; table 11A.21; 2012 Report, figure 11.11, p. 11.27.

Figure 11.5 shows the proportion of Indigenous primary healthcare services for which OSR data are reported that provided various early detection services in 2008-09 and 2009-10.

Figure 11.5 Indigenous primary healthcare services for which OSR data are reported that provided early detection services^a



^a The OSR data collection replaces the previous Service Activity Reporting (SAR) data collection from the 2008-09 reporting period. Historical SAR data are published in previous reports.

Source: AIHW (unpublished) OSR data collection; table 11A.22; 2012 Report, figure 11.12, p. 11.27.

Developmental health checks

‘Developmental health checks’ is an indicator of governments’ objective to provide equitable access to early detection and intervention services for children (box 11.2).

Box 11.2 Developmental health checks

‘Developmental health checks’ is defined as the proportion of children who received a fourth year developmental health check under Medicare, by health check type. Health check type is considered as a proxy for Indigenous status. The ‘Healthy Kids Check’ MBS health assessment item is available to children aged 3, 4 or 5 years, while the ‘Aboriginal and Torres Strait Islander Peoples Health Assessment’ item is available to Indigenous children aged 0–14 years.

A high or increasing proportion of children receiving a fourth year developmental health check is desirable as it suggests improved access to these services.

The proportion of Indigenous children aged 3, 4 or 5 years who received the Aboriginal and Torres Strait Islander Peoples Health Assessment is considered as a proxy for the proportion of Indigenous children who received a fourth year developmental health check. This should be considered a minimum estimate as the data exclude checks received by Indigenous children under the Healthy Kids Check item.

Fourth year developmental health checks are intended to assess children’s physical health, general wellbeing and development. They enable identification of children who are at high risk for or have early signs of delayed development and/or illness. Early identification provides the opportunity for timely prevention and intervention measures that can ensure that children are healthy, fit and ready to learn when they start schooling.

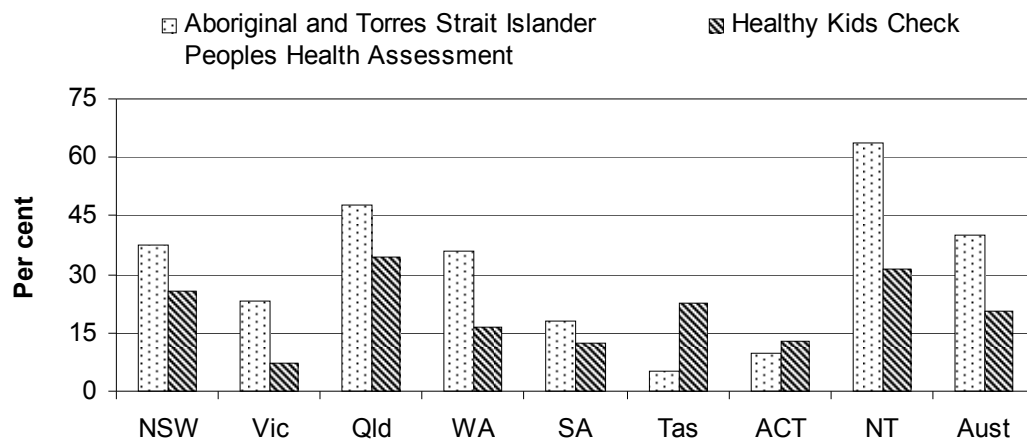
This indicator provides no information about developmental health checks for children that are provided outside Medicare, as comparable data for such services are not available for all jurisdictions. These checks are provided in the community, for example, maternal and child health services, community health centres, early childhood settings and the school education sector. Accordingly, this indicator understates the proportion of children who receive a fourth year developmental health check.

Data for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally, 21.7 per cent of children received a fourth year developmental health check under Medicare in 2010-11. The proportion of Indigenous children who received an Aboriginal and Torres Strait Islander Peoples Health Assessment was higher than the proportion of children who received a Healthy Kids Check in most jurisdictions (figure 11.6).

Figure 11.6 Children who received a fourth year developmental health check, by health check type, 2010-11^{a, b, c, d, e}



^a Limited to health checks available under Medicare. ^b Aboriginal and Torres Strait Islander Peoples Health Assessment data include claims for MBS Item 715 for children aged 3–5 years. ^c Healthy Kids Check data include claims for MBS Items 701, 703, 705, 707 and 10 986 for children aged 3–5 years. ^d Children are counted once only; where a child received both types of health check during the reference period they are counted against the Aboriginal and Torres Strait Islander Peoples Health assessment. ^e Healthy Kids Check data include Indigenous children who received a Healthy Kids Check provided they did not also receive a Aboriginal and Torres Strait Islander Peoples Health Assessment during the reference period.

Source: DoHA (unpublished) MBS Statistics; ABS (2009) *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians 1991 to 2021*, Cat. no. 3238.0; ABS (unpublished) *Australian demographic statistics*, Cat. no. 3101.0; table 11A.23; 2012 Report, figure 11.13, p. 11.29.

Effectiveness of access to GPs

‘Effectiveness of access to GPs’ is an indicator of governments’ objective to provide effective access to primary healthcare services (box 11.3). The effectiveness of services can vary according to the affordability and timeliness of services that people can access.

Box 11.3 Effectiveness of access to GPs

'Effectiveness of access to GPs' is defined by four measures:

- 'bulk billing rates', defined as the number of GP visits that were bulk billed as a proportion of all GP visits
- 'people deferring visits to GPs due to financial barriers', defined as the proportion of people who delayed seeing or did not see a GP due to cost
- 'GP waiting times', defined as the number of people who saw a GP for urgent medical care within specified waiting time categories in the previous 12 months, divided by the number of people who saw a GP for urgent medical care in the previous 12 months. Specified waiting time categories are:
 - less than 4 hours
 - 4 to 24 hours
 - more than 24 hours
- 'selected potentially avoidable GP-type presentations to emergency departments', defined as the number of 'GP-type presentations' to emergency departments divided by the total number of presentations to emergency departments, where GP-type presentations are those:
 - allocated to triage category 4 or 5
 - not arriving by ambulance, with police or corrections
 - not admitted or referred to another hospital
 - who did not die.

A high or increasing proportion of bulk billed attendances can indicate more affordable access to GP services. GP visits that are bulk billed do not require patients to pay part of the cost of the visit, while GP visits that are not bulk billed do. This measure does not provide information on whether the services are appropriate for the needs of the people receiving them.

A low or decreasing proportion of people deferring visits to GPs due to financial barriers indicates more widely affordable access to GPs. A high or increasing proportion of people who saw a GP within 4 hours for urgent medical care indicates more timely access to GPs. A low or decreasing proportion of GP-type presentations to emergency departments can indicate better access to primary and community health care.

Data for the first three measures of this indicator are comparable, while data for the fourth measure 'selected potentially avoidable GP-type presentations to emergency departments' are not directly comparable.

Partial data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Effectiveness of access to GPs — GP-type presentations to emergency departments

GP-type presentations to emergency departments are presentations for conditions that could be appropriately managed in the primary and community health sector (Van Konkelenberg, Esterman and Van Konkelenberg 2003). One of several factors contributing to GP-type presentations at emergency departments is perceived or actual lack of access to GP services. Other factors include proximity of emergency departments and trust for emergency department staff.

Nationally, there were around 2.1 million GP-type presentations to public hospital emergency departments in 2010-11 (2012 Report, table 11.7). Data are presented by Indigenous status and remoteness in table 11A.29.

Chronic disease management — asthma

Asthma, an identified National Health Priority Area for Australia, is a common chronic disease among Australians — particularly children — and is associated with wheezing and shortness of breath. Asthma can be intermittent or persistent, and varies in severity.

Nationally, the age standardised proportion of people with current asthma who reported having a written asthma action plan in 2007-08 was 20.8 per cent for all ages and 47.8 per cent for children aged 0–14 years (2012 Report, figure 11.23). Data are reported by geographical region in table 11A.40. Data for 2004-05 are reported by Indigenous status in table 11A.41.

Health assessments for older people

‘Health assessments for older people’ is an indicator of governments’ objective to improve population health outcomes through the provision of prevention as well as early detection and treatment services (box 11.4).

Box 11.4 Health assessments for older people

‘Health assessments for older people’ is defined as the proportion of older people who received a health assessment. Older people are defined as non-Indigenous people aged 75 years or over and Indigenous people aged 55 years or over, excluding hospital inpatients and people living in aged care facilities. Annual health assessments for older people are MBS items that allow a GP to undertake an in-depth assessment of a patient’s health. Health assessments cover the patient’s health and physical, psychological and social functioning, and aim to facilitate more timely preventive actions or treatments to enhance the health of the patient (see also box 11.1).

A high or increasing proportion of eligible older people who received a health assessment can indicate a reduction in health risks for older people, through early and timely prevention and intervention measures to improve and maintain health.

Data for this indicator are comparable.

Data quality information for this indicator is under development.

The targeted age range for Indigenous people of 55 years or over recognises that they typically face increased health risks at younger ages than most other groups in the population. It also broadly reflects the difference in average life expectancy between the Indigenous and non-Indigenous populations (see the Health sector summary). Results for Indigenous people are reported under equity indicators (box 11.1).

Efficiency — Cost to government of general practice per person

‘Cost to government of general practice per person’ is an indicator of governments’ objective to provide primary healthcare services in an efficient manner (box 11.5).

Box 11.5 Cost to government of general practice per person

‘Cost to government of general practice per person’ is defined as the cost to government of general practice per person in the population.

A lower or decreasing cost per person can indicate higher efficiency. However, this is likely to be the case only where the lower cost is associated with services of equal or superior effectiveness.

This indicator needs to be interpreted with care. A lower cost per person can reflect service substitution between primary healthcare and hospital or specialist services — potentially at greater expense. This indicator does not include costs for primary healthcare services provided by salaried GPs in community health settings, particularly in rural and remote areas, through emergency departments, and Indigenous-specific primary healthcare services. Consequently, this indicator will understate costs for primary care in jurisdictions with larger proportions of rural and remote populations, where a salaried GP services delivery model is used.

Data for this indicator are comparable.

Data quality information for this indicator is under development.

Outcomes

Child immunisation coverage

‘Child immunisation coverage’ is an indicator of governments’ objective to achieve high immunisation coverage levels for children to prevent selected vaccine preventable diseases (box 11.6).

Box 11.6 Child immunisation coverage

'Child immunisation coverage' is defined by three measures:

- 'the proportion of children aged 12 months to less than 15 months who are fully immunised', where children assessed as fully immunised at 12 months are immunised against diphtheria, tetanus, whooping cough, polio, *Haemophilus influenzae* type b and hepatitis B
- 'the proportion of children aged 24 months to less than 27 months who are fully immunised', where children assessed as fully immunised at 24 months are immunised against diphtheria, tetanus, whooping cough, polio, *Haemophilus influenzae* type b, hepatitis B, and measles, mumps and rubella
- 'the proportion of children aged 60 months to less than 63 months who are fully immunised', where children assessed as fully immunised at 60 months are immunised against diphtheria, tetanus, whooping cough, polio, *Haemophilus influenzae* type b, hepatitis B, and measles, mumps and rubella.

A high or increasing proportion of children who are fully immunised indicates a reduction in the risk of children contracting a range of vaccine preventable diseases, including measles, whooping cough and *Haemophilus influenzae* type b.

Data for this indicator are comparable.

Partial data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Many providers deliver child immunisation services (table 11.2). GPs are encouraged to achieve high immunisation coverage levels under the General Practice Immunisation Incentives Scheme, which provides incentives for the immunisation of children under seven years of age.

Table 11.2 Valid vaccinations supplied to children under 7 years of age, by provider type, 2006–2011 (per cent)^{a, b, c, d}

<i>Provider</i>	<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>
GP	84.8	53.7	82.9	65.1	69.5	87.7	44.1	5.2	71.7
Council	5.4	44.9	6.9	6.0	18.7	11.5	–	–	16.6
State or Territory health department	–	–	–	6.3	0.1	0.1	16.5	0.4	0.9
Public hospital	1.9	0.6	3.0	3.6	2.3	0.2	0.7	7.5	2.0
Private hospital	0.1	–	–	–	–	–	–	0.9	–
Indigenous health service	0.5	0.1	0.6	0.6	0.5	–	0.2	11.5	0.6
Community health centre	7.3	0.7	5.9	18.5	8.7	0.5	38.5	74.4	8.0
Other ^d	–	–	0.7	–	0.1	na	–	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

^a Data are for the period 1 July 2006 to 30 June 2011. ^b Data are based on State/Territory in which the immunisation provider was located. ^c A valid vaccination is a National Health and Medical Research Council's Australian Standard Vaccination Schedule vaccination administered to a child under the age of 7 years. ^d Other includes Divisions of GP, Flying Doctors Services, Indigenous Health Workers, Community nurses and unknown. **na** Not available. – Nil or rounded to zero.

Source: DoHA (unpublished) Australian Childhood Immunisation Register (ACIR) data collection; table 11A.52; 2012 Report, table 11.8, p. 11.57.

Nationally, 89.6 per cent of Australian children aged 60 months to less than 63 months at 30 June 2011 were assessed as fully immunised (2012 Report, figure 11.36). Data are presented by Indigenous status and remoteness in table 11A.56.

Participation for women in breast cancer screening

'Participation for women in breast cancer screening' is an indicator of governments' objective to reduce morbidity and mortality attributable to breast cancer through the provision of early detection services (box 11.7).

Box 11.7 Participation for women in breast cancer screening

'Participation for women in breast cancer screening' is defined as the number of women aged 50–69 years who are screened in the BreastScreen Australia Program over a 24 month period, divided by the estimated population of women aged 50–69 years and reported as a rate.

A high or increasing participation rate is desirable.

Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Indigenous women, women from non-English speaking backgrounds (NESB) and women living in outer regional, remote and very remote areas can experience particular language, cultural and geographic barriers to accessing breast cancer screening. Participation rates for community groups at, or close to, those for the total population indicate equitable access to early detection services.

Participation rates in the BreastScreen Australia Program for women from selected community groups are shown in table 11.3. In the 24 month period 2009 and 2010, the national age standardised participation rate for Indigenous women aged 50–69 years (36.2 per cent) was below the total participation rate in that age group (54.8 per cent), although this can in part reflect under-reporting of Indigenous status in screening program records (table 11A.62). For NESB women for the same 24 month period and age group, the national participation rate of 49.2 per cent was also lower than that of the national total female population (2012 Report, table 11A.63). Data for participation by remoteness are presented in 2012 Report, table 11A.64. Care needs to be taken when comparing data across jurisdictions as there is variation in the collection of Indigenous and NESB identification data, and in the collection of residential postcodes data.

Table 11.3 Age standardised participation rate for women aged 50–69 years from selected communities in BreastScreen Australia programs, 2009 and 2010 (24 month period) (per cent)^{a, b, c}

	NSW	Vic	Qld	WA	SA	Tas	ACT ^d	NT	Aust
Indigenous ^e	35.8	27.7	47.0	30.5	33.2	53.2	49.6	23.6	36.2
NESB ^f	55.3	33.8	68.8	67.2	52.4	44.7	15.3	38.2	49.2
Major cities and inner regional ^e	52.3	54.2	56.6	58.6	56.0	59.1	52.7	..	54.6
Outer regional, remote and very remote ^g	55.8	58.0	62.0	54.2	58.7	57.2	..	41.2	57.1
All women aged 50–69 years	52.8	53.9	57.3	57.9	56.4	58.4	52.7	41.1	54.8

^a First and subsequent rounds. ^b Rates are standardised to the Australian population at 30 June 2001. ^c Data reported for this measure are not directly comparable. ^d Women resident in the jurisdiction represent over 99 per cent of women screened in each jurisdiction except the ACT (92.2 per cent). ^e Women who self-identify as being of Aboriginal and/or Torres Strait Islander descent. ^f NESB is defined as speaking a language other than English at home. ^g Remoteness areas are defined using the Australian Standard Geographical Classification (AGSC), based on the ABS 2006 Census of population and housing. Not all remoteness areas are represented in each State or Territory. .. Not applicable.

Source: State and Territory governments (unpublished); ABS (2010) *Population by Age and Sex, Australian States and Territories*, June 2010, Cat. no. 3201.0; ABS (unpublished) *Experimental Estimates And Projections, Aboriginal And Torres Strait Islander Australians, 1991 to 2021*, Cat. no. 3238.0; ABS (unpublished) 2006 Census of Population and Housing; AIHW (unpublished) derived from State and Territory data; 2012 Report, tables 11A.60–11A.64; 2012 Report, table 11.9, p. 11.65.

Participation for women in cervical screening

‘Participation for women in cervical screening’ is an indicator of governments’ objective to reduce morbidity and mortality attributable to cervical cancer through the provision of early detection services (box 11.8).

Box 11.8 Participation for women in cervical screening

‘Participation for women in cervical screening’ is defined as the number of women aged 20–69 years who are screened over a two year period, divided by the estimated population of eligible women aged 20–69 years and reported as a rate. Eligible women are those who have not had a hysterectomy.

A high or increasing proportion of eligible women aged 20–69 years who have been screened is desirable.

Data for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

The national age-standardised participation rate for women aged 20–69 years in cervical screening was 57.4 per cent for the 24 month period 1 January 2009 to 31 December 2010 (2012 Report, figure 11.41). For most jurisdictions, participation rates have dropped slightly since the screening period of 2005 and 2006. Data for Indigenous women for 2004-05 are presented in table 11A.66.

Influenza vaccination coverage for older people

‘Influenza vaccination coverage for older people’ is an indicator of governments’ objective to reduce the morbidity and mortality attributable to vaccine preventable disease (box 11.9).

Box 11.9 Influenza vaccination coverage for older people

'Influenza vaccination coverage for older people' is defined as the proportion of people aged 65 years or over who have been vaccinated against seasonal influenza. This does not include pandemic influenza such as H1N1 Influenza (commonly known as 'swine flu').

A high or increasing proportion of older people vaccinated against influenza reduces the risk of older people contracting influenza and suffering consequent complications. Each year, influenza and its consequences result in the hospitalisation of many older people, as well as a considerable number of deaths.

Data for this indicator are comparable.

Data quality information for this indicator is under development.

Nationally, 74.6 per cent of eligible people were fully vaccinated against influenza in 2009 (figure 11.7).

Pneumococcal disease is also a vaccine preventable disease that can result in hospitalisation and/or death. Free vaccinations against pneumococcal disease became available to older Australians in 2005. Data for older adults fully vaccinated against both influenza and pneumococcal disease are presented by remoteness in 2012 Report, table 11A.69. Data for Indigenous people fully vaccinated against influenza and pneumococcal disease in 2004-05 are presented in table 11A.70.

Selected potentially preventable hospitalisations

'Selected potentially preventable hospitalisations' is an indicator of governments' objective to reduce potentially preventable hospitalisations through the delivery of effective primary healthcare services (box 11.10).

Box 11.10 Selected potentially preventable hospitalisations

‘Selected potentially preventable hospitalisations’ is defined as hospital admissions that may be avoided by effective management of illness and injury in the primary and community healthcare sector or, in some cases, by preventing illness and injury altogether.

Three measures of selected potentially preventable hospitalisations are reported:

- potentially preventable hospitalisations for selected vaccine preventable, acute and chronic conditions, as defined in the Victorian Ambulatory Care Sensitive Conditions Study (AIHW 2011b; DHS 2002)
- potentially preventable hospitalisations for diabetes
- potentially preventable hospitalisations of older people for falls.

Low or decreasing separation rates for selected potentially preventable hospitalisations can indicate improvements in the effectiveness of preventative programs and/or more effective management of selected conditions in the primary and community healthcare sector.

Factors outside the control of the primary and community healthcare sector also influence hospitalisation rates for these conditions (AIHW 2008b, 2011b). For example, the underlying prevalence of conditions, patient compliance with treatment and older people’s access to aged care services and other support.

Data for this indicator are comparable.

Partial data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Potentially preventable hospitalisations for selected vaccine preventable, acute and chronic conditions

Studies have shown that hospitalisation rates for selected vaccine preventable, acute and chronic conditions are significantly affected by the availability of care in the primary and community healthcare sector (DHS 2002). These are conditions for which hospitalisation can potentially be avoided, through prevention of the condition — for example, through vaccination — or, prevention of exacerbations or complications requiring hospitalisation — through effective management of the condition in the primary and community healthcare sector. While not all hospitalisations for the selected conditions can be prevented, strengthening the effectiveness of primary and community healthcare has considerable potential to reduce the need for hospitalisation for these conditions.

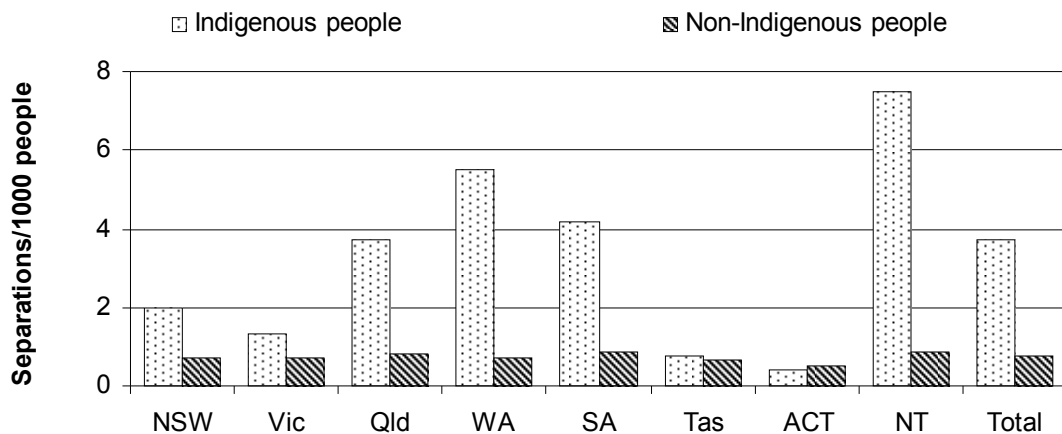
Variation in hospitalisation rates data can also be affected by differences in hospital protocols for clinical coding and admission — particularly for diagnoses of

dehydration and gastroenteritis and diabetes complications. This effect is exacerbated for diabetes hospitalisations data disaggregated by Indigenous status because of the high prevalence of diabetes in Indigenous communities. Because of improvements in data quality over time, caution also should be used in time series analysis.

Data presented by Indigenous status are adjusted to account for differences in the age structures of these populations across states and territories.

The age standardised hospital separation rate for vaccine preventable conditions was higher for Indigenous people than for non-Indigenous people in 2009-10, in most jurisdictions (figure 11.7).

Figure 11.7 Separations for vaccine preventable conditions by Indigenous status, 2009-10^{a, b, c, d, e}

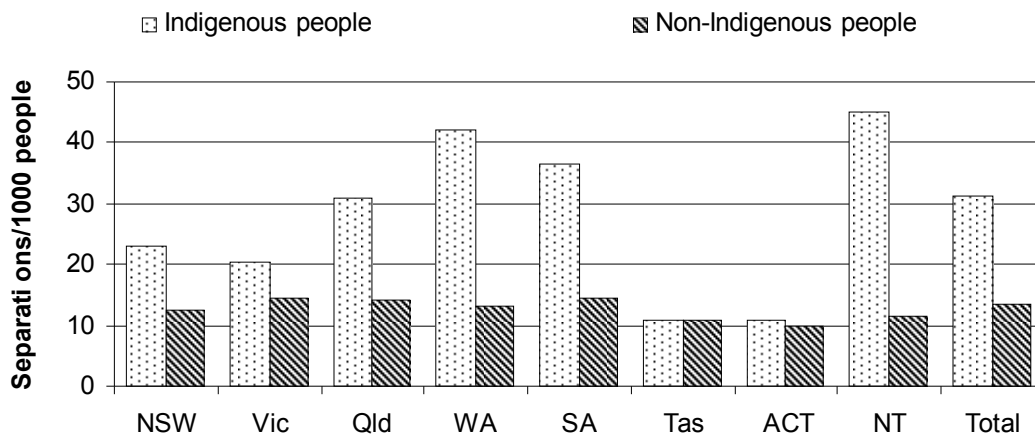


^a Separation rates are directly age standardised to the Australian population at 30 June 2001. ^b Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. ^c Separation rates are based on State/Territory of usual residence. ^d NT data for Indigenous people are for public hospitals only. ^e Total comprises NSW, Victoria, Queensland, WA, SA and the NT (public hospitals only), for which Indigenous status data are of sufficient quality for statistical reporting purposes. Indigenous status data reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

Source: AIHW (unpublished) National Hospital Morbidity Database; table 11A.73; 2012 Report, figure 11.43, p. 11.71.

The age standardised hospital separation rate for the selected acute conditions was higher for Indigenous people than for non-Indigenous people, in 2009-10, in most jurisdictions (figure 11.8).

Figure 11.8 Separations for selected acute conditions by Indigenous status, 2009-10^{a, b, c, d, e}

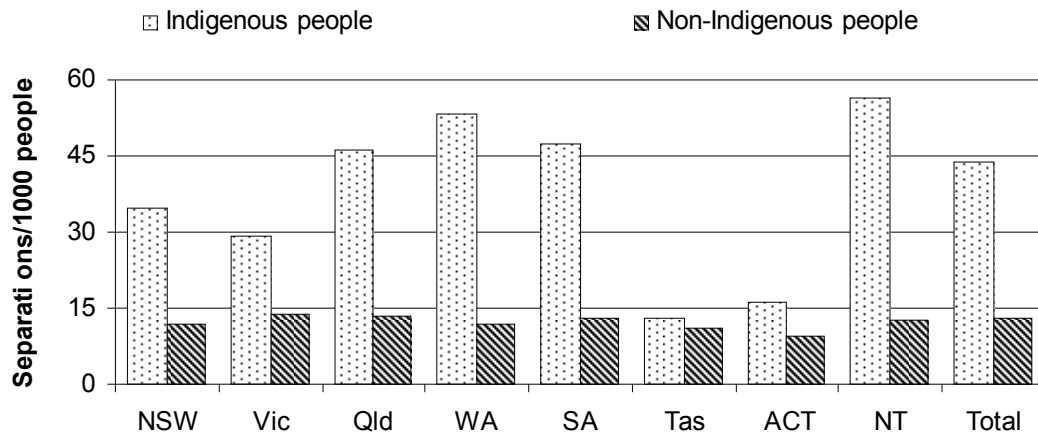


^a Separation rates are directly age standardised to the Australian population at 30 June 2001. ^b Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. ^c Separation rates are based on State/Territory of usual residence. ^d NT data for Indigenous people are for public hospitals only. ^e Total comprises NSW, Victoria, Queensland, WA, SA and the NT (public hospitals only), for which Indigenous status data are of sufficient quality for statistical reporting purposes. Indigenous status data reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

Source: AIHW (unpublished) National Hospital Morbidity Database; table 11A.74; 2012 Report, figure 11.44, p. 11.73.

The age standardised hospital separation rate for the selected chronic conditions was higher for Indigenous people than for non-Indigenous people, in 2009-10, in all jurisdictions (figure 11.9).

Figure 11.9 **Separations for selected chronic conditions by Indigenous status, 2009-10**^{a, b, c, d, e, f}



^a Excludes separations with diabetes complications as an additional diagnosis. ^b Separation rates are directly age standardised to the Australian population at 30 June 2001. ^c Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. ^d Separation rates are based on State/Territory of usual residence. ^e Total comprises NSW, Victoria, Queensland, WA, SA and the NT (public hospitals only), for which Indigenous status data are of sufficient quality for statistical reporting purposes. ^f Indigenous status data reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

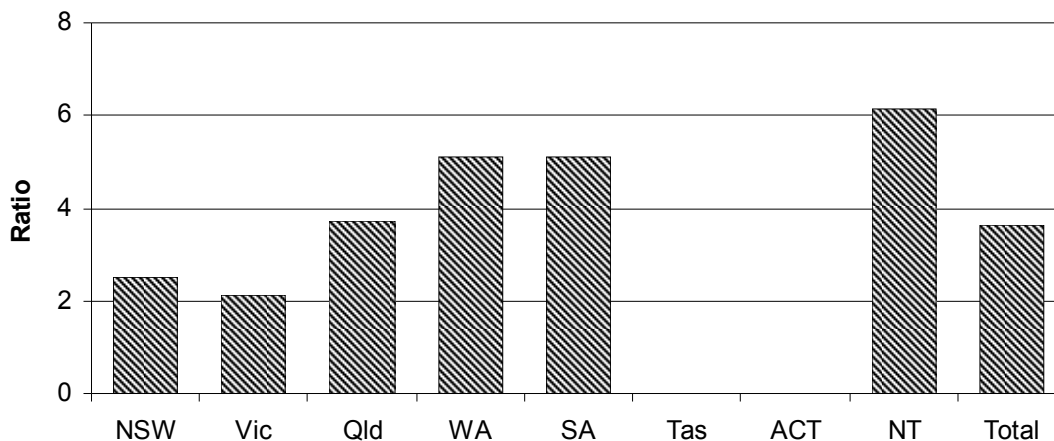
Source: AIHW (unpublished) National Hospital Morbidity Database; table 11A.75; 2012 Report, figure 11.45, p. 11.75.

Potentially preventable hospitalisations for diabetes

Age standardised hospital separation ratios for diabetes (excluding separations for diabetes complications as an additional diagnosis) illustrate differences between the rate of hospital admissions for Indigenous people and that for all Australians, taking into account differences in the age structures of the two populations. Rate ratios close to one indicate that Indigenous people have similar separation rates to all people, while higher rate ratios indicate relative disadvantage. A reduction in the gap in hospital separation rates between Indigenous and all people can indicate greater equity of access to primary healthcare services.

There was a marked difference in 2009-10 between the separation rates for Indigenous people and those for the total population for diabetes diagnoses. The quality of Indigenous identification is considered acceptable for analysis only for NSW, Victoria, Queensland, WA, SA and the NT. For these jurisdictions combined, the separation rate for Indigenous people was 3.6 times higher than the separation rate for all Australian people (figure 11.10).

Figure 11.10 Ratio of separation rates of Indigenous people to all people for diabetes, 2009-10^{a, b, c, d, e, f, g}



^a Excludes separations with diabetes complications as an additional diagnosis. ^b Ratios are directly age standardised to the Australian population at 30 June 2001. ^c Indigenous separation rates are based on state of hospitalisation while all person rates are based on state of usual residence. ^d Patients aged 75 years or over are excluded. ^e Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. ^f NT data are for public hospitals only. ^g Total comprises NSW, Victoria, Queensland, WA, SA and the NT. Data are not published for Tasmania and the ACT.

Source: AIHW (unpublished) National Hospital Morbidity Database; tables 11A.76; 2012 Report, figure 11.49, p. 11.79.

Future directions in performance reporting

The topic of this chapter is all primary and community health services. However, the indicators remain heavily focused on general practice services. This partly reflects the lack of nationally consistent data available to report potential indicators for other primary and community health services. Priorities for future reporting on primary and community health services include improving the quality of Indigenous data, particularly Indigenous identification and completeness. Work on improving Indigenous identification in hospital admitted patient data across states and territories is ongoing, with the inclusion of data for Tasmania and the ACT in national totals a priority.

Indigenous health

Barriers to accessing primary health services contribute to the poorer health status of Indigenous people compared to other Australians (see the Health sector summary). The Steering Committee has identified primary and community health services for Indigenous people as a priority area for future reporting and will continue to examine options for the inclusion of further such indicators. The

Aboriginal and Torres Strait Islander Health Performance Framework developed under the auspices of the Australian Health Ministers' Advisory Council will inform the selection of future indicators of primary and community health services to Indigenous people.

Continued efforts to improve Indigenous identification are necessary to better measure the performance of primary and community health services in relation to the health of Indigenous Australians. Work being undertaken by the ABS and AIHW includes an ongoing program to improve identification of Indigenous status in Australian, State and Territory government administrative systems.

Definitions of key terms and indicators

Age standardised	Removing the effect of different age distributions (across jurisdictions or over time) when making comparisons, by weighting the age-specific rates for each jurisdiction by the national age distribution.
Asthma Action Plan	An asthma action plan is an individualised, written asthma action plan incorporating information on how to recognise the onset of an exacerbation of asthma and information on what action to take in response to that exacerbation, developed in consultation with a health professional. <i>Source: ACAM (Australian Centre for Asthma Monitoring) 2007, Australian asthma indicators: Five-year review of asthma monitoring in Australia. Cat. no. ACM 12, AIHW, Canberra.</i>
Cervical screening rates for target population	Proportion of eligible women aged 20–69 years who are screened for cervical cancer over a 2 year period. Eligible women are those who have not had a hysterectomy.
Community health services	Health services for individuals and groups delivered in a community setting, rather than via hospitals or private facilities.
Cost to government of general practice per person	Cost to the Australian Government of total non-referred attendances by non-specialist medical practitioners per person.
Full time workload equivalents (FWE)	A measure of medical practitioner supply based on claims processed by Medicare in a given period, calculated by dividing the practitioner's Medicare billing by the mean billing of full time practitioners for that period. Full time equivalents (FTE) are calculated in the same way as FWE except that FTE are capped at 1 per practitioner.
Fully immunised at 12 months	A child who has completed three doses of diphtheria, tetanus, pertussis vaccine, three doses of oral polio vaccine and three doses of Hepatitis B vaccine and three doses of <i>Haemophilus influenzae</i> type B vaccine.
Fully immunised at 24 months	A child who has received four doses of diphtheria, tetanus, pertussis vaccine, three doses of oral polio vaccine, three doses of Hepatitis B vaccine, four doses of <i>Haemophilus influenzae</i> type B and one dose of measles, mumps and rubella vaccine.
Fully immunised at 60 months	A child who has received the necessary doses of diphtheria, tetanus, whooping cough, polio, <i>Haemophilus influenzae</i> type b, hepatitis B, and measles, mumps and rubella vaccines.

General practice	The organisational structure with one or more GPs and other staff such as practice nurses. A general practice provides and supervises healthcare for a 'population' of patients and may include services for specific populations, such as women's health or Indigenous health.
General practitioner (GP)	<p>Vocationally recognised GPs — medical practitioners who are vocationally recognised under s.3F of the <i>Health Insurance Act 1973</i> (Cwlth), hold Fellowship of the RACGP, Australian College of Rural and Remote Medicine (ACRRM), or equivalent (from 1996 vocational registration was available only to GPs who attained Fellowship of the RACGP; since April 2007, it has also been available to Fellows of the ACRRM), or hold a recognised training placement.</p> <p>Other medical practitioners (OMP) — medical practitioners who are not vocationally recognised GPs.</p>
<i>Haemophilus influenzae</i> type b	A bacterium which causes bloodstream infection, meningitis, epiglottitis, and pneumonia (DoHA 2008).
Immunisation coverage	The proportion of a target population fully immunised with National Immunisation Program specified vaccines for that age group.
Non-referred attendances	GP services, emergency attendances after hours, other prolonged attendances, group therapy and acupuncture. All attendances for specialist services are excluded because these must be 'referred' to receive Medicare reimbursement.
Other medical practitioner (OMP)	A medical practitioner other than a vocationally recognised GP who has at least half of the schedule fee value of his/her Medicare billing from non-referred attendances. These practitioners are able to access only the lower A2 Medicare rebate for general practice services they provide, unless the services are provided through certain Departmental incentive programs.
Pap smear	A procedure for the detection of cancer and pre-cancerous conditions of the female cervix.
Primary healthcare	<p>The primary and community healthcare sector includes services that:</p> <ul style="list-style-type: none"> • provide the first point of contact with the health system • have a particular focus on illness prevention 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.
Prevalence	The proportion of the population suffering from a disorder at a given point in time (point prevalence) or given period (period prevalence).
Screening	The performance of tests on apparently well people to detect a medical condition earlier than would otherwise be possible.
Triage category	<p>The urgency of the patient's need for medical and nursing care:</p> <ul style="list-style-type: none"> • category 1 — resuscitation (immediate within seconds) • category 2 — emergency (within 10 minutes) • category 3 — urgent (within 30 minutes) • category 4 — semi-urgent (within 60 minutes) • category 5 — non-urgent (within 120 minutes).
Vocationally recognised general practitioner	A medical practitioner who is vocationally recognised under s.3F of the <i>Health Insurance Act 1973</i> (Cwlth), holds Fellowship of the RACGP, ACRRM, or equivalent, or holds a recognised training placement, and who has at least half of the schedule fee value of his/her Medicare billing from non-referred attendances.

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a '11A' prefix (for example, table 11A.1 is table 1 in the Primary and community health attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

Table 11A.5	GP-type service use per 1000 people
Table 11A.9	Indigenous primary healthcare services for which OATSIH Services Reporting (OSR) data are reported (number)
Table 11A.10	Services and episodes of healthcare by Indigenous primary healthcare services for which OATSIH Services Reporting (OSR) data are reported, by remoteness category (number)
Table 11A.11	Proportion of Indigenous primary healthcare services for which OATSIH Services Reporting (OSR) data are reported that undertook selected health related activities (per cent)
Table 11A.12	Full time equivalent (FTE) health staff employed by Indigenous primary healthcare services for which OATSIH Services Reporting (OSR) data are reported, as at 30 June 2010 (number)
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Table 11A.20	Older Indigenous people who received an annual health assessment (per cent)
Table 11A.21	Indigenous people who received a health check or assessment, by age, 2010-11 (per cent)
Table 11A.22	Early detection activities provided by Indigenous primary healthcare services for which OATSIH Services Reporting (OSR) data are reported
Table 11A.23	Proportion of children receiving a fourth year developmental health check (per cent)
Table 11A.29	Selected potentially avoidable GP-type presentations to emergency departments by Indigenous status and remoteness, 2010-11 (number)
Table 11A.41	Proportion of people with asthma with a written asthma plan, by Indigenous status, 2004-05
Table 11A.52	Valid vaccinations supplied to children under seven years of age, by type of provider, 2006–2011
Table 11A.56	Proportion of children aged five years who were fully vaccinated, by Indigenous status and remoteness (per cent)
Table 11A.62	Participation rates for Indigenous women screened by BreastScreen Australia (24 month period) (first and subsequent rounds) (per cent)
Table 11A.66	Cervical screening rates among Indigenous women aged 20 to 69 years, who reported having a Pap smear at least every 2 years, 2004-05 (per cent)
Table 11A.70	Proportion of Indigenous Australians aged 50 years or over who were fully vaccinated against influenza and pneumococcal disease, 2004-05

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- Table 11A.73** Separations for selected vaccine preventable conditions by Indigenous status, 2009-10 (per 1000 people)
- Table 11A.74** Separations for selected acute conditions by Indigenous status, 2009-10 (per 1000 people)
- Table 11A.75** Separations for selected chronic conditions by Indigenous status, 2009-10 (per 1000 people)
- Table 11A.76** Ratio of separations for Indigenous people to all people, diabetes, 2009-10
- Community health programs**
- Table 11A.81** Australian Government, community health services programs
- Table 11A.82** New South Wales, community health services programs
- Table 11A.83** Victoria, community health services programs
- Table 11A.84** Queensland, community health services programs
- Table 11A.86** South Australia, community health services programs
- Table 11A.87** Tasmania, community health services programs
- Table 11A.89** Northern Territory, community health services programs

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12 Mental health management

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an '12A' prefix (for example, in this chapter, table 12A.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 12.15' this is page 15 of chapter 12 of the 2012 Report, and '2012 Report, table 12A.1' is attachment table 1 of attachment 12A of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Mental health management chapter (chapter 12) in the *Report on Government Services 2012* (2012 Report) reports on the management of mental health in Australia. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

Health management is concerned with the management of diseases, illnesses and injuries using a range of services (promotion, prevention/early detection and

intervention) in a variety of settings (for example, public hospitals, community health centres and general practice). This chapter reports on the management of mental health, which represents one activity of the Australian, State and Territory governments in health management.

Specialised mental health management services offered by a range of government and non-government service providers include promotion, prevention, treatment, management, and rehabilitation services. Community mental health facilities, psychiatrists, clinical psychologists, psychotherapists, mental health clinicians in private practice, counsellors, Aboriginal health workers, Aboriginal mental health workers, public hospitals with specialised psychiatric units and stand-alone psychiatric hospitals all provide specialised mental health care. In addition, a number of health services provide care to mental health patients in a non-specialised health setting — for example, general practitioners (GPs), Aboriginal community controlled health services, public hospital emergency departments and outpatient departments, and public hospital general wards (as distinct from specialist psychiatric wards). Some people with a mental illness are cared for in residential aged care services.

Mental health is also the subject of programs designed to improve public health. Public health programs require the participation of public hospitals, primary and community health services, and other services. The performance of public hospitals is reported in chapter 10 and the performance of primary and community health services generally is reported in chapter 11.

Previously this chapter also reported on breast cancer screening and management. Some performance data on the management of breast cancer are now included in the ‘Primary and community health’ chapter. Future versions of this chapter might include performance reporting on other national health priority areas that need to be managed through a range of health services.

Indigenous data in the Mental health management chapter

The Mental health management chapter in the 2012 Report contains the following data for Indigenous people:

- Ratio of Indigenous to non-Indigenous specialised mental health service use
- Proportion of population using State and Territory specialised public mental health services
- Proportion of population using MBS-subsidised ambulatory mental health services

-
- Community mental health service contacts provided by public sector community mental health services
 - Rate of ambulatory mental health services provided
 - Suicide deaths.

Size and scope of sector

Prevalence and impact of mental illness

According to the National Health Survey (NHS), a significantly higher proportion of females reported high/very high levels of psychological distress than males in 2007-08 (14.4 ± 1.1 per cent compared with 9.6 ± 0.9 per cent) (2012 Report, table 12A.9). The proportion of high/very high levels of psychological distress was also higher for people aged 18–64 years, than for people aged 65 years or over (2012 Report, table 12A.9). In 2008, 32 per cent of Indigenous Australians aged 18 years or over reported high levels of psychological distress. After adjusting for age, this was 2.5 times the rate for non-Indigenous adults (AHMAC 2011).

Admitted patient care and community-based mental health services — service use

Estimating activity across the publicly funded specialised mental health services sector, which comprises admitted patient care and community-based mental health services, is problematic as the service types differ. Service activity is reported by separations for admitted patient care, episodes for community-based residential care and contacts for community-based ambulatory care. Service use data for the NGO sector are not available.

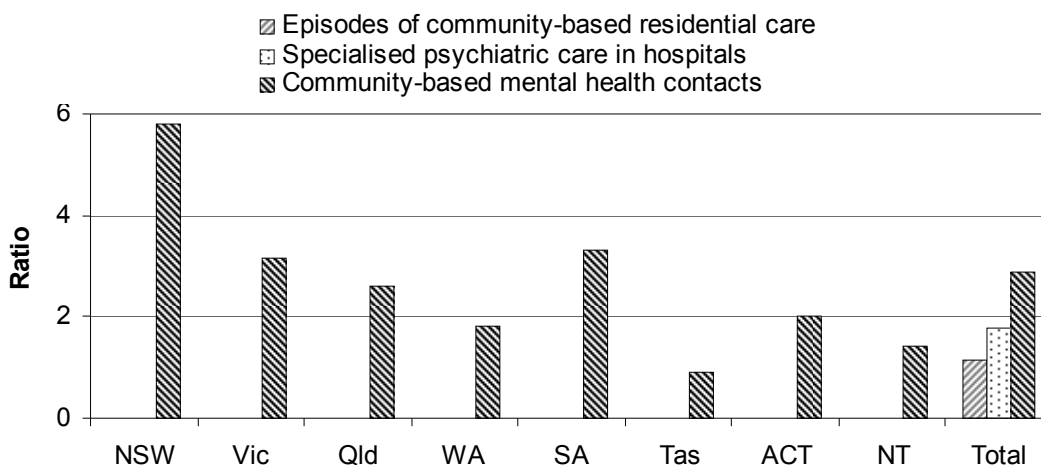
There were 3497 episodes of community-based residential care in 2008-09 (table 12A.14). Schizophrenia, schizotypal and other delusional disorders as a principal diagnosis accounted for the largest proportion of these episodes (61.1 per cent) (AIHW 2011b). There were 6.6 million community-based ambulatory care patient contacts, equivalent to 300.3 contacts per 1000 people, in 2009-10 (2012 Report, table 12A.24). Data on the rate of contacts by Indigenous status, Socio-Economic Indexes for Areas (SEIFA) and remoteness are in 2012 Report, table 12A.23. Data on the number and rate of contacts for 2008-09 by sex and age are in 2012 Report, table 12A.13. For those contacts in 2008-09 where a principal diagnosis was available, the largest proportion was for schizophrenia (31.0 per cent) (AIHW 2011b).

Data on service use by the Indigenous status of patients are available, but comparisons not necessarily accurate because Indigenous patients are not always correctly identified. Differences in rates of service use could also reflect other factors, including the range of social and physical infrastructure services available to Indigenous people, and differences in the complexity, incidence and prevalence of illnesses.

Combined data for the jurisdictions for which data are available, show that Indigenous people were 1.1 times more likely to have an episode of community-based residential care and 2.9 times more likely to have a community-based ambulatory mental health contact than were non-Indigenous people in 2008-09 (figure 12.1). For specialised psychiatric care in hospitals, Indigenous people were 1.8 times more likely to receive admitted (non-ambulatory) specialised psychiatric care in hospitals than were non-Indigenous people in 2008-09 (figure 12.1). However, this pattern of service use is not necessarily reflected for ambulatory-equivalent specialised psychiatric care in hospitals. Data for July 2006 to June 2008, show that Indigenous people were less likely than non-Indigenous people (rate ratio of 0.2) to receive this type of care (AIHW 2011a).

Table 12A.14 contains further information on use of these services by Indigenous status. Data for episodes of community-based residential care and specialised psychiatric care in hospitals are not available by Indigenous status across jurisdictions for 2008-09.

Figure 12.1 **Ratio of Indigenous to non-Indigenous specialised mental health service use, 2008-09^{a, b, c, d, e}**



^a Data for episodes of community-based residential care and specialised psychiatric care in hospitals are not available by Indigenous status across jurisdictions for 2008-09. National data should be interpreted with caution due to the varying quality and completeness of Indigenous identification across jurisdictions. ^b Data for community-based mental health contacts should be interpreted with caution. Across jurisdictions, the data quality and completeness of Indigenous identification varies or is unknown. Data were reported by the following states and territories to be of acceptable quality: NSW, Queensland, WA Tasmania, the ACT and the NT. ^c The ratio is equal to the service use rate (episodes, contacts or separations) for Indigenous people divided by the service use rate for non-Indigenous people. ^d Specialised psychiatric care in hospital data for non-Indigenous people include those whose Indigenous status was 'not stated'. For the community-based data, people whose Indigenous status was 'not stated' are excluded. ^e Data for specialised psychiatric care in hospitals includes both public and private hospitals (except for the NT that are for public hospitals only).

Source: AIHW 2011, *Mental Health Services in Australia Online*, tables 4.14, 7.4 and 8.4, mhsa.aihw.gov.au/home/ (accessed 13 October 2011); table 12A.14; 2012 Report, figure 12.5, p. 12.14.

Framework of performance indicators for mental health management

Preventing the onset of mental illness is challenging, primarily because individual illnesses have many origins. Most efforts have been directed at treating mental illness when it occurs, determining the most appropriate setting for providing treatment and emphasising early intervention.

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

The framework of performance indicators for mental health services draws on governments' broad objectives for national mental health policy, as encompassed in

the NMHS and the COAG National Action Plan on Mental Health (box 12.1). The performance indicator framework reports on the equity, effectiveness and efficiency of mental health services. It covers a number of service delivery types (MBS-subsidised, admitted patient and community-based services) and includes outcome indicators of system-wide performance (figure 12.2).

Box 12.1 Broad objectives of National Mental Health Policy^a

Key broad objectives include to:

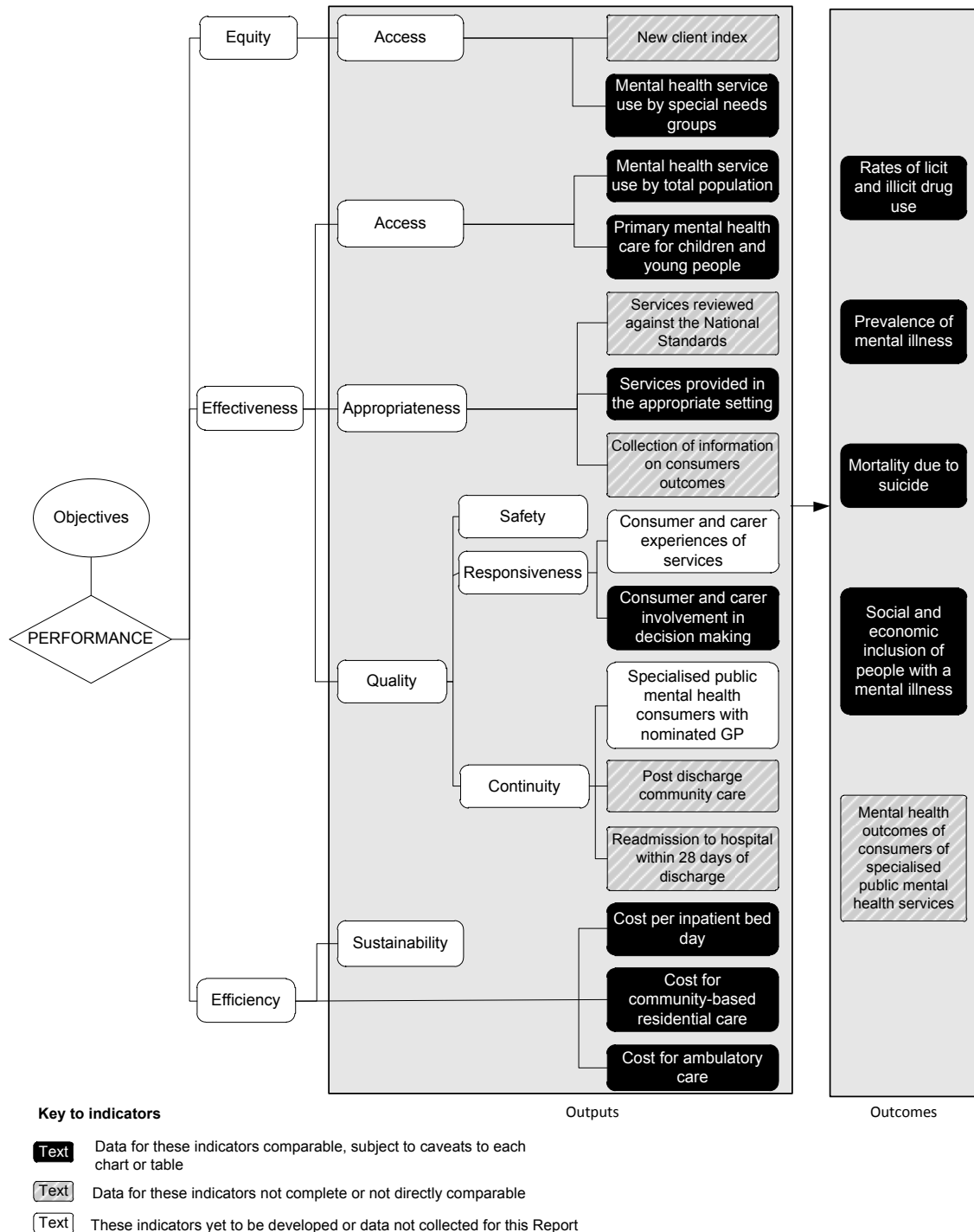
- improve the effectiveness and quality of service delivery and outcomes
- promote community awareness of mental health problems
- prevent, where possible, the development of mental health problems and mental illness
- undertake early intervention for mental health problems and mental illness
- promote recovery from mental health problems and mental illness
- reduce the impact of mental health problems and mental illness, including the effects of stigma on individuals, families and the community
- assure the rights of people with mental illness
- encourage partnerships among service providers and between service providers and the community
- provide services in an equitable (including improved access to mental health services, particularly in Indigenous and rural communities) and efficient manner
- improve mental health and facilitate recovery from illness through more stable accommodation and support and meaningful participation in recreational, social, employment and other activities in the community.

^a These objectives represent a paraphrased interpretation of aspects of the National Mental Health Policy 2008.

The performance indicator framework shows which data are comparable in the 2012 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 of the 2012 Report discusses data comparability from a Report-wide perspective (see 2012 Report, section 1.6).

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Figure 12.2 Mental health management performance indicator framework



Source: 2012 Report, figure 12.9, p. 12.21.

Equity — mental health service use by special needs groups

‘Mental health service use by special needs groups’ is an indicator of governments’ objective to provide mental health services in an equitable manner, including access to services by special needs groups such as Indigenous people (box 12.2).

Box 12.2 Mental health service use by special needs groups

‘Mental health service use by special needs groups’ is defined by two measures:

- proportion of the population in a special needs group using State and Territory specialised public mental health services, compared with the proportion of the population outside the special needs group using State and Territory specialised public mental health services
- proportion of the population in a special needs group using MBS-subsidised ambulatory mental health services provided by private psychiatrists, GPs and allied health providers (psychologists, social workers, occupational therapists, mental health nurses and Aboriginal health workers), compared with the proportion of the population outside the special needs group using MBS-subsidised ambulatory mental health services.

The special needs groups reported are Indigenous people, people from outer regional, remote and very remote locations and people residing in low socio-economic areas.

This indicator is difficult to interpret. It does not measure access according to need, that is, according to the prevalence of mental illness across special needs groups. Variations in use could be due to variations in access, but could also be a result of differences in the prevalence of mental illness. It also does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need.

Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

The proportions of the population using State and Territory specialised public mental health services in 2009-10, by special needs group are reported in figure 12.3. The results at the national level show that the proportion of the population using these services is higher:

- for Indigenous people, than for non-Indigenous people (figure 12.3a)
- in very remote locations, than in other locations (figure 12.3b)
- for people in the three most disadvantaged SEIFA quintiles (1, 2 and 3), than the more advantaged quintiles (figure 12.3c).

These results, which are derived using community-based ambulatory care data, should be interpreted with care, as:

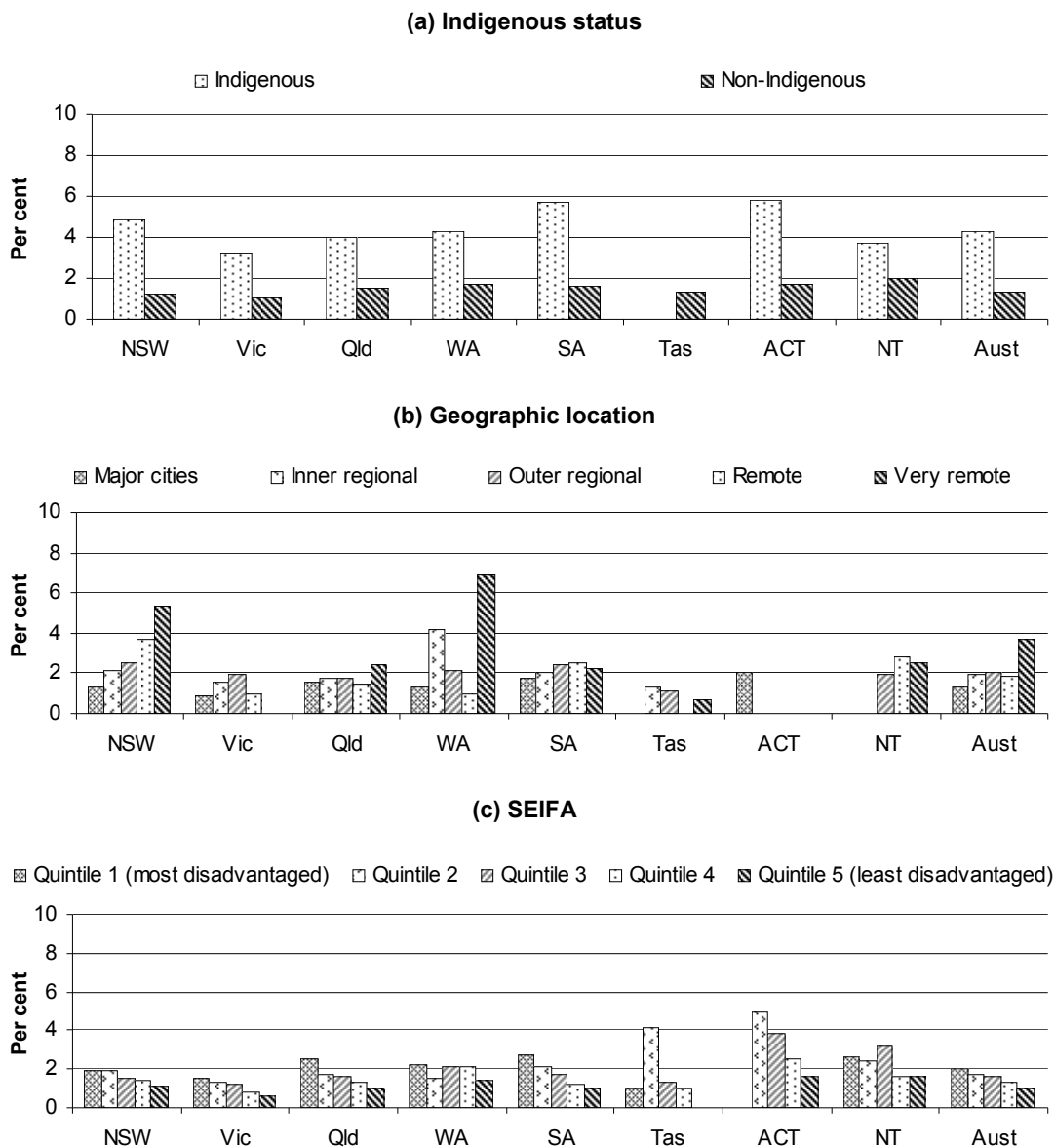
- people receiving only admitted and/or community-based residential services are not included in the proportion of people accessing services or in rates of service use
- there is no identifier to distinguish ‘treatment’ versus ‘non-treatment’ service contacts in the community mental health care data set
- jurisdictions differ in their collection and reporting of community-based ambulatory care data — there are variations in local business rules and in the interpretation of the national definitions.

The proportions of the population using MBS-subsidised ambulatory mental health services, by special needs group are reported in figure 12.4. The results at the national level show that the proportion of the population using MBS-subsidised ambulatory mental health services is lower:

- for Indigenous people, than for non-Indigenous people (figure 12.4a)
- in remote and very remote locations than in other locations (figure 12.4b)
- for those in the most disadvantaged SEIFA quintile 1, than for those in the more advantaged quintiles (figure 12.4c).

Further data on the use of State and Territory community-based specialised mental health services and MBS-subsidised ambulatory mental health services are in tables 12A.23 and 26. Data on the use of private hospital mental health services are also contained in 2012 Report, tables 12A.28 and 12A.19.

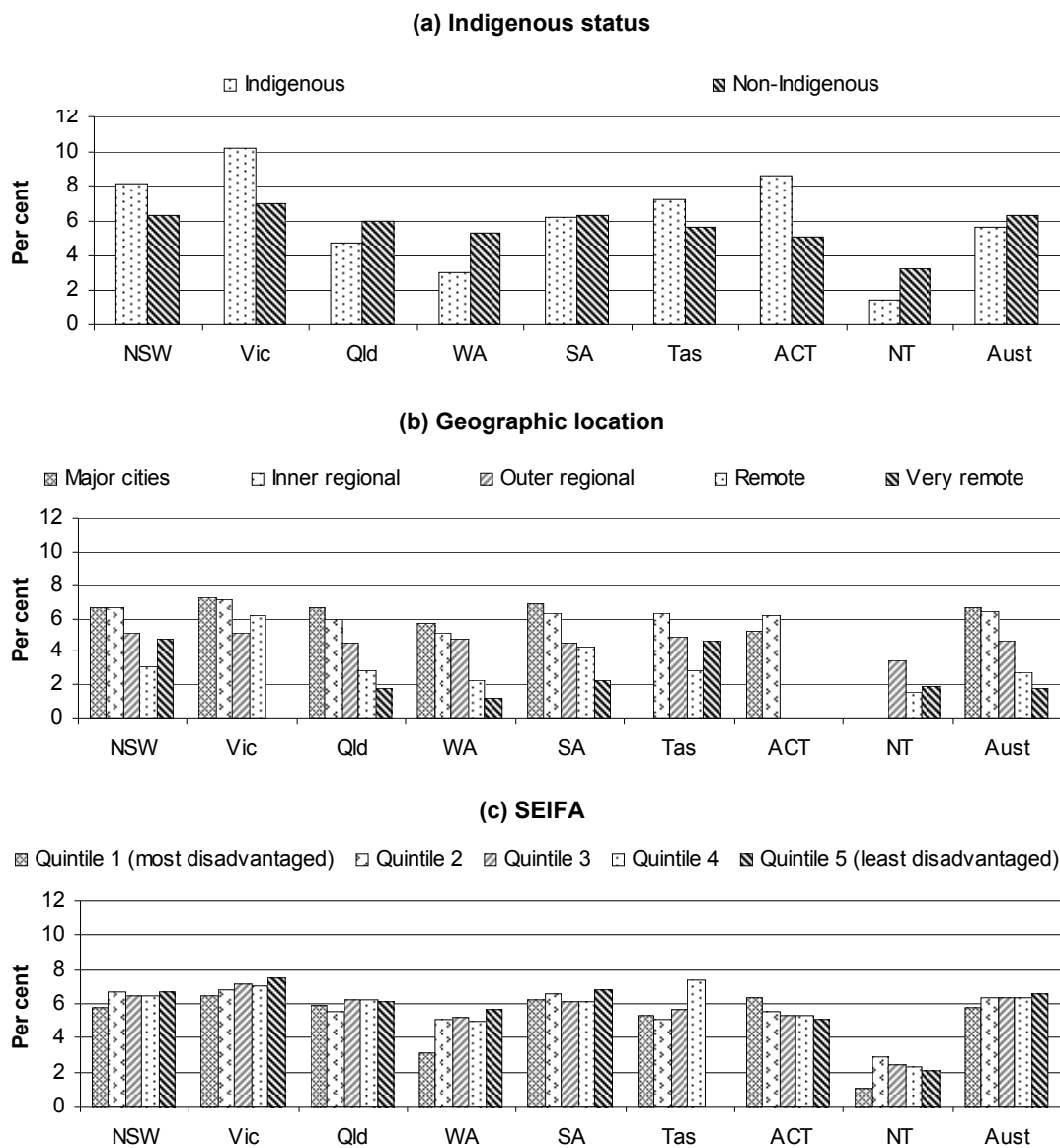
Figure 12.3 Population using State and Territory specialised public mental health services, by special needs groups, 2009-10^{a, b, c, d, e, f, g}



SEIFA = Socio-Economic Indexes for Areas. ^a Proportions are age-standardised to the Australian population as at 30 June 2001. ^b Counts for State and Territory specialised public mental health services are counts of people receiving one or more service contacts provided by community-based ambulatory services. ^c SA submitted data that were not based on unique patient identifiers or data matching approaches. Therefore, caution needs to be taken when making jurisdictional comparisons. ^d Victoria does not have very remote locations. ^e Tasmanian data for Indigenous people are not published. Tasmania does not have major cities and the contact rate in remote areas is zero. SEIFA Quintile 5 is not applicable for Tasmania. ^f The ACT does not have outer regional, remote or very remote locations. ACT data are not published for inner regional areas. Data for quintile 1 are not published for the ACT. ^g The NT does not have major cities or inner regional locations.

Source: State and Territory governments (unpublished) CMHC data; table 12A.19; 2012 Report, tables 12A.20-21; 2012 Report, figure 12.11, p. 12.26.

Figure 12.4 Population using MBS-subsidised ambulatory mental health services, by special needs groups, 2009-10^{a, b, c, d}



SEIFA = Socio-Economic Indexes for Areas. **a** Proportions are age-standardised to the Australian population as at 30 June 2001. **b** MBS-subsidised services are those mental health-specific services provided under the general MBS and by DVA. The specific Medicare items included are detailed in table 12A.28. **c** Victoria does not have very remote areas. Tasmania does not have major cities. ACT does not have outer regional, remote or very remote locations. The NT does not have major cities or inner regional locations. **d** SEIFA Quintile 5 is not applicable for Tasmania.

Source: DoHA (unpublished) Medicare Statistics data; DVA (unpublished); table 12A.19; 2012 Report, tables 12A.20-21; 2012 Report, figure 12.12, p. 12.27.

Mortality due to suicide

‘Mortality due to suicide’ is an indicator of governments’ objective under the NMHS to prevent mental health problems, mental illness and suicide, and identify and intervene early with people at risk (box 12.3).

Box 12.3 Mortality due to suicide

‘Mortality due to suicide’ is defined as the suicide rate per 100 000 people. The suicide rate is reported for Indigenous and non-Indigenous people.

A low or decreasing suicide rate per 100 000 people is desirable.

While mental health services contribute to reducing suicides, other government services also have a significant role. Public mental health programs are primarily concerned with providing treatment and support services for individual clients affected by severe mental illness, some of whom have either attempted, or indicated an intention, to commit suicide. Suicide prevention targeted at the wider population is also addressed through the initiatives of other government agencies, 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 education, housing, justice and community services.

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

Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

People with a mental illness are at higher risk of suicide than are the general population. They are also at higher risk of death from other causes, such as cardiovascular disease (Coghlan et al. 2001; Joukamaa et al. 2001; Sartorius 2007).

Australian Bureau of Statistics’ causes of death data are the source of suicide statistics in this chapter (ABS 2011). Developments that have improved the quality of ABS’ causes of death data for the three most recent years of data are processing improvements and a revisions process.

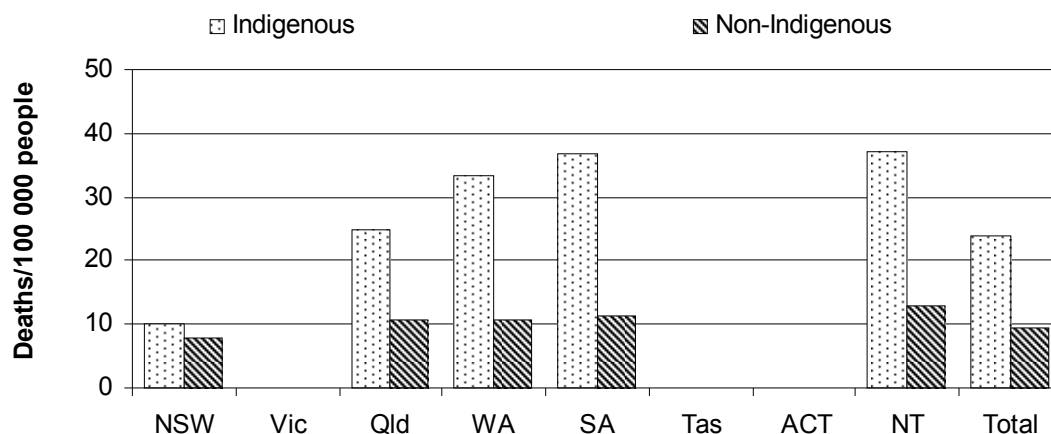
Two processing improvements, relating to the way the ABS codes Coroner certified deaths, have been introduced to the causes of death collection for the release of the preliminary data. ‘Cause of death’ codes are now better assigned to Coroner certified cases and all causes of death data have been positively impacted by these improvements (ABS 2010).

All Coroner certified deaths registered after 1 January 2007 are subject to a revisions process. The revisions process enables the use of additional information relating to Coroner certified deaths either 12 or 24 months after initial processing. This increases the specificity of the assigned ICD-10 codes over time (ABS 2010). Each year of data will be released as preliminary, revised and final, respectively.

Indigenous suicide rates are presented for NSW, Queensland, WA, SA and the NT (figure 12.5). After adjusting for differences in the age structure of the two populations, the suicide rate for Indigenous people during the period 2005–2009, for the reported jurisdictions, was higher than the corresponding rate for non-Indigenous people.

Care needs to be taken when interpreting these data because data for Indigenous people are incomplete and data for some jurisdictions are not published. Indigenous people are not always accurately identified in administrative collections (such as hospital records, and birth and death registrations) due to definition variations, different data collection methods and failure to record Indigenous status. The rate calculations have not been adjusted for differences in the completeness of identification of Indigenous deaths across jurisdictions.

Figure 12.5 Suicide rates, by Indigenous status, 2005–2009^{a, b, c, d, e, f, g}



^a Deaths from suicides are deaths with ICD-10 codes X60–X84 and Y87.0. ^b Suicide rate is indirectly age-standardised. ^c Denominators used in the calculation of rates for the Indigenous population are from ABS *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians*, Cat. no. 3238.0 (series B, 2006 base). Non-Indigenous estimates are available for Census years only. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the Indigenous projection series increases. ^d Data on deaths of Indigenous people are affected by differing levels of coverage of deaths identified as Indigenous across states and territories. Care should be exercised in analysing these data, particularly in making comparisons across states and territories and between Indigenous and non-Indigenous data. ^e Deaths with a 'not stated' Indigenous status are excluded. ^f Causes of death data for 2007 have undergone two years of revisions. Causes of death data for 2008 have been revised and are subject to further revisions. Causes of death data for 2009 are preliminary and subject to a revisions process. ^g Total data are for NSW, Queensland, WA, SA, and the NT combined, based on State or Territory of usual residence. Victoria, Tasmania and the ACT are excluded due to small numbers of registered Indigenous deaths.

Source: SCRGSP (2011) *Overcoming Indigenous Disadvantage: Key Indicators 2011*, Productivity Commission, Canberra; table 12A.56; 2012 Report, figure 12.12, p. 12.27.

Future directions for reporting on mental health management

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

Definitions of key terms and indicators

General practice	The organisational structure in which one or more GPs provide and supervise health care for a 'population' of patients. This definition includes medical practitioners who work solely with one specific population, such as women's health or Indigenous health.
Health management	The ongoing process beginning with initial client contact and including all actions relating to the client. Includes assessment/evaluation, education of the person, family or carer(s), and diagnosis and treatment. Involves problems with adherence to treatment and liaison with, or referral to, other agencies.
Separation	An episode of care for an admitted patient, which can be a total hospital stay, or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care.
Mental health	
Community-based residential services	Staffed residential units established in community settings that provide specialised treatment, rehabilitation or care for people affected by a mental illness or psychiatric disability. To be defined as community-based residences, the services must: provide residential care to people with mental illnesses or psychiatric disability; be located in a community setting external to the campus of a general hospital or psychiatric institution; employ onsite staff for at least some part of the day; and be government funded.
Mental illness	A diagnosable illness that significantly interferes with an individual's cognitive, emotional and/or social abilities.
Mental health	The capacity of individuals within groups and the environment to interact with one another in ways that promote subjective wellbeing, the optimal development and use of mental abilities (cognitive, affective and relational) and the achievement of individual and collective goals consistent with justice.
Mental health problems	Diminished cognitive, emotional or social abilities, but not to the extent of meeting the criteria for a mental illness.
Mortality rate from suicide	The proportion of the population who die as a result of suicide.
Non-government organisations	Private not-for-profit community managed organisations that receive State and Territory government funding specifically for the purpose of providing community support services for people affected by a mental illness or psychiatric disability. Programs provided by the non-government organisation sector can include supported accommodation services (including community-based crisis and respite beds), vocational rehabilitation programs, advocacy programs (including system advocacy), consumer self-help services, and support services for families and primary carers.
Prevalence	The number of cases of a disease present in a population at a given time (point prevalence) or during a given period (period prevalence).
Preventive interventions	Programs designed to decrease the incidence, prevalence and negative outcomes of illnesses.
Psychiatrist	A medical practitioner with specialist training in psychiatry.

Public health	The 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 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.
Schizophrenia	A combination of signs and symptoms that can include delusions, hallucinations, disorganised speech or behaviour, a flattening in emotions, and restrictions in thought, speech and goal directed behaviour.
Stand-alone psychiatric hospitals	Health establishments that are primarily devoted to the treatment and care of inpatients with psychiatric, mental or behavioural disorders, and that are situated at physically separate locations from a general hospital. Stand-alone hospitals may or may not be managed by the mainstream health system. Psychiatric hospitals situated at physically separate locations from a general hospital are included within the 'stand-alone' category regardless of whether they are under the management control of a general hospital. A health establishment that operates in a separate building but is located on, or immediately adjoining, the acute care hospital campus can also be a stand-alone hospitals if the following criteria are not met: <ul style="list-style-type: none"> • a single organisational or management structure covers the acute care hospital and the psychiatric hospital • a single employer covers the staff of the acute care hospital and the psychiatric hospital • the location of the acute care hospital and psychiatric hospital can be regarded as part of a single overall hospital campus • the patients of the psychiatric hospital are regarded as patients of the single integrated health service.
Substance use disorders	Disorders in which drugs or alcohol are used to such an extent that behaviour becomes maladaptive, social and occupational functioning is impaired, and control or abstinence becomes impossible. Reliance on the drug can be psychological (as in substance misuse) or physiological (as in substance dependence).

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a '12A' prefix (for example, table 12A.1 is table 1 in the Mental health management attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

- Table 12A.14** Specialised mental health care reported, by Indigenous status, 2008-09
- Table 12A.19** Proportion of people receiving clinical mental health services by service type and Indigenous status
- Table 12A.23** Community mental health service contacts provided by public sector community mental health services
- Table 12A.26** Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA
- Table 12A.56** Suicide deaths, by Indigenous status, 2005–2009

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F Community services sector summary

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Attachment tables

There are no Community services attachment tables throughout this Indigenous Compendium.

This sector summary provides an introduction to the Aged care services (2012 Report, chapter 13), Services for people with disability (2012 Report, chapter 14) and Protection and support services (2012 Report, chapter 15) chapters of this Report. It provides an overview of the community services sector, presenting both contextual information and high level performance information.

Cross-cutting and interface issues

Community services pathways

Although this Report discusses three areas of community services in separate chapters, it is recognised that there are many linkages between different community services. Governments are increasingly emphasising the need for integrated, client centred community services.

Many community services are linked by the provision of different services to individuals at different stages of life. Other services are not as strictly age-specific and some individuals may receive multiple services at the same time — for example, a child who is in receipt of juvenile justice services together with homelessness, child protection or disability services. Disability services can

continue throughout an individual's lifetime and overlap with the provision of aged care services.

The sequence of interventions or services can be referred to as 'pathways' of community service provision. However, there is limited information on the patterns of access by individuals to the range of community services, either concurrently or in succession over a lifetime. A greater understanding of the links between the use of various community services, the nature of these links, and whether interventions in one area of service provision result in reduced need for other services, will help to inform government social policy agendas.

An example of relevant research includes:

- a FaHCSIA longitudinal study of Indigenous children (*Footprints In Time*) into the links between early childhood experiences and later life outcomes for Aboriginal and Torres Strait Islander children, covering areas such as health, culture, education, housing and family relationships (FaHCSIA 2008)

Indigenous data in the Community services sector summary

The Community services sector summary in the 2012 Report contains no specific data items on Indigenous people.

Indigenous reporting on service-specific performance indicator frameworks for aged care services (chapter 13), services for people with disability (chapter 14) and protection and support services (chapter 15) are in the subsequent chapters of this Compendium.

References

FaHCSIA (Department of Families, Housing, Community Services and Indigenous Affairs) 2008, *Research News*, Issue 31, Canberra.

13 Aged care services

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 13A.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 13.1' this is page 1 of chapter 13 of the 2012 Report, and '2012 Report, table 13A.1' is attachment table 1 of attachment 13A of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Aged care services chapter (chapter 13) in the *Report on Government Services 2012* (2012 Report) reports on the performance of Aged care services in each Australian state and territory. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

The aged care system comprises all services specifically designed to meet the care and support needs of older people living in Australia. This chapter focuses on government funded residential and community care for older people and services designed for the carers of older people. Some government expenditure on aged care is not reported, but continual improvements are being made to the coverage and quality of the data.

Major improvements in reporting on aged care services this year include:

- reporting of a new measure on Australian Government expenditure on residential aged care, selected community aged care programs, multipurpose services and Indigenous specific services under the ‘expenditure per head of target population’ indicator
- inclusion of new data quality information (DQI) documentation.

Services for older people are provided on the basis of the frailty or functional disability of the recipients, as distinct from specific age criteria. Nevertheless, in the absence of more specific information, this Report uses people aged 70 years or over as a proxy for the likelihood of a person in the general population requiring these services. Particular groups (notably Indigenous people) can require various services at a younger age. For Indigenous people, those aged 50 years or over are used as a proxy for the likelihood of requiring aged care services. People aged 70 years or over and Indigenous people aged 50–69 years are used as a proxy ‘target’ population for aged care services in this Report. The Australian Government uses this population as a ‘planning population’ to allocate aged care places under the *Aged Care Act 1997*. Nationally, in 2010–11, the proportion of the population who are in this category was 10.0 per cent, although the proportion varies across jurisdictions (2012 Report, table 13A.1 and table 13A.2).

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 services covered include:

- assessment and information services, which are largely provided by the Aged Care Assessment Program (ACAP)
- residential care services, which provide permanent high and low level care, and respite high and low level care

-
- community care services, including home-based care and assistance to help older people remain, or return to, living independently in the community as long as possible. These services include:
 - HACC program services
 - Community Aged Care Packages (CACP)
 - flexible care services provided under the Extended Aged Care at Home (EACH) and the EACH-Dementia (EACH-D) programs
 - services provided by the Department of Veterans' Affairs (DVA) under the Veterans' Home Care (VHC)¹ and Community Nursing programs
 - community care respite services, which include HACC respite and centre-based day care services and services provided under the National Respite for Carers Program (NRCP)
 - services provided in mixed delivery settings, which are designed to provide flexible care or specific support:
 - flexible care services, which address the needs of care recipients in ways other than that provided through mainstream residential and community care — services are provided under the Transition Care Program (TCP), Multi-purpose Service Program (MPS), Innovative Care Pool and National Aboriginal and Torres Strait Islander Flexible Aged Care Program
 - specific support services, which are provided to address particular needs such as those under the Long Stay Older Patients initiative and in Day Therapy Centres.

The Aged care services chapter in the 2012 Report contains the following information on Indigenous people:

- age profile and target population differences between Indigenous and other Australians, June 2006
- Aged Care Assessment Team (ACAT) assessment rates, 2009-10
- variation in the proportions of Indigenous populations accessing aged care services from their proportion in the target population as a whole, June 2011
- residents per 1000 target population, 30 June 2011
- CACP recipients per 1000 target population, 30 June 2011
- recipients of HACC services by age and Indigenous status, 2010-11

¹ Unless otherwise stated, HACC expenditure excludes the DVA expenditure on VHC.

-
- Commonwealth Carelink Centres, contacts per 1000 target population, by Indigenous status, 30 June 2011.

The aged care attachment contains additional data relating to Indigenous people including:

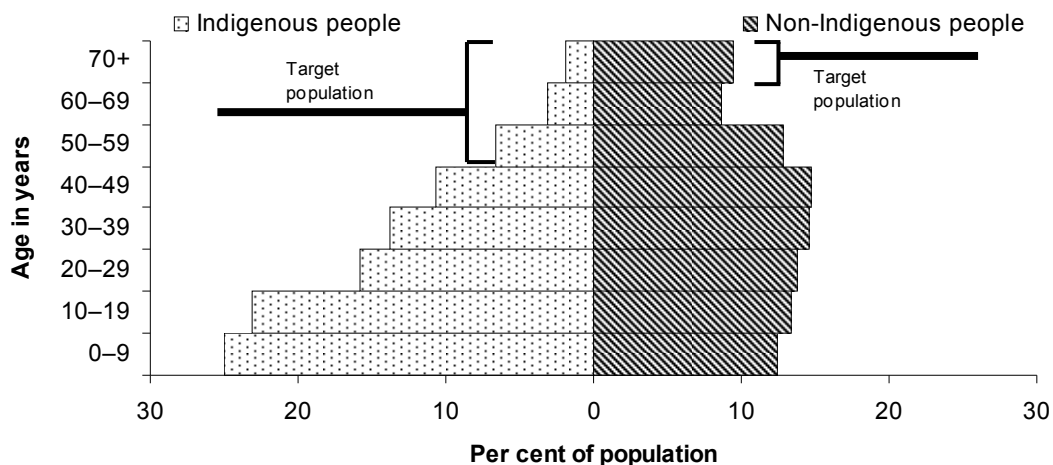
- target population data, by location
- people receiving aged care services, 2010-11
- government expenditure on Indigenous specific programs, 2010-11
- Indigenous aged care recipients, June 2011
- Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over and as a proportion of all recipients and by locality, 30 June
- Indigenous permanent residents classified as high or low care and Indigenous CACP, EACH and EACH-D at 30 June 2011: age specific usage rates per 1000 people by remoteness
- HACC client characteristics, 2010-11
- comparative characteristics of Indigenous HACC clients, 2010-11
- hospital patient days used by those eligible and waiting for residential aged care, 2009-10
- falls resulting in patient harm in residential aged care and treated in hospital, 2009-10.

Indigenous-specific descriptive information

Characteristics of older Indigenous people

The DoHA estimates that about 76 324 Indigenous people were aged 50 years or over in Australia at 30 June 2011 (table 13A.2). Although the Indigenous population is also ageing, there are marked differences in the age profile of Indigenous Australians compared with non-Indigenous Australians (figure 13.1). Estimates show life expectancy at birth in the Indigenous population is around 11.5 years less for males and 9.7 years less for females when compared with the total Australian population (ABS 2009). Indigenous people aged 50 years or over are used in this Report as a proxy for the likelihood of requiring aged care services, compared to 70 years or over for the general population.

Figure 13.1 Age profile and target population differences between Indigenous and other Australians, June 2006

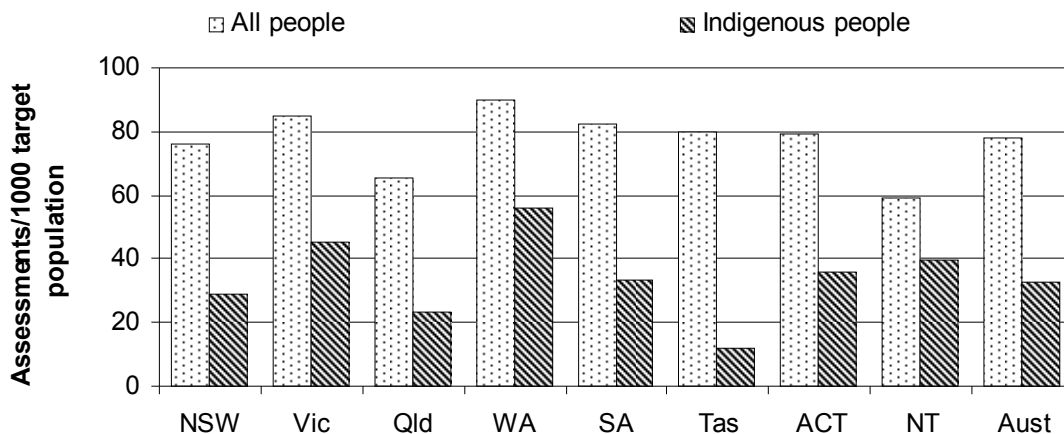


Source: ABS (2008) *Experimental Estimates of Aboriginal and Torres Strait Islander Australians*, June 2006, Cat. no. 3238.0.55.001, Canberra; 2012 Report, figure 13.6, p. 13.21.

Aged Care Assessments

Aged care assessments are designed to assess the care needs of older people and assist them to gain access to the most appropriate type of care. The number of assessments of people aged 70 years or over and Indigenous people aged 50–69 years per 1000 target population varied across jurisdictions in 2009-10. The national rate was 78.1 assessments per 1000 people aged 70 years or over and Indigenous people aged 50-69 years. The rate for Indigenous people was 32.9 per 1000 Indigenous people aged 50 years or over (figure 13.2). Data on the numbers and rates of assessment for people of all ages by age group, Indigenous status, remoteness of residence and Socio-Economic Indexes for Areas (SEIFA) are in table 13A.66.

Figure 13.2 Aged Care Assessment Team assessment rates, 2009-10^{a, b, c, d, e}



^a Includes ACAT assessments for all services. ^b All people includes all assessments of people aged 70 years or over and Indigenous people aged 50 years or over per 1000 people aged 70 years or over and Indigenous people aged 50 years or over. ^c Indigenous includes all assessments of Indigenous people aged 50 years or over per 1000 Indigenous people aged 50 years or over. ^d The number of Indigenous assessments is based on self-identification of Indigenous status. ^e See table 13A.64 for further explanation of these data.

Source: Aged Care Assessment Program National Data Repository (unpublished); table 13A.64, 2012 Report, figure 13.7, p. 13.22.

Residential and community care services

Residential care services provide permanent high level and low level care and respite high/low level care:

- high care combines services such as nursing care, continence aids, basic medical and pharmaceutical supplies and therapy services with the types of services provided in low care such as accommodation, support services (cleaning, laundry and meals) and personal care services
- low care focuses on personal care services, accommodation, support services (cleaning, laundry and meals) and some allied health services such as physiotherapy — nursing care can be given when required
- respite provides short term residential high/low care on a planned or emergency basis (DoHA 2011).

Changing government policies over the past decade — shifting the balance of care away from the more intensive types of residential care towards community-based care — have meant that the HACC, CACP, EACH, EACH-D and DVA VHC and community nursing programs have become increasingly important components of the aged care system.

Indigenous age specific usage rates for permanent residential services combined with community care program services (CACP, EACH and EACH-D) are reported by remoteness category in table 13A.46.

Indigenous-specific services — National Aboriginal and Torres Strait Islander Flexible Aged Care Program

Flexible models of care are also provided under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. These services are funded and operate outside the regulatory framework of the *Aged Care Act 1997*. Aboriginal and Torres Strait Islander people also access mainstream services under the *Aged Care Act 1997*, including those managed by Aboriginal and Torres Strait Islander organisations.

The National Aboriginal and Torres Strait Islander Flexible Aged Care Program aims to provide quality, flexible, culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to their home and community. Flexible Aged Care services can deliver a mix of residential and community aged care services to meet the needs of the community.

Some services managed by non-Indigenous approved providers also have significant numbers of Aboriginal and Torres Strait Islander clients. All aged care services that are funded under the *Aged Care Act 1997* are required to provide culturally appropriate care. Whether they are located in a community or residential setting, services can be subject to specific conditions of allocation in relation to the proportion of care to be provided to particular groups of people, including Aboriginal and Torres Strait Islander people.

At 30 June 2011, there were 28 aged care services funded to deliver 645 flexible aged care places under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (DoHA unpublished). The Australian Government spent \$25.3 million on Indigenous specific services delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (table 13A.5).

Framework of performance indicators

The performance indicators for Aged care services are in figure 13.3. Data for Indigenous people are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are

comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

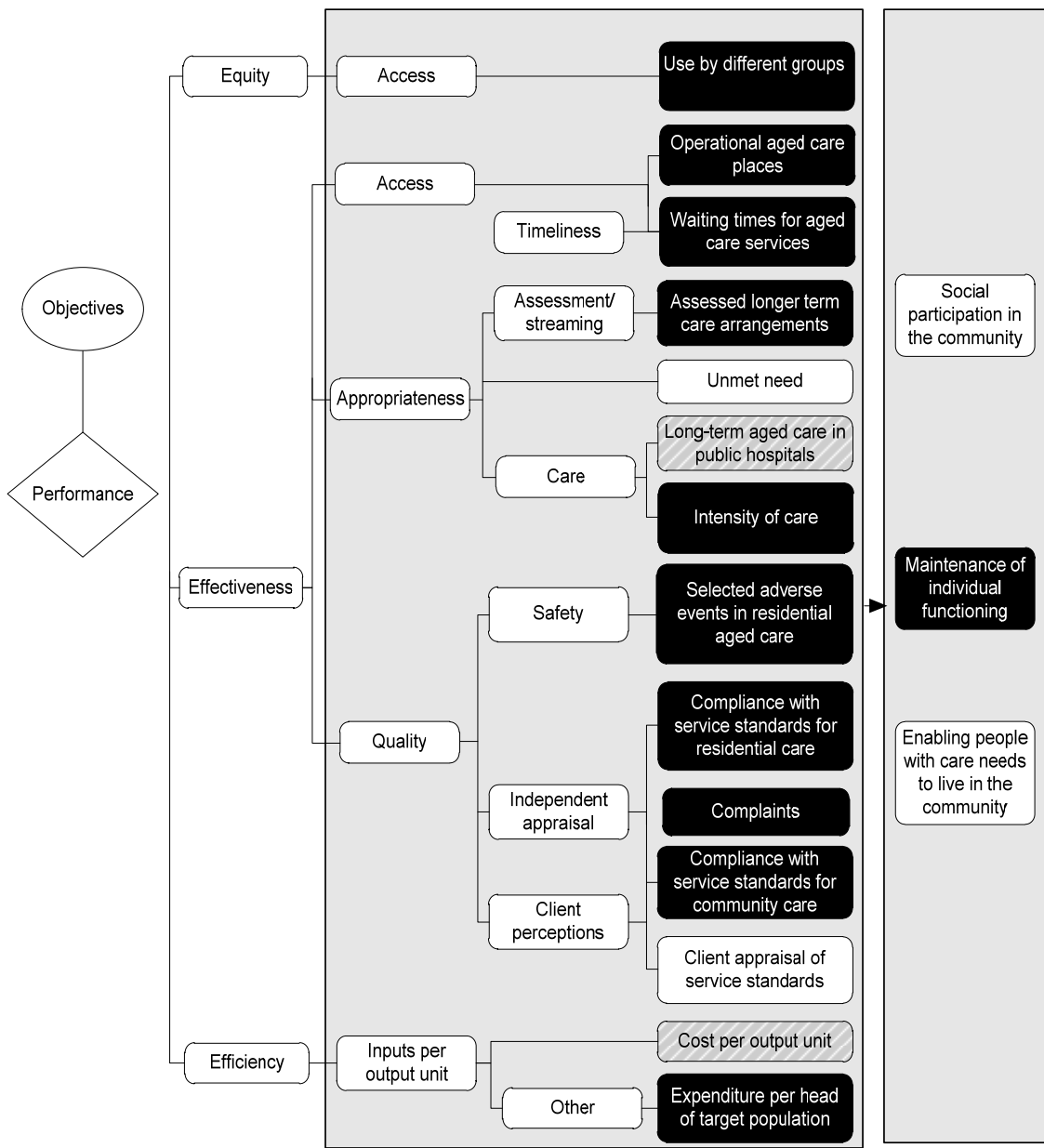
Indicator boxes presented throughout the chapter provide information about the reported indicators. As these are sourced directly from the 2012 Report, they may include references to data not reported for Indigenous people and therefore not included in this Compendium.

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Changes to performance reporting for the 2012 Report comprise inclusion of data:

- on the variation in the proportion of people aged 50 years or over accessing residential services, HACC, CACPs, EACH and EACH-D services who are Indigenous, from the proportion of people aged 50 years or over who are Indigenous, to provide additional analysis under the 'Use by different groups' indicator
- under the 'expenditure per head of target population' indicator on Australian Government expenditure on residential aged care, selected community aged care programs, multipurpose services and Indigenous specific services.

Figure 13.3 Aged care services performance indicator framework



Key to indicators

- Text** Data for these indicators comparable, subject to caveats to each chart or table
- Text** Data for these indicators not complete or not directly comparable
- Text** These indicators yet to be developed or data not collected for this Report

Outputs

Outcomes

Source: 2012 Report, figure 13.11, p. 13.36.

Use by different groups

‘Use by different groups’ is an indicator of governments’ objective for the aged care system to provide equitable access to aged care services for all people who require these services (box 13.1).

Box 13.1 Use by different groups

‘Use by different groups’ is defined by the following measures:

- variation in the proportion of people aged 70 years or over accessing residential services, HACC, CACPs, EACH and EACH-D services who are born in a non-English speaking country, from the proportion of people in the target population (aged 70 years or over) who are born in a non-English speaking country
- variation in the proportion of people aged 70 years or over and Indigenous people aged 50–69 years accessing residential services, HACC, CACPs, EACH and EACH-D services who are Indigenous, from the proportion of people in the target population who are Indigenous (similar analysis using data for all people aged over 50 years is reported for information)
- the number of people born in non-English speaking countries using residential services, CACPs, EACH and EACH-D, divided by the number of people born in non-English speaking countries aged 70 years or over, compared with the rate at which the general population (number of people aged 70 years or over and Indigenous people aged 50–69 years) accesses the service
- the number of Indigenous people using residential services, CACP, EACH, and EACH-D services, divided by the number of Indigenous people aged 50 years or over (because Indigenous people tend to require aged care services at a younger age than the general population) compared with the rate at which the general population (number of people aged 70 years or over and Indigenous people aged 50–69 years) accesses the service
- the number of veterans aged 70 years or over in residential care divided by the total number of eligible veterans aged 70 years or over, where a veteran is defined as a DVA Gold or White card holder
- access to HACC services for people living in rural or remote areas — the number of hours of HACC service received (and, separately, meals provided) divided by the number of people aged 70 years or over and Indigenous people aged 50–69 years for major cities, inner regional areas, outer regional areas, remote areas and very remote areas

(Continued next page)

Box 13.1 (Continued)

- the rate of contacts with Commonwealth Respite and Carelink Centres for Indigenous people compared with the rate for all people
- access to residential aged care services for financially disadvantaged people
 - the proportion of new residents classified as supported
 - the proportion of permanent resident care days classified as concessional, assisted or supported

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

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

Use by different groups is a proxy indicator of equitable access. Various groups are identified by the *Aged Care Act 1997* and its principles (regulations) as having special needs, including people from Indigenous communities, people born in non-English speaking countries, people who live in rural or remote areas, people who are financially or socially disadvantaged, veterans (including widows and widowers of veterans), people who are homeless or at risk of becoming homeless, or who are care leavers. A care leaver is a person who was in institutional care (such as an orphanage or mental health facility) or other form of out-of-home care, including foster care, as a child or youth (or both), at some time during their lifetime (DoHA 2011).

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

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

Data reported for this indicator are comparable.

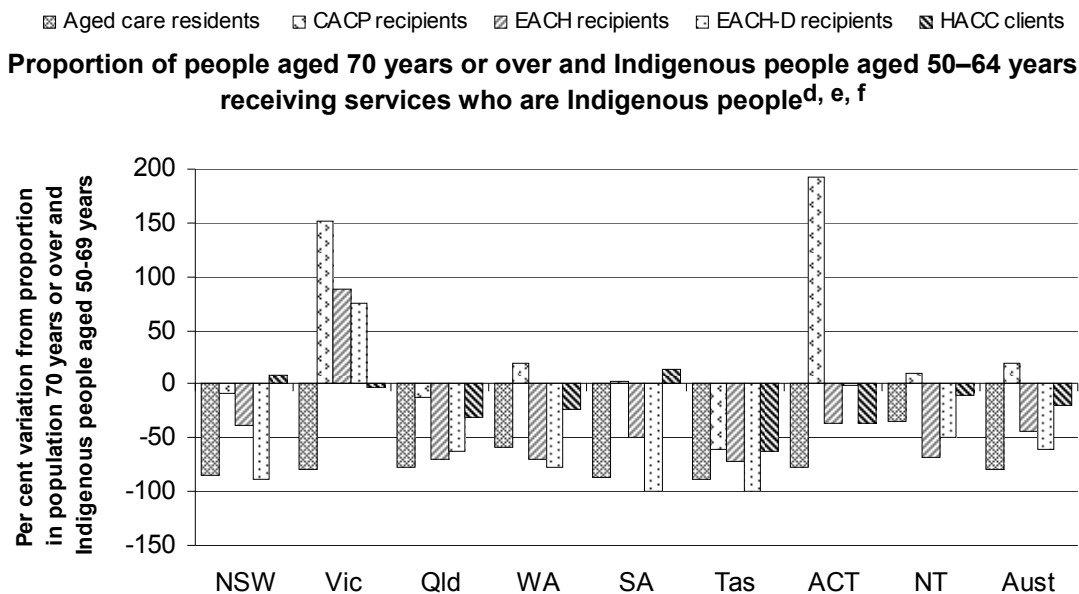
Data quality information for five measures defined for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012. Data quality information for the other measures is under development.

Data presented for this indicator are organised by the type of service provided, with sub-sections for the relevant special needs groups reported against that service.

Access to residential care services, HACC, CACP, EACH and EACH-D services by Indigenous people

Nationally, in comparison to their proportion of the target population as a whole, Indigenous people are under-represented in access to residential care, HACC, EACH and EACH-D services (figure 13.4). However, in relation to the CACP program, Indigenous people are over-represented, compared with the proportion of this group in the target population.

Figure 13.4 Variation in the proportion of Indigenous people accessing services from their proportion in the relevant target population as a whole, June 2011^{a, b, c}



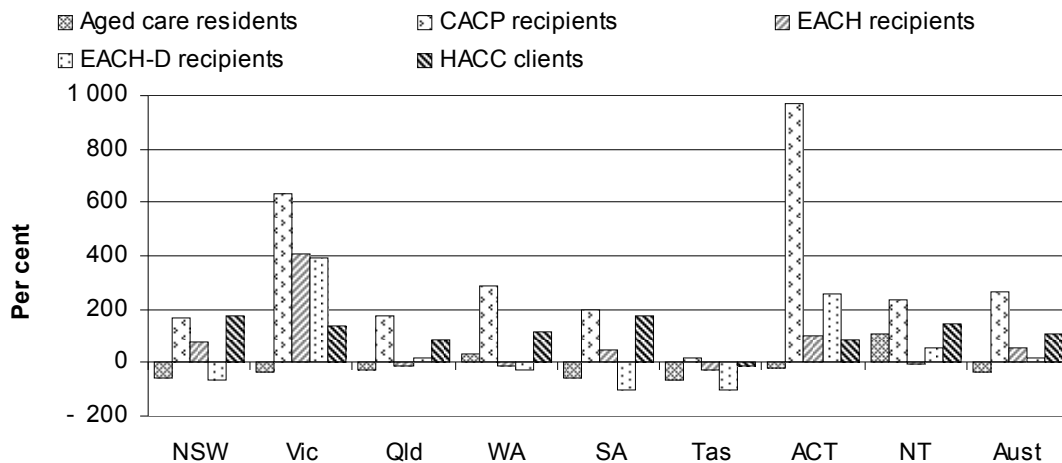
^a The proportion of HACC funded agencies that submitted Minimum Data Set data for 2010-11 differed across jurisdictions and ranged from 94 per cent to 100 per cent. Consequently, actual service levels were higher than stated. ^b Reports provisional HACC data that have not been validated and may be subject to revision. ^c Some of these proportions are calculated using small numbers. In particular, this applies to the proportions for EACH and EACH-D. See table 13A.30 for more details. ^d The numerator of the proportion comprises service users who are Indigenous people aged 50 years or over. The denominator of the proportion comprises service users who are people aged 70 years or over and Indigenous people aged 50–64 years. ^e The ACT has a very small Indigenous population aged 50 years or over (table 13A.2) and a small number of CACP recipients results in a very high provision ratio. ^f Excludes National Aboriginal and Torres Strait Islander Flexible Aged Care Program recipients.

Source: DoHA (unpublished); table 13A.30; 2012 Report, figure 13.12, p. 13.41.

Results for Indigenous people should be considered with caution. While Indigenous recipients are under-represented when compared to the general target population (people aged 70 years or over and Indigenous people aged 50–69 years), if the analysis is done separately for all people aged 50 years or over; nationally, Indigenous clients are over-represented compared to the total Australian population in this age group for all services, except residential care (figure 13.5). However, this might not be an over-representation in terms of the need for services if the higher disability/morbidity rates of Indigenous people are taken into account.

In addition, if access to HACC services were measured in terms of the HACC target population the results would also differ to those reported in figure 13.4. The HACC target population is based on the proportion of people in households with moderate, severe or profound disability rather than the population of people aged 70 years or over and Indigenous people aged 50–65 years. For further details on the HACC target population see 2012 Report, section 13.6.

Figure 13.5 Variation in the proportion of people aged 50 years or over accessing aged care services who are Indigenous, from their proportion in the population aged 50 years or over, June 2011^{a, b, c, d, e}



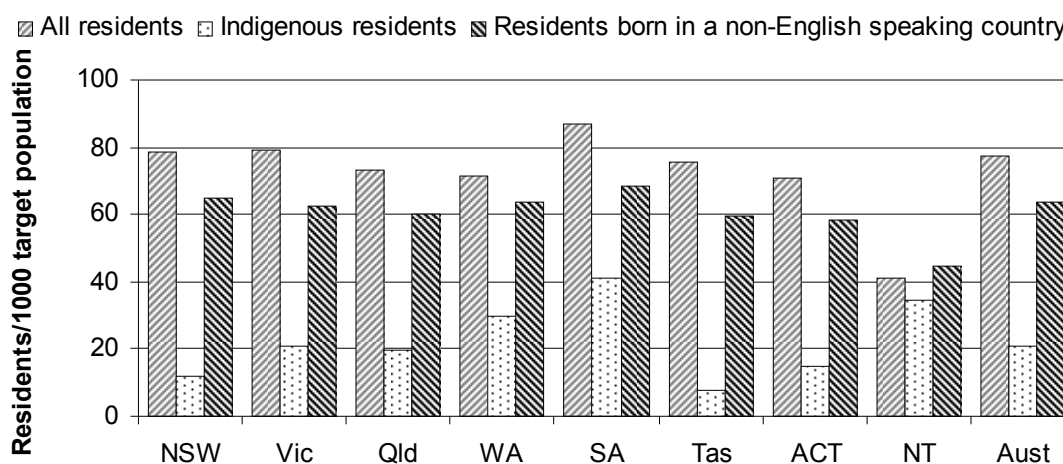
^a The proportion of HACC funded agencies that submitted Minimum Data Set data for 2010-11 differed across jurisdictions and ranged from 94 per cent to 100 per cent. Consequently, actual service levels were higher than stated. ^b Reports provisional HACC data that have not been validated and may be subject to revision. ^c Some of these proportions are calculated using small numbers. In particular, this applies to the proportions for EACH and EACH-D. See table 13A.31 for more details. ^d The ACT has a very small Indigenous population aged 50 years or over (table 13A.2) and a small number of CACP recipients results in a very high provision ratio. ^e Excludes National Aboriginal and Torres Strait Islander Flexible Aged Care Program recipients.

Source: DoHA (unpublished); table 13A.31; 2012 Report, figure 13.13, p. 13.42.

Access to residential aged care services by Indigenous people

At 30 June 2011, on average, Indigenous people and people born in non-English speaking countries had lower rates of use of aged care residential services (21.0 and 63.4 per 1000 of the relevant target populations respectively), compared with the population as a whole (77.4 per 1000) (figure 13.6).

Figure 13.6 Residents per 1000 target population, 30 June 2011^{a, b, c}



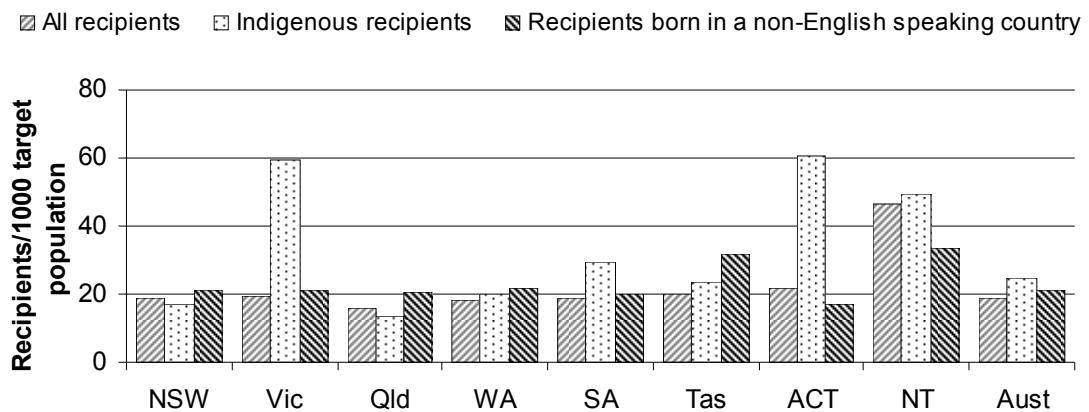
^a All residents data are per 1000 people aged 70 years or over and Indigenous people aged 50–69 years. ^b Indigenous residents data are per 1000 Indigenous people aged 50 years or over. ^c Data for residents from a non-English speaking country are per 1000 people from non-English speaking countries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

Source: DoHA (unpublished); table 13A.34; 2012 Report, tables 13A.28 and 13A.32; 2012 Report, figure 13.14, p. 13.43.

Access to aged care community programs by Indigenous people

Nationally, the number of Indigenous CACP recipients per 1000 Indigenous people aged 50 years or over was 24.6 and the numbers of CACP recipients from non-English speaking countries per 1000 of the relevant target population was 21.0. These numbers compare to a total of 18.8 per 1000 of the target population (people aged 70 years or over and Indigenous people aged 50–69 years) (figure 13.7).

Figure 13.7 **Community Aged Care Package recipients per 1000 target population, 30 June 2011^{a, b, c, d, e}**



^a All recipients data are per 1000 people aged 70 years or over and 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 13A.2), and a small number of packages result in a very high provision ratio. ^e CACPs provide a more flexible model of care, more suitable to remote Indigenous communities, so areas such as the NT have a higher rate of CACP recipients per 1000 people.

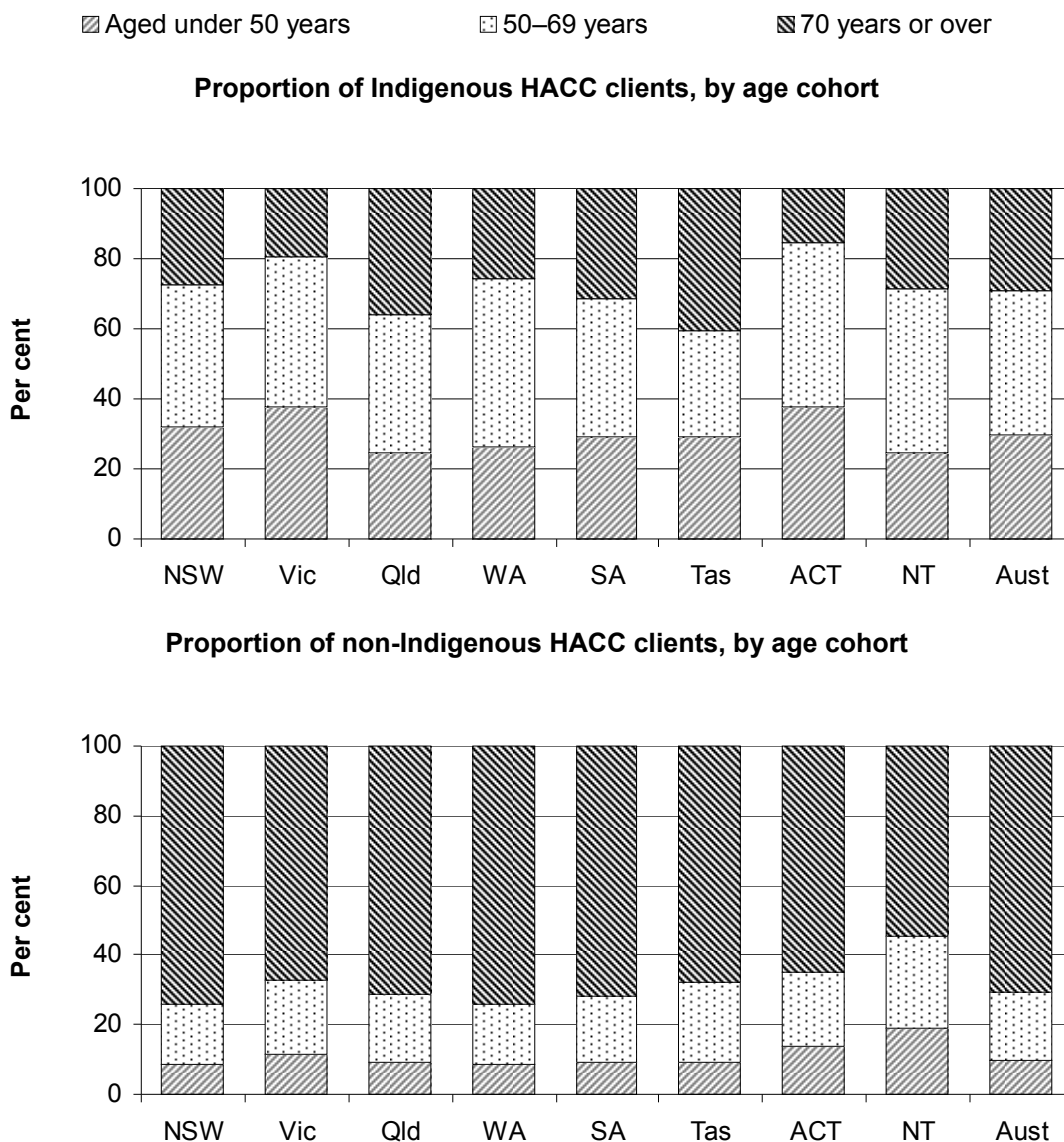
Source: DoHA (unpublished) table 13A.34; 2012 Report, tables 13A.28 and 13A.32; 2012 Report, figure 13.15, p. 13.44.

Access to the HACC program

HACC services are provided in the client's home or community for people with moderate, severe or profound disability and their carers. The focus of this chapter is all people 70 years or over and Indigenous people aged 50–69 years. The proportion of HACC clients aged 70 years or over during 2010-11 was 69.2 per cent (table 13A.60).

Reported use of HACC services showed a substantial difference between all users and Indigenous users across all age groups in 2010-11. This reflects the difference in morbidity and mortality trends between Indigenous people and the general population. The proportion of Indigenous HACC clients who are aged 70 years or over is 28.9 per cent and the proportion of non-Indigenous HACC clients who are aged 70 years or over is 70.8 per cent (figure 13.8).

Figure 13.8 Recipients of HACC services by age and Indigenous status, 2010-11^{a, b}



^a Reports provisional HACC data that have not been validated and may be subject to revision. ^b The proportion of HACC clients with unknown Indigenous status differed across jurisdictions. Nationally, the proportion of HACC clients with unknown or null Indigenous status was 7.1 per cent (table 13A.60).

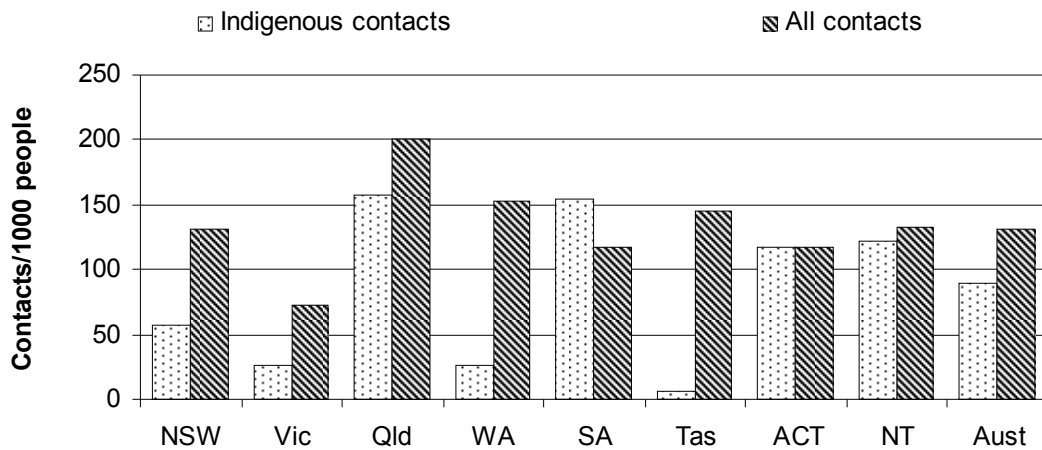
Source: DoHA (unpublished); table 13A.61; 2012 Report, figure 13.17, p. 13.47.

Access by Indigenous people to Commonwealth Respite and Carelink Centres

Commonwealth Respite and Carelink Centres are information centres for older people, people with disabilities, carers and service providers. Information is provided on community services and aged care, disability and other support services available locally or anywhere in Australia, the costs of services, assessment

processes and eligibility criteria. The national rate at which Indigenous people contacted Respite and Carelink Centres at 30 June 2011, was 90.1 people per 1000 Indigenous people in the Indigenous target population (Indigenous people aged 50 years or over). The rate for all Australians was 130.9 per 1000 people in the target population (people aged 70 years or over and Indigenous people aged 50–69 years). These figures varied across jurisdictions (figure 13.9).

Figure 13.9 Commonwealth Respite and Carelink Centres, contacts per 1000 target population, by Indigenous status, 30 June 2011^{a, b, c, d}



^a Contacts include phone calls, visits, emails and facsimiles. ^b Indigenous contacts refer to contacts by Indigenous people per 1000 Indigenous people in the target population. ^c All contacts refers to contacts per 1000 target population. ^d Indigenous status is determined through people making contact self identifying themselves as Indigenous. Therefore, there is likely to be substantial under-reporting of Indigenous status.

Source: DoHA (unpublished); table 13A.63; 2012 Report, figure 13.18, p. 13.48.

Definitions of key terms and indicators

Aged care	<p>Formal services funded and/or provided by governments that respond to the functional and social needs of older people, and the needs of their carers. Community aged care services aim to optimise independence and to assist older people to stay in their own homes, while residential care services provide accommodation and care for those who can no longer be assisted to stay at home. Assessment of care needs is an important component of aged care.</p> <p>The majority of aged care services assist in activities of daily living such as personal care (for example, bathing and dressing), housekeeping and meal provision. Other services aim to promote social participation and connectedness. These services are delivered by trained aged care workers and volunteers. However, aged care services may also be delivered by health professionals such as nurses and occupational therapists.</p> <p>Aged care services generally aim to promote wellbeing and foster function rather than to treat illness. Although some aged care services such as transition care have a specific restorative role, they are distinguished from the health services described in Part E of this Report.</p> <p>Aged care services may be funded through programs specifically or mainly directed to older people, or through programs that address the needs of people of different ages. Generally, the target groups of aged care services are people aged 70 years or over and Indigenous people aged 50 years or over.</p>
Care leaver	<p>A care leaver is a person who was in institutional care (such as an orphanage or mental health facility) or other form of out-of-home care, including foster care, as a child or youth (or both) at sometime during their lifetime (DoHA 2011).</p>
Disability	<p>A limitation, restriction or impairment that has lasted, or is likely to last, for at least six months and restricts everyday activities.</p>
HACC target population	<p>The HACC Target population is people in the Australian community who, without basic maintenance and support services provided under the scope of the HACC Program, would be at risk of premature or inappropriate long term residential care, including (i) older and frail people with moderate, severe or profound disabilities; (ii) younger people with moderate, severe or profound disabilities; and (iii) such other classes of people as are agreed upon, from time to time, by the Commonwealth Minister and the State Minister. The HACC Target Population is estimated by applying the proportion of people in households with a moderate, severe, or profound disability as reported in the ABS 2003 <i>Survey of Disability, Ageing and Carers</i> to the ABS Population Projections by SLA 2002–2022.</p>
Places	<p>A capacity within an aged care service for the provision of residential care, community care or flexible care in the residential care context to an individual (<i>Aged Care Act 1997 (Cwlth)</i>); also refers to 'beds' (<i>Aged Care (Consequential Provisions) Act 1997 (Cwlth)</i>, s.16).</p>
Real expenditure	<p>Actual expenditure adjusted for changes in prices, using the GDP(E) price deflator and expressed in terms of final year prices.</p>
Resident	<p>For the purposes of the <i>Aged Care Act 1997</i>, a person who is being provided with residential care through an aged care service conducted by an approved provider under the Act.</p>

Special needs groups	Section 11-3 of the Aged Care Act, specifies the following people as people with special needs: people from Aboriginal and Torres Strait Islander communities; people from non-English speaking countries; people who live in rural or remote areas; and people who are financially or socially disadvantaged. Principles (Regulations) made under s. 11-3 also specify veterans, people who are homeless or at risk of becoming homeless, and care leavers as special needs groups
Veterans	Veterans, their war widows, widowers and dependents who are eligible for treatment through the Department of Veterans' Affairs under the provisions of the <i>Veterans' Entitlements Act 1986 (Cwlth)</i> .

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a '13A' prefix (for example, table 13A.1 is table 1 in the Aged care services attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

Table 13A.2	Target population data, by location ('000)
Table 13A.4	People receiving aged care services, 2010-11
Table 13A.5	Government expenditure on aged care services, 2010-11 (\$ million)
Table 13A.10	Government real expenditure on aged care services provided in mixed delivery settings (2010-11\$)
Table 13A.30	Aged care recipients from special needs groups, June 2011 (per cent)
Table 13A.31	Indigenous people aged 50 years as a proportion of all people aged 50 years or over, June 2011 (per cent)
Table 13A.34	Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over and as a proportion of all recipients, 30 June
Table 13A.35	Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over by locality, 30 June
Table 13A.46	Indigenous permanent residents classified as high or low care and Indigenous CACP, EACH and EACH-D at June 2011: age-sex specific usage rates per 1000 people by remoteness
Table 13A.60	HACC client characteristics
Table 13A.61	Distribution of HACC clients, by age and Indigenous status (per cent)
Table 13A.62	Comparative characteristics of Indigenous HACC clients
Table 13A.63	Access to Commonwealth Respite and Carelink Centres, 2010-11
Table 13A.64	Aged care assessments
Table 13A.66	Aged care assessments completed under the ACAP for people of all ages
Table 13A.71	Hospital patient days used by those eligible and waiting for residential aged care
Table 13A.72	Falls resulting in patient harm in residential aged care and treated in hospital

References

ABS 2009, *Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, Australia, 2005-2007*, Cat. no. 3302.0.55.003, Canberra.

DoHA (Department of Health and Ageing) 2011, *Report on the Operation of the Aged Care Act 1997, 1 July 2010 — 30 June 2011*, Canberra, www.health.gov.au/internet/main/publishing.nsf/Content/ageing-reports-acarep-2011.htm (accessed 14 December 2011).

14 Services for people with disability

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 14A.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 14.1' this is page 1 of chapter 14 of the 2012 Report, and '2012 Report, table 14A.1' is attachment table 1 of attachment 14A of the 2012 Report. A full list of attachment tables is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Services for people with disability chapter (chapter 14) in the *Report on Government Services 2012* (2012 Report) reports on the performance of Disability services in each Australian State and Territory. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

The NDA defines the roles and responsibilities of the Australian, State and Territory governments in the provision of services and supports to people with disability and their carers.

Australian, State and Territory governments are jointly responsible for developing and implementing reforms to improve outcomes for Indigenous people with disability.

Indigenous data in the Services for people with disability chapter

The Services for people with disability chapter in the 2012 Report contains the following data items on Indigenous people:

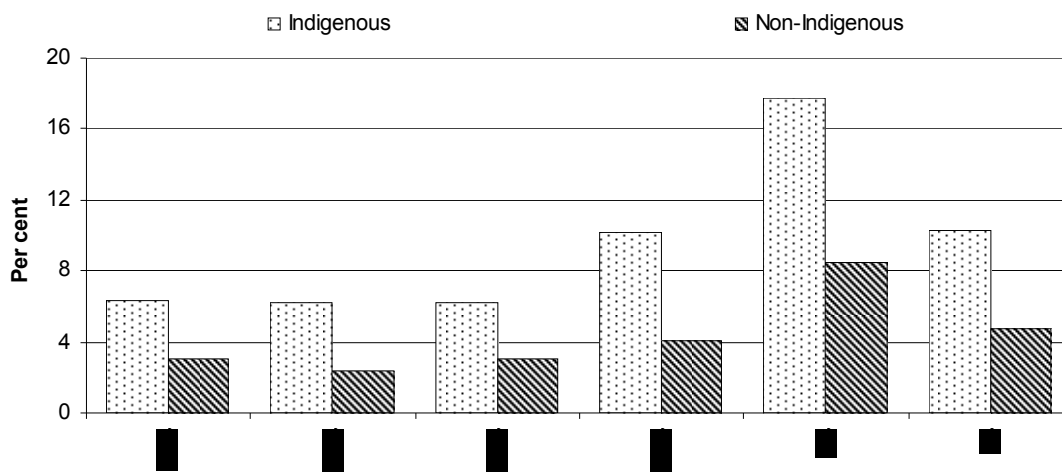
- users per 1000 people/potential population in 2009-10 of the following services:
 - accommodation support services
 - community support services
 - community access services
 - respite services
 - employment services
- labour force participation and employment of people with a profound or severe core activity limitation, 2009.

Indigenous people have significantly higher rates of profound or severe core activity limitation than non-Indigenous people. Disability data on ‘core activity need for assistance’ are available from the ABS 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS). The concept of ‘core activity need for assistance’ (ASSNP¹) is similar to the concept of profound or severe core activity limitations, but the relevant data are not suitable for direct comparison due to differences in the questions asked and the methods of data collection.

Nationally, 10.3 per cent of Indigenous people aged 18 years and over reported a profound or severe core activity restriction in 2008, around twice the rate for non-Indigenous people (4.7 per cent) (ABS 2009). The disparity between Indigenous and non-Indigenous people is consistent across ages or age groups (as applicable) (figure 14.1).

¹ The acronym ASSNP is the variable name used by the ABS to define ‘core activity need for assistance’. It appears to incorporate a shortened version of ‘assistance need’ and the letter ‘P’ indicates that the classification describes a characteristic of a person. This acronym is used throughout the chapter to denote ‘core activity need for assistance’.

Figure 14.1 People with profound or severe core activity restrictions by age group and Indigenous status, non-remote areas of Australia, 2008



Source: SCRGSP (2011) *Overcoming Indigenous Disadvantage: Key Indicators 2011*, Productivity Commission; 2012 Report, figure 14.2, p. 14.12.

Framework of performance indicators

The Services for people with disability performance indicator framework outlined in figure 14.2 identifies the principal disability services activity areas considered in the 2012 Report. Data for Indigenous people are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

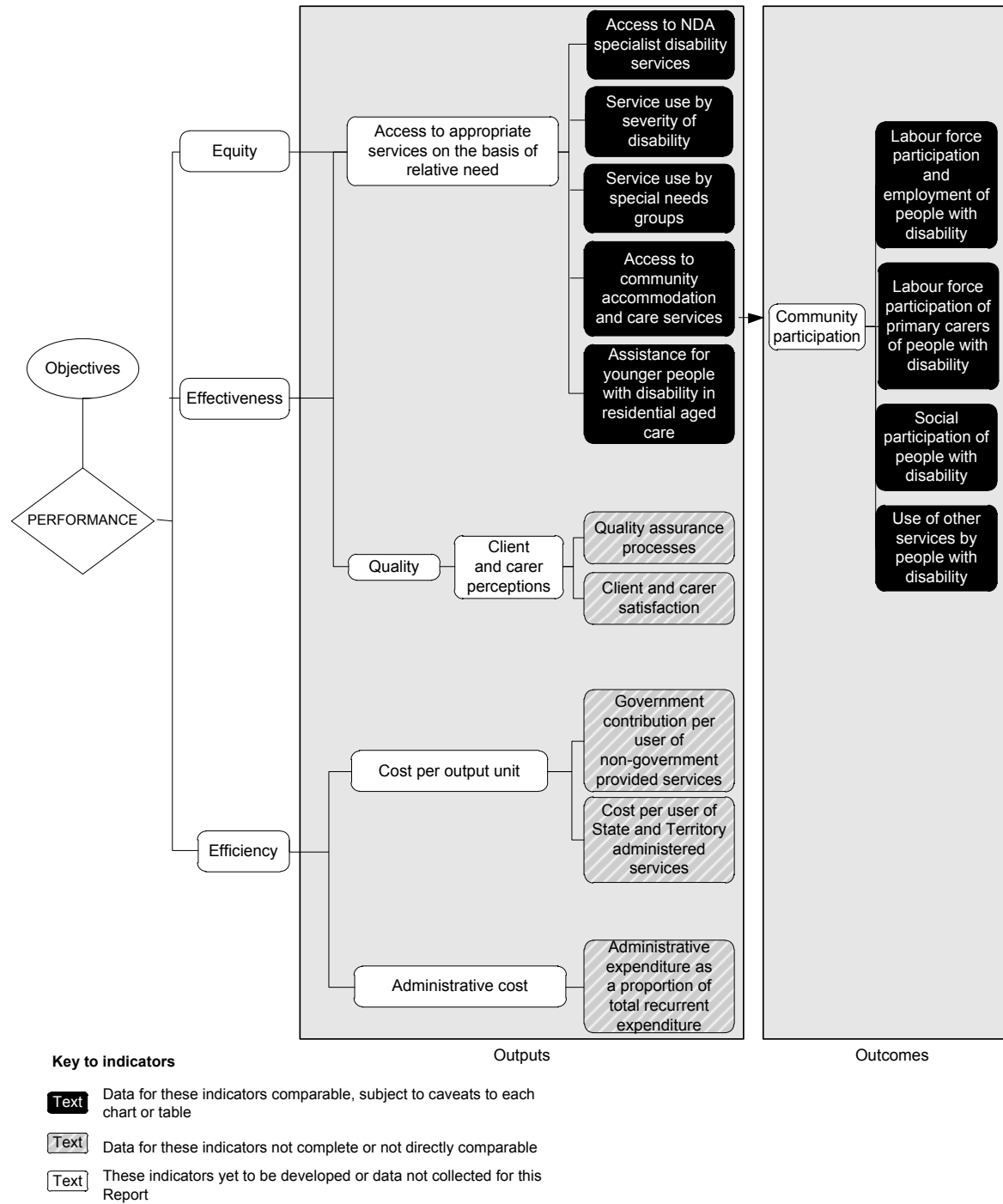
Indicator boxes presented throughout the chapter provide information about the reported indicators. As these are sourced directly from the 2012 Report, they may include references to data not reported for Indigenous people and therefore not included in this Compendium.

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

COAG has agreed six National Agreements to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services

(see 2012 Report, chapter 1 for more detail on reforms to federal financial relations). The NDA covers the area of disability services. The agreement includes sets of performance indicators, for which the Steering Committee collates performance information for analysis by the COAG Reform Council (CRC). Performance indicators reported in this chapter are aligned with performance indicators in the NDA.

Figure 14.2 Services for people with disability performance indicator framework



Source: 2012 Report, figure 14.8, p. 14.19.

Service use by special needs groups — Indigenous people

‘Service use by special needs groups’ is an indicator of governments’ objective that access to services should be equitable for all members of the community and provided on the basis of relative need (box 14.1). The Report compares access for people from special needs groups with access for people from outside the special needs group of the total population and the potential population. The potential population is an estimate, derived using a range of data sources, of the number of people with the potential to require disability support services, including individuals who meet the service eligibility criteria but who do not demand the services. Results are reported on the basis of the potential population to account for differences in the prevalence of disability between people in the special needs group and people outside the special needs group. For information on how the potential populations for the special needs groups were derived see 2012 Report, section 14.6.

Box 14.1 Service use by special needs groups

‘Service use by special needs groups’ is defined by two measures:

- the proportion of service users per 1000 total population in a particular special needs group, compared to the proportion of service users per 1000 total population outside the special needs group
- the proportion of service users per 1000 potential population in a particular special needs group, compared to the proportion of service users per 1000 potential population outside the special needs group.

Both measures are reported for accommodation support, community support, community access and employment services. For respite services, data are reported per 1000 total population only due to data limitations.

Data are reported for three special needs groups:

- people from outer regional and remote/very remote locations
- people identified as Indigenous Australians
- people who were born in a non-English speaking country (that is, not born in Australia, New Zealand, Canada, the United Kingdom, South Africa, Ireland, the United States or Zimbabwe).

Holding other factors constant, the proportion of service users per 1000 people (or per 1000 potential population in a special needs group) should not differ significantly from the proportion of service users per 1000 people (or per 1000 potential population outside the special needs group).

(Continued on next page)

Box 14.1 (Continued)

For both measures, while a lower proportion can indicate reduced access for a special needs group, it can also represent strong alternative informal support networks (and a consequent lower level of otherwise unmet need), or a lower tendency of people with disability in a special needs group to choose to access NDA specialist disability services. Similarly, a higher proportion can suggest poor service targeting, the lack of alternative informal support networks or a greater tendency of people with disability in a special needs group to choose to access NDA specialist disability services. For the measure that compares access per 1000 population, significant differences in access can also reflect the special needs group having a higher/lower prevalence of disability.

This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted on the basis of relative need. The indicator does not take into account differences in the level of informal assistance that is available for people in special needs groups and outside the special needs groups. Results for outer regional and remote/very remote users of accommodation support services, for example, need to be considered with care because alternatives to government funded accommodation support services are likely to be more readily available in these areas. Specifically, accommodation support services in outer regional and remote/very remote areas are largely provided informally, making use of local area coordinators and local community resources.

Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Data for access per 1000 potential population need to be interpreted with care due to a number of factors affecting data quality. Potential sources of error include:

- that there are service users for whom ‘special needs group’ status (for example, Indigenous status) is not stated or not collected — poor and/or inconsistent levels of Indigenous identification between states and territories would affect comparisons
- the assumptions underlying the method used to derive the potential populations
- for the Indigenous estimates, differential Census undercount between states and territories might also introduce bias in the results that could affect the comparability of estimates across jurisdictions.

Section 14.6 contains more detailed information on these quality issues.

Nationally, in 2009-10, the proportion of the Indigenous population who used NDA accommodation support services was 2.8 service users per 1000 population, higher than the proportion of the non-Indigenous population who used these services (1.6 service users per 1000 population) (figure 14.3a). The proportion of the

Indigenous potential population who used NDA accommodation support services (45.1 service users per 1000 potential population) was lower than the non-Indigenous potential population who used these services (46.3 service users per 1000 potential population) (figure 14.3a).

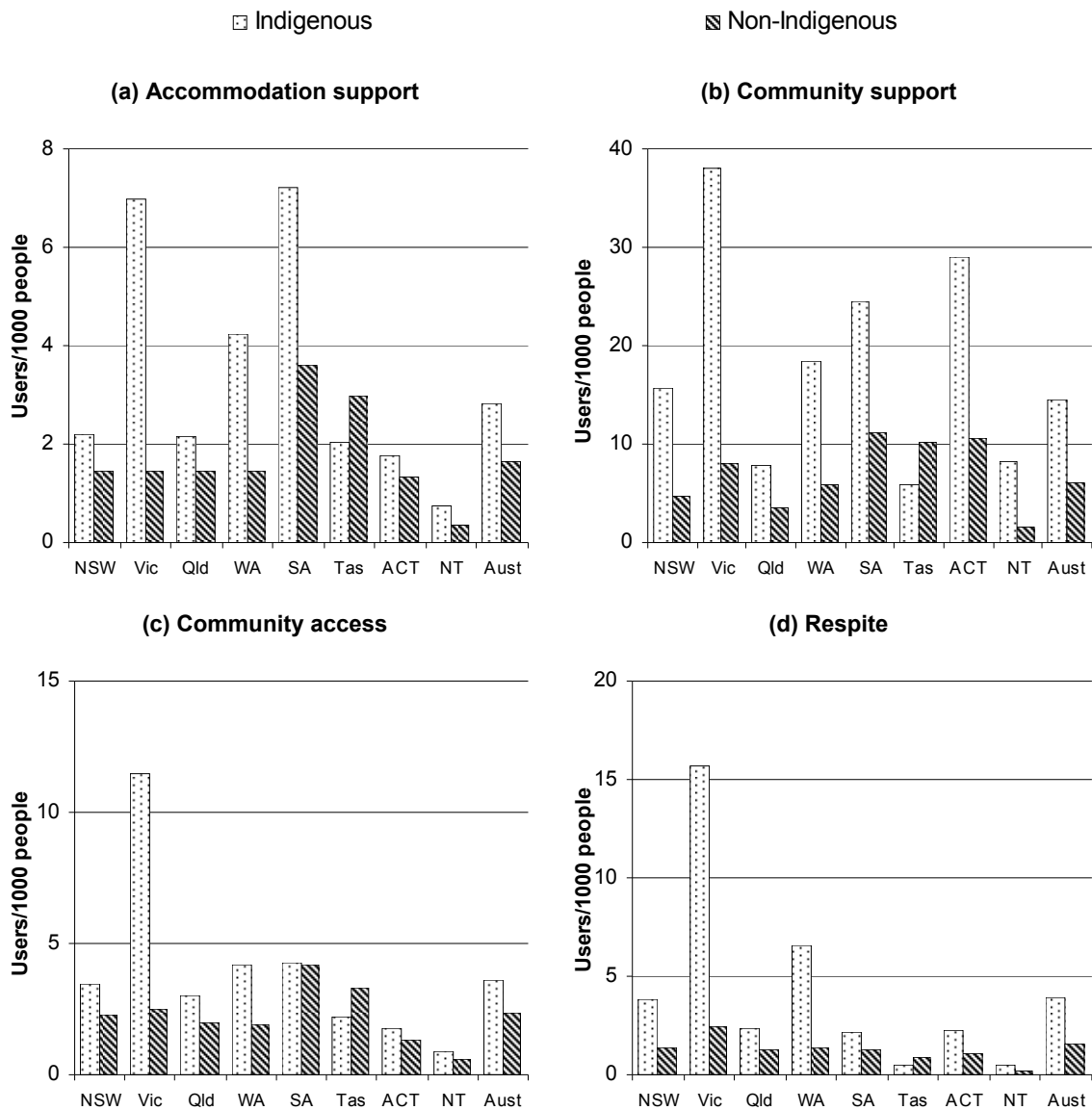
Nationally, in 2009-10, the proportion of the Indigenous population who used NDA community support services was 14.4 service users per 1000 population, higher than the proportion of the non-Indigenous population who used these services (6.1 service users per 1000 population) (figure 14.3b). The proportion of the Indigenous potential population who used NDA community support services (228.9 service users per 1000 potential population) was higher than the proportion of the non-indigenous potential population who used these services (171.6 service users per 1000 potential population) (figure 14.3b).

Nationally, in 2009-10, the proportion of the Indigenous population who used NDA community access services was 3.6 service users per 1000 population, higher than the proportion of the non-Indigenous population who used these services (2.4 service users per 1000 population) (figure 14.3c). The proportion of the Indigenous potential population who used NDA community access services (57.4 service users per 1000 potential population) was lower than the proportion of the non-Indigenous potential population who used these services (66.6 service users per 1000 potential population) (figure 14.5c).

Nationally, in 2009-10, the proportion of the Indigenous population who used NDA respite service was 3.9 users per 1000 population, higher than the proportion of the non-Indigenous population who used these services (1.6 service users per 1000 population) (figure 14.3d). Access to respite as a proportion of the potential population is not reported. To derive an estimate of the respite potential populations across the relevant groups, data on people with a ASSNP who had a primary carer are needed. Potential population data for respite services is not calculated at these levels because of conceptual, definitional and quality issues with carer data from the 2006 Census for the special needs groups.

Data on users of NDA disability support services as a proportion of the Indigenous estimated potential population (revised method) are also available disaggregated by age (table 14A.45).

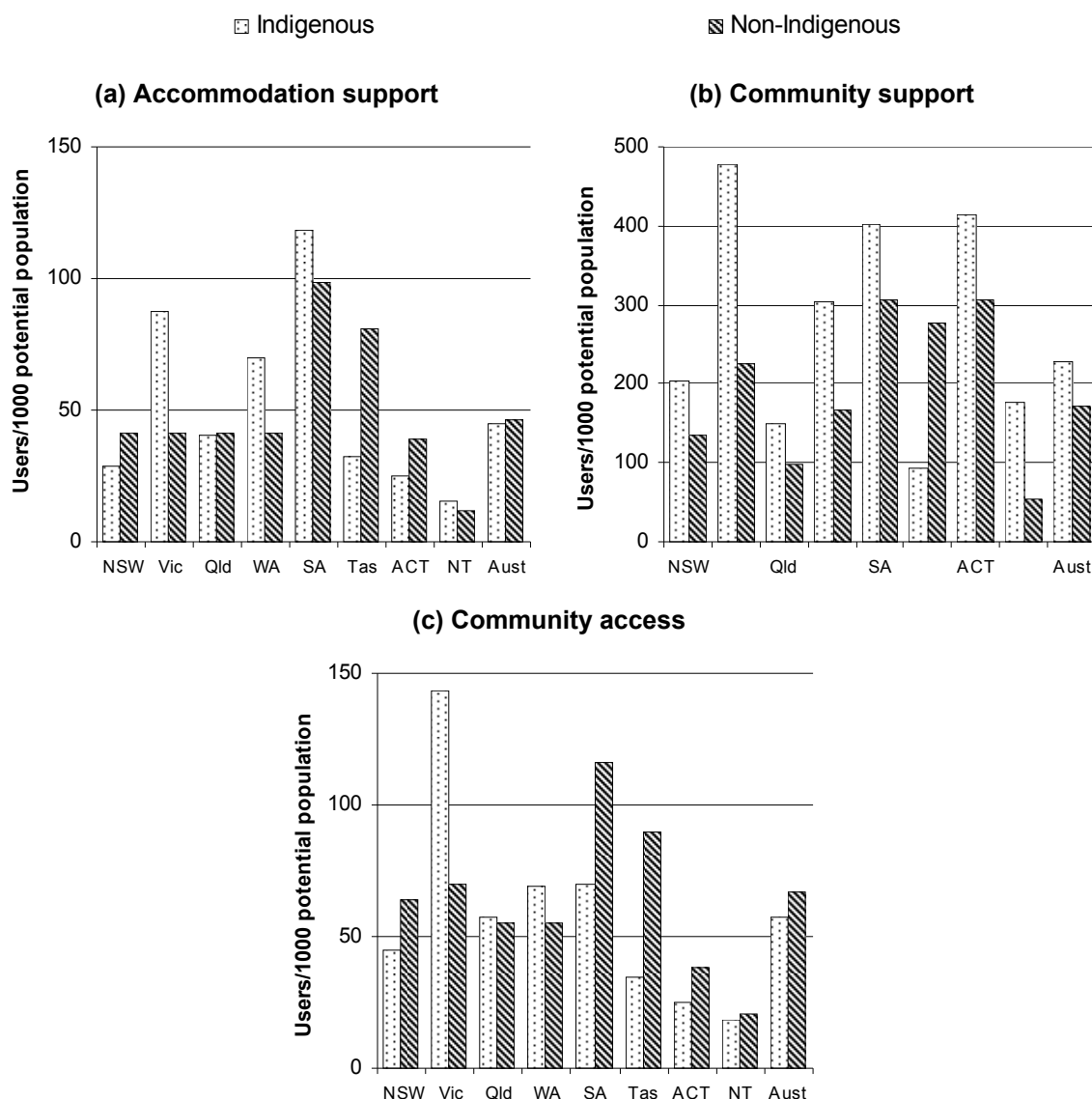
Figure 14.3 Users of State and Territory administered NDA specialist disability services per 1000 people, by Indigenous status, 2009-10^{a, b}



^a See tables 14A.46, 14A.47, 14A.48 and 14A.49 for detailed notes relating to these data. ^b Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 (2012 Report) contains further information on these quality issues.

Source: AIHW (unpublished) *DS NMDS*; AIHW (2011) *Disability Support Services 2009-10: Report on services provided under the National Disability Agreement. Disability series*. Cat. no. DIS 59. Canberra; AIHW; AIHW (unpublished), derived from ABS 2011, 2009 Survey of Disability, Ageing and Carers, Cat. no. 4430.0; tables 14A.46, 14A.47, 14A.48 and 14A.49; 2012 Report, figure 14.18, p. 14.38.

Figure 14.4 Users of State and Territory administered NDA specialist disability services per 1000 potential population, by Indigenous status, 2009-10^{a, b, c, d}



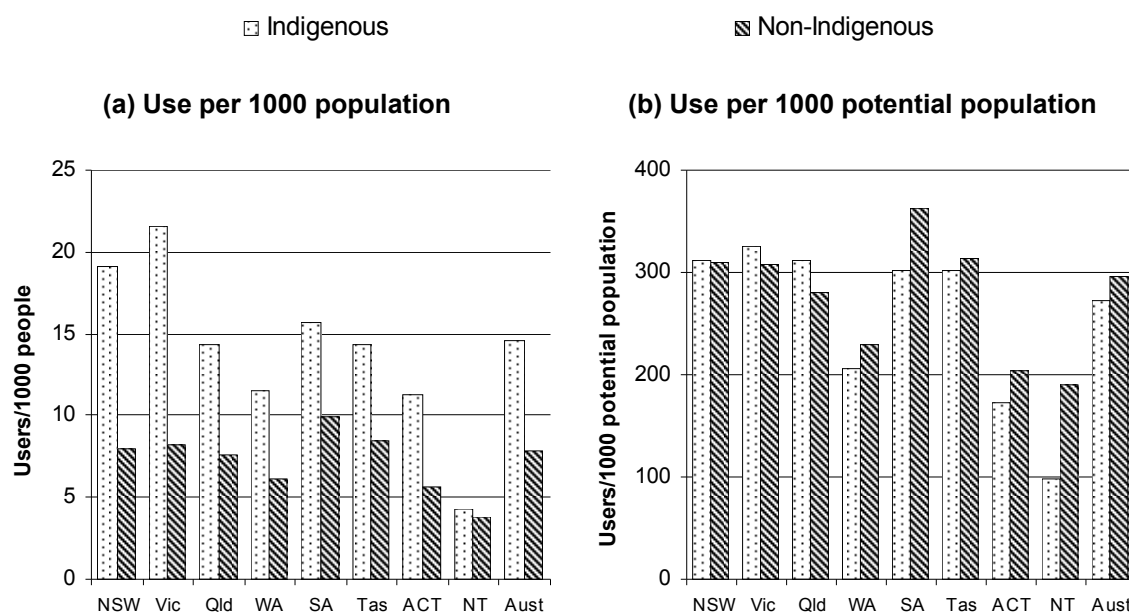
^a See tables 14A.46, 14A.47 and 14A.48 for detailed notes relating to these data. ^b Potential population is calculated using the unrevised method. See 2012 Report, section 14.7 for information on how the potential population is defined. ^c Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 (2012 Report) contains further information on these quality issues. ^d ACT data for service users per 1000 Indigenous potential population are not published for accommodation support and community access as they are based on a small number of service users.

Source: AIHW (unpublished) *DS NMDS*; AIHW (2011) *Disability Support Services 2009-10: Report on services provided under the National Disability Agreement. Disability series*. Cat. no. DIS 59. Canberra; AIHW; AIHW (unpublished), derived from ABS 2011, 2009 Survey of Disability, Ageing and Carers, Cat. no. 4430.0; tables 14A.46, 14A.47, 14A.48; 2012 Report, figure 14.19, p. 14.39.

Nationally, in 2009-10, the proportion of the Indigenous population who used NDA employment services (14.5 service users per 1000 population) was higher than that of the non-Indigenous population (7.8 service users per 1000 population) (figure 14.5a). The proportion of the Indigenous potential population who used NDA employment services (272.1 service users per 1000 potential population) was lower than that of the non-Indigenous potential population (295.7 service users per 1000 potential population) (figure 14.5b).

Data on users of NDA open employment services as a proportion of the Indigenous estimated potential population (revised method) are also available disaggregated by age (table 14A.51). Data on users of NDA supported employment services as a proportion of the Indigenous estimated potential population (revised method) are also available disaggregated by age (table 14A.52).

Figure 14.20 Users of NDA employment services, by Indigenous status, 2009-10^{a, b, c}



^a See table 14A.50 for detailed notes relating to these data. ^b Potential population is calculated using the unrevised method. See 2012 Report, section 14.7 for information on how the potential population is defined. ^c Data need to be interpreted with care due to a number of factors affecting data quality. Section 14.6 (2012 Report) contains further information on these quality issues.

Source: AIHW (unpublished) *DS NMDS*; AIHW (2011) *Disability Support Services 2009-10: Report on services provided under the National Disability Agreement. Disability series*. Cat. no. DIS 59. Canberra; AIHW (unpublished) derived from ABS (2011) *2009 SDAC*, Cat. no. 4430.0, ABS *2006 Census of Population and Housing (CDATA Online)*, ABS (2007) *Labour Force Australia, Detailed Electronic Delivery, June 2008*, Cat. no. 6291.0.55.001, ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, Cat. no. 3238.0, *Australian Demographic Statistics, 2008*, Cat. no. 3101.0 and ABS (2007) *Population by Age and Sex, Australian States and Territories, Jun 2007*, Cat. no. 3201.0; table 14A.50; 2012 Report, figure 14.20, p. 14.40.

Service user data quality and other issues

Data quality

Data quality considerations should be taken into account when interpreting the DS NMDS service user data used in this chapter. In particular, data quality should be considered when making comparisons across jurisdictions and across years.

There are three aspects of quality that affect the accuracy and reliability of the data reported in this chapter:

- service type outlet response rates
- service user response rates
- ‘not stated’ rates for individual data items.

The first two of these affect the service user counts — nationally, by jurisdiction and service type — and all three affect the accuracy of analyses of individual data items (AIHW 2011).

‘Not stated’ rates for individual data items vary between jurisdictions (AIHW 2011). One reason for the higher level of ‘not stated’ responses to some data items may be the increased efforts to improve the coverage and completeness of the DS NMDS collection overall. For example, therapy services (a community support service) in the ACT participated for the first time in the 2004-05 collection. In an effort to include all users of these services, provisional data collection processes were used that meant minimal data were provided for each user (AIHW 2011).

Other issues

Deriving potential populations for Indigenous people

Potential populations have been estimated for each of the special needs groups (outer regional and remote/very remote areas, Indigenous and people born in a non-English speaking country) and for those outside of the special needs groups (major cities and inner regional areas, non-Indigenous and people born in an English speaking country). These potential populations are estimates of the number of people with the potential to require disability support services in the relevant group, including individuals who meet the service eligibility criteria but who do not demand the services.

The approach used to derive the potential populations by Indigenous status involved the following steps:

- Deriving current State/Territory based 10-year age and sex specific rate ratios of people with ASSNP by Indigenous status using the 2006 Census
- Multiplying the current State/Territory Indigenous and non-Indigenous 10-year age and sex population estimates by national 10-year age and sex specific rates of severe/profound core activity limitation from the 2009 SDAC. Then multiplying the Indigenous and non-Indigenous counts for each 10-year age and sex group by the 10-year age and sex specific rate ratios of people with ASSNP to obtain an Indigenous/non-Indigenous potential population within each age and sex group
- Summing the 10-year age and sex group counts to derive a total Indigenous and non-Indigenous potential population for each State/Territory
- For employment, repeating the above steps, but restricting the calculations to those people aged 15–64 years, then multiplying each State/Territory total by State/Territory specific labour force participation rates for people aged 15–64 years.

Data quality issues

Data measuring the potential populations of the special needs groups are not explicitly available for the required time periods and have been estimated using several different data sources (as noted above), under several key assumptions. Some issues with this approach are outlined below:

- The method used to estimate the potential populations assumes:
 - that disability rates vary only by age and sex, and there is no effect of remoteness, disadvantage, or any other variable — this is likely to affect the reliability of comparisons across states and territories, however, it is currently not possible to detect the size or direction of any potential bias
 - that age- and sex- specific disability rates do not change significantly over time.
- The rate ratio/proportion adjustments (that is, multiplication) assumes consistency between the rate ratio/proportion as calculated from the 2006 Census and the corresponding information if it were collected from the 2009 SDAC. Two particular points to note with this assumption are that:
 - information about people with ASSNP is based on the self-enumeration (interview in Indigenous communities) of four questions under the 2006 Census, whereas in SDAC 2009 people are defined as having a

severe/profound core activity limitation on the basis of a comprehensive interviewer administered module of questions — the two populations are different, but are conceptually related

- the special needs groups identification may not be the same between the 2006 Census and the 2009 SDAC (ABS research indicates, for example, that the Indigenous identification rate differs across the Census and interviewer administered surveys)
- It is not known if the data collection instruments are culturally appropriate for all special needs groups; nor is it known how this, combined with different data collection methods, impacts on the accuracy of the estimated potential population
- There are a number of potential sources of error related to the Census that stem from failure to return a Census form or failure to answer every applicable question. Information calculated from 2006 Census data exclude people for whom data item information is not available. As with any collection, should the characteristics of interest (for example, ASSNP and/or special needs group status) of the people excluded differ from those people included, a potential for bias is introduced. In particular, for Indigenous estimates, differential undercount of Indigenous Australians across states and territories may introduce bias into the results that would affect the comparability of estimates across jurisdictions, if those missed by the Census had a different rate of disability status to those included.

Definitions of key terms and indicators

Disability

The United Nation's *Convention on the Rights of Persons with Disabilities*, ratified by Australia on 17 July 2008, defines 'persons with disabilities' as those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The WHO defines 'disabilities' as impairments, activity limitations, and participation restrictions: an impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; and a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives (WHO 2009).

The ABS SDAC 2009 defined 'disability' as the presence of at least one of 17 limitations, restrictions or impairments, which have lasted or are likely to last for a period of 6 months or more: loss of sight (not corrected by glasses or contact lenses); loss of hearing where communication is restricted; or an aid to assist with, or substitute for, hearing is used; speech difficulties; shortness of breath or breathing difficulties causing restriction; chronic or recurrent pain or discomfort causing restriction; blackouts, fits or loss of consciousness; difficulty learning or understanding; incomplete use of arms or fingers; difficulty gripping or holding things; incomplete use of feet or legs; nervous or emotional condition causing restriction; restriction in physical activities or in doing physical work; disfigurement or deformity; mental illness or condition requiring help or supervision; long-term effects of head injury; stroke or other brain damage causing restriction; receiving treatment or medication for any other long-term conditions or ailments and still restricted; any other long-term conditions resulting in a restriction.

The third CSTDA (2003, p. 9) defined 'people with disabilities' as those whose disability manifests itself before the age of 65 years and for which they require significant ongoing and/or long-term episodic support. For these people, the disability will be attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which is likely to be permanent and results in substantially reduced capacity in at least one of the following: self care/management, mobility and communication.

Potential population (unrevised method)

Potential population estimates are used as the denominators for the performance measures reported under the indicator 'access to NDA specialist disability services'.

The 'potential population' is the number of people with the potential to require disability support services, including individuals who meet the service eligibility criteria but who do not demand the services. In practice, the number of people with profound or severe core activity limitation is used as the basis to measure the potential population (see definition of core activities above).

The potential population for NDA accommodation support, community access and community support services is measured by the number of people aged under 65 years who have a profound or severe core activity limitation, adjusted for the Indigenous factor. The potential population for NDA employment services is measured by the number of people aged 15–64 years with a profound or severe core activity limitation, adjusted for the Indigenous factor and the labour force participation rate.

The ABS concept of a 'profound or severe' core activity limitation that relates to the need for assistance with everyday activities of self care, mobility and communication currently underpins the measurement of the population in need of specialist disability services. The relatively high standard errors in the prevalence rates for smaller jurisdictions, as well as the need to adjust for the Indigenous population necessitated the preparation of special estimates of the 'potential population' for specialist disability services.

Briefly, the potential population was estimated by applying the 2009 national age- and sex- specific rates of profound or severe core activity limitation to the age and sex structure of each jurisdiction in the current year, to give an 'expected current estimate' of people with a profound or severe core activity limitation in that jurisdiction. These estimates were adjusted by the Indigenous factor to account for differences in the proportion of jurisdictions' populations who are Indigenous. Indigenous people have been given a weighting of 2.4 in these estimates, in recognition of their greater prevalence rates of disability and their relatively greater representation in NDA specialist disability services (AIHW 2006).

The potential populations for 2004-05 to 2008-09 were calculated using national age- and sex-specific rates of severe or profound core activity limitation from the ABS Survey of Disability, Ageing and Carers (SDAC) conducted in 2003. In 2011, the 2009 SDAC was released, resulting in a break in series between the 2003 and 2009 surveys. For comparison purposes, the potential population for 2008-09 has also been recalculated using 2009 SDAC.

**Potential Population
(revised method)**

Potential population estimates are used as the denominators for the performance measures reported to COAG under the NDA.

The 'potential population' is the number of people aged under 65 with the potential to require disability support services, including individuals who meet the service eligibility criteria but who do not demand the services. In practice, the number of people with profound or severe core activity limitation is used as the basis to measure the potential population (see definition of core activities above).

The potential population for State/Territory delivered disability support services is measured by the number of people aged under 65 years who have a profound or severe core activity limitation. Briefly, the 2009 national age- and sex- specific rates of profound or severe core activity limitation are applied to the age and sex structure of each jurisdiction in the current year, to give an 'expected current estimate' of people with a profound or severe core activity limitation in that jurisdiction. No Indigenous weight or scaling factor is used. The potential population for NDA employment services is measured by the number of people aged 15-64 years with a profound or severe core activity limitation, and is calculated using the same method. No Indigenous weight or scaling factor is used. There is no adjustment for labour force participation.

The method used to calculate the Indigenous potential population is to apply adjusted national age- and sex- specific rates of profound or severe core activity limitation to the age and sex structure of the Indigenous population of each jurisdiction in the current year. The national age- and sex- specific rates of profound or severe core activity limitation are adjusted by the rate ratio of the Indigenous rate need for assistance to the all persons rate of need for assistance with core activities, as calculated from the Census. Estimates of potential population by country of birth and Remoteness Area are calculated by applying Census distributions of country of birth and Remoteness Area for people who need assistance with core activities to the age and sex structure of the jurisdictional potential population.

The potential populations for 2004-05 to 2008-09 were calculated using national age- and sex-specific rates of severe or profound core activity limitation from the ABS Survey of Disability, Ageing and Carers (SDAC) conducted in 2003. In 2011, the 2009 SDAC was released, resulting in a break in series between the 2003 and 2009 surveys. For comparison purposes, the potential population for 2008-09 has also been recalculated using 2009 SDAC.

Primary carer

ABS SDAC primary carer: A primary carer is a person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least 6 months and be provided for one or more of the core activities (communication, mobility and self care). In the SDAC, primary carers only include persons aged 15 years and over for whom a personal interview was conducted. Persons aged 15 to 17 years were only interviewed personally if parental permission was granted (ABS 2011).

DS NMDS primary carer: an informal carer who assists the person requiring support, in one or more of the following ADL: self care, mobility or communication.

See also informal carer.

Profound core activity limitation	Unable to, or always needing assistance to, perform a core activity task (as per the 2009 SDAC).
Service	A service is a support activity provided to a service user, in accord with the NDA. Services within the scope of the collection are those for which funding has been provided during the specified period by a government organisation operating under the NDA.
Service type	The support activity that the service type outlet has been funded to provide under the NDA. The DS NMDS classifies services according to 'service type'. The service type classification groups services into seven categories: accommodation support; community support; community access; respite; employment; advocacy, information and print disability; and other support services. Each of these categories has subcategories.
Service type outlet	A service type outlet is the unit of the funded agency that delivers a particular NDA service type at or from a discrete location. If a funded agency provides, for example, both accommodation support and respite services, it is counted as two service type outlets. Similarly, if an agency is funded to provide more than one accommodation support service type (for example, group homes and attendant care), then it is providing (and is usually separately funded for) two different service types — that is, there are two service type outlets for the funded agency.
Service user	A service user is a person with disability who receives a NDA specialist disability service. A service user may receive more than one service over a period of time or on a single day.
Severe core activity limitation	Sometimes needing assistance to perform a core activity task (as per the SDAC 2009).
Users of NDA accommodation support services	People using one or more accommodation support services that correspond to the following DS NMDS service types: 1.01 large residential/institutions (more than 20 places); 1.02 small residential/institutions (7–20 places); 1.03 hostels; 1.04 group homes (less than seven places); 1.05 attendant care/personal care; 1.06 in-home accommodation support; 1.07 alternative family placement; and 1.08 other accommodation support.
Users of NDA community access services	People using one or more services that correspond to the following DS NMDS service types: 3.01 learning and life skills development; 3.02 recreation/holiday programs; and 3.03 other community access. See AIHW (2011) for more information on service types 3.01–3.03.
Users of NDA community support services	People using one or more services that correspond to the following DS NMDS service types: 2.01 therapy support for individuals; 2.02 early childhood intervention; 2.03 behaviour/specialist intervention; 2.04 counselling; 2.05 regional resource and support teams; 2.06 case management, local coordination and development; and 2.07 other community support. See AIHW (2011) for more information on service types 2.01–2.07.
Users of NDA employment services	People using one or more services that correspond to the following DS NMDS service types: 5.01 open employment and 5.02 supported employment. (For data prior to 2005-06, people using service type 5.03 [combined open and supported] are also included.)

Users of NDA respite services

People using one or more services that correspond to the following DS NMDS service types: 4.01 own home respite; 4.02 centre-based respite/respite homes; 4.03 host family respite/peer support respite; 4.04 flexible/combo respite; and 4.05 other respite. See AIHW (2011) for more information on service types 4.01–4.05.

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a '14A' prefix (for example, table 14A.1 is table 1 in the Services for people with disability attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

- Table 14A.45** Users of total NDA State/Territory delivered disability support services (aged 0-64 years) as a proportion of the indigenous estimated potential population, by age group
- Table 14A.46** Users of NDA accommodation support services, by Indigenous status
- Table 14A.47** Users of NDA community support services, by Indigenous status
- Table 14A.48** Users of NDA community access services, by Indigenous status
- Table 14A.49** Users of NDA respite services, by Indigenous status
- Table 14A.50** Users of NDA employment services (aged 15-64 years), by Indigenous status
- Table 14A.51** Users of NDA open employment services (aged 15-64 years), by Indigenous status
- Table 14A.52** Users of NDA supported employment services (aged 15-64 years), by Indigenous status
- Table 14A.94** Labour force participation and employment of all people with disability, by special needs groups, 2009 (per cent)
- Table 14A.95** Labour force participation and employment of people with a profound or severe core activity limitation, by special needs groups, 2009 (per cent)
- Table 14A.96** Labour force participation and employment of people with a profound or severe core activity limitation, by special needs groups, 2006 (per cent)

References

- ABS (Australian Bureau of Statistics) 2009, *National Aboriginal and Torres Strait Islander Social Survey 2008: Explanatory Notes*, Cat. No. 4714.0, Canberra.
- 2011, *Disability, Ageing and Carers Australia: Summary of Findings 2009*, Cat. no. 4430.0, Canberra.

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

— 2011, *Disability Support Services 2009-10: Report on services provided under the Commonwealth State/Territory Disability Agreement and the National Disability Agreement*. Disability series. Cat.no.DIS 59. Canberra.

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15 Protection and support services

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 15A.3). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 15.5' this is page 5 of chapter 15 of the 2012 Report, and '2012 Report, table 15A.2' is attachment table 2 of attachment 15A of the 2012 Report. A full list of attachment tables is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Protection and support services chapter (chapter 15) in the *Report on Government Services 2012* (2012 Report) reports on the performance of protection and support services in each Australian State and Territory. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

Protection and support services aim to assist individuals and families who are in crisis or experiencing difficulties that hinder personal or family functioning. These

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

This chapter reports on:

- *child protection services* — 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
- *intensive family support services* — specialist services that aim to prevent the imminent separation of children from their primary caregivers as a result of child protection concerns and to reunify families where separation has already occurred (performance data for intensive family support services are not yet available, therefore, reporting for intensive family support services is limited to expenditure data and information on the numbers of children commencing intensive family support services)
- *juvenile justice services* — services to promote community safety and reduce youth offending by assisting young people to address their offending behaviour.

Indigenous data in the Protection and support services chapter

The Protection and support services chapter in the *Report on Government Services 2012* (2012 Report) contains the following data items on Indigenous people:

- children who were the subject of a notification, investigation and substantiation (number and rate per 1000 children)
- children who were on care and protection orders (number and rate per 1000 children)
- children who were in out-of-home care (number and rate per 1000 children)
- proportion of children aged under 12 years in out-of-home care and in a home-based placement
- proportion of children in out-of-home care placed with relatives/kin
- placement in out-of-home care
- daily average rate of detention of people aged 10–17 years, per 100 000 people

-
- average daily rate of people aged 10–17 years subject to community-based supervision, per 100 000 people
 - proportion of pre-sentence reports completed by juvenile justice agencies
 - proportion of group conferences resulting in an agreement
 - proportion of young people of compulsory school age / not of compulsory school age in detention attending an accredited education or training course
 - rate and number of escapes from juvenile justice detention centres
 - rate and number of escapes from escorted movement
 - the number of young people who died while in custody
 - number and rate of escapes from juvenile justice detention centres
 - number and rate of escapes from escorted movement
 - number and rate of staff injured as a result of an assault / a serious assault
 - number and rate of detainees who self-harmed or attempted suicide in custody requiring hospitalisation / not requiring hospitalisation
 - number and rate of incidents of self-harm or attempted suicide in custody not requiring hospitalisation / not requiring hospitalisation
 - proportion of community-based orders successfully completed
 - proportion of case plans prepared within 6 weeks of commencing sentenced detention orders and sentenced community-based orders.

Child protection and out-of-home care services

Child protection services are provided to protect children and young people aged 0-17 years who are at risk of harm within their families, or whose families do not have the capacity to protect them.

Research suggests that children and families who come into contact with the protection and support services system often share common social and demographic characteristics. Families with low incomes or that are reliant on pensions and benefits, those that experience alcohol and substance abuse, or a psychiatric disability, and those that have a family history of domestic violence are over-represented in the families that come into contact with the protection and support services system (Department of Human Services 2002; The Allen Consulting Group 2008).

Child protection concerns and Indigenous communities

Studies have highlighted the high incidence of child abuse and neglect within some Indigenous communities, compared with non-Indigenous communities. Indigenous families across Australia have been found to experience high levels of violence, compared with non-Indigenous families (AIHW 2006). The final report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse (2007), identified child sexual abuse as a significant issue for many of the remote NT Aboriginal communities consulted as part of the Inquiry. The final report of the WA Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities (Gordon Report 2002), also found high levels of violence and child abuse within Aboriginal communities in WA.

The Report of the Board of Inquiry into the Child Protection System in the NT *Growing them strong, together* also observed the presence of multiple risk factors in Aboriginal communities, including lack of adequate housing, financial security and education. However, Aboriginal communities also possessed protective factors which can safeguard children and families from psychological distress, such as spirituality and connection to land, family and culture (Bamblett, Bath and Roseby 2010).

Out-of-home care services

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/or the inability of parents to provide adequate care. Placements may be voluntary or made in conjunction with care and protection orders.

Intensive family support services

Intensive family support services are increasingly perceived as an alternative to the removal of a child from his or her home for child protection reasons (box 15.1).

Intensive family support services are specialist services, established in each jurisdiction, that aim to:

- prevent the imminent separation of children from their primary caregivers as a result of child protection concerns
- reunify families where separation has already occurred.

Intensive family support services differ from other types of child protection and family support services referred to in this chapter, in that they:

- are funded or established explicitly to prevent the separation of, or to reunify, families
- provide a range of services as part of an integrated strategy focusing on improving family functioning and skills, rather than providing a single type of service
- are intensive in nature, averaging at least four hours of service provision per week for a specified short term period (usually less than six months)
- generally receive referrals from a child protection service.

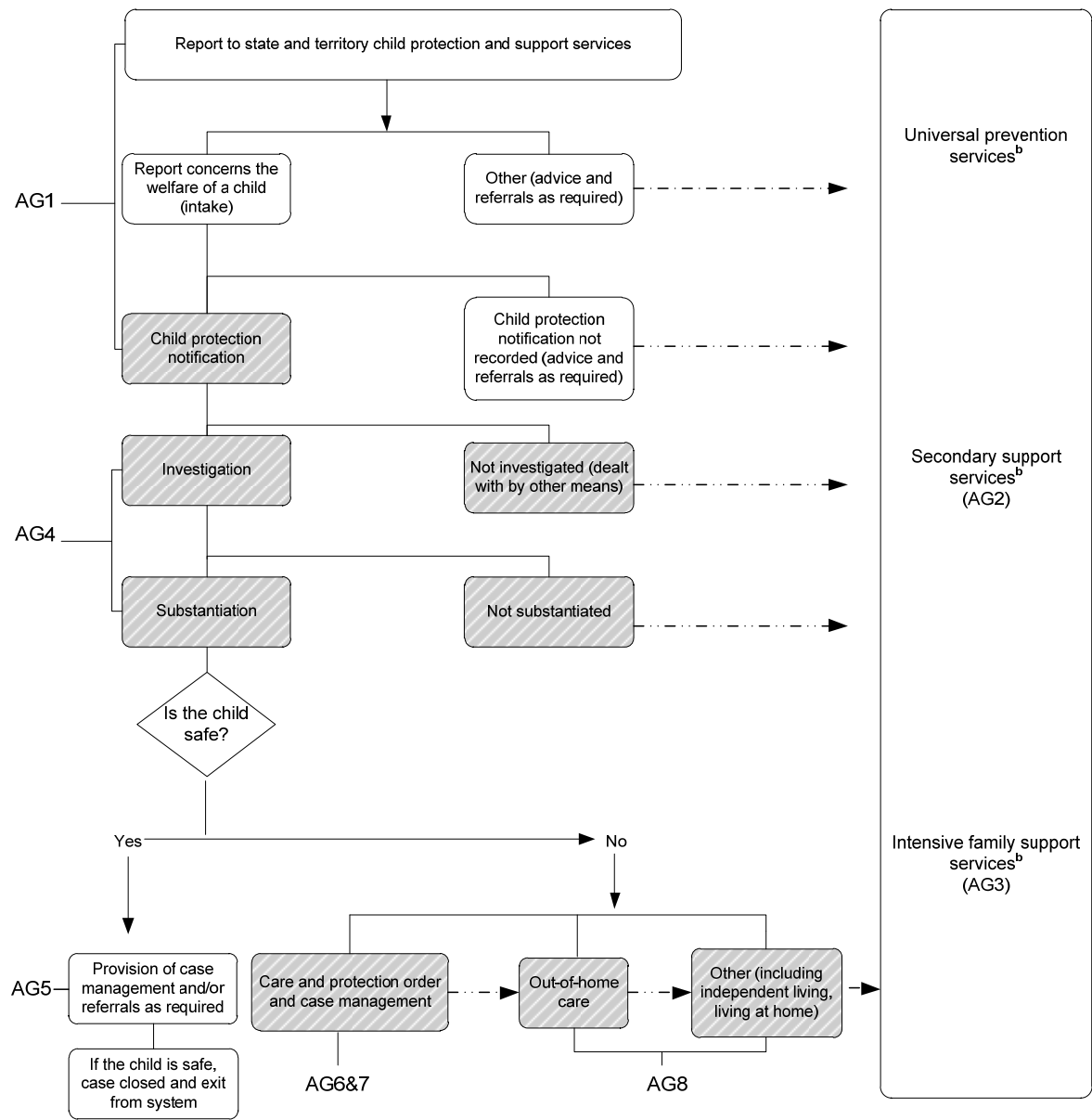
The child protection system

Child protection legislation, policies and practices vary across jurisdictions, which has some implications for the comparability of child protection data (Holzer and Bromfield 2008). However, the broad processes in child protection systems are similar (figure 15.1).

State and Territory departments with responsibility for child protection are advised of concerns about the wellbeing of children through reports to these departments. Reports may be made by people mandated to report or by other members of the community. Individuals and organisations mandated to report vary across states and territories, and may include medical practitioners, police services, school teachers and principals. These reports are assessed and classified as child protection notifications, child concern reports, or matters requiring some other kind of response. Nationally, police were the most common source of notifications in 2010-11 (AIHW 2012).

Figure 15.1 is a simplified representation of the statutory child protection system. It depicts the common pathways through the statutory system and referrals to support services, which can take place at any point along the statutory service system. Children might or might not move sequentially along these pathways and in some instances children might move through these pathways quite rapidly (for example, on the same day). There are a range of other services and programs which work to meet the needs of children and families which are not depicted in this diagram, including health, education and early childhood services.

Figure 15.1 The child protection service^{a, b, c, d, e}



^a Dashed lines indicate that clients may or may not receive these services, depending on need, service availability, and client willingness to participate in what are voluntary services. ^b Support services include family preservation and reunification services provided by government departments responsible for child protection and other agencies. Children and families move in and out of these services and the statutory child protection system, and might also be in the statutory child protection system while receiving support services. ^c Shaded boxes are those for which data are available. ^d AG = Activity Group. ^e AG1 = Receipt and assessment of initial information about a potential protection and support issue; AG2 = Provision of generic/non-intensive family support services; AG3 = Provision of intensive family support services; AG4 = Secondary information gathering and assessment; AG5 = Provision of short term protective intervention and coordination services for children not on an order; AG6 = Seeking an order; AG7 = Provision of protective intervention, support and coordination services for children on an order; AG8 = Provision of out-of-home care services.

Source: State and Territory governments (unpublished) ; 2012 Report, figure 15.1, p. 15.10.

Notification

Jurisdictions count notifications at different points in the response to a report, ranging from the point of initial contact with the source of the report to the end of a screening and decision making process. This means the number of notifications is not strictly comparable across jurisdictions.

Most jurisdictions assess incoming reports to determine whether they meet the threshold for recording a notification. Notifications are subsequently investigated based on the policies and practices in each jurisdiction (figure 15.1).

Prior to 2009-10, the rates of children subject to notifications, investigations and substantiations were calculated for children aged 0–16 years, while the rates of children on care and protection orders and in out-of-home care were calculated for children aged 0-17 years. From the 2009-10 period onwards, all child protection data are reported for the age range 0-17 years.

Nationally, 163 767 children aged 0–17 years were the subject of child protection notifications in 2010-11. The rate of notifications per 1000 children in the population aged 0–17 years was 31.9 in 2010-11 (table 15A.8). The total number of notifications for each jurisdiction for 2010-11 (including cases where a child is the subject of more than one child protection notification) by Indigenous status of the child is reported in table 15A.5.

Notifications data are collected early in the child protection process and often before an agency has full knowledge of a child's circumstances. This lack of information and the inherent difficulties in identifying Indigenous status mean that data on the number of notifications by Indigenous status need to be interpreted with care.

Investigation

An investigation is the process whereby the relevant department obtains more detailed information about a child who is the subject of a notification and makes an assessment about the harm or risk of harm to the child, and his or her protective needs. Once it has been decided that an investigation is required, the investigation process is similar across jurisdictions.

The department responsible for child protection may obtain further information about the child and his or her family by checking information systems for any previous history, undertaking discussion with agencies and individuals, interviewing/sighting the child and/or interviewing the caregivers/parents. At a

minimum, the child is sighted whenever practicable, and the child's circumstances and needs are assessed. Where possible, an investigation determines whether a notification is substantiated or not substantiated.

Nationally, 76 552 children aged 0-17 years who were the subject of a notification in 2010-11 were subsequently the subject of an investigation in 2010-11 (table 15A.8). The rate per 1000 children in the population aged 0–17 years was 14.9 in 2010-11 (table 15A.8). The total number of notifications investigated for each jurisdiction in 2010-11, by Indigenous status, is reported in table 15A.5.

Substantiation

The legal definition of harm or risk of harm, abuse or risk of abuse are similar across jurisdictions. Traditionally, 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 has now shifted away from the actions of parents and guardians, toward the desired outcomes for the child, the identification and investigation of actual and/or likely harm or risk to the child, and the child's needs. While the legal criteria for substantiating such matters are now similar across jurisdictions, there remain some differences in practice, including different thresholds for recording a substantiation related to risk of harm.

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

Nationally, 8231 Indigenous, 22 144 non-Indigenous children and 1152 children of unknown Indigenous status were the subject of substantiations in 2010-11. The rate of children who were the subject of a substantiation per 1000 children in the target population aged 0–17 years was 34.6 for Indigenous children and 4.5 for non-Indigenous children (table 15A.8).

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 a court may take place at any point in the child protection investigation process. The types of orders available vary across jurisdictions and may include guardianship or custody orders, supervisory orders, and interim and temporary orders.

Nationally, 12 280 Indigenous, 26 531 non-Indigenous and 247 children of unknown Indigenous status were on care and protection orders at 30 June 2011. The rate of children on care and protection orders per 1000 children in the target population aged 0–17 years was 51.4 for Indigenous children and 5.4 for non-Indigenous children (table 15A.8).

Further information regarding children on care and protection orders is included in the attachment tables. Table 15A.6 identifies the number of children admitted to and discharged from care and protection orders by Indigenous status in 2010-11. Table 15A.7 identifies the number of children on care and protection orders by type of order and Indigenous status at 30 June 2011.

Out-of-home care

Out-of-home care is one of a range of services provided to children and families where there is a need to provide safe care for a child. Children are placed in out-of-home care as a last resort when it is not in their best interests to remain with their family (for example, because they are not safe or because no one is able or willing to provide care). Where children are placed in out-of-home care, placement with the extended family or community is sought where possible, particularly in the case of Indigenous children (AIHW 2006). Continued emphasis is placed on improving case planning and case management processes to facilitate the safe return home of children in out-of-home care and to maximise case workers' contact time with children and families.

Nationally, 12 358 Indigenous children and 24 929 non-Indigenous children were in out-of-home care at 30 June 2011. The rate of children in out-of-home care per 1000 children in the target population aged 0–17 years was 51.7 for Indigenous children and 5.1 for non-Indigenous children (table 15A.16).

Further information on children in out-of-home care is included in the attachment tables. Table 15A.17 identifies the number of children in out-of-home care by Indigenous status and placement type at 30 June 2011. Table 15A.18 identifies the number of children in out-of-home care by Indigenous status and whether they were on a care and protection order at 30 June 2011. Table 15A.19 identifies the number of children in out-of-home care by Indigenous status and length of time in continuous out-of-home care as at 30 June 2011. Table 15A.20 identifies the number of children who exited care during 2010-11, by Indigenous status and length of time spent in care.

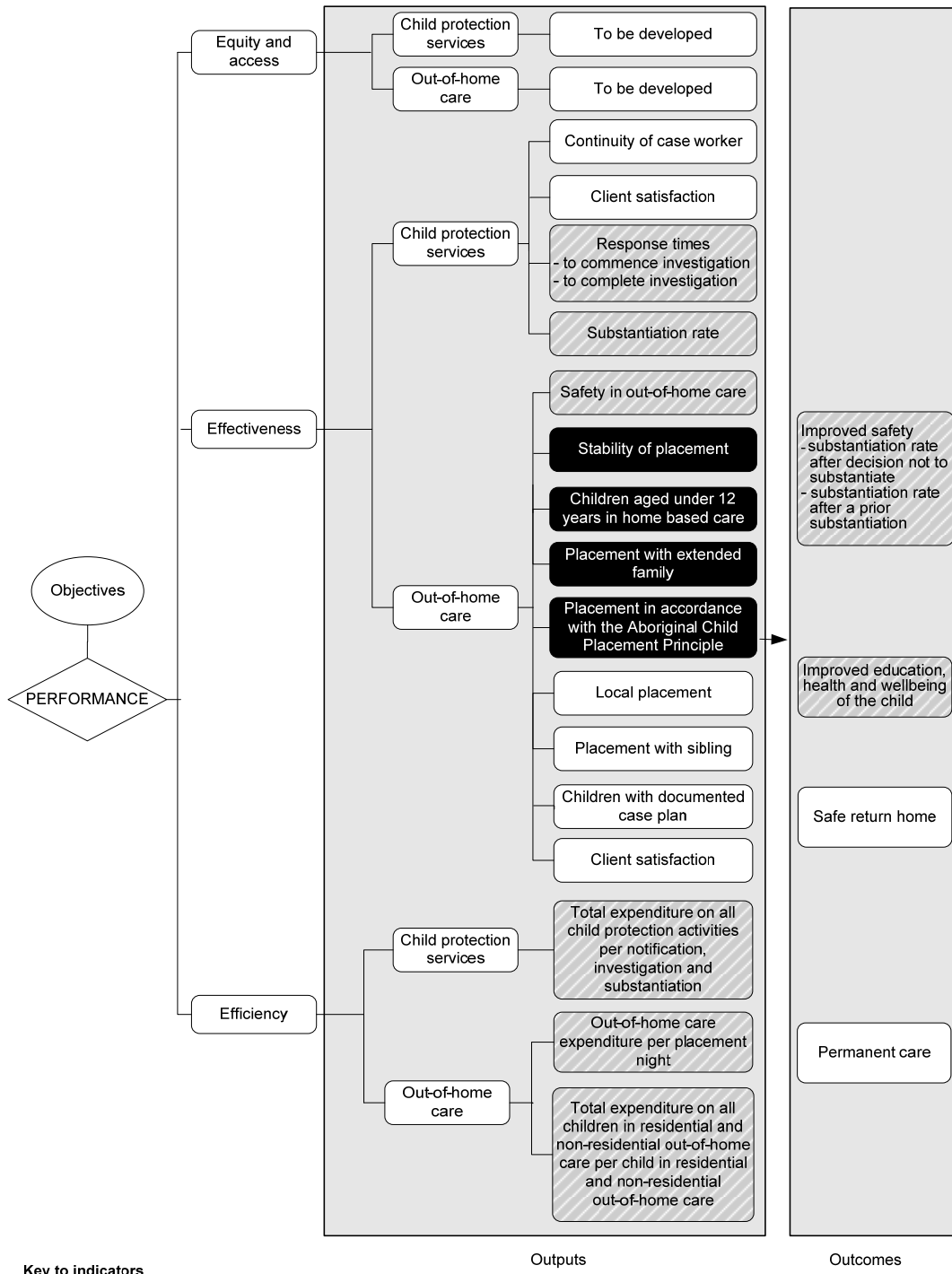
Framework of performance indicators for child protection and out-of-home care services

The Child protection and out-of-home care services performance indicator framework outlined in figure 15.2 identifies the principal child protection and out-of-home care services activity areas considered in the 2012 Report. Data for Indigenous people are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Indicator boxes presented throughout the chapter provide information about the reported indicators. As these are sourced directly from the 2012 Report, they may include references to data not reported for Indigenous people and therefore not included in this Compendium.

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Figure 15.2 Child protection and out-of-home care services performance indicator framework



Key to indicators

- Text** Data for these indicators comparable, subject to caveats to each chart or table
- Text** Data for these indicators not complete or not directly comparable
- Text** These indicators yet to be developed or data not collected for this Report

Source: 2012 Report, figure 15.4, p. 15.18.

Child protection and out-of-home care services reporting for Indigenous people

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

‘Children aged under 12 years in home-based care’ is an indicator of governments’ objective to provide services which meet the needs of recipients (box 15.1).

Box 15.1 Children aged under 12 years in home-based care

‘Children aged under 12 years in home-based care’ is defined as the number of children aged under 12 years placed in home-based care divided by the total number of children aged under 12 years in out-of-home care.

A high or increasing rate for this indicator is desirable. This indicator should be interpreted in conjunction with other placement indicators.

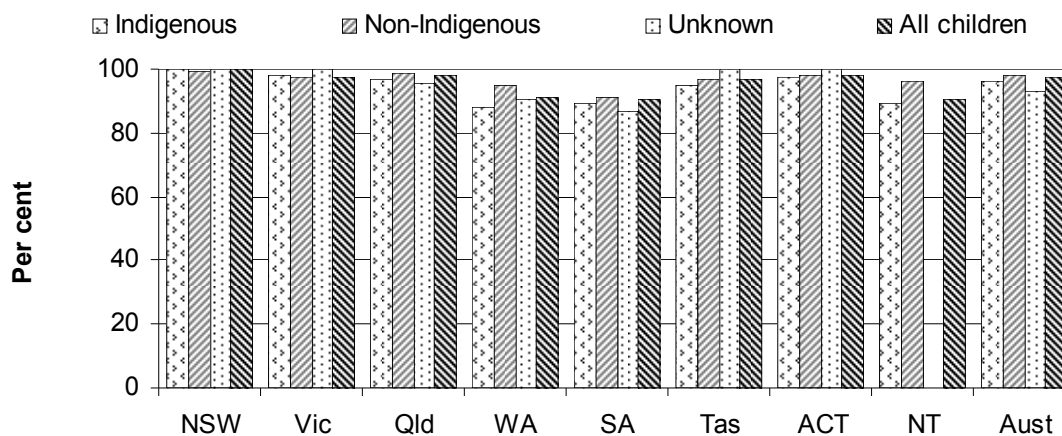
Placing children in home-based care is generally considered to be in their best interests, particularly for younger children. Children will generally make better developmental progress (and have more ready access to normal childhood experiences) in family settings rather than in residential or institutional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

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Nationally, the proportion of all children aged under 12 years in care who were placed in home-based care at 30 June 2011 was 97.4 per cent. In most jurisdictions the proportion of Indigenous children aged under 12 years who were placed in home-based care was similar to that of non-Indigenous children (figure 15.3).

Figure 15.3 Proportion of children aged under 12 years in out-of-home care who were in a home-based placement, by Indigenous status, 30 June 2011^a



^a See source table for detailed footnotes.

Source: AIHW data collection (unpublished); table 15A.23; 2012 Report, figure 15.10, p. 15.33.

Out-of-home care — placement with extended family

‘Placement with extended family’ is an indicator of governments’ objective to provide services that meet the needs of recipients on the basis of relative need and available resources (box 15.2).

Box 15.2 Placement with extended family

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

A high or increasing rate for this indicator is desirable. Placement with extended family needs to be considered with other factors in the placement decision. Placing children with their relatives or kin is generally the preferred out-of-home care placement option. This option is generally associated with better long term outcomes due to increased continuity, familiarity and stability for the child. Relatives are more likely to have or form long term emotional bonds with the child. Placement with familiar people can help to overcome the loss of attachment and belonging that can occur when children are placed in out-of-home care.

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

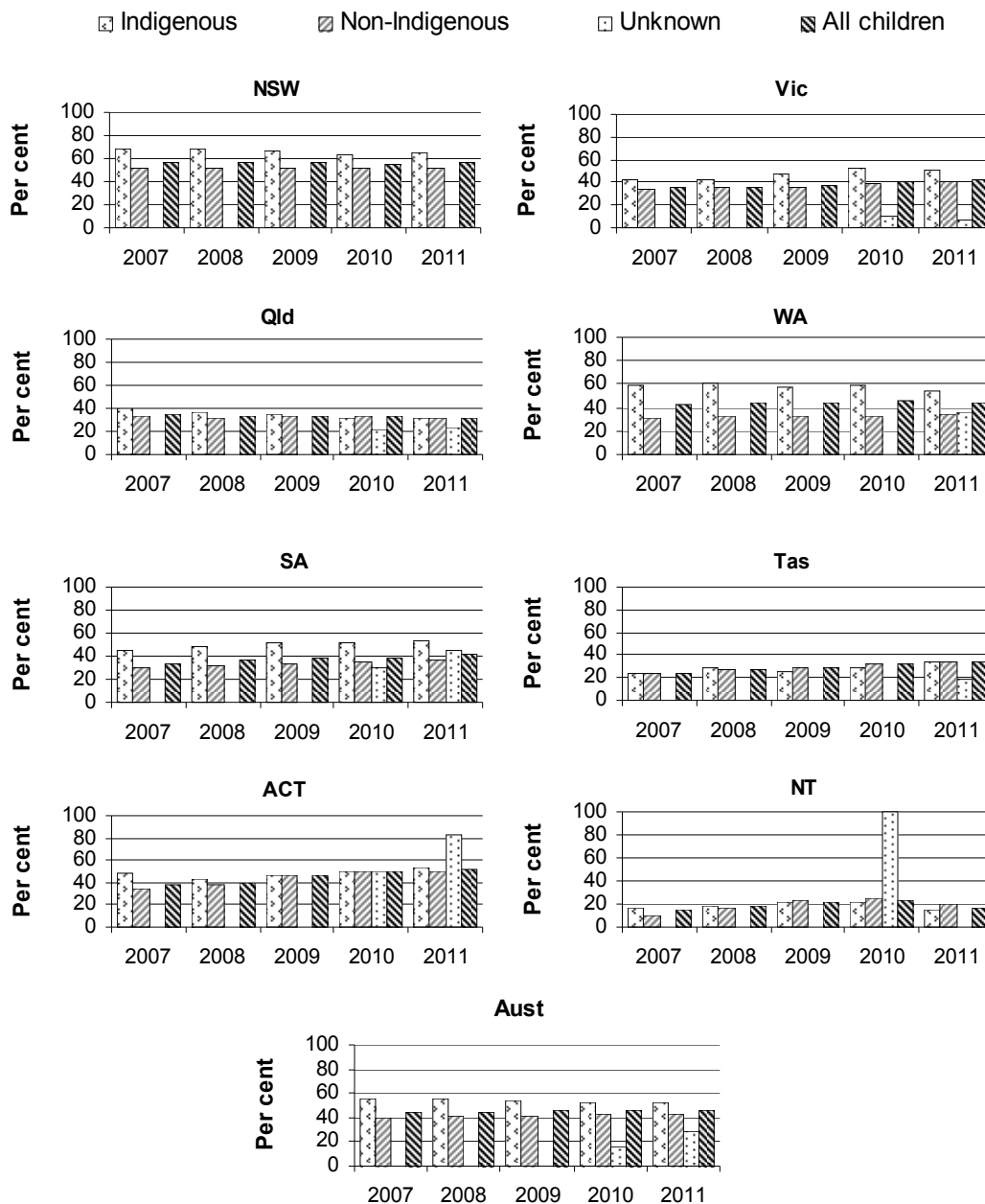
Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Figure 15.4 shows the proportion of children placed with relatives or kin by Indigenous status. Although these data are comparable, each jurisdiction is shown separately for simpler presentation. The proportion of children placed with relatives or kin at 30 June 2011 was greater for Indigenous children than for non-Indigenous children in most jurisdictions (figure 15.4).

The Aboriginal Child Placement Principle places considerable emphasis on the placement of Indigenous children with extended family. This principle is discussed in box 15.3.

Figure 15.4 Proportion of children in out-of-home care placed with relatives/kin, by Indigenous status, 30 June^{a, b, c}



^a Prior to 2009-10, non-Indigenous status included children whose Indigenous status was unknown or not stated. From 2009-10 onwards, the category unknown Indigenous status is reported separately. ^b See source table for detailed footnotes. ^c The NT figure of 100 per cent of children of 'unknown' Indigenous status in home-based care at 30 June 2010 is for two children who were in care at that time.

Source: AIHW data collection (unpublished); table 15A.21; 2012 Report, figure 15.11, p. 15.35.

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

‘Placement in accordance with the Aboriginal Child Placement Principle’ is an indicator of governments’ objective to protect the safety and welfare of Indigenous children while maintaining their cultural ties and identity (box 15.3).

Box 15.3 Placement in accordance with the Aboriginal Child Placement Principle

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

A high or increasing proportion of children placed in accordance with the principle is desirable. This indicator needs to be interpreted with care as it is a proxy for compliance with the principle. This indicator reports the placement outcomes of Indigenous children rather than compliance with the principle. The indicator does not reflect whether the hierarchy was followed in the consideration of the best placement for the child, nor whether consultation was had with appropriate Indigenous individuals or organisations.

Placing Indigenous children in circumstances consistent with the Aboriginal Child Placement Principle is considered to be in their best interests. However, it is one factor among many considerations for the child’s safety and wellbeing that must be carefully considered in the placement decision. In the application of this principle, departments consult with and involve appropriate Indigenous individuals and/or organisations. If the preferred options are not available, the child may be placed (after appropriate consultation) with a non-Indigenous family or in a residential setting. The principle does not preclude the possibility that in some instances, placement in a non-Indigenous setting, where arrangements are in place for the child’s cultural identity to be preserved, might be the most appropriate placement for the child.

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

According to the Aboriginal Child Placement Principle (NSW Law Reform Commission 1997) the following hierarchy of placement options should be pursued in protecting the safety and welfare of Indigenous children:

- placement with the child’s extended family (which includes Indigenous and non-Indigenous relatives/kin)

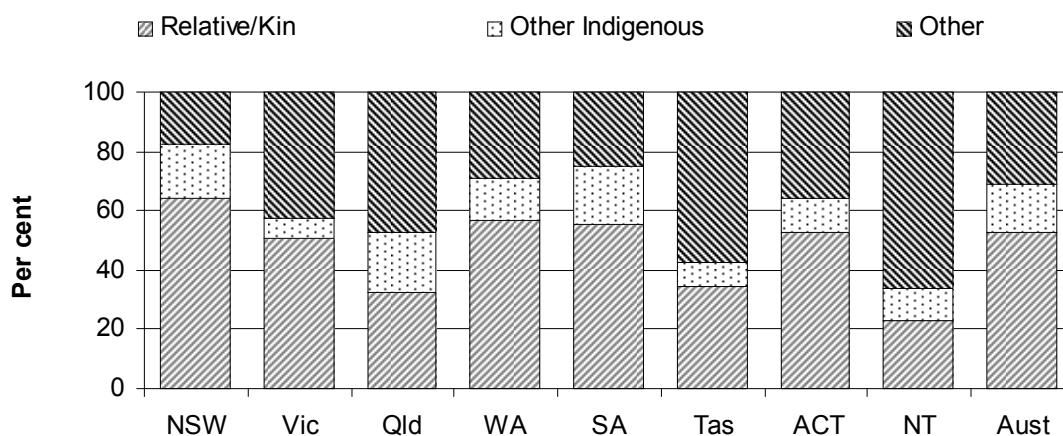
- placement within the child's Indigenous community
- placement with other Indigenous people.

All jurisdictions have adopted this principle in both legislation and policy.

Nationally, at 30 June 2011, 52.5 per cent of Indigenous children in out-of-home care were placed with relatives/kin (39.0 per cent with Indigenous relatives/kin and 13.5 per cent with non-Indigenous relatives/kin). A further 16.7 per cent of Indigenous children in out-of-home care were placed with other Indigenous carers or in Indigenous residential care (figure 15.5).

The proportion of Indigenous children in out-of-home care at 30 June 2011 who were placed with Indigenous or non-Indigenous relatives or kin or with another Indigenous carer or in Indigenous residential care varied across jurisdictions (figure 15.5).

Figure 15.5 Placement of Indigenous children in out-of-home care, 30 June 2011^{a, b, c}



Relative/Kin = Placed with relative/kin. Other Indigenous = Placed with other Indigenous carer or Indigenous residential care. Other = Not placed with relative/kin, other Indigenous carer or Indigenous residential care. ^a Excludes Indigenous children living independently and those whose living arrangements were unknown. ^b Data for Tasmania and the ACT relate to a small number of Indigenous children. ^c See source table for detailed footnotes.

Source: AIHW data collection (unpublished); table 15A.22; 2012 Report, figure 15.12, p. 15.37.

Future directions in child protection and out-of-home care services performance reporting

COAG developments

National framework for protecting Australia's children 2009—2020

On 30 April 2009, COAG endorsed *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020* ("the National Framework"). The National Framework argues that Australia needs to move from seeing 'protecting children' as a response to abuse and neglect to one of promoting the safety and wellbeing of children. The National Framework is intended to deliver a more integrated response to protecting Australia's children and emphasises the role of government, the non-government sector, and the community in promoting the safety and wellbeing of children. The National Framework's main goal is to ensure that Australia's children and young people are safe and well. As such, the National Framework contains a broad suite of indicators ("indicators of change"), which will be reported on annually in order to measure progress over the life of the National Framework (2009–2020).

The Report's child protection and out-of-home care performance indicator framework already includes and reports upon several National Framework performance indicators. In addition, the Steering Committee has previously identified developments for the Report's child protection and out-of-home care performance indicator framework which are complementary to many of the measures in the National Framework. In further developing the Report's child protection and out-of-home care performance indicator framework, the Steering Committee will reflect and report consistently with applicable National Framework developments.

Juvenile justice services

Service overview

Juvenile justice systems are responsible for attending to young people (predominantly aged 10–17 years) who have committed or allegedly committed an offence while considered by law to be a juvenile. In so doing, juvenile justice systems aim to promote community safety and reduce youth offending by assisting young people to address their offending behaviour and take responsibility for the effect their behaviour has on victims and the wider community.

Responsibility for the provision of juvenile justice services in Australia resides with State and Territory governments. The relevant department in each State and Territory responsible for funding and/or providing juvenile justice services in 2010-11 is listed in box 15.4. Each jurisdiction has its own legislation that determines the policies and practices of its juvenile justice system. While this legislation varies in detail, its intent is similar across jurisdictions. The Australasian Juvenile Justice Administrators (AJJA) is responsible for national coordination of juvenile justice services and is a Standing Committee of the Community and Disability Services Ministerial Advisory Council (CDSMAC).

Box 15.4 Government departments responsible for the delivery of juvenile justice services

<i>NSW</i>	Department of Attorney General and Justice
<i>Vic</i>	Department of Human Services
<i>Qld</i>	Department of Communities
<i>WA</i>	Department of Corrective Services
<i>SA</i>	Department for Communities and Social Inclusion
<i>Tas</i>	Department of Health and Human Services
<i>ACT</i>	Community Services Directorate
<i>NT</i>	Department of Justice and Department of Children and Families

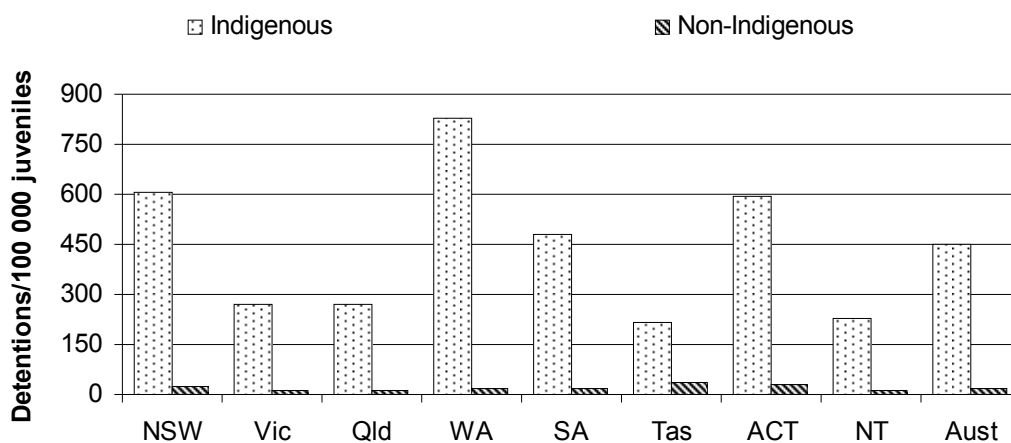
Juvenile detention

Numbers and rates of Indigenous young people subject to juvenile justice supervision

The daily average number of Indigenous young people aged 10–17 years detained in juvenile detention centres was 468 in 2009-10 (table 15A.174). Nationally, the daily average detention rate for Indigenous young people aged 10–17 years in 2009-10 was 452.6 per 100 000 Indigenous young people aged 10–17 years. The number and rate for non-Indigenous young people aged 10–17 years in 2009-10 was 398 and 18.2 per 100 000 young people respectively (table 15A.174). The over-representation of Indigenous young people in detention across jurisdictions in 2009-10 is shown in figure 15.6.

In 2011, the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs released the report *Doing Time — Time for Doing: Indigenous youth in the criminal justice system*, which highlighted that although 20 years have passed since the *Royal Commission into Aboriginal Deaths in Custody Report* (Commonwealth of Australia 1991), the incarceration rate of Indigenous Australians, including Indigenous youth, has worsened (Commonwealth of Australia 2011). Indigenous young people are far more likely to come into contact with the criminal justice system and to be incarcerated than non-Indigenous young people, despite Indigenous people representing approximately 2.5 per cent of the Australian population.

Figure 15.6 Average daily rate of detention of Indigenous and non-Indigenous young people aged 10–17 years, per 100 000 young people aged 10-17 years, 2009-10^{a, b, c}

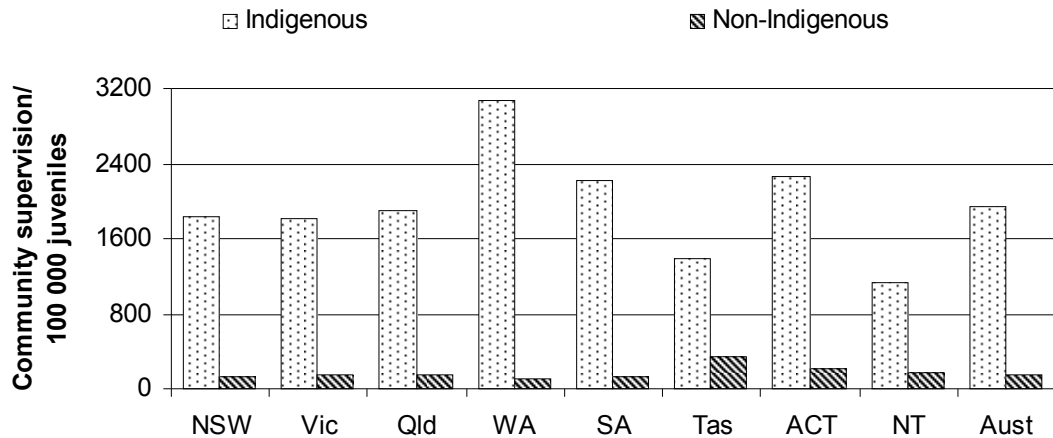


^a Refer to table 15A.174 for detailed footnotes. ^b The ACT rate for Indigenous young people should be treated with caution due to the small Indigenous population in the ACT. ^c The Indigenous and non-Indigenous rate ratio in table 15A.176 should also be taken into account.

Source: AIHW 2011, *Juvenile justice in Australia 2009–10*, Juvenile justice series no. 8, Cat. no. JUV 8, Canberra: AIHW; WA and NT governments (unpublished); table 15A.174; 2012 Report, figure 15.19, p. 15.62.

Indigenous young people are also over-represented in community-based supervision (figure 15.7). The daily average number of Indigenous young people aged 10–17 years supervised in the community was 2011 in 2009-10 (table 15A.175). Nationally, the daily average rate of Indigenous young people aged 10–17 years subject to community-based supervision in 2009-10 was 1943.8 per 100 000 Indigenous young people aged 10–17 years. The number and rate for non-Indigenous young people aged 10–17 years in 2009-10 was 3044 and 139.5 per 100 000 young people respectively (table 15A.175).

Figure 15.7 Average daily rate of Indigenous and non-Indigenous young people aged 10–17 years subject to community supervision, per 100 000 young people aged 10-17 years, 2009-10^{a, b}



^a Refer to table 15A.175 for detailed footnotes. ^b In Tasmania, there are regional inconsistencies in the recording of some community supervision orders, which may result in a slight over-count of young people supervised in the community in 2009-10.

Source: AIHW 2011, *Juvenile justice in Australia 2009–10*, Juvenile justice series no. 8, Cat. no. JUV 8, Canberra: AIHW; WA and NT governments (unpublished); table 15A.175; 2012 Report, figure 15.12, p. 15.63.

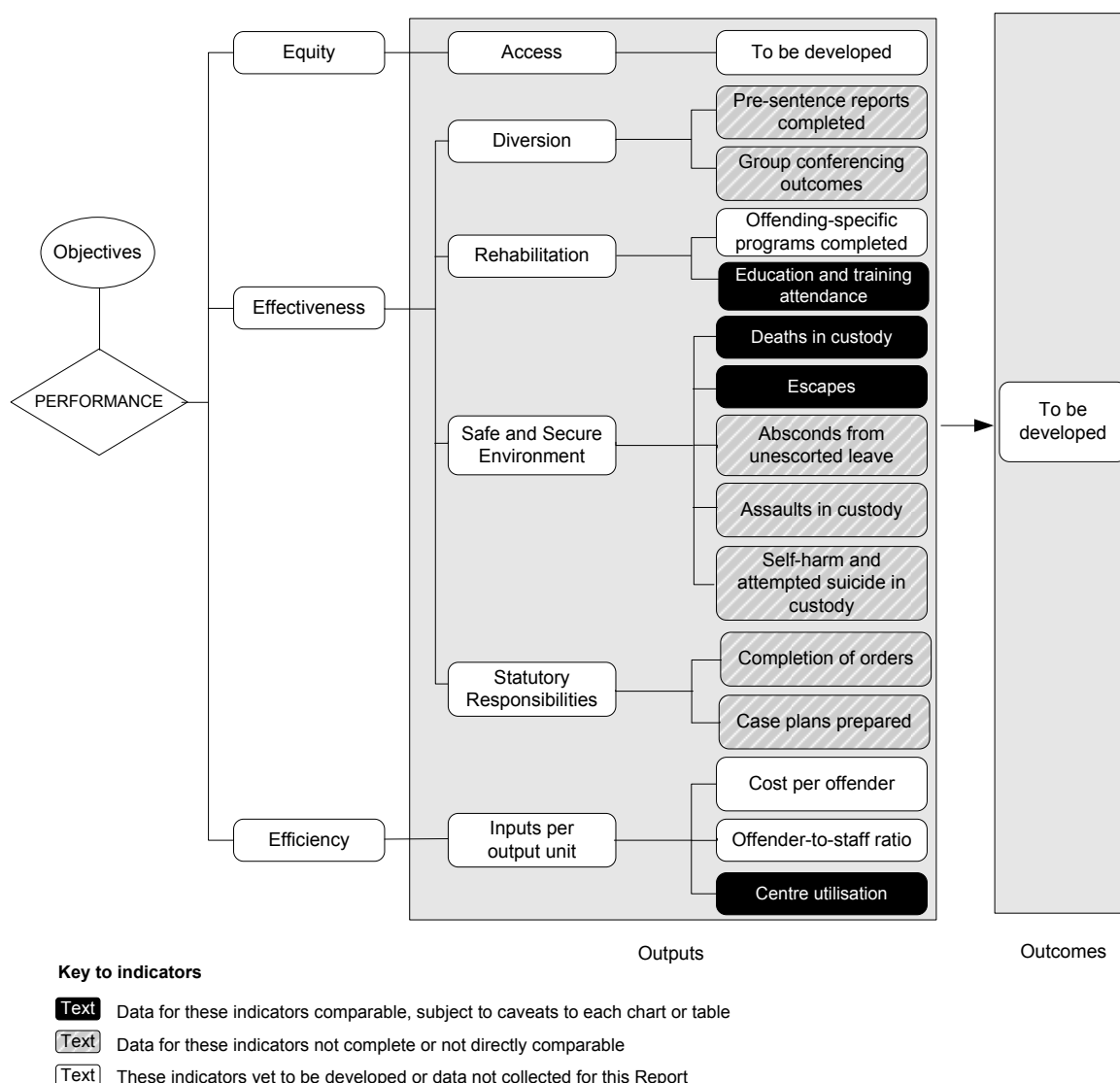
Framework of performance indicators for Juvenile justice services

The Juvenile justice services performance indicator framework outlined in figure 15.8 identifies the principal juvenile justice services activity areas considered in the 2012 Report. Data for Indigenous people are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Indicator boxes presented throughout the chapter provide information about the reported indicators. As these are sourced directly from the 2011 Report, they may include references to data not reported for Indigenous people and therefore not included in this Compendium.

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Figure 15.8 Juvenile justice services performance indicator framework



Source: 2012 Report, figure 15.21, p. 15.65.

Juvenile justice services reporting for Indigenous people

Diversion — pre-sentence reports completed

‘Pre-sentence reports completed’ is an indicator of governments’ objective to ensure that accurate and timely advice is provided to a court to inform decision-making (box 15.5).

Box 15.5 Pre-sentence reports completed

'Pre-sentence reports completed' is defined as the number of written reports provided by juvenile justice agencies to a court in response to a request for a pre-sentence report, as a proportion of all court requests to juvenile justice agencies for written pre-sentence reports. A pre-sentence report is a written report that provides a court with pertinent information about the assessed factors that contributed to a young person's offence and explores programs and services that could be provided to address a young person's offending behaviour. A pre-sentence report is prepared when ordered by a court after a young person has pleaded or has been found guilty of an offence.

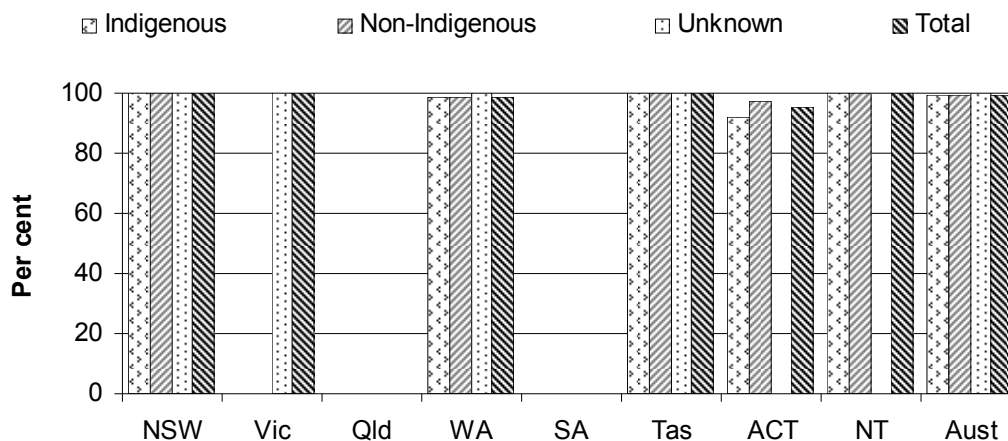
A high or increasing percentage of pre-sentence reports completed is desirable.

Data reported for this indicator are comparable but not complete.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

The percentage of pre-sentence reports completed varied across jurisdictions (figure 15.9). Nationally, in 2010-11, 99.4 per cent of all court requests for pre-sentence reports were completed.

Figure 15.9 Proportion of pre-sentence reports completed by juvenile justice agencies, by Indigenous status (2010-11)^{a, b, c, d, e}



^a Data for Victoria were unable to be disaggregated by Indigenous status. ^b Queensland could not provide the denominator for this indicator, hence proportions could not be calculated. ^c Data were not available for SA. ^d The proportion of pre-sentence reports completed by juvenile justice agencies in Tasmania includes some cases where the report was not provided by the initial request and the court extended the required date of the report. ^e Refer to table 15A.178 for detailed footnotes.

Source: State and Territory governments (unpublished); table 15A.178; 2012 Report, figure 15.22, p. 15.67.

Diversion — group conferencing outcomes

‘Group conferencing outcomes’ is an indicator of governments’ objective to divert young people from the juvenile justice system and address their offending needs (box 15.6).

Box 15.6 Group conferencing outcomes

‘Group conferencing outcomes’ is defined as the number of young people who receive group conferencing and who as a result reach an agreement, as a proportion of all young people who receive group conferencing. Typically, a group conference involves the young offender and victim (or victims) and their families, police, and a juvenile justice agency officer, all of whom attempt to agree on a course of action required of the young offender to make amends for his or her offence. Group conferences are decision-making forums that aim to minimise the progression of young people into the juvenile justice system, and provide restorative justice.

Data for this indicator should be interpreted with caution as the provision of group conferencing differs across jurisdictions in relation to: (a) its place in the court process (for example, whether young people are referred by police before court processes begin, or by the court as an alternative to sentencing), (b) the consequences for young people if they do not comply with the outcome plans of a conference, and (c) eligibility.

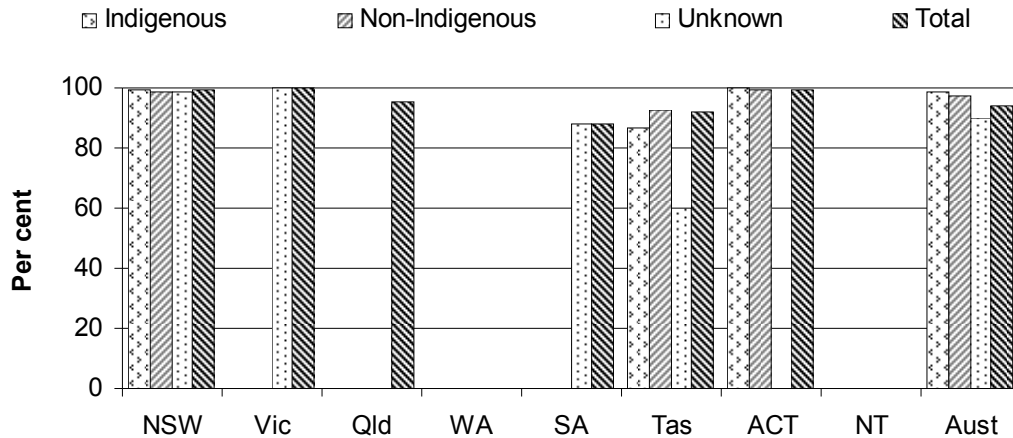
A high or increasing rate for this indicator is desirable.

Data reported for this indicator are not complete.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally, 94.2 per cent of all concluded group conferences resulted in an agreement, with proportions varying across jurisdictions (figure 15.10).

Figure 15.10 Proportion of group conferences resulting in an agreement, by Indigenous status (2010-11)^{a, b, c}



^a Data were not available for WA or the NT. ^b Queensland was able to disaggregate the number of concluded group conferences by Indigenous status, but not the number of group conferences resulting in an agreement by Indigenous status. Therefore, for Queensland, proportions are calculated only for the total number of group conferences resulting in agreement. Further, with the exception of the total number of concluded group conferences and total number of group conferences resulting in agreement, disaggregated data for Queensland are excluded from national totals. ^c Refer to table 15A.179 for detailed footnotes.

Source: State and Territory governments (unpublished); table 15A.179; 2012 Report, figure 15.23, p. 15.68.

Rehabilitation — education and training attendance

‘Education and training attendance’ is an indicator of governments’ objective to provide program interventions in education and training to rehabilitate young offenders and increase their chances of successfully re-integrating into the community (box 15.7).

Box 15.7 Education and training attendance

'Education and training attendance' is defined by two measures:

- the number of young people of compulsory school age in detention attending an education course, as a percentage of all young people of compulsory school age in detention
- the number of young people not of compulsory school age in detention attending an education or training course, as a percentage of all young people not of compulsory school age in detention.

Compulsory school age refers to specific State and Territory governments' requirements for a young person to participate in school, which are based primarily on age (see chapter 4 School education for further information). Education or training course refers to school education or an accredited education or training course under the Australian Qualifications Framework.

A high or increasing percentage of young people attending education and training is desirable.

Exclusions include young people not under juvenile justice supervision (for example, in police custody) and young people whose situation might exclude their participation in education programs (including young people who are: on temporary leave such as work release, medically unable to participate, in isolation, and on remand or sentenced for fewer than 7 days).

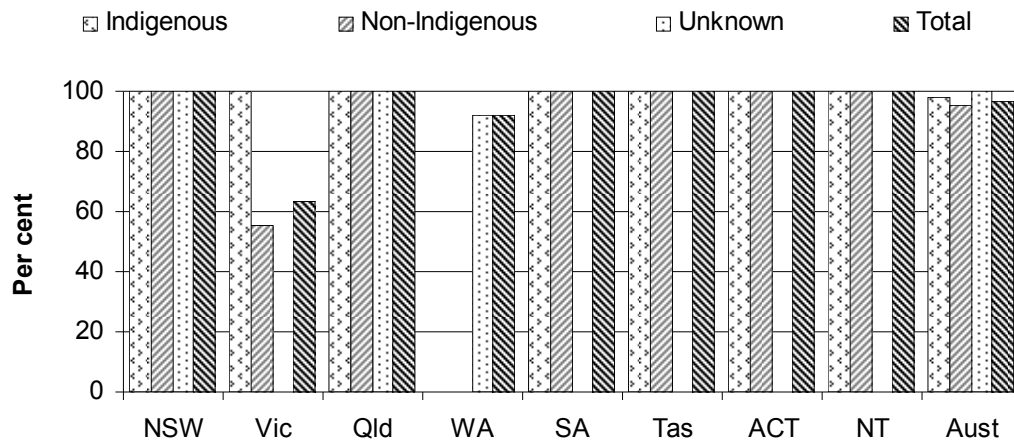
Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

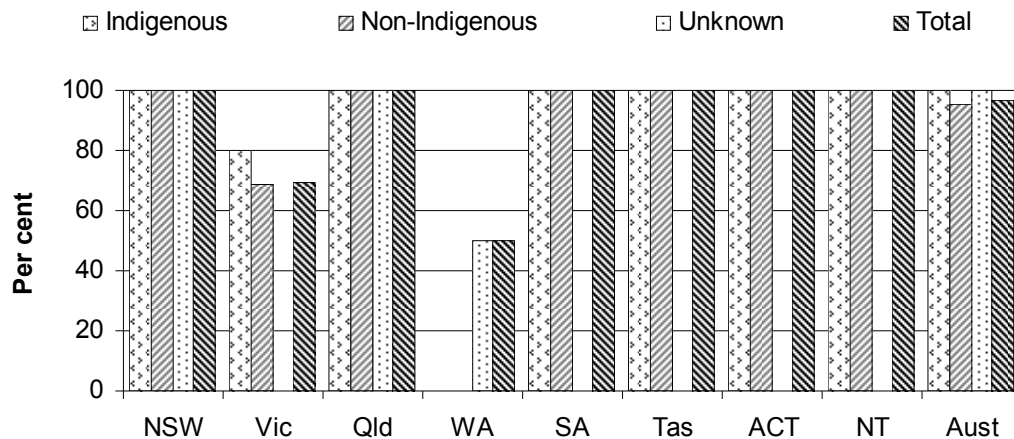
Nationally, 97.4 per cent of young people of compulsory school age in detention were attending an education course in 2010-11, while 96.9 per cent of young people in detention not of compulsory school age were attending an accredited education or training course (figure 15.11). Proportions varied across jurisdictions.

Figure 15.11 Proportion of young people in detention attending an accredited education or training course, by Indigenous status (2010-11)^{a, b, c}

(a) Proportion of young people of compulsory school age in detention attending an accredited education or training course



(b) Proportion of young people not of compulsory school age in detention attending an accredited education or training course



^a WA could not disaggregate young people in detention not of compulsory school age attending education or training by Indigenous status. As a result, WA's total proportion of young people in detention not of compulsory school age attending education or training only is included in the national total. ^b Victoria's data for 2010-11 compared with 2009-10 more clearly distinguishes between participation in *accredited* education programs as distinct from participation in other planned educative and rehabilitative programs. Only accredited educational programs are included in the 2010-11 data. All Victorian young people who were not participating in an accredited educational program in 2010-11 were participating in planned educative and rehabilitative programs. ^c Refer to table 15A.181 for detailed footnotes.

Source: State and Territory governments (unpublished); table 15A.181; 2012 Report, figure 15.24, p. 15.74.

Safe and secure environment — deaths in custody

‘Deaths in custody’ is an indicator of governments’ objective to ensure that juvenile justice agencies provide a safe and secure environment for young people in custody (box 15.8).

Box 15.8 Deaths in custody

‘Deaths in custody’ is defined as the number of young people who died while in custody.

A zero or decreasing deaths in custody rate is desirable.

The scope of this indicator is restricted to those young people who died while in the legal and/or physical custody of a juvenile justice agency and those who died in, or en route to, an external medical facility as a result of becoming ill or being injured in custody (even if not escorted by juvenile justice agency workers).

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

One young person died while in the legal or physical custody of an Australian juvenile justice agency in 2010-11 (table 15A.180 includes data by Indigenous status).

Safe and secure environment — escapes

‘Escapes’ is an indicator of governments’ objective to ensure that juvenile justice agencies provide a safe and secure environment for young people in custody, and the community (box 15.9).

Box 15.9 Escapes

'Escapes' is defined by two measures:

- the number of escapes from a juvenile justice detention centre, as a proportion of all young people in custody
- the number of escapes during periods of escorted movement, as a proportion of all periods of escorted movement.

An escape from a juvenile justice detention centre is defined as a breach of a secure perimeter or defined boundary of a juvenile justice detention centre by a young person under the supervision of the centre.

A period of escorted movement is defined as a period of time during which a young person is in the custody of the juvenile justice agency while outside a detention centre. The period of escorted movement ends when the young person is returned to the detention centre, or is no longer in the legal or physical custody of the juvenile justice agency. An escape from an escorted movement is defined as the failure of a young person to remain in the custody of a supervising juvenile justice worker or approved service provider during a period of escorted movement. An escape is counted each time a young person escapes. For example, if a young person escapes three times in a counting period, three escapes are recorded. If three young people escape at the same time, three escapes are recorded.

A zero or decreasing escape rate is desirable.

Data reported for this indicator are comparable but not complete.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally, there were three escapes from juvenile justice detention in 2010-11, which was equivalent to 0.1 escapes per 10 000 custody nights in 2010-11 (table 15.1 and table 15A.182).

Table 15.1 Number and rate of escapes from juvenile justice detention centres, by Indigenous status (2010-11)^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas^b</i>	<i>ACT^c</i>	<i>NT</i>
Number of escapes								
Indigenous	–	–	–	1.0	–	1.0	–	–
Non-Indigenous	–	–	–	–	–	–	1.0	–
Unknown	–	–	–	–	–	–	–	–
Total	–	–	–	1.0	–	1.0	1.0	–
Rate per 10 000 custody nights								
Indigenous	–	–	–	0.2	–	4.3	–	–
Non-Indigenous	–	–	–	–	–	–	2.0	–
Unknown	–	–	–	–	–	–	–	–
Total	–	–	–	0.2	–	1.1	1.2	–

^a Refer to table 15A.182 for detailed footnotes. ^b Tasmania has only one juvenile justice detention centre with relatively small numbers in detention, therefore, Tasmania's rates may be volatile. ^c The ACT has only one juvenile justice detention centre with relatively small numbers in detention, therefore, the ACT's rates may be volatile. **na** Not available. – Nil or rounded to zero.

Source: State and Territory governments (unpublished); table 15A.182; 2012 Report, table 15.6, p. 15.76.

Nationally, there were four escapes from escorted movements in 2010-11 (table 15.2).

Table 15.2 Number and rate of escapes from escorted movement, by Indigenous status (2010-11)^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas^b</i>	<i>ACT</i>	<i>NT^c</i>
Number of escapes								
Indigenous	2.0	–	–	–	–	–	–	1.0
Non-Indigenous	–	–	–	–	–	1.0	–	–
Unknown	–	–	–	–	–	–	–	–
Total	2.0	–	–	–	–	1.0	–	1.0
Rate per 10 000 periods of escorted movement								
Indigenous	8.4	–	–	–	–	–	–	na
Non-Indigenous	–	–	–	–	–	na	–	–
Unknown	–	–	–	–	–	–	–	–
Total	3.4	–	–	–	–	13.4	–	na

^a Refer to table 15A.182 for detailed footnotes. ^b Tasmania could not disaggregate the number of periods of escorted movement by Indigenous status, hence a rate could only be calculated for total number of escapes from escorted movement. Further, Tasmania has only one juvenile justice detention centre with relatively small numbers in detention, therefore, Tasmania's rates may be volatile. ^c The NT could not provide the denominator (number of periods of escorted movement) hence a rate could not be calculated. **na** Not available. – Nil or rounded to zero.

Source: State and Territory governments (unpublished); table 15A.182; 2012 Report, table 15.7, p. 15.77.

Safe and secure environment — absconds from unescorted leave

‘Absconds from unescorted leave’ is an indicator of governments’ objective to appropriately manage young people while they are in the legal custody of a juvenile justice detention centre (box 15.10). Management of young people includes the provision of appropriate assessment, planning and supervision to enable young people to undertake unescorted temporary leave from detention centres. Unescorted leave may be undertaken for the purposes of providing rehabilitation interventions and activities such as education, training and employment.

Box 15.10 Absconds from unescorted leave

‘Absconds from unescorted leave’ is defined as the number of young people who have unescorted temporary leave and fail to return to custody, as a proportion of all young people who have unescorted temporary leave.

A zero or low, or decreasing rate of absconds from unescorted leave is desirable.

Data reported for this indicator are comparable but not complete.

Data quality information for this indicator is under development.

No young people absconded from unescorted leave in 2010-11 (table 15A.183 includes data by Indigenous status).

Safe and secure environment — assaults in custody

‘Assaults in custody’ is an indicator of governments’ objective to provide a custodial environment that is safe and secure in order to rehabilitate young offenders and reintegrate them into their community (box 15.11).

Box 15.11 Assaults in custody

'Assaults in custody' is defined by two measures:

- the rate of detainees and staff (by Indigenous status) who are seriously assaulted (that is, sustain an injury that requires overnight hospitalisation and any act of sexual assault) due to an act perpetrated by one or more detainees, as a proportion of the number of detainees in custody
- the rate of detainees and staff (by Indigenous status) who are assaulted (that is, sustain an injury, but do not require hospitalisation) due to an act perpetrated by one or more detainees, as a proportion of the number of detainees in custody.

A zero or low, or decreasing assaults in custody rate is desirable.

Data reported for this indicator are not complete.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally, no detainees were reported as injured in custody due to a serious assault in 2010-11 (table 15A.184). However, two staff were reported as injured due to a serious assault in 2010-11 (table 15.3). Proportions varied across jurisdictions.

Table 15.3 Number and rate of staff injured as a result of a serious assault, by Indigenous status (2010-11)^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>
Number of staff injured as a result of a serious assault								
Indigenous	–	–	–	na	na	–	–	–
Non-Indigenous	–	–	2.0	na	na	–	–	–
Unknown	–	na	–	na	na	–	–	–
Total	–	–	2.0	na	na	–	–	–
Rate per 10 000 custody nights								
Indigenous	–	–	–	na	na	–	–	–
Non-Indigenous	–	–	0.9	na	na	–	–	–
Unknown	–	na	–	na	na	–	–	–
Total	–	–	0.4	na	na	–	–	–

^a Data were not available for WA and SA. **na** Not available. – Nil or rounded to zero.

Source: State and Territory governments (unpublished); table 15A.184; 2012 Report, table 15.8, p. 15.78.

Nationally, 66 detainees were reported as injured in custody due to an assault in 2010-11 (table 15.4). Proportions varied across jurisdictions.

Table 15.4 Number and rate of detainees injured as a result of an assault, by Indigenous status (2010-11)^{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>
Number of detainees injured as a result of an assault								
Indigenous	9.0	na	5.0	na	na	na	6.0	16.0
Non-Indigenous	14.0	na	3.0	na	na	na	7.0	–
Unknown	6.0	na	–	na	na	na	–	–
Total	29.0	na	8.0	na	na	na	13.0	16.0
Rate per 10 000 custody nights								
Indigenous	1.3	na	1.8	na	na	na	np	11.6
Non-Indigenous	1.9	na	1.4	na	na	na	np	–
Unknown	16.8	na	–	na	na	na	–	–
Total	2.0	na	1.6	na	na	na	np	11.3

^a Data reported for this indicator are not comparable and need to be interpreted with caution. Methods of data collection vary across jurisdictions (for example, manual case file review compared to the collation of electronic incident reports) and jurisdictions' ability to report on this measure is dependent on relevant incidents having first been documented. ^b Data were not available for Victoria, WA, SA and Tasmania. ^c The ACT has only one juvenile justice detention centre with relatively small numbers in detention. Data are not converted to a rate due to the small number of detainees in the ACT. **na** Not available. **np** Not published. – Nil or rounded to zero.

Source: State and Territory governments (unpublished); table 15A.185; 2012 Report, table 15.9, p. 15.79.

Nationally, 46 staff were reported as injured due to an assault while supervising detainees in 2010-11 (table 15.5).

Table 15.5 Number and rate of staff injured as a result of an assault, by Indigenous status (2010-11)^{a, b, c}

	NSW	Vic	Qld	WA	SA	Tas	ACT ^d	NT
Number of staff injured as a result of an assault								
Indigenous	na	na	4.0	na	na	na	–	–
Non-Indigenous	na	na	5.0	na	na	na	4.0	1.0
Unknown	32.0	na	–	na	na	na	–	–
Total	32.0	na	9.0	na	na	na	4.0	1.0
Rate per 10 000 custody nights								
Indigenous	na	na	1.4	na	na	na	–	–
Non-Indigenous	na	na	2.3	na	na	na	np	32.3
Unknown	89.3	na	–	na	na	na	–	–
Total	2.2	na	1.8	na	na	na	np	0.7

^a Data reported for this indicator are not comparable and need to be interpreted with caution. Methods of data collection vary across jurisdictions (for example, manual case file review compared to the collation of electronic incident reports) and jurisdictions' ability to report on this measure is dependent on relevant incidents having first been documented. ^b Data were not available for Victoria, WA, SA and Tasmania. ^c Data report the Indigenous status of staff who were reported as injured due to an assault. ^d The ACT has only one juvenile justice detention centre with relatively small numbers in detention. Data are not converted to a rate due to the small number of detainees in the ACT. **na** Not available. **np** Not published. – Nil or rounded to zero.

Source: State and Territory governments (unpublished); table 15A.185; 2012 Report, table 15.10, p. 15.80.

Safe and secure environment — self-harm and attempted suicide in custody

'Self-harm and attempted suicide in custody' is an indicator of governments' objective to provide a custodial environment that is safe and secure in order to rehabilitate young offenders and reintegrate them into their community (box 15.12).

Box 15.12 Self-harm and attempted suicide in custody

'Self-harm and attempted suicide in custody' is defined by four measures:

- the number of incidents of self-harm or attempted suicide in custody requiring hospitalisation
- the number of incidents of self-harm or attempted suicide in custody not requiring hospitalisation
- the number of detainees who self-harmed or attempted suicide in custody requiring hospitalisation
- the number of detainees who self-harmed or attempted suicide in custody not requiring hospitalisation.

(Continued on next page)

Box 15.12 (Continued)

The number of incidents of self-harm or attempted suicide and the number of detainees who self-harm or attempt suicide will differ when one detainee has self-harmed on two or more occasions as each occasion will be counted as a separate incident.

A zero, low, or decreasing self-harm and attempted suicide in custody rate is desirable.

Data reported for this indicator are not complete.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally, five detainees in five separate incidents were reported as having self-harmed or attempted suicide in custody requiring hospitalisation in 2010-11. Proportions varied across jurisdictions (table 15.6 and table 15A.186).

Table 15.6 Number and rate of detainees who self-harmed or attempted suicide in custody requiring hospitalisation, by Indigenous status (2010-11)^{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>
Number of detainees who self-harmed or attempted suicide in custody requiring hospitalisation								
Indigenous	–	–	–	na	na	–	2.0	–
Non-Indigenous	–	1.0	–	na	na	–	1.0	–
Unknown	1.0	na	–	na	na	–	na	–
Total	1.0	1.0	–	na	na	–	3.0	–
Rate per 10 000 custody nights								
Indigenous	–	–	–	na	na	–	np	–
Non-Indigenous	–	0.2	–	na	na	–	np	–
Unknown	2.8	na	–	na	na	–	–	–
Total	0.1	0.2	–	na	na	–	np	–

^a Data were not available for WA and SA. ^b Refer to table 15A.188 for detailed footnotes. ^c The ACT has only one juvenile justice detention centre with relatively small numbers in detention. Data are not converted to a rate due to the small number of detainees in the ACT. **na** Not available. **np** Not published. – Nil or rounded to zero.

Source: State and Territory governments (unpublished); table 15A.186; 2012 Report, table 15.11, p. 15.81.

Nationally, 55 detainees were reported as having self-harmed or attempted suicide in 71 separate incidents during 2010-11, none of which required hospitalisation (tables 15.7 and 15.8). Proportions varied across jurisdictions.

Table 15.7 Number and rate of detainees who self-harmed or attempted suicide in custody not requiring hospitalisation, by Indigenous status (2010-11)^{a, b}

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas^c</i>	<i>ACT^d</i>	<i>NT</i>
Number of detainees who self-harmed or attempted suicide in custody not requiring hospitalisation								
Indigenous	13.0	–	2.0	na	na	2.0	3.0	2.0
Non-Indigenous	13.0	9.0	1.0	na	na	3.0	2.0	–
Unknown	5.0	na	–	na	na	–	–	–
Total	31.0	9.0	3.0	na	na	5.0	5.0	2.0
Rate per 10 000 custody nights								
Indigenous	1.9	–	0.7	na	na	8.2	np	1.4
Non-Indigenous	1.8	1.6	0.5	na	na	4.3	np	–
Unknown	14.0	na	–	na	na	–	–	–
Total	2.2	1.4	0.6	na	na	5.3	np	1.4

^a Data were not available for WA and SA. ^b Data reported for this indicator are not comparable and need to be interpreted with caution. Methods of data collection vary across jurisdictions (for example, manual case file review compared to the collation of electronic incident reports) and jurisdictions' ability to report on this measure is dependent on relevant incidents having first been documented. ^c Tasmania has only one juvenile justice detention centre with relatively small numbers in detention, therefore, Tasmania's rates may be volatile. ^d The ACT has only one juvenile justice detention centre with relatively small numbers in detention. Data are not converted to a rate due to the small number of detainees in the ACT. **na** Not available. **np** Not published. – Nil or rounded to zero.

Source: State and Territory governments (unpublished); table 15A.186; 2012 Report, table 15.12, p. 15.82.

Table 15.8 Number and rate of incidents of self-harm or attempted suicide in custody not requiring hospitalisation, by Indigenous status (2010-11)^{a, b}

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas^c</i>	<i>ACT^d</i>	<i>NT</i>
Number of incidents of self-harm or attempted suicide in custody not requiring hospitalisation								
Indigenous	13.0	–	2.0	na	na	6.0	4.0	2.0
Non-Indigenous	13.0	17.0	1.0	na	na	5.0	3.0	–
Unknown	5.0	na	–	na	na	–	–	–
Total	31.0	17.0	3.0	na	na	11.0	7.0	2.0
Rate per 10 000 custody nights								
Indigenous	1.9	–	0.7	na	na	24.5	np	1.4
Non-Indigenous	1.8	3.1	0.5	na	na	7.2	np	–
Unknown	14.0	na	–	na	na	–	–	–
Total	2.2	2.6	0.6	na	na	11.7	np	1.4

^a Data were not available for WA and SA. ^b Data reported for this indicator are not comparable and need to be interpreted with caution. Methods of data collection vary across jurisdictions (for example, manual case file review compared to the collation of electronic incident reports) and jurisdictions' ability to report on this measure is dependent on relevant incidents having first been documented. ^c Tasmania has only one juvenile justice detention centre with relatively small numbers in detention, therefore, Tasmania's rates may be volatile. ^d The ACT has only one juvenile justice detention centre with relatively small numbers in detention. Data are not converted to a rate due to the small number of detainees in the ACT. **na** Not available. **np** Not published. – Nil or rounded to zero.

Source: State and Territory governments (unpublished); table 15A.186; 2012 Report, table 15.13, p. 15.83.

Statutory responsibilities — completion of community-based orders

'Completion of community-based orders' is an indicator of governments' objective to rehabilitate young offenders (box 15.13).

Box 15.13 Completion of community-based orders

'Completion of community-based orders' is defined as the proportion of sentenced community-based supervision orders successfully completed. An order is counted as successfully completed where the earliest order expiry date or the order termination date is reached and breach is neither pending nor finalised.

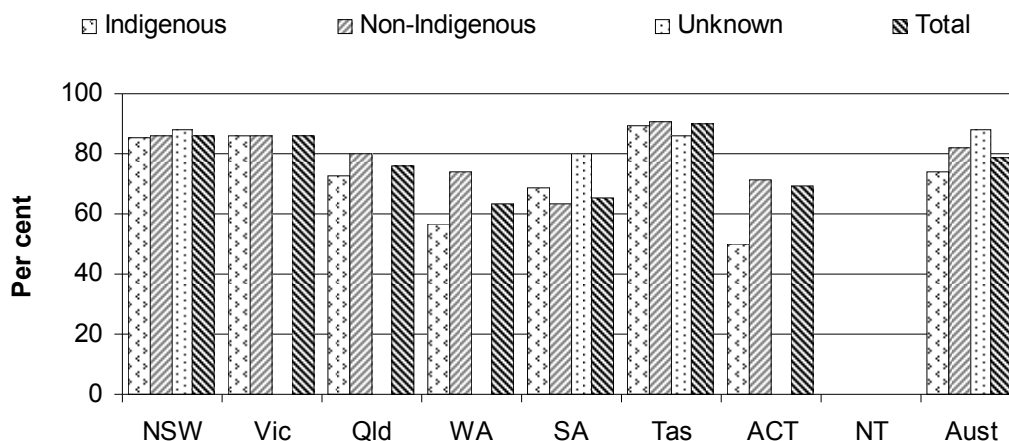
A high or increasing proportion of orders successfully completed is desirable. However, where offenders are non-compliant and pose a risk, breach action (an unsuccessful completion) may be warranted. As a result, a completion rate less than 100 per cent may not necessarily indicate poor performance, and may reflect appropriate supervision of young people on community-based supervision orders.

Data reported for this indicator are comparable but not complete.

Data quality information for this indicator is under development.

Nationally, 79.0 per cent of community-based orders were successfully completed in 2010-11. The proportion of community-based orders successfully completed varied across jurisdictions (figure 15.12).

Figure 15.12 Proportion of community-based orders successfully completed, by Indigenous status (2010-11)^{a, b, c}



^a Data were not available for the NT. ^b In Tasmania, there are regional inconsistencies in breaching procedures and recording practices, which may result in an undercount of orders successfully completed in 2010-11. ^c Refer to table 15A.187 for detailed footnotes.

Source: State and Territory governments (unpublished); table 15A.187; 2012 Report, figure 15.25, p. 15.84.

Statutory responsibilities — case plans prepared

‘Case plans prepared’ is an indicator of governments’ objective to ensure that juvenile justice agencies support young people to minimise the likelihood of re-offending by addressing their offending-related needs (box 15.14).

Box 15.14 Case plans prepared

‘Case plans prepared’ is defined as the number of eligible young people who had a documented case plan prepared or reviewed within six weeks of commencing:

- a sentenced detention order, as a proportion of all young people commencing a sentenced detention order
- a sentenced community-based order, as a proportion of all young people commencing a sentenced community-based order.

An eligible young person is one who is serving a sentenced order that requires case management.

A high or increasing rate of case plans prepared is desirable.

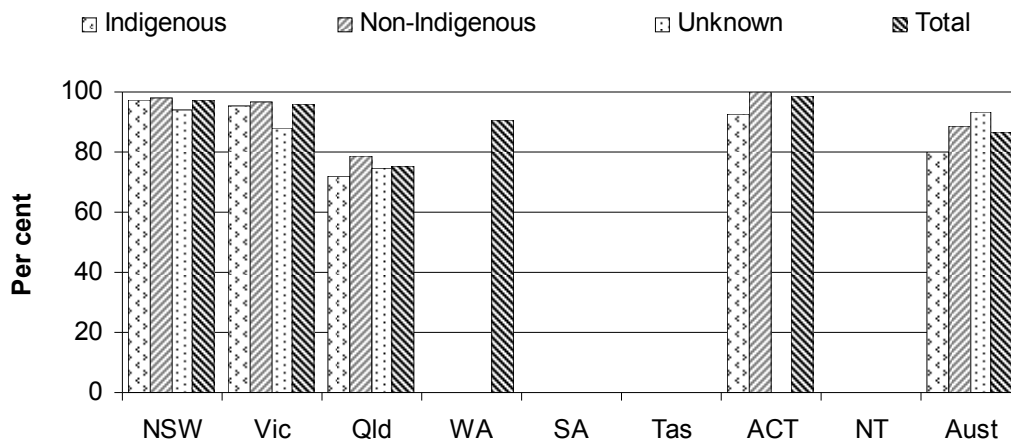
Data reported for this indicator are comparable but not complete.

Data quality information for this indicator is under development.

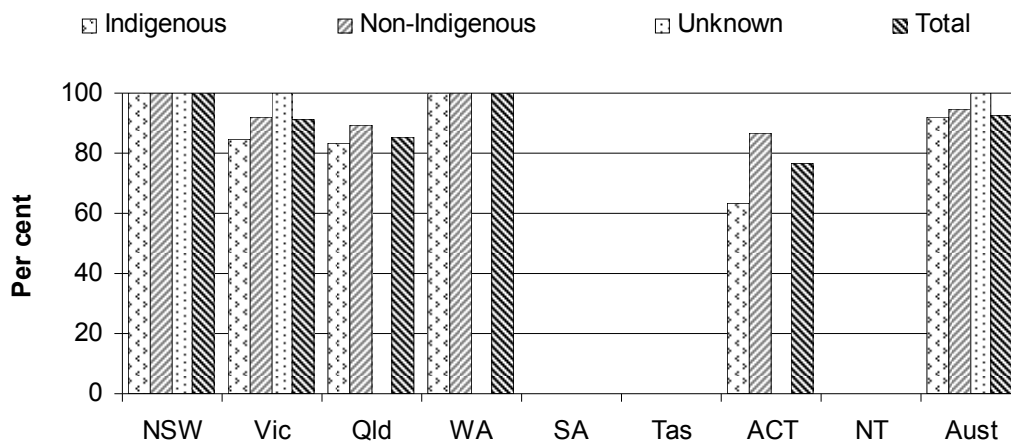
Nationally, 86.4 per cent of case plans were prepared within six weeks of commencing a sentenced community-based order in 2010-11 (figure 15.13(a)). Nationally, 93.0 per cent of case plans were prepared within six weeks of commencing a sentenced detention order in 2010-11 (figure 15.13(b)). Proportions varied across jurisdictions.

Figure 15.13 Proportion of case plans prepared within 6 weeks of commencing sentenced detention orders and sentenced community-based orders, by Indigenous status (2010-11)^{a, b, c}

(a) Proportion of case plans prepared within 6 weeks of commencing a sentenced community-based order



(b) Proportion of case plans prepared within 6 weeks of commencing a sentenced detention order



^a Data were not available for SA, Tasmania and the NT. ^b For case plans prepared within 6 weeks of commencing a sentenced community-based order, WA could not disaggregate the numerator by Indigenous status. Therefore, a proportion is only calculated for the total number of case plans prepared in WA. ^c Refer to table 15A.188 for detailed footnotes.

Source: State and Territory governments (unpublished); table 15A.188; 2012 Report, figure 15.26, p. 15.86.

Definitions of key terms and indicators

Child protection and out-of-home care services

Care and protection orders

Care and protection orders are legal orders or arrangements which give child protection departments some responsibility for a child's welfare. The scope of departmental involvement mandated by a care and protection order is dependent on the type of order, and can include:

- responsibility for overseeing the actions of the person or authority caring for the child
- reporting or giving consideration to the child's welfare (for example, regarding the child's education, health, religion, accommodation and financial matters).

Types of care and protection orders:

- Finalised guardianship or custody orders – involve the transfer of legal guardianship to the relevant state or territory department or non-government agency. These orders involve considerable intervention in a child's life and that of his or her family, and are sought only as a last resort. Guardianship orders convey responsibility for the welfare of a child to a guardian (for example, regarding a child's education, health, religion, accommodation and financial matters). Guardianship orders do not necessarily grant the right to the daily care and control of a child, or the right to make decisions about the daily care and control of a child, which are granted under custody orders. Custody orders generally refer to orders that place children in the custody of the state or territory, or department responsible for child protection or non-government agency. These orders usually involve the child protection department being responsible for the daily care and requirements of a child, while his or her parent retains legal guardianship. Custody alone does not bestow any responsibility regarding the long-term welfare of the child.
- Finalised third party parental responsibility orders – transfer all duties, powers, responsibilities and authority parents are entitled to by law, to a nominated person(s) considered appropriate by the court. The nominated person may be an individual such as a relative or an office of the state or territory department. Third party parental responsibility may be ordered when a parent is unable to care for a child, and as such parental responsibility is transferred to a relative. 'Permanent care orders' are an example of a third party parental responsibility order and involve the transfer of guardianship to a third party carer. It can also be applied to the achievement of a stable arrangement under a long-term guardianship order to 18 years without guardianship being transferred to a third party. These orders are only applicable in some jurisdictions.
- Finalised supervisory orders – give the department responsible for child protection some responsibility for a child's welfare. Under these orders, the department supervises and/or directs the level and type of care that is to be provided to the child. Children under supervisory orders are generally under the responsibility of their parents and the guardianship or custody of the child is unaffected. Finalised supervisory orders are therefore less intrusive than finalised guardianship orders but require the child's parent or

	<p>guardian to meet specified conditions, such as medical care of the child.</p> <ul style="list-style-type: none"> • Interim and temporary orders – generally cover the provision of a limited period of supervision and/or placement of a child. Parental responsibility under these orders may reside with the parents or with the department responsible for child protection. Orders that are not finalised (such as an application to a court for a care and protection order) are also included in this category, unless another finalised order is in place. • Administrative arrangements – are agreements between a parent (or parents) and the relevant child protection department, which have the same effect as a court order in transferring custody or guardianship. These arrangements can also allow a child to be placed in out-of-home care without going through the courts. <p>Children are counted only once, even if they are on more than one care and protection order.</p>
Child	A person aged 0–17 years.
Child at risk	A child for whom no abuse or neglect can be substantiated but where there are reasonable grounds to suspect the possibility of prior or future abuse or neglect, and for whom continued departmental involvement is considered warranted.
Child concern reports	Reports to departments responsible for child protection regarding concerns about a child, as distinct from notifications of child abuse and neglect. The distinction between the two differs across and within jurisdictions.
Children in out-of-home care during the year	The total number of children who were in at least one out-of-home care placement at any time during the year. A child who is in more than one placement is counted only once.
Guardian	Any person who has the legal and ongoing care and responsibility for the protection of a child.
Indigenous person	Person of Aboriginal or Torres Strait Islander descent who identifies as being an Aboriginal or Torres Strait Islander and is accepted as such by the community with which he or she is associated. If Indigenous status is unknown, then a person is considered to be non-Indigenous.
Investigation	An investigation of child abuse and neglect that involves identifying harm or risk of harm to the child, determining an outcome and assessing protective needs. It includes the interviewing or sighting of the subject child where practicable.
Notification	Contact with an authorised department by persons or other bodies making allegations of child abuse or neglect, or harm to a child. Notifications can be counted 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.
Other relative	A grandparent, aunt, uncle or cousin, whether the relationship is half, full, step or through adoption, and can be traced through or to a person whose parents were not married to each other at the time of the child's birth. This category includes members of Aboriginal communities who are accepted by that community as being related to the child.

Out-of-home care

Overnight care, including placement with relatives (other than parents) where the government makes a financial payment. Includes care of children in legal and voluntary placements (that is, children on and not on a legal order) but excludes placements made in disability services, psychiatric services, juvenile justice facilities and overnight child care services.

There are five main out-of-home care placement types:

- Residential care – where placement is in a residential building with paid staff.
- Family group homes – provide care to children in a departmentally or community sector agency provided home. These homes have live-in, non-salaried carers who are reimbursed and/or subsidised for the provision of care.
- Home-based care – where placement is in the home of a carer who is reimbursed (or who has been offered but declined reimbursement) for expenses for the care of the child. This is broken down into three subcategories: (1) *Relative/kinship care* – includes family members (other than parents) or a person well known to the child and/or family (based on a pre-existing relationship) who is reimbursed (or who has been offered but declined reimbursement) by the state/territory for the care of the child; (2) *foster care* – where the care is authorised and carers are reimbursed (or were offered but declined reimbursement) by the state/territory and supported by an approved agency. There are varying degrees of reimbursement made to foster carers; (3) *other* – home-based care which does not fall into either of the above categories.
- Independent living – including private board and lead tenant households.
- Other – includes placements that do not fit into the above categories and unknown living arrangements. This includes boarding schools, hospitals, hotels/motels and defence force.

Relatives/kin

Family members other than parents, or a person well known to the child and/or family (based on an existing relationship).

Stability of placement

Number of placements for children who have exited out-of-home care and do not return within two months. Placements exclude respite or temporary placements lasting less than seven days. Placements are counted separately where there is:

- a change in the placement type — for example, from a home-based to a facility-based placement
- within placement type, a change in venue or a change from one home-based placement to a different home-based placement.

A particular placement is counted only once, so a return to a previous placement is another placement.

Substantiation

Notification for which an investigation concludes there is reasonable cause to believe that the child has been, is being or is likely to be abused, neglected or otherwise harmed. It does not necessarily require sufficient evidence for a successful prosecution and does not imply that treatment or case management is, or is to be, provided.

Juvenile justice services

Juvenile justice centre	A place administered and operated by a juvenile justice department, where young people are detained whilst under the supervision of the relevant juvenile justice department on a remand or sentenced detention episode.
Juvenile justice department	Refers to those departments in each State and Territory that are responsible for juvenile justice matters.
Supervision period	A period of time during which a young person is continuously under juvenile justice supervision of one type or another. A supervision period is made up of one or more contiguous episodes.
Pre-sentence community	Pre-sentence arrangements where the juvenile justice department is responsible for the case management or supervision of a young person (such as supervised or conditional bail where the juvenile justice department is involved with monitoring or supervising a young person).
Pre-sentence detention	Remanded or held in a juvenile justice centre or police watch house prior to appearing in court or to being sentenced.
Sentenced community-based supervision	Includes probation, recognisance and community service orders which are supervised or case managed by the juvenile justice department. May be supervision with or without additional mandated requirements, requiring some form of obligation or additional element that a young person is required to meet. This obligation could be community work such as in a community service order, a developmental activity or program attendance. The juvenile justice department may or may not directly supervise any additional mandated requirements, but remains responsible for the overall case management of a young person.

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a '15A' prefix (for example, table 15A.3 is table 3 in the Protection and support attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

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Attachment tables are identified in references throughout this Indigenous Compendium by a 'A' prefix (for example, in this sector summary, table GA.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. G.1', this is page 1 of the Housing and homelessness sector summary of the 2012 Report, and '2012 Report, table GA.1' is table 1 of attachment GA of the 2012 Report. A full list of attachment tables is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Housing and homelessness services sector summary (chapter G) in the *Report on Government Services 2012* (2012 Report) reports on the Housing and homelessness services in each Australian state and territory. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

The sector summary of the 2012 Report provides an introduction to the 'Housing' (chapter 16) and 'Homelessness services' (chapter 17) chapters of the Report. It provides an overview of the 'housing and homelessness' sector, presenting both contextual information and high level performance information.

Major improvements in reporting on housing and homelessness this year are identified in each of the service-specific housing and homelessness chapters.

Indigenous data in the Housing and homelessness sector summary

The Housing and homelessness sector summary in the 2012 Report contains the following information on Indigenous people:

- households living in overcrowded conditions, 2008
- households living in houses of an acceptable standard, 2008.

Sector scope

The Report includes detailed information on two specific services: social housing and homelessness services. Social housing broadly encompasses public housing, State owned and managed Indigenous housing (SOMIH), community housing and Indigenous community housing, and is reported in chapter 16 (box G.1). Homelessness services in the Report encompass government funded specialist homelessness services, and is reported in chapter 17 (box G.2).

The 2012 Report focuses on social housing and homelessness services funded under the National Affordable Housing Specific Purpose Payment (NAH SPP) and related National Partnership Agreements, and provided through these related National Partnership Agreements in support of the NAHA (formerly, the CSHA and the SAAP V Agreement). Governments provide other forms of support for housing and homelessness, including home purchase assistance and private rental assistance, but these are not considered in detail in the Report.

Housing and homelessness outcomes are influenced by many factors apart from government assistance. Section G.6 (Appendix) of the 2012 Report presents contextual information on some of these factors, including housing affordability and home ownership.

Box G.1 Scope of social housing

Social housing is rental housing provided by government or non-government organisations (including not-for-profit) to assist people who are unable to access suitable accommodation in the private rental market (AIHW 2010). The forms of social housing included in this Report are:

- *Public housing* (PH): dwellings owned (or leased) and managed by State and Territory housing authorities to provide affordable rental accommodation.
- *State owned and managed Indigenous housing* (SOMIH): dwellings owned and managed by State housing authorities that are allocated only to Indigenous households.
- *Community housing* (CH): rental housing provided to low to moderate income or special needs households, managed by community based organisations that have received capital or recurrent subsidy from government. Community housing models vary across jurisdictions, and the housing stock may be owned by a variety of groups, including local government.
- *Indigenous community housing* (ICH): dwellings owned or leased and managed by ICH organisations and community councils in major cities, regional areas and remote areas. Indigenous community housing models vary across jurisdictions and can also include dwellings funded or registered by government.

Crisis and transitional housing is an additional form of social housing, but it is not separately identified in this Report. Crisis and transitional housing may be indirectly reported for some jurisdictions through the other forms of social housing described above.

Source: 2012 Report, Chapter 16.

Box G.2 **Scope of homelessness**

Government funded specialist homelessness services provide assistance to individuals and families who are homeless or at risk of becoming homeless. This Report presents information on homelessness services provided under the NAHA and the SAAP V Agreement. Although the SAAP V Agreement ended on 31 December 2008, data have continued to be reported from the SAAP collection, as data from the new specialist homelessness services (SHS) collection are not yet available for reporting. The SHS data collection became operational on 1 July 2011 and data for 2011-12 are expected to be available for the 2013 Report.

Definition of homelessness

The term 'homelessness' can be used to describe the extent to which housing needs are unmet, including people without conventional accommodation and those staying in accommodation that is below minimum community standards. The most widely accepted, broad definition of homelessness describes three categories of homelessness:

- Primary homelessness is experienced by people without conventional accommodation (for example, sleeping rough or in improvised dwellings).
- Secondary homelessness is experienced by people who frequently move from one temporary shelter to another (for example, emergency accommodation, youth refuges, 'couch surfing').
- Tertiary homelessness is experienced by people staying in accommodation that is below minimum community standards (for example, boarding houses and caravan parks).

The Commonwealth Advisory Committee on Homelessness has adopted tertiary homelessness (incorporating primary and secondary homelessness) as the general definition of homelessness. This definition differs from the SAAP definition of homelessness used for reporting in chapter 17, where a 'homeless person' is:

A person who does not have access to safe, secure and adequate housing. A person is considered to not have such access if the only housing to which he or she has access:

- has damaged, or is likely to damage, the person's health
- threatens the person's safety
- marginalises the person by failing to provide access to adequate personal amenities or the economic and social supports that a home normally affords
- places the person in circumstances that threaten or adversely affect the adequacy, safety, security and affordability of that housing
- is of unsecured tenure.

A person is also considered homeless if living in accommodation provided by a SAAP agency or some other form of emergency accommodation.

Source: Chamberlain & MacKenzie (2008); Homelessness Australia (2010); Chapter 17.

Profile of the housing and homelessness sector

Detailed profiles for the services within the housing and homelessness services sector are reported in chapters 16 and 17, and cover:

- size and scope of the individual service types
- roles and responsibilities of each level of government
- funding and expenditure.

Government funding and expenditure

Most government funding for housing and homelessness services is provided through the NAH SPP. This funding is based on outcomes rather than tied to programs, so it is not possible to identify NAH SPP funding used for specific programs. In 2010-11, the Australian Government provided \$2.0 billion to State and Territory governments for housing and homelessness services through the NAH SPP and related National Partnership agreements covering social housing; homelessness; and Remote Indigenous Housing (2012 Report, table GA.1). In addition, the Australian Government provided a further \$3.1 billion for CRA (2012 Report, table 16A.54). The Australian Government provided a further \$1.3 billion for the social housing initiative component of the National Building Economic Stimulus Package to aid the construction of new social housing dwellings, and repairs and maintenance of existing dwellings (2012 Report, table GA.1; table G.1).

Table G.1 Housing and homelessness services sector, selected descriptive statistics, Australia, 2009-10^a

	<i>Net recurrent expenditure</i>	<i>No. units</i>	<i>No. households</i>
	<i>\$m</i>	<i>Dwellings ('000)^b</i>	<i>'000</i>
<i>Social housing</i>			
Public housing	2 230.7	333.4	325.7
SOMIH	113.6	12.0	11.5
Community housing	443.9	44.3	42.6
Indigenous community housing ^c	85.2	18.7	na
Total	2 873.5	408.4	379.7
<i>Homelessness services</i>			
	<i>\$m</i>	<i>Clients ('000)</i>	
	461.1	135.7	..
Total	3 334.6	..	..

^a Data may not be comparable across jurisdictions or service areas and comparisons could be misleading. Chapters 16 and 17 provide further information. ^b The total number of dwellings at 30 June. ^c Data for ICH are likely to be underestimated because complete data were not available for all jurisdictions. The number of ICH dwellings are 'funded, permanent dwellings'. **na** Not available. **..** Not applicable.

Source: Chapters 16 and 17; table GA.2; 2011 Report, table GA.1, 2012 Report, table G.1, p. G.6.

Commonwealth Rent Assistance

CRA is an Australian Government payment to people on low and moderate incomes who are renting in the private housing market, to assist with the cost of housing. It is a non-taxable income supplement, paid to income support recipients or people who receive more than the base rate of the Family Tax Benefit Part A, and who rent in the private market. CRA may be payable to people living in community housing or Indigenous community housing but it is not payable to people renting housing from State or Territory housing authorities (that is, people living in public housing and SOMIH), as housing authorities separately subsidise rent for eligible tenants.

Social and economic factors affecting demand for services

Research shows the pathways to homelessness are varied and complex. For Indigenous people, longitudinal factors (for example, influences from early childhood) can compound with situational factors, leading to homelessness. For young people, factors such as family conflict or abuse, drug use, unstable employment, participating in education and training, combining work and study, and financial pressure (for example, tension between paying rent, food and utility costs) can potentially lead to unstable housing and increase the risk of homelessness (Memmott and Chambers 2010; CHP 2005).

Service-sector objectives

The overarching service sector objectives in box G.3 draw together the objectives from each of the specific services (described in chapters 16 and 17), as well as reflecting the objectives set out in the NAHA.

Box G.3 Objectives for housing and homelessness services

The overarching objective of housing and homelessness services is that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation. Further, government services are to be provided in a collaborative, equitable and efficient manner.

The specific objectives of the services that comprise the housing and homelessness services sector are summarised below:

- *Social housing* aims to assist people unable to access alternative suitable housing options, through the delivery of affordable, appropriate, flexible and diverse social housing. Some forms of social housing specifically aim to contribute to Indigenous community wellbeing, by improving housing outcomes for Indigenous people, especially those living in remote communities (chapter 16).
- *Government funded specialist homelessness services* aim to provide transitional supported accommodation and a range of related support services, to help people who are homeless or at imminent risk of homelessness to achieve self-reliance and independence (chapter 17).

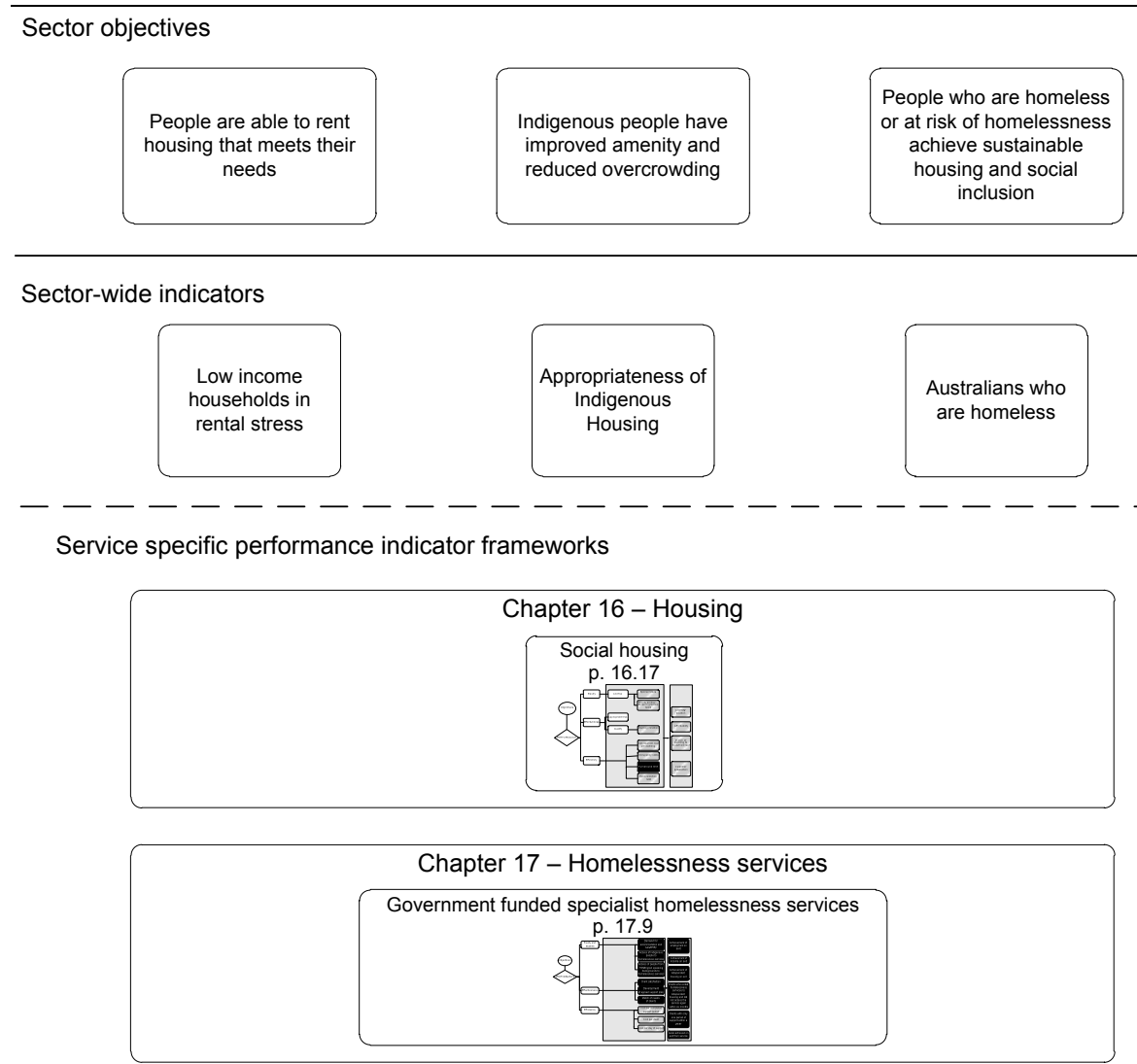
Source: COAG (2008), Chapters 16 and 17.

Sector performance indicator framework

This sector summary is based on a sector performance indicator framework (figure G.1). This framework is made up of the following elements:

- Sector objectives — three sector objectives are a précis of the key objectives of housing and homelessness services and reflect the outcomes in the NAHA. (box G.3).
- Sector-wide indicators — three sector-wide indicators relate to the overarching service sector objectives.

Figure G.1 Housing and homelessness services sector performance indicator framework



Source: 2012 Report, figure G.1, p. G.10.

Sector-wide indicators

This section includes high level indicators of housing and homelessness outcomes. Many factors are likely to influence these outcomes — not solely the performance of government services. However, these outcomes inform the development of appropriate policies and the delivery of government services.

Figure G.2 Proportion of overcrowded Indigenous households, 2008

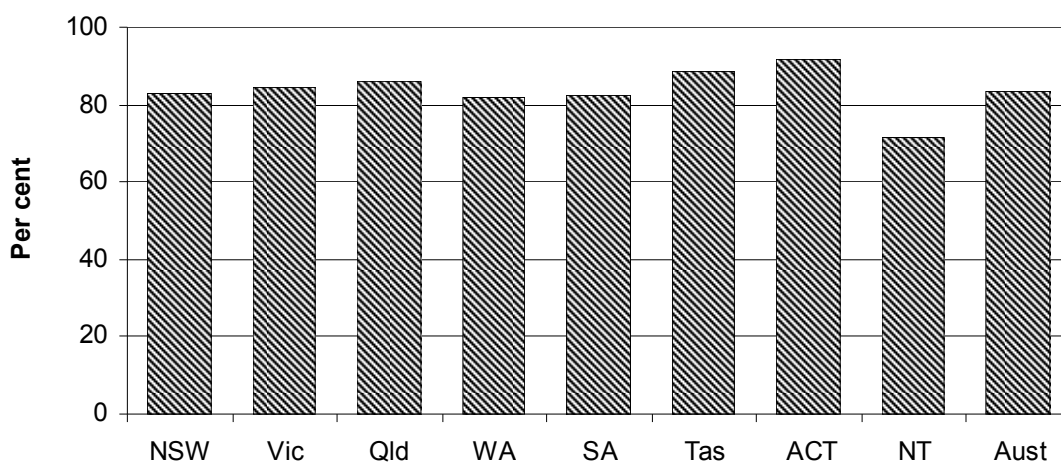


Source: ABS (unpublished) *National Aboriginal and Torres Strait Islander Social Survey 2008*; table GA.6, 2012 Report, figure G.3, p. G.13.

Indigenous households living in houses of an acceptable standard

A house is assessed as being of an acceptable standard if it has all four basic facilities working: for washing people; for washing clothes/bedding; for storing/preparing food; and sewerage; and not more than two major structural problems. In 2008, 83.2 per cent of Indigenous households were living in houses of an acceptable standard (figure G.3).

Figure G.3 Proportion of Indigenous households living in houses of an acceptable standard, 2008



Source: ABS (unpublished) *National Aboriginal and Torres Strait Islander Social Survey 2008*; table GA.7, 2012 Report, figure G.4, p. G.13.

Service-specific performance indicator frameworks

Indigenous reporting on service-specific performance indicator frameworks for social housing (chapter 16) and government funded specialist homelessness services – SAAP (chapter 17) are in the subsequent chapters of this Compendium.

List of attachment tables

Attachment tables for data within this sector summary are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a ‘GA’ prefix (for example, table GA.1 is table 1 in the Housing and homelessness summary attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

Table GA.1	Australian Government nominal expenditure relating to the National Affordable Housing Agreement (NAHA) and Nation Building Economic Stimulus Package (\$million)
Table GA.2	Housing and homelessness services sector, descriptive statistics, Australia, 2009-10
Table GA.3	Social housing descriptive statistics, 2009-10
Table GA.6	Proportion of Indigenous households living in overcrowded conditions
Table GA.7	Proportion of Indigenous households living in houses of an acceptable standard

Appendix – Private housing market contextual information

Housing market demand, supply and affordability

The private housing market encompasses rented accommodation, home ownership and housing investment. A range of factors influence demand and supply in the private housing market:

- Factors affecting the demand for housing include population growth, household income and employment, investor demand, household preferences for size, quality and location of housing, the price and availability of housing, government taxes, concessions and transfers, and the cost and availability of finance (NHSC 2010).
- Factors affecting the supply of housing include land tenure arrangements, land release and development processes, construction and infrastructure costs,

government taxes, concessions and transfers, and the availability and price of land (NHSC 2010). The availability of credit to finance the development of new housing can also affect the supply of housing (RBA 2009).

An efficient housing market refers to achieving a balance between housing supply and demand (CRC 2010, p. 75). Nationally in 2009, there was an estimated cumulative gap between underlying demand for housing and housing supply, as a proportion of growth in underlying demand, of 14.7 per cent. A estimated 178 400 dwellings were required in Australia to meet growth in demand (NHSC 2010: tables 7.2 and 7.3).

Housing affordability

A shortage of affordable housing is likely to affect demand for housing and homelessness services. Governments provide support to ensure people can access affordable rental housing, either in the private market or in social housing, and many governments provide support to those purchasing houses, particularly first home buyers (box G.5).

Box G.5 Government assistance for affordable housing

A range of government initiatives and programs are designed to help households to pay for housing, and to increase the supply of affordable housing. These initiatives include:

- direct assistance to first home buyers through schemes such as the First Home Owners Grant and the First Home Owners Boost. These schemes are funded by the Australian Government and administered by State and Territory governments
- funding for Indigenous home ownership programs (the Home Ownership Program funded and administered by Indigenous Business Australia and the Home Ownership on Indigenous Land Program jointly funded by FaHCSIA and IBA)
- stamp duty concessions or exemptions for first home buyers
- incentives to save for first home ownership through First Home Saver Accounts
- State and Territory Government funding to assist low income households with home purchases or mortgage repayments
- Commonwealth Rent Assistance paid on an ongoing basis to income support and family tax benefit recipients in the private rental market
- funding for provision and management of social (public and community) housing and related reforms through the National Affordable Housing Agreement
- incentives for institutional investors and community housing providers to build new affordable rental properties
- Commonwealth, State and Territory land and planning measures to increase the supply of affordable housing
- Housing Affordability Fund grants to improve planning and infrastructure provision.

Source: Australian, State and Territory Governments (unpublished).

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- CHP (Council to Homeless Person) 2005, *Contextualising young people: Implications for young people experiencing homelessness*, Strategic Policy Background Paper, Melbourne, www.chp.org.au/public_library/items/2005/03/00052-upload-00001.doc (accessed 11 October 2011).

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Homelessness Australia, 2010, *About homelessness*, www.homelessnessaustralia.org.au/site/definitions.php (accessed 11 October 2011).

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NHSC (National Housing Supply Council), 2010, *2nd State of Supply Report*, Commonwealth of Australia, Canberra.

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16 Housing

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 16A.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 16.1' this is page 1 of chapter 16 of the 2012 Report, and '2012 Report, table 16A.1' is attachment table 1 of attachment 16A of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Housing chapter (chapter 16) in the *Report on Government Services 2012* (2012 Report) reports on the performance of social housing services in each Australian State and Territory. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

Governments play a significant role in the Australian housing market, directly through housing assistance and indirectly through policies associated with land planning and taxation. Direct assistance includes public and community housing, home purchase and home ownership assistance, Indigenous housing and rent assistance. Governments provide housing assistance because many Australian households face problems in acquiring or accessing suitable private accommodation — either through renting from a private landlord or through owner occupation — for reasons of cost, discrimination, availability, location and/or adequacy. The Australian, State and Territory governments share responsibility for housing assistance.

The chapter focuses on the performance of governments in providing social housing, which broadly encompasses public housing, State owned and managed Indigenous housing, community housing, and Indigenous community housing. These services are outlined in box 16.1.

Box 16.1 **Forms of social housing**

Social housing is rental housing provided by not-for-profit, non-government or government organisations to assist people who are unable to access suitable accommodation in the private rental market. The forms of social housing included in this Report are:

- *Public housing* (PH): dwellings owned (or leased) and managed by State and Territory housing authorities to provide affordable rental accommodation.
- *State owned and managed Indigenous housing* (SOMIH): dwellings owned and managed by State housing authorities that are allocated only to Indigenous households.
- *Community housing* (CH): rental housing provided for low to moderate income or special needs households, managed by community-based organisations that have received a capital or recurrent subsidy from government. Community housing models vary across jurisdictions, and the housing stock may be owned by a variety of groups including government.
- *Indigenous community housing* (ICH): dwellings owned or leased and managed by ICH organisations and community councils in major cities, regional and remote areas. Indigenous community housing models vary across jurisdictions and can also include dwellings funded or registered by government.

Crisis and transitional housing is an additional form of social housing, but it is not separately identified in this Report. Crisis and transitional housing might be indirectly reported through the other forms of social housing described above.

Social housing is provided under the National Affordable Housing Agreement (NAHA). The NAHA is the overarching agreement between Australian, State and Territory governments for providing assistance to improve housing outcomes for Australian people. Prior to commencement of the NAHA on 1 January 2009, social housing was provided under the Commonwealth State Housing Agreement (CSHA) (box 16.2).

Box 16.2 National Affordable Housing Agreement and Commonwealth State Housing Agreement

The NAHA came into effect on 1 January 2009 and is a broad, ongoing agreement that provides a framework to improve housing affordability and homelessness outcomes for Australians. The objective of the NAHA is that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation (COAG 2009).

In relation to housing assistance, the parties to the NAHA agreed to a range of outcomes, including:

- providing social housing; assistance to people in the private rental market; and home purchase assistance
- improving coordination across housing related programs to make better use of existing housing stock and assets
- improving the integration between housing and human services, including health and disability services.

The CSHA, which concluded on 31 December 2008, was 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 the agreement was to provide appropriate, affordable and secure housing for those who most need it, for the duration of their need. It included bilateral agreements between the Australian and each State and Territory government and an overarching multilateral agreement.

Source: FaCS (2003); COAG (2009).

The chapter also includes descriptive information on Commonwealth Rent Assistance (CRA). CRA makes an important contribution to achieving the NAHA outcomes for housing affordability.

Indigenous data in the Housing chapter

The Housing chapter of the 2012 Report and its corresponding attachment tables contain the following data items on Indigenous people:

- State owned and managed Indigenous housing (SOMIH):
 - descriptive data
 - low income households as a proportion of all new households
 - proportion of new tenancies allocated to households with special needs
 - greatest need allocations as a proportion of all new allocations

-
- net recurrent cost per dwelling
 - occupancy rates
 - average turnaround time
 - rent collection rate
 - proportion of tenants rating their current home as meeting their amenity and location needs
 - proportion of customers very satisfied, satisfied or dissatisfied
 - average weekly subsidy per rebated household
 - proportion of households with overcrowding
 - Indigenous community housing:
 - Descriptive data
 - dwelling condition
 - net recurrent cost per dwelling
 - occupancy rates
 - rent collection rate
 - proportion of households with overcrowding
 - proportion of households with moderate overcrowding or underutilisation
 - CRA:
 - Number and proportion of income units receiving CRA, by income unit type
 - income units receiving CRA, by geographic location
 - proportion of income units receiving CRA paying more than 30 per cent and 50 per cent of income on rent, with and without CRA
 - rebated SOMIH households paying assessable income on rent, by proportion of income
 - Descriptive information:
 - SOMIH housing policy context

Housing assistance not reported

This chapter does not cover some Indigenous specific housing and infrastructure assistance (such as the Home Ownership Program funded and administered by Indigenous Business Australia (IBA) and the Home Ownership on Indigenous Land Program jointly funded by FaHCSIA and IBA).

Profile of housing assistance

Service overview

The Australian Bureau of Statistics (ABS) Survey of Income and Housing 2009-10 identified 8.4 million households in Australia, where 'household' is classified as 'a person living alone' or as a group of people who usually live in the same private dwelling (ABS 2011). Of these households, 68.8 per cent owned or were purchasing their own home, 23.7 per cent rented in the private sector, and 3.9 per cent rented from public rental accommodation (2012 Report, table 16A.77).

The composition of Australian households is changing. There are 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 2006, while the proportion of single person households increased from 18.1 per cent to 24.4 per cent over this period (ABS 2007).

The average Indigenous household is larger than the average non-Indigenous household. In 2006, the average household with at least one Indigenous person was 3.4 people, whereas the average non-Indigenous household was 2.6 people (ABS 2007).

Roles and responsibilities

Australian, State and Territory governments share responsibility for housing assistance provided under the NAHA, as they did under the CSHA. Each level of government has different roles and responsibilities:

- The Australian Government influences the housing market through direct and indirect means, including providing CRA, home purchase assistance, financial sector regulations and taxation.
- State and Territory governments administer and deliver housing services, such as public housing, community housing, SOMIH and other Indigenous housing. They also provide financial support to renters through private rental assistance and to buyers through home purchase assistance, and some jurisdictions provide home lending programs. State and Territory governments are also responsible for land use and supply policy, urban planning and development policy, housing-related taxes and charges (such as land taxes and stamp duties) and residential tenancy legislation and regulation.

- Local governments are responsible for building approval, urban planning and development processes and may be involved in providing community housing.

Government funding and expenditure

Australian, State and Territory government recurrent expenditure on housing assistance was at least \$8.2 billion in 2010-11. This included Australian Government expenditure of \$3.1 billion for CRA and State and Territory government net recurrent expenditure of \$5.0 billion on social housing (tables 16A.1 and 16A.54).

In addition to CRA expenditure, the Australian Government also provided \$2.0 billion in 2010-11 to State and Territory governments for housing assistance through the National Affordable Housing Specific Purpose Payment (NAH SPP) and related National Partnership agreements, of which \$675.0 million was provided for remote Indigenous housing (2012 Report, table GA.1). NAH SPP funding is outcome based and not tied to specific programs, and Australian Government funding is reflected in data for State and Territory government net recurrent expenditure.

State and Territory government net recurrent expenditure on social housing was \$5.0 billion in 2010-11, increasing from \$4.4 billion in 2009-10 (2010-11 dollars) (table 16.1). In 2010-11, this expenditure included \$2.3 billion for public housing and \$92.4 million for SOMIH (2012 Report, table 16A.1).

Table 16.1 State and Territory government net recurrent expenditure on social housing (\$million) (2010-11 dollars)^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</i>
2009-10	1 327.0	999.6	639.3	595.0	347.6	111.3	100.1	320.8	4 440.7
2010-11	2 066.9	903.0	648.6	567.7	334.2	112.6	95.2	290.8	5 019.0

^a The Australian Government provides funding to State and Territory governments for social housing assistance which is included in State and Territory government expenditure data.

Source: State and Territory governments (unpublished); table 16A.2; 2012 Report, table 16.1, p. 16.6.

Governments provide funding for the construction of social housing dwellings. The Australian Government provided \$1.3 billion for the social housing initiative component of the Nation Building Economic Stimulus Package, to aid the construction of new social housing dwellings, and repairs and maintenance of existing dwellings in 2010-11 (2012 Report, table GA.1). State and Territory government capital expenditure for social housing was \$4.1 billion in 2010-11,

which was partly funded by the Australian Government through the NAH SPP and the Nation Building Economic Stimulus Package (table 16A.1).

Size and scope

State owned and managed Indigenous housing

State owned and managed Indigenous housing dwellings are defined as those rental housing dwellings owned and managed by government and allocated only to Indigenous Australians (AIHW 2006). They include dwellings managed by government Indigenous housing agencies for allocation to Indigenous tenants. At 30 June 2011, there were 9564 households occupying 9820 SOMIH dwellings nationally (tables 16A.3 and 16A.4).

SOMIH is partly funded under the NAHA, but because NAHA funding is not tied to specific programs, the amount attributed to SOMIH cannot be separately identified. In 2010-11, State and Territory government net recurrent expenditure on SOMIH was \$92.4 million nationally (table 16A.1).

The SOMIH program does not operate in all jurisdictions. In 2010-11, SOMIH is reported for NSW, Qld, SA and Tasmania.

- In NSW, a separate statutory organisation — the Aboriginal Housing Office (AHO) — is responsible for planning, administering and expanding policies, programs and the asset base for Aboriginal housing.
- In Victoria, the SOMIH program ended on 30 September 2010, when management of tenancies in SOMIH properties was transferred to Aboriginal Housing Victoria. These dwellings are now classified as Indigenous community housing. A small number of SOMIH tenants and properties transferred to public housing. No SOMIH dwellings are reported for Victoria for 2009-10 onwards.
- In WA, from 2010-11 SOMIH dwellings ceased to be funded separately and were combined with public housing. In 2010-11, SOMIH dwellings in WA are reported as public housing.
- The ACT does not have a separately identified or funded Indigenous housing program. Social housing assistance for Indigenous people is provided through public housing and Indigenous community housing.
- In the NT, Indigenous housing was provided through community housing (prior to 2010-11) or public housing (2010-11 onwards). During 2008-09, approximately 4000 dwellings were transferred from Indigenous housing to

remote public housing. These dwellings are not included in either the community housing data collection or the public housing data collection.

Indigenous community housing

Indigenous community housing is housing funded by Australian, State and Territory governments that is generally managed and delivered by ICH organisations (although some ICH dwellings are managed by State and Territory housing authorities). The commencement of the NAHA on 1 January 2009 resulted in changes to the funding and administrative arrangements for ICH.

Under the CSHA, the Australian Government funded ICH through the Aboriginal Rental Housing Program (ARHP), Community Housing and Infrastructure Program (CHIP) and the National Aboriginal Health Strategy. State and Territory governments also provided funding for ICH under the CSHA. ICH was administered by the Australian Government in Victoria, Queensland and Tasmania. State and Territory governments administered ICH in all jurisdictions (including Victoria and Queensland), except Tasmania.

From 1 January 2009, ICH was funded through the NAHA and the associated National Partnership Agreement on Remote Indigenous Housing (NPA RIH), and delivered by State and Territory governments. In 2010-11, the Australian Government provided funding of \$675.0 million for ICH through the NPA RIH, though some of this funding was allocated to other forms of social housing (2012 Report, table GA.1). State and Territory governments assumed responsibility for administering ICH in urban and regional areas, and arrangements varied across jurisdictions. Some ICH dwellings were transferred to other social housing programs.

ICH data for 2009-10 include only funded dwellings, whereas data for previous years included funded and unfunded dwellings.¹

Descriptive information on ICH is contained in attachment table 16A.8.

Commonwealth Rent Assistance (CRA)

Data on the number and proportion of Indigenous income units receiving CRA by income unit type are presented in tables 16A.28 to 16A.32.

¹ In NSW, data reflect those ICH organisations and dwellings registered with the NSW government.

Diversity of State and Territory government social housing

State and Territory governments have similar broad objectives for providing social housing. Individual jurisdictions, however, emphasise different objectives depending on their historical precedents and ways of interacting with community sector providers. Jurisdictions also have different private housing markets. These differences lead to a variety of policy responses and associated forms of assistance. It is important to consider the various assistance provided in each State and Territory, the differences in urban, regional and remote area concentration, and the various eligibility criteria for the different assistance types when analysing performance information. Some information on the context for public housing and SOMIH are included in tables 16A.82 and 16A.83.

Urban, regional and remote concentrations

The proportion of social housing located in urban, regional and remote areas, for SOMIH, using the Australian Standard Geographical Classification remoteness area structure (ASGC remoteness areas), is shown in table 16.2. Data for Indigenous community housing may be included in future reports.

Table 16.2 Regional and remote area concentrations of social housing, at 30 June 2011 (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>	<i>Aust</i>
<i>Public housing</i>									
Major cities	83.5	72.3	67.1	66.8	77.3	..	99.9	..	72.7
Inner regional	13.3	22.5	16.4	9.8	6.7	73.3	0.1	..	15.8
Outer regional	2.9	5.1	14.3	10.6	14.1	26.0	..	70.6	9.0
Remote	0.2	–	1.7	8.3	1.8	0.5	..	25.8	1.8
Very remote	–	..	0.5	4.5	0.2	0.2	..	3.6	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<i>SOMIH</i>									
Major cities	43.4	..	13.5	..	60.6	..	..	..	34.8
Inner regional	32.1	..	18.7	..	7.8	82.9	..	..	24.7
Outer regional	18.9	..	39.9	..	18.2	17.1	..	..	26.0
Remote	4.8	..	10.4	..	5.2	–	..	..	6.6
Very remote	0.7	..	17.5	..	8.2	–	..	..	7.9
Total	100.0	..	100.0	..	100.0	100.0	..	..	100.0
<i>Community housing</i>									
Major cities	66.9	75.5	50.1	68.4	85.6	..	99.7	..	65.7
Inner regional	26.4	20.8	23.2	12.1	8.2	71.1	0.3	..	22.3
Outer regional	6.6	3.6	19.9	11.3	4.8	27.8	..	48.0	9.4
Remote	0.1	0.1	2.9	6.4	1.3	1.1	..	50.2	1.7
Very remote	–	..	3.9	1.7	0.1	–	..	1.8	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

^a Further information pertinent to these data is provided in tables 16A.5–16A.7. Data are calculated as the proportion of total dwellings. **na** Not available. **..** Not applicable. **–** Nil or rounded to zero.

Source: AIHW (unpublished); tables 16A.5–16A.7; 2012 Report, table 16.2, p.16.12.

Eligibility criteria for access to social housing

Eligibility criteria for access to social housing varies across the forms of social housing and across jurisdictions.

Eligibility criteria for access to SOMIH are generally consistent with those for public housing (table 16A.83), once an applicant has been confirmed as Indigenous. Terms of tenure are the same as those for public housing for most jurisdictions.

Waiting lists

All State and Territory governments prioritise access to social housing by segmenting their waiting lists in some way. Segments are defined differently across jurisdictions, but generally reflect urgent need to avoid homelessness and an inability to access appropriate private market accommodation.

The management of waiting lists varies across jurisdictions. NSW, Queensland, WA, ACT and the NT have adopted an integrated social housing waiting list and do not segment by public housing, SOMIH and community housing. Progress towards adopting an integrated waiting list varies for the remaining jurisdictions. For this report, data for integrated waiting lists are not yet available and waiting list data are reported separately for public housing, SOMIH and community housing.

Commonwealth Rent Assistance

Commonwealth Rent Assistance (CRA) is a non-taxable income support payment provided by the Australian Government to people on low incomes who are renting in the private market, to assist with the cost of housing. It is payable to recipients of income support payments or people who receive more than the base rate of the Family Tax Benefit Part A, who rent in the private market and whose rent is above a minimum threshold.

Private rent includes rent paid under both formal tenancy agreements and informal arrangements, such as board and lodging paid to a family member. It can also include mooring and site fees (for boats and caravans) and payments for retirement village services.

Eligible people living in community housing or Indigenous community housing may receive CRA. People living in public housing and SOMIH and renting from State or Territory housing authorities are not eligible to receive CRA, but may receive other rental assistance. State and Territory governments provide rental assistance through their housing authorities.

Framework of performance indicators

The performance indicator framework provides information on equity, efficiency and effectiveness, distinguishes the outputs and outcomes and reflects the objectives of social housing (box 16.3). A single social housing framework is presented in the 2012 Report, replacing the separate performance indicator frameworks for public housing, SOMIH, community housing and Indigenous community housing that were presented in previous Reports.

COAG has agreed six National Agreements to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services, (see chapter 1 of the 2012 Report for more detail on reforms to federal financial relations). The NAHA includes a set of performance indicators, for which the Steering Committee collates annual performance information for analysis by the

COAG Reform Council (CRC). Performance indicators reported in this chapter are aligned with relevant performance indicators in the NAHA.

Different delivery contexts and locations influence the equity, effectiveness and efficiency of social housing. The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (2012 Report, appendix A).

Box 16.3 Objectives for social housing

Social housing aims to assist people unable to access alternative suitable housing options through the delivery of affordable, appropriate, flexible and diverse social housing. Some forms of social housing aim specifically to contribute to Indigenous community wellbeing by improving housing outcomes for Indigenous people, especially those living in remote communities.

The NAHA and previously the CSHA provide the overarching framework for the delivery of social housing in Australia:

- The objective of the NAHA is that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation.
- The guiding principles of the CSHA (2003) included maintaining a social housing sector and providing appropriate housing assistance, improving housing outcomes for Indigenous people, improving links with other programs and support to people with complex needs, promoting social and economic participation, managing housing programs efficiently and effectively, ensuring cooperative relationships between levels of governments, and promoting a national approach to affordable housing.

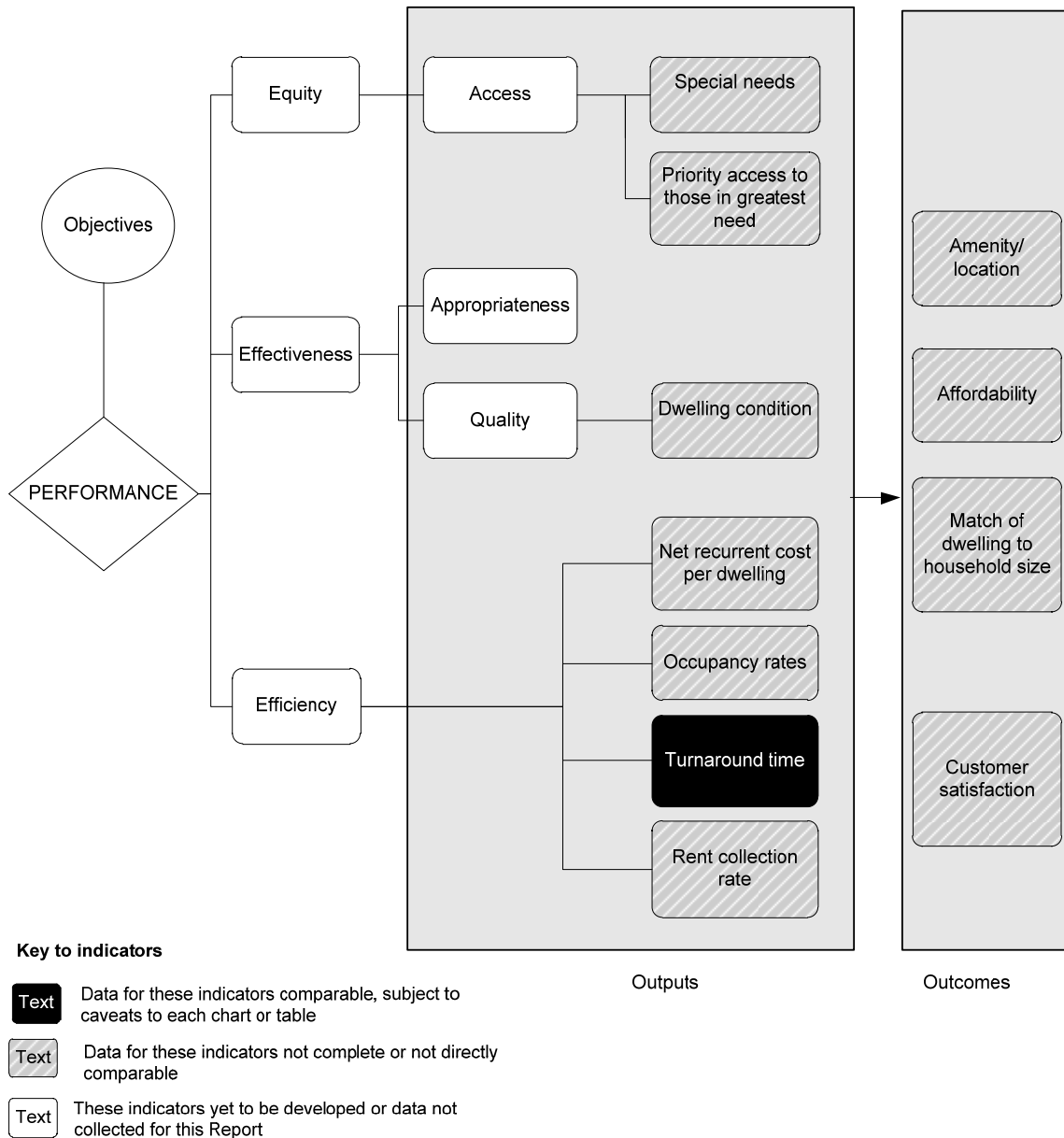
Source: FaCS (2003); COAG (2009).

The Housing performance indicator framework outlined in figure 16.1 identifies the principal housing services activity areas considered in the 2012 Report. Data for Indigenous people are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Indicator boxes presented throughout the chapter provide information about the reported indicators. As these are sourced directly from the 2012 Report, they may

include references to data not reported for Indigenous people and therefore not included in this Compendium.

Figure 16.1 Social housing performance indicator framework



Source: 2012 Report, figure 16.1, p. 16.17.

Key performance indicator results

Generally, performance indicator results are comparable between public housing and SOMIH. Public housing and SOMIH results are not comparable to Indigenous community housing because of differences in data quality, timing and coverage.

Data presented in the 2012 Report are collected from a variety of sources and the quality and coverage of each collection varies.

- Public housing and SOMIH data are sourced from State and Territory government unit record collections, and are complete and comparable. Victoria (from 2009-10), WA (from 2010-11), the ACT and the NT are not included in the SOMIH data collection.
- Indigenous community housing data are a combination of administrative data and survey data collected from Indigenous community housing organisations. Complete data for all jurisdictions are not available, and Indigenous community housing data should be interpreted with caution. Details for all ICH dwellings were not known and ICH data reflect only those dwellings for which details were known. ICH data are not reported for a number of the social housing performance indicators due to issues with data quality and availability.

Some descriptive data on public housing are included in table 16A.5 and descriptive data on SOMIH are included in table 16A.6. Descriptive data for Indigenous community housing is included in table 16A.8.

Outputs

The following indicators measure the outputs of social housing. Outputs are the services delivered, while outcomes are the impact of those services on the status of an individual or group (see 2012 Report, chapter 1, section 1.5).

Equity — access

Special needs

‘Special needs’ is an indicator of governments’ objective to provide appropriate, affordable and secure housing assistance to people who are unable to access suitable housing (box 16.4).

Box 16.4 Special needs

‘Special needs’ for SOMIH are defined as the proportion of households that have either a household member with disability or a principal tenant aged 24 years or under, or 50 years or over.

A high or increasing proportion indicates a high degree of access by these special needs households.

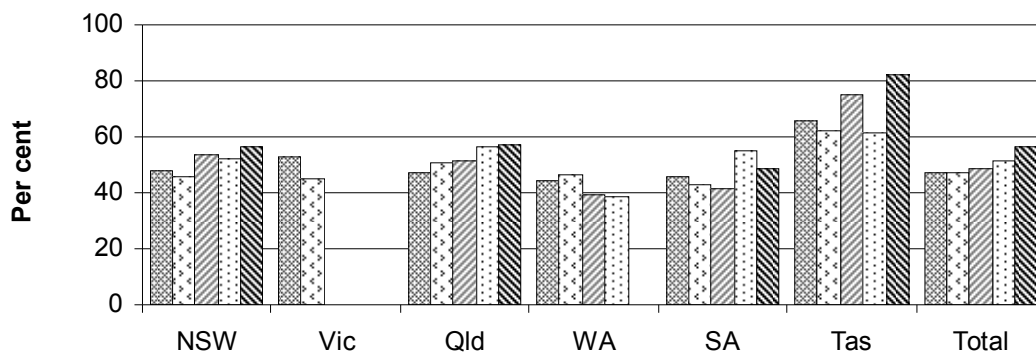
Data for this indicator are reported for public housing, SOMIH and community housing. Data comparability and completeness vary for this indicator. Data reported:

- are not comparable across public housing, SOMIH and community housing
- for public housing and SOMIH are comparable across jurisdictions, but not over time
- for community housing are neither comparable nor complete.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally in 2010-11, 56.4 per cent of new tenancies for SOMIH were allocated to households with special needs, increasing from 47.4 per cent in 2006-07 (figure 16.2).

Figure 16.2 **New tenancies allocated to households with special needs — SOMIH (per cent)^{a, b}**



^a Data may not be comparable across jurisdictions and over time and comparisons could be misleading. Tables 16A.10 provide further information. ^b There are no SOMIH data reported for Victoria (from 2009-10) or WA (2010-11) as SOMIH was transferred to other housing programs.

Source: AIHW (unpublished); AIHW (various years) *CSHA national data report*; AIHW (various years) *Housing assistance in Australia* (Cat. no. HOU 236); table 16A.10; 2012 Report, figure 16.2, p. 16.20.

Priority access to those in greatest need

‘Priority access to those in greatest need’ is an indicator of governments’ objective to provide appropriate, affordable and secure housing to assist people who are unable to access suitable housing. This indicator provides information on whether allocation processes ensure that those in greatest need have priority access to housing (box 16.5).

Box 16.5 Priority access to those in greatest need

‘Priority access to those in greatest need’ is defined as the proportion of new allocations of housing to those in greatest need. Greatest need households are defined as households that at the time of allocation are either 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.

The following measures are reported:

- the proportion of new allocations that were to households in greatest need
- the proportion of new allocations to those in greatest need that were waiting for periods of less than three months; three months to less than six months; six months to less than one year; one year to less than two years; two years or more. These percentages are not cumulative because time to allocation reflects greatest need allocations as a percentage of all new allocations for the time period.

High or increasing values for these measures, particularly for short time frames, indicate a high degree of access for those households in greatest need.

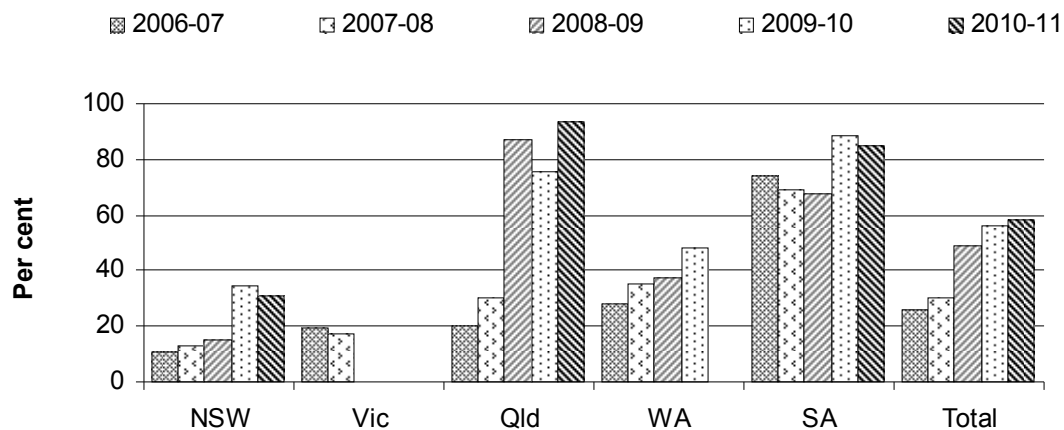
Data for this indicator are reported for public housing, SOMIH and community housing. Data comparability and completeness vary for this indicator. Differences in State and Territory housing assessment policies and community housing allocation policies can influence comparability for this indicator. Data reported:

- for public housing and SOMIH are comparable across jurisdictions, but not over time
- for community housing are neither comparable nor complete.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally in 2010-11, 58.6 per cent of new SOMIH allocations were to those households in greatest need (figure 16.3).

Figure 16.3 Proportion of new allocations to those in greatest need — SOMIH^{a, b}



^a Data may not be comparable across jurisdictions and over time and comparisons could be misleading. Table 16A.13 provides further information. ^b There are no SOMIH data reported for Victoria (from 2009-10) or WA (2010-11) as SOMIH was transferred to other housing programs. Data for Tasmania were not available. ^c Data for the NT are not available.

Source: AIHW (unpublished); AIHW (various years) *CSHA national data report*; AIHW (various years) *Housing assistance in Australia* (Cat. no. HOU 236); table 16A.13; 2012 Report, figure 16.3, p. 16.22.

Table 16.3 presents information on the proportion of new SOMIH allocations made to households in greatest need for the year ending 30 June 2011, within particular timeframes. Nationally, of all new households that were allocated SOMIH within three months at 30 June 2011, 73.6 per cent were households in greatest need.

Table 16.3 Proportion of new allocations to those in greatest need, for year ending 30 June 2011^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</i>
<i>Public housing</i>									
Under 3 months	77.7	79.8	95.4	64.4	87.3	93.5	96.7	31.3	83.1
3 < 6 months	80.5	74.4	94.7	84.3	85.0	99.4	91.9	39.1	84.0
6 months to < 1 year	78.6	74.7	90.2	75.9	83.3	98.9	93.0	69.1	82.1
1 < 2 years	67.4	75.8	89.9	79.1	81.9	99.0	91.7	62.8	77.9
2+ years	40.8	49.2	82.9	35.9	50.6	91.9	88.7	34.3	46.2
Overall	66.2	73.1	92.1	61.2	80.1	96.2	92.5	45.2	74.7
<i>SOMIH</i>									
Under 3 months	41.0	..	97.3	..	86.4	na	..	..	73.6
3 < 6 months	33.8	..	94.4	..	100.0	na	..	..	61.4
6 months to < 1 year	36.3	..	91.3	..	83.3	na	..	..	60.5
1 < 2 years	24.7	..	86.0	..	100.0	na	..	..	48.1
2+ years	18.7	..	90.9	..	53.3	na	..	..	27.3
Overall	31.2	..	93.6	..	84.6	na	..	..	58.6

^a Further information pertinent to these data is provided in tables 16A.12 and 16A.13. **na** Not available.
.. Not applicable

Source: AIHW (unpublished); 2012 Report, table 16A.12 and table 16A.13; 2012 Report, table 16.4, p. 16.23.

Effectiveness — quality

Dwelling condition

‘Dwelling condition’ is an indicator of governments’ objective to provide quality housing (box 16.6).

Box 16.6 Dwelling condition

‘Dwelling condition’ is defined as the proportion of Indigenous community housing dwellings in poor condition and in need of major repair or replacement. It is measured as the number of permanent Indigenous community housing dwellings in need of either major repair or replacement as a percentage of the total number of permanent dwellings.

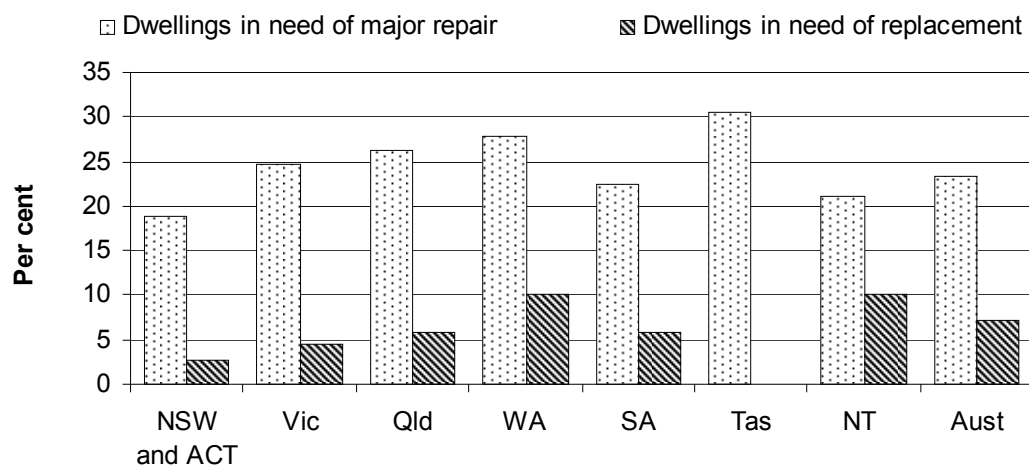
A low or decreasing proportion suggests higher housing quality.

Data for this indicator are reported for Indigenous community housing. No data are available for other forms of social housing for the 2012 Report.

Data reported for this indicator are comparable. Data quality information for this indicator is under development.

Nationally in 2006, 23.4 per cent of Indigenous community housing dwellings were in need of major repair and 7.2 per cent of dwellings were in need of replacement (figure 16.4).

Figure 16.4 Proportion of Indigenous community housing dwellings in need of major repair and dwellings in need of replacement, 2006^a



^a The proportion of dwellings in need of replacement in Tasmania was nil, or rounded to zero.

Source: ABS (2007) *Housing and Infrastructure in Aboriginal and Torres Strait Islander Communities 2006*; table 16A.15; 2012 Report, figure 16.4, p. 16.24.

Efficiency

Net recurrent cost per dwelling

‘Net recurrent cost per dwelling’ is an indicator of governments’ objective to undertake efficient and cost effective management (box 16.7).

Box 16.7 Net recurrent cost per dwelling

'Net recurrent cost per dwelling' is defined as the cost of providing assistance per dwelling — total recurrent expenses (including administration and operational costs), divided by the total number of dwellings.

Measures are reported for public housing, SOMIH, community housing and Indigenous community housing. Net recurrent cost per dwelling for public housing is reported, both including and excluding the cost of capital. Reporting for SOMIH and Indigenous community housing excludes the cost of capital.

The total number of dwellings for Indigenous community housing is the number of permanent dwellings.

Holding other factors equal, a low or decreasing net recurrent cost per dwelling suggests an improvement in efficiency.

Cost per dwelling measures do not provide any information on the quality of service provided (for example, the standard of dwellings).

Data comparability and completeness vary for this indicator. Data reported:

- for public housing and SOMIH are comparable
- for community housing and Indigenous community housing are neither comparable nor complete

Some data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

The cost incurred by jurisdictions in providing social 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 cost of capital (the cost of the funds tied up in the capital used to provide social housing).

Due to a high level of capital expenditure in housing, cost per dwelling is predominantly driven by the cost of capital. Caution must therefore be used when interpreting the indicator because the cost of capital and service delivery models differ across jurisdictions.

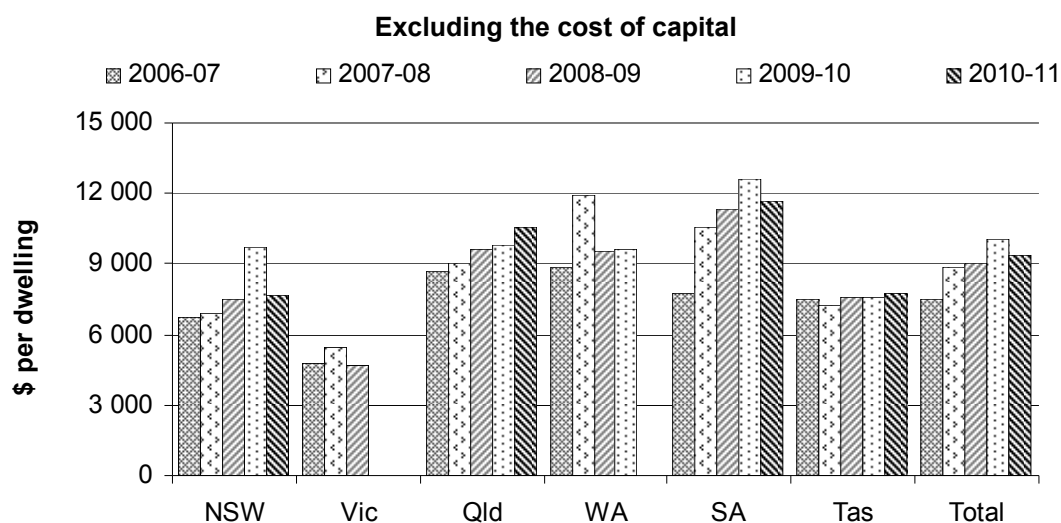
Capital cost data for SOMIH are not available for this Report. Nationally, the net recurrent cost of providing assistance (excluding the cost of capital) per dwelling

for SOMIH was \$9410 in 2010-11 (figure 16.5). Table 16A.18 of the 2012 Report contains data for the years 2001-02 to 2010-11.

As with other indicators, it is not appropriate to compare the net recurrent cost per dwelling for public housing with that for SOMIH, because:

- there is greater scope for economies of scale in administration costs with public housing, which is a much larger program overall
- SOMIH dwellings are slightly more concentrated in regional and remote areas, where the cost of providing housing assistance is potentially greater
- the need to construct culturally appropriate housing (possibly requiring different amenities) can affect the cost per dwelling
- different cost structures can apply to the programs. For example, construction of dwellings under SOMIH can involve a skills development element to allow for training of Indigenous apprentices in regional areas.

Figure 16.5 Net recurrent cost per dwelling — SOMIH (2010-11 dollars)^{a, b, c}



^a Data may not be comparable across jurisdictions and over time and comparisons could be misleading. Table 16A.18 provides further information. ^b Data are presented in real dollars based on the ABS Gross Domestic Product price deflator (index) (2010-11 = 100) (table AA.39). ^c There are no SOMIH data reported for Victoria (from 2009-10) or WA (2010-11) as SOMIH was transferred to other housing programs.

Source: State and Territory governments (unpublished); table 16A.18; 2012 Report, figure 16.6, p. 16.28.

Nationally in 2009-10, the net recurrent cost per Indigenous community housing dwelling was \$7491 (table 16.4). However, complete data were not available for all jurisdictions, and these figures may be an underestimate.

Table 16.4 Net recurrent cost per dwelling (excluding the cost of capital) — Indigenous community housing (2009-10 dollars)^{a, b, c}

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus Gov ^d	Aust
2005-06	8 014	..	na	na	7 397	..	25 766	652	7 916	na
2006-07	8 675	..	3 576	na	3 553	..	na	na	na	5 439
2007-08	6 890	3 151	7 131	13 773	2 697	..	7 139	na	8 264	7 808
2008-09	5 992	5 907	3 709	6 345	3 279	..	10 098	na	7 508	5 261
2009-10	14 226	8 991	4 479	6 800	3 967	10 812	na	na	..	7 491

^a Data may not be comparable across jurisdictions and over time and comparisons could be misleading. Table 16A.20 provides further information. ^b Data were presented in current prices based on the ABS Gross Domestic Product price deflator (index) (2009-10 = 100) (table AA.39). ^c Results for this indicator are based on the total number of dwellings for which details were known (not the total number of dwellings). ^d Contains data from Victoria, Queensland and Tasmania not published separately, and includes dwellings managed by funded and unfunded organisations responding to the FaHCSIA survey. **na** Not available. **..** Not applicable.

Source: AIHW (2011) *Housing Assistance in Australia* (Cat No. HOU 236); AIHW (various years) *Indigenous Community Housing*; table 16A.20; 2012 Report, table 16.5, p. 16.29.

Occupancy rate

‘Occupancy rate’ is an indicator of governments’ objective to ensure efficient housing utilisation (box 16.8).

Box 16.8 Occupancy rate

‘Occupancy rate’ is defined as the proportion of dwellings occupied. The term ‘occupied’ refers to rental housing stock occupied by tenants who have a tenancy agreement with the relevant housing authority (for public housing and SOMIH) or community housing organisation (for Indigenous community housing).

A high or increasing proportion suggests greater efficiency of housing utilisation.

Occupancy is influenced by both turnover and housing supply and demand.

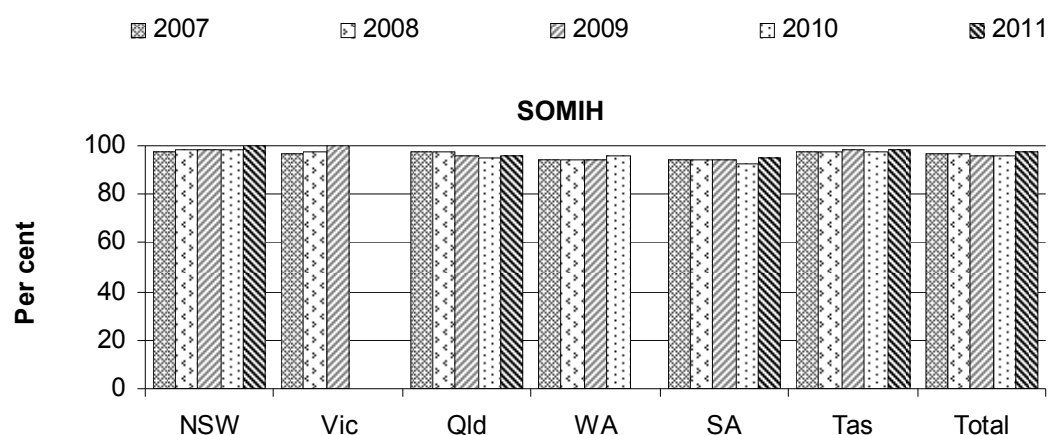
Data for this indicator are reported for public housing, SOMIH and Indigenous community housing. Data comparability and completeness vary for this indicator. Data reported:

- for public housing and SOMIH are comparable
- for community housing and Indigenous community housing are neither comparable nor complete.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally at 30 June 2011, the proportion of total rental stock occupied was 97.4 per cent for SOMIH (figure 16.6).

Figure 16.6 Occupancy rates — SOMIH, at 30 June (per cent)^{a, b}



^a Data may not be comparable across jurisdictions and over time and comparisons could be misleading. Tables 16A.21–16A.23 provide further information. ^b There are no SOMIH data reported for Victoria (from 2009-10) or WA (2010-11) as SOMIH was transferred to other housing programs. ^c Occupancy rates in the NT are based on the assumption that all dwellings are occupied.

Source: AIHW (unpublished); AIHW (various years) *CSHA national data report*; AIHW (various years) *Housing assistance in Australia* Cat. no. HOU 236; table 16A.22; 2012 Report, figure 16.8, p. 16.31.

Nationally, 90.8 per cent of Indigenous community housing was occupied at 30 June 2010, though this varied across jurisdictions (table 16.5). However, complete data were not available for all jurisdictions, and these figures may be an underestimate.

Table 16.5 Occupancy rates for Indigenous community housing, at 30 June (per cent)^{a, b}

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus Gov ^c	Aust
2006	96.6	..	95.7	77.9	88.3	..	95.7	87.0	94.1	89.6
2007	98.3	..	100.0	91.0	89.0	..	100.0	na	94.9	96.2
2008	96.0	99.1	98.1	na	93.3	..	100.0	100.0	96.6	98.3
2009	99.2	97.9	96.8	89.8	87.7	..	100.0	na	95.3	96.5
2010	97.0	95.7	96.4	73.7	87.8	90.2	na	na	..	90.8

^a Data may not be comparable across jurisdictions and over time and comparisons could be misleading. Table 16A.24 provides further information. ^b Results for this indicator are based on those dwellings for which occupancy status was known. ^c Contains data from Victoria, Queensland and Tasmania not published separately, and includes dwellings managed by funded and unfunded organisations responding to the FaHCSIA survey. **na** Not available. **..** Not applicable.

Source: AIHW (2011) *Housing Assistance in Australia* (Cat No. HOU 236); AIHW (various years) *Indigenous Community Housing*; table 16A.24; 2012 Report, table 16.6, p. 16.32.

Turnaround time

‘Turnaround time’ is an indicator of governments’ objective to undertake efficient and cost effective management (box 16.9).

Box 16.9 Turnaround time

‘Turnaround time’ is defined as the average time taken for occupancy of available dwelling stock to rent through normal processes.

A low or decreasing turnaround time suggests efficient housing allocation.

Properties that were offline, undergoing major redevelopment or for which there was no suitable applicant are excluded from the calculation. Hard-to-let properties, however, were included.

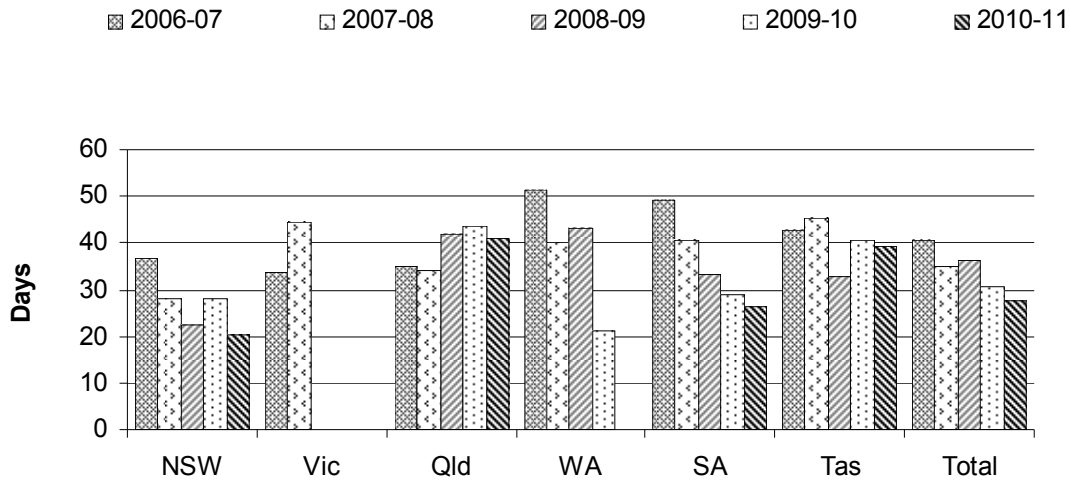
This indicator may be affected by changes in maintenance programs and stock allocation processes, and some jurisdictions may have difficulty excluding stock upgrades. Cultural factors may also influence the national average turnaround time for SOMIH dwellings relative to public housing dwellings. Following the death of a significant person, for example, a dwelling may need to be vacant for a longer period of time (Morel and Ross 1993). A higher proportion of SOMIH dwellings in regional and remote areas may also contribute to delays in completing administrative tasks and maintenance before dwellings can be re-tenanted.

Data for this indicator are reported for public housing and SOMIH. No data were available for community housing or Indigenous community housing for the 2012 Report.

Data reported for this indicator are comparable and complete. Some data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally, vacant stock remained unallocated for an average of 28 days for SOMIH in 2010-11 (figure 16.7).

Figure 16.7 Average turnaround time — SOMIH^a



^a There are no SOMIH data reported for Victoria (from 2009-10) or WA (2010-11) as SOMIH was transferred to other housing programs.

Source: AIHW (unpublished); AIHW (various years) *CSHA national data report*; AIHW (various years) *Housing assistance in Australia* (Cat. no. HOU 236); table 16A.26; 2012 Report, figure 16.9, p. 16.33.

Rent collection rate

‘Rent collection rate’ is an indicator of governments’ objective to undertake efficient and cost effective management (box 16.10).

Box 16.10 Rent collection rate

'Rent collection rate' is defined as the total rent collected as a percentage of the total rent charged. A high or increasing percentage suggests higher efficiency in collecting rent. All jurisdictions aim to maximise the rent collected as a percentage of the rent charged.

Differences in recognition policies, write-off practices, the treatment of disputed amounts, and the treatment of payment arrangements can affect the comparability of reported results. Payment arrangements for rent in some jurisdictions mean that rent collected over a 12 month period can be higher than rent charged over that period.

Data for this indicator are reported for public housing, SOMIH and Indigenous community housing.

Data comparability and completeness vary for this indicator. Data reported:

- for public housing and SOMIH are comparable
- for community housing and Indigenous community housing are neither comparable nor complete.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

In 2010-11, the national rent collection rate was 101.7 per cent for SOMIH. In 2009-10, the national rent collection rate was 88.1 per cent for Indigenous community housing (table 16.6). However, complete data for ICH were not available for all jurisdictions, and these figures may be an underestimate.

Table 16.6 Rent collection rate (per cent)^a

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus Gov ^b	Aust
<i>Public housing</i>										
2006-07	97.8	97.0	99.4	102.1	100.3	101.5	100.1	100.9	..	98.8
2007-08	100.0	97.2	98.9	101.0	99.6	101.9	99.9	101.7	..	99.5
2008-09	100.2	98.5	99.3	101.3	100.0	99.0	99.9	100.8	..	99.8
2009-10	100.0	99.0	100.3	101.2	99.8	99.0	99.5	103.8	..	99.9
2010-11	99.2	98.7	100.9	100.7	100.0	99.0	99.5	96.7	..	99.6
<i>SOMIH^c</i>										
2006-07	101.8	97.3	97.3	105.3	103.0	102.1	..	..	..	100.6
2007-08	96.8	99.6	99.6	104.3	103.7	99.8	..	..	..	99.0
2008-09	99.8	97.2	97.2	103.6	99.7	99.0	..	..	..	99.7
2009-10	101.5	..	101.5	104.5	100.7	101.7	..	..	..	101.8
2010-11	104.0	..	99.3	..	99.9	99.0	..	..	..	101.7
<i>Community housing</i>										
2005-06	98.8	99.6	99.6	100.5	98.0	98.5	97.3	na	..	99.1
2006-07	99.8	99.5	100.3	100.3	98.4	95.7	98.1	na	..	99.6
2007-08	98.3	99.2	98.6	100.9	98.6	97.9	97.0	na	..	98.7
2008-09	96.6	99.1	99.0	98.8	100.3	99.7	95.8	na	..	98.1
2009-10	96.1	98.1	99.3	99.6	99.7	100.2	101.6	na	..	97.7
<i>Indigenous community housing</i>										
2005-06	89.4	..	97.4	94.1	102.7	..	100.0	103.8	84.7	94.2
2006-07	90.0	..	96.6	96.8	65.5	..	100.0	111.5	92.0	96.2
2007-08	89.8	95.4	90.8	101.1	63.5	..	100.4	114.4	93.2	97.6
2008-09	90.4	94.1	115.8	64.2	60.3	..	100.0	115.6	97.9	96.3
2009-10	90.3	92.3	83.5	84.7	na	97.0	na	93.6	..	88.1

^a Data may not be comparable across jurisdictions and over time and comparisons could be misleading. Tables 16A.28 and 16A.30 provide further information. ^b Contains data from Victoria, Queensland and Tasmania not published separately, and includes dwellings managed by funded and unfunded organisations responding to the FaHCSIA survey. ^c There are no SOMIH data reported for Victoria (from 2009-10) or WA (2010-11) as SOMIH was transferred to other housing programs. **na** Not available. **..** Not applicable.

Source: State and Territory Governments (unpublished); AIHW (various years) *CSHA national data report*; AIHW (various years) *Housing assistance in Australia* Cat. no. HOU 236; AIHW (various years) *Indigenous Community Housing*; 2012 Report, tables 16A.27 and 16.29 and tables 16A.28 and 16.30; 2012 Report, table 16.7, p. 16.35.

Outcomes

The following indicators measure the outcomes of social housing. Outcomes are the impact of services on the status of an individual or group, while outputs are the services delivered (see chapter 1, section 1.5 of the 2012 Report).

Amenity/location

‘Amenity/location’ is an indicator of governments’ objective to provide housing assistance that is appropriate to the needs of different households (box 16.11).

Box 16.11 Amenity/location

‘Amenity/location’ is defined as the percentage of tenants rating amenity/location aspects of their dwelling as important and as meeting their needs.

A high or increasing level of satisfaction with amenity and location suggests that the provision of housing assistance satisfies household needs.

Data for this indicator are reported for public housing, SOMIH and community housing. There are no data available for Indigenous community housing for the 2012 Report.

Data comparability and completeness vary for this indicator. Data reported:

- for public housing and SOMIH are comparable
- for community housing are neither comparable nor complete

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Data for this indicator are sourced from the National Social Housing Survey, which seeks to determine tenants’ level of satisfaction with various aspects of service, and to measure housing outcomes. SOMIH tenants were asked whether particular aspects of the amenity and location of their dwellings were important to them and, if so, whether they felt their needs were met. Data from the 2007 survey are reported for SOMIH.

Caution should be used when comparing SOMIH results with other social housing, due to the different demographic profile of Indigenous tenants and the different time periods and methods of data collection. Information on public housing was collected through mail-out, online and telephone surveys, and information on SOMIH was collected via interviews. These differences may affect the comparability of the results.

The NSHS found that for SOMIH in 2007, 78.1 per cent of tenants rated amenity as important and meeting their needs and 88.7 per cent of tenants rated location as important and meeting their needs (2012 Report, table 16A.33).

The precision of survey estimates depends on the survey sample size and further information is presented table 16A.33.

Affordability

‘Affordability’ is an indicator of governments’ objective to provide affordable housing to assist people who are unable to access suitable housing (box 16.12).

Box 16.12 Affordability

‘Affordability’ is defined as tenants’ financial ability to access suitable housing. Two measures of affordability are reported:

- Average weekly rental subsidy per rebated household.
 - This measure is reported for public housing and SOMIH. It is calculated as the total rental rebate amount divided by the total number of rebated households.
 - The amount of a rental rebate is influenced by market rent. High market rents will result in high rental rebates and low market rents will result in low rental rebates. A high or increasing value of the subsidy might imply that governments are spending more to ensure housing affordability.
- Proportion of low income households in social housing spending more than 30 per cent of their gross income on rent.
 - This measure is reported for public housing, SOMIH and community housing. It is calculated as number of low income rental households spending more than 30 per cent of their gross income on rent, divided by the total number of low income rental households.
 - Low income households are defined as those in the bottom 40 per cent of equivalised gross household incomes (that is, the bottom two income quintiles). Low income households are more likely to be adversely affected by relatively high housing costs than households with higher disposable incomes (Yates and Gabriel 2006; Yates and Milligan 2007).
 - Households in public housing and SOMIH who do not receive rental rebates are included in this measure. A low or decreasing proportion of households spending more than 30 per cent of their income on rent implies greater housing affordability.

Data for this indicator are reported for public housing, SOMIH and community housing.

No data were available for reporting on ‘affordability’ for Indigenous community housing. New measures of affordability is a key area for development in future reports.

Data comparability and completeness vary for this indicator. Data reported:

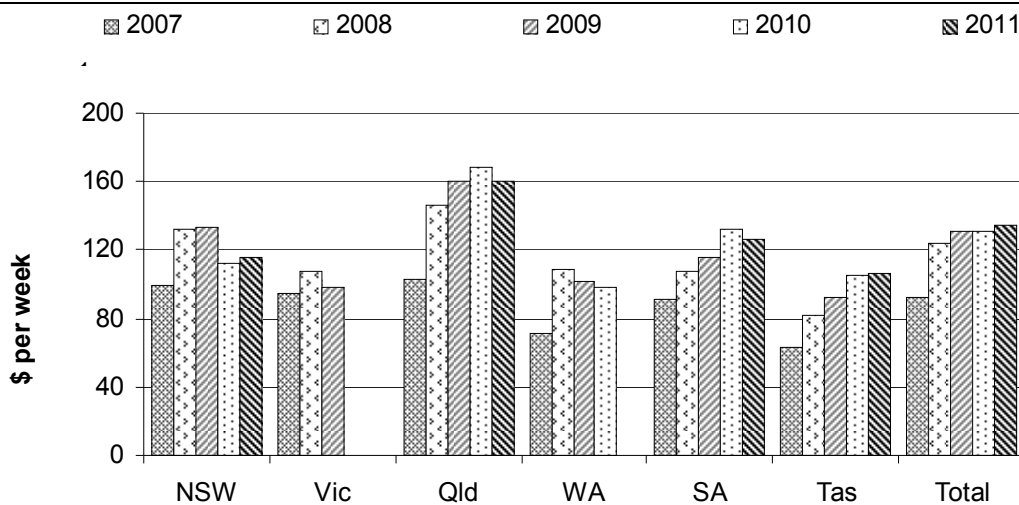
- for public housing and SOMIH are comparable
- for community housing are neither comparable nor complete.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Average weekly rental subsidy

Nationally, the average weekly subsidy per rebated household in SOMIH was \$135 at 30 June 2011, increasing from \$93 at 30 June 2007 (in real terms) (figure 16.8). These subsidies varied across jurisdictions.

Figure 16.8 Average weekly subsidy per rebated household at 30 June (2010-11 dollars)^{a, b}



^a Data may not be comparable across jurisdictions and comparisons could be misleading. Tables 16A.36 and 16A.37 provide further information. ^b Data are presented in real dollars based on the ABS Gross Domestic Product price deflator (index) (2010-11 = 100) (table AA.39). ^c There are no SOMIH data reported for Victoria (from 2009-10) or WA (2010-11) as SOMIH was transferred to other housing programs.

Source: AIHW (unpublished); AIHW (various years) *CSHA national data report*; AIHW (various years) *Housing assistance in Australia* (Cat. no. HOU 236); table 16A.37; 2012 Report, figure 16.10, p. 16.39.

Proportion of low income households spending more than 30 per cent of their income on rent

Information on the proportion of low income households in social housing are presented in table 16A.38.

At 30 June 2011, 95.6 per cent of all households in SOMIH were low income households, of which 0.2 per cent were spending more than 30 per cent of their gross income on rent (table 16A.38 and table 16.7).

These results should be interpreted with care, as income data for some SOMIH households are not updated annually and this may result in overestimating the proportion of household income spent on rent.

Further information on the proportion of income paid in rent by low income households is provided in tables 16A.40–16A.43 of the 2012 Report.

Table 16.7 Proportion of low income households spending more than 30 per cent of their gross income on rent — SOMIH, at 30 June (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>
2010	0.1	..	0.1	2.0	2.2	–	..	..	0.8
2011	0.3	..	0.2	..	–	–	..	..	0.2

^a Data may not be comparable across jurisdictions and comparisons could be misleading. Table 16A.39 provides further information. ^b There are no SOMIH data reported for Victoria (from 2009-10) or WA (2010-11) as SOMIH was transferred to other housing programs. **na** Not available. **..** Not applicable. **–** Nil or rounded to zero.

Source: AIHW (unpublished); AIHW (various years) *Housing assistance in Australia* (Cat. no. HOU 236); table 16A.39; 2012 Report, table 16.8, p. 16.40.

Match of dwelling to household size

‘Match of dwelling to household size’ is an indicator of governments’ objective to provide housing assistance that is appropriate to the needs of different households (box 16.13). The objectives of community housing providers in providing housing assistance may be different to those of governments.

Box 16.13 Match of dwelling to household size

'Match of dwelling to household size' is defined as the proportion of households that are overcrowded. Since 2010, this Report has measured overcrowding using the Canadian National Occupancy Standard (CNOS), under which overcrowding is deemed to have occurred if one or more additional bedrooms are required to meet the standard.

The CNOS specifies that:

- no more than two people shall share a bedroom
- parents or couples may share a bedroom
- children under 5 years, either of the same sex or opposite sex may share a bedroom
- children under 18 years of the same sex may share a bedroom
- a child aged 5 to 17 years should not share a bedroom with a child under 5 of the opposite sex
- single adults 18 years and over and any unpaired children require a separate bedroom.

Households living in dwellings where this standard cannot be met are considered to be overcrowded. The CNOS enables a comparison of the number of bedrooms required with the actual number of bedrooms in the dwelling and is sensitive to both household size and household composition. A low or decreasing proportion of overcrowded households is desirable.

State and Territory governments' housing authorities bedroom entitlement policies may differ from the CNOS.

Data for this indicator are reported for public housing, SOMIH, community housing and Indigenous community housing. The comparability and completeness of data reported for the indicator vary. Data reported:

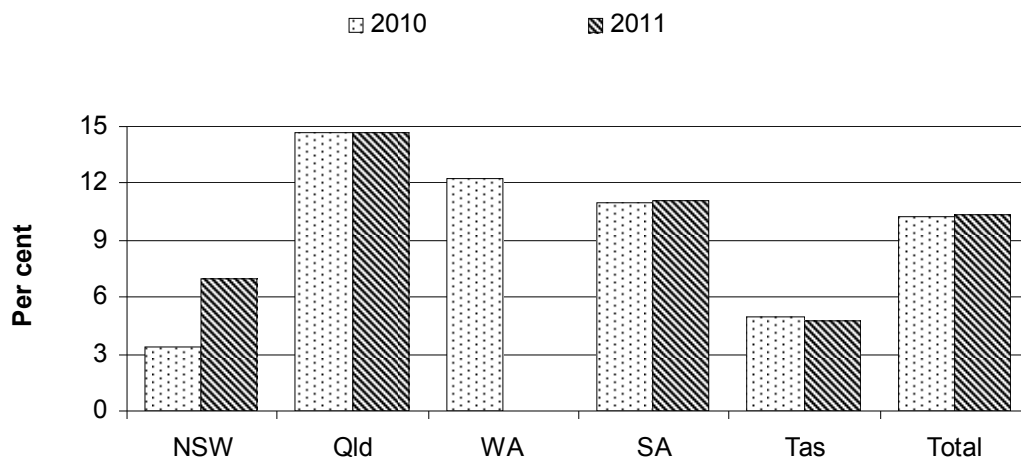
- for public housing and SOMIH are comparable
- for community housing and Indigenous community housing are neither comparable nor complete.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

The proportion of overcrowded households varied across social housing programs and across jurisdictions. At 30 June 2011, 10.3 per cent of SOMIH households were overcrowded (figure 16.9).

Information on underutilisation in SOMIH is reported in table 16A.51.

Figure 16.9 Proportion of overcrowded households — SOMIH, at 30 June^a



^a Data may not be comparable across jurisdictions and comparisons could be misleading. Tables 16A.45 and tables 2012 Report, 16A.44 and 6A.46 provide further information. ^b There are no SOMIH data reported for Victoria (from 2009-10) or WA (2010-11) as SOMIH was transferred to other housing programs. ^c Data for Queensland and the NT were not available.

Source: AIHW (unpublished); AIHW (various years) *Housing assistance in Australia* (Cat. no. HOU 236); tables 16A.45; 2012 Report, figure 16.11, p. 16.43.

Table 16.8 illustrates the proportion of overcrowded households in Indigenous community housing. However, complete data were not available for all jurisdictions, and these figures may be an underestimate.

Table 16.8 Proportion of overcrowded households in Indigenous community housing, at 30 June (per cent)^a

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2010	na	6.3	43.8	28.4	48.4	na	na	na	na

^a Data may not be comparable across jurisdictions and comparisons could be misleading. Table 16A.47 provides further information. **na** Not available.

Source: AIHW (2011) *Housing Assistance in Australia* (Cat No. HOU 236); table 16A.47; 2012 Report, table 16.9, p. 16.44.

The 2012 Report contains a range of other information relating to overcrowding of Indigenous people in social housing, including:

- Indigenous people living in overcrowded conditions in public housing and SOMIH, by remoteness area (tables 16A.48 and 16A.49)
- the number of bedrooms required for people living in overcrowded conditions in Indigenous community housing (table 16A.50).

Customer satisfaction

‘Customer satisfaction’ is an indicator of governments’ objective to provide housing assistance that is appropriate for different households (box 16.14).

Box 16.14 Customer satisfaction

‘Customer satisfaction’ is defined as tenants’ satisfaction with the overall service provided.

A high or increasing percentage for customer satisfaction can imply better housing assistance provision.

Data are reported for public housing, SOMIH and community housing. There were no data available for Indigenous community housing for the 2012 Report.

Data comparability and completeness vary for this indicator

- data reported for public housing and SOMIH are comparable
- data reported for community housing are neither comparable nor complete.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Data for this indicator are sourced from the National Social Housing Survey. Data from the 2007 survey are reported for SOMIH.

The NSHS found that for SOMIH in 2007, 63.5 per cent of SOMIH respondents were either satisfied (44.5 per cent) or very satisfied (19.0 per cent) with the service provided by the State housing authority (table 16A.33). The levels of satisfaction varied across jurisdictions.

Future directions in performance reporting

COAG developments

Further developing indicators and data

Improved reporting on housing provision to Indigenous Australians continues to be a priority. All Australian, State and Territory governments have committed to improve reporting against a nationally endorsed performance indicator framework for Indigenous housing. Jurisdictions have implemented action plans to improve the availability and reliability of data on Indigenous Australians accessing mainstream housing assistance. The Housing and Homelessness Working Group will continue to improve the quality of social housing data that are published in the Report.

Definitions of key terms and indicators

Public, SOMIH, community and ICH

Assessable income	The income used to assess eligibility for housing assistance and to calculate the rental housing rebate that allows a household to pay a rent lower than the market rent. Definition may vary across jurisdictions.
Canadian National Occupancy Standard (CNOS)	A measure of the appropriateness of housing which is sensitive to both household size and composition. The CNOS specifies that: <ul style="list-style-type: none">• no more than two people shall share a bedroom• parents or couples may share a bedroom• children under 5 years, either of the same sex or opposite sex may share a bedroom• children under 18 years of the same sex may share a bedroom• a child aged 5 to 17 years should not share a bedroom with a child under 5 of the opposite sex• single adults 18 years and over and any unpaired children require a separate bedroom.
Depreciation costs	Depreciation calculated on a straight-line basis at a rate that realistically represents the useful life of the asset (as per the Australian Accounting Standards 13–17).
Disability (as per the ABS Survey of Disability Ageing and Carers)	Any restriction or lack of ability (resulting from an impairment) to perform an action in the manner or within the range considered normal for a human being.
Dwelling	A structure or a discrete space within a structure intended for people to live in or where a person or group of people live. Thus a structure that people actually live in is a dwelling regardless of its intended purpose, but a vacant structure is only a dwelling if intended for human residence. A dwelling may include one or more rooms used as an office or workshop provided the dwelling is in residential use.
Greatest need	Low income households that at the time of allocation were subject to one or more of the following circumstances: <ul style="list-style-type: none">• homelessness• their life or safety being at risk in their accommodation• their health condition being aggravated by their housing• their housing being inappropriate to their needs• their rental housing costs being very high.
Household	For the purpose of the public, community, SOMIH and ICH collections, the number of tenancy agreements is the proxy for counting the number of households. A tenancy agreement is defined as a formal written agreement between a household (a person or group of people) and a housing provider, specifying details of a tenancy for a particular dwelling.
Indigenous household	A household with one or more members (including children) who identify as Aboriginal and/or Torres Strait Islander.
Low income household	Low income households are generally defined in this Report as those in the bottom 40 per cent of equivalised gross household incomes (that is, the bottom two income quintiles). Equivalised gross income is an indicator of disposable household income after taking into account household size and composition.
Market rent	Aggregate market rent that would be collected if the public rental housing properties were available in the private market.

New household	Households that commence receiving assistance for the financial year.														
Occupancy rate	The proportion of dwellings occupied.														
Occupied dwelling	Dwellings occupied by tenants who have a tenancy agreement with the relevant housing authority.														
Overcrowding	Where one or more bedrooms are required to meet the Canadian National Occupancy Standard.														
Priority access to those in greatest need	Allocation processes to ensure those in greatest need have first access to housing. This is measured as the proportion of new allocations to those in greatest need.														
Principal tenant	The person whose name appears on the tenancy agreement. Where this is not clear, it should be the person who is responsible for rental payments.														
Proxy occupancy standard	A measure of the appropriateness of housing related to the household size and tenancy composition. The measure specifies the bedroom requirements of a household. <table border="0" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: left;"><i>Household structure</i></th> <th style="text-align: left;"><i>Bedrooms required</i></th> </tr> </thead> <tbody> <tr> <td>Single adult only</td> <td>1</td> </tr> <tr> <td>Single adult (group)</td> <td>1 (per adult)</td> </tr> <tr> <td>Couple with no children</td> <td>2</td> </tr> <tr> <td>Sole parent or couple with one child</td> <td>2</td> </tr> <tr> <td>Sole parent or couple with two or three children</td> <td>3</td> </tr> <tr> <td>Sole parent or couple with four children</td> <td>4</td> </tr> </tbody> </table> <p>For sole parent or couple households with four or more children the dwelling size in terms of bedrooms should be the same value as the number of children in the household.</p>	<i>Household structure</i>	<i>Bedrooms required</i>	Single adult only	1	Single adult (group)	1 (per adult)	Couple with no children	2	Sole parent or couple with one child	2	Sole parent or couple with two or three children	3	Sole parent or couple with four children	4
<i>Household structure</i>	<i>Bedrooms required</i>														
Single adult only	1														
Single adult (group)	1 (per adult)														
Couple with no children	2														
Sole parent or couple with one child	2														
Sole parent or couple with two or three children	3														
Sole parent or couple with four children	4														
Rebated household	A household that receives housing assistance and pays less than the market rent value for the dwelling.														
Rent charged	The amount in dollars that households are charged based on the rents they are expected to pay. The rents charged to tenants may or may not have been received.														
Special needs household	Low income households that have either a household member with disability, a principal tenant aged 24 years or under, or 75 years or over, or one or more Indigenous members. For SOMIH, special needs households are those that have either a household member with disability or a principal tenant aged 24 years or under, or 50 years or over.														
Tenancy rental unit	A tenancy (rental) unit is defined as the unit of accommodation on which a tenancy agreement can be made. It is a way of counting the maximum number of distinct rentable units that a dwelling structure can contain.														
Tenantable dwelling	A dwelling where maintenance has been completed, whether occupied or unoccupied at 30 June. All occupied dwellings are tenantable.														
Total gross household income	The value of gross weekly income from all sources (before deductions for income tax, superannuation etc.) for all household members, expressed as dollars per week. The main components of gross income are current usual wages and salary; income derived from self-employment, government pensions, benefits and allowances; and other income comprising investments and other regular income. CRA payments are not included as income.														
Transfer household	A household, either rebated or market renting, that relocates (transfers) from one public or community rental dwelling to another.														
Turnaround time	The average time taken in days for normally vacant dwellings to be occupied.														

Underutilisation Where there are two or more bedrooms additional to the number required in the dwelling to satisfy CNOS.

Untenantable dwelling A dwelling not currently occupied by a tenant, where maintenance has been either deferred or not completed at 30 June.

Commonwealth Rent Assistance

Dependent child Dependent child is one in respect of whom an adult member of the income unit receives Family Tax Benefit part A (FTB (A)) at more than the base rate. At June 2010, children aged 16 or older attract the base rate of FTB (A) only, so are not included in the count of dependent children. Some children aged under 16 years may also only attract the base rate of FTB (A) because of the maintenance income test, the maintenance action test, or because they are overseas.

Income support recipient Recipients in receipt of a payment made under social security law. The main income support payments administered by FaHCSIA are Age Pension, Disability Support Pension and Carer Payment, while the main income support payments administered by Department of Education, Employment and Workplace Relations are Newstart Allowance, Youth Allowance, Austudy, Parenting Payment (Single) and Parenting Payment (Partnered).

Family Tax Benefit is paid under family assistance law and is not an income support payment.

Income unit An income unit may consist of:

- a single person with no dependent children
- a sole parent with one or more dependent children
- a couple (married, registered or defacto) with no dependent children
- a couple (married, registered or defacto) with one or more dependent children.

A non-dependent child living at home, including one who is receiving an income support payment in their own right, is regarded as a separate income unit. Similarly, a group of non-related adults sharing accommodation are counted as separate income units.

Primary payment type Each income unit receiving CRA is assigned a primary payment type, based on the payment(s) received by each member. The primary payment is determined using a hierarchy of payment types, with precedence given to pensions, then other social security payments and then the Family Tax Benefit part A. No extra weight is given to the payment type with which CRA is paid. Specifically, the hierarchy for the main payments is:

- Disability Support Pension
- Carer Payment
- Age Pension
- Parenting Payment (Single)
- Newstart Allowance
- Youth Allowance
- Austudy
- Parenting Payment (Partnered)
- Family Tax Benefit part A.

Rent Amount payable as a condition of occupancy of a person's home. Rent includes site fees for a caravan, mooring fees and payment for services provided in a retirement village. Rent encompasses not only a formal tenancy agreement, but also informal agreements between family members, including the payment of board or board and lodgings. Where a person pays board and lodgings and cannot

	separately identify the amount paid for lodgings, two thirds of the payment is deemed to be for rent.
Sharer	Some single people are subject to a lower maximum (sharer) rate of CRA. The lower rate may apply to only a single person (with no dependent children) who shares a major area of accommodation. The lower rate does not apply to those receiving Disability Support Pension or Carer Payment, those in nursing homes or boarding house accommodation, or those paying for both board and lodgings. A person is not regarded as a sharer solely because he or she shares with a child (of any age) if the child does not receive CRA.
Special needs	Individuals and families with at least one member who either self-identifies as Indigenous; receives a Disability Support Pension; is aged 24 years or under; or is aged 75 years or over.
Total income from all sources	Income received by the recipients or partner, excluding income received by a dependent. It includes regular social security payments and any maintenance and other private income taken into account for income testing purposes. It does not include: <ul style="list-style-type: none"> • one-time payments • arrears payments • advances • Employment or Education Entry Payments • Mobility Allowance • Baby Bonus • Child Care Tax Rebate. <p>In most cases, private income reflects the person's current circumstances. Taxable income for a past financial year or an estimate of taxable income for the current financial year is used where the income unit receives more than the minimum rate of the Family Tax Benefit part A but no income support payment.</p>

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by an '16A' prefix (for example, table 16A.1 is table 1 in the Housing attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

Table 16A.3	Descriptive data — number of social housing dwellings, at 30 June
Table 16A.4	Descriptive data — number of households in social housing, at 30 June
Table 16A.5	Descriptive data — public housing
Table 16A.6	Descriptive data — State owned and managed Indigenous housing
Table 16A.7	Descriptive data — community housing
Table 16A.8	Descriptive data — Indigenous community housing
Table 16A.10	Proportion of new tenancies allocated to households with special needs — SOMIH (per cent)
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Table 16A.18	Net recurrent cost of providing assistance per dwelling (excluding the cost of capital) — SOMIH (\$ per dwelling)
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Table 16A.22	SOMIH occupancy rates as at 30 June (per cent)
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Table 16A.38	Low income households in social housing, at 30 June
Table 16A.39	Proportion of low income households in social housing spending more than 30 per cent of their gross income on rent, at 30 June (per cent)
Table 16A.42	Proportion of household gross income spent on rent — low income households in SOMIH, at 30 June (per cent)
Table 16A.45	Proportion of overcrowded households at 30 June — SOMIH (per cent)
Table 16A.47	Proportion of overcrowded households in Indigenous community housing (per cent)
Table 16A.48	Proportion of Indigenous households in public housing living in overcrowded conditions, by remoteness (per cent)
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Table 16A.59	Indigenous income units receiving CRA, 2011
Table 16A.61	Indigenous CRA recipients, by payment type, 2011
Table 16A.63	Income units receiving CRA, by special needs and geographic location, 2011
Table 16A.68	Proportion of Indigenous income units receiving CRA, paying more than 30 per cent of income on rent, with and without CRA, 2006 to 2011 (per cent)
Table 16A.69	Proportion of Indigenous income units receiving CRA, paying more than 30 per cent of income on rent, with and without CRA, 2002 to 2011 (per cent)
Table 16A.83	SOMIH housing policy context, 2011

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17 Homelessness services

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 17A.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 17.1' this is page 1 of chapter 17 of the 2012 Report, and '2012 Report, table 17A.1' is attachment table 1 of attachment 17A of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Homelessness services chapter (chapter 17) in the *Report on Government Services 2012* (2012 Report) reports on the Homelessness services in each Australian State and Territory. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

Homelessness has multiple causes. Some of the social factors associated with homelessness include a shortage of affordable housing, family and relationship breakdown, unemployment and financial hardship, mental health problems, and drug and alcohol abuse (COAG Reform Council 2010).

Australian, State and Territory governments fund services to assist people who are homeless or at risk of homelessness.

Between 1985 and 2009, the Australian Government and State and Territory governments funded the Supported Accommodation Assistance Program (SAAP) to alleviate the difficulties of people who are homeless or at risk of homelessness and reduce the potential for their recurrence. SAAP services provided assistance to individuals and families who were in crisis or experienced difficulties that hindered personal or family functioning. The SAAP program concluded on 31 December 2008 at the expiry of the SAAP V Multilateral Agreement (2005–2010).

The National Affordable Housing Agreement (NAHA) commenced on 1 January 2009 as part of the Intergovernmental Agreement on Federal Financial Relations. To support the NAHA, the National Partnership Agreement on Homelessness (NPAH) commenced on 1 July 2009. Government funding for specialist homelessness services is provided through the NAHA and NPAH.

The NAHA and NPAH provide the framework for Australian Government and State and Territory governments to reduce homelessness and improve housing outcomes for Australians. The NAHA aims to ensure all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation. Australian, State and Territory governments agreed to a number of outcomes relating to homelessness, including:

- providing support and accommodation for people who are homeless or at risk of homelessness
- reducing the rate of homelessness
- preventing and intervening early to break the cycle of homelessness
- improving and expanding the service response to homelessness (COAG 2008a; 2008b).

The NPAH outlines the roles and responsibilities of Australian Government and State and Territory governments in relation to reducing and preventing homelessness, and contributes to achieving the NAHA outcomes in relation to homelessness.

This chapter reports data on government funded specialist homelessness services and the people accessing these services. Homelessness services that do not receive government funding, and those people accessing such services, are excluded from this Report.

The SAAP program concluded on 31 December 2008, but the SAAP data collection was continued to enable reporting on homelessness while a new specialist homelessness services (SHS) data collection was developed for reporting on the NAHA and NPAH. This chapter reports homelessness data from the SAAP collection, as data from the SHS collection are not yet available for reporting. The SHS data collection became operational on 1 July 2011 and SHS data for the 2011-12 period, along with SAAP data for 2010-11, are expected to be available for the 2013 Report.

This Report includes data for 2009-10, as there is a one year lag in reporting from the SAAP data collection, though some financial data are reported for 2010-11. There were no major improvements to the reporting of government funded specialist homelessness services this year.

Indigenous data in the Homelessness services chapter

The Homelessness services chapter in the 2012 Report and its corresponding attachment tables contain the following data items on Indigenous people:

- proportion of Indigenous people among all accommodated SAAP clients and among people whose valid requests for accommodation were unmet, 2009-10
- closed support periods, by the existence of a support plan, 2009-10
- Support needs of Indigenous clients, met and unmet, 2009-10
- closed support periods in which Indigenous clients needed assistance to obtain/maintain independent housing, by type of tenure, 2009-10
- Closed support periods: Labour force status of Indigenous clients who needed employment and training assistance, before and after support, 2009-10
- Indigenous clients who exited from the service and who returned to agencies before the end of that year, 2009-10

-
- proportion of clients who more than once had a housing/accommodation need identified by a SAAP agency worker, by Indigenous status, 2009-10
 - source of income immediately before and after support of Indigenous clients who needed assistance to obtain/maintain a pension or benefit, 2009-10

Profile of homelessness services

Homelessness services aim to provide support to people who are homeless or are at risk of becoming homeless. Non-government, community and local government agencies deliver a variety of homelessness services to clients, including supported accommodation, counselling, advocacy, links to housing, health, education and employment services, outreach support, brokerage and meals services, and financial and employment assistance.

Supported Accommodation Assistance Program

Homelessness services provided under the SAAP aimed to assist people who were homeless or at imminent risk of becoming homeless as a result of a crisis, including women and children escaping domestic violence.

The SAAP was established in 1985 to bring homelessness programs funded by individual State and Territory governments and the Australian Government under one nationally coordinated program. The final program (SAAP V 2005–2010) was governed by the *Supported Accommodation Assistance Act 1994* (Cth). The Act specified that the overall aim of SAAP was to provide transitional supported accommodation and related support services to assist people who are homeless to achieve self-reliance and independence. Within this broad aim, the goals of the SAAP were to resolve crises, to re-establish family links where appropriate, and to re-establish a capacity to live independently of SAAP services.

Homelessness services and the link with other services

In 2009-10, 84 100 children accompanied a parent or guardian who received substantial support from homelessness services (AIHW 2011).¹ Research indicates that in almost half of support periods involving adults with accompanying children, domestic violence was the main reason SAAP support was sought (AIHW 2006).

¹ The term ‘substantial’ in ‘substantial support’ is a term used in the SAAP data collection to denote support for a person defined as a client during a support period (see section 17.6 for definitions of ‘client’ and ‘support period’). ‘Substantial’ is not meant to convey a measure of the number of distinct support services or duration of support.

As a result, some children assisted by homelessness services may have also had contact with child protection and out-of-home care services, or may have been subject to a current or past care and protection order. Child protection and support services are reported in chapter 15 of this Report.

Close links also exist between homelessness services and other forms of housing assistance reported in the Housing chapter of this Report (chapter 16). Some individuals and families used both homelessness and housing services, as people can move from homelessness to social housing, or might be in receipt of homelessness services and accommodated in social housing.² For example, in 2009-10, approximately 13.7 per cent of former clients who had requested assistance with obtaining or maintaining independent housing, had moved to public housing (table 17A.21). The Housing and homelessness sector summary provides some information on the interconnections between these services.

Framework of performance indicators for government funded specialist homelessness services

The Homelessness services performance indicator framework outlined in figure 17.1 identifies the principal homelessness services activity areas considered in the 2012 Report. Data for Indigenous people are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Indicator boxes presented throughout the chapter provide information about the reported indicators. As these are sourced directly from the 2012 Report, they may include references to data not reported for Indigenous people and therefore not included in this Compendium.

The performance indicator framework for government funded specialist homelessness services is based on shared government objectives for homelessness services delivered under the SAAP (box 17.1). Though the SAAP concluded and was replaced by the NAHA on 1 January 2009, performance indicators in this chapter reflect those developed under the SAAP V Agreement.

² Social housing includes public and community housing. For further information on these forms of housing assistance, see chapter 16 (box 16.1).

Box 17.1 Objectives for government funded specialist homelessness services (SAAP)

The overall aim of SAAP was to provide transitional supported accommodation and a range of related support services, to help people who are homeless or at imminent risk of homelessness to achieve the maximum possible degree of self-reliance and independence. Within this aim, the goals were to:

- resolve crises
- re-establish family links where appropriate
- re-establish the capacity of clients to live independently of SAAP.

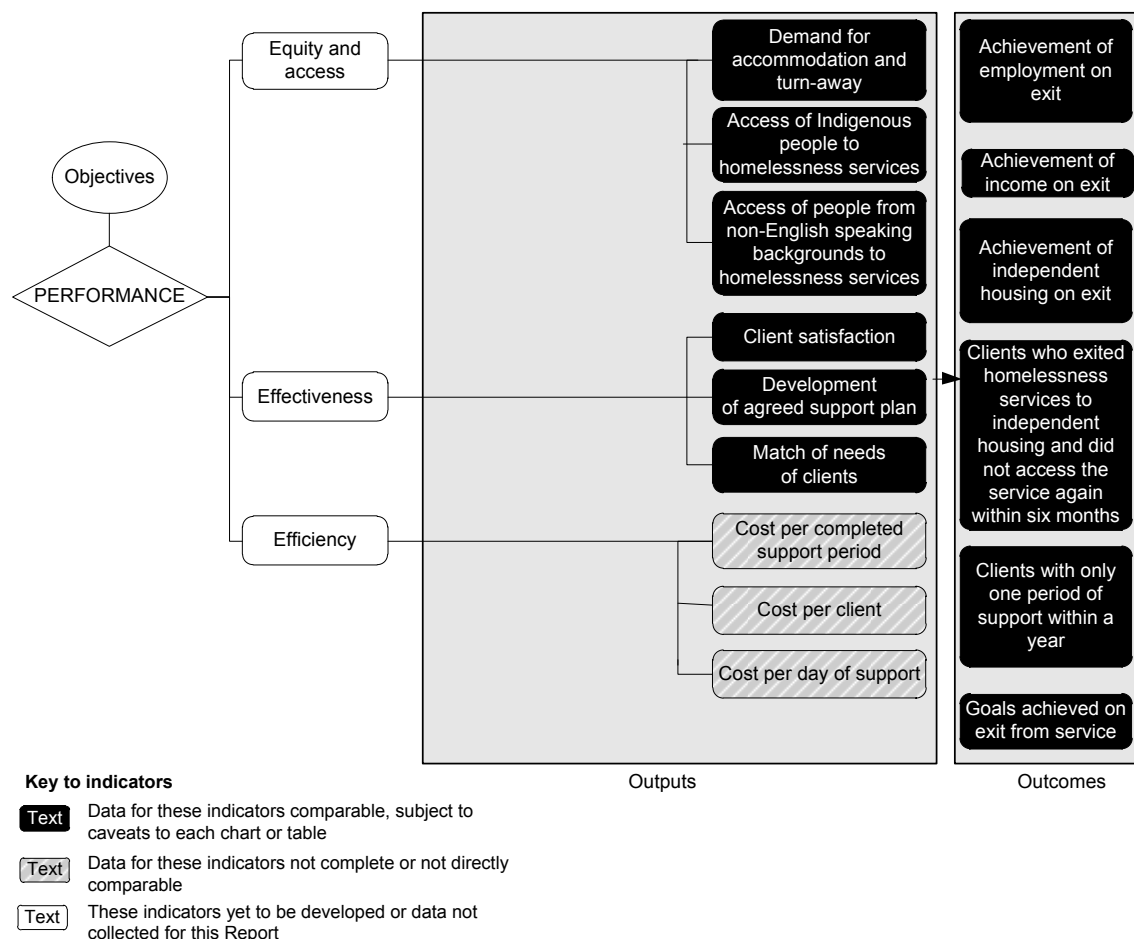
Homelessness services should be provided in an equitable and efficient manner.

COAG has agreed six National Agreements to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services (see chapter 1 for more detail on reforms to federal financial relations). The NAHA covers the area of housing and homelessness and includes performance indicators for which the Steering Committee collates performance information for analysis by the COAG Reform Council (CRC). Performance indicators reported in this chapter are aligned with homelessness performance indicators in the NAHA.

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of government funded specialist homelessness services (figure 17.1). The performance indicator framework shows which data are comparable in the 2012 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective (see 2012 Report, section 1.6).

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Figure 17.1 Government funded specialist homelessness services performance indicator framework



Source: 2012 Report, figure 17.3, p. 17.9.

Access of Indigenous people to homelessness services

‘Access of Indigenous people to homelessness services’ is an indicator of governments’ objective to ensure all Australians have equitable access to homelessness services on the basis of relative need (box 17.2).

Box 17.2 Access of Indigenous people to homelessness services

'Access of Indigenous people to homelessness services' is defined as the comparison between the representation of Indigenous people among all people whose valid requests for accommodation were unmet and their representation among clients who were accommodated during the year.

A high or increasing proportion of Indigenous people whose valid requests for accommodation are met is desirable. Where the proportion of Indigenous people with unmet accommodation needs is higher than the proportion of people who received accommodation who were Indigenous, services might not be achieving equality of service access for Indigenous people.

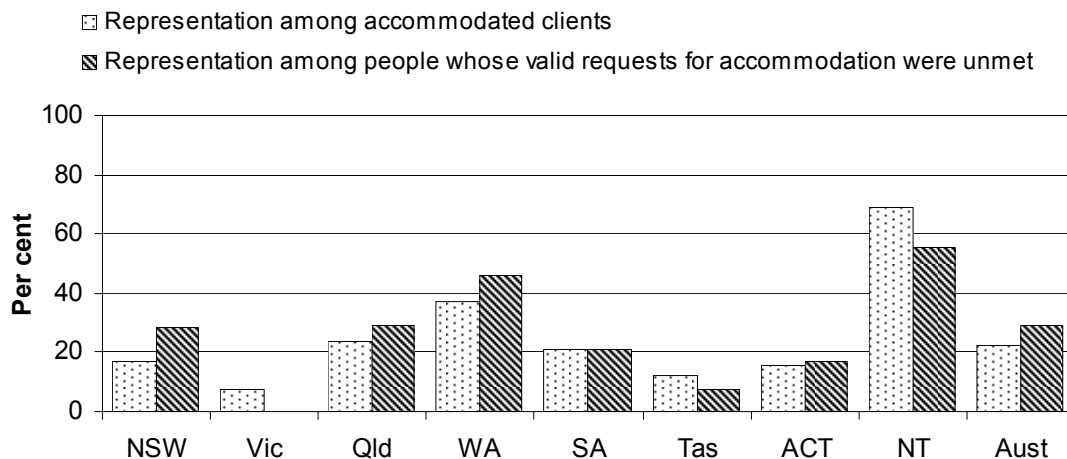
The indicator measures the extent to which the demand for assistance from Indigenous people is met or unmet. Unmet demand occurs when a homeless person expressly asking for supported accommodation, or support, cannot be provided with that assistance.

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

Data reported for this indicator are comparable. Some data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally, Indigenous people made up 29.1 per cent of all people whose valid requests for accommodation did not result in accommodation assistance in 2009-10 — a proportion greater than Indigenous clients among all accommodated clients (22.4 per cent). This result varied across jurisdictions (figure 17.2).

Figure 17.2 Proportion of Indigenous people among all accommodated clients and among people whose valid requests for accommodation were unmet, 2009-10^{a, b}



^a Turn away data for Victoria were not available. ^b See notes to table 17A.9 for details of data definitions.

Source: AIHW (unpublished) SAAP NDCA *Client and Demand for Accommodation Collections*; AIHW (2011) *Demand for government-funded specialist homelessness accommodation 2009-10: A report from the SAAP national data collection*. Cat. No. HOU 230; table 17A.9; 2011 Report, figure 17.6, p. 17.15.

Development of agreed support plan

‘Development of agreed support plan’ is an indicator of governments’ objective to provide high quality services that are appropriately targeted to meet the needs of clients (box 17.2).

Box 17.2 Development of agreed support plan

‘Development of agreed support plan’ is defined as the number of closed support periods with an agreed support plan divided by the total number of closed support periods. A closed support period is a support period that had finished on or before 30 June. Data are reported for all clients, and separately for Indigenous clients.

A high or increasing proportion of support periods with agreed support plans is desirable. However, in some instances, a support plan may be judged to be inappropriate (such as when a support period is short term).

Data reported for this indicator are comparable. Some data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally, there was an agreed support plan for 60.6 per cent of closed support periods for all clients in 2009-10 (compared to 62.2 per cent for Indigenous clients). These proportions varied across jurisdictions (2012 Report, figure 17.8).

Match of needs of clients

‘Match of needs of clients’ is an indicator of governments’ objective to ensure that services meet client’s individual needs (box 17.3).

Box 17.3 Match of needs of clients

‘Match of needs of clients’ is defined as the number of distinct services required by clients that are provided, as well as those referred to another agency, divided by the total number of distinct services required by clients.

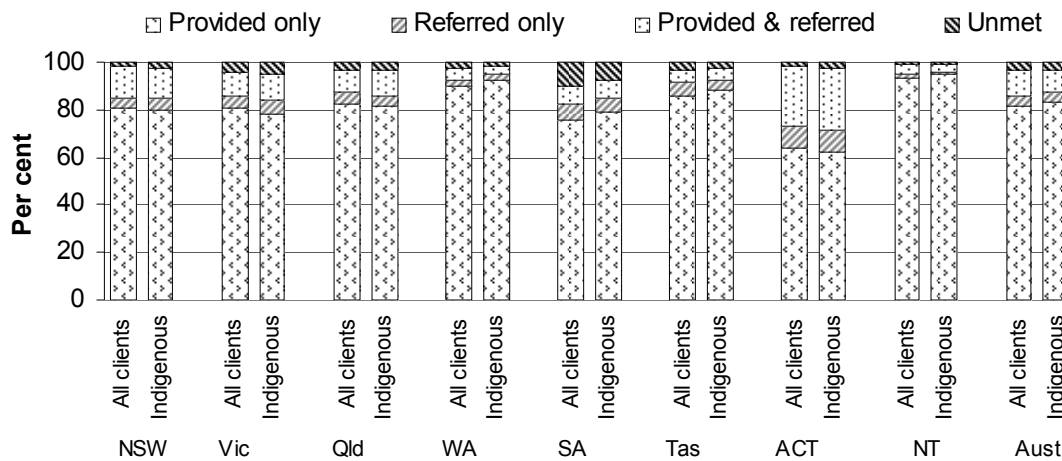
A high or increasing proportion of clients who received services they needed, or who were referred to another agency, is desirable.

The range of services needed by clients is broad (ranging from meals to laundry facilities to long term accommodation), so the effect of not providing these services varies. Data are reported for all clients, and separately for Indigenous people and people from NESB.

Data reported for this indicator are comparable. Some data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

The proportions for Indigenous clients (97.0 per cent) who received services in 2009-10 were the same or similar to that for all clients (96.5 per cent). These proportions varied across jurisdictions (figures 17.3).

Figure 17.3 Indigenous clients, by met and unmet support needs, 2009-10



Source: AIHW (unpublished) SAAP NDCA Client Collection; AIHW (2011) *Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009-10*. Cat no. HOU 219; 2012 Report, tables 17A.13 and 17.14.

Achievement of employment on exit

‘Achievement of employment on exit’ is an indicator of governments’ objective to enable clients to participate as productive and self-reliant members of society at the end of their support period (box 17.4).

Box 17.4 Achievement of employment on exit

‘Achievement of employment on exit’ is defined as the number of closed support periods for clients who sought assistance to obtain or maintain employment and training, and achieved employment after support, divided by the total number of closed support periods for clients who sought assistance to obtain or maintain employment and training. Support periods reported relate to these clients only.

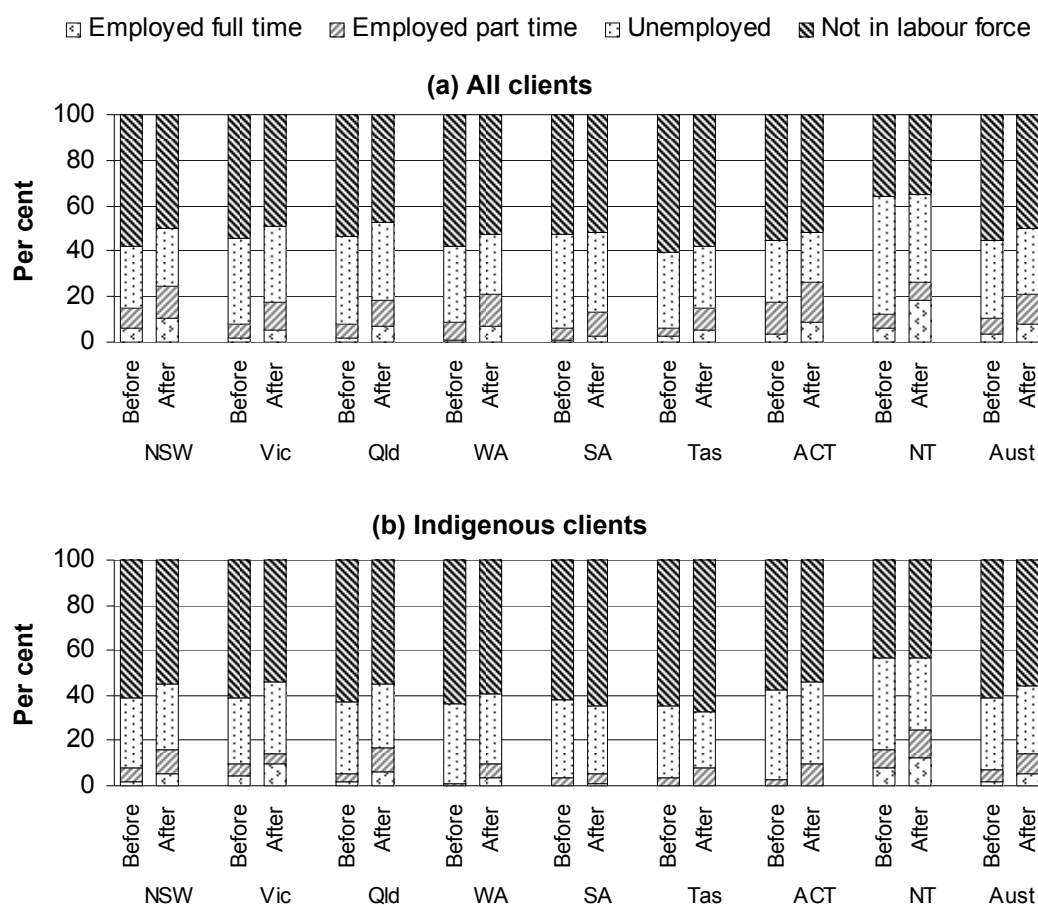
A high or increasing proportion of clients achieving employment after support is desirable.

This indicator compares clients’ employment status before and after they requested support. Data are reported for all clients, and separately for Indigenous clients. This indicator relates to relatively short term outcomes — that is, outcomes for clients immediately after their support period. Longer term outcomes are important, but more difficult to measure.

Data reported for this indicator are comparable. Some data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally, of those Indigenous clients who sought assistance to obtain or maintain employment and training when entering homelessness services in 2009-10, the proportion of clients who were employed either full time or part time increased from 6.8 per cent before support to 14.5 per cent after support. Of those employed after support, 5.5 per cent were employed full time and 9.0 per cent part time. The proportion of clients who were unemployed decreased from 32.3 per cent before support to 29.7 per cent after support. The proportion of clients who were not in the labour force decreased from 61.0 per cent before support to 55.8 per cent after support. These proportions varied across jurisdictions (figure 17.4(b)).

Figure 17.4 Changes in labour force status of clients who needed assistance to obtain/maintain employment and training before/after support, 2009-10^a



^a Data are for people who requested assistance with obtaining or maintaining employment when entering specialist homelessness services.

Source: AIHW (unpublished) SAAP NDCA Client Collection; 2012 Report, tables 17A.23 and 17A.24; 2012 Report, figure 17.15, p. 17.27.

Achievement of income on exit

‘Achievement of income on exit’ is an indicator of governments’ objective to enable clients to participate independently in society at the end of their support period (box 17.5).

Box 17.5 Achievement of income on exit

‘Achievement of income on exit’ is defined as the number of closed support periods for clients who requested assistance to obtain or maintain a pension or benefit and exited homelessness services with an income source, divided by the total number of closed support periods for clients who sought assistance to obtain or maintain a pension or benefit. Data are reported for all clients, and separately for Indigenous clients.

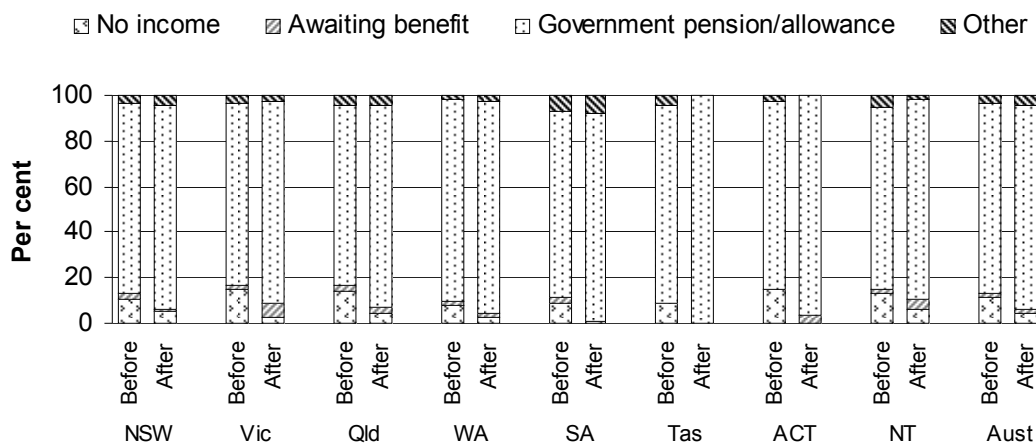
A high or increasing proportion of clients who requested income assistance and exited homelessness services with an income source is desirable.

This indicator compares these clients’ income status before and after they received support. A client’s independence and self-reliance is enhanced when the client experiences a positive change in income source (for example, from having no income support to obtaining some income, including wages and/or benefits) on exit from services.

Data reported for this indicator are comparable. Some data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally, in 2009-10, 14.8 per cent of support periods in which clients who requested income assistance did not have income prior to assistance from homelessness services. After assistance from homelessness services, the proportion of support periods in which clients who had requested income assistance and had no income was 5.7 per cent (2012 Report, figure 17.16). The proportion of Indigenous clients who did not have income and requested income assistance also decreased after assistance from homelessness services (from 11.2 per cent to 4.2 per cent nationally) (figure 17.5). Both before and after assistance from homelessness services, the income source for the majority of clients was a government pension/benefit (2012 Report, figure 17.16 and figure 17.5).

Figure 17.5 Source of income immediately before/after support of Indigenous clients who needed assistance to obtain/maintain a pension or benefit, 2009-10



Source: AIHW (unpublished) SAAP NDCA Client Collection; table 17A.29; 2012 Report, figure 17.17, p. 17.29.

Achievement of independent housing on exit

‘Achievement of independent housing on exit’ is an indicator of governments’ objective to enable clients to participate as productive and self-reliant members of society at the end of their support period (box 17.6).

Box 17.6 Achievement of independent housing on exit

‘Achievement of independent housing on exit’ is defined as the number of closed support periods in which clients who requested assistance with obtaining or maintaining independent housing achieved independent housing, divided by the total number of closed support periods in which clients requested assistance obtaining or maintaining independent housing.

A high or increasing proportion of closed support periods in which clients achieve independent housing is desirable.

This indicator compares the proportion of clients who were in independent housing before and after they received support from homelessness services. It relates to relatively short term outcomes — that is, outcomes for clients immediately after their support period. Longer term outcomes are important, but more difficult to measure.

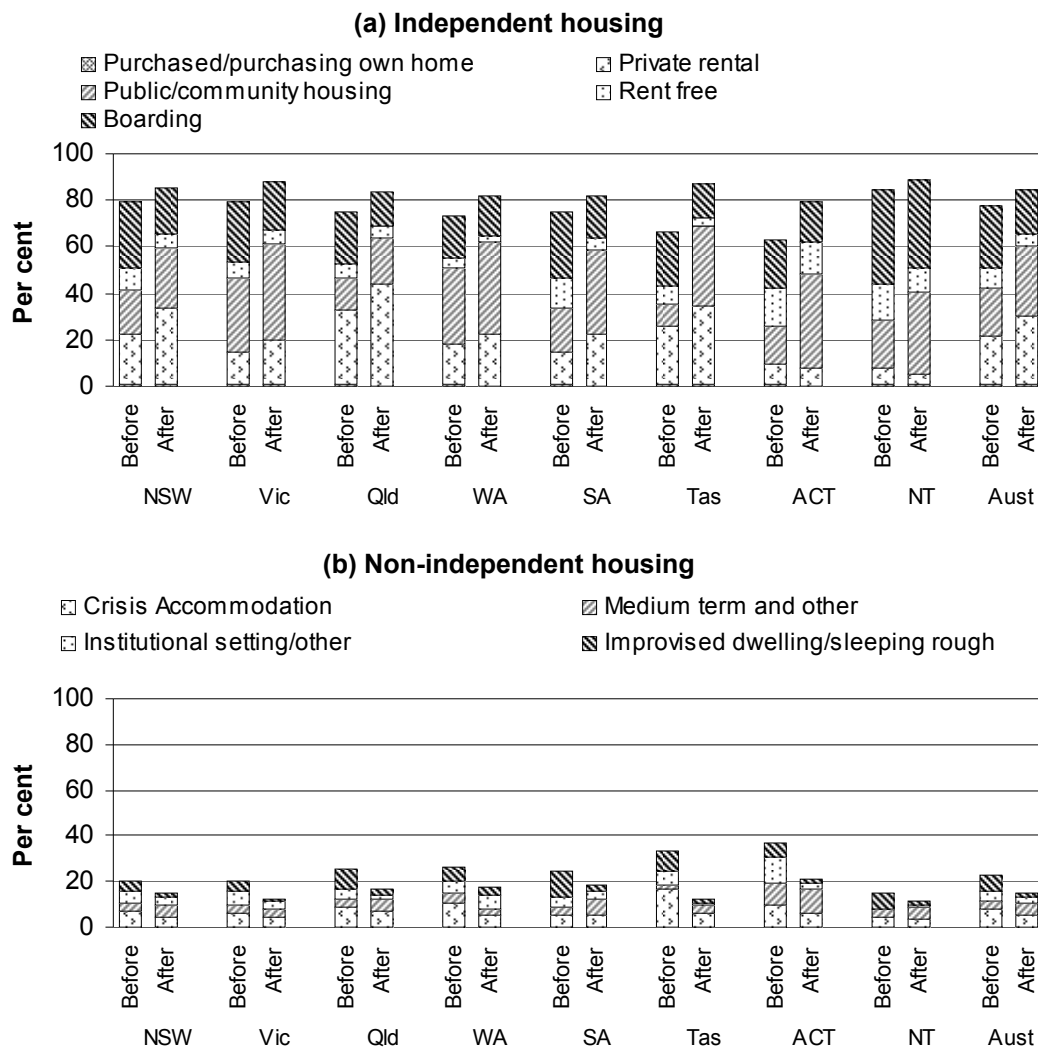
Data reported for this indicator are comparable. Some data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Among Indigenous clients, on a national basis, 84.7 per cent of clients who requested assistance with obtaining or maintaining independent housing achieved

independent housing at the end of a support period in 2009-10, including those who moved or returned to private rental housing (29.9 per cent), to public or community rental housing (29.9 per cent), and who were boarding (18.8 per cent) (figure 17.6a).

Closed support periods in which clients did not achieve independent housing included those who moved to, or continued to live in, short to medium term accommodation provided by homelessness services and other forms of non-independent accommodation (figure 17.6b).

Figure 17.6 Accommodation type before and after support, for clients who requested assistance with obtaining or maintaining housing, Indigenous clients, 2009-10



Source: AIHW (unpublished) SAAP NDCA *Administrative Data and Client Collections*; tables 17A.22; 2012 Report, figure 17.19, p. 17.32.

Clients with only one period of support within a year

‘Clients with only one period of support within a year’ is an indicator of governments’ objective to enable clients to participate independently in society at the end of their support period (box 17.7).

Box 17.7 Clients with only one period of support within a year

‘Clients with only one period of support within a year’ is defined by two measures:

- the number of clients with only one support period during the year, divided by the total number of clients
- the number of clients who more than once required housing or accommodation support (as distinct from other types of support such as employment assistance and counselling), divided by the number of clients who required housing or accommodation support.

Data are reported for all clients, and separately for Indigenous clients.

A high or increasing proportion of clients with only one support period during the year is desirable. A low or decreasing number of clients who more than once required housing or accommodation support specifically is desirable.

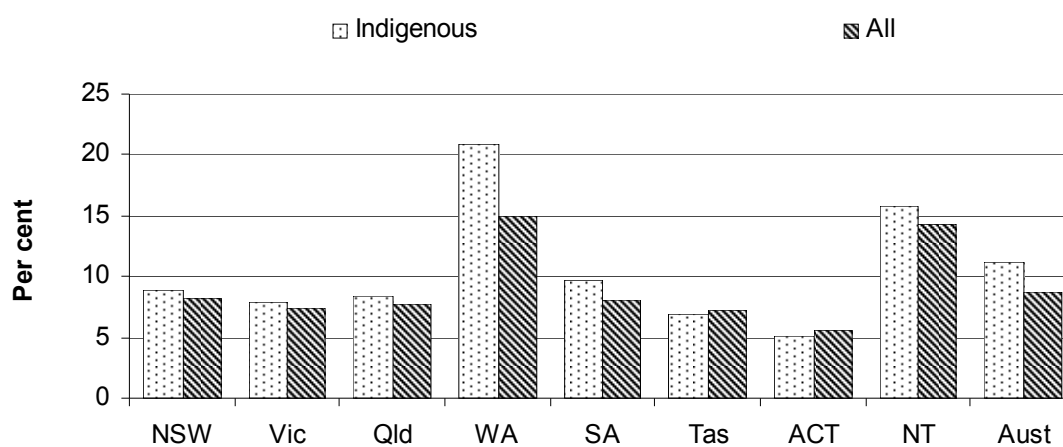
Many of the problems and barriers that lead people into homelessness are not easily fixed (FaHCSIA 2008). Therefore, a number of clients might access homelessness services several times before their needs are met on a permanent basis (for example, moving from crisis accommodation to medium term accommodation).

Data reported for this indicator are comparable. Some data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Nationally, 72.8 per cent of clients had only one support period in 2009-10 (2012 Report, figure 17.20). The proportion for Indigenous clients was similar (71.1 per cent) (table 17A.26).

Nationally, 8.7 per cent of all clients more than once required housing or accommodation support in 2009-10 (as distinct from other types of support such as employment assistance and counselling). The proportion for Indigenous clients was higher (11.2 per cent). These proportions varied across jurisdictions (figure 17.7).

Figure 17.7 Proportion of clients who more than once in 2009-10 required housing or accommodation support^a



^a All clients exclude those people for whom Indigenous status was unknown.

Source: AIHW (unpublished) SAAP NDCA Client Collection; table 17A.27; 2012 Report, figure 17.21, p. 17.35.

Definitions of key terms and indicators

Based on the SAAP data collection

Accommodation	Crisis or short term accommodation, medium term to long term accommodation, and other funded accommodation (which comprises accommodation at hostels, motels and hotels, accommodation in caravans, community placements and other government funded arrangements).
Agency	The body or establishment with which the State or Territory government or its representative agrees to provide a service. The legal entity has to be incorporated. Funding from the State or Territory government could be allocated directly (that is, from the government department) or indirectly (that is, from the auspice of the agency). The service could be provided at the agency's location or through an outlet at a different location.
Client	A person who is accommodated by a homelessness services agency, or enters into an ongoing support relationship with an agency, or receives support or assistance from an agency which entails generally 1 hour or more of a worker's time.
Crisis or short term supported accommodation	Supported accommodation for periods of generally not more than three months (short term), and for persons needing immediate short term accommodation (crisis).
Homeless person	<p>A person who does not have access to safe, secure and adequate housing. A person is considered to not have such access if the only housing to which he or she has access:</p> <ul style="list-style-type: none">• is damaged, or is likely to damage, the person's health• threatens the person's safety• marginalises the person by failing to provide access to adequate personal amenities or the economic and social supports that a home normally affords• places the person in circumstances that threaten or adversely affect the adequacy, safety, security and affordability of that housing• is of unsecured tenure. <p>A person is also considered homeless if living in accommodation provided by an agency or some other form of emergency accommodation.</p>
Indigenous person	A person who is of Aboriginal and/or Torres Strait Island descent, who identifies as being an Aboriginal and/or Torres Strait Islander, and who is accepted as such by the community with which they are associated.
Medium term to long term supported accommodation	Supported accommodation for periods over three months. Medium term is around three to six months and long term is longer than six months.
Outlet	A premise owned/managed/leased by an agency at which homelessness services are delivered. Excludes accommodation purchased using government funds (for example, at a motel).
Service	Supported accommodation, support or one-off assistance that is provided by an agency and intended to be used by homeless persons.
Support	Services, other than supported accommodation, that are provided to assist homeless people or persons at imminent risk of becoming homeless to achieve the maximum possible degree of self-reliance and independence. Support is ongoing and provided as part of a client

	relationship between the agency and the homeless person.
Support period	<p>The period that commences when a client establishes or re-establishes (after the cessation of a previous support period) an ongoing relationship with an agency. The support period ends when:</p> <ul style="list-style-type: none"> • support ceases because the client terminates the relationship with the agency • support ceases because the agency terminates the relationship with the client • no support is provided to the client for a period of one month. <p>A support period is relevant to the provision of supported accommodation or support, not the provision of one-off assistance.</p>
Supported accommodation	<p>Accommodation provided by an agency in conjunction with support. The accommodation component of supported accommodation is provided in the form of beds in particular locations or accommodation purchased using government funds (for example, at a motel). Agencies that provide accommodation without providing support are considered to provide supported accommodation.</p>
Unmet demand	<p>A homeless person who seeks supported accommodation or support, but is not provided with that supported accommodation or support. The person may receive one-off assistance.</p>

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a '17A' prefix (for example, table 17A.1 is table 1 in the Services for people with disability attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

Table 17A.9	Proportion of Indigenous people among all accommodated clients and among people whose valid requests for accommodation were unmet
Table 17A.12	Closed support periods, by the existence of a support plan, Indigenous clients
Table 17A.14	Support needs of Indigenous clients, met and unmet
Table 17A.22	Closed support periods in which Indigenous clients needed assistance to obtain/maintain independent housing, by type of tenure
Table 17A.24	Closed support periods: Labour force status of Indigenous clients who needed employment and training assistance, before and after support
Table 17A.26	Indigenous clients who exited from the service and who returned to agencies before the end of that year
Table 17A.27	Proportion of clients who more than once had a housing/accommodation need identified by an agency worker, by Indigenous status
Table 17A.29	Source of income immediately before and after support of Indigenous clients who needed assistance to obtain/maintain a pension or benefit

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A Statistical appendix

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Attachment tables

Attachment tables are identified in references throughout the Indigenous Compendium by an 'A' prefix (for example, in this appendix, table AA.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. A.1' this is page 1 of appendix A of the 2012 Report, and '2012 Report, table AA.1' is attachment table 1 of appendix AA of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this appendix, and the attachment tables are available from the Review website at www.pc.gov.au/gsp_

The Statistical appendix in the *Report on Government Services 2012* (2012 Report) contains contextual information to assist the interpretation of the performance indicators presented in that Report. Data are presented for Indigenous people for some items — those data are compiled and presented here. The 2012 Report

Statistical appendix also contains a discussion of the statistical concept of age standardisation and its application to prisoner population rates, and to death rates, for Indigenous and non-Indigenous people.

Most of the service areas covered by the 2012 Report use estimated resident population (ERP) data from tables AA.1 and AA.2 in the 2012 Report for descriptive information (such as expenditure per person in the population) and performance indicators (such as participation rates for vocational education and training [VET]).

Indigenous data in the Statistical appendix

The Statistical appendix in the 2012 Report contains the following data items for Indigenous people:

- population size and trends
- population, by ethnicity and proficiency in English
- Indigenous population profile
- income
- educational attainment.

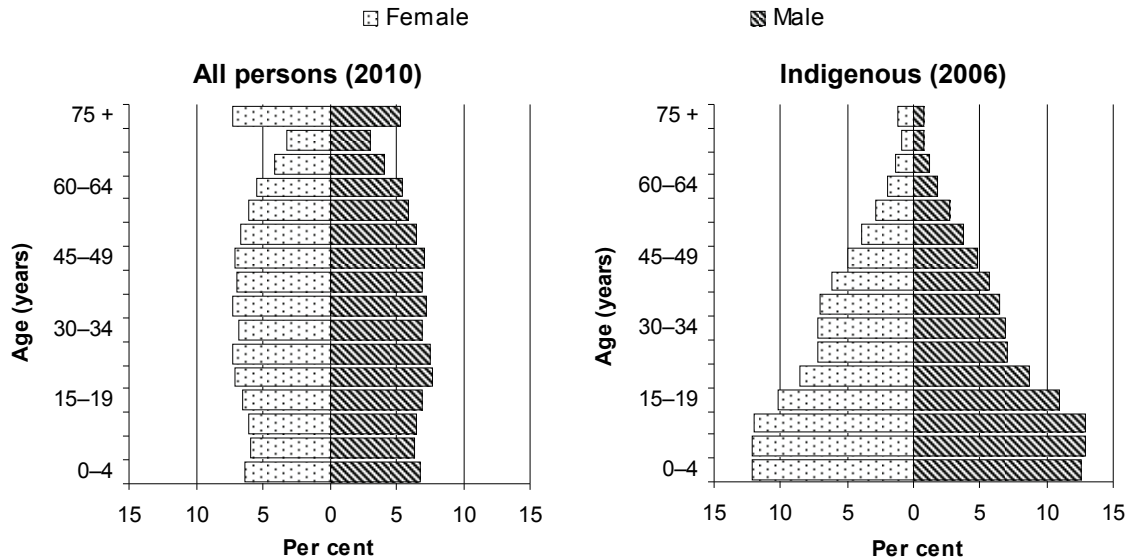
Population size and trends

More than three quarters of Australia's 22.3 million people lived in the eastern mainland states as at 30 June 2010, with NSW, Victoria and Queensland accounting for 32.4 per cent, 24.8 per cent and 20.2 per cent, respectively, of the nation's population. Western Australia and SA accounted for a further 10.3 per cent and 7.4 per cent, respectively, of the population, while Tasmania, the ACT and the NT accounted for the remaining 2.3 per cent, 1.6 per cent and 1.0 per cent, respectively (2012 Report, table AA.1). As the majority of Australia's population lives in the eastern mainland states, these jurisdictions generally have a large influence on national averages.

As in most other developed economies, greater life expectancy and declining fertility have contributed to an 'ageing' of Australia's population. However, the age distribution of Indigenous Australians is markedly different (figure A.1). At 30 June 2010, 9.4 per cent of Australia's population was aged 70 years or over, in contrast to 1.8 per cent of Australia's Indigenous population, as at 30 June 2006 (2012 Report, tables AA.1 and AA.11). Across jurisdictions, the proportion of all

people aged 70 years or over ranged from 11.2 per cent in SA to 3.1 per cent in the NT (2012 Report, table AA.1).

Figure A.1 Population distribution, Australia, by age and sex, 30 June^{a, b}



^a Includes other territories. ^b Experimental estimates at 30 June 2006 are preliminary rebased estimates and are based on the 2006 Census of Population and Housing.

Source: ABS (2010) *Population by Age and Sex, Australian States and Territories, June 2010*, Cat. no. 3201.0; ABS (2007) *Australian Demographic Statistics, March 2007*, Cat. no. 3101.0; 2012 Report, tables AA.1 and AA.11; 2012 Report, figure A.1, p. A. 3.

Population, by ethnicity and proficiency in English

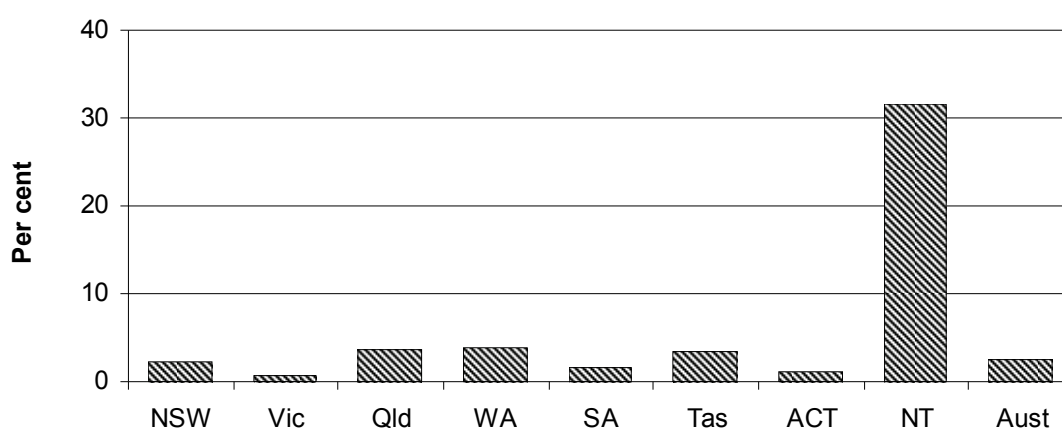
In the NT, 15.1 per cent of people spoke an Australian Indigenous language (65.3 per cent of the total people in the NT who spoke a language other than English in their homes) (table AA.8).

Indigenous population profile

There were an estimated 517 174 Indigenous people (259 693 female and 257 481 male) in Australia at 30 June 2006, accounting for approximately 2.5 per cent of the total population (2012 Report, tables AA.2 and AA.11). The proportion of people who identified as Indigenous were significantly higher in the NT (31.6 per cent) than in any other jurisdiction. Across the other jurisdictions, the proportion ranged from 3.8 per cent in WA to 0.6 per cent in Victoria (figure A.2). Nationally, the Indigenous population is projected to grow to 615 309 people in 2014 (table AA.12).

The majority of Indigenous people (81.8 per cent) at August 2006 spoke only English at home, while a further 9.0 per cent spoke an Indigenous language and also spoke English very well or well. However, 2.2 per cent did not speak English well or at all (up to 12.2 per cent in the NT). Nationally, 5.2 per cent of Indigenous people did not state whether they spoke a language other than English at home (table AA.14).

Figure A.2 Indigenous people as a proportion of the population, 30 June 2006^{a, b, c}



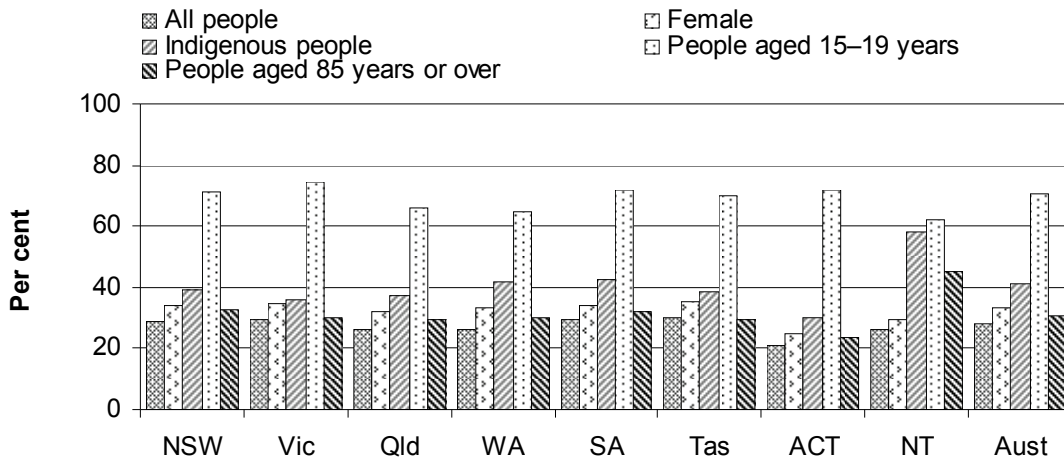
^a 'Australia' includes other territories. ^b Experimental estimates of the Australian Indigenous population at 30 June 2006 are preliminary rebased estimates and are based on the *2006 Census of Population and Housing*. ^c Historical rates in 2012 Report, table AA.2 may differ from those in reports prior to 2010, as historical data have been revised using final rebased ERP data following the *2006 Census of Population and Housing* (for 30 June 2006).

Source: ABS (2010) *Australian Demographic Statistics, December Quarter 2009*, Cat. no. 3101.0; ABS (2007) *Australian Demographic Statistics, March Quarter 2007*, Cat. no. 3101.0; 2012 Report, tables AA.2 and AA.11; 2012 Report, figure A.5, p. A.7.

Income

Nationally, 28.0 per cent of people aged 15 years or over in August 2006 had a relatively low weekly individual income of \$249 or less (2012 Report, table AA.25). The proportion was considerably higher for younger people (70.3 per cent for people aged 15–19 years), Indigenous people (41.4 per cent) and females (33.5 per cent) but similar for older people (30.9 per cent for people aged 85 years or over) (figure A.3).

Figure A.3 **Weekly individual income of \$249 or less, by sex, Indigenous status and age, 2006^a**



^a 'Australia' includes other territories.

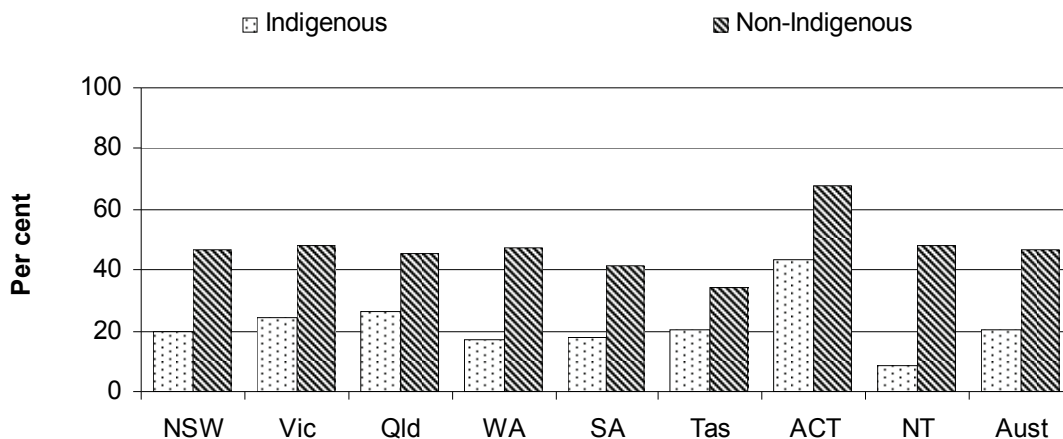
Source: ABS (2007 and unpublished) *2006 Census of Population and Housing*, Cat. no. 2068.0; table AA.27 and 2012 Report, tables AA.25 and AA.29.

Educational attainment

Employment outcomes and income are closely linked to the education and skill levels of individuals. At August 2006, 43.7 per cent of people aged 15 years or over (approximately 6.7 million people) had completed year 12. A further 22.6 per cent (3.4 million people) had a highest level of schooling of year 10. Across jurisdictions, the proportion of people aged 15 years or over who had completed year 12 schooling ranged from 64.9 per cent in the ACT to 32.4 per cent in Tasmania (2012 Report, figure A.10).

At August 2006, a much higher proportion of non-Indigenous people (46.5 per cent) aged 15 years or over had completed year 12 as their highest year of school (this is the highest level of primary or secondary school a person has completed) than Indigenous people (20.1 per cent). Across jurisdictions, the proportions of Indigenous people aged 15 years or over who had completed year 12 schooling ranged from 43.4 per cent in the ACT to 8.6 per cent in the NT. The proportion of non-Indigenous people who had completed year 12 schooling was highest in the ACT (68.1 per cent) and lowest in Tasmania (34.1 per cent) (figure A.4).

Figure A.4 Proportion of people aged 15 years or over who have completed year 12, by Indigenous status, 2006^{a, b, c}

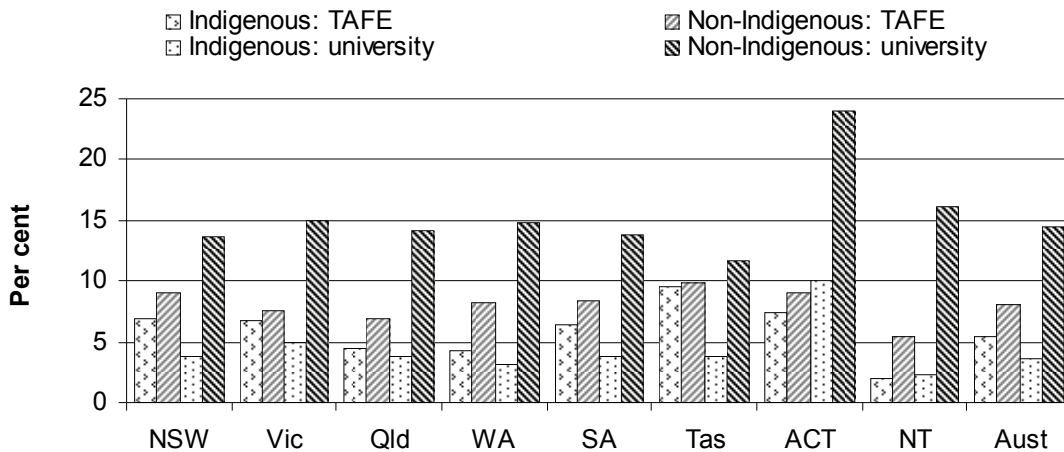


^a 'Australia' includes other territories. ^b Includes people who did not state their highest year of school completed. ^c Includes 'Aboriginal', 'Torres Strait Islander' and 'both Aboriginal and Torres Strait Islander'.

Source: ABS (unpublished) 2006 Census of Population and Housing, Cat. no. 2068.0; table AA.32; 2012 Report, figure A.11, p. A.14.

In August 2006, the proportion of Indigenous tertiary students who were attending TAFE was highest in Tasmania (9.5 per cent) and lowest in the NT (2.0 per cent). The proportion of non-Indigenous students attending university (14.4 per cent) was considerably higher than the proportion of Indigenous students (3.7 per cent). Across jurisdictions, the proportion of non-Indigenous students attending university ranged from 24.0 per cent in the ACT to 11.7 per cent in Tasmania. For Indigenous students the proportion ranged from 10.0 per cent in the ACT to 2.2 per cent in the NT (figure A.5).

Figure A.5 Proportion of students attending tertiary education institutions, by Indigenous status, 2006^{a, b}



^a 'Australia' includes other territories. ^b Includes 'technical and further educational institution (including TAFE colleges)'.

Source: ABS (2007) 2006 Census of Population and Housing, Cat. no. 2068.0; table AA.34; 2012 Report, figure A.13, p. A.15.

Statistical concepts used in the Report — age standardisation of data

Rationale for age standardisation of data

The age profile of Australians varies across jurisdictions, periods of time, geographic areas and/or population sub-groups (for example, between Indigenous and non-Indigenous populations). Variations in age profiles are important because they can affect the likelihood of using a particular service (such as a public hospital) or particular 'events' occurring (such as death, incidence of disease or incarceration). Age standardisation adjusts for the effect of variations in age profiles when comparing service usage, or rates, of particular events across different populations.

Calculating age standardised rates

Age standardisation adjusts each of the comparison/study populations (for example, Indigenous and non-Indigenous) against a standard population (box A.1). The standard population generally used is the final 30 June estimated Australian resident total population for the most recent year ending in '1' (for example, 1991 and 2001) (AIHW 2008). The result is a standardised estimate for each of the comparison/study populations.

The Review generally reports age-standardised rates that have been calculated using either one of two methods, as appropriate. The direct method is generally used for comparisons between study groups. The indirect method is recommended when the age-specific rates for the population being studied are not known (or are unreliable), but the total number of events is known (AIHW 2008).

- The *direct method* has three steps:

Step 1: Calculate the age-specific rate for each age group for the study/comparison group.

Step 2: Calculate the expected number of ‘events’ in each age group by multiplying the age-specific rates by the corresponding standard population.

Step 3: Sum the expected number of cases in each age group and divide by the total of the standard population (box A.1, equation A.12).

- The *indirect method* has four steps:

Step 1: Calculate the age-specific rates for each age group in the standard population.

Step 2: Apply the age-specific rates resulting from step 1 to the number in each age group of the study population and sum to derive the total ‘expected’ number of cases for the study population.

Step 3: Divide the observed number of events in the study population by the ‘expected’ number of cases for the study population derived in step 2.

Step 4: Multiply the result of step 3 by the crude rate in the standard population (box A.1, equation A.13).

Box A.1 Technical concepts and formulas — direct and indirect age standardisation

The formula for deriving the age standardised rate using the direct method is:

$$SR = \frac{\sum(r_i P_i)}{\sum P_i} \quad (\text{equation A.12})$$

The formula for deriving the age standardised rate using the indirect method is:

$$SR = \frac{C}{\sum(R_i p_i)} \times R \quad (\text{equation A.13})$$

The formula for deriving the age standardised ratio using the indirect method is:

$$SR_a = \frac{C}{\sum(R_i p_i)} \quad (\text{equation A.14})$$

Where:

SR is the age-standardised rate for the population being studied

SR_a is the standardised ratio for the population being studied

r_i is the age-group specific rate for age group i in the population being studied

P_i is the population of age group i in the standard population

C is the observed number of events in the population being studied

$\sum(R_i p_i)$ is the expected number of events in the population being studied

R_i is the age-group specific rate for age group i in the standard population

p_i is the population for age group i in the population being studied

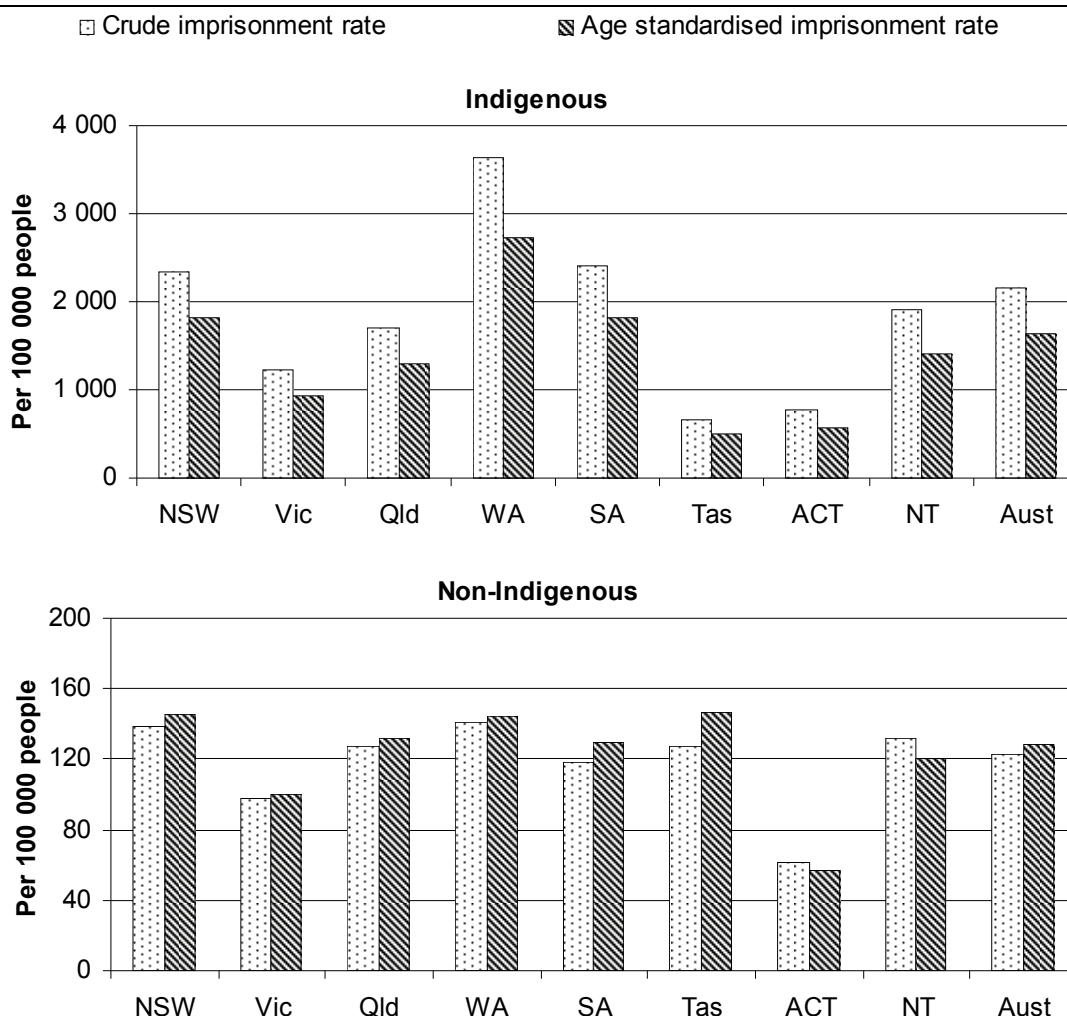
R is the crude rate in the standard population.

Source: AIHW (2008).

Tables AA.40 and AA.41 in the attachment contain examples of the application of direct and indirect age standardisation, respectively. Standardised rates are generally multiplied by 1000 or 100 000 to avoid small decimal fractions. They are then reported as age standardised rates per 1000 or 100 000 population (AIHW 2008).

Figure A.6 compares crude imprisonment rates and imprisonment rates standardised against the age profile of the total Australian prisoner population for Indigenous and non-Indigenous people.

Figure A.6 Indigenous and non-Indigenous crude and age standardised imprisonment rates, 2007-08^{a, b}



^a For detailed notes relating to these figures, please see the *Report on Government Services 2009*, table 8A.4. ^b Rates are based on the indirect standardisation method, applying age-group imprisonment rates derived from Prison Census data.

Source: ABS (unpublished) *Australian Demographic Statistics, December 2007*, Cat. no. 3101.0; ABS (unpublished) *Experimental Projections Aboriginal and Torres Strait Islander Population*, Cat. no. 3231.0; ABS (unpublished) *Prisoners in Australia*, Cat. no. 4517.0; State and Territory governments (unpublished); SCRGSP (2009) *Report on Government Services 2009*, table 8A.4; table AA.41; 2012 Report, figure A.17, p. A.30.

Calculating age standardised ratios

A variation of the *indirect method* is used to calculate age standardised ratios (box A.1). These ratios express the overall experience of a study population in terms of a standard population, where the standard population is the population to which the study population is being compared.

Application of age standardised ratios

Standardised Mortality Ratios (SMRs) have been used to compare death rates between the Indigenous and non-Indigenous populations (table A.1). The SMR is the ratio between the observed number of deaths in the Indigenous population and the expected number of deaths that would have occurred if the Indigenous population experienced the same age-specific death rates as the non-Indigenous population. If the SMR is greater than 1.0, there were more deaths than expected; if the ratio is less than 1.0, there were fewer deaths than expected (ABS and AIHW 2008).

New developments in age standardisation techniques

The ABS and the AIHW have recently worked on improving age-standardisation techniques. These developments will be considered by the Steering Committee during 2012.

Principles on the use of direct age-standardisation in administrative data collections: for measuring the gap between Indigenous and non-Indigenous Australians (AIHW 2011) recommends that the direct method of age-standardisation be used for purposes of comparing health and welfare outcome measures (for example, mortality rates, life expectancy, hospital separation rates and disease incidence rates) of the Indigenous population and non-Indigenous population. The report provides consistency and guidance on when and how to use the direct age-standardisation method and under what circumstances it should not be used.

Table A.1 Indigenous deaths, main causes and standardised mortality ratios, 2001–2005^{a, b}

	Male			Female		
	Number Observed	Number Expected	SMR	Number Observed	Number Expected	SMR
Diseases of the circulatory system	1 150	360	3.2	856	320	2.7
External causes	851	292	2.9	369	105	3.5
Neoplasms	592	406	1.5	547	351	1.6
Endocrine, nutritional and metabolic diseases	315	42	7.5	367	36	10.1
Diabetes	281	26	10.8	319	22	14.5
Diseases of the respiratory system	378	88	4.3	281	77	3.6
Diseases of the digestive system	251	43	5.8	182	36	5.1
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	169	28	6.0	85	19	4.6
Certain conditions originating in the perinatal period	126	44	2.9	82	36	2.3
Diseases of the genitourinary system	79	16	4.8	119	20	6.0
Diseases of the nervous system	122	42	2.9	69	44	1.6
Certain infectious and parasitic diseases	102	20	5.1	72	14	5.0
Mental and behavioural disorders	101	17	5.8	72	23	3.1
All causes	4329	1438	3.0	3215	1123	2.9

SMR = Standardised Mortality Ratio. ^a Data for Queensland, WA, SA and NT combined. Deaths are based on year of registration of death. Disease groupings are based on ICD-10 chapter. ^b Standardised mortality ratio is the observed Indigenous deaths divided by expected Indigenous deaths, based on the age, sex and cause-specific rates for non-Indigenous people.

Source: ABS and AIHW (2008) *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2008*, Cat. no. 4704.0; 2012 Report, table A.3, p. A.32.

List of attachment tables

Attachment tables for data within this appendix are contained in the attachment to the Compendium. These tables are identified in references throughout this appendix by a 'AA' prefix (for example, table AA.1 is table 1 in the appendix attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

Population

Table AA.5	People by country of birth, 2001
Table AA.6	People by country of birth, 2006
Table AA.7	People by language spoken at home, 2001 ('000)
Table AA.8	People by language spoken at home, 2006 ('000)
Table AA.10	Preliminary estimated resident Indigenous population by age and sex, 30 June 2001
Table AA.11	Experimental estimated resident Australian Indigenous population, 30 June 2006
Table AA.12	Experimental projection of the Indigenous population, 2006 to 2014, (number)
Table AA.13	Language spoken at home by Indigenous people and proficiency in spoken English, by sex, 2001 (number)
Table AA.14	Language spoken at home by Indigenous people and proficiency in spoken English, by sex, 2006 (number)

Family and household

Table AA.18	Families and people in families in occupied private dwellings by Indigenous status and family/household composition, 2001
Table AA.19	Families and people in families in occupied private dwellings by Indigenous status and family/household composition, 2006

Income and employment

Table AA.26	People aged 15 years or over by weekly individual income and Indigenous status, 2001
Table AA.27	People aged 15 years or over by weekly individual income and Indigenous status, 2006
Table AA.31	Highest level of schooling completed by people aged 15 years or over, by Indigenous status, 2001 ('000)
Table AA.32	Highest level of schooling completed by people aged 15 years or over, by Indigenous status (excluding people still attending secondary school), 2006 ('000)
Table AA.33	Type of educational institution attending by Indigenous status, 2001 ('000)
Table AA.34	Type of educational institution attending by Indigenous status, 2006 ('000)

General economic indicators

Table AA.38	Gross State Product, 2005-06 to 2009-10, (2009-10 dollars)
Table AA.39	Gross Domestic Product price deflator (index)

Statistical concepts

Table AA.40	Age standardisation of data using the direct method
Table AA.41	Age standardisation of data using the indirect method

References

ABS and AIHW (Australian Institute of Health and Welfare) 2008, *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, Cat. no. 4704.0, Canberra.

AIHW 2008, Age-standardised rate, METeOR, meteor.aihw.gov.au/content/index.phtml/itemId/327276 (accessed 10 September 2008).

— 2011, Principles on the use of direct age-standardisation in administrative data collections: for measuring the gap between Indigenous and non-Indigenous Australians, Cat. No. CSI12, Canberra.