

Report on
Government
Services
2006

Indigenous
Compendium

*Steering Committee
for the Review of
Government Service
Provision*

May 2006

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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 2006.

1 Background

This compendium of Indigenous data is drawn entirely from information contained in the *Report on Government Services 2006* (2006 Report). The Report, which is published annually, is the product of the Review of Government Services Provision. Heads of government established the Review of Government Service Provision (the Review) in 1993 to provide information on the effectiveness and efficiency of government services in Australia (see box 1.1).

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

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

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

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

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

Source: Report on Government Services 2006, p. xxiii

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

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

The 2006 Report, now in its eleventh edition, is a tool for government. It has been used for strategic budget and policy planning, and for policy evaluation. Information in the Report has been used to assess the resource needs and resource performance of departments. It has also been used to identify jurisdictions with whom to share information on services.

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

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

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

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

- Education
- Health
- Justice

-
- Emergency management
 - Community services
 - Housing.

Indigenous reporting

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

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

The 2003 and 2005 Indigenous Disadvantage Reports are included on the CD-ROM that accompanies the Report on Government Services, and can be found on the Review web page (www.pc.gov.au/gsp).

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

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

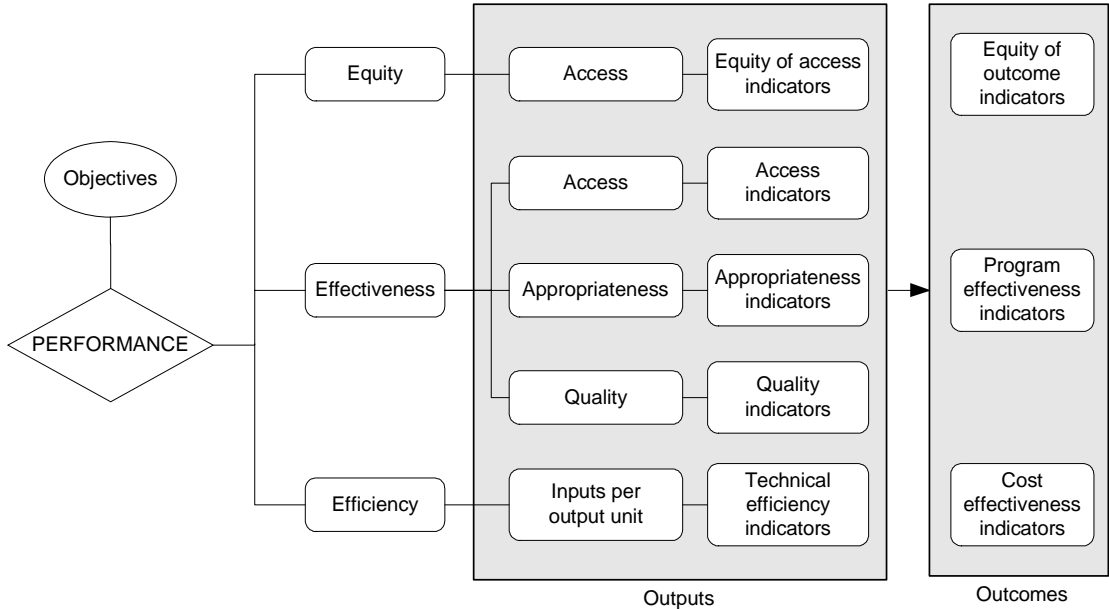
The Report on Government Services will continue to provide information, through key indicators, on the performance of specified government agencies and programs in delivering services to Indigenous people.

The new performance indicator framework

The Steering Committee revised the general framework for performance indicators in 2002 and this framework has now been implemented in all chapters. The new approach reflects governments’ adoption of accrual accounting and depicts the Review’s focus on outcomes, consistent with demand by governments for outcome oriented performance information. The new framework also emphasises the importance of equity and draws out the distinction between equity and access.

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

Figure 1.1 A general framework and examples of performance indicators



Source: 2006 Report, p. 1.11, figure 1.2.

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

Box 1.2 **Benchmarking**

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

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

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

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

The service process

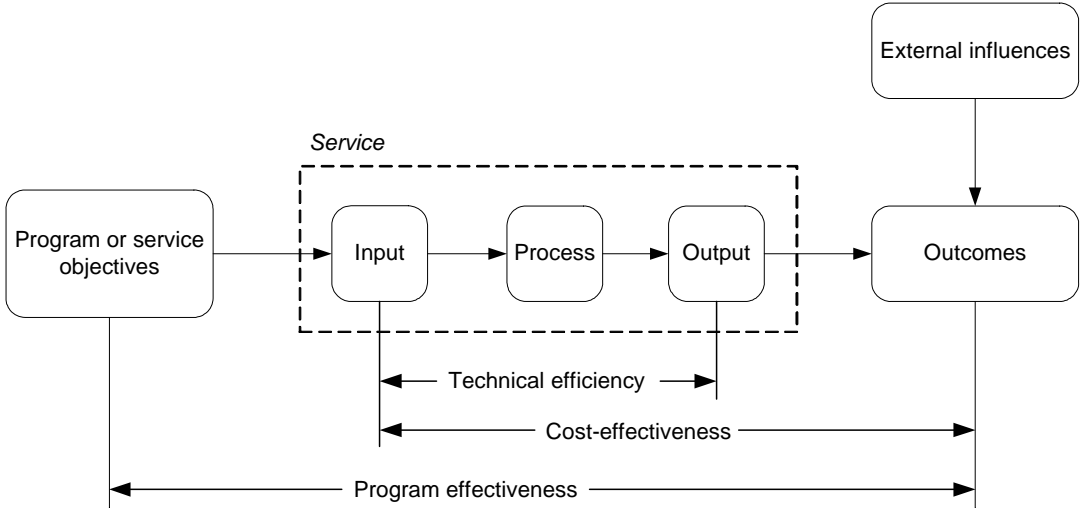
The Report's general framework reflects the service process through which service providers transform inputs into outputs and outcomes in order to achieve desired objectives.

For each service, governments have a number of objectives that relate to desired outcomes for the community. To achieve these objectives, governments fund service providers and/or provide services. Service providers transform funds/resources (inputs) into services (outputs). The rate at which resources are used to make this transformation is known as 'technical efficiency'. The impacts of these outputs on individuals, groups and the community are the outcomes of the service. The rate at which resources are used to generate outcomes is referred to as 'cost effectiveness' in this Report. Often, outcomes are also influenced by factors external to the service. Outputs too may be affected by external factors, but to a lesser extent. The glossary to the Report provides further definitions. Figure 1.2

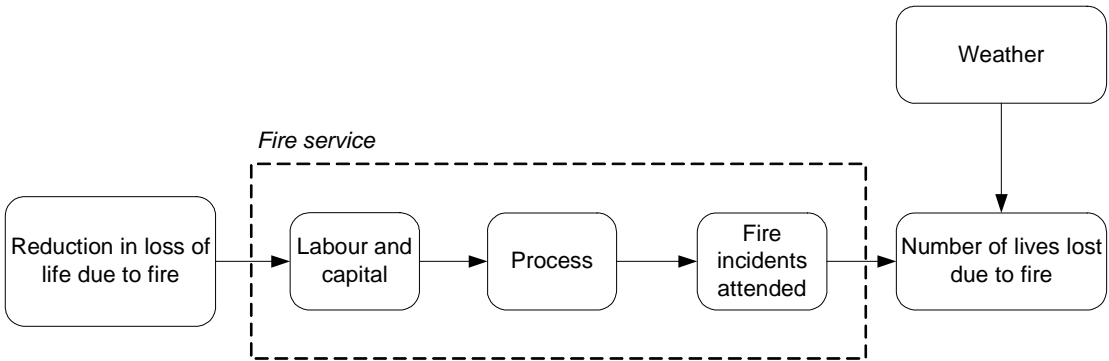
illustrates the service process, portrays the influence of factors external to a service, and distinguishes between program efficiency and program effectiveness.

Figure 1.2 Service process

Example: general model



Example: fire services



Source: 2006 Report, p. 1.13, figure 1.3.

Objectives

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

Distinguishing outcomes and outputs

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

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

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

The approach in this Report is to:

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

Output indicators can be grouped according to the desired characteristics of a service — for example, accessibility, appropriateness or quality (see figure 1.1). These desired characteristics may differ across services. By contrast, outcome indicators are not grouped according to desired characteristics. Outcomes depend on a number of the characteristics of a service as well as being subject to external factors.

Equity, effectiveness and efficiency

Since its inception, the Report has taken a comprehensive view of performance reporting, acknowledging the trade-offs inherent in allocating resources and the dangers of 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 in meeting each client’s

specific needs and, therefore, be more cost effective. Performance assessment should thus incorporate indicators across all relevant dimensions.

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

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

Equity

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

Box 1.3 Equity

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

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

In the context of performance measurement for service delivery, *horizontal* equity is exhibited when services are equally accessible to everyone in the community with a similar level of need.

Service delivery exhibits *vertical* equity when it accounts for the special needs of certain groups in the community and adjusts aspects of service delivery to suit these needs. This approach may be needed where geographic, cultural or other reasons mean some members of the community have difficulty accessing a standard service.

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

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

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

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

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

Where geographic location is used to identify groups with special needs, data are usually disaggregated according to either the metropolitan, rural and remote area classification system or the Australian Bureau of Statistics’ Australian Standard Geographical Classification of remoteness areas (ABS 2005). These classifications are generally based on population density and/or the distance that residents need to

travel to access services. The geographic classification system used in each chapter is outlined in chapter 2.

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

Effectiveness

Effectiveness indicators measure how well the outputs of a service achieve the stated objectives of that service. The reporting framework groups indicators of the effectiveness of outputs 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 (for example, access to school education and police services). In this Report, access has two main dimensions, undue delay (timeliness) and undue cost (affordability). Timeliness indicators in this Report include waiting times (for example, in public hospitals and for aged care services). Affordability indicators in this Report relate to the proportion of income spent on particular services (for example, out-of-pocket expenses in children's services).

Appropriateness

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

Some services have developed measurable standards of service need against which the current levels of service can be assessed. The 'overcrowding' measure in housing, for example, measures the appropriateness of the size of the dwelling

relative to the size of the tenant household. Other services have few measurable standards of service need; for example, the appropriate number of medical treatments available for particular populations is not known. Data on differences in service levels, however, can indicate where further work could identify possible underservicing or overservicing.

Quality

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

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

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

Efficiency

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

- technical efficiency requires that goods and services be produced at the lowest possible cost
- allocative efficiency requires the production of the set of goods and services that consumers value most, from a given set of resources

-
- dynamic efficiency means that consumers are offered, over time, new and better products, and existing products at lower cost.

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

Comparisons of unit cost of a service are a more meaningful input to public policy when they use the full cost to government, accounting for all resources consumed in providing the service. Problems can occur when some costs of providing services are overlooked or treated inconsistently (for example, superannuation, overheads or the user cost of capital). The Steering Committee 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.

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2 The compendium of Indigenous data

The primary aim of the compendium is to provide an easily accessible collation of Indigenous data from the *Report on Government Services 2006* (2006 Report). Currently, information and data on Indigenous people are contained within the discussion of each specific service delivery area of the Report.

The report on *Overcoming Indigenous Disadvantage: Key Indicators 2005* (SCRGSP 2005) is a separate report from the Report on Government Services. The data contained in this compendium (obtained from the 2006 Report) — focussing on the efficiency and effectiveness of specific areas of service delivery — can provide information that complements the material in the Indigenous Disadvantage Report.

Improvements in reporting of Indigenous data

Improvements to the Indigenous data within the 2006 Report were made in the education, health, community services and housing chapters. These included:

- *Education*: ‘Vocational education and training’ (chapter 4) has been improved by inclusion of a stand-alone indicator for Indigenous people participating in VET.
- *Health*: ‘Primary and community health’ (chapter 10) has been improved by inclusion of Indigenous data for the ‘hospitalisations for vaccine preventable conditions’ and ‘hospitalisations for diabetes’ indicators (previously reported in ‘Public hospitals’ (chapter 10)).
- *Community Services*: ‘Aged care services’ (chapter 12) has been improved by reporting of age and sex-specific usage rates by remoteness category for Indigenous populations. A combined rate is provided for high and low care residential services and Community Aged Care Packages.
- *Housing*: In chapter 16 (‘Housing’) data are reported for the first time on customer satisfaction with State owned and managed Indigenous housing.

Timeliness

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

Table 2.1 provides a stocktake of data on Indigenous Australians in the 2006 Report, indicating which services have reported on at least one comparable performance indicator, or have descriptive data, for all jurisdictions. The table does not signify the quality of the data.

Care in interpreting Indigenous data

Readers should exercise caution in interpreting data on services to Indigenous people within this compendium and the 2006 Report.

The task of collecting data on Indigenous Australians is complicated by the fact that many administrative data collections do not distinguish between Indigenous and non-Indigenous clients. The method and level of identification of Indigenous people appear to vary across jurisdictions. Further, surveys do not necessarily include an Indigenous identifier; where they do, this may not provide for sufficient sampling to provide reliable results.

Table 2.1 Reporting of at least one comparable data item on Indigenous Australians, 2006 Report

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

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

Source: 2006 Report, p. 2.18, table 2.4.

Improving Indigenous data

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

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

The Ministerial Council on Aboriginal and Torres Strait Islander Affairs has established a working party to develop an Indigenous Demographics paper, that aims to identify methodological issues in Indigenous data collections, outline how these are being addressed and identify any remaining gaps.

The Review will draw on these initiatives in future reports.

References

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

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

A Education preface

Part A: Education preface

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

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

- the school education sector, as reflected in the national goals for schooling (box 3.1, *Report on Government Services 2006* [2006 Report]), include a focus on developing the capacities and talents of all young people so they have the necessary knowledge, understanding, skills and values for a productive and rewarding life
- the VET sector, as reflected in the national strategy for VET 2004–10 (2006 Report, box 4.3), include a focus on giving industry a highly skilled workforce to support strong performance in the global economy; making employers and students the centre of VET; strengthening communities and regions economically and socially through learning and employment; and giving Indigenous Australians skills for viable jobs and to ensure their learning culture will be shared
- the higher education sector, as reflected in the *Higher Education Report for the 2003–2005 Triennium*, include advancing and applying knowledge and understanding to benefit the Australian economy and society.

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

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

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

References

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

— 2006, *Report on Government Services 2006*, Productivity Commission, Canberra.

3 School education

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

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

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

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

Indigenous data in the school education chapter

The school education chapter in the *Report on Government Services 2006* (2006 Report) contains the following data items on Indigenous people:

- the number of full time students (and as a proportion of all students) in government, non-government and all schools, 2004
- apparent retention rates of full time secondary students from year 7 or 8 to year 10, 2004
- apparent retention rates of full time secondary students from year 10 to year 12, 2004
- proportion of students achieving the years 3, 5 and 7 reading benchmark, 2001, 2002 and 2003

-
- proportion of students achieving the years 3, 5 and 7 writing benchmark, 2001, 2002 and 2003
 - proportion of students achieving the years 3, 5 and 7 numeracy benchmark, 2001, 2002 and 2003
 - proportion of year 6 students achieving at or above the proficient standard in science literacy, by equity group, 2003
 - proportion of 15 year old secondary students achieving at or above the OECD mean for reading, mathematical, scientific literacy and problem solving
 - proportion of 15 year old students achieving level 3 or above in the overall reading literacy scale, 2003.

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

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

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

Information on Australian Government spending on Indigenous specific programs, can be found in table 3A.1.

Supporting tables

Supporting tables for data within the school education chapter of this compendium are contained in attachment 3A of the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 3A.3 is table 3 in the school education attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to ‘2006 Report, p. 3.15’ this is page 15 of chapter 3 of the 2006 Report, and ‘2006 Report, table 3A.2’ is attachment table 2 of attachment 3 of the 2006 Report.

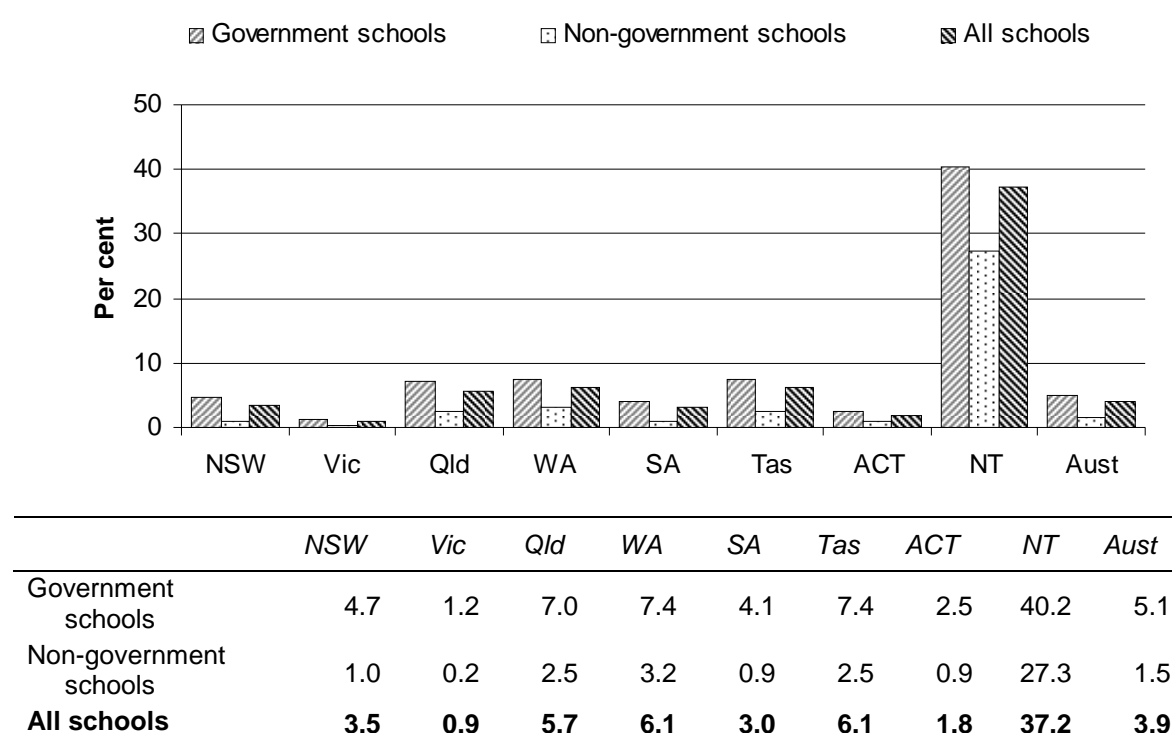
Indigenous full-time students, 2004

Certain groups of students, including Indigenous students, have been identified as having special needs in school education. Government schools provide education for a high proportion of students from special needs groups. In 2004, 87.4 per cent of Indigenous students attended government schools (table 3A.2).

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

In all jurisdictions, the proportion of full time Indigenous students was higher in government schools than in non-government schools. Nationally, the proportion of full time Indigenous students was 5.1 per cent for government schools and 1.5 per cent for non-government schools (figure 3.1).

Figure 3.1 Indigenous students as a proportion of all students, 2004^a



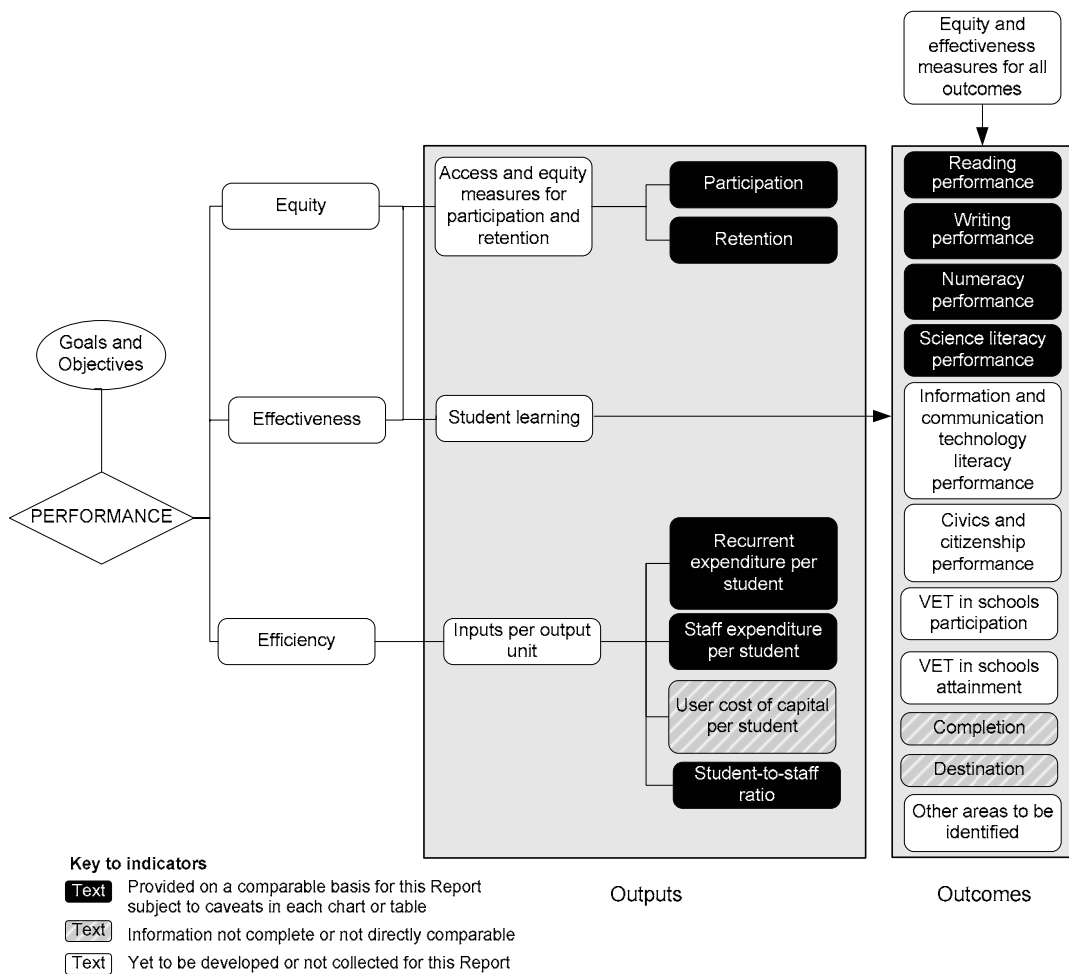
^a Full time students.

Source: ABS (2005); table 3A.2; 2006 Report, p. 3.10, figure 3.2.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for school education in the 2006 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 3.2. The performance indicator framework shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 3.2 Performance indicators for all schools



Source: 2006 Report, p. 3.18, figure 3.6.

Retention

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

Box 3.1 **Retention**

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

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

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

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

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

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

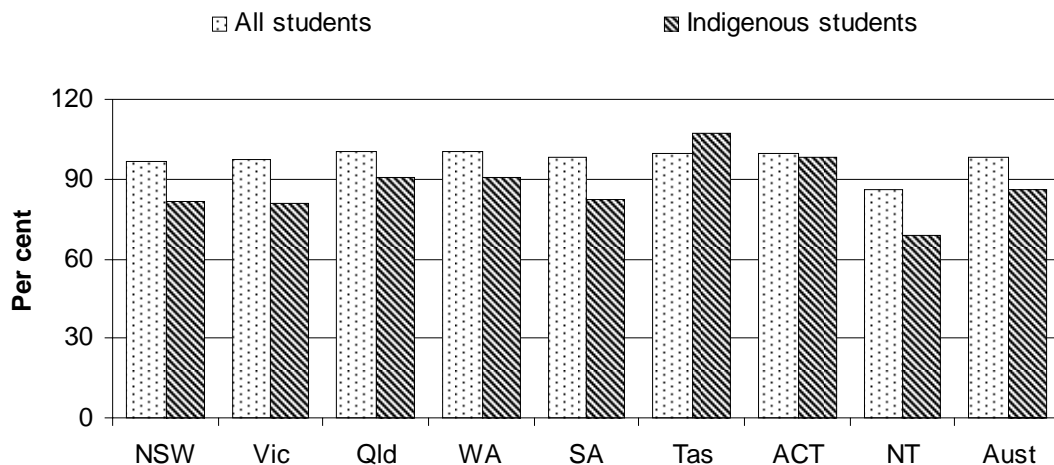
The indicator has been consistently reported over time, but does not reflect factors such as:

- students repeating a year of education or returning to education after a period of absence
- interstate movement of students
- movement between the government school sector and the non-government school sector
- the impacts of migration and full fee paying overseas students
- varying enrolment patterns in which students choose to complete their secondary schooling in TAFE institutes.

Apparent rates of retention from the commencement of secondary school at year 7 or 8 to year 10 provide one measure of the equity of outcomes for Indigenous students. Apparent retention rates for all students in most jurisdictions were 97–100 per cent in 2004 with a national proportion of 98.1 (figure 3.3). High rates are to be expected because normal year level progression means students in year 10 are generally of an age at which schooling is compulsory.

Rates for Indigenous students were considerably lower than those for all students in most jurisdictions. The national retention rate for Indigenous students was 85.8 per cent, or 12.3 percentage points lower than that for all students.

Figure 3.3 Apparent retention rate from year 7 or 8 to year 10, full time secondary students, all schools, by Indigenous status 2004^{a, b, c, d}



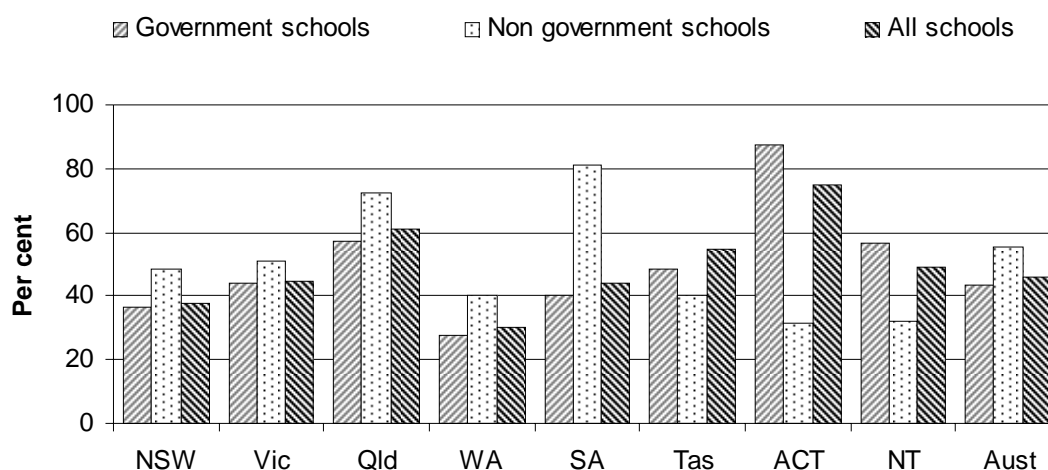
^a Apparent retention rates are affected by factors that vary across jurisdictions. For this reason, variations in apparent retention rates over time within jurisdictions may be more useful than comparisons across jurisdictions. ^b Retention rates can exceed 100 per cent for a variety of reasons, including student transfers between jurisdictions and between government and non-government schools after the base year. ^c The exclusion of part time students from standard apparent retention rate calculations has implications for the interpretation of results for all jurisdictions, but particularly for SA, Tasmania and the NT where there are high proportions of part time students in government schools (2006 Report, table 3.4). ^d Ungraded students are not included in the calculation of apparent retention rates. This exclusion has particular implications for the NT, where 34 per cent of Indigenous secondary students are ungraded (compared with an average of 6.9 per cent for the rest of Australia). As a result, Indigenous apparent retention rates may misrepresent the retention of students in secondary schooling in the NT.

Source: ABS (2005); table 3A.48; 2006 Report, p. 3.22, figure 3.8.

For all schools, apparent rates of retention from year 10 to year 12 for Indigenous students in 2004 varied across jurisdictions (figure 3.4). In interpreting this indicator, note that about 10–20 per cent of Indigenous students leave school before year 10 (figure 3.3) so are not included in the base year for retention from year 10 to year 12. Nationally, Indigenous retention from year 10 to year 12 for all schools in

2004 was 45.7 per cent (figure 3.4), or 31.4 percentage points lower than the rate for all students.

Figure 3.4 **Apparent retention rates from year 10 to year 12, Indigenous full time secondary students, 2004^{a, b, c, d}**



^a Apparent retention rates are affected by factors that vary across jurisdictions. For this reason, variations in apparent retention rates over time within jurisdictions may be more useful than comparisons across jurisdictions. ^b The exclusion of part time students from standard apparent retention rate calculations has implications for the interpretation of results for all jurisdictions, but particularly for SA, Tasmania and the NT where there are high proportions of part time students in government schools (table 3.4, 2006 Report). ^c Some student number data for Tasmania have been revised by the Tasmanian Government, resulting in changes to some apparent retention rates, and these revisions may not be reflected in ABS, or other, publications. ^d Ungraded students are not included in the calculation of apparent retention rates. This exclusion has particular implications for the NT, where 34 per cent of Indigenous secondary students are ungraded (compared with an average of 6.9 per cent for the rest of Australia). As a result, Indigenous apparent retention rates may misrepresent the retention of students in secondary schooling in the NT.

Source: ABS (2005); Tasmanian Government (unpublished); table 3A.49; 2006 Report, p. 3.24, figure 3.10.

Nationally comparable learning outcomes

The Steering Committee has identified ‘literacy’ and ‘numeracy’ as outcome indicators of school education (boxes 3.2–3.4).

Reading performance

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

Box 3.2 Reading performance

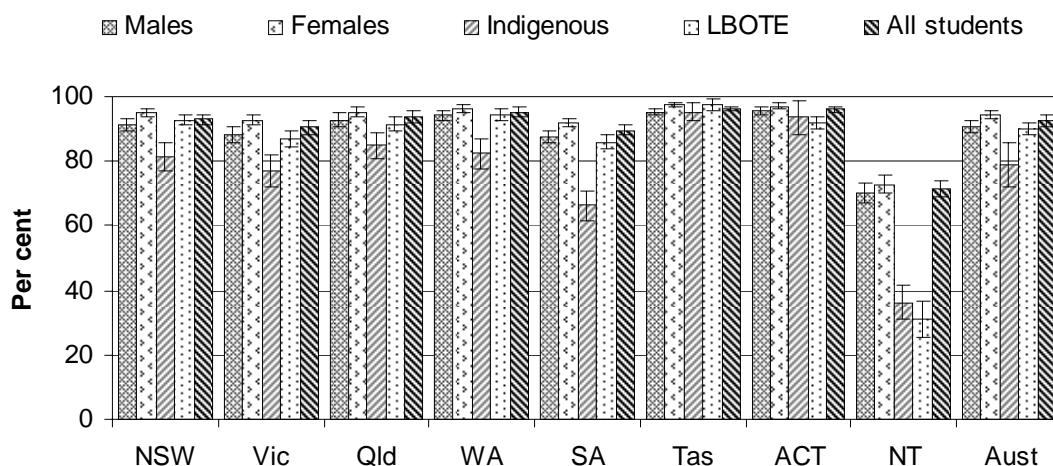
'Reading performance' is an outcome indicator of governments' objective that young Australians should attain high standards of knowledge, skill and understanding in core curriculum areas.

Reading performance is defined as the proportion of assessed years 3, 5 and 7 students who achieved the national reading benchmark for a given year, reported by sex, Indigenous status and LBOTE status. The benchmarks describe nationally agreed minimum acceptable standards for reading performance at years 3, 5 and 7. Student performance is measured (or assessed) by State-based testing programs which are equated by a national process designed to (or intended to) allow comparable reporting against the benchmarks.

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

Nationally, the proportion of assessed year 3 students who achieved the reading benchmark in 2003 was 90.7–94.1 per cent. The national proportion of Indigenous students who achieved the year 3 reading benchmark in 2003 was 71.9–85.7 per cent (figure 3.5).

Figure 3.5 Proportion of year 3 students achieving the reading benchmark, by equity group, 2003^{a, b}

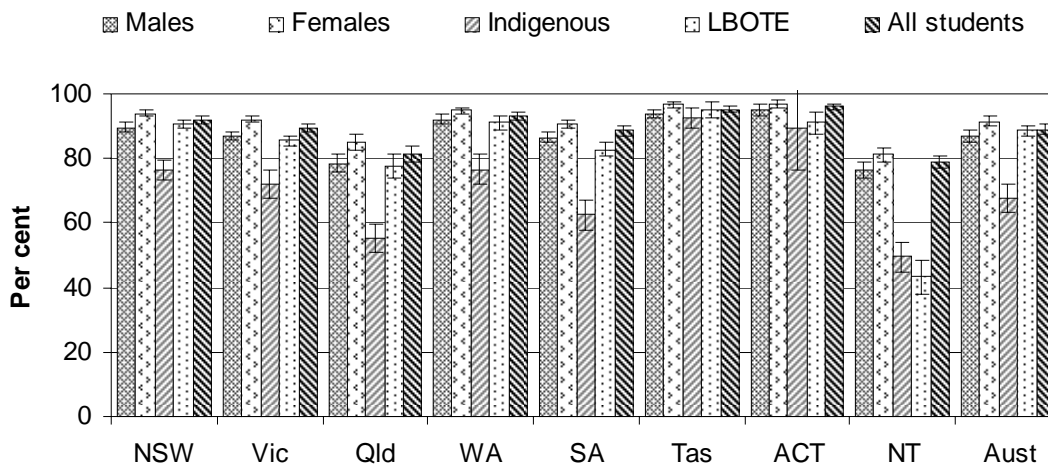


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 3A.33.

Source: MCEETYA (2005a); table 3A.30; 2006 Report, p. 3.40, figure 3.20.

The proportion of assessed year 5 students who achieved the reading benchmark in 2003 was 87.5–90.5 per cent nationally. The national proportion of Indigenous students who achieved the year 5 reading benchmark in 2003 was 63.6–71.8 per cent (figure 3.6).

Figure 3.6 Proportion of year 5 students achieving the reading benchmark, by equity group, 2003^{a, b}

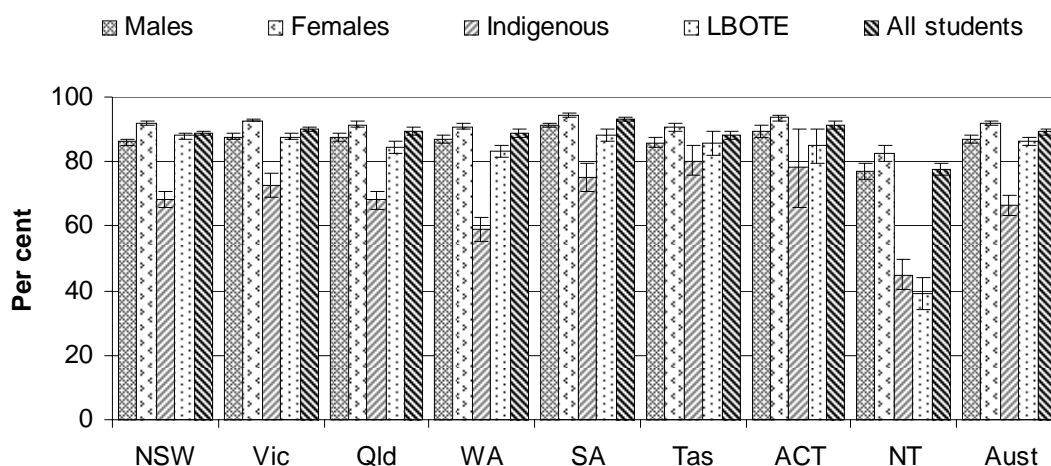


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see tables 3A.9, 3A.21 and 3A.33.

Source: MCEETYA (2005a); table 3A.31; 2006 Report, p. 3.42, figure 3.22.

The proportion of assessed year 7 students who achieved the reading benchmark in 2003 was 88.5–90.3 per cent nationally. The national proportion of Indigenous students who achieved the year 7 reading benchmark in 2003 was 63.3–69.5 per cent (figure 3.7).

Figure 3.7 Proportion of year 7 students achieving the reading benchmark, by equity group, 2003^{a, b}



^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 3A.33.

Source: MCEETYA (2005a); table 3A.32; 2006 Report, p. 3.43, figure 3.24.

Reading literacy was a domain tested in the PISA 2003 survey. Nationally, in 2003 the proportion of 15 year old Indigenous students who achieved at the OECD mean or above for reading literacy was 26.1–40.3 per cent (table 3A.43).

Results for reading literacy are also available as the percentage of students achieving proficiency level 3 or above in the overall reading literacy scale for both 2000 and 2003 (table 3A.44). Reading literacy is the only domain where data by proficiency level are currently available across two cycles.

The PISA 2003 results indicate that nationally, the proportion of 15 year old Indigenous students who achieved at level 3 or above in the overall reading literacy scale was 30.5–45.7 per cent (table 3A.44).

Writing performance

‘Writing performance’ is an outcome indicator (box 3.3).

Box 3.3 Writing performance

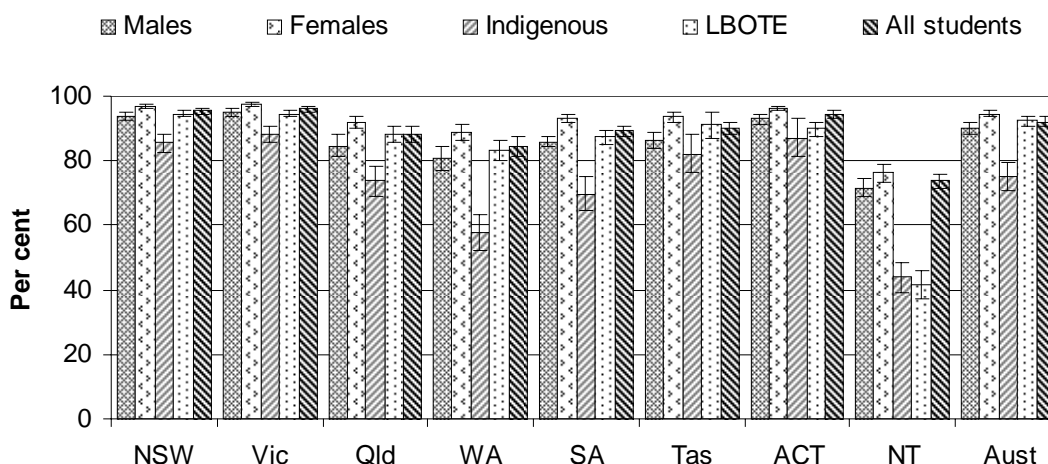
'Writing performance' is an outcome indicator of governments' objective that young Australians should attain high standards of knowledge, skill and understanding in core curriculum areas.

Writing performance is defined as the proportion of assessed years 3, 5 and 7 students who achieved the national writing benchmark for a given year, reported by sex, Indigenous status and LBOTE status. The benchmarks describe nationally agreed minimum acceptable standards for writing performance at years 3, 5 and 7. Student performance is measured (or assessed) by State-based testing programs which are equated by a national process designed to (or intended to) allow comparable reporting against the benchmarks.

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

Nationally, the proportion of assessed year 3 students who achieved the writing benchmark in 2003 was 90.7–93.7 per cent. The national proportion of Indigenous students who achieved the year 3 writing benchmark in 2003 was 71.1–79.3 per cent (figure 3.8).

Figure 3.8 Proportion of year 3 students achieving the writing benchmark, by equity group, 2003^{a, b}

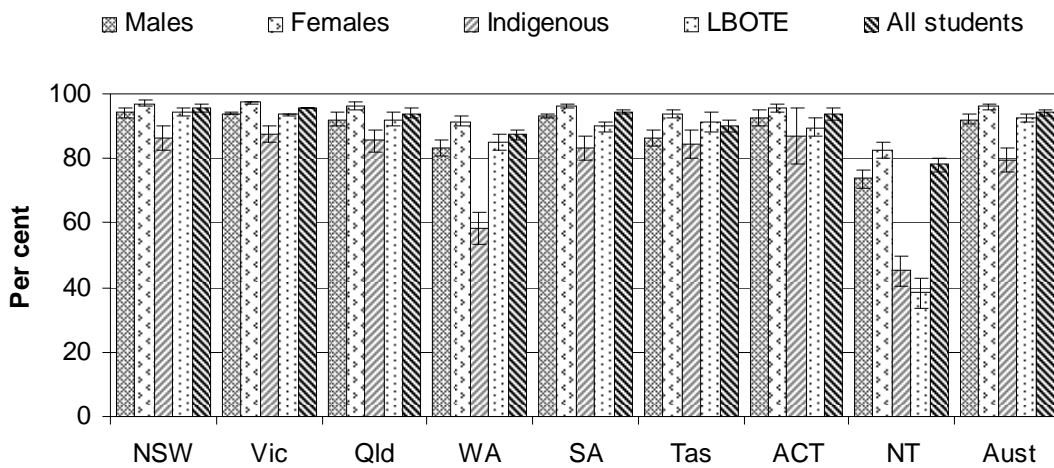


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 3A.37.

Source: MCEETYA (2005a); table 3A.34; 2006 Report, p. 3.48, figure 3.29.

Nationally, the proportion of assessed year 5 students who achieved the writing benchmark in 2003 was 93.0–95.2 per cent. The national proportion of Indigenous students who achieved the year 5 writing benchmark in 2003 was 75.8–83.4 per cent (figure 3.9).

Figure 3.9 **Proportion of year 5 students achieving the writing benchmark, by equity group, 2003^{a, b}**

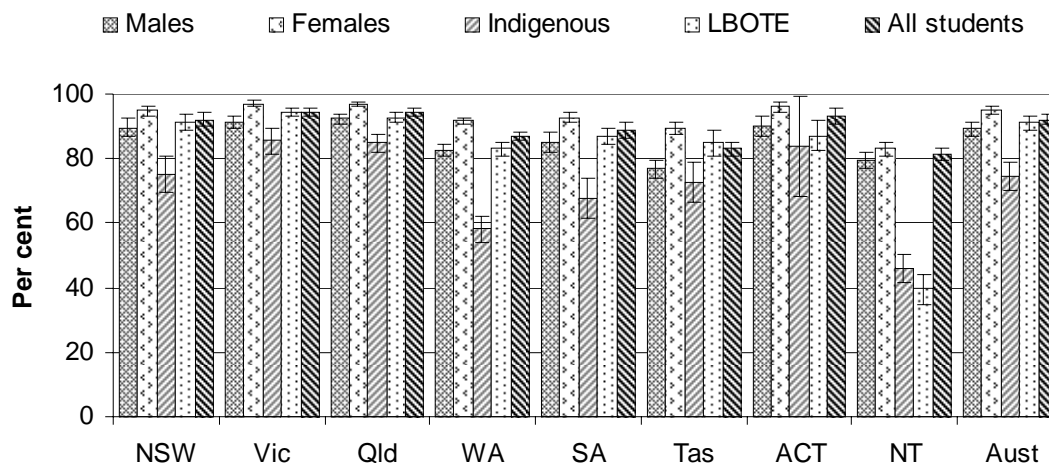


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 3A.37.

Source: MCEETYA (2005a); table 3A.35; 2006 Report, p. 3.50, figure 3.31.

Nationally, the proportion of assessed year 7 students who achieved the writing benchmark in 2003 was 90.4–93.8 per cent. The national proportion of Indigenous students who achieved the year 7 writing benchmark in 2003 was 70.0–78.8 per cent (figure 3.10).

Figure 3.10 Proportion of year 7 students achieving the writing benchmark, by equity group, 2003^{a, b}



^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 3A.37.

Source: MCEETYA (2005a); table 3A.36; 2006 Report, p. 3.51, figure 3.33.

Numeracy performance

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

Box 3.4 Numeracy performance

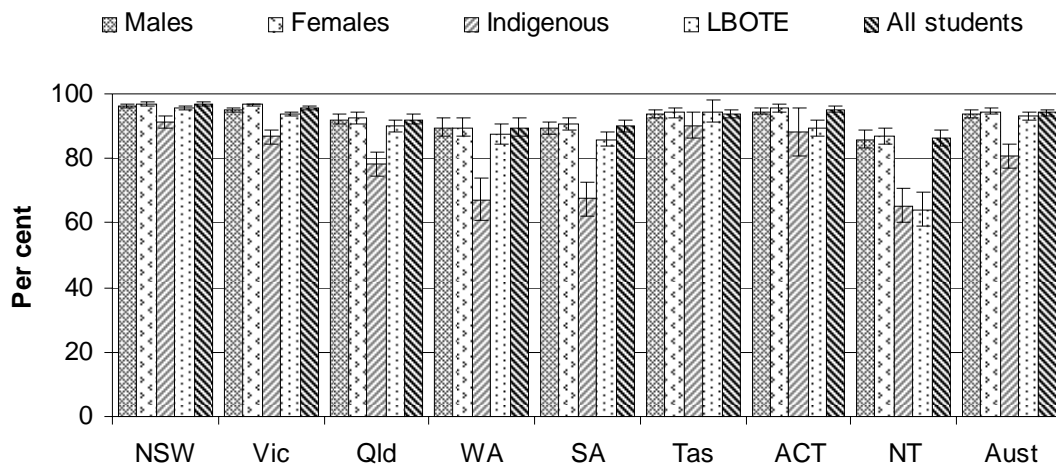
‘Numeracy performance’ is an outcome indicator of governments’ objective that young Australians should attain high standards of knowledge, skill and understanding in core curriculum areas.

Numeracy performance is defined as the proportion of assessed years 3, 5 and 7 students who achieved the national numeracy benchmark for a given year, reported by sex, Indigenous status and LBOTE status. The benchmarks describe nationally agreed minimum acceptable standards for numeracy performance at years 3, 5 and 7. Student performance is measured (or assessed) by state-based testing programs which are equated by a national process designed to (or intended to) allow comparable reporting against the benchmarks.

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

Nationally, the proportion of assessed year 3 students who achieved the numeracy benchmark in 2003 was 93.1–95.3 per cent. The national proportion of Indigenous students who achieved the year 3 numeracy benchmark in 2003 was 76.8–84.2 per cent (figure 3.11).

Figure 3.11 **Proportion of year 3 students achieving the numeracy benchmark, by equity group, 2003^{a, b}**

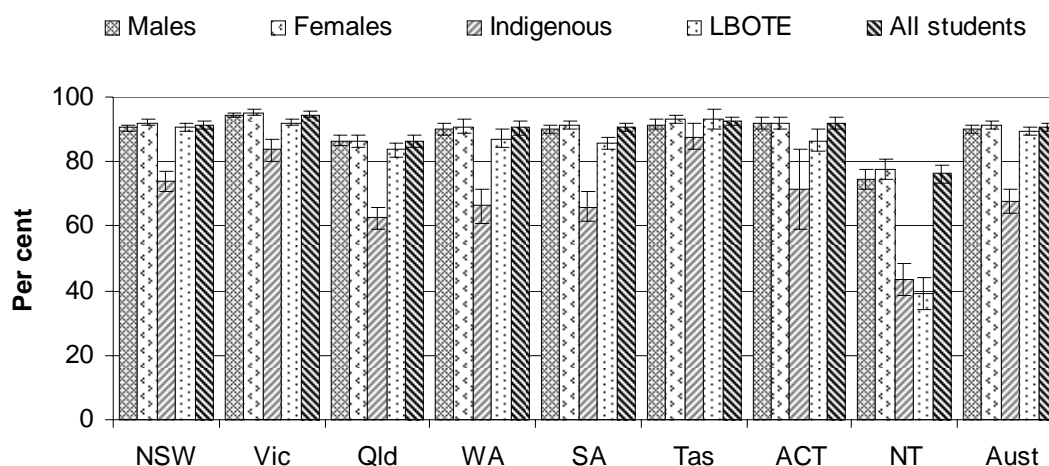


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 3A.41.

Source: MCEETYA (2005a); table 3A.38; 2006 Report, p. 3.54, figure 3.36.

Nationally, the proportion of assessed year 5 students who achieved the numeracy benchmark in 2003 was 89.6–92.0 per cent. The national proportion of Indigenous students who achieved the year 5 numeracy benchmark in 2003 was 63.7–71.5 per cent (figure 3.12).

Figure 3.12 Proportion of year 5 students achieving the numeracy benchmark, by equity group, 2003^{a, b}

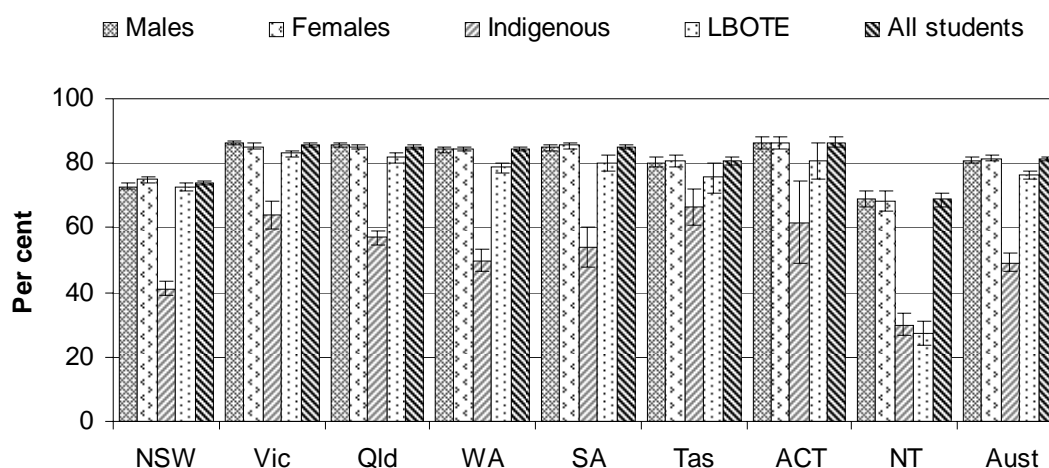


^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 3A.41.

Source: MCEETYA (2005a); table 3A.39; 2006 Report, p. 3.56, figure 3.38.

Nationally, the proportion of assessed year 7 students who achieved the numeracy benchmark in 2003 was 80.5–82.1 per cent. The national proportion of Indigenous students who achieved the year 7 numeracy benchmark in 2003 was 46.4–52.2 per cent (figure 3.13).

Figure 3.13 Proportion of year 7 students achieving the numeracy benchmark, by equity group, 2003^{a, b}



^a Error bars represent the 95 per cent confidence interval associated with each point estimate. ^b For further information and caveats see table 3A.41.

Source: MCEETYA (2005a); table 3A.40; 2006 Report, p. 3.57, figure 3.40.

Mathematical literacy was the major domain focused on in testing for the PISA 2003 survey. Nationally, in 2003 the proportion of 15 year old students who achieved at the OECD mean or above for mathematical literacy was 58.6–62.2 per cent for all students and 18.2–29.6 per cent for Indigenous students (table 3A.45).

Science literacy performance

‘Science literacy performance’ is an outcome indicator (box 3.5).

Box 3.5 Science literacy performance

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

Science literacy performance is defined as the proportion of year 6 primary students achieving at or above the proficient standard in scientific literacy. The proficient standard for year 6 scientific literacy is set at proficiency level 3.2 (of levels 1 to 4 or above). This is a level of performance based on what ‘well advanced’ or ‘expert’ students should know and be able to do by the end of year 6. It differs from the literacy and numeracy benchmark standards where the focus is on identifying the minimum skill and knowledge requirements students would be expected to demonstrate to progress to the next level of schooling (MCEETYA 2005b). Student performance is measured (or assessed) by a national sample assessment program resulting in comparable reporting against the standard.

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

The National year 6 Science Assessment measures scientific literacy and was conducted for the first time in 2003, and will be conducted triennially. Approximately 6 per cent of the total year 6 student population was sampled randomly and assessed. The sample was drawn from all states and territories and both government and non-government schools participated. In 2003, 14 172 students from 650 government and non-government schools across states and territories participated in the national science literacy assessment (MCEETYA 2005b).

Year 6 scientific literacy 2003 results are reported as the proportion of Australian students from the sampled students (year 6 enrolled in participating schools) who achieved at the proficient standard or above. Nationally, the proportion of

participating year 6 students who achieved at the proficient standard or above in scientific literacy was 57.3–59.1 per cent. The national proportion of Indigenous students who achieved at the proficient standard or above in scientific literacy was 25.3–34.3 (table 3A.42).

Scientific literacy was a domain tested in the PISA 2003 survey. Nationally, in 2003 the proportion of 15 year old secondary students who achieved at the OECD mean or above for scientific literacy was 59.4–63.0 per cent for all students and 19.9–31.3 per cent for Indigenous students (table 3A.46). Data for PISA 2000 are also shown in table 3A.46.

Supporting tables

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

Table 3A.1	Australian Government specific purpose payments for schools, 2003-04
Table 3A.2	Indigenous full time students, 2004
Table 3A.3	Student body mix, government schools (per cent)
Table 3A.4	Student body mix, non-government schools (per cent)
Table 3A.5	Student body mix, all schools (per cent)
Table 3A.6	Proportion of year 3 students who achieved the reading benchmark, 2001 (per cent)
Table 3A.7	Proportion of year 5 students who achieved the reading benchmark, 2001 (per cent)
Table 3A.8	Proportion of year 7 students who achieved the reading benchmark, 2001 (per cent)
Table 3A.9	Exemptions, absences and participation of equity groups in reading testing, 2001 (per cent)
Table 3A.10	Proportion of year 3 students who achieved the writing benchmark, 2001 (per cent)
Table 3A.11	Proportion of year 5 students who achieved the writing benchmark, 2001 (per cent)
Table 3A.12	Proportion of year 7 students who achieved the writing benchmark, 2001 (per cent)
Table 3A.13	Exemptions, absences and participation of equity groups in writing testing, 2001 (per cent)
Table 3A.14	Proportion of year 3 students who achieved the numeracy benchmark, 2001 (per cent)
Table 3A.15	Proportion of year 5 students who achieved the numeracy benchmark, 2001 (per cent)
Table 3A.16	Proportion of year 7 students who achieved the numeracy benchmark, 2001 (per cent)
Table 3A.17	Exemptions, absences and participation of equity groups in numeracy testing, 2001 (per cent)
Table 3A.18	Proportion of year 3 students who achieved the reading benchmark, 2002 (per cent)
Table 3A.19	Proportion of year 5 students who achieved the reading benchmark, 2002 (per cent)
Table 3A.20	Proportion of year 7 students who achieved the reading benchmark, 2002 (per cent)

Table 3A.21	Exemptions, absences and participation of equity groups in reading testing, 2002 (per cent)
Table 3A.22	Proportion of year 3 students who achieved the writing benchmark, 2002 (per cent)
Table 3A.23	Proportion of year 5 students who achieved the writing benchmark, 2002 (per cent)
Table 3A.24	Proportion of year 7 students who achieved the writing benchmark, 2002 (per cent)
Table 3A.25	Exemptions, absences and participation of equity groups in writing testing, 2002 (per cent)
Table 3A.26	Proportion of year 3 students who achieved the numeracy benchmark, 2002 (per cent)
Table 3A.27	Proportion of year 5 students who achieved the numeracy benchmark, 2002 (per cent)
Table 3A.28	Proportion of year 7 students who achieved the numeracy benchmark, 2002 (per cent)
Table 3A.29	Exemptions, absences and participation of equity groups in numeracy testing, 2002 (per cent)
Table 3A.30	Proportion of year 3 students who achieved the reading benchmark, 2003 (per cent)
Table 3A.31	Proportion of year 5 students who achieved the reading benchmark, 2003 (per cent)
Table 3A.32	Proportion of year 7 students who achieved the reading benchmark, 2003 (per cent)
Table 3A.33	Exemptions, absences and participation by equity group in reading testing, 2003 (per cent)
Table 3A.34	Proportion of year 3 students who achieved the writing benchmark, 2003 (per cent)
Table 3A.35	Proportion of year 5 students who achieved the writing benchmark, 2003 (per cent)
Table 3A.36	Proportion of year 7 students who achieved the writing benchmark, 2003 (per cent)
Table 3A.37	Exemptions, absences and participation by equity group in writing testing, 2003 (per cent)
Table 3A.38	Proportion of year 3 students who achieved the numeracy benchmark, 2003 (per cent)
Table 3A.39	Proportion of year 5 students who achieved the numeracy benchmark, 2003 (per cent)
Table 3A.40	Proportion of year 7 students who achieved the numeracy benchmark, 2003 (per cent)
Table 3A.41	Exemptions, absences and participation by equity group in numeracy testing, 2003 (per cent)
Table 3A.42	Proportion of year 6 students achieving at or above the proficient standard in science literacy, by equity group, 2003 (per cent)
Table 3A.43	Proportion of 15 year old secondary students achieving at or above the OECD mean for reading literacy, by equity group (per cent)

Table 3A.44	Proportion of students achieving level 3 or above in the overall reading literacy scale, by equity group (per cent)
Table 3A.45	Proportion of 15 year old secondary students achieving at or above the OECD mean for mathematical literacy, by equity group (per cent)
Table 3A.46	Proportion of 15 year old secondary students achieving at or above the OECD mean for scientific literacy, by equity group (per cent)
Table 3A.47	Proportion of 15 year old secondary students achieving at or above the OECD mean for problem solving, by equity group, 2003 (per cent)
Table 3A.48	Apparent retention rates of full time secondary students to years 10–12, 2004 (per cent)
Table 3A.49	Apparent retention rates of full time secondary students from years 10–12, 2004 (per cent)
Table 3A.50	Apparent retention rates of full time secondary students, government schools (per cent)
Table 3A.51	Apparent retention rates of full time secondary students, non-government schools (per cent)
Table 3A.52	Apparent retention rates of full time secondary students, all schools (per cent)

References

ABS (Australian Bureau of Statistics) 2005, *Schools Australia, 2004*, Cat. no. 4221.0, Canberra.

MCEETYA (Ministerial Council on Education, Employment, Training and Youth Affairs) 2005a *National Report on Schooling in Australia 2003: Preliminary Paper National Benchmark Results Reading, Writing and Numeracy Years 3, 5 and 7*, 2003, Melbourne.

—— 2005b, *National Year 6 Science Assessment Report*, Melbourne.

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

4 Vocational education and training

This chapter focuses on performance information — equity, effectiveness and efficiency — for government funded vocational education and training (VET) in Australia in 2004. 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.

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

This year, the chapter has been enhanced by developing a stand-alone indicator for Indigenous people participating in VET.

Indigenous data in the vocational education and training chapter

The vocational education and training chapter in the *Report on Government Services 2006* (2006 Report) contains the following data items on Indigenous people:

- VET participation, 2004
- load pass rate, 2004
- qualifications completed, 2003
- units of competency and modules, 2004
- proportion of graduates who were satisfied with the quality of their completed VET course, 2004
- proportion of graduates who were satisfied with the quality of their VET course, by purpose of study, 2004

-
- proportion of graduates who were in employment and/or continued on to further study after completing a VET course, 2004
 - proportion of graduates who continued on to further study after completing a VET course, by institution, 2004.

Care needs to be taken in interpreting the participation data presented for Indigenous people because the data are dependent 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 were Indigenous) was high and varied across jurisdictions.

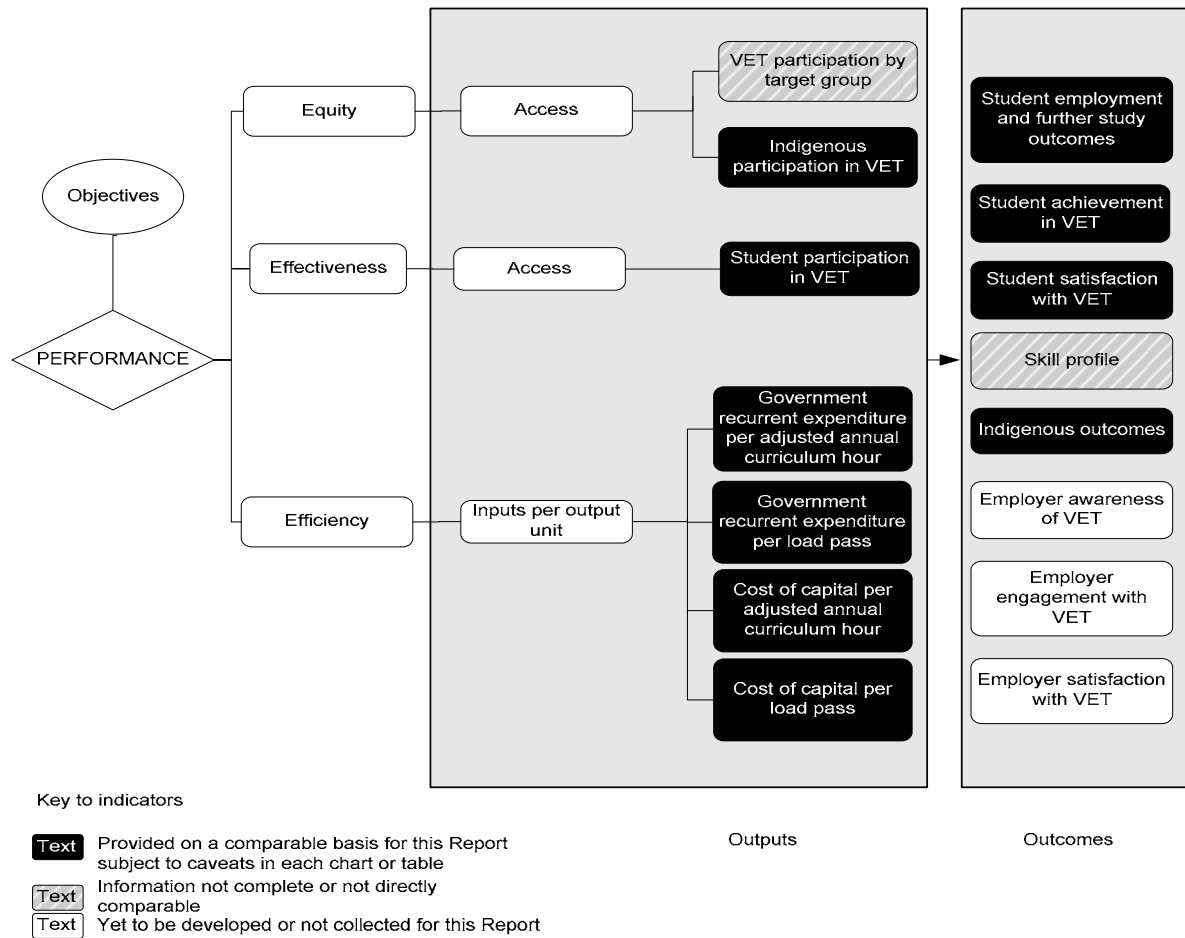
Supporting tables

Supporting tables for data within the VET chapter of this compendium are contained in attachment 4A of the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 4A.3 is table 3 in the VET attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to '2006 Report, p. 4.15' this is page 15 of chapter 4 of the 2006 Report, and '2006 Report, table 4A.2' is attachment table 2 of attachment 4 of the 2006 Report.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for VET services in the 2006 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 4.1. The performance indicator framework shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 4.1 Performance indicators for VET services



Source: 2006 Report, p. 4.11, figure 4.3.

VET participation by target equity group — Indigenous people

A key national goal of the VET system is to increase opportunities and outcomes for disadvantaged groups including Indigenous people. The Steering Committee has identified ‘VET participation by target equity group’ as an indicator of the equity of access to VET services (box 4.1).

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

'VET participation by target equity group' (Indigenous Australians) is an indicator of the target group's access to the VET system, compared with that of the general population, and reflects performance against the objective of achieving equitable outcomes in VET.

'VET participation by target equity 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 aged 15–64 years.

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

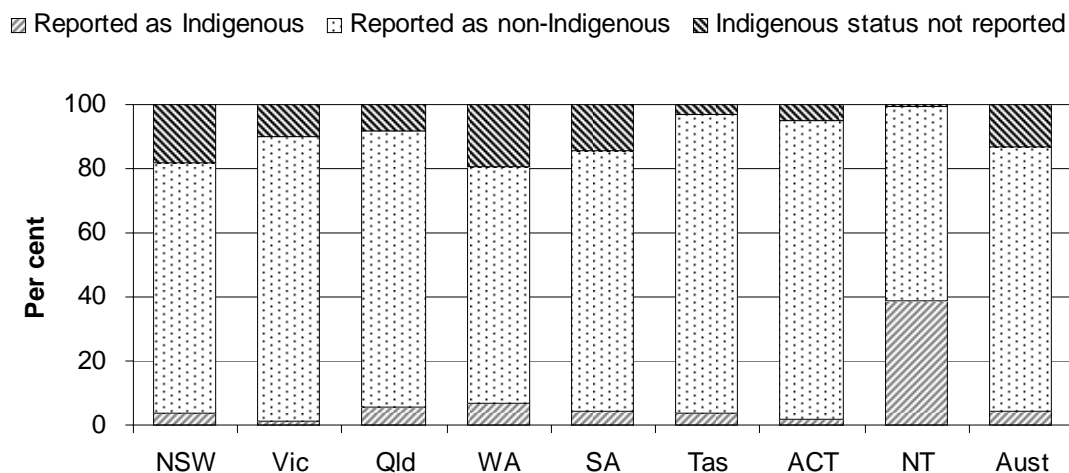
Care needs to be taken in interpreting the participation rates presented for Indigenous people, because (1) the data depend on self-identification at the time of enrolment and (2) the number of non-responses (that is, students who did not indicate whether they belong to these groups) varies across jurisdictions.

Data are for government funded VET students, excluding students participating in VET programs in schools. It is not adjusted for recognition of prior learning, credit transfer and 'student enrolment no participation' (that is, students who enrolled but did not participate in VET programs).

In 2004, 4.1 per cent of government funded VET students in Australia identified themselves as Indigenous, while 13.3 per cent of students did not report their Indigenous status (figure 4.1). The proportion of government funded VET students who identified as Indigenous was higher than the proportion of Indigenous people in the total population nationally (2.4 per cent) (table 4A.1).

Nationally, the VET participation rate for Indigenous people aged 15–64 years was 16.0 per cent, compared with 8.3 per cent for all people (figure 4.2). These student participation data are not age standardised, so the younger age profile of the Indigenous population relative to all Australians is likely to affect the results.

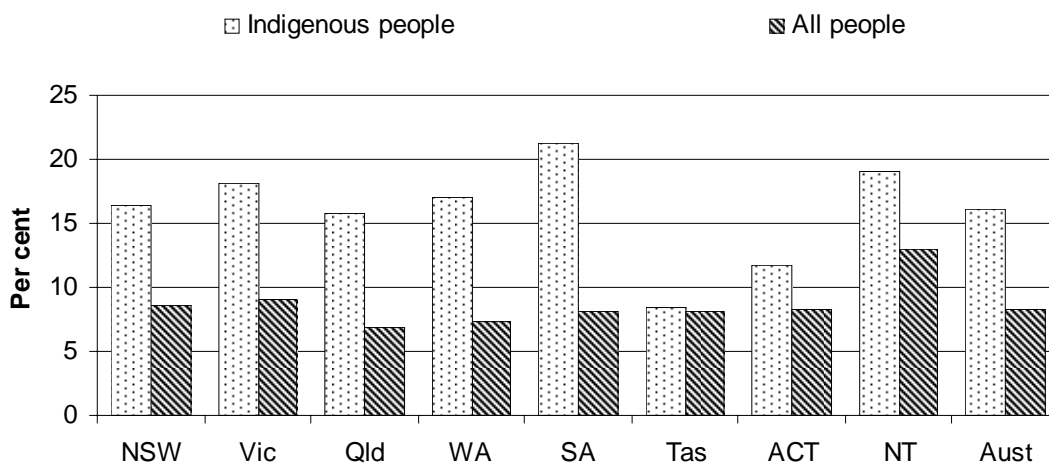
Figure 4.1 VET students, by Indigenous status, 2004^a



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

Source: NCVET (unpublished); table 4A.1; 2006 Report, p. 4.17, figure 4.8.

Figure 4.2 VET participation rate, by Indigenous status, 2004^{a, b, c}



^a Government recurrent funded VET students, excluding students participating in VET programs in schools. Not adjusted for recognition of prior learning, credit transfer and student enrolment no participation. ^b The Indigenous participation rate is the number of students who reported being Indigenous as a percentage of the experimental estimates of Indigenous people aged 15–64 years for 30 June 2004 (ABS Experimental estimates and projections, Indigenous Australians, 3238. 0 (30 June 1991 to 30 June 2009); low projection series, tables 25–34, pp. 53–62). The Indigenous participation rate in the 2005 Report and in other VET publications was based on the number of students who reported being Indigenous as a percentage of the total Indigenous population from the ABS experimental projection of all Indigenous people. ^c Care needs to be taken in interpreting these data because the Indigenous population's age profile is younger than that of the non-Indigenous population. Participation rates for all ages are likely to differ from participation rates for working age populations.

Source: ABS (2004); ABS (unpublished); NCVET (unpublished); tables A.2, A.6 and 4A.1; 2006 Report, p. 4.17, figure 4.9.

Indigenous outcomes

In the 2005 Report, VET outcomes for Indigenous people were reported under indicators reporting on VET target equity groups. This year, all Indigenous related VET outcomes are reported under one indicator — ‘Indigenous outcomes’, consistent with the new National Strategy for VET 2004–10 (box 4.2).

Box 4.2 Indigenous outcomes

‘Indigenous outcomes’ is an indicator of the extent to which Indigenous people engage with and achieve positive outcomes from VET. It reports on three elements — ‘Indigenous students’ achievement in VET’, ‘skill outputs of Indigenous students’ and ‘VET outcomes for Indigenous students’.

‘Indigenous students’ achievement in VET’ is an indicator of Indigenous students’ success in VET. It reports on load pass rates achieved by Indigenous students and the number of Indigenous students who commenced and completed expressed as a proportion of all course commencing enrolments by Indigenous students in that year. Reporting on this element is dependent on the capacity to track individual students over more than one calendar year and the data are not yet available.

‘Skill outputs of Indigenous students’ measures the level of skill outputs achieved in a given year by Indigenous students from the VET system in a given year. It reports on the number of qualifications completed by Indigenous students, the number of units of competency achieved by Indigenous students and the number of modules (outside training packages) completed by Indigenous students. Higher numbers of completions does not necessarily imply a better result. It depends on the enrolment level in the given year.

‘Qualifications completed by Indigenous students’ is defined as the number of qualifications completed by Indigenous students each year in VET, where a qualification is a certification awarded to a person on successful completion of a course in recognition of having achieved particular knowledge, skills or competencies. Qualifications completed are reported three years after they occur. That is, the number of qualifications completed in 2003 are counted in 2005.

‘Units of competency achieved by Indigenous students’ is defined as the number of units of competency achieved by Indigenous students each year in VET, 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.

(Continued on next page)

Box 4.2 (Continued)

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

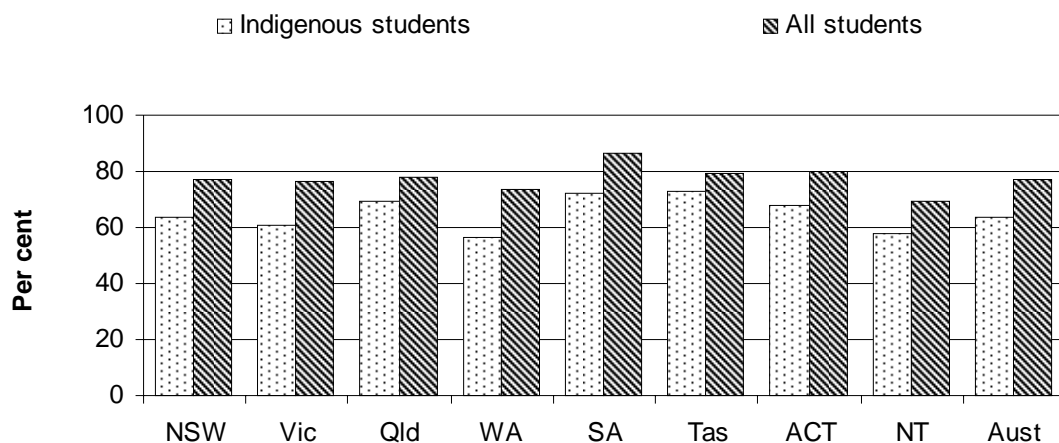
'VET outcomes for Indigenous students' is an indicator of the VET system's ability to meet Indigenous students' objectives. It reports on the benefits Indigenous students gained from the VET system and the proportion of Indigenous students who improved their employment or further study outcomes after completing a VET course.

Source: DEST (2005); 2006 Report, p. 4.54, box 4.17.

Indigenous students' achievement in VET

In 2004, the national 'load pass rate' for Indigenous students (63.7 per cent) was lower than the national load pass rate for all students (77.4 per cent) (figure 4.3).

Figure 4.3 Indigenous students' load pass rate, 2004^a

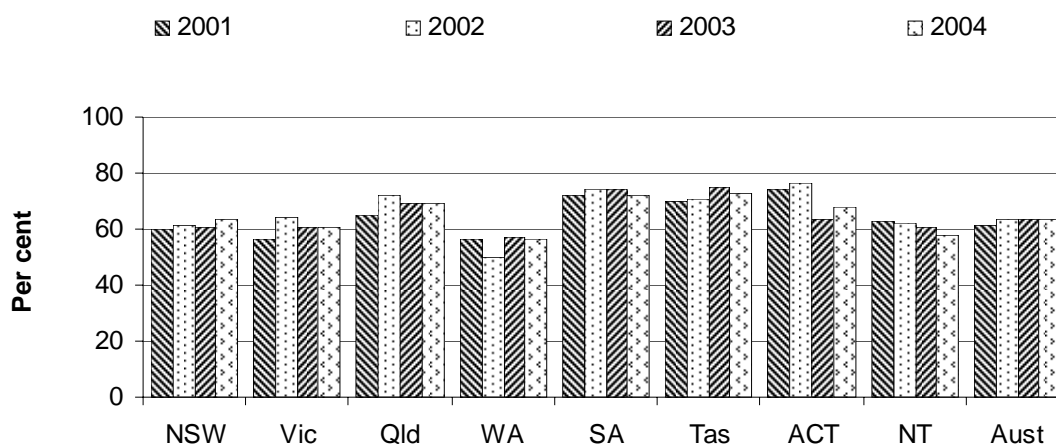


^a Government recurrent funded VET students excluding students participating in VET programs in schools. Not adjusted for recognition of prior learning, credit transfer and student enrolment no participation.

Source: NCVET (unpublished); table 4A.2; 2006 Report, p. 4.55, figure 4.43.

The load pass rate for Indigenous students increased nationally from 62.4 per cent in 2001 to 63.7 per cent in 2004 (figure 4.4).

Figure 4.4 Indigenous students' load pass rate^a



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

Source: NCVET (unpublished); table 4A.2; 2006 Report, p. 4.55, figure 4.44.

Indigenous students' skill outputs

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

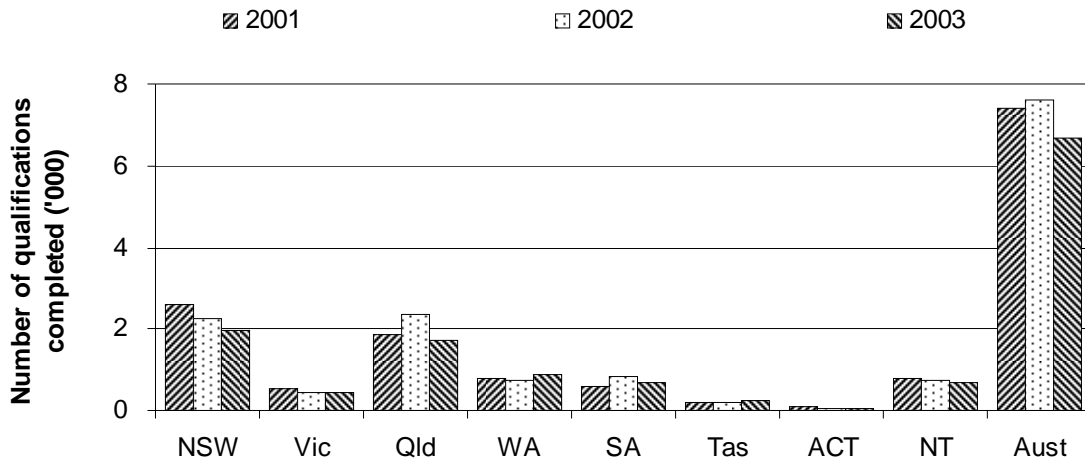
Qualifications completed — Indigenous students

In 2003, 6655 Indigenous students completed a VET qualification — 12.4 per cent fewer than the number of qualifications completed in 2002 (figure 4.5). Nationally, Indigenous students accounted for 2.4 per cent of all the qualifications completed in 2003 (table 4A.1).

Units of competency and modules completed by Indigenous students

Indigenous students completed 147 000 units of competency and 73 700 modules nationally in 2004. While the number of units of competency completed increased by 1.8 per cent, the number of modules completed decreased by 8.2 per cent from 2003 (figure 4.6).

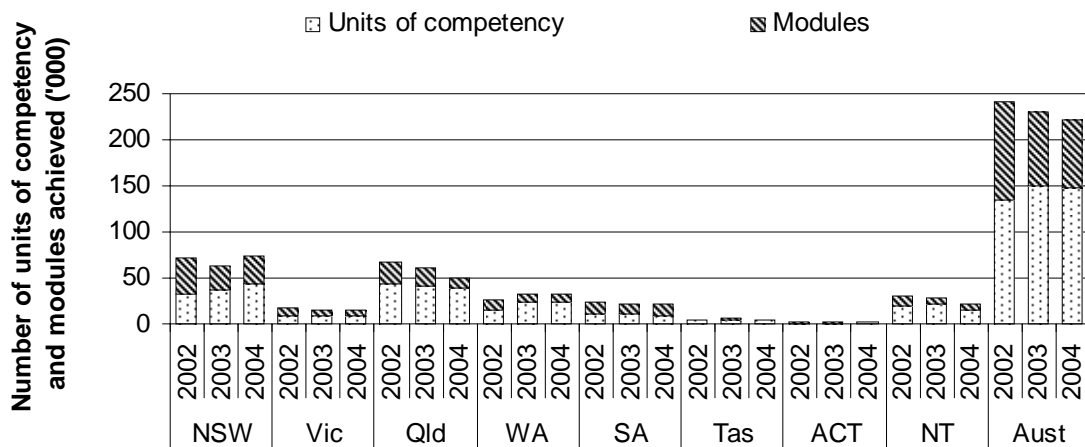
Figure 4.5 **Number of qualifications completed, by Indigenous status, 2004^{a, b, c, d}**



^a Qualifications completed includes courses accredited or approved by a local State/Territory authority. ^b The number of qualifications completed includes both government funded and non-government funded VET students. ^c Represents students eligible to be awarded a qualification. ^d Excludes students participating in VET programs in schools.

Source: NCVET (unpublished); table 4A.3; 2006 Report, p. 4.56, figure 4.45.

Figure 4.6 **Number of units of competency and modules achieved/passed, by Indigenous students^a**



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

Source: DEST (2005); table 4A.4; 2006 Report, p. 4.57, figure 4.46.

Indigenous students' satisfaction with VET

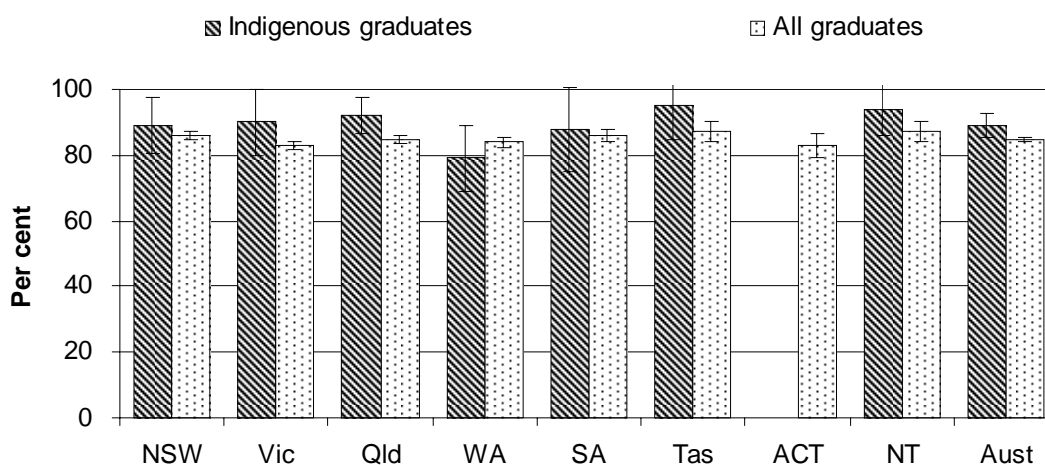
The indicator 'Indigenous students' satisfaction with VET' reports on the proportion of Indigenous students who indicated they were satisfied with the quality of their completed VET course.

Nationally, 89 per cent of Indigenous students surveyed in 2004 indicated that they were satisfied with the quality of their completed VET course, compared with 85 per cent for all students (figure 4.7).

Of those Indigenous students who completed VET courses in 2004, the proportion of those who indicated that they were satisfied with the courses was:

- 92 per cent of those seeking employment related outcomes
- 94 per cent of those seeking further study outcomes
- 88 per cent of those seeking personal development (figure 4.8).

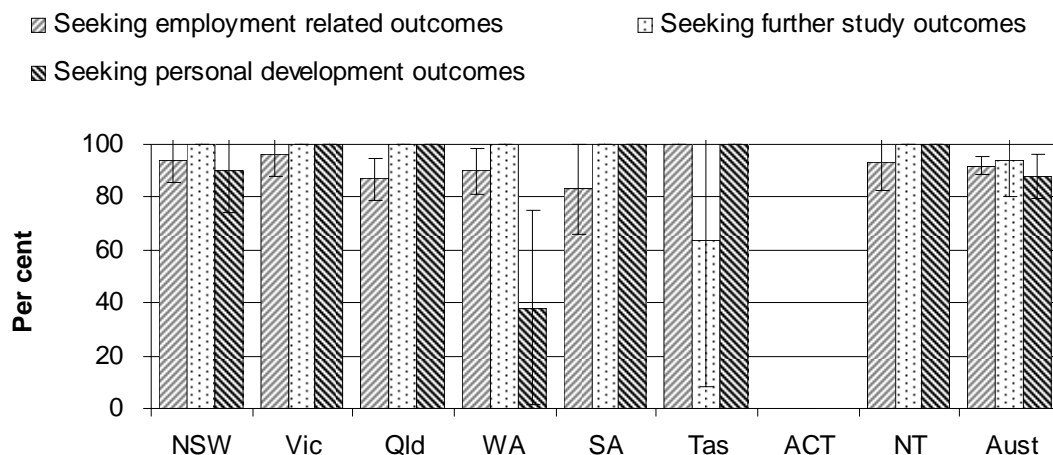
Figure 4.7 Proportion of graduates who were satisfied with the quality of their completed VET course, by Indigenous status, 2004^{a, b, c}



^a Satisfaction with overall quality of training was rated as 4 or 5 on a 5 point scale. ^b Indigenous data for the ACT are not published due to small sample size. ^c The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate.

Source: NCVET (unpublished); table 4A.5; 2006 Report, table 4A.39, p. 4.58, figure 4.47.

Figure 4.8 Proportion of Indigenous graduates who were satisfied with the quality of their VET course, by purpose of study, 2004^{a, b, c, d}



^a Satisfaction with overall quality of training was rated as 4 or 5 on a 5 point scale. ^b Data for the ACT are not published due to small sample size. ^c The estimates for VET outcomes for Indigenous students have a standard error greater than 25 per cent for most jurisdictions and are considered too unreliable for general use (table 4A.5). ^d The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate.

Source: NCVER (unpublished); table 4A.5; 2006 Report, p. 4.59, figure 4.48.

Further information on Indigenous students' views of their VET courses can be drawn from a 2004 NCVER survey (box 4.3).

Box 4.3 Indigenous views of VET

In 2004, the NCVER undertook a national survey of 785 Indigenous people who took part in government funded VET in 2003 across geographic regions.

Nationally, of those surveyed:

- 43 per cent indicated that they undertook VET training to improve their knowledge, to get a job (42 per cent), to get extra skills for a job (28 per cent), to improve their confidence/self-esteem (24 per cent), and to help in their community (20 per cent)
- 90 per cent rated the most good aspect of their training as being with other Indigenous people, access to computers (82 per cent), course flexibility (81 per cent), and teacher and tutor (81 per cent)
- 91 per cent indicated that undertaking the VET course resulted in them improving their confidence/self-esteem, helped them communicate better (89 per cent), improved their workplace skills (87 per cent), helped them understand how work places are run (75 per cent) and helped them get more involved in their community (71 per cent)

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Box 4.3 (Continued)

- 45 per cent were working in a paid job, 32 per cent were looking for work, 25 per cent continued their 2003 training, and 22 per cent were studying a different course in 2004 from 2003
- 49 per cent were doing/completed certificate levels II and III, 13 per cent were training for certificate level IV or higher, and 16 per cent were training for certificate level I in 2003
- who did not complete their course in 2003, 45 per cent cited a personal reason, a training related reason (39 per cent), and a family/community-related reason (28 per cent).

Source: NCVET (2005); 2006 Report, pp. 4.59–60, box 4.18.

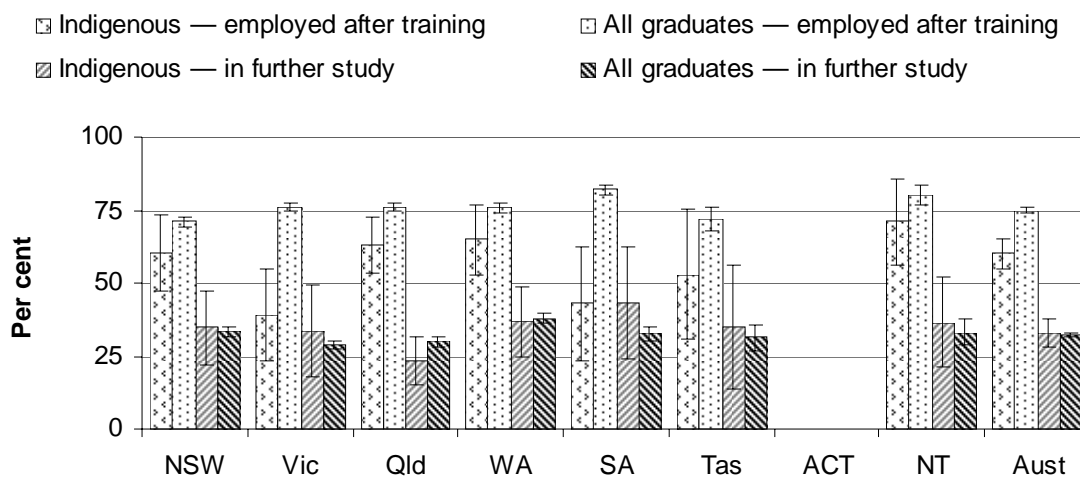
Indigenous students employment and further study outcomes

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

In 2004, 60 per cent of Indigenous students surveyed nationally indicated that they were employed after completing a VET course, compared with 75 per cent of all students. Of the Indigenous students surveyed, 33 per cent continued on to further study, compared with 32 per cent of all students (figure 4.9).

Of those Indigenous students who went on to further study, 66 per cent continued on to further study within the TAFE system (compared with 64 per cent for all students) and 22 per cent went to university (compared with 23 per cent for all students) (figure 4.10).

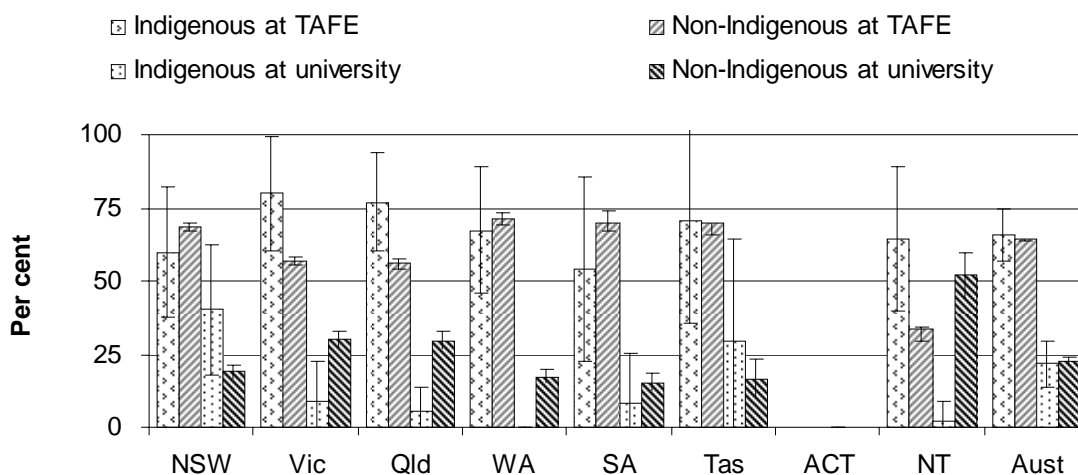
Figure 4.9 Proportion of graduates who were in employment and/or continued on to further study after completing a VET course, by Indigenous status, 2004^{a, b, c, d}



^a The findings on further study outcomes are not applicable to module completers. A module completer, by definition, is someone who has left the system. ^b Data for the ACT are not published due to small sample size. ^c The estimates for VET outcomes for Indigenous students have a standard error greater than 25 per cent for most jurisdictions and are considered unreliable for general use (2006 Report, table 4A.39, and 4A.6). ^d The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate.

Source: NCVER (unpublished); table 4A.6, 2006 Report, table 4A.19, p. 4.61, figure 4.49.

Figure 4.10 Proportion of Indigenous graduates who continued on to further study after completing a VET course, by institution, 2004^{a, b, c, d, e}



^a TAFE includes TAFE institutes and TAFE Divisions of universities. ^b The findings on further study outcomes are not applicable to module completers. A module completer, by definition, is someone who has left the system. ^c Data for the ACT are not published due to small sample size. ^d The estimates for VET outcomes for Indigenous students have a standard error greater than 25 per cent for most jurisdictions and are considered too unreliable for general use (table 4A.6). ^e The error bars in the figure represent the 95 per cent confidence interval associated with each point estimate.

Source: NCVER (unpublished); table 4A.6, 2006 Report, table 4A.19, p. 4.62, figure 4.50.

Supporting tables

Supporting tables for data within this chapter are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 4A.3 is table 3 in the VET attachment). The tables included in the attachment are listed below.

Table 4A.1	VET participation, by Indigenous status, 2004 (per cent)
Table 4A.2	Load pass rates, by Indigenous status 2004 (per cent)
Table 4A.3	Number of VET qualifications completed, by Indigenous status ('000)
Table 4A.4	Number of units of competency and modules completed, by Indigenous status ('000)
Table 4A.5	Proportion of Indigenous VET graduates who were satisfied with their VET training, by purpose of study
Table 4A.6	Proportion of Indigenous VET graduates who were in employment and/or continued on to further study after completing their VET course

References

- ABS (Australian Bureau of Statistics) 2004, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians 1991 to 2009*, Cat. no. 3238.0, Canberra.
- ANTA (Australian National Training Authority) 2004, *Shaping Our Future — Australia's National Strategy for Vocational Education and Training 2004–2010*, Brisbane.
- DEST (Department of Education, Science and Training) 2005, *Annual National Report 2004: Vocational Education and Training Performance*, Canberra.
- NCVER (National Centre for Vocational Education Research) 2005, *Australian Vocational Education and Training Statistics: Indigenous Australians' Training Experiences 2004 - First Finding*, Adelaide.

B Justice preface

Part B: Justice preface

Governments provide justice services to ensure a safe society by enhancing public order and security, and upholding the rule of law. This provision involves crime prevention, detection and investigation, judicial processes and dispute resolution, prisoner and offender management, and rehabilitation services. The focus of the *Report on Government Services 2006* (2006 Report) is on the justice services provided by police (chapter 5), court administration (chapter 6) and adult corrective services (chapter 7).

Indigenous issues

The available information on the interaction of Indigenous people with specific parts of the criminal justice system is of varying quality. The most important reason for the poor quality of Indigenous data is that some justice agencies do not ask explicitly for a person's Indigenous status. However, agencies are working towards improving the recording of Indigenous status.

The standard Indigenous question is the ABS's preferred method of identifying Indigenous clients and aims to facilitate self-identification of Indigenous status.

Police and corrective services collecting Indigenous status data based on the ABS standard Indigenous question include NSW, Queensland, WA, and the NT. Corrective services in SA collect data on Indigenous people and are working towards collecting these data using the ABS standard Indigenous question in 2005-06.

Work is being undertaken to enable Victoria's magistrates and children's courts to receive Indigenous identification data electronically from Victoria Police, whose police members will record responses to the ABS standard question. It is planned that these data will then flow to other Victorian court levels as part of the committal and appeal process.

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

Framework of the justice system

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

Box JP.1 Objectives of the criminal justice system

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

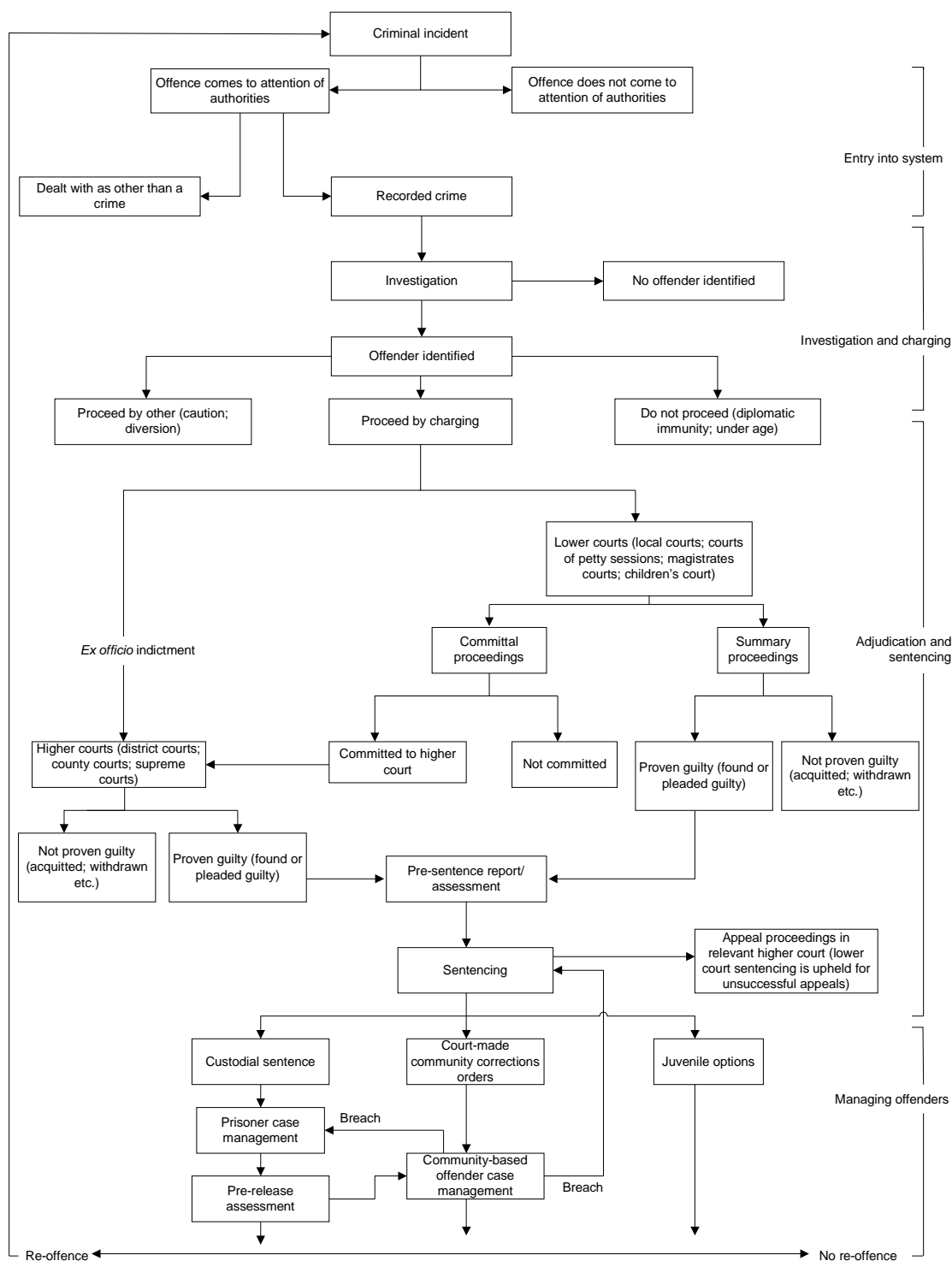
- the operation of police services that enhance community safety by preventing, detecting and investigating crime
- the administration of criminal justice that determines guilt and applies appropriate, consistent and fair sanctions to offenders
- the provision of a safe, secure and humane custodial environment and an effective community corrections environment that provide program interventions to reduce the risk of re-offending.

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

Key indicators of the criminal justice system

The following discussion expands on the policy objectives of the criminal justice system, traces the process by which the criminal justice system operates and draws on several performance indicators used in the Report. Specific equity indicators are yet to be developed for criminal justice. The discussion also identifies areas that are not covered in the Report, but which may be relevant in providing a more complete picture of the operations of, and service delivery options available to, police, courts administration and corrective services agencies.

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



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

Source: Adapted from ABS (unpublished) Criminal Justice Statistics Framework; 2006 Report, p. C.6, figure C.1.

The criminal justice system is a sequentially structured process whereby people entering the system tend to progress through the system from one agency to another until their matter is resolved. Figure JP.1 illustrates the typical stages involved in the processing of cases as they move through the criminal justice system, showing some of the links among police, courts and corrective services. 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.

Juvenile justice

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

5 Police services

This chapter reports on the performance of police services. These services comprise the operations of the police agencies of each State and Territory government and the ACT community policing function performed by the Australian Federal Police (AFP) under the *Arrangement between the Minister for Justice and Customs of the Commonwealth and the Australian Capital Territory for the provision of police services to the Australian Capital Territory*. The national policing function of the AFP and other national non-police law enforcement bodies (such as the Australian Crime Commission) are not included in the Report.

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

Indigenous data in the police services chapter

The police services chapter in the *Report on Government Services 2006* (2006 Report) contains the following data items on Indigenous people:

- proportion of police staff (sworn and unsworn) from Indigenous backgrounds relative to the proportion of the general population who are from Indigenous backgrounds, 2004-05
- deaths in police custody and custody-related operations, 2000 to 2004.

Supporting tables

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

table 3 in the police services attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to ‘2006 Report, p. 5.15’ this is page 15 of chapter 5 of the 2006 Report, and ‘2006 Report, table 5A.2’ is attachment table 2 of attachment 5 of the 2006 Report.

Indicators relevant to service delivery areas

The four service delivery areas (SDAs) in the performance indicator framework identify the core areas of police work. Within this context, certain indicators of police performance are not specific to any one particular SDA, but are relevant to all. One indicator is ‘Indigenous staffing’.

Indigenous staffing

This section focuses on the performance of mainstream police services in relation to Indigenous Australians. One indicator of access and equity is ‘Indigenous staffing’ — that is, the proportion of police staff from Indigenous backgrounds relative to the proportion of the general population who are from Indigenous backgrounds (box 5.1).

Box 5.1 Indigenous staffing

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

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

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

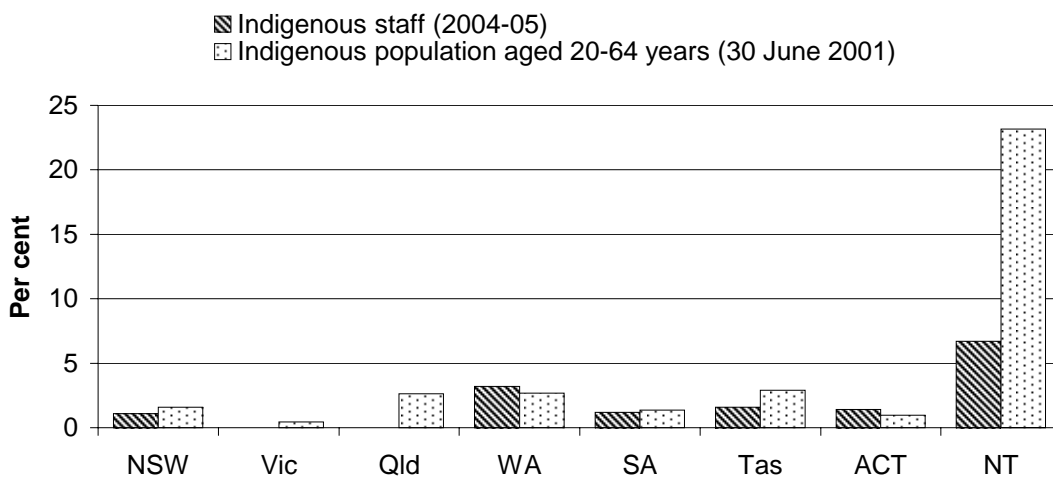
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Box 5.1 (Continued)

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

In most but not all jurisdictions, the proportion of Indigenous police staff was broadly in line with the representation of Indigenous people in the population aged 20–64 years (figure 5.1).

Figure 5.1 Proportion of Indigenous staff in 2004-05 (sworn and unsworn) and Indigenous population aged 20–64 years^{a, b, c}



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

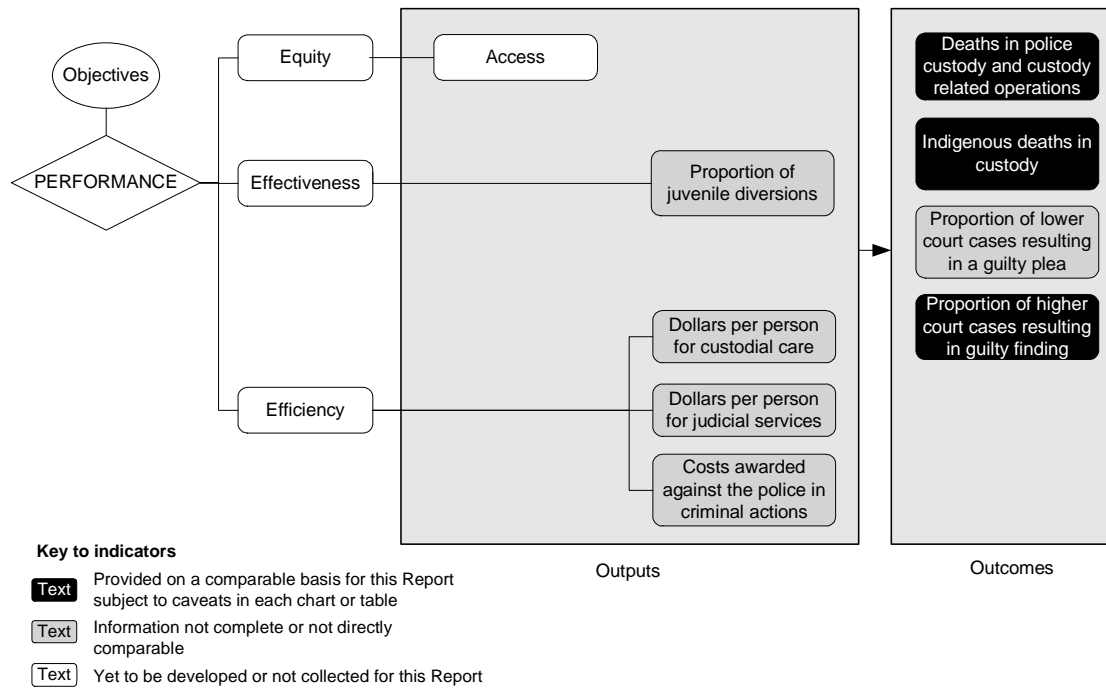
Source: ABS, Population by Age and Sex, Cat. no. 3201.0, (unpublished); State and Territory governments (unpublished); table 5A.9; 2006 Report, p. 5.22, figure 5.17.

Framework of performance indicators for services to the judicial process

Data for Indigenous people are reported for a subset of the performance indicators for police services to the judicial process in the 2006 Report. It is important to

interpret these data in the context of the broader performance indicator framework outlined in figure 5.2. The performance indicator framework shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 5.2 Performance indicators for services to the judicial process



Source: 2006 Report, p. 5.63, figure 5.47.

Deaths in police custody and custody-related operations

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

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

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

The indicators are defined as the number of non-Indigenous and Indigenous deaths in police custody and custody-related operations, reported both as numbers and as a rate per 100 000 of the relevant population.

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

Nationally, there were 27 deaths in police custody and custody-related operations in 2004 (down from 32 in 2003). This total comprised 21 non-Indigenous deaths and six Indigenous deaths. Across jurisdictions, there is a wide variation in the number of deaths, and caution needs to be taken when comparing jurisdictions' rates due to small absolute numbers. Nationally, the death rate per 100 000 people over the period 2000–2004 was 0.79 (table 5.1).

Table 5.1 Deaths in police custody and custody-related operations^a

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust ^b
Non-Indigenous deaths									
2000	12	2	2	1	4	–	–	–	21
2001	15	8	4	1	3	–	–	–	31
2002	12	7	4	2	–	1	–	–	26
2003	8	4	7	3	2	–	1	–	25
2004	7	4	5	2	2	–	1	–	21
Indigenous deaths									
2000	2	–	1	1	1	–	–	–	5
2001	–	–	–	2	2	–	–	–	4
2002	4	–	–	1	–	–	–	5	10
2003	1	–	1	4	–	–	–	1	7
2004	1	–	2	1	–	–	–	2	6
Total deaths									
2000	14	2	3	2	5	–	–	–	26
2001	15	8	4	3	5	–	–	–	35
2002	16	7	4	3	–	1	–	5	36
2003	9	4	8	7	2	–	1	1	32
2004	8	4	7	3	2	–	1	2	27
Total 2000–2004	62	25	26	18	14	1	2	8	156
Rate per 100 000 people (2000–2004) ^b	0.93	0.51	0.69	0.92	0.92	0.21	0.62	4.02	0.79

^a Deaths in police custody include: deaths in institutional settings (for example, police stations/lockups and police vehicles, or during transfer to or from such an institution, or in hospitals following transfer from an institution); and other deaths in police operations where officers were in close contact with the deceased (for example, most raids and shootings by police). Deaths in custody-related operations cover situations where officers did not have such close contact with the person as to be able to significantly influence or control the person's behaviour (for example, most sieges and most cases where officers are attempting to detain a person, such as pursuits). ^b Rate calculated by using the average population during 2000–2004. – Nil or rounded to zero.

Source: AIC (various years), *Deaths in Custody, Australia*; table 5A.10; 2006 Report, p. 5.69, table 5.3.

Supporting tables

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

Descriptors

Table 5A.1	Police service expenditure, staff and asset descriptors, NSW
Table 5A.2	Police service expenditure, staff and asset descriptors, Victoria
Table 5A.3	Police service expenditure, staff and asset descriptors, Queensland
Table 5A.4	Police service expenditure, staff and asset descriptors, WA
Table 5A.5	Police service expenditure, staff and asset descriptors, SA
Table 5A.6	Police service expenditure, staff and asset descriptors, Tasmania
Table 5A.7	Police service expenditure, staff and asset descriptors, ACT
Table 5A.8	Police service expenditure, staff and asset descriptors, NT

PIs for All SDAs

Table 5A.9	Indigenous, sworn and unsworn police staff
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PIs for SJP

Table 5A.10	Number of deaths in police custody and custody-related operations, 2000 to 2004
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References

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

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

6 Court administration

This chapter in the *Report on Government Services 2006* (2006 Report) covers the performance of court administration for State and Territory supreme, district/county and magistrates (including children's) courts, electronic infringement and enforcement systems, coroners courts and probate registries. It also covers the performance of court administration for the Federal Court of Australia, the Federal Magistrates Court, the Family Court of Australia and the Family Court of WA. This chapter does not include information on specialist courts (for example, drug courts) or the High Court of Australia. The focus of this Report is on the administration of the courts, not the outcomes of legal processes.

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

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

Indigenous data in the court administration chapter

The court administration chapter in the 2006 Report contains no data items on Indigenous people.

7 Corrective services

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

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

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

- juvenile justice¹ (which is covered in the community services preface)
- prisoners or alleged offenders held in forensic mental health facilities to receive psychiatric care (who are generally the responsibility of health departments)
- prisoners held in police custody (who are covered in the police services chapter)
- people held in facilities such as immigration or military detention centres.

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

Indigenous data in the corrective services chapter

The corrective services chapter in the *Report on Government Services 2006* (2006 Report) contains the following data items on Indigenous people:

- imprisonment rates, 2004-05
- community corrections rates, 2004-05
- prisoner death rates from apparent unnatural causes, 2004-05.

Supporting tables

Supporting tables for data within the corrective services chapter of this compendium are contained in attachment 7A of the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 7A.3 is table 3 in the corrective services attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to '2006 Report, p. 7.15' this is page 15 of chapter 7 of the 2006 Report, and '2006 Report, table 7A.2' is attachment table 2 of attachment 7 of the 2006 Report.

Prison custody

On average, 24 092 people per day (excluding periodic detainees) were held in Australian prisons during 2004-05 — an increase of 4.7 per cent over the average daily number reported in the previous year (table 7A.1). In addition, on average, 891 people per day were serving periodic detention orders in NSW and the ACT in 2004-05 — a rise of 7.2 per cent from the 2003-04 average.

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

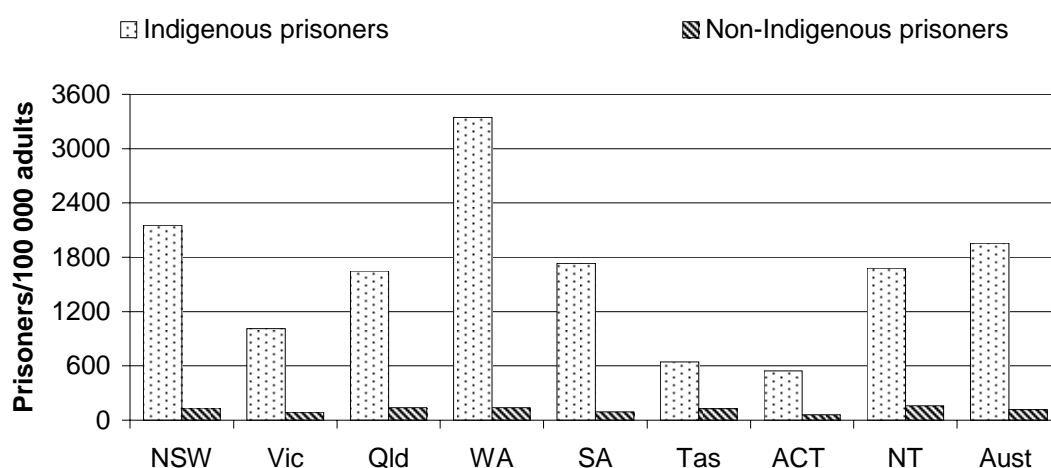
The national rate of imprisonment for all prisoners was 155.0 per 100 000 Australian adults in 2004-05, compared to 150.2 in 2003-04.

The national imprisonment rate per 100 000 Indigenous adults in 2004-05 was 1957.1 compared with a rate of 118.0 for non-Indigenous prisoners (figure 7.1).

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

While imprisonment rates for Indigenous people are far higher than those for non-Indigenous people, the majority of prisoners are non-Indigenous. Nationally, 74.7 per cent of all prisoners were non-Indigenous in 2004-05 (table 7A.1).

Figure 7.1 **Indigenous and non-Indigenous imprisonment rates, 2004-05^{a, b, c}**



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

Source: State and Territory governments (unpublished); ABS (unpublished) Australian Demographic Statistics, December quarter, 2004; ABS (unpublished) Australian population projections; table 7A.3; 2006 Report, p. 7.6, figure 7.3.

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

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

Community corrections

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

All jurisdictions have reparation and supervision orders. Restricted movement orders were available in all jurisdictions except Tasmania in 2004-05. In most states and territories, fine default orders are administered by community corrections, as is bail supervision in some jurisdictions.

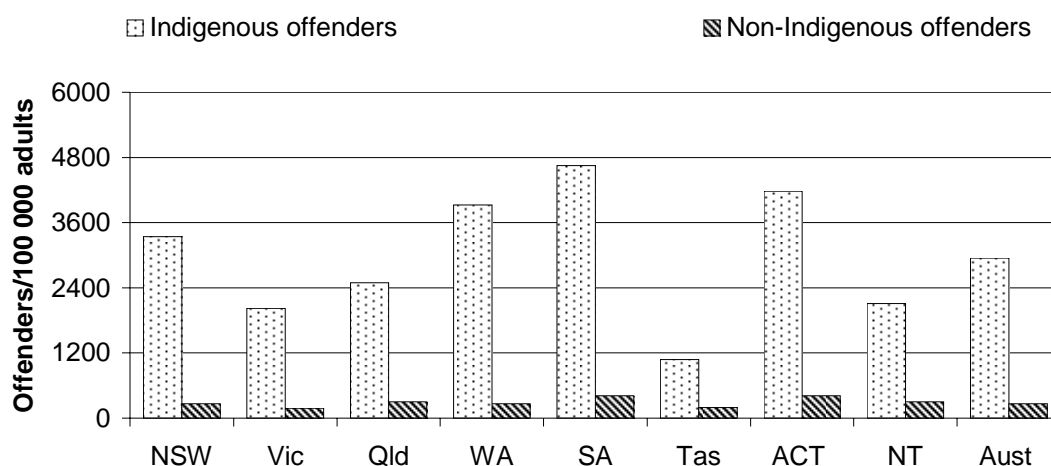
A daily average of 52 506 offenders were serving community corrections orders across Australia in 2004-05 — an increase of 3.3 per cent from the previous year's average (table 7A.2). The daily average comprised 8240 Indigenous offenders (15.7 per cent of the total community corrections population), 40 145 non-Indigenous offenders (76.5 per cent) and 4121 persons whose Indigenous status was unknown (table 7A.2).

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

The national community corrections rate was 337.9 per 100 000 adults in 2004-05. The national rate for Indigenous offenders in 2004-05 was 2946.3 per 100 000 Indigenous adults compared with 263.1 for non-Indigenous offenders (figure 7.2).

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

Figure 7.2 **Indigenous and non-Indigenous community corrections rates, 2004-05^{a, b}**



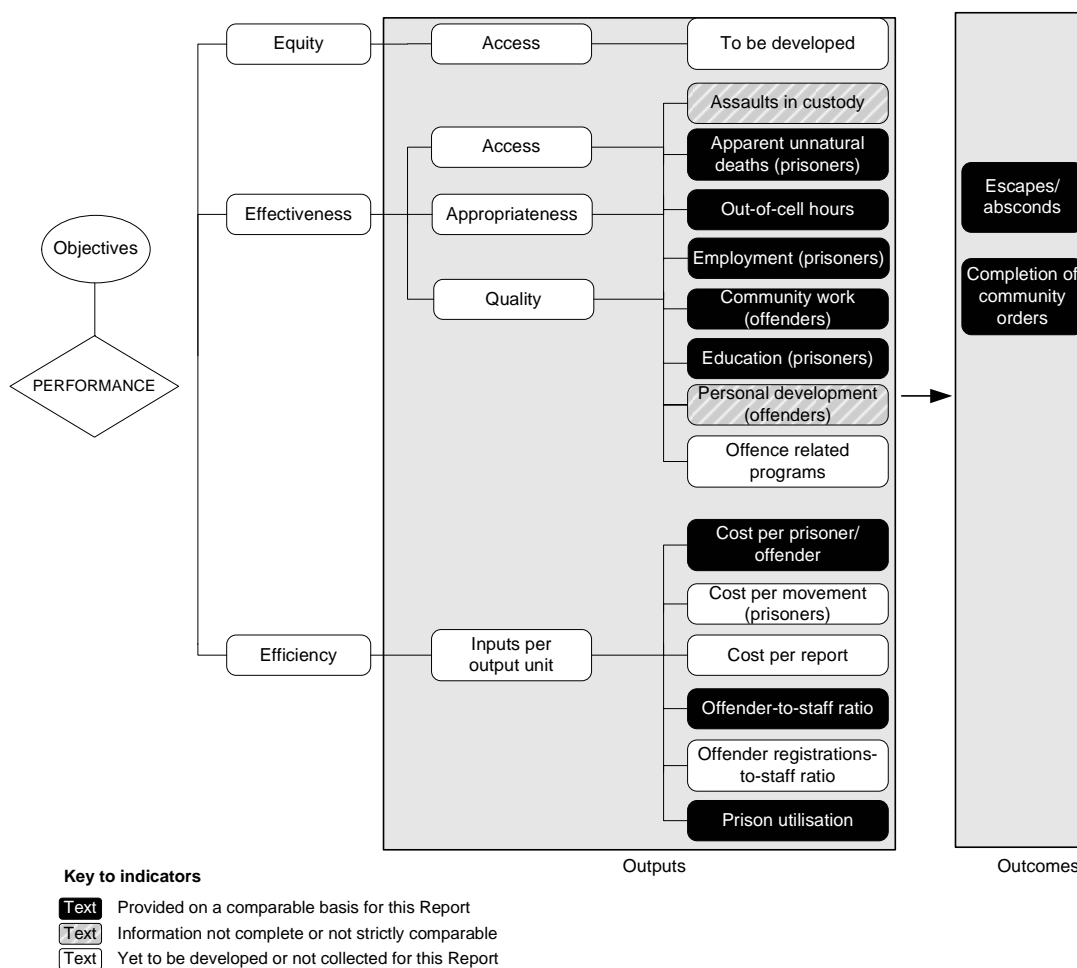
^a Non-age standardised rates based on the daily average offender population numbers supplied by State and Territory governments, calculated against adult Indigenous and non-Indigenous population estimates (population data supplied by the ABS National Centre for Crime and Justice Statistics). ^b Excludes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

Source: State and Territory governments (unpublished); ABS (unpublished) Australian Demographic Statistics, December quarter, 2004; ABS (unpublished) Australian population projections; table 7A.3; 2006 Report, p. 7.8, figure 7.5.

Framework of performance indicators

Data for Indigenous people are reported for one of the performance indicators for corrective services in the 2006 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 7.3. The performance indicator framework shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 7.3 Performance indicators for corrective services



Source: 2006 Report, p. 7.10, figure 7.6.

Apparent unnatural deaths (prisoners)

The ‘apparent unnatural deaths’ rate is provided as an output indicator of effectiveness (box 7.1). Small numbers of incidents relative to small prisoner populations affect this indicator, in that a single incident in a smaller jurisdiction can markedly increase the rate, but have little apparent effect in the larger jurisdictions.

Box 7.1 Apparent unnatural deaths (prisoners)

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

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

Figure 7.4 presents information on prisoner death rates in 2004-05 from apparent unnatural causes, for Indigenous and non-Indigenous prisoners.

Figure 7.4 Prisoner deaths rates from apparent unnatural causes, 2004-05^{a, b}



^a Indigenous deaths rates from apparent unnatural causes represent three deaths in NSW and one death in WA in 2004-05. ^b Victoria, Queensland, SA, Tasmania, the ACT and the NT reported zero deaths from unnatural causes for Indigenous prisoners.

Source: State and Territory governments (unpublished); table 7A.4; 2006 Report, p. 7.13, figure 7.7.

The national rate of deaths from apparent unnatural causes for all prisoners declined from 0.16 in 2000-01 to 0.07 in 2004-05. Rates fell for both Indigenous and non-Indigenous prisoners (table 7A.5).

Supporting tables

Supporting tables for data within this chapter are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 7A.3 is table 3 in the corrective services attachment). The tables included in the attachment are listed below.

Table 7A.1	Average daily prisoner population
Table 7A.2	Average daily community corrections population and people per type of order
Table 7A.3	Imprisonment and community corrections rates (per 100 000 adults)
Table 7A.4	Death rates from apparent unnatural causes, 2004-05 (per 100 prisoners)
Table 7A.5	Death rates from apparent unnatural causes (per 100 prisoners)
Table 7A.6	Categorisation of correctional sanctions

Single Jurisdiction Data - NSW

Table 7A.7	Descriptors, prisons
Table 7A.8	Effectiveness, prisons
Table 7A.9	Descriptors, periodic detention
Table 7A.10	Effectiveness, periodic detention
Table 7A.11	Descriptors, community corrections

Single jurisdiction data - Vic

Table 7A.12	Descriptors, prisons
Table 7A.13	Effectiveness, prisons
Table 7A.14	Descriptors, community corrections

Single jurisdiction data - Qld

Table 7A.15	Descriptors, prisons
Table 7A.16	Effectiveness, prisons
Table 7A.17	Descriptors, community corrections

Single jurisdiction data - WA

Table 7A.18	Descriptors, prisons
Table 7A.19	Effectiveness, prisons
Table 7A.20	Descriptors, community corrections

Single jurisdiction data - SA

Table 7A.21	Descriptors, prisons
Table 7A.22	Effectiveness, prisons
Table 7A.23	Descriptors, community corrections

Single jurisdiction data - Tas

Table 7A.24	Descriptors, prisons
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- Table 7A.25** Effectiveness, prisons
Table 7A.26 Descriptors, community corrections

Single jurisdiction data - ACT

- Table 7A.27** Descriptors, prisons
Table 7A.28 Effectiveness, Prisons
Table 7A.29 Descriptors, periodic detention
Table 7A.30 Effectiveness, periodic detention
Table 7A.31 Descriptors, community corrections

Single jurisdiction data - NT

- Table 7A.32** Descriptors, prisons
Table 7A.33 Effectiveness, prisons
Table 7A.34 Descriptors, community corrections

8 Emergency management

Emergency management aims to reduce the level of risk to the community of emergencies occurring, reduce the adverse effects of emergency events, and improve the level and perception of safety in the community. This chapter in the *Report on Government Services 2006* (2006 Report) reports on selected emergency events, including fire, ambulance (pre-hospital care, treatment and transport) and emergency road rescue events. The chapter does not report on the total range of State and Territory Emergency Services Organisation activities.

Indigenous data in the emergency management chapter

The emergency management chapter in the 2006 Report contains no data items on Indigenous people.

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

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

References

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

— 2003, *Report on Government Services 2003*, Productivity Commission, Canberra.

C Health

Part C: Health preface

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

Health services in Australia are delivered by a variety of government and non-government providers in a range of service settings (box HP.1). The Report primarily concentrates on the performance of public hospitals (see *Report on Government Services 2006* (2006 Report), chapter 9), primary and community health services (including general practice) (see 2006 Report, chapter 10) and the interactions among different service mechanisms for dealing with two health management issues: mental health and breast cancer (see 2006 Report, chapter 11). These services are selected for reporting as they:

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

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

Box HP.1 Some common health terms

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

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

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

Primary health care: services that:

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

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

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

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

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

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

(chapters 3 and 4) and public housing (chapter 16), however, are included in other chapters of the Report.

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

Roles and responsibilities

The Australian Government's health services activities include:

- funding public hospital services, GPs, some specialist medical services and public health programs
- funding the PBS
- funding high level residential aged care services
- funding private health insurance rebates
- funding Indigenous-specific primary health
- promulgating and coordinating health regulations
- undertaking health policy research and policy coordination across the Australian, State and Territory governments
- funding hospital services and the provision of other services through the Department of Veterans' Affairs.

State and Territory governments contribute funding for, and deliver a range of, health care services, such as:

- public hospital services
- public health programs (such as health promotion programs and disease prevention)
- community health services (including services specifically for Indigenous people)
- 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.

Local governments are generally involved in environmental control and a range of community-based and home care services, although the exact nature of their involvement varies across jurisdictions. The non-government sector too plays a significant role in the health system, delivering general practice and specialist medical and surgical services, dental services, a range of other allied health services (such as optometry and physiotherapy), private hospitals and high level residential aged care services.

Indigenous data in the health preface

The health preface in the 2006 Report contains the following information on Indigenous people:

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

Supporting tables

Supporting tables for data within the ‘Health preface’ of this compendium are contained in attachment HPA of the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table HPA.3 is table 3 in the ‘Health preface’ attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to ‘2006 Report, p. E.15’ this is page 15 of the ‘Health preface’ of the 2006 Report, and ‘2006 Report, table EA.2’ is attachment table 2 of the ‘Health preface’ attachment of the 2006 Report.

Overview of Indigenous health

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

Australian Indigenous people are more likely to experience disability and significantly lower quality of life due to poorer health, and to have shorter life expectancies than the rest of the Australian population (SCRGSP 2005). These patterns are reflected in Australian data on: mortality, life expectancy and birthweights (later in this preface); hospital separation rates; hospitalisation rates for diabetes, assault and infectious pneumonia (chapter 10); fetal, neonatal and perinatal death rates (chapter 9); and suicide (chapter 11).

Recent publications such as *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (ABS and AIHW 2005) and *Overcoming Indigenous Disadvantage: Key Indicators 2005* (SCRGSP 2005) include more comprehensive data on the health status of Indigenous people and Indigenous health-related factors.

Contributing factors

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

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

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- relatively high imprisonment rates — after adjusting for age differences, Indigenous people were 11 times more likely than other Australians to be imprisoned at 30 June 2004 (SCRGSP 2005)
 - relatively high rates for health risk factors such as obesity, smoking, harmful alcohol use, substance abuse and violence — in 2002, 51 per cent of Indigenous people aged 15 years and over claimed to be cigarette smokers. Seventeen per cent of Indigenous men and 13 per cent of Indigenous women reported risky alcohol consumption. During 2002-03, Indigenous people were more than four times as likely to be in hospital for alcohol-related mental and behavioural disorders than other people (SCRGSP 2005)
 - geographic distance to health services, particularly in remote and very remote areas — in 2001, 606 discrete Indigenous communities were located 25 kilometres or more from the nearest primary health care centre, and 943 communities were 50 kilometres or more from the nearest acute care hospital (ABS and AIHW 2005)
 - inadequate and overcrowded housing, particularly in remote and very remote regions — in 2002, 26 per cent of Indigenous people aged 15 years and over (72 600 people) lived in overcrowded households (SCRGSP 2005).

These influences on the health status of Indigenous people vary across regions and across urban, rural and remote areas. Geographic and environmental health factors, for example, are less relevant in urban areas (ABS and AIHW 2005). The extent to which differences across jurisdictions in the reported health outcomes for Indigenous people can be attributed to the performance of government funded health services alone is limited, given the complexity of these other influences on Indigenous health, and ongoing data quality problems (discussed below).

In addition, a wide range of government provided or funded services (other than health services) seek to address the environmental, socioeconomic and other factors that affect Indigenous health. These services include government schools, housing, justice and correctional services, which are discussed elsewhere in this Report. The Steering Committee publication, *Overcoming Indigenous Disadvantage: Key Indicators 2005* (SCRGSP 2005), examines these and other multiple contributors (and their complex cross-links) to health outcomes for Indigenous people.

Government policy and programs

The majority of government expenditure on Indigenous health is made through mainstream health programs (AIHW 2005). In addition, the Australian, State and Territory governments fund Indigenous-specific health programs and undertake coordination and research activities. Most Australian Government expenditure on

Indigenous-specific health programs is directed to Indigenous-specific primary health. State and Territory governments fund a range of community and public health programs that specifically target Indigenous people within their jurisdictions (chapter 10).

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

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

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

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

-
- accountability of health services to communities and governments.

Each State and Territory is developing an implementation plan under the framework. These plans detail information on existing and planned action by each government to improve health outcomes for Indigenous people over the next five years. The plans describe programs and policy approaches which are the primary responsibility of each government as well as their contributions to multilateral effort. Each jurisdiction will report to health ministers on progress under the plan every year and on the contribution to multilateral effort every two years.

The National Strategic Framework is complemented by a National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004–2009 (SEWB Framework), which was agreed by the Australian Health Ministers Advisory Council in March 2004. The SEWB Framework sits within the context of the National Strategic Framework for Aboriginal and Torres Strait Islander Health and the Third National Mental Health Plan. For a discussion of the Third National Mental Health Plan see 2006 Report, chapter 11.

Expenditure

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

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

also higher for community health services. Expenditure per person was lower for Indigenous people than non-Indigenous people for admitted patient services in private hospitals, medical services, dental and other professional services, pharmaceuticals, aids and appliances and for services for older people (table HP.1).

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

<i>Health good or service type</i>	<i>Total expenditure (\$ million)</i>			<i>Expenditure per person (\$)</i>		
	Indigenous	Non-Indigenous	Indigenous share (%)	Indigenous	Non-Indigenous	Ratio
Hospitals	849.5	21 456.9	3.8	1 852.75	1 132.01	1.64
Admitted patient services	682.5	17 927.4	3.7	1 488.38	945.80	1.57
Private hospital	11.5	5 057.1	0.2	25.08	266.80	0.09
Public hospital	671.0	12 870.2	5.0	1 463.30	679.00	2.16
Non-admitted patient services	142.4	3 116.5	4.4	310.57	164.42	1.89
Emergency departments	34.6	615.7	5.3	75.51	32.48	2.32
Other services	107.8	2 500.8	4.1	235.06	131.94	1.78
Public (psychiatric) hospitals	24.7	413.0	5.6	53.80	21.79	2.47
Medical services	99.6	11 112.5	0.9	217.19	586.27	0.37
Medicare benefit items	75.9	9 185.4	0.8	165.47	484.60	0.34
Other	23.7	1 927.2	1.2	51.72	101.67	0.51
Community health services ^{b, c}	439.9	2 810.5	13.5	959.30	148.27	6.47
Dental services ^b	21.8	3 734.2	0.6	47.59	197.01	0.24
Other professional services	16.9	2 252.4	0.7	36.76	118.83	0.31
Pharmaceuticals	66.2	9 011.6	0.7	144.36	475.43	0.30
Benefit-paid ^d	42.3	5 471.8	0.8	92.20	288.68	0.32
Other pharmaceuticals	23.9	3 539.8	0.7	52.16	186.75	0.28
Aids and appliances	15.8	2 474.0	0.6	34.51	130.52	0.26
Services for older people	49.9	4 591.6	1.1	108.83	242.24	0.45
Patient transport	62.8	892.7	6.6	136.95	47.09	2.91
Public health activities	72.5	1 029.9	6.6	158.15	54.33	2.91
Other health services (nec)	50.6	1 458.9	3.4	110.44	76.97	1.43
Health administration (nec)	43.1	1 883.6	2.2	93.99	99.37	0.95
Total	1 788.6	62 708.9	2.8	3 900.83	3 308.35	1.18

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

Source: AIHW (2005); 2006 Report, p. E.15, table E.1.

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

The vast majority of health expenditure on Indigenous people was allocated through mainstream health programs — admitted and non-admitted patient services, community health services, medical and pharmaceutical health services, and public health services. A small proportion of health expenditure was allocated through programs directly targeting Indigenous people, the most significant being the Indigenous-specific primary health care services (formerly known as Aboriginal Community Controlled Health Services [ACCHSs]).

About 70.5 per cent of expenditure on health goods and services for Indigenous people were provided through State and Territory and local government programs (table HP.2). Almost half (47.5 per cent or \$849.5 million) was allocated to services provided by hospitals (AIHW 2005). Programs managed by the Australian Government, including Medicare and the PBS, accounted for nearly a quarter of expenditure (23.4 per cent). Non-government health services accounted for 6.2 per cent of expenditure (table HP.2), which comprised principally dental services, non-benefit pharmaceuticals, and aids and appliances (AIHW 2005).

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

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

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

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

Source: AIHW (2005); 2006 Report, p. E.17, table E.2.

Self-assessed health

In the 2002 ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS), around 42 per cent of Indigenous people aged 18 years or over reported their health as very good or excellent, 33 per cent reported their health as good and 25 per cent reported their health as fair or poor. Taking into account differences in age structure, Indigenous people were twice as likely to report their health as fair or poor, than non-Indigenous Australians (ABS and AIHW 2005).

Data quality

Good quality data are needed to assess the effectiveness of programs and to evaluate policies designed to improve health services and outcomes for Indigenous people. Despite recent improvements, the quality of the information and estimates on Indigenous health expenditures is limited by underlying data and the calculation methodology. Some of the problems associated with Indigenous health data are outlined in ABS (2004a), and ABS and AIHW (2005) including:

- Indigenous people are not always accurately or consistently identified in administrative health data collections (such as hospital records and birth and

death registrations), given variation in definitions, different data collection methods and inaccurate or incomplete recording of Indigenous status.

- The ABS has introduced a program of three yearly Indigenous household surveys with sample sizes designed to support the production of reliable state and territory level data, so every three years, some health status and health risk factors are measured. Every six years, more detailed health status information is collected, together with health service use, health actions, health related aspects of lifestyle and other health risks. Other health related surveys, which may include an Indigenous identifier, do not necessarily provide reliable data on Indigenous people, because of small sample size, geographic coverage or survey design (although considerable improvement has been made in these areas in recent years).
- Inconsistent data definitions and differences in the accuracy of identifying Indigenous status have led to problems making comparisons between jurisdictions, and comparisons over time.
- Experimental estimates of the Indigenous population are re-based by the ABS every five years to take account of unexplained population growth (that is, other than natural increase). This requires re-estimation of various rates and rate ratios.

The Aboriginal and Torres Strait Islander Health Performance Framework has been developed to support the implementation of the National Strategic Framework for Aboriginal and Torres Strait Islander Health (see above). It will provide the basis for measurement of the impact of the National Strategic Framework. As part of the development of the health performance framework, key priorities for data development will be identified to support an ongoing work program of data improvements.

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

Selected indicators of health outcomes

It is difficult to isolate the effect of health care services on the general health of the population. Socioeconomic factors (such as residential location, income levels and employment rates) and the provision of non-health care government services (such as clean water, sewerage, nutrition, education and public housing) each contribute to overall health outcomes. The outcomes and effectiveness of health services are also influenced by population factors external to governments' control, including

geographic dispersion, age and ethnicity profiles, and socioeconomic status. Appendix A summarises some of the demographic and socioeconomic factors that can influence health outcomes and government expenditure.

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

Mortality rates

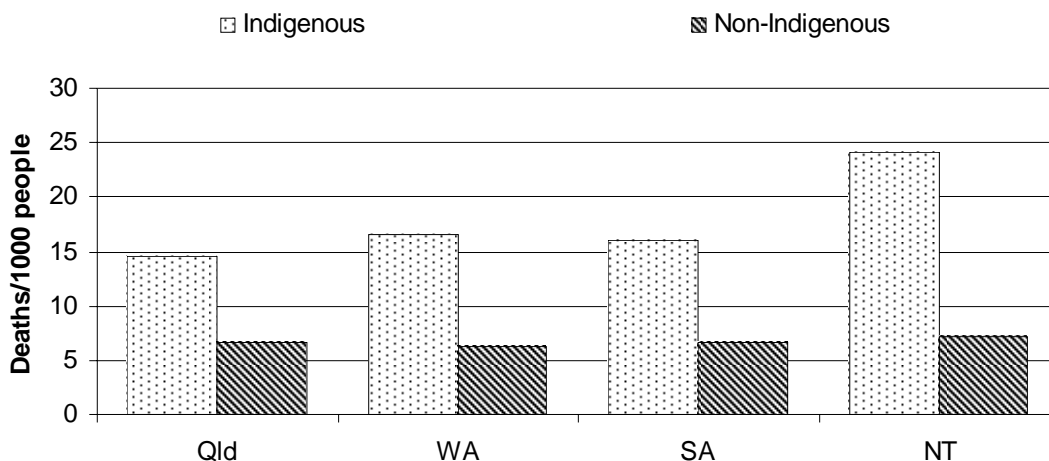
Most components of the health system can influence mortality rates, although there may be a lag of decades between the action and the effect. A public health campaign to reduce smoking by young people, for example, may reduce premature deaths due to smoking-related conditions some years in the future.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

Data on Indigenous mortality are collected through State and Territory death registrations. The completeness of the identification of Indigenous Australians in these collections varies significantly across states and territories. Because of this variation, care is required in making comparisons on the data. The NT, WA, SA and Queensland in that order are generally considered to have the best coverage of death registrations for Indigenous people.¹ For these four jurisdictions combined, the overall rates of mortality for Indigenous people were almost three times higher than mortality rates for non-Indigenous people in 1999–2003 (figure HP.1 and table HPA.1). The exact magnitude of this difference cannot be established at this time due to poor identification of Indigenous Australians in death records. Reported mortality rates underestimate the true difference (ABS and AIHW 2005).

Due to the relatively small number of Indigenous deaths and the consequent volatility in annual mortality rates, the data are presented for the five year period 1999–2003. To improve the comparability of age-related mortality rates, indirect age standardisation methods have been used for both the Indigenous and total population rates.

¹ The term ‘coverage’ refers to the number of Indigenous deaths registered as a percentage of the number of expected deaths based on Census population data.

Figure HP.1 **Mortality rates, age standardised, by Indigenous status, five year average, 1999–2003^{a, b, c}**



^a Calculated using indirect methods of age standardisation, based on the 2001 Census, for Queensland, WA, SA and the NT. Rates are not adjusted for differences across jurisdictions in the extent of identification of Indigenous deaths. ^b Rates are calculated per 1000 Indigenous people. ^c Data for Queensland, WA, SA and the NT are considered to have the highest level of accuracy of Indigenous identification in mortality data. They do not represent a quasi-Australian figure.

Source: ABS Deaths Australia (unpublished); table HPA.1; 2006 Report, p. E.23, figure E.9.

Indigenous infant mortality rates

The infant mortality rate is defined as the number of deaths of children under 1 year of age in a calendar year per 1000 live births in the same year. For the period 2001–2003, the average infant mortality rate for Indigenous children is publishable for NSW, Queensland, WA, SA and the NT. The accuracy of Indigenous mortality data is variable, however, due to varying rates of coverage across jurisdictions and over time. While a high level of coverage is estimated in the NT and to a lesser extent in WA and SA, substantial undercoverage appears in NSW and Queensland. Further, the ability to detect significant changes in Indigenous infant mortality is affected by the small numbers involved. Indigenous infant mortality rates remain markedly higher than the national average for all Australians (tables HPA.2 and HPA.3).

Causes of death for Indigenous people

In the jurisdictions for which age standardised death rates are available by Indigenous status (Queensland, WA, SA and the NT), death rates were far higher for Indigenous people than for non-Indigenous people during the period 1999–2001. In particular, Indigenous people died from rheumatic heart disease at a rate that was

up to 19.4 times that for non-Indigenous people. They died from diabetes at a rate that was up to 15.9 times higher than that for non-Indigenous people; from pneumonia at a rate that was up to 14.3 times that for non-Indigenous people; and from assault at a rate that was up to 12.6 times that for non-Indigenous people (tables HPA.4 and HP.3).²

Table HP.3 Cause of death, age standardised Indigenous mortality ratios, 1999–2001^{a, b, c}

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

^a Age standardised mortality rate for Indigenous people divided by the age standardised mortality rate for non-Indigenous people. Calculated from death rates per 100 000 people aged less than 75 years.

^b Indigenous deaths data reported in SIMC 2004 and quoted in this table do not reflect ABS revised Indigenous population estimates for 1999 and 2000, nor are they adjusted for differences in the extent of Indigenous identification across jurisdictions or across causes of death. ^c Excludes deaths for which Indigenous status was not stated. ^d Diabetes as an underlying cause or part of a multiple cause. ^e Includes all heart disease, acute myocardial infarction (heart attack) and cerebrovascular diseases (stroke). ^f External causes of death such as land and water transport accidents, falls, poisonings, drownings, other accidents, self-harm and assault. np Not published.

Source: SIMC (2004); table HPA.4; 2006 Report, p. E.26, table E.4.

In 1999–2003, 58 per cent of deaths of Indigenous people resident in Queensland, WA, SA and the NT were caused by diseases of the circulatory system, external causes and cancer. By way of contrast these caused 78 per cent of deaths in the non-Indigenous population (ABS and AIHW 2005).

Life expectancy

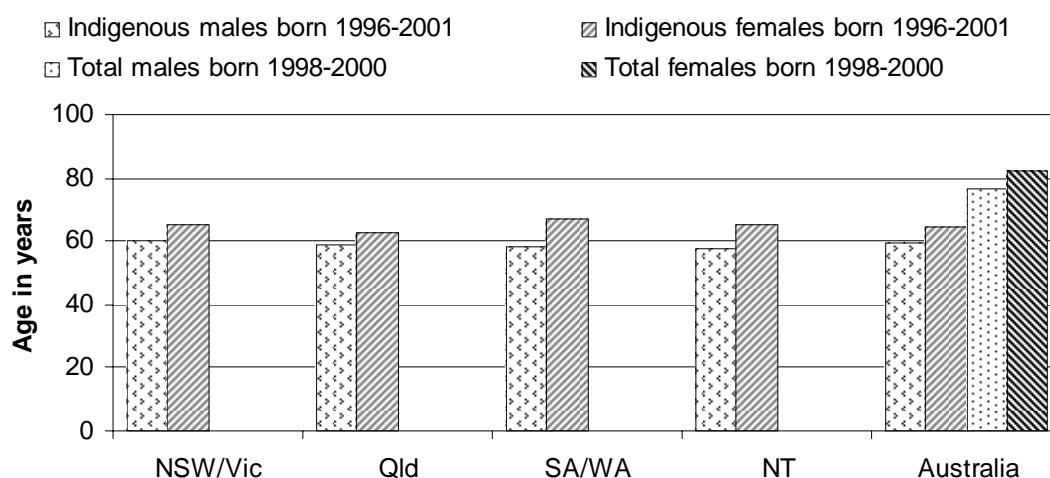
The ABS noted that, due to incomplete identification of Indigenous deaths in the underlying source data, changes over time in mortality rates for Indigenous people cannot be determined. ABS Indigenous population estimates and projections

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

assume, for each jurisdiction, constant age specific mortality rates across the period 1991–2009. These data are not comparable to — and replace — life expectancy estimates for Indigenous people previously published by the ABS. They should not be subjected to ‘over-precise analysis ... as measures of Indigenous health outcomes’ (ABS 2004a).

The life expectancies of Indigenous Australians are considerably lower than those of non-Indigenous Australians. ABS experimental population estimates indicate a life expectancy at birth of 59.4 years for Indigenous males and 64.8 years for Indigenous females born from 1996 to 2001 (figure HP.2 and table HPA.5). In a similar, but not directly comparable time period (1998–2000) the rates for all Australians were 76.6 years for all males and 82.0 years for females. Variations in life expectancy between Indigenous males and females and for Indigenous Australians in different states and territories should be interpreted with care as they are sensitive to the demographic assumptions and differences in data quality across jurisdictions.

Figure HP.2 Life expectancy at birth, Indigenous 1996–2001, total population 1998–2000^{a, b, c}



^a Indigenous data are for the Aboriginal and Torres Strait Islander population, and include an adjustment for undercoverage of Indigenous deaths. ^b Indigenous life expectancy excludes Tasmania and the ACT. For Tasmania and the ACT, use data for Victoria and NSW respectively. ^c Life expectancy data for Indigenous males and Indigenous females are for the period 1996–2001. Data for total males and females cover the period 1998–2000, the approximate mid-point of the Indigenous data.

Source: ABS (2004a); table HPA.5; 2006 Report, p. E.28, figure E.12.

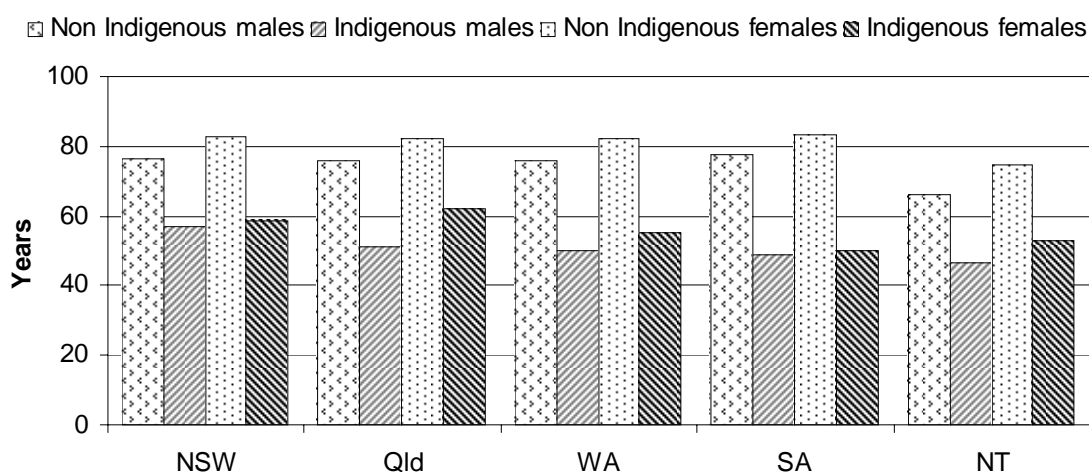
Median age at death

The median age at death is a measure of the distribution of deaths by age. Comparisons of the median age at death for Indigenous and non-Indigenous people

are affected by different age structures in the populations and by differences in the extent of identification of Indigenous deaths across jurisdictions and across age groups. Identification of Indigenous status for infant deaths is high, but it falls significantly in older age groups. The median age of death for Indigenous people is therefore an underestimate.

For all Australian males and females in 2003, the median age at death was 76.4 years and 82.5 years respectively (figure HP.3 and table HPA.6). In the jurisdictions for which the data were available for Indigenous people in 2003 the median age at death for male Indigenous Australians varied between 56.8 and 46.3 years. The median age at death for female Indigenous Australians varied between 62.1 years and 50.0 years (figure HP.3 and table HPA.6).

Figure HP.3 Median age at death, by sex and Indigenous status, 2003^a



^a Median age at death by Indigenous status is available in NSW, Queensland, WA, SA and the NT only. The accuracy of Indigenous mortality data 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 (2004b); table HPA.6; 2006 Report, p. E.29, figure E.13

Birthweight of babies

The birthweight of a baby is an important indicator of its health status and future wellbeing. In 2002, 91.8 per cent of liveborn babies in Australia weighed between 2500 and 4499 grams (Laws and Sullivan 2004). The average birthweight for all live births was 3371 grams. In 2002, the average birthweight of liveborn babies of Indigenous mothers was 3165 grams (tables HPA.7 and HPA.8). This was 213

grams lighter than the average of 3378 grams for liveborn babies of non-Indigenous mothers³ (Laws and Sullivan 2004).

Babies are defined as low birthweight if they weigh less than 2500 grams, very low birthweight if they weigh less than 1500 grams and extremely low birthweight if they weigh less than 1000 grams (Laws and Sullivan 2004). In 2002, 6.4 per cent of all liveborn babies in Australia weighed less than 2500 grams (figure HP.4). They included 1.1 per cent of babies who weighed less than 1500 grams and 0.5 per cent of babies who weighed less than 1000 grams (table HPA.8).

Among live babies born to Indigenous mothers in 2002, the proportions with low and very low birthweights were around twice the proportions born to all Australian mothers, with 12.9 per cent weighing less than 2500 grams and 2.2 per cent weighing less than 1500 grams (figure HP.4 and table HPA.8).

Figure HP.4 Babies with birthweights under 2500 grams, by Indigenous status, 2002^{a, b, c, d}



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

Source: Laws and Sullivan (2004); tables HPA.7 and HPA.8; 2006 Report, p. E.30, figure E.14.

³ Figures for births to Indigenous mothers exclude Tasmania.

Future directions

Improving reporting on Indigenous health is a common priority across all of the health chapters. Performance indicators for health services used by Indigenous Australians were first published in the 2000 Report. A strategy to improve reporting on Indigenous health was developed in 2003, and improvements have since been made where possible.

Supporting tables

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

Table HPA.1	Mortality rates, age standardised for all causes (per 1000 people)
Table HPA.2	Infant mortality rate, three year average (per 1000 live births)
Table HPA.3	Indigenous Infant mortality rates, selected years
Table HPA.4	Causes of death by Indigenous status, age standardised death rates, 1999–2001 (per 100 000 people)
Table HPA.5	Indigenous life expectancy at birth (years)
Table HPA.6	Median age at death (years)
Table HPA.7	Birthweights, live births, all mothers, 2002
Table HPA.8	Birthweights of babies of Indigenous mothers, live births, by state and territory 2002

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9 Public hospitals

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

- acute care services to admitted patients
- sub-acute and non-acute services to admitted patients (for example, rehabilitation or palliative care, or long stay maintenance care)
- emergency, outpatient and other services to non-admitted patients¹
- mental health services, including services provided to admitted patients by designated psychiatric/psychogeriatric units
- public health services
- teaching and research activities.

The public hospitals chapter focuses on acute care services provided to admitted patients and emergency services provided to non-admitted patients in public hospitals (see *Report on Government Services 2006* [2006 Report], chapter 9). These services comprise the bulk of public hospital activity and, in the case of acute care services to admitted patients, have the most reliable data available. Some data in the chapter include sub-acute and non-acute care services where they cannot yet be separately identified from acute care.

In some instances, stand-alone psychiatric hospitals are included in the chapter (see 2006 Report, chapter 9), although their role is diminishing in accordance with the National Mental Health Strategy. Under the strategy, the provision of psychiatric treatment is shifting away from specialised psychiatric hospitals to mainstream public hospitals and the community sector. The performance of psychiatric hospitals and psychiatric units of public hospitals is examined more closely in 'Health management issues' (see 2006 Report, chapter 11).

¹ Other services to non-admitted patients include community health services such as baby clinics and immunisation units, district nursing services and other outreach services (AIHW 2001).

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

Box 9.1 Some common terms relating to hospitals

Patients

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

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

Types of care

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

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

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

Hospital outputs

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

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

(Continued on next page)

Box 9.1 (Continued)

non-admitted occasion of service: occasion of examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service establishment. Services may include emergency department visits, outpatient services (such as pathology, radiology and imaging, and allied health services, including speech therapy and family planning) and other services to non-admitted patients. Hospital non-admitted occasions of service are not yet recorded consistently across states and territories, and relative differences in the complexity of services provided are not yet documented.

Other common health terms

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

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

Source: AIHW (2005); DHAC (1998, 2000); NCCH (1998); NHDC (2001, 2003); 2006 Report, pp. 9.2–9.3, box 9.1.

Indigenous data in the public hospitals chapter

The public hospitals chapter in the 2006 Report contains the following data items on Indigenous people:

- number of separations in public and private hospitals, 2003-04
- separation rates, public hospitals, 2003-04
- fetal, neonatal and perinatal death rates, 1999–2003.

Supporting tables

Supporting tables for data within the public hospitals chapter of this compendium are contained in attachment 9A of the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 9A.3 is table 3 in the public hospitals attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to ‘2006

Report, p. 9.15' this is page 15 of chapter 9 of the 2006 Report, and '2006 Report, table 9A.2' is attachment table 2 of attachment 9 of the 2006 Report.

Separation rates for Indigenous patients

Data on Indigenous patients are limited by the accuracy and extent to which Indigenous people are identified in hospital records. Identification varies across states and territories. In 1998, a pilot study in 11 hospitals found that the accuracy with which a person's Indigenous status was recorded varied greatly from hospital to hospital, ranging from 55 per cent to 100 per cent (ATSIHWIU 1999). The quality of data improved from 2000-01 because all jurisdictions used consistent definitions for Indigenous status from that year. Nevertheless, the quality of data for 2003-04 is considered acceptable only for WA, SA and the NT (AIHW 2005). In addition, difficulties in estimating the size of the Indigenous population limit the comparability of data over time.

In 2003-04, separations for Indigenous people accounted for around 3.2 per cent of total separations in 2003-04 and 4.8 per cent of separations in public hospitals (table 9.1), but the Indigenous population made up only around 2.4 per cent of the total population. Most Indigenous separations (94 per cent) occurred in public hospitals. The low proportion of private hospital separations for Indigenous people may be due partly to a lower proportion of Indigenous patients being correctly identified in private hospitals and partly to this group's lower use of private hospitals. Data in table 9.1 need to be interpreted with care given that only data from WA, SA and the NT are considered to be of acceptable quality (AIHW 2005).

Table 9.1 Separations, by Indigenous status and hospital sector, 2003-04^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>
Public hospital separations ('000)									
Indigenous ^b	39.6	9.2	54.0	37.3	14.5	1.8	1.5	45.1	203.0
Non-Indigenous	1 277.0	1 178.4	654.8	329.9	354.2	74.4	65.2	25.0	3 958.8
Not reported	8.9	–	12.2	–	10.5	4.7	2.3	–	38.6
Total	1 325.5	1 187.5	721.0	367.2	379.1	80.9	69.0	70.1	4 200.5
Private hospital separations ('000)									
Indigenous ^b	0.7	0.2	4.0	7.4	0.4	np	np	np	13.1
Non-Indigenous	710.7	680.6	482.4	282.8	202.9	np	np	np	2 420.2
Not reported	0.7	–	153.6	–	2.9	np	np	np	207.4
Total	712.1	680.8	640.0	290.2	206.2	np	np	np	2 640.7
Indigenous separations as proportion of total separations (%)									
Public hospitals	3.0	0.8	7.5	10.2	3.8	2.2	2.2	64.3	4.8
Private hospitals	0.1	0.0	0.6	2.5	0.2	np	np	np	0.5
All hospitals	2.0	0.5	4.3	6.8	2.5	np	np	np	3.2
Separations in public hospitals as a proportion of separations in all hospitals (%)									
Indigenous ^b	98	98	93	84	97	np	np	np	94
Non-Indigenous	64	63	58	54	64	np	np	np	62

^a Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement. ^b Identification of Indigenous patients is not considered complete and completeness varies across jurisdictions. The AIHW advised that only data from WA, SA and the NT are considered to be of acceptable quality (AIHW 2005). – Nil or rounded to zero. **np** Not published.

Source: AIHW (2005); table 9A.1; 2006 Report, p. 9.12, table 9.1.

In 2003-04, on an age standardised basis, 677.6 public hospitals separations (including same day separations) for Indigenous patients were reported per 1000 Indigenous people (table 9.2). This rate was markedly higher than the corresponding rate for the total population of 207.7 per 1000 (table 9.2). Incomplete identification of Indigenous people limits the validity of comparisons over time, as well as across jurisdictions.

In previous editions of the Report, this chapter contained hospital separation ratios for Indigenous people by selected conditions such as diabetes and infectious pneumonia (see SCRGSP 2005b, pp. 9.11–9.14). Some of these data are now reported in chapter 10 against the outcome indicators 'vaccine preventable hospitalisations' and 'hospitalisations for diabetes'. These data were moved as they do not signal the performance of hospitals, but do provide some indication of the outcomes of primary healthcare provided to Indigenous people.

Table 9.2 Estimates of public hospital separations per 1000 people, by reported Indigenous status^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT^b</i>	<i>NT</i>	<i>Aust</i>
1999-2000									
Indigenous ^c	363.4	413.1	708.3	868.9	875.5	132.2	1 461.7	1 105.0	652.4
Total population	192.1	211.7	205.0	202.0	232.6	160.1	219.2	372.9	204.6
2000-01									
Indigenous ^c	403.8	461.4	671.6	852.2	772.6	110.6	858.0	1 031.6	637.5
Total population	187.9	213.6	195.5	199.7	228.8	150.5	217.0	370.9	201.1
2001-02									
Indigenous ^c	361.1	416.0	676.5	752.7	743.6	139.4	982.8	1 129.6	614.3
Total population	188.6	222.5	192.5	190.7	229.7	165.0	216.3	394.3	202.8
2002-03									
Indigenous ^c	406.7	476.0	685.2	809.4	788.1	173.1	1 200.0	1 223.3	657.2
Total population	190.2	231.3	189.4	195.4	231.0	164.5	219.7	422.5	205.7
2003-04									
Indigenous ^c	426.4	471.8	710.9	789.3	853.9	175.3	1 118.5	1 286.2	677.6
Total population	192.9	235.0	189.3	191.0	235.9	162.8	235.6	428.9	207.7

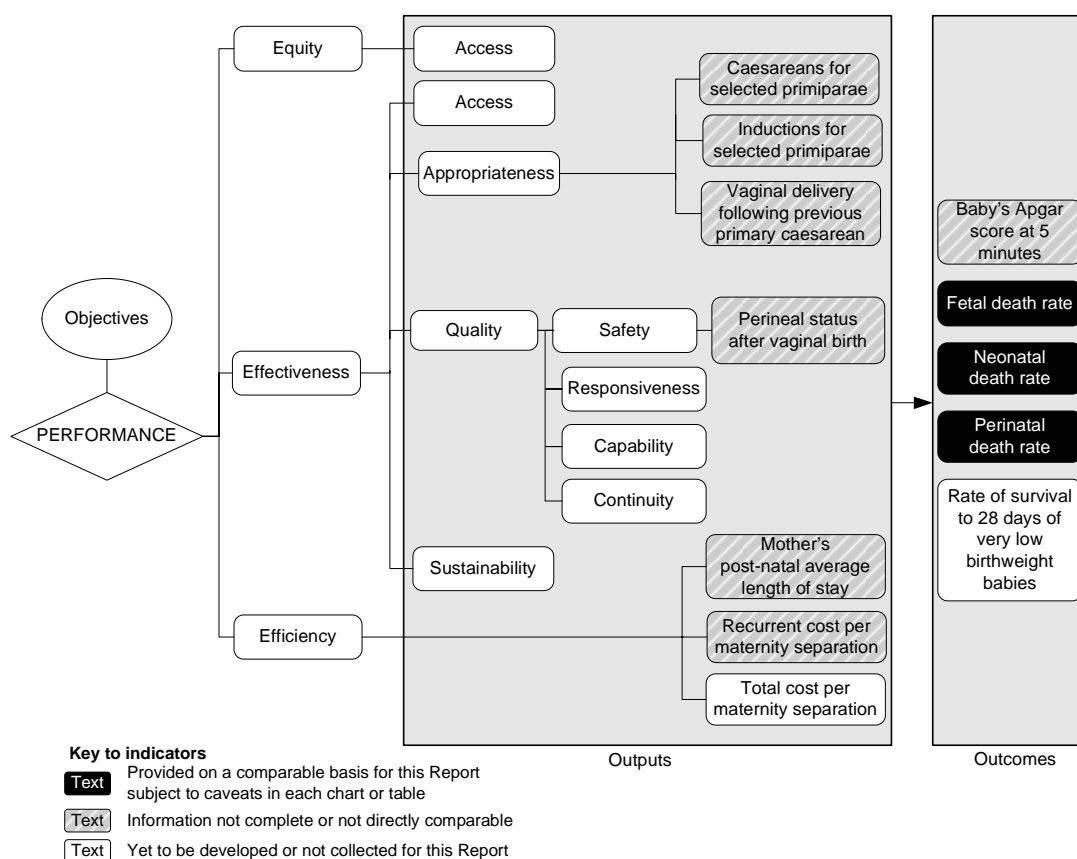
^a The rates are directly age standardised to the Australian population at 30 June 2001. ^b Rates reported for Indigenous people in the ACT are subject to variability, given the small Indigenous population in the jurisdiction. A high proportion of separations are for maintenance renal dialysis episodes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

Source: AIHW (unpublished); AIHW (2005); table 9A.2; 2006 Report, p. 9.13, table 9.2.

Framework of performance indicators for maternity services

Data for Indigenous people are reported for a subset of the performance indicators for maternity services in the 2006 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 9.1. The performance indicator framework shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 9.1 Performance indicators for maternity services



Source: 2006 Report, p. 9.64, figure 9.18.

Fetal death rate

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

Box 9.2 Fetal death rate

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

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

(Continued on next page)

Box 9.2 (Continued)

The 'fetal death rate' is calculated as the number of fetal deaths divided by the total number of births (live births and fetal deaths combined), by State or Territory of usual residence of the mother. The rate of fetal deaths is expressed per 1000 total births. This indicator is reported by the Indigenous status of the mother.

Low fetal death rates may indicate high quality maternity services. In jurisdictions where the number of fetal deaths is low, small annual fluctuations in the number affect the annual rate of fetal deaths.

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

Neonatal death rate

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

Box 9.3 Neonatal death rate

Neonatal death is the death of a live born infant within 28 days of birth (see section 9.8 for a definition of a live birth). As for fetal deaths, a range of factors contribute to neonatal deaths. The influence of maternity services for admitted patients, however, is greater for neonatal deaths than for fetal deaths, through the management of labour and the care of sick and premature babies.

The 'neonatal death rate' is calculated as the number of neonatal deaths divided by the number of live births registered. The rate of neonatal deaths is expressed per 1000 live births, by State or Territory of usual residence of the mother. This indicator is reported by the Indigenous status of the mother.

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

Perinatal death rate

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

Box 9.4 Perinatal death rate

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

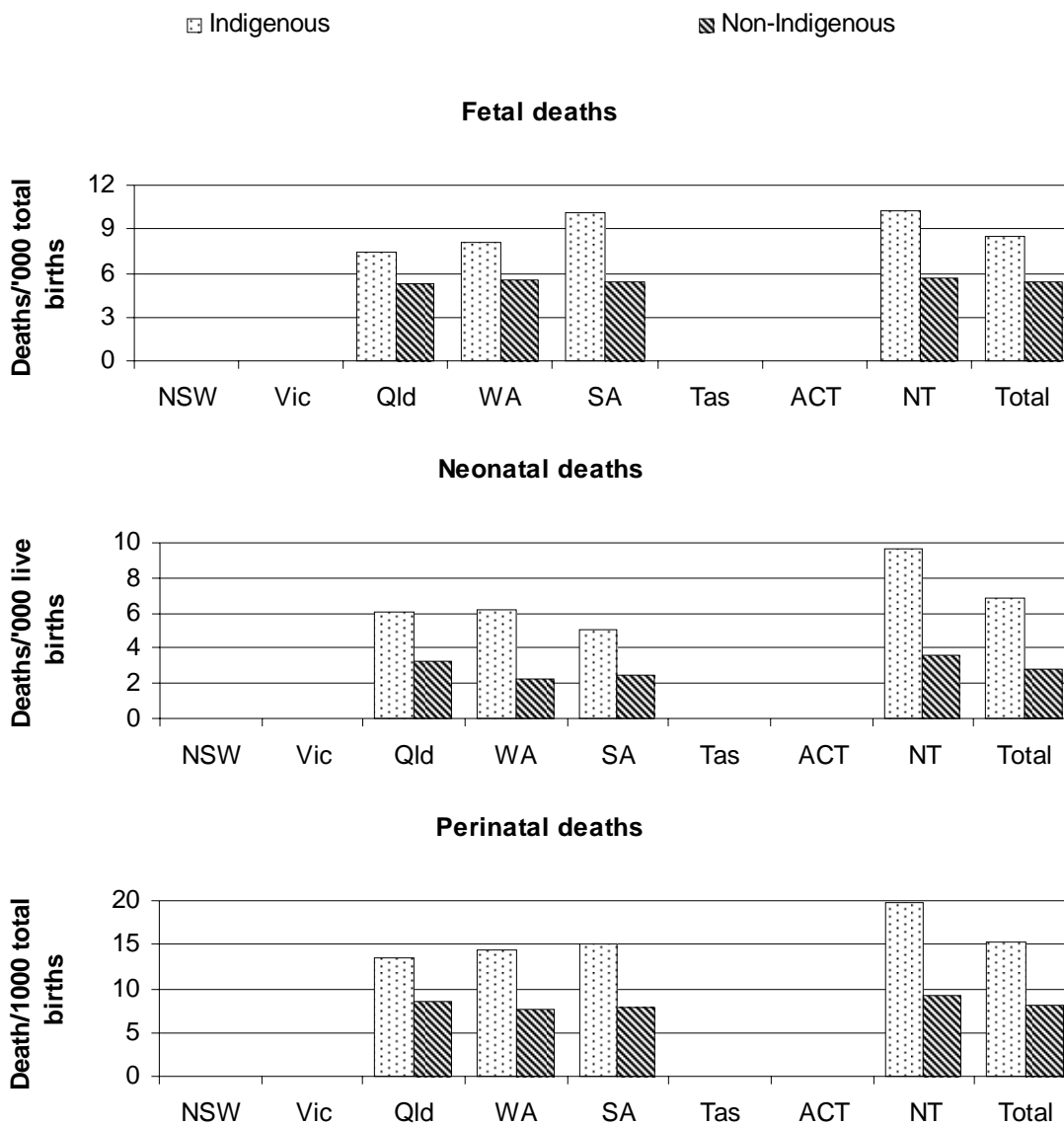
The 'perinatal death rate' is calculated as the number of perinatal deaths divided by the total number of births (live births registered and fetal deaths combined) in each jurisdiction. It is expressed per 1000 total births. This indicator is reported by the Indigenous status of the mother.

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

Fetal, neonatal and perinatal deaths data by Indigenous status are available for Queensland, WA, SA and the NT only. Data are for the period 1999–2003 combined. Data for other states and the ACT are not included due to small numbers or poor coverage rates (ABS 2004).² In those jurisdictions for which data are available, the fetal, neonatal and perinatal death rates for Indigenous people are higher than these death rates for non-Indigenous people (figure 9.2).

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

Figure 9.2 **Fetal, neonatal and perinatal deaths, by Indigenous status, 1999–2003^a**



^a The total relates to those jurisdictions for which data are published.

Source: ABS Deaths, Australia (unpublished); table 9A.3; 2006 Report, p. 9.80, figure 9.27.

Future directions in performance reporting

Priorities for future reporting on public hospitals and maternity services include improving the comprehensiveness of reporting by filling in gaps in the performance indicator frameworks. Important gaps in reporting for public hospitals include indicators of equity of access to services for special needs groups (particularly

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

The Steering Committee will improve the comprehensiveness of reporting on public hospital services for Indigenous people by drawing on work that the Office for Aboriginal and Torres Strait Islander Health is currently conducting. The Office has recently finalised the Aboriginal and Torres Strait Islander Health Performance Framework and is now identifying data sources for its performance indicators. Data will be published in late 2006. These data will be used to develop the ‘equity of access by special needs groups’ indicator for future reports.

Supporting tables

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

- Table 9A.1** Separations by hospital and by Indigenous status, 2003-04
- Table 9A.2** Indicative estimates of separations per 1000 people, by reported Indigenous status (number)
- Table 9A.3** Perinatal, neonatal and fetal deaths, by Indigenous status 1999–2003

References

- ABS (Australian Bureau of Statistics) 2004, *Deaths, Australia 2003*, Cat. no. 3302.0, Canberra.
- AIHW (Australian Institute of Health and Welfare) 2001, *Expenditures on Health Services for Aboriginal and Torres Strait Islander People 1998-99*, AIHW Cat. no. 7, Canberra.
- 2005, *Australian Hospital Statistics*, AIHW, Canberra.
- ATSIHWIU (Aboriginal and Torres Strait Islander Health and Welfare Information Unit) 1999, *Assessing the Quality of Identification of Aboriginal and Torres Strait Islander People in Hospital Data*, AHMAC, AIHW and ABS, Canberra.
- DHAC (Department of Health and Aged Care) 1998, *Australian Refined Diagnosis Related Groups, Version 4.1*, Australian Government, Canberra.
- 2000, *Australian Refined Diagnosis Related Groups, Version 4.2: Addendum to Definitions Manual. Volume Four Changes: AR-DRG version 4.1 to AR-DRG version 4.2*, Canberra.
- NCCH (National Centre for Classification in Health) 1998, *The International Statistical Classification of Diseases and Related Health Problems*, 10th Revision, Australian Modification (ICD-10-AM), Sydney.
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- 2003, *National Health Data Dictionary, Version 12*, AIHW Cat. no. HWI 43, AIHW, Canberra.
- SCRGSP (Steering Committee for the Review of Government Service Provision) 2005a, *Overcoming Indigenous Disadvantage: Key Indicators 2005*, Productivity Commission, Canberra.
- 2005b, *Report on Government Services 2005*, Productivity Commission, Canberra.

10 Primary and community health

The primary and community health sector is the part of the healthcare system most frequently used by Australians. It is important in providing preventative care, diagnosis and treatment of illness, and referral to other healthcare services.

In Australia, general practices are an important source of primary healthcare. The services they provide include: diagnosing and treating illness (both chronic and acute); providing preventative care through to palliative care; referring patients to consultants, allied health professionals, community health services and hospitals; and acting as gatekeepers for other healthcare services (DHFS 1996).

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

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

The following significant improvement has been made in the reporting of primary and community health in this Report:

- Indigenous data are now reported for the 'hospitalisations for vaccine preventable conditions' and 'hospitalisations for diabetes' indicators.

Indigenous data in the primary and community health chapter

The primary and community health chapter in the *Report on Government Services 2006* (2006 Report) contains the following information on Indigenous people:

- a description of community healthcare services aimed specifically at Indigenous people
- information on the use of general practice services and the ten most common health problems managed at encounters with general practitioners (GPs)
- hospitalisation rates for vaccine preventable conditions and diabetes.

Supporting tables

Supporting tables for data within the primary and community health chapter of this compendium are contained in attachment 10A of the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 10A.3 is table 3 in the primary and community health attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to '2006 Report, p. 10.15' this is page 15 of chapter 10 of the 2006 Report, and '2006 Report, table 10A.2' is attachment table 2 of attachment 10 of the 2006 Report.

Indigenous community healthcare services

Indigenous Australians utilise a range of primary health care services in Australia including private general practitioners, Indigenous-specific primary health care services and community health services. (The use of general practice services by Indigenous people is discussed separately below.) There are Indigenous-specific 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 for Indigenous-specific primary health care services is provided by Australian, State and Territory governments.

In addition to the Indigenous-specific primary health care services, specific health programs for Indigenous Australians are funded by jurisdictions. The following jurisdictions indicated to the Review that in 2004-05 they had community health programs aimed specifically at Indigenous people.

- NSW provided Indigenous health services, such as health information and education, counselling, pre and post natal programs, early childhood nursing and health promotion programs (table 10A.11).
- Queensland provided primary and community healthcare services and activities that address prevention and health management/maintenance for Indigenous communities. Services offered include: disease/illness prevention and promotion services; men's and women's health programs; child and adolescent health services; alcohol, tobacco and other drug services; sexual health services; allied health services; and patient transport provided to increase access to healthcare (table 10A.13).
- SA provided a range of Indigenous health services provided through multidisciplinary teams from community health who work with Indigenous communities. Services provided by SA include strategies to improve Indigenous mental health, improve nutrition standards and reduce tobacco use (table 10A.15).
- Tasmania provided population and health priorities programs to prevent and manage chronic conditions such as diabetes and cardiovascular diseases, and to promote nutrition, physical activity and injury prevention in identified population groups, including the Indigenous population (table 10A.16).

All other jurisdictions treat Indigenous people through their mainstream community programs (tables 10A.12, 10A.14, 10A.17 and 10A.18).

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

For 2003-04, SAR data are reported for 138 Indigenous primary healthcare services (table 10A.1). Of these services, 54 (39.1 per cent) were located in remote or very remote areas (table 10A.2). They provided a wide range of primary healthcare services, including the diagnosis and treatment of illness and disease, the management of chronic illness, immunisations and transportation to medical appointments (table 10A.3).

An episode of healthcare is defined in the SAR data collection as contact between an individual client and a service by one or more staff to provide healthcare. Over 1.6 million episodes of healthcare were provided by participating services in 2003-04 (table 10.1). Of these, around 585 000 (36.3 per cent) were in remote or very remote areas (table 10A.2).

The services included in the SAR data collection employed approximately 1713 full time equivalent health staff (as at 30 June 2004). Of these health staff, 1091 were Indigenous (63.7 per cent). The proportions of doctors and nurses employed by surveyed services who were Indigenous, however, were relatively low (3.3 per cent and 12.4 per cent respectively) (table 10A.4).

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

	<i>NSW and ACT</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>NT</i>	<i>Aust</i>
2000-01	349	131	187	327	147	12	189	1342
2001-02	357	136	214	313	144	18	233	1416
2002-03	423	130	234	337	140	20	216	1499
2003-04	430	169	267	302	142	22	280	1612

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

Source: DHA SAR (unpublished); 2006 Report, p. 10.13, table 10.5.

Use of general practice services by Indigenous people

An overview of health factors and outcomes for Indigenous people is provided in the 'Health preface'. Data on national expenditure on general practice services for Indigenous people in 2001-02 (the most recent year for which expenditure data are available by Indigenous status) indicate:

- expenditure on Medicare per Indigenous person was about 39 per cent of expenditure per non-Indigenous person
- expenditure on the PBS per Indigenous person was about 33 per cent of expenditure per non-Indigenous person
- Indigenous Australians used secondary/tertiary care (such as hospitals) at a higher rate than they used primary care and at a higher rate than that used by non-Indigenous people (AIHW 2005; see 'Health preface').

Data from the annual BEACH survey indicate the nature of encounters between Indigenous people and GPs. It is uncertain whether all patients are asked the Indigenous identification question and therefore these data may under-represent the actual number of GP encounters with Indigenous Australians. In addition, these data need to be treated with care because the BEACH survey was not designed to produce reliable results for Indigenous people and may under-identify them. For these reasons, the 2003 BEACH survey aggregated Indigenous data over a five year period to improve reliability.

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

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

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

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

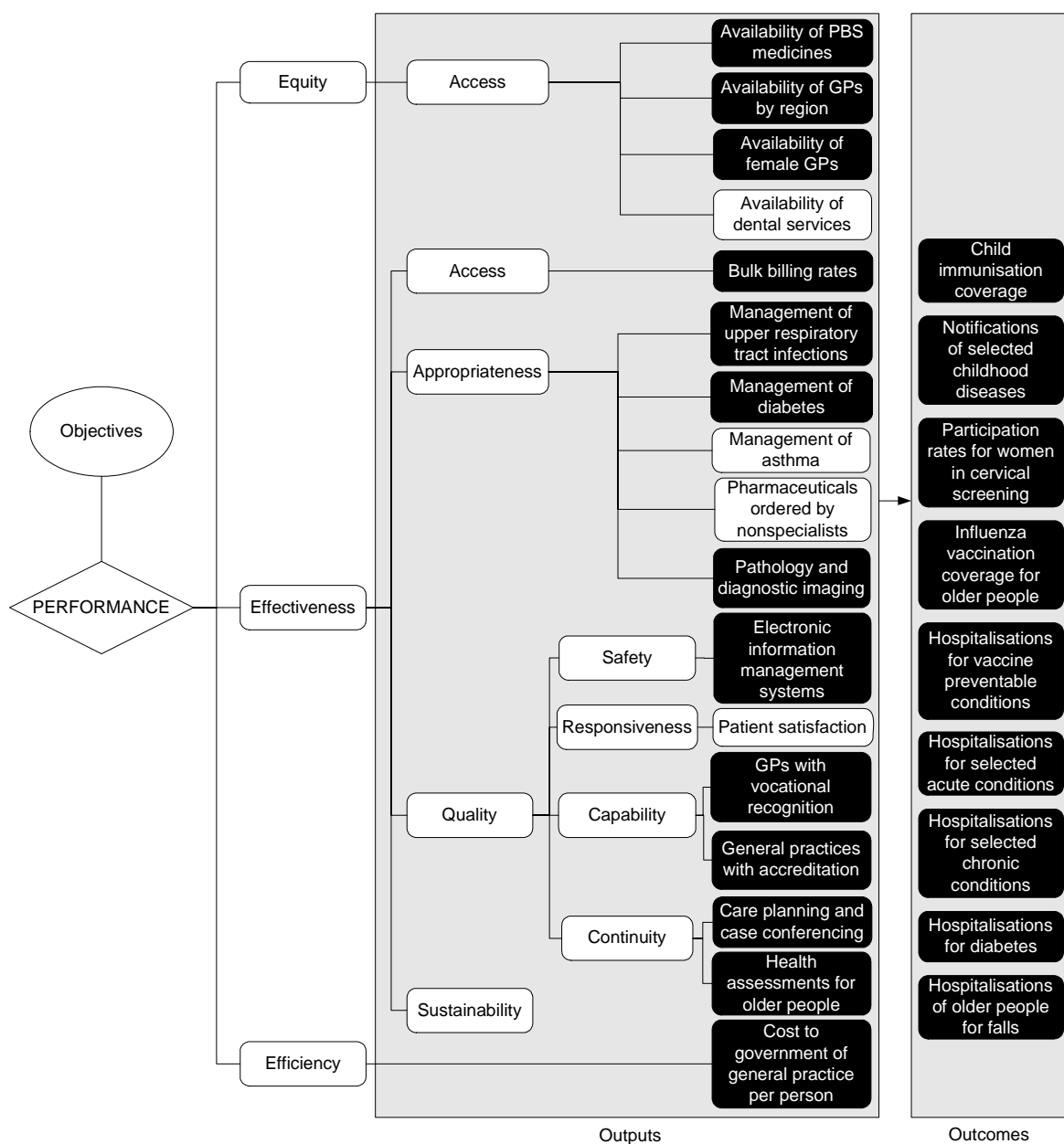
LCL = lower confidence level. UCL = upper confidence level. ^a Includes multiple primary care classification codes. ^b Total problems managed is greater than 100, because more than one problem can be managed per encounter. .. Not applicable.

Source: Britt *et al.* (2003); table 10A.5; 2006 Report, p. 10.14, table 10.6.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for primary and community health in the 2006 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 10.1. The performance indicator framework shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 10.1 Performance indicators for primary and community health



Key to indicators

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

Source: 2006 Report, p. 10.17, figure 10.3.

Vaccine preventable hospitalisations

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

Box 10.1 Vaccine preventable hospitalisations

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

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

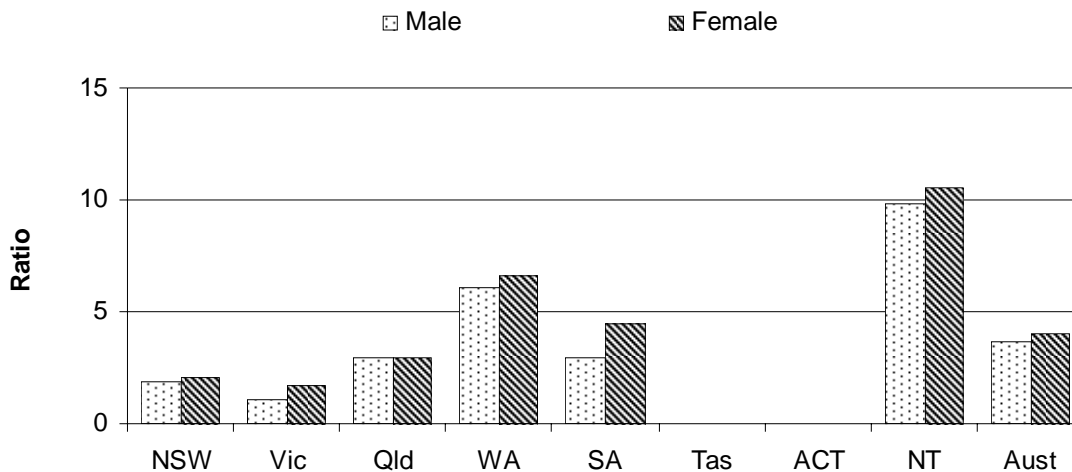
A reduction in hospitalisation rates may indicate improvements in the effectiveness of the vaccination program. Effective treatment by primary health providers may also reduce hospitalisations.

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

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

Standardised hospital separation ratios for infectious pneumonia illustrate differences between the rates of hospital admissions for Indigenous people and those for all Australians, taking into account differences in age distributions. These data were previously reported in chapter 9 ‘Public hospitals’. For both males and females, there was a marked difference in 2003-04 between the separation rate for Indigenous people and those for the total population for infectious pneumonia diagnoses. The separation rate for Indigenous males was 3.7 times higher than those for all Australian males. The separation rate for Indigenous females was 4.0 times the rate for all females (figure 10.2).

Figure 10.2 Ratio of age standardised hospital separation rates of Indigenous people to all people for infectious pneumonia, 2003-04^{a, b, c, d, e}



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

Source: AIHW (unpublished); tables 10A.9 and 10A.10; 2006 Report, p. 10.50, figure 10.26.

Hospitalisations for diabetes

‘Hospitalisations for diabetes’ is an indicator of primary and community healthcare outcomes (box 10.2).

Box 10.2 Hospitalisations for diabetes

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

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

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

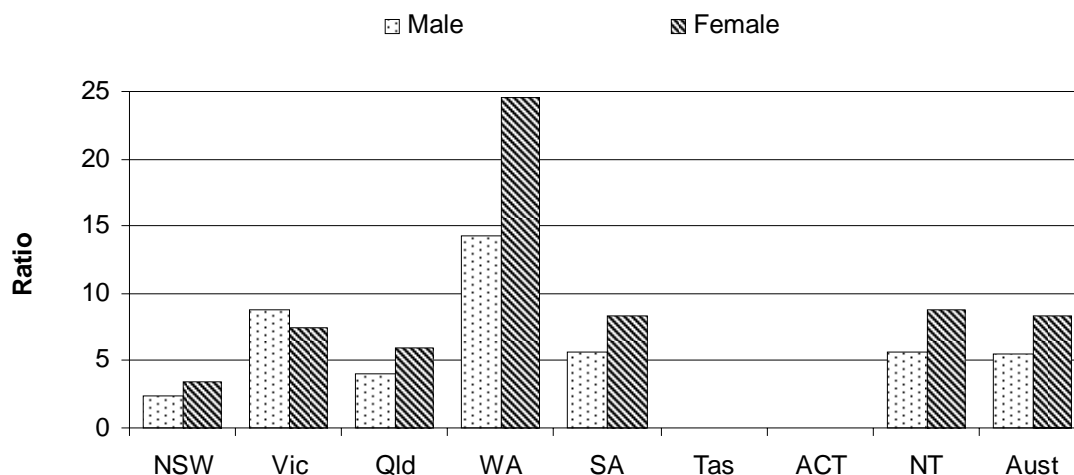
A comparison of Indigenous and all other people is also made by presenting the ratio of age standardised hospital separation rates of Indigenous people to all people. A ratio of close to one is desirable as it implies that Indigenous people have similar separation rates to all people.

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

Standardised hospital separation ratios for all diabetes diagnoses illustrate differences between the rates of hospital admissions for Indigenous people and those for all Australians, taking into account differences in age distributions. These data were previously reported in chapter 9 'Public hospitals'. For both males and females there was a marked difference in 2003-04 between the separation rates for Indigenous people and those for the total population for all diabetes diagnoses.¹ The separation rate for Indigenous males was 5.5 times higher than those for all Australians males. The separation rate for Indigenous females was 8.3 times the rate for all females (figure 10.3). The 'Health preface' contains data on deaths from diabetes for Indigenous people.

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

Figure 10.3 Ratio of age standardised hospital separation rates of Indigenous people to all people for all diabetes diagnoses, 2003-04^{a, b, c, d, e, f}



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

Source: AIHW (unpublished); tables 10A.9 and 10A.10; 2006 Report, p. 10.57, figure 10.30.

Future directions in performance reporting

Indigenous health

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

Torres Strait Islander Health will help inform the selection of future indicators of primary and community health services to Indigenous people (see the 'Health preface').

Supporting tables

Supporting tables for data within this chapter are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 10A.3 is table 3 in the primary and community health attachment). The tables included in the attachment are listed below.

- Table 10A.1** Indigenous primary healthcare services for which service activity reporting (SAR) data is reported (number)
- Table 10A.2** Services and episodes of healthcare by services for which service activity reporting (SAR) data is reported, by remoteness category (number)
- Table 10A.3** Proportion of services for which service activity reporting (SAR) data is reported that undertook selected health related activities, 2003-04 (per cent)
- Table 10A.4** Full time equivalent health staff employed by services for which service activity reporting (SAR) data is reported, as at 30 June 2004 (number)
- Table 10A.5** Most frequent individual problems managed (in decreasing order of frequency for all encounters with Indigenous people 1998-99 to 2002-03)
- Table 10A.6** Practice location of GPs who saw Indigenous people compared with total GP sample
- Table 10A.7** Distribution of encounters with Indigenous and all people, by region (rural, remote and metropolitan areas [RRMA]), 1998–2003 (per cent)
- Table 10A.8** Summary of patient morbidity and management at encounters with Indigenous Australians and in the total sample
- Table 10A.9** Male Indigenous separations, by type, 2003-04
- Table 10A.10** Female Indigenous separations, by type, 2003-04
- Table 10A.11** New South Wales, community health services programs
- Table 10A.12** Victoria, community health services programs
- Table 10A.13** Queensland, community health services programs
- Table 10A.14** Western Australia, community health services programs
- Table 10A.15** South Australia, community health services programs
- Table 10A.16** Tasmania, community health services programs
- Table 10A.17** Australian Capital Territory, community health services programs
- Table 10A.18** Northern Territory, community health services programs

References

- AIHW (Australian Institute of Health and Welfare) 2005, *Expenditures on Health Services for Aboriginal and Torres Strait Islander People 2001-02*, Cat. no. HWE 30, Canberra.
- Britt, H, Miller, G.C., Knox, S., Charles, J., Valenti, L., Henderson, J., Pan, Y., Bayram, C. and Harrison C. 2003, *General Practice Activity in Australia 2002-03*, Cat. no. GEP 14, Australian Institute of Health and Welfare, Canberra.
- DHFS (Australian Government Department of Health and Family Services) 1996, *General Practice in Australia: 1996*, Canberra.
- Quality Improvement Council 1998, *Australian Health and Community Service Standards: Community and Primary Health Care Services Module*, Melbourne.
- SCRGSP (Steering Committee for the Review of Government Service Provision) 2005, *Overcoming Indigenous Disadvantage: Key Indicators 2005*, Productivity Commission, Canberra.

11 Health management issues

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

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

Indigenous data in the health management issues chapter

The health management issues chapter in the *Report on Government Services 2006* (2006 Report) contains the following data for Indigenous people:

- participation rates of women aged 50–69 years from selected communities in BreastScreen Australia screening programs, 2003 and 2004 (24 month period)
- specialised psychiatric care by Indigenous status, 2002-03
- mortality due to suicide, 1999–2003.

Supporting tables

Supporting tables for data within the health management issues chapter of this compendium are contained in attachment 11A of the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 11A.3 is table 3 in the health management issues attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to ‘2006 Report, p. 11.15’ this is page 15 of chapter 11 of

the 2006 Report, and '2006 Report, table 11A.2' is attachment table 2 of attachment 11 of the 2006 Report.

Breast cancer

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

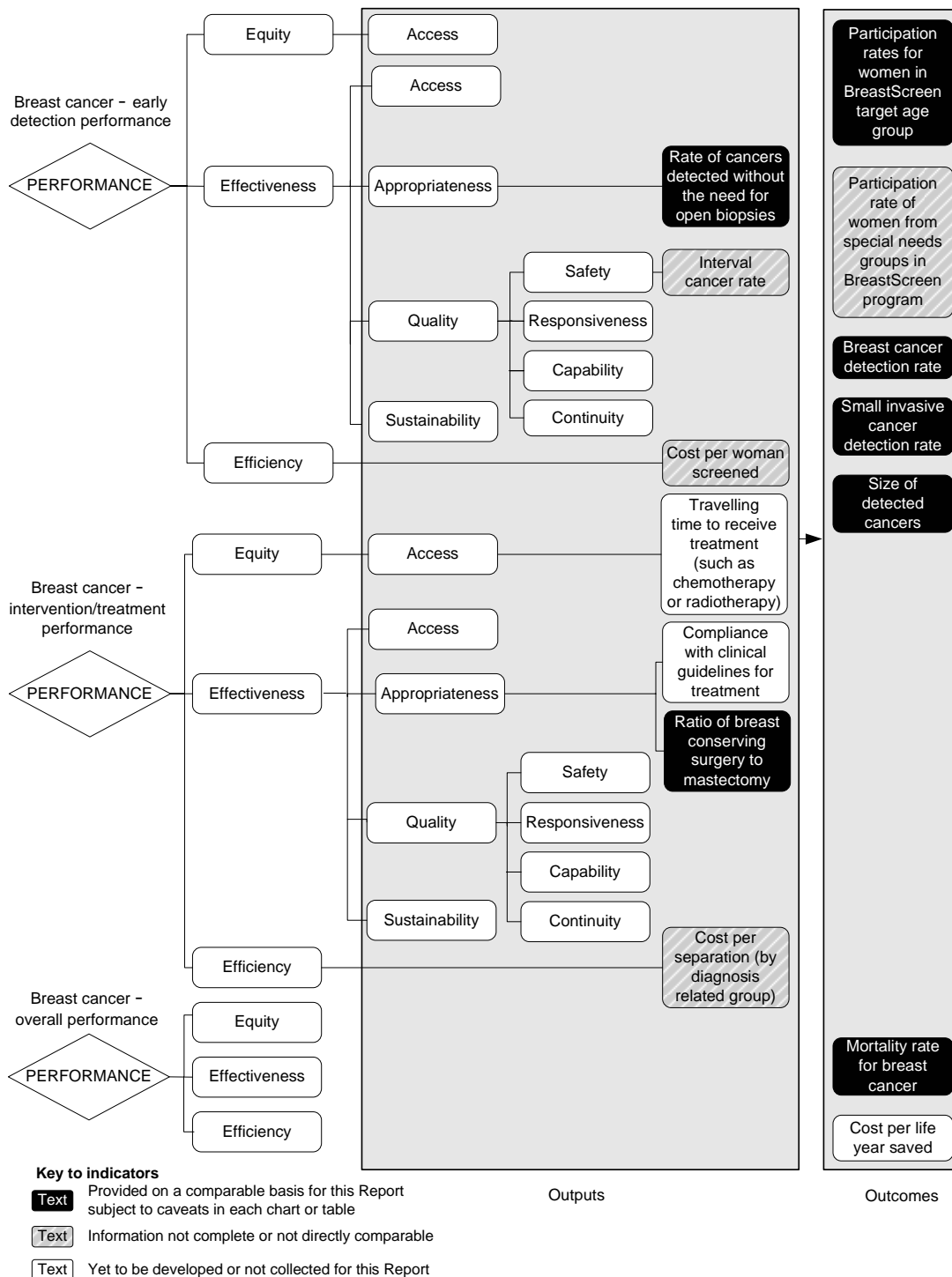
Breast cancer detection and management services comprise a number of major components: primary care and community-based services, including general practitioner (GP) services and community-based women's health services; screening services; acute services based in hospitals, including both inpatient and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

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for breast cancer detection and management in the 2006 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 11.1. The performance indicator framework shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

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

Figure 11.1 Performance indicators for breast cancer detection and management



Source: 2006 Report, p. 11.13, figure 11.7.

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

The ‘participation rate of women from selected community groups in BreastScreen programs’ is an outcome indicator of early detection performance (box 11.1).

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

The ‘participation rate of women from selected community groups’ — that is, Indigenous women, women from non-English speaking backgrounds (NESB) and women living in rural and remote areas — in breast cancer screening is an indicator because screening is important in the early detection of breast cancers. Early detection is associated with better outcomes for women with breast cancer, in terms of morbidity and mortality. Women from selected community groups may experience particular language, cultural and geographic barriers to accessing breast cancer screening. This indicator measures the performance of the BreastScreen program in overcoming these barriers.

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

For the 24 month period 2003 and 2004, the national age standardised participation rate for Indigenous women aged 50–69 years (37.7 per cent) was markedly lower than the national rate for all females in that age group (55.4 per cent), although this may be influenced by problems with the identification of Indigenous status. For the same 24 month period and age group, the national participation rate for NESB women (45.8 per cent) was also lower than that of the national total female population, as was that of women living in rural and remote areas (45.9 per cent) (table 11.1). Care needs to be taken when comparing data across jurisdictions, given differences in the collection of data by Indigenous, NESB, and rural and remote status across jurisdictions.

Table 11.1 Age standardised participation rates of women aged 50–69 years from selected communities in BreastScreen Australia programs, 2003 and 2004 (24 month period) (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>
Indigenous ^c	35.8	45.1	49.9	34.3	35.1	38.2	36.3	18.6	37.7
Non-English Speaking Background ^d	44.6	37.7	63.9	60.9	57.8	45.1	54.3	16.1	45.8
Metropolitan or capital city ^e	59.8	58.2	76.6	57.0	62.2	54.2	52.0	41.0	61.1
Rural and remote, or rest of State ^f	34.7	59.3	43.1	54.6	65.4	58.1	–	49.2	45.9
All women aged 50–69 years	49.5	58.5	58.2	56.5	63.1	57.3	51.8	44.4	55.4

^a First and subsequent rounds. ^b Rates are standardised to the 2001 Australian population standard. ^c Those women who self-identify as being of Aboriginal or Torres Strait Islander descent. ^d Women who speak a language other than English at home. ^e Includes 'capital city' (State and Territory capital city statistical divisions) and 'other metropolitan centre' (one or more statistical subdivisions that have an urban centre with a population of 100 000 or more). ^f Includes 'large rural centre' statistical local areas where most of the population resides in urban centres with a population of 25 000 or more; 'small rural centre' (statistical local areas in rural zones containing urban centres with populations between 10 000 and 24 999); 'other rural area' (all remaining statistical local areas in the rural zone); 'remote centre' (statistical local areas in the remote zone containing populations of 5000 or more) and 'other remote area' (all remaining statistical local areas in the remote zone). – Nil or rounded to zero.

Source: State and Territory governments (unpublished); tables 11A.1 and 11A.2; 2006 Report, p. 11.25, table 11.5.

Mental health

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

Mental health services provided

Limited data are available on specialised psychiatric care of Indigenous patients in hospital. Comparisons are difficult because data on Indigenous status are incomplete and Indigenous people and other Australians may differ in their use of hospital services relative to other health services. The data reflect a range of factors, such as: the spectrum of public, primary care and post-hospital care available; Indigenous people's access to these as well as hospital services; social and physical infrastructure services for Indigenous people; and differences in the complexity,

incidence and prevalence of disorders. Indigenous Australians were nearly twice as likely as the total population to be admitted for overnight psychiatric care. The average length of stay for Indigenous people was slightly less, however, than that for the total population (table 11.2).

Table 11.2 Specialised psychiatric care, by Indigenous status, 2002-03^{a, b}

	Same day separations	Overnight separations	Total separations	Total patient days	Total psychiatric care days	Average length of stay (overnight)	Psychiatric care days per overnight separation
No.							
Indigenous	98	3 793	3 891	78 291	77 757	20.6	20.5
Total population	8 965	104 080	113 045	2 384 159	2 346 002	22.8	22.5
Per 1000 population ^c							
Indigenous	0.3	9.6	10.0	210.6	209.0
Total population	0.5	5.3	5.8	121.5	119.5

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

^b Specialised psychiatric care refers to separations in which at least one day of specialised psychiatric care was received. ^c Separations per 1000 population are indirectly age standardised rates based on the projected Aboriginal and Torres Strait Islander population for 30 June 2001 and the estimated resident population for 30 June 2001. .. Not applicable.

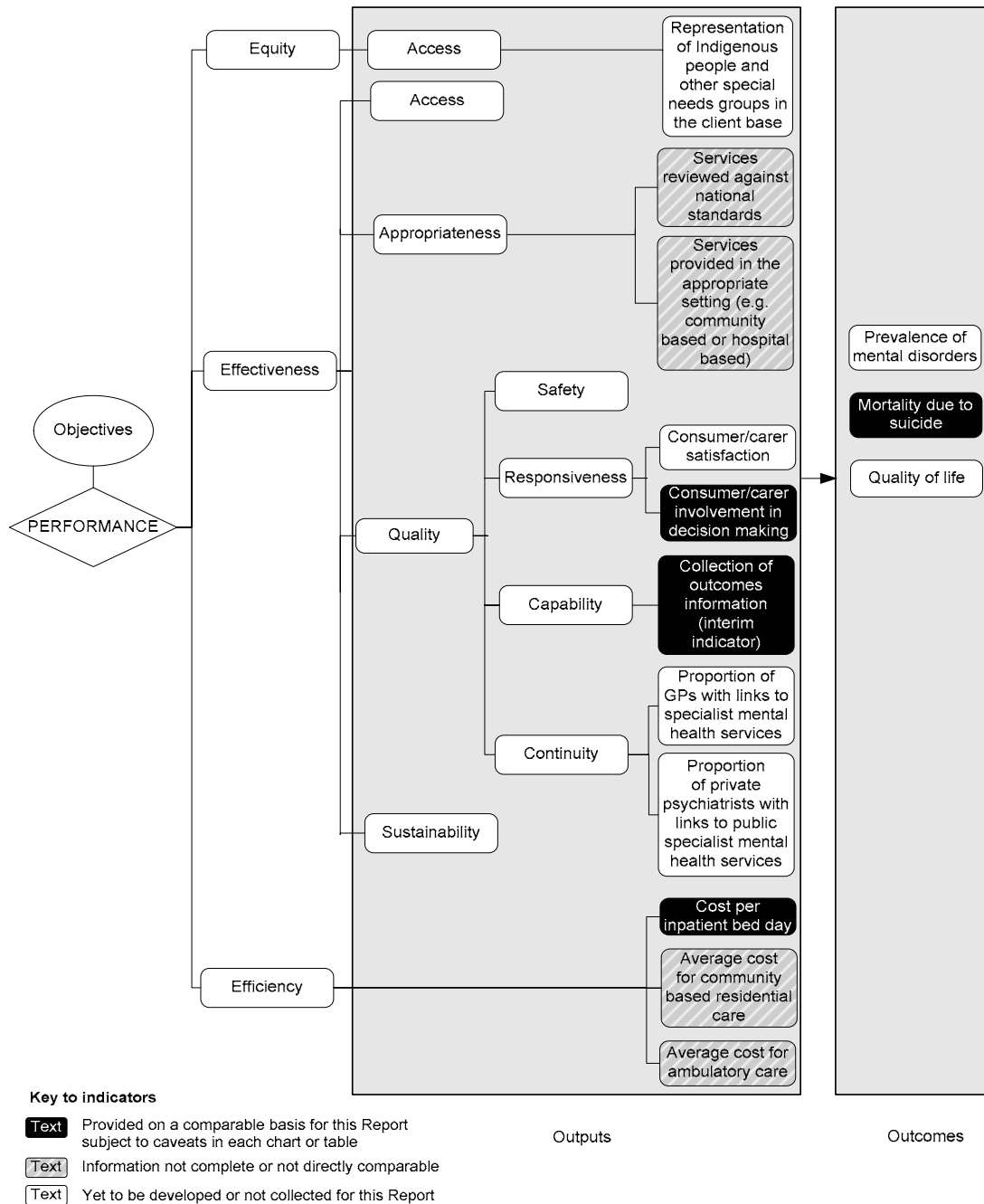
Source: AIHW (2004); table 11A.3; 2006 Report, p. 11.46, table 11.7.

Schizophrenia disorders accounted for a large proportion of overnight specialised psychiatric care separations reported for Indigenous patients in Australia in 2002-03 (28.0 per cent). They also accounted for around 47.3 per cent of patient days for Indigenous patients and a similar percentage of psychiatric care days (47.5 per cent) (table 11A.4).

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for mental health management in the 2006 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 11.2. The performance indicator framework shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 11.2 Performance indicators for mental health management



Source: 2006 Report, p. 11.49, figure 11.25.

Representation of Indigenous people and others in the client base

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

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

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

Mortality due to suicide

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

Box 11.3 Mortality due to suicide

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

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

(Continued on next page)

Box 11.3 (Continued)

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

Not all of those who commit suicide are patients of mental health services. An improved indicator would be restricted to suicide by patients of mental health services.

The Indigenous suicide rate is presented for the period 1999–2003 for four jurisdictions: Queensland, WA, SA and the NT. The rate calculations have not been adjusted for differences in the completeness of identification of Indigenous deaths across jurisdictions. The suicide rates for Indigenous people for the period 1999–2003 in the jurisdictions for which data are presented in table 11A.5 are considerably higher than the rate for the total population in 2003.

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

Future directions for reporting on mental health management

One key challenge for improving the reporting of mental health management is improving the reporting of effectiveness and efficiency indicators for Indigenous, rural/remote and other special needs groups.

Supporting tables

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

Breast cancer

Table 11A.1 Participation rates of women in BreastScreen Australia, (24 month period)

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

Mental health

Table 11A.3 Specialised care separations reported for Indigenous patients, Australia 2002-03

Table 11A.4 Specialised psychiatric care separations reported for Indigenous patients, Australia 2002-03

Table 11A.5 Suicide deaths, by Indigenous status

References

- AIHW (Australian Institute of Health and Welfare) 2003a, *BreastScreen Australia Monitoring Report 2000-2001*, Cat. no. CAN 20, Cancer Series no. 25, Canberra.
- 2003b, *National Health Priority Areas* www.aihw.gov.au/nhpa/index.html (accessed 12 November 2003).
- 2004, *Mental Health Services in Australia 2002-03*, Cat. no. HSE 31, Mental Health Series no. 5, Canberra.
- DHAC (Australian Government Department of Health and Community Services) and AIHW 1999, *National Health Priority Areas Report: Mental Health 1998*, AIHW Cat. no. PHE 13, Canberra.
- DHS (Department of Human Services Victoria) 1999, *Breast Disease Service Redevelopment Strategy. A Report by the Breast Care Implementation Advisory Committee 1999-2003*, Victorian Government Publishing Service, Melbourne.

D Community services preface

Part D: Community services preface

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

Community service activities (box CSP.1) typically include those activities 'which assist or support members of the community in personal functioning as individuals or as members of the wider community' (AIHW 1997, p. 3). They may include financial assistance and relief to people in crisis, and housing assistance of a short term or transitional nature, but they exclude acute health care services (see chapters 9–11), long term housing assistance (see chapter 16) and income support (such as social security pensions and allowances).

The definition of community service activities contained in this preface is based on the National Classification of Community Services developed by the Australian Institute of Health and Welfare (AIHW 2003) (box CSP.1). Community services expenditure data were aggregated for this Preface from the individual chapters in the Report.

As in previous years, this preface includes descriptive data obtained from the Australian Institute of Criminology (AIC) on the number and detention rates of young people in detention. In addition, it includes data on the number of young people on community-based orders in each jurisdiction. It is anticipated that the Report will contain performance reporting on juvenile justice in future years.

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

Box CSP.1 **Community service activities**

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

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

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

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

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

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

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

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

Source: AIHW (2003); 2006 Report, p. F.2, box F.1.

Some of the performance indicators in the following chapters were also reported as key indicators in the report on *Overcoming Indigenous Disadvantage: Key*

Indicators 2005. The Indigenous Disadvantage framework included the following indicators relating to community services:

- juvenile diversions as a proportion of all juvenile offenders
- substantiated child protection notifications
- children on care and protection orders.

Indigenous data in the community services preface

The community services preface in the *Report on Government Services 2006* (2006 Report) contains the following data items on Indigenous people:

- average daily population in juvenile corrective institutions (number), 1999-2000 to 2003-04
- average annual rate of detention in juvenile corrective institutions, 1999-2000 to 2003-04.

As the data are directly sourced from the 2006 Report, the compendium notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to '2006 Report, p. F.15' this is page 15 of the community services preface of the 2006 Report, and '2006 Report, table F.2' is table 2 of the community services preface of the 2006 Report.

Roles and responsibilities

Government involvement in community services includes:

- funding non-government community service organisations (which then provide community services to clients)
- providing services to clients directly
- regulating non-government providers
- undertaking policy development and administration.

The relative contribution of government to the direct provision of services varies across community service activities. Statutory protection and placement, and juvenile justice services are provided primarily by government, while residential care and accommodation support, and other community services activities are provided primarily by non-government organisations.

Juvenile justice

The juvenile justice system is responsible for dealing with young people (predominantly aged 10–17 years) who have committed or allegedly committed an offence while considered by law to be a juvenile. Each jurisdiction has its own legislation that dictates the policies and practices of its juvenile justice system. While this legislation varies in detail, its intent is similar across jurisdictions. Key elements of juvenile justice systems in all jurisdictions, for example, include: the diversion of young people from the more formal criminal justice system (court) where appropriate; detention as a last resort; victim's rights; the acceptance of responsibility by the young person appropriate to developmental stage for his or her behaviour; and community safety.

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

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

Juvenile detentions

This Report includes descriptive data on the number and detention rates of juveniles in detention. The following data relate to juvenile detention only and do not describe the operation of community-based services, which supervise the majority of juvenile offenders. Jurisdictions also have different definitions of a juvenile,

which may have an impact on the number and rates reported for people aged 10–17 years.

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

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

Nationally, the daily average number of people aged 10–17 years detained in juvenile detention centres fell from 647 to 590 between 1999-2000 and 2003-04 (2006 Report, p. F.10, table F.2). The daily average number of Indigenous young people aged 10–17 years detained in juvenile detention centres was 298 in 2003-04 (table CSP.1).

Table CSP.1 Daily average population of Indigenous people aged 10–17 years in juvenile detention (number)^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>
1999-2000	91	8	60	77	13	na	2	10	261
2000-01	86	7	53	71	13	na	4	12	246
2001-02	92	7	53	71	19	na	5	12	259
2002-03	98	10	54	80	28	na	4	19	295
2003-04	98	14	54	92	18	6	4	12	298

^a Average based on population of juvenile detention centres on the last day of each quarter of the financial year. **na** Not available.

Source: AIC (unpublished); 2006 Report, p. F.12, table F.5.

Nationally, the daily average detention rate for Indigenous people aged 10–17 years in 2003-04 was 310.1 per 100 000 Indigenous people aged 10–17 years. This rate compared to 13.9 per 100 000 for the non-Indigenous population aged 10–17 years (table CSP.2). Jurisdictional comparisons need to be treated with caution, especially for those states and territories with low Indigenous populations, where small number effects can introduce statistical variations that do not accurately represent trends over time or consistent differences from other jurisdictions.

Table CSP.2 Average rate of detention of Indigenous and non-Indigenous people aged 10–17 years in juvenile detention, per 100 000 people^{a, b, c}

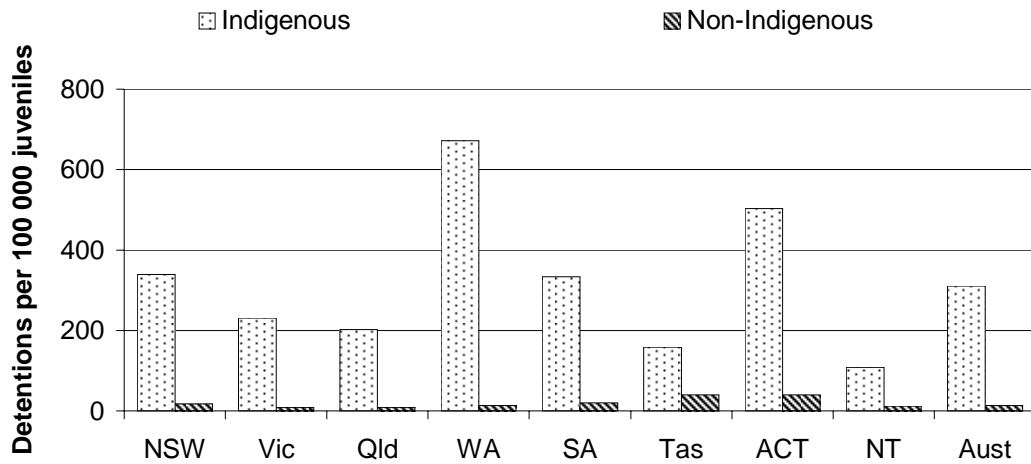
	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Indigenous									
1999-2000	343.5	181.9	250.8	624.1	266.2	na	284.1	97.6	315.1
2000-01	324.9	142.4	222.2	565.4	265.9	na	524.7	121.4	294.5
2001-02	351.4	135.8	221.1	555.6	388.2	na	624.4	119.9	307.9
2002-03	353.8	173.6	212.0	604.7	538.1	na	458.6	182.6	326.6
2003-04	339.3	231.0	202.6	671.8	333.2	158.7	503.2	108.6	310.1
Non-Indigenous									
1999-2000	23.6	10.9	13.4	18.7	21.9	na	24.6	31.8	17.8
2000-01	19.9	10.7	8.7	15.1	29.3	na	36.4	26.6	16.0
2001-02	17.9	10.7	8.8	17.3	23.0	na	35.7	23.7	15.0
2002-03	17.5	10.3	10.3	12.2	23.8	na	36.9	30.9	14.9
2003-04	17.5	9.1	8.9	13.8	20.3	39.6	39.4	12.2	13.9

^a Detention rates based on average population of juvenile detention centres on the last day of each quarter of the financial year. ^b Indigenous rates for 2000-01, 2001-02, 2002-03 and 2003-04 were calculated using high series population data provided by the ABS. Any variation in derived rates may be due to the assumptions and limitations of the base population data. ^c Jurisdictional comparisons need to be treated with caution, especially for those states and territories with low Indigenous populations, where small number effects can introduce statistical variations that do not accurately represent trends over time or consistent differences from other jurisdictions. **na** Not available.

Source: AIC (unpublished); 2006 Report, p. F.12, table F.6.

The overrepresentation of Indigenous young people in detention across jurisdictions in 2003-04 is shown in figure CSP.1.

Figure CSP.1 **Average rate of detention of Indigenous and non-Indigenous people aged 10–17 years in juvenile detention, per 100 000 people, 2003-04^{a, b, c}**



^a Detention rates based on average population of juvenile detention centres on the last day of each quarter of the financial year. ^b Indigenous rates were calculated using high series population data provided by the ABS. Any variation in derived rates may be due to the assumptions and limitations of the base population data. ^c Jurisdictional comparisons need to be treated with caution, especially for those states and territories with low Indigenous populations, where small number effects can introduce statistical variations that do not accurately represent trends over time or consistent differences from other jurisdictions.

Source: AIC (unpublished); 2006 Report, p. F.13, figure F.3.

References

- ABS (Australian Bureau of Statistics) 2001, *Community Services, 1999-2000*, Cat. no. 8696.0, Canberra.
- 2004, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians 1991-2009*, Cat. no. 3238.0, Canberra.
- AIHW (Australian Institute of Health and Welfare) 1997, *National Classification of Community Services, Version 1.0*, Cat. no. HWI 7, Canberra.
- 2003, *National Classifications of Community Services, Version 2.0*, Cat. no. HWI-40, Canberra.

12 Aged care services

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

- residential services, which provide high care, low care and residential respite care (*Report on Government Services 2006* [2006 Report], box 12.1)
- community care services, which include Home and Community Care (HACC) program services, Community Aged Care Packages (CACPs), the Extended Aged Care at Home (EACH) program and Veterans' Home Care (VHC)¹
- respite services, which include HACC respite and centre-based day care and the National Respite for Carers Program (NRCP)
- assessment services, which are largely provided by Aged Care Assessment Teams (ACATs).

Additions and improvements made to the chapter this year include:

- provision of age-sex specific usage rates (per 1000 of the population) by remoteness category for Indigenous populations. These data are combined for high and low care residential services and for CACP.

Service overview

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

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

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

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

Indigenous data in the aged care chapter

The aged care chapter in the 2006 Report contains the following information on Indigenous people:

- ACAT assessment rates per 1000 target population, 2003-04
- description of Indigenous-specific services
- age profile and target population differences between Indigenous and other Australians, June 2001
- aged care residents per 1000 target population, 30 June 2005
- CACP recipients per 1000 target population, 30 June 2005
- recipients of HACC services by age, 2004-05
- Commonwealth Carelink centres, contacts per 1000 people, 30 June 2005
- standardised incidence ratio for CACP and permanent residential aged care (combined), 30 June 2001
- age-specific usage rates of CACPs and permanent residential aged care (per 1000 people), 30 June 2001
- ratio of CACP recipients and permanent residential (combined) to 1000 persons in the target population, 30 June 2001
- age specific usage rates (per 1000 of the population) for permanent aged care residents (both high and low care) and recipients of CACP services, by remoteness, June 2004.

Supporting tables

Supporting tables for data within the aged care services chapter of this compendium are contained in attachment 12A of the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 12A.3 is table 3 in the aged care services attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to '2006 Report, p. 12.15' this is page 15 of chapter 12 of the 2006 Report, and '2006 Report, table 12A.2' is attachment table 2 of attachment 12 of the 2006 Report.

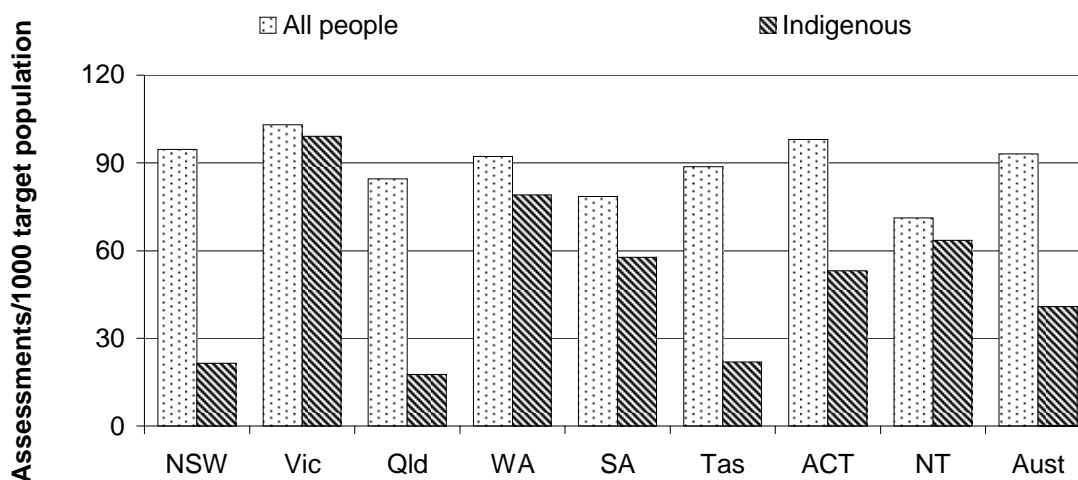
Assessment services

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

State and Territory governments are responsible for the day-to-day operation and administration of the ACAP and provide the necessary accommodation and support services. The scope and practice of the teams differ across and within jurisdictions, partly reflecting the service setting and location (for example, whether the team is attached to a residential service, a hospital, or a community service). This has an effect on program outputs.

The number of assessments per 1000 target population varied across jurisdictions in 2003-04. The national rate was 93.0 assessments per 1000 people aged 70 years or over and Indigenous people aged 50 years or over and 40.9 per 1000 Indigenous people aged 50 years or over (figure 12.1).

Figure 12.1 Aged Care Assessment Team assessment rates, 2003-04^{a, b, c, d}



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

Source: Lincoln Centre for Ageing and Community Care Research (unpublished); table 12A.9; 2006 Report, p. 12.5, figure 12.1.

Indigenous-specific services

Under the Aged Care Act, 30 Indigenous aged care services are funded, providing approximately 700 places. Most of these places are available in Indigenous-specific aged care services, but some are available in aged care services catering to the broader community. In addition, approximately 600 flexibly funded aged care places were provided at 30 June 2005 through the National Aboriginal and Torres Strait Islander Aged Care Strategy, often in remote areas where no aged care services are otherwise available. Services delivered under the strategy are outside the Aged Care Act (Department of Health and Ageing [DoHA] unpublished).

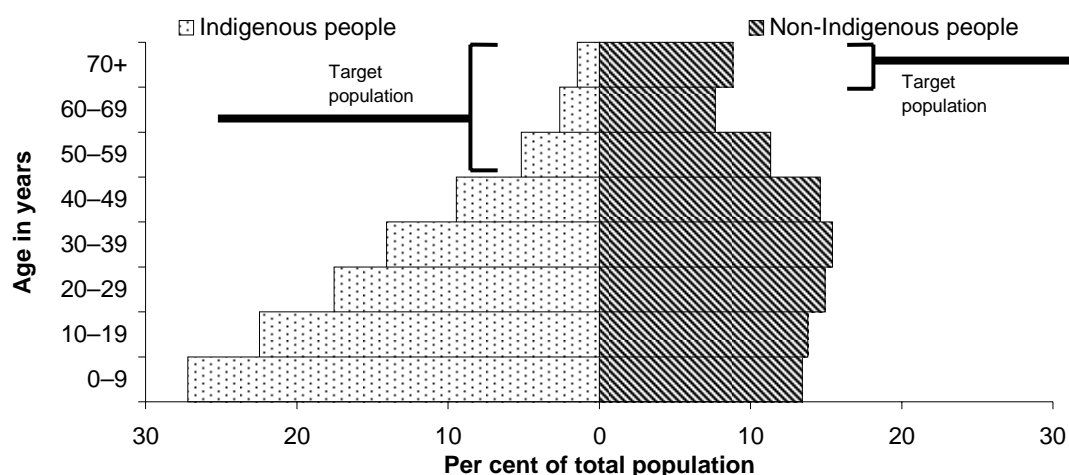
The Australian Government actively targets community aged care places to Indigenous communities and contracts Aboriginal Hostels Limited to provide ongoing assistance to ensure that services in rural and remote areas remain viable.

Characteristics of older Indigenous people

The Australian Bureau of Statistics (ABS) estimated that about 52 400 Indigenous people were aged 50 years or over in Australia at 30 June 2005 (table 12A.1). Although the Indigenous population is also ageing, there are marked differences in

the age profile of Indigenous Australians compared with the non-Indigenous population (figure 12.2). June 2001 ABS estimates of the life expectancy of Indigenous males and females suggested it was nearly 20 years below that recorded for the total Australian population. These figures indicate that Indigenous people are likely to need aged care services earlier in life, compared with the general population.

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

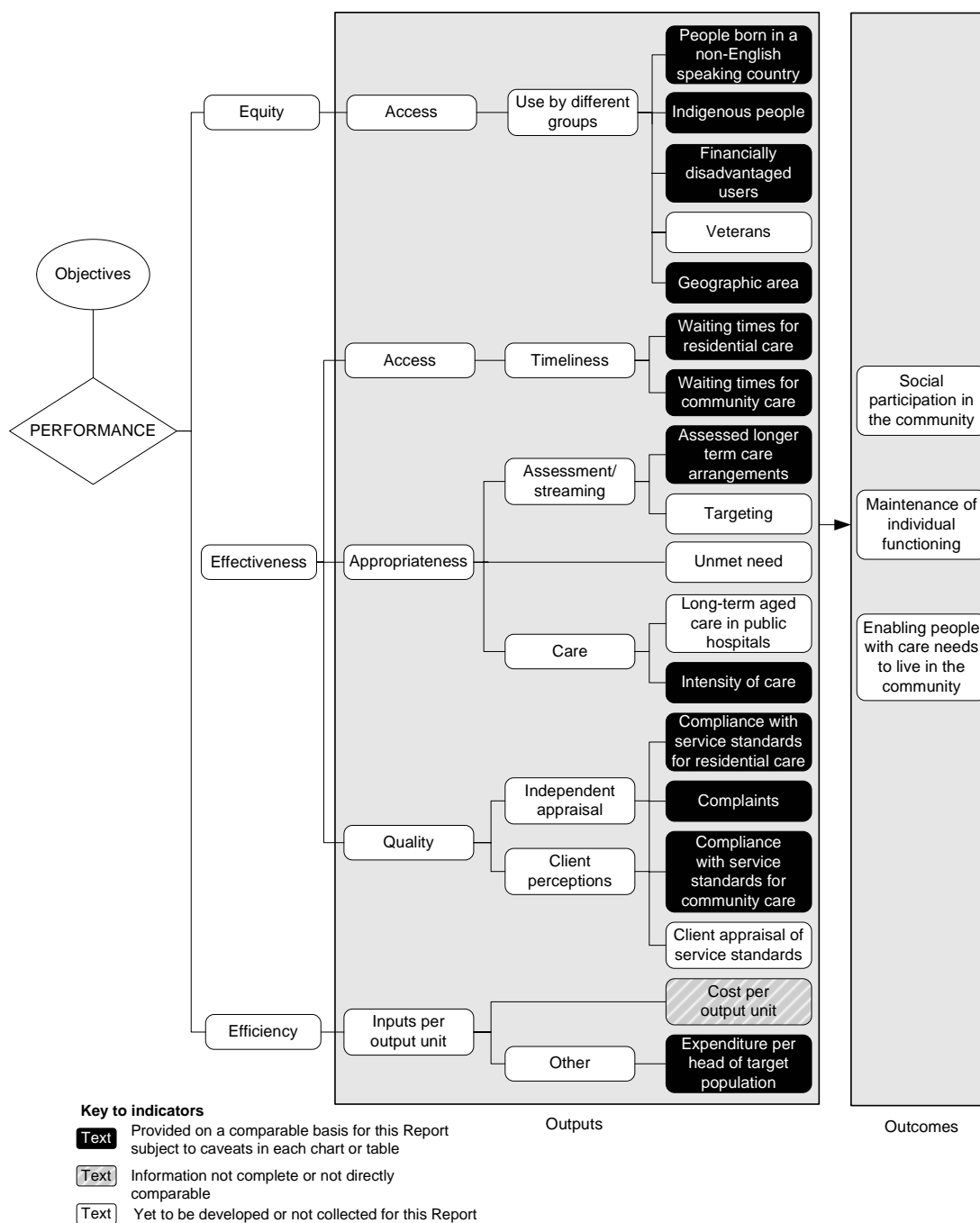


Source: ABS Estimated Residential Population (unpublished); 2006 Report, p. 12.14, figure 12.7.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for aged care services in the 2006 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 12.3. The performance indicator framework shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 12.3 Performance indicators for aged care services



Source: 2006 Report, p. 12.20, figure 12.9.

Access to aged care services by different groups

'Use by different groups' has been included as an output indicator of equity (box 12.1).

Box 12.1 Use by different groups

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

- the number of people born in non-English speaking countries using residential services, CACPs, EACH and HACC services, divided by the number of people born in non-English speaking countries aged 70 years or over
- the number of Indigenous people using residential services, CACP, EACH and HACC services, divided by the number of Indigenous people aged 50 years or over (because Indigenous people tend to require aged care services at a younger age than the general population)
- the rate of contacts with Commonwealth Carelink Centres for Indigenous people compared with all people.

In general, usage rates for special needs groups similar to those for the broader aged care population are desirable, but interpretation of results differs for Indigenous people because there is evidence that Indigenous people have higher disability prevalence rates than those of the general population, which suggests a greater level of need for services compared with those in the broader aged care population.

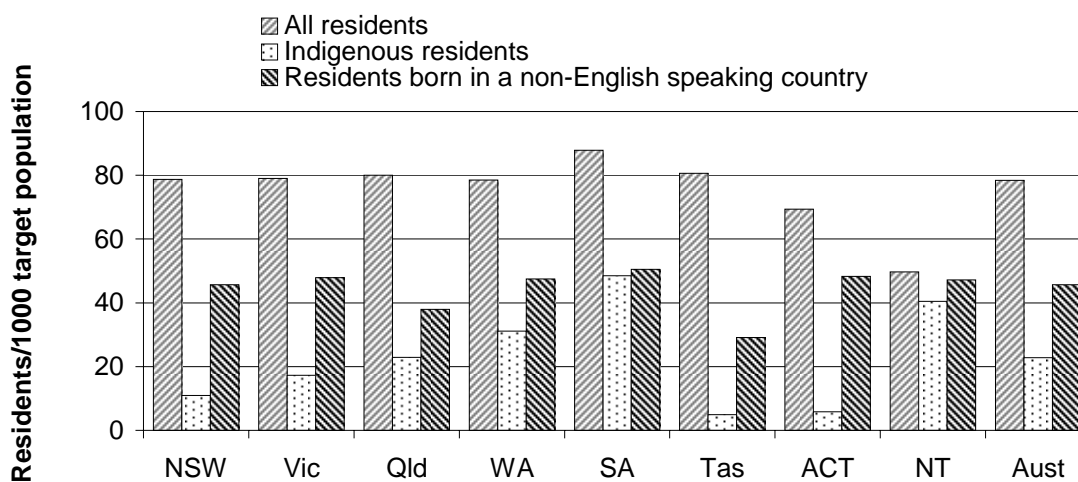
Several factors need to be considered in interpreting the results for this set of indicators:

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

Access to residential services

In all jurisdictions at 30 June 2005, on average, Indigenous people and people born in non-English speaking countries had lower rates of use of aged care residential services (22.8 and 45.7 per thousand of the relevant target populations respectively), compared with the population as a whole (78.4 per thousand) (figure 12.4).

Figure 12.4 Residents per 1000 target population, 30 June 2005^{a, b, c}



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

Source: DoHA (unpublished); tables 12A.2, and 12A.3; 2006 Report, table 12A.14; 2006 Report, p. 12.23, figure 12.10.

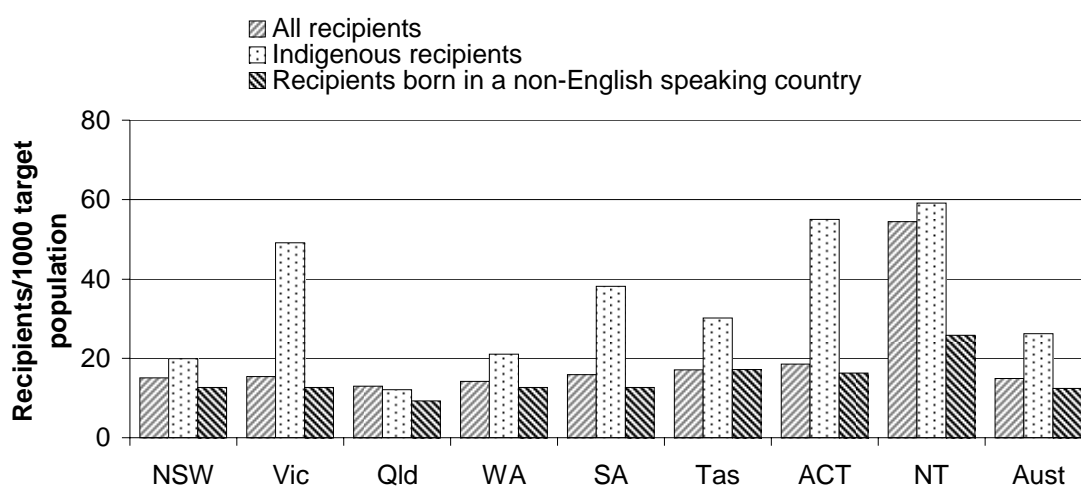
Age specific usage rates for these services, by jurisdiction and remoteness and for Indigenous usage at 30 June 2004, are included in the 2006 Report. These data suggest there is significant variation in usage rates by remoteness area. In general, differences across jurisdictions are less marked than differences across remoteness areas (table 12A.12; 2006 Report, tables 12A.58, 12A.60, 12A.61 and 12A.63).

Access to community aged care packages

The number of CACP recipients per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years has grown in recent years, but is still small relative to the number of recipients of residential care. At June 2005, 14.9 per 1000 of the target population received CACP services compared with 78.4 recipients of residential care, although this varied across jurisdictions (table 12A.2).

The number of Indigenous CACP recipients per 1000 Indigenous people aged 50 years or over was 26.2 nationally and the numbers of CACP recipients from non-English speaking countries per 1000 of the relevant target population was 12.4 nationally (figure 12.5). The Australian Government's allocation of CACPs in every jurisdiction at June 2005 exceeded 10 CACPs per 1000 of the overall target population.

Figure 12.5 **Community Aged Care Package recipients per 1000 target population, 30 June 2005^{a, b, c, d, e}**



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

Source: DoHA (unpublished); tables 12A.2 and 12A.3, 2006 Report, table 12A.14; 2006 Report, p. 12.25, figure 12.12.

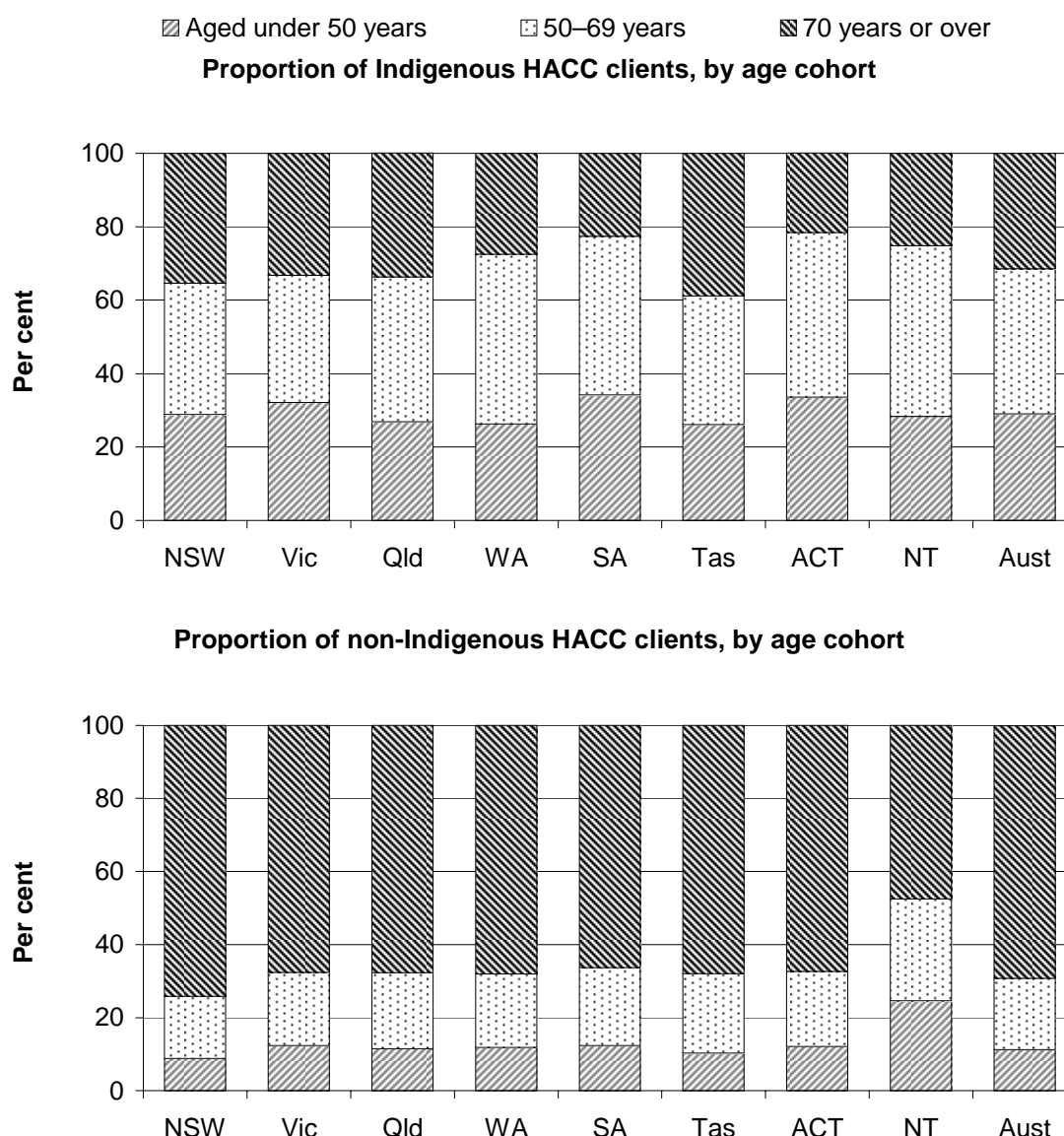
Age-sex specific usage rates for CACP and EACH, by jurisdiction, and remoteness and for Indigenous usage are included in the Report (table 12A.12; 2006 Report, tables 12A.59, 12A.60 and 12A.62-63). Usage rates vary between jurisdictions and remoteness categories for CACP.

Access to the Home and Community Care program

Home and Community Care services are provided in the client's home or community for frail older people with a severe, profound or moderate disability, and their carers.

Reported use of HACC services showed a substantial difference between all users and Indigenous users across all age groups in 2004-05. This reflects the difference in morbidity and mortality trends between Indigenous people and the general population. The proportion of Indigenous HACC clients aged 70 years and over is 31.5 per cent and the proportion of non-Indigenous HACC clients aged 70 years and over is 69.1 per cent (figure 12.6).

Figure 12.6 Recipients of HACC services by age and Indigenous status, 2004-05

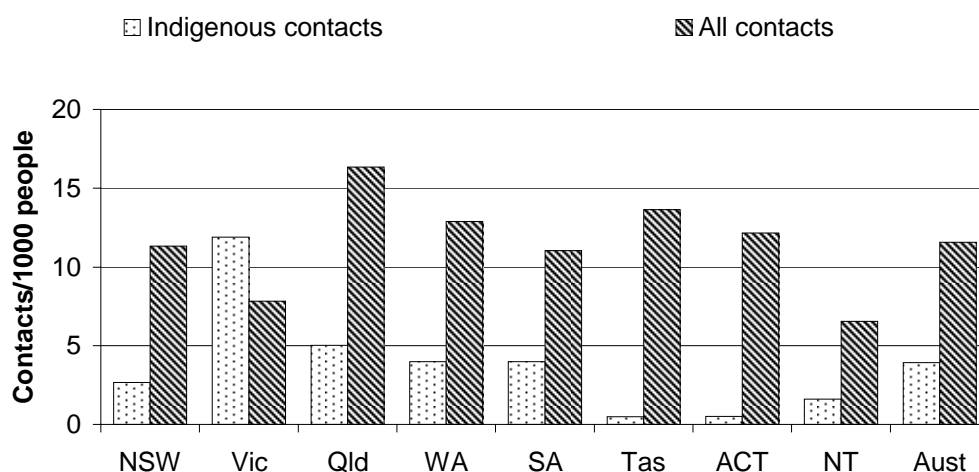


Source: DoHA (unpublished); table 12A.7; 2006 Report, p. 12.27, figure 12.13.

Access by Indigenous people to Commonwealth Carelink Centres

Commonwealth Carelink Centres are information centres for older people, people with disabilities and those who provide care and services. Information is provided on community services and aged care, disability and other support services available locally or anywhere in Australia, the costs of services, assessment processes and eligibility criteria. The national rate at which Indigenous people contacted Carelink Centres at 30 June 2005, was 3.9 people per 1000 Indigenous population. The rate for all Australians was 11.6 per 1000 people. These figures varied across jurisdictions (figure 12.7).

Figure 12.7 **Commonwealth Carelink Centres, contacts per 1000 people, by Indigenous status, 30 June 2005^{a, b, c}**



^a Contacts with Carelink include phone calls, visits, emails and facsimiles. ^b Indigenous contacts refer to contacts by Indigenous people per 1000 Indigenous population. ^c All contacts refers to contacts per 1000 total population.

Source: ABS Population Projections by SLA 2002–2022 (unpublished); table 12A.11; 2006 Report, p. 12.28, figure 12.14.

Aged standardisation of aged care data

How age profiles can distort observed service usage patterns

The age profile of Australians varies across jurisdictions and across different cultural and linguistic backgrounds (see for example the different age profiles of Indigenous and non-Indigenous Australians — figure 12.2). Variations in age profiles are important because the likelihood of needing aged care services increases with age (figure 12.6). As a result, observed differences in service usage rates by

different cohorts within the community may arise from different age profiles, rather than from different usage patterns. One method of eliminating this distortion from the data is to standardise for the age profiles of different groups.

Method of standardisation

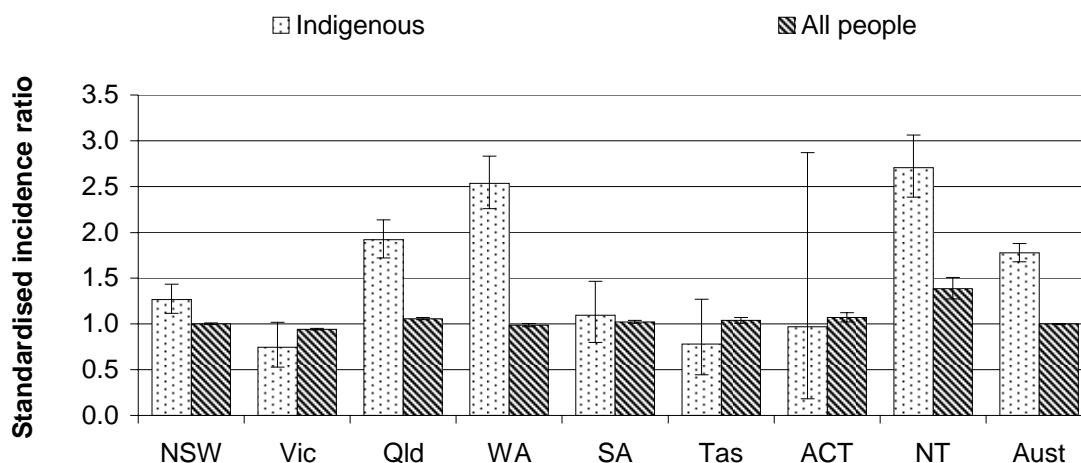
Either direct or indirect standardisation can be used. Indirect standardisation is presented here because it is more appropriate when comparing small populations. This method applies standard age-specific usage rates (in this case, average Australian rates) to actual populations (different groups within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

Application of indirect standardisation

In the following illustration, 2001 data are used. Within each State and Territory, the combined use of permanent residential aged care and CACPs by Indigenous people is compared with average service use by all Australians. The resulting standardised incidence ratios are presented in figure 12.8. The error bars in the figure show how accurate the comparisons are — if an error bar goes across the value of 1.0, then the usage rate by that population group is not significantly different from the average use by all Australians. People (Indigenous people in particular) also use long stay hospital beds, flexible places and other services not covered in the analysis, and consequently, these results do not represent all the available services.

Figure 12.8 shows that Indigenous people had a higher than average combined use of CACPs and permanent residential aged care — nationally, about 80 per cent higher. This result reflects the higher age-specific usage rates of CACPs for Indigenous people at all ages, and of permanent residential aged care for those Indigenous people aged under 75 years (table 12.1). Results vary across jurisdictions. The combined use of the services is not significantly different from the national average for Indigenous people in Victoria, SA, Tasmania and the ACT, but is higher than the average in other jurisdictions.

Figure 12.8 **Standardised incidence ratio for use of CACP and permanent residential aged care (combined), 30 June 2001^{a, b, c}**



^a The Indigenous ratio is per 1000 Indigenous people aged 50 or over, the all people ratio is per 1000 Indigenous people aged 50 or over and non-Indigenous people aged 70 or over ^b The calculations use indirect age standardisation against use by all people Australia-wide. ^c ACT data are based on a very small Indigenous population and have high standard errors.

Source: AIHW (unpublished); table 12A.10; 2006 Report, p. 12.60, figure 12.27.

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

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

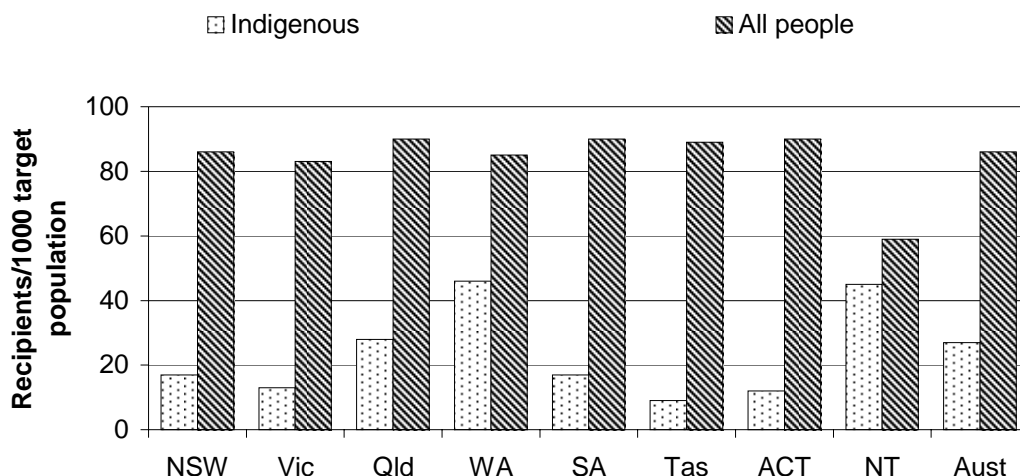
^a Excludes clients of multipurpose and flexible services. ^b Cases with missing data on Indigenous status have been pro rated within gender/age groups.

Source: AIHW (unpublished); 2006 Report, p. 12.60, table 12.10.

The age standardised rates are quite different from those that will result from comparing use with the target group population (clients per 1000 in the target group). The target group measure (figure 12.9) suggest that combined use of CACPs and permanent residential aged care is much lower for Indigenous people than for all people in all jurisdictions. Figure 12.9 also suggests that combined use of the two services is generally much lower in the NT than in other jurisdictions; this difference is not apparent after age standardisation (figure 12.9), indicating that

the difference in this measure is the result of the relatively young age structure of the NT (even within the two subgroups of people 70 years and over and Indigenous people 50 years and over).

Figure 12.9 Ratio of CACP recipients and permanent residents (combined) to 1000 persons in target population, 30 June 2001^a



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

Source: AIHW (unpublished); table 12A.10; 2006 Report, p. 12.61, figure 12.28.

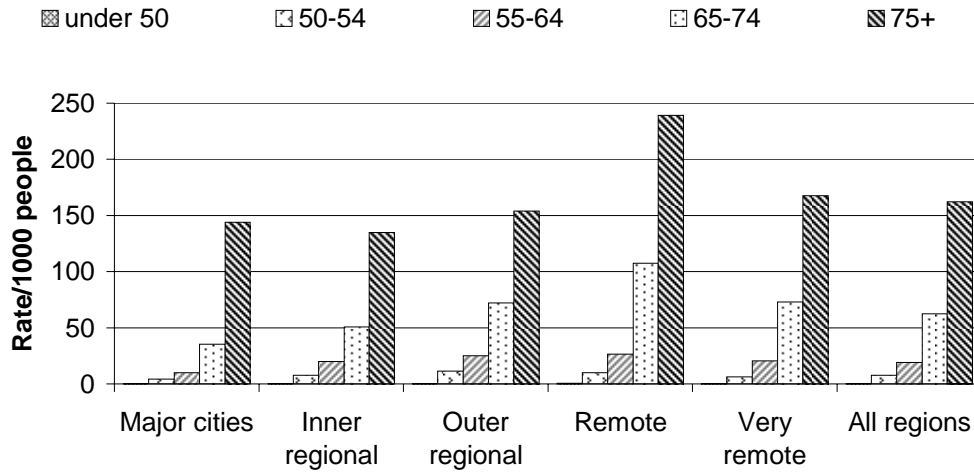
Age-specific usage rates prepared for the 2006 Report

Preparation of age-specific usage rates is a necessary requirement before any age standardisation, either direct or indirect, can be undertaken. The 2006 Report includes some age-specific usage rates per 1000 persons, against the following data for 30 June 2004:

- the total of Indigenous permanent aged care residents (both high and low care) and CACP, by remoteness. These data are broken down into male, female and all persons across five age ranges.

The national age-specific usage rates per 1000 Indigenous persons for high and low residential care and CACP in combination at 30 June 2004 is 0.3 for people under 50 rising to 162.3 for people over 75. These rates vary by remoteness category (figure 12.10).

Figure 12.10 Indigenous permanent residents classified as high or low care and Indigenous CACP at 30 June 2004: age-specific usage rates per 1000 persons by remoteness ^{a, b}



^a Data based on AIHW analysis of the DoHA ACCMIS database and ABS data. The Australian Standard Geographical Classification (ASGC) population figures for the Indigenous population at 30 June 2004 were derived by the AIHW from the 2001 Census ASGC data and the experimental estimates and projections of the Indigenous population which includes age and sex breakdowns by states and territories. ^b Residents without a recorded RCS were omitted.

Source: AIHW (unpublished); table 12A.12; 2006 Report, p. 12.63, figure 12.30.

Supporting tables

Supporting tables for data within this chapter are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 12A.3 is table 3 in the aged care services attachment). The tables included in the attachment are listed below.

- Table 12A.1** Target population data, by location ('000)
- Table 12A.2** Aged care recipients per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years
- Table 12A.3** Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over and as a proportion of all recipients
- Table 12A.4** Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over by locality
- Table 12A.5** Aged care recipients from special needs groups, 30 June 2005 (per cent)
- Table 12A.6** HACC client characteristics, 2004-05
- Table 12A.7** Distribution of HACC clients, by age and Indigenous status, 2004-05 (per cent)
- Table 12A.8** Comparative characteristics of Indigenous HACC clients, 2004-05
- Table 12A.9** Aged care assessments
- Table 12A.10** Age standardisation data, June 2001
- Table 12A.11** Access to Commonwealth Carelink Centres, 2004-05
- Table 12A.12** Indigenous permanent residents classified as high or low care and Indigenous CACP at 30 June 2004: age-sex specific usage rates per 1000 persons by remoteness

References

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

13 Services for people with a disability

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

The Commonwealth State/Territory Disability Agreement (CSTDA), which applies to the period 1 July 2002 to 30 June 2007, forms the basis for the provision and funding of specialist services for people with a disability who require ongoing or long term episodic support.

This chapter focuses on services covered by the CSTDA, examining the performance of the Australian, State and Territory governments in providing services and supports for people with a disability where the disability manifests before the age of 65 years. Specialist psychiatric disability services are excluded to improve data comparability.

Services for people with a disability can be grouped into income support, disability support services and relevant generic services provided to the community as a whole. The Review of Government Service Provision generally does not report information on income support. Disability support services are primarily delivered under the CSTDA, as well as through programs such as Home and Community Care (HACC). The HACC program aims to prevent inappropriate or premature admission to residential care by providing basic maintenance and support services to frail older people, younger people with a disability, and their carers. An estimated 68.2 per cent of HACC clients in 2004-05 were aged 70 years or over, while 31.8 per cent were aged under 70 years (table 12A.7). Performance information on the HACC program is provided in the 'Aged care services' chapter (chapter 12).

Box 13.1 Definition of disability

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

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

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

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

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

People with disabilities attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which is likely to be permanent and results in substantially reduced capacity in at least one of the following:

- self-care/management
- mobility
- communication

requiring significant ongoing and/or long term episodic support and which manifests itself before the age of 65.

Source: ABS (2004a); WHO (2001); CSTDA (2003); 2006 Report, p. 13.2, box 13.1.

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

as transport and utility services at concessional rates — are outside the scope of this Report.

Indigenous data in the services for people with a disability chapter

The services for people with a disability chapter in the *Report on Government Services 2006* (2006 Report) contains the following data items on Indigenous people:

- users of accommodation support services per 1000 people, 2003-04
- users of employment services per 1000 people, 2003-04
- users of community access services per 1000 people, 2003-04.

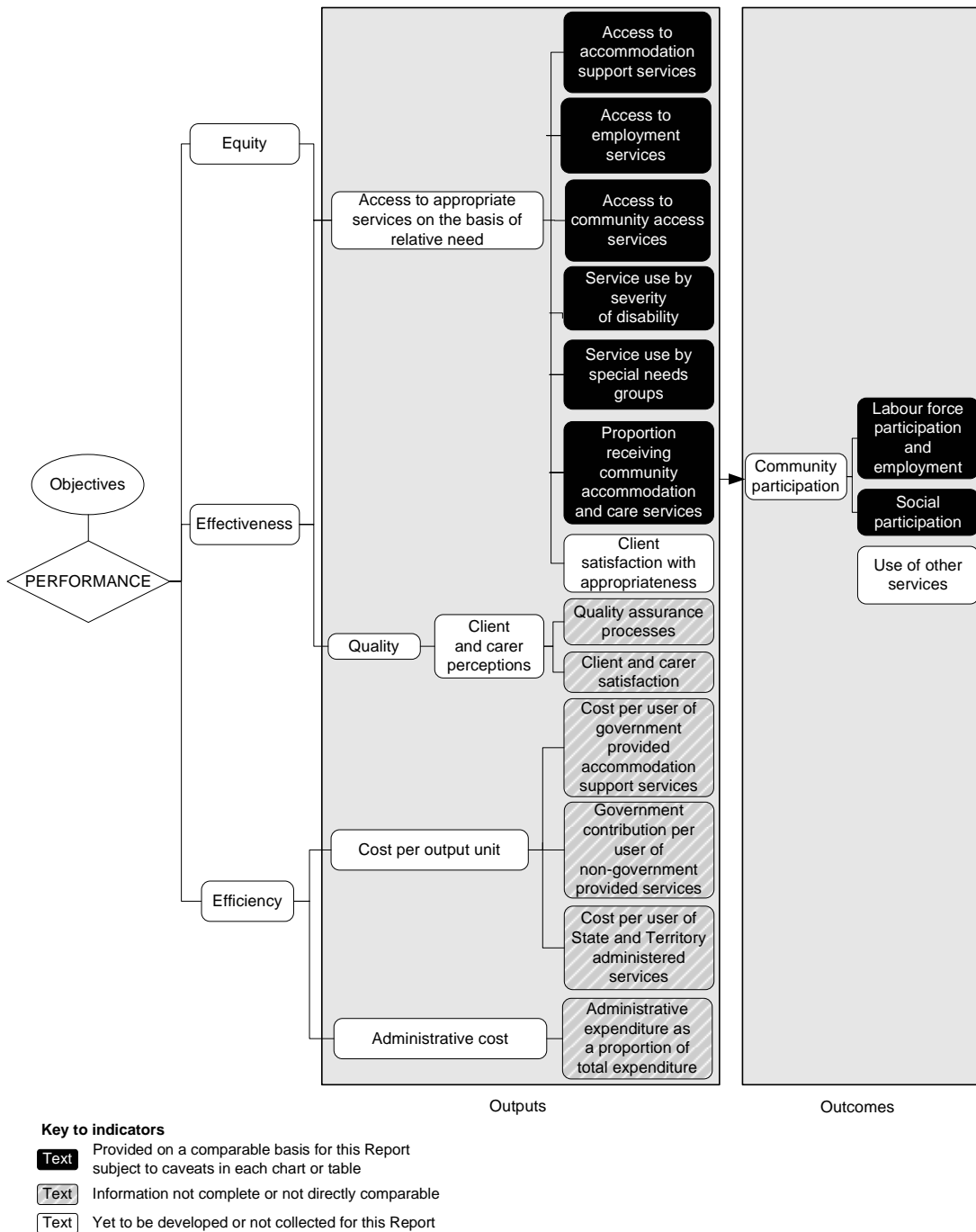
Supporting tables

Supporting tables for data within the services for people with a disability chapter of this compendium are contained in attachment 13A of the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 13A.3 is table 3 in the services for people with a disability attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to '2006 Report, p. 13.15' this is page 15 of chapter 13 of the 2006 Report, and '2006 Report, table 13A.2' is attachment table 2 of attachment 13 of the 2006 Report.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for specialist disability services in the 2006 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 13.1. The performance indicator framework shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 13.1 Performance indicators for specialist disability services



Source: 2006 Report, p. 13.11, figure 13.3.

When considering the indicator results derived using service user data, comparisons between jurisdictions should be undertaken with care because the implementation of the CSTDA National Minimum Data Set (NMDS) has led to some data quality issues. In particular, the proportion of service users and service outlets that provided

data (response rates) and the ‘not stated’ rates of particular data items vary across jurisdictions.

Service use by special needs groups — Indigenous people

One indicator of access is the comparison between the representation of all people with a disability who use CSTDA funded services and the representation of people with a disability from special needs groups (box 13.2).

Nationally, the proportion of the Indigenous population who used accommodation support services in 2003-04 (2.2 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the total population who used these services (1.6 service users per 1000 people aged under 65 years in the total population) (figure 13.2).

Box 13.2 Service use by special needs groups

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

- people who have an Indigenous background.

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

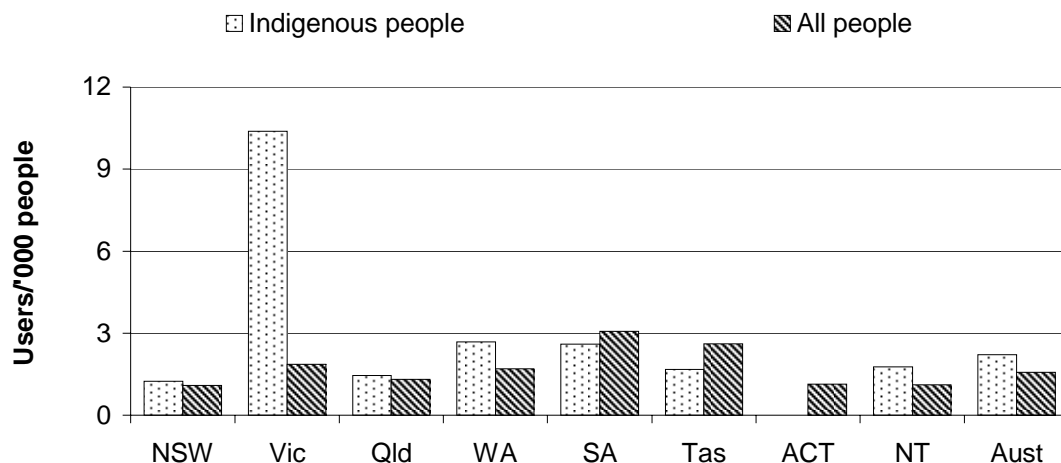
Holding other factors constant, the proportion of service users per 1000 people from a special needs group should not vary significantly from the proportion of all service users per 1000 people in the Australian population. While a markedly lower proportion may represent reduced access for a special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

(Continued on next page)

Box 13.3 (Continued)

The CSTDA funded services are provided on the basis of need and available resources. This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need. The indicator also does not take account of informal assistance that may be significant for 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 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.

Figure 13.2 Users of accommodation support services per 1000 people, by Indigenous status, 2003-04^{a, b, c, d, e, f, g, h}

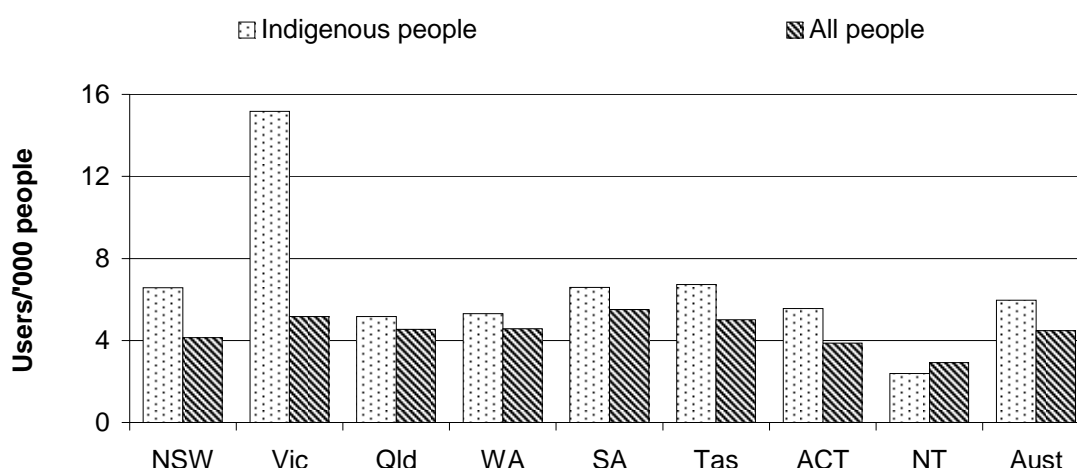


^a Data for Indigenous users per 1000 people were derived by dividing the number of Indigenous service users by the number of Indigenous Australians aged under 65 years, multiplied by 1000. ^b Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. ^c Data for all service users exclude 954 service users whose Indigenous status was not reported, so accommodation support service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^d Data for users of CSTDA funded accommodation support services exclude specialist psychiatric disability services identified by the jurisdiction. ^e Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet in 2003-04. Individuals might have accessed services from more than one State or Territory during that period. ^f Data used for this indicator have quality issues related to the development of the new CSTDA NMDS. This indicator thus needs to be interpreted with care. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. ^g The number of NSW service users is underreported because of low response rates. ^h ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: ABS (2003, 2004b); AIHW (unpublished); table 13A.1; 2006 Report, p. 13.28, figure 13.12.

Nationally, the proportion of the Indigenous population who used employment services in 2003-04 (6.0 Indigenous service users per 1000 Indigenous people aged 15–64 years) was higher than the proportion of the total population who used these services (4.5 service users per 1000 people aged 15–64 years) (figure 13.3).

Figure 13.3 Users of employment services per 1000 people, by Indigenous status, 2003-04^{a, b, c, d}

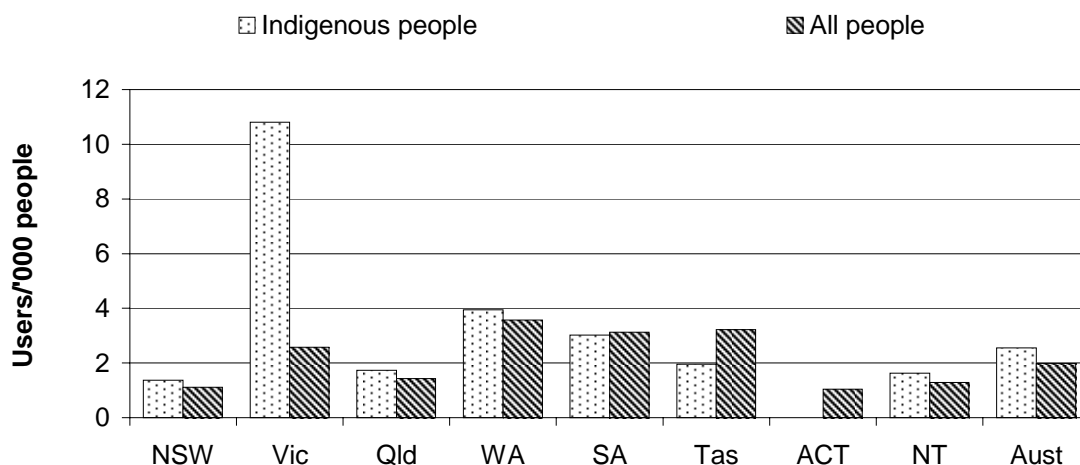


^a Data for Indigenous users per 1000 people were derived by dividing the number of Indigenous service users by the number of Indigenous Australians aged 15–64 years, multiplied by 1000. ^b Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. ^c Data for all service users exclude 4498 service users whose Indigenous status was not reported, so employment service users per 1000 total population aged 15–64 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^d Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet in 2003-04. Individuals might have accessed services from more than one State or Territory during that period.

Source: ABS (2003, 2004b); AIHW (unpublished); table 13A.2; 2006 Report, p. 13.29, figure 13.13.

Nationally, the proportion of the Indigenous population who used community access services in 2003-04 (2.6 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the total population who used these services (2.0 service users per 1000 people aged under 65 years) (figure 13.4).

Figure 13.4 **Users of community access services per 1000 people, by Indigenous status, 2003-04^{a, b, c, d, e, f, g, h, i}**



^a Data for Indigenous users per 1000 people were derived by dividing the number of Indigenous service users by the number of Indigenous Australians aged under 65 years, multiplied by 1000. ^b Where Indigenous status was inconsistently recorded for the same user, the user was counted as an Indigenous Australian. ^c Data for all service users exclude 7283 service users whose Indigenous status was not reported, so community access service users per 1000 total population aged under 65 years may differ from other figures. Due to the relatively high rate of missing data, care should be taken when interpreting this indicator. ^d Service users who accessed the service type 'recreation/holiday programs' (service type 3.02) were not required to complete the item on Indigenous status; however, those who did provide a response are included in the data. ^e Data for users of CSTDA funded community access services exclude specialist psychiatric disability services specifically identified by the jurisdiction. ^f Service user data are estimates after a statistical linkage key is used to account for individuals who received services from more than one service type outlet in 2003-04. Individuals might have accessed services from more than one State or Territory during that period. ^g Data used for this indicator have quality issues related to the development of the new CSTDA NMDS. This indicator thus needs to be interpreted with care. Differences in service type outlet response rates between jurisdictions, for example, should be considered when comparing jurisdictional data. ^h The number of NSW service users is underreported because of low response rates. ⁱ ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: ABS (2003, 2004b); AIHW (unpublished); table 13A.3; 2006 Report, p. 13.30, figure 13.14.

Future directions in performance reporting

There is scope for further improvements in reporting against the current framework. The Steering Committee intends to address limitations over time by reporting additional indicators on services for Indigenous people with a disability where possible.

Supporting tables

Supporting tables for data within this chapter are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 13A.3 is table 3 in the services for people with a disability attachment). The tables included in the attachment are listed below.

Table 13A.1 Users of CSTDA accommodation support services, per 1000 people, by Indigenous status

Table 13A.2 Users of CSTDA employment services, per 1000 people, by Indigenous status

Table 13A.3 Users of CSTDA community access services, per 1000 people, by Indigenous status

References

- ABS (Australian Bureau of Statistics) 2003, *Australian Demographic Statistics*, Cat. no. 3101.0, Canberra.
- 2004a, *Disability, Ageing and Carers Australia: Summary of Findings 2003*, Cat. no. 4430.0, Canberra.
- 2004b, *Experimental Projections of the Aboriginal and Torres Strait Islander Population, 30 June 2001 to 30 June 2009*, Cat. no. 3238.0, Canberra.
- CSTDA (Commonwealth State/Territory Disability Agreement) 2003, *Agreement between the Commonwealth of Australia and the States and Territories of Australia in Relation to Disability Services*, Australian Government Department of Family and Community Services, Canberra.
- WHO (World Health Organisation) 2001, *International Classification of Functioning, Disability and Health (ICF)*, Geneva.

14 Children's services

This chapter presents performance and descriptive information for government funded and/or delivered child care and preschool services. Children's services aim to meet the care, education and development needs of children, although the emphasis on these broad objectives may differ across the services. Child care services reported in this chapter include those provided to children aged less than 13 years, usually by someone other than the child's parents or guardian.

Preschool services reported in this chapter are provided to children mainly in the year or two before they commence full time schooling. Younger Indigenous children living in remote areas in the NT and Queensland also may attend preschools¹. In SA, a pre-entry program provides one session of preschool a week for 10 weeks in the term before preschool, and children from Indigenous backgrounds may attend preschool at 3 years of age. In the ACT, children from Indigenous backgrounds, children with English as a second language, and children with a hearing impairment and/or whose parents have a hearing impairment may be eligible for early entry into preschool (for 5.25 hours per week) at 3 years of age.

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

Indigenous data in the children's services chapter

The children's services chapter in the *Report on Government Services 2006* (2006 Report) contains the following data items on Indigenous people:

- representation of Indigenous children in Commonwealth approved child care services (relative to the representation of Indigenous children in the community), 2004

¹ In the NT, younger children may attend with approval under certain circumstances, and younger Indigenous children may attend from 3 years of age if accompanied by an adult.

-
- proportion of preschool attendees who are from Indigenous backgrounds for each year between 2000-01 to 2004-05
 - representation of Indigenous attendees in State and Territory funded or provided preschools (relative to the representation of Indigenous children in the community), 2004-05.

The 2006 Report also notes that the Australian Government provides supplementary funding to support the participation of Indigenous children in preschool programs. (2006 Report, p. 14.8). In 2003, an estimated \$11.2 million was provided to education providers for 7644 full time equivalent Indigenous preschool enrolments (DEST 2005).

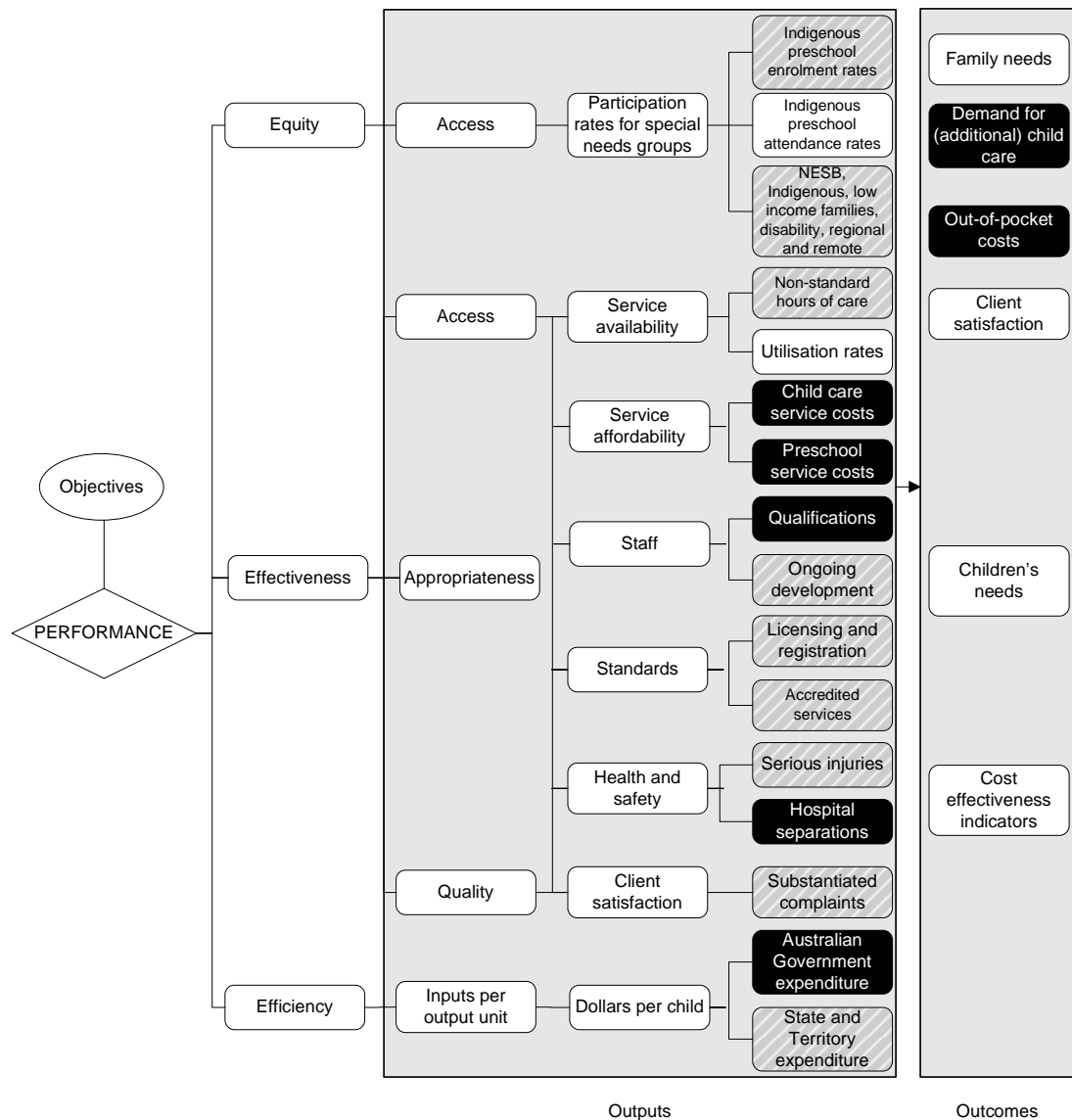
Supporting tables

Supporting tables for data within the children's services chapter of this compendium are contained in attachment 14A of the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 14A.3 is table 3 in the children's services attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to '2006 Report, p. 14.15' this is page 15 of chapter 14 of the 2006 Report, and '2006 Report, table 14A.2' is attachment table 2 of attachment 14 of the 2006 Report.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for children's services in the 2006 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 14.1. The performance indicator framework shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 14.1 Performance indicators for children's services



Key to indicators

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

Source: 2006 Report, p. 14.15, figure 14.4.

Participation rates for special needs groups

The 'participation rates for special needs groups' indicator is explained in box 14.1.

Box 14.1 Participation rates for special needs groups

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

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

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

The data indicate that the representation of children in special needs groups among users of Australian Government supported child care is sometimes substantially different across jurisdictions (table 14.1). It is important to note that due to the unavailability of certain data items, the Australian Government data exclude flexible and innovative services and other services such as mobile and toy libraries, Indigenous play groups and enrichment programs, which are targeted towards children from these groups. However, there is a general pattern across jurisdictions for children from Indigenous backgrounds. In almost all jurisdictions, the representation of children from an Indigenous background among child care users was lower than this group's overall representation in the community.

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

<i>Representation</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>
Children from non-English speaking backgrounds									
In child care services	17.4	13.5	6.3	7.9	6.9	3.4	12.1	8.1	11.6
In the community ^{a, b}	8.8	8.0	2.7	3.6	3.0	1.1	2.1	4.1	6.1
Children from Indigenous backgrounds									
In child care services	1.6	0.6	2.5	1.8	1.3	1.0	0.7	10.7	1.6
In the community ^{c, d}	3.6	1.0	5.9	5.8	3.1	6.4	2.1	36.7	4.1
Children from low-income families									
In child care services	28.0	28.3	33.8	32.6	33.0	31.5	12.4	18.8	29.9
In the community ^e	16.7	16.1	15.0	17.3	18.6	19.9	8.0	18.8	16.4
Children with a disability									
In child care services	2.1	2.0	2.0	1.7	3.5	2.2	2.1	2.4	2.1
In the community ^f	8.6	7.2	7.9	9.2	9.9	7.3	7.2	na	8.2
Children from regional and remote areas									
Children from regional areas									
In child care services	25.9	22.5	38.9	18.2	16.2	99.6	–	74.0	28.8
In the community ^{c, d}	30.0	29.1	45.6	24.0	26.9	97.6	0.3	48.9	33.4
Children from remote areas									
In child care services	0.4	0.1	1.6	5.0	2.0	0.4	–	26.0	1.4
In the community ^{c, d}	0.8	0.1	4.7	9.2	4.8	2.4	–	51.1	3.2

^a Data relate to children aged 0–11 years and were obtained from the ABS 2002 Survey of Child Care. These data are not strictly comparable to the proportion of children from a non-English speaking background using the services. ^b Data for Tasmania have a relative standard error of between 25 per cent and 50 per cent and should be used with caution. ^c Data relate to children aged 0–14 years at June 2001 and were obtained from the ABS 2001 Census of Population and Housing. ^d These numbers do not include innovative or flexible services that receive direct funding from the Australian Government and are targeted towards children from these groups. ^e Data relate to children aged 0–12 years and were obtained from the ABS 2003-04 Survey of Household Income and Expenditure. ^f Data are estimated from the ABS 2003 Survey of Disability, Ageing and Carers and relate to children aged 0–14 years, and are thus not strictly comparable to the proportion of child care service users with a disability. **na** Not available. – Nil or rounded to zero.

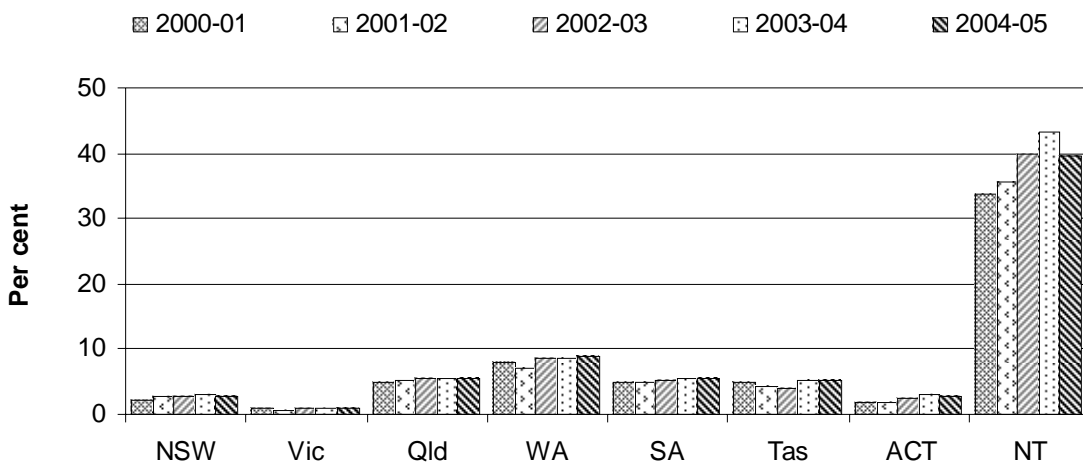
Source: AGCCCS (unpublished); ABS 2001 Census of Population and Housing (unpublished); ABS 2003-04 Survey of Household Income and Expenditure (unpublished); ABS 2003 Survey of Disability, Ageing and Carers (unpublished); ABS 2002 Child Care Survey (unpublished); table 14A.1; 2006 Report, p. 14.17, table 14.3.

Estimates for the representation of special needs groups in the community are based on data that may not match the age range used for the participation of special needs groups in preschools. Although the participation of special needs groups in preschools and the representation of special needs groups in the community are not directly comparable, they provide a broad indication of the relative access to preschool for special needs groups.

Data on the representation of special needs groups among government funded preschool attendees are provided in table 14.2. The proportion of preschool attendees in 2004-05 who were from special needs groups display no clear pattern, with some groups overrepresented in several jurisdictions and underrepresented in others.

The proportion of preschool enrolments from Indigenous backgrounds has been relatively constant over time within jurisdictions, except in the NT, where it increased between 2000-01 and 2004-05 (figure 14.2). The proportion of Indigenous enrolments largely reflects the proportion of the population in each jurisdiction from Indigenous backgrounds.

Figure 14.2 Proportion of preschool enrolments from Indigenous backgrounds



Source: State and Territory governments (unpublished); tables 14A.2, 14A.3, 14A.4, 14A.5, 14A.6, 14A.7, 14A.8 and 14A.9; 2006 Report, p. 14.18, figure 14.5.

Table 14.2 Proportion of children (aged 0–12 years) from special needs groups attending State and Territory funded or provided preschools, 2004-05 (per cent)

<i>Representation</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>
Children from non-English speaking backgrounds									
In preschool services	7.4	13.6	1.0	na	9.5	na	7.7	na	6.4
In the community ^{a, b}	8.8	8.0	2.7	3.6	3.0	1.1	2.1	4.1	6.1
Children from Indigenous backgrounds									
In preschool services	2.9	0.8	5.6	8.9	5.5	5.2	2.7	39.6	4.5
In the community ^{c, d}	3.6	1.0	5.9	5.8	3.1	6.4	2.1	36.7	4.1
Children with a disability									
In preschool services ^e	6.4	8.8	1.3	3.1	16.0	na	5.2	na	5.9
In the community ^f	8.6	7.2	7.9	9.2	9.9	7.3	7.2	na	8.2
Children from regional and remote areas									
Children from regional areas									
In preschool services	68.6	31.8	50.2	24.2	28.4	98.1	na	na	45.6
In the community ^{c, d}	30.0	29.1	45.6	24.0	26.9	97.6	0.3	48.9	33.4
Children from remote areas									
In preschool services	1.4	0.1	8.5	3.8	5.9	1.9	na	na	3.5
In the community ^{c, d}	0.8	0.1	4.7	9.2	4.8	2.4	..	51.1	3.2

^a Data relate to children aged 0–11 years and were obtained from the ABS 2002 Survey of Child Care. These data are not strictly comparable to the proportion of children from a non-English speaking background using the services. ^b Data for Tasmania has a relative standard error of between 25 per cent and 50 per cent and should be used with caution. ^c Data relate to children aged 0–14 years at June 2001 and were obtained from the ABS 2001 Census of Population and Housing. ^d These numbers do not include innovative or flexible services that receive direct funding from the Australian Government and are targeted towards children from these groups. ^e Data are not directly comparable between jurisdictions because there is no national definition or standard on children with a disability. ^f Data are estimated from the ABS 2003 Survey of Disability, Ageing and Carers and relate to children aged 0–14 years, and are thus not strictly comparable to the proportion of preschool users with a disability. **na** Not available. **..** Not applicable.

Source: State and Territory governments (unpublished); ABS 2001 Census of Population and Housing (unpublished); ABS 2003 Survey of Disability, Ageing and Carers (unpublished); ABS 2002 Child Care Survey (unpublished); tables 14A.2, 14A.3, 14A.4, 14A.5, 14A.6, 14A.7, 14A.8 and 14A.9; 2006 Report, p. 14.19, table 14.4.

Future directions in performance reporting

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

Supporting tables

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

- Table 14A.1** Equity indicator: Representation of special needs groups in attendees at Australian Government approved child care services (per cent)
- Table 14A.2** Access and equity indicators: Service availability during non-standard hours and participation by target groups, New South Wales
- Table 14A.3** Access and equity indicators: Service availability during non-standard hours and participation by target groups, Victoria
- Table 14A.4** Access and equity indicators: Service availability during non-standard hours and participation by target groups, Queensland
- Table 14A.5** Access and equity indicators: Service availability during non-standard hours and participation by target groups, Western Australia
- Table 14A.6** Access and equity indicators: Service availability during non-standard hours and participation by target groups, South Australia
- Table 14A.7** Access and equity indicators: Service availability during non-standard hours and participation by target groups, Tasmania
- Table 14A.8** Access and equity indicators: Service availability during non-standard hours and participation by target groups, Australian Capital Territory
- Table 14A.9** Access and equity indicators: Service availability during non-standard hours and participation by target groups, Northern Territory

References

DEST (Department of Education, Science and Training) 2005, *National Report to Parliament on Indigenous Education and Training, 2003*, May.

15 Protection and support services

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

This chapter reports on:

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

Indigenous data in the protection and support services chapter

The protection and support services chapter in the *Report on Government Services 2006* (2006 Report) contains the following data items on Indigenous people:

- children who were the subject of a substantiation (number and rate per 1000), 2004-05
- children who were on care and protection orders (number and rate per 1000 children), 30 June 2005
- children who were in out-of-home care (number and rate per 1000 children), 30 June 2005
- children in out-of-home care placed with relatives/kin, 30 June 2005
- children aged under 12 years in out-of-home care and in a home-based placement, 30 June 2005
- placement of children in out-of-home care in accordance with the Aboriginal Child Placement Principle, 30 June 2005

-
- representation among all accommodated SAAP clients and representation among people whose valid requests for accommodation were unmet, 2004-05
 - SAAP support periods, by existence of a support plan, 2004-05
 - SAAP clients, by met and unmet support needs, 2004-05
 - accommodation type on exit from SAAP support, 2004-05
 - changes in labour force status after SAAP support, 2004-05
 - SAAP clients who exited from the service and who did not return to SAAP agencies before the end of that year, 2004-05
 - source of income immediately before/after SAAP support of clients who needed assistance to obtain/maintain a pension or benefit, 2004-05.

Supporting tables

Supporting tables for data within the protection and support services chapter of this compendium are contained in attachment 15A of the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 15A.3 is table 3 in the protection and support services attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to '2006 Report, p. 15.15' this is page 15 of chapter 15 of the 2006 Report, and '2006 Report, table 15A.2' is attachment table 2 of attachment 15 of the 2006 Report.

Child protection services

Research suggests that children and families who come into contact with the protection and support system often share common social and demographic characteristics. Families with low incomes or that are reliant on pensions and benefits, those that experienced alcohol and substance abuse, or a psychiatric disability, and those that have a family history of domestic violence are over-represented in the families that came into contact with the protection and support system (Department of Human Services 2002).

Studies have also highlighted the high incidence of child abuse and neglect within Indigenous communities, compared with non-Indigenous communities. These studies include the final report of the WA Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities (Gordon Report 2002), which found high levels of violence and child abuse within Aboriginal communities in WA. The report also found that the

incidence of child abuse and family violence in Aboriginal communities was significantly under-reported and that a lack of trust between Aboriginal communities and government agencies was a significant barrier to complaints of violence and abuse being lodged. The report found that greater coordination across government agencies, more training for staff and more and better resources and services were required. The WA government is implementing recommendations arising from the Inquiry.

Child protection legislation, policies and practices vary across jurisdictions, but the broad processes in child protection systems are similar (figure 15.1). State and Territory community services departments are advised of concerns about the wellbeing of children through reports to these departments. Reports may be made by people mandated to report (such as medical practitioners, police services and school teachers and principals) or by other members of the community. These reports are assessed and classified as child protection notifications, child concern reports, or matters requiring some other kind of response. The most common sources of notification for finalised investigations in 2004-05 were police, school personnel, hospital/health centres, parents and guardians, other relatives, non-government organisations and friends/neighbours (AIHW 2006).

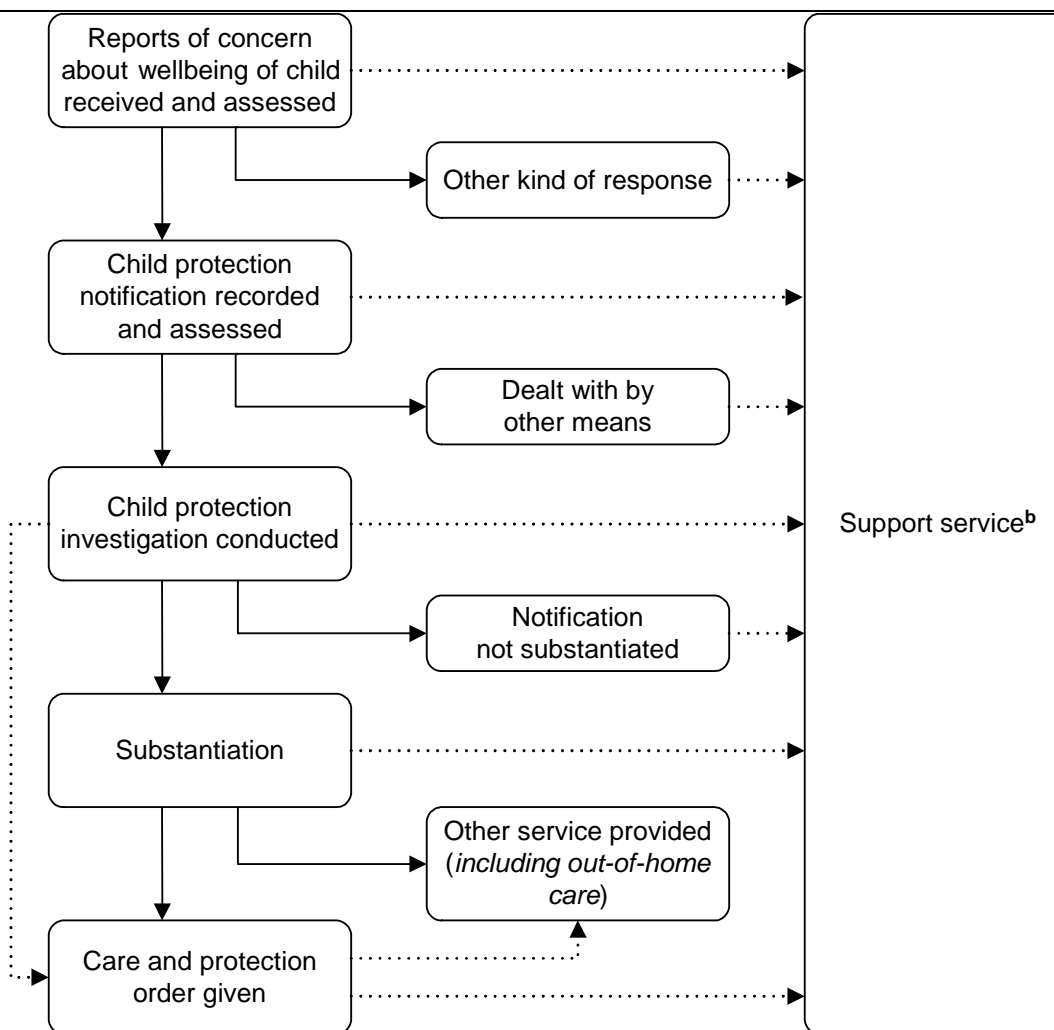
Notification

Jurisdictions count notifications at different points in the response to a report, ranging from the point of initial contact with the source of the report to the end of a screening and decision making process. This means the number of notifications is not strictly comparable across jurisdictions.¹

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

¹ Child protection services, care and protection orders and out-of-home care relate to children aged 0–17 years. Rates of children subject to notifications, investigations and substantiations, however, are calculated for children aged 0–16 years, given differences in jurisdictions' legislation, policies and practices regarding children aged 17 years.

Figure 15.1 The child protection system^a



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

Source: 2006 Report, p. 15.7, figure 15.1.

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

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

Substantiation

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

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

Nationally, 4887 Indigenous and 28 984 non-Indigenous children were the subject of a substantiation in 2004-05. The rate of children who were the subject of a substantiation per 1000 children in the population aged 0–16 years was 24.0 for Indigenous children and 6.7 for non-Indigenous children (table 15A.4).

Care and protection orders

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

Nationally, 5564 Indigenous and 19 501 non-Indigenous children were on care and protection orders at 30 June 2005. The rate of children on care and protection orders per 1000 children in the population aged 0–17 years was 25.8 for Indigenous children and 4.3 for non-Indigenous children (table 15A.4).

Out-of-home care

Out-of-home care is one of a range of services provided to families and children where there is a need to provide safe care for a child. The services are intended to maintain the child within the family if possible, and to place a child in out-of-home

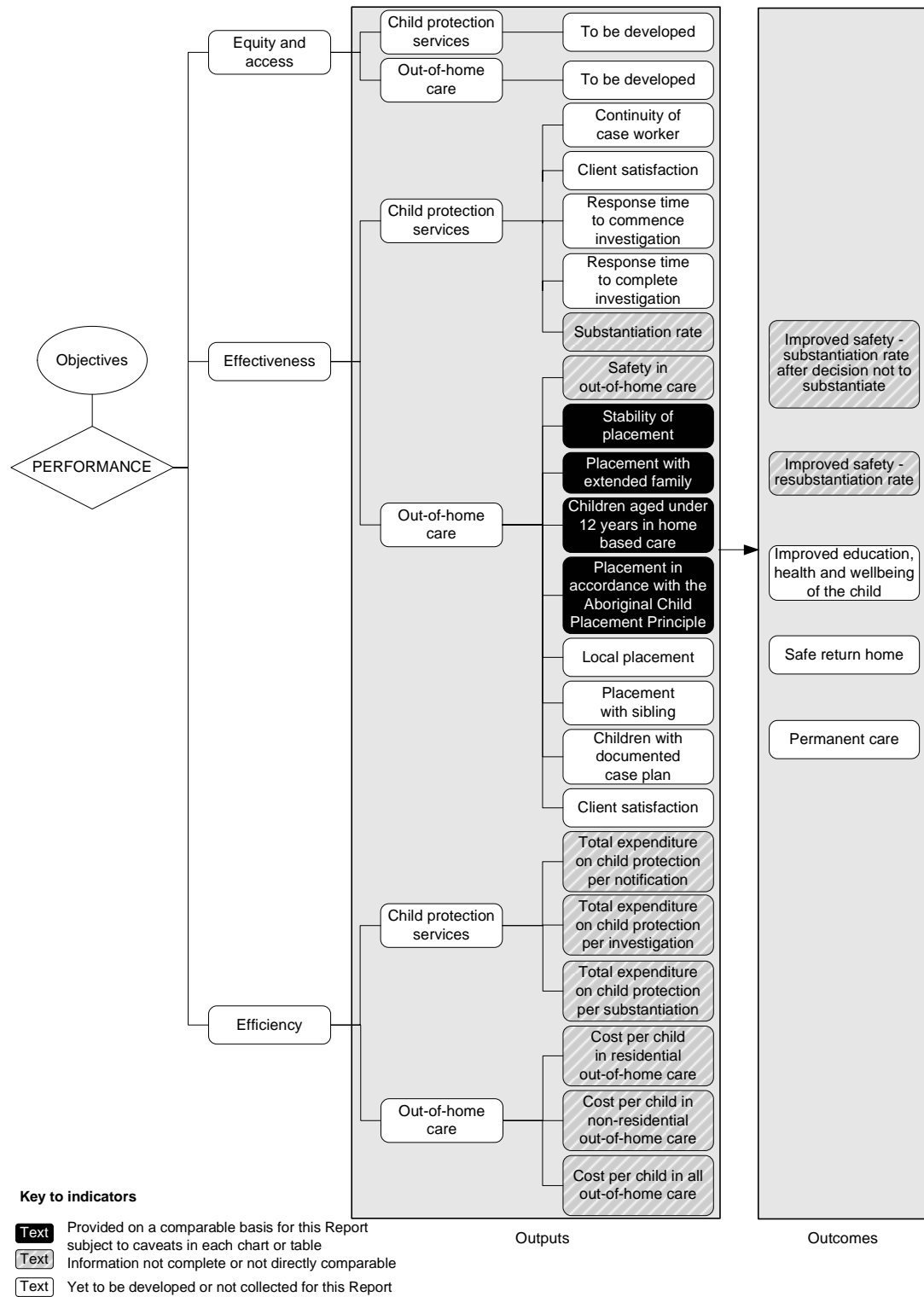
care only if this will improve the outcome for the child. If it is necessary to remove the child from his or her home, then placement with the wider family or community is sought where possible, particularly in the case of Indigenous children (AIHW 2006). Continued emphasis is being placed on improving case planning and case management processes to facilitate the safe return home of children in out-of-home care and to maximise case workers' contact time with children and families.

Nationally, 5678 Indigenous children and 18 017 non-Indigenous children were in out-of-home care at 30 June 2005. The rate of children in out-of-home care per 1000 children in the population aged 0–17 years was 26.4 for Indigenous children and 3.9 for non-Indigenous children (table 15A.5).

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

Data for Indigenous people are reported for a subset of the performance indicators for child protection and out-of-home care services in the 2006 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 15.2. The performance indicator framework shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

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



Source: 2006 Report, p. 15.13, figure 15.3.

Out-of-home care — placement with extended family

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

Box 15.1 Placement with extended family

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

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

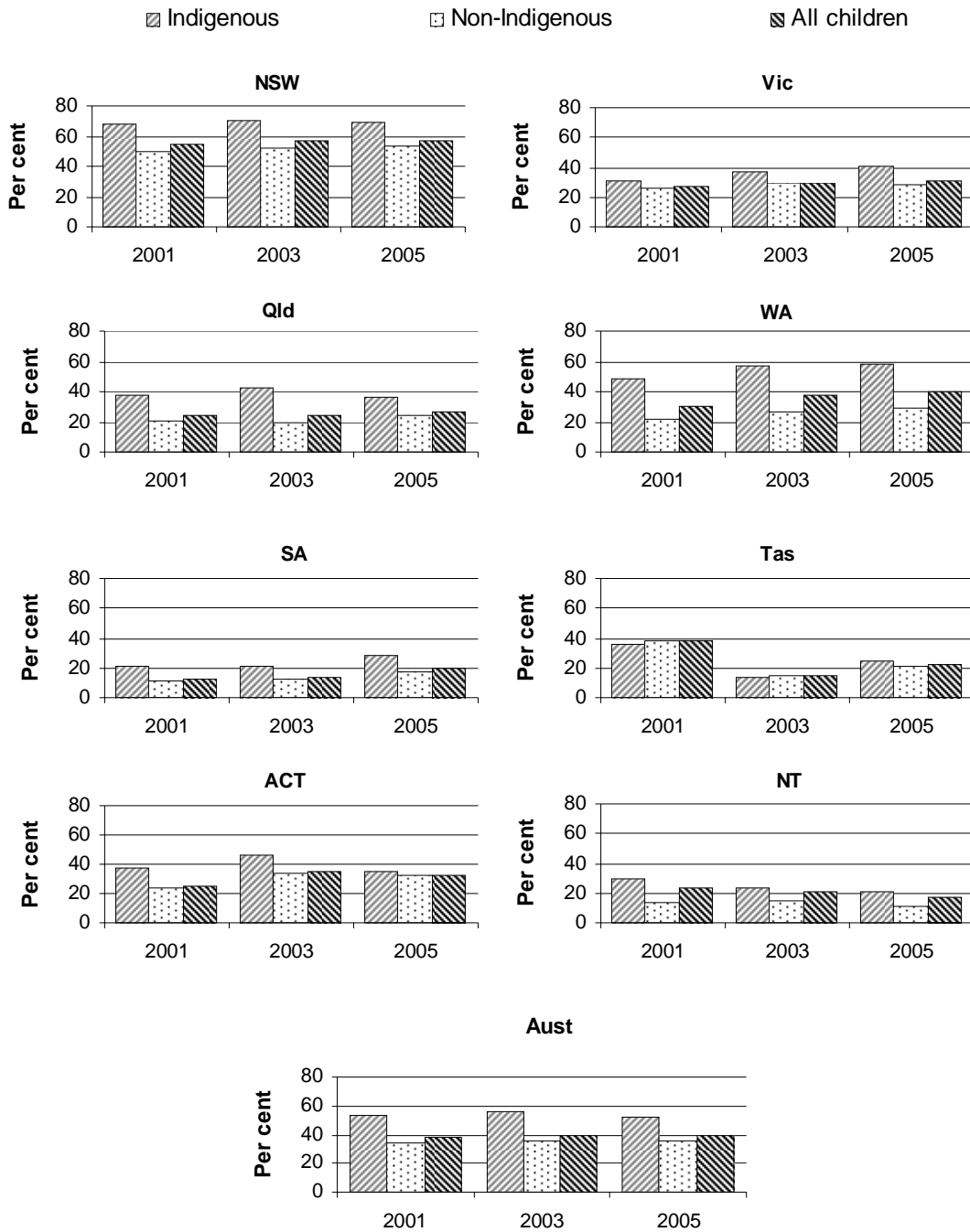
A reasonably high rate for this indicator is considered desirable.

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

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

The proportion of children placed with relatives or kin at 30 June 2005 was greater for Indigenous children than for non-Indigenous children in all jurisdictions (figure 15.3).

Figure 15.3 Proportion of children in out-of-home care placed with relatives/kin, by Indigenous status, 30 June 2005



Source: AIHW Children in out-of-home care, Australia data collection (unpublished); tables 15A.10, 15A.25, 15A.37, 15A.49, 15A.61, 15A.73, 15A.85, 15A.97 and 15A.109; 2006 Report, p. 15.23, figure 15.7.

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

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

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

‘Children aged under 12 years in home-based care’ is an indicator of governments’ objective to provide services which meet the needs of the recipients. Placing children in home-based care is generally considered to be in their best interests, particularly for younger children. Children will generally make better developmental progress (and have more ready access to normal childhood experiences) in family settings rather than in residential care.

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

A high rate for this indicator is considered desirable.

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

The proportion of all children aged under 12 years in care who were placed in home-based care (excluding family group homes) at 30 June 2005 was 98.2 per cent nationally and exceeded 90 per cent in all jurisdictions. In all jurisdictions the proportion of Indigenous children aged under 12 years who were placed in home-based care was broadly similar to that of non-Indigenous children (figure 15.4).

Figure 15.4 **Proportion of children aged under 12 years in out-of-home care and in a home based placement, by Indigenous status, 30 June 2005^a**



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

Source: AIHW (unpublished) Children in out-of-home care, Australia data collection; table 15A.12; 2006 Report, p. 15.24, figure 15.8.

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

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

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

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

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

Box 15.3 Placement in accordance with the Aboriginal Child Placement Principle

‘Placement in accordance with the Aboriginal Child Placement Principle’ is included as an indicator of governments’ objective to protect the safety and welfare of Indigenous children while maintaining the cultural ties and identity of Indigenous children in out-of-home care. Placing Indigenous children in circumstances consistent with the Aboriginal Child Placement Principle is generally considered to be in their best interests.

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

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

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

The proportion of Indigenous children in out-of-home care at 30 June 2005 who were placed in accordance with the principle varies across jurisdictions (figure 15.5).

Figure 15.5 **Placement of Indigenous children in out-of-home care, 30 June 2005^{a, b, c}**



^a Excludes Indigenous children living independently and those whose living arrangements were unknown. ^b Placed with other Indigenous carer' includes those living in Indigenous residential care. ^c Data for Tasmania and the ACT relate to a small number of Indigenous children (78 and 60 respectively) in care at 30 June 2005.

Source: AIHW Children in out-of-home care, Australia data collection (unpublished); table 15A.11; 2006 Report, p. 15.26, figure 15.9.

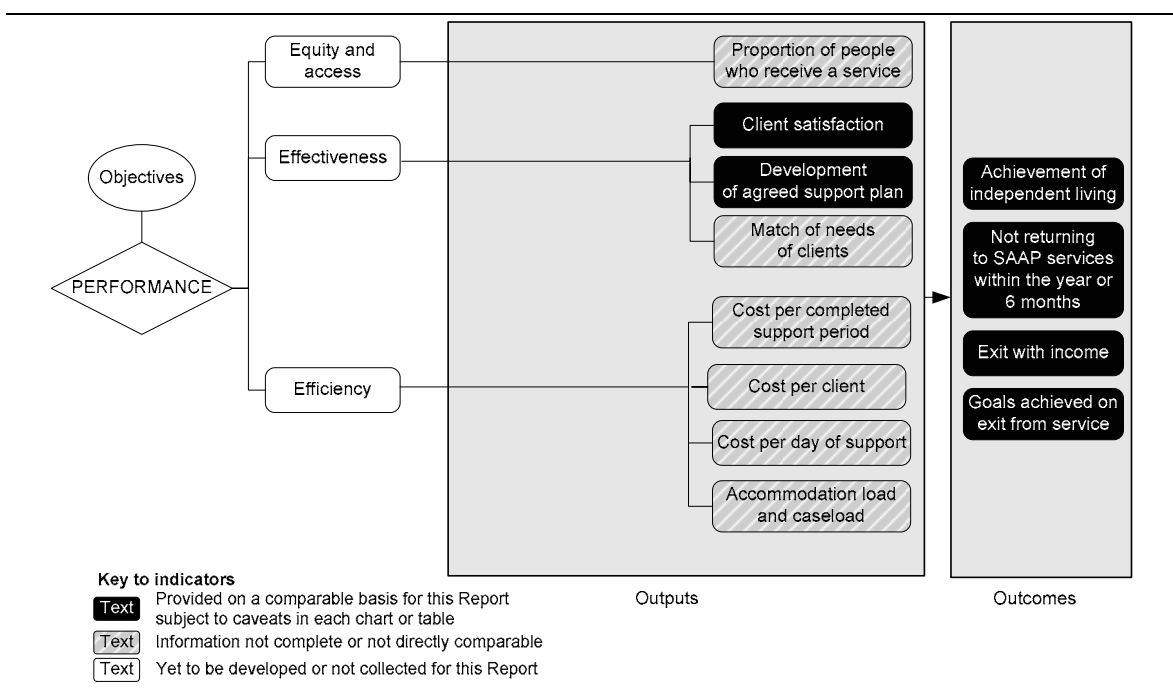
Supported accommodation and assistance services

Supported accommodation and assistance services aim to assist people who are homeless or at imminent risk of becoming homeless as a result of a crisis, including women and children escaping domestic violence. The primary focus of SAAP is to use a case management approach to support homeless people, and adults and children escaping domestic violence. Through this process, clients are offered a range of services, including supported accommodation, counselling, advocacy, links to housing, health, education and employment services, outreach support, brokerage and meals services.

Performance indicator framework of supported accommodation and assistance services

Data for Indigenous people are reported for a subset of the performance indicators for SAAP services in the 2006 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 15.6. The performance indicator framework shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 15.6 Performance indicators for SAAP services



Source: 2006 Report, p. 15.45, figure 15.16.

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

Box 15.4 Information needs to be considered when analysing SAAP data

The following information needs to be considered when analysing SAAP data.

- Informed consent is an essential component of the integrity of the data. The principle of client/consumer rights (which underpins informed consent) recognises that clients do not receive services under a mandatory order. They have the right to accept or reject the services offered, as they have the right to provide or not provide information while receiving SAAP services.
- Clients consented to provide personal details for the SAAP client collection for 87 per cent of support periods in 2004-05. A weighting system has been developed to adjust for agency non-participation (93 per cent of agencies participated in the client collection) and non-consent.

Proportion of people who receive a service

‘Proportion of people who receive a service’ is an output (equity and access) indicator of SAAP services (box 15.5).

Box 15.5 Proportion of people who receive a service

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

A measure of equity in providing access to SAAP accommodation is reported for Indigenous people. This measure compares the representation of Indigenous people among all people whose valid requests for SAAP accommodation were unmet with their representation among people whose requests for SAAP accommodation were met.

A higher proportion of valid requests receiving assistance is desirable.

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

Data for assessing access to SAAP services are sourced from the Demand for Accommodation Collection and the Client Collection. The Demand for Accommodation Collection measures the levels of met and unmet demand for SAAP accommodation by collecting information about requests for accommodation by individuals or groups over two weeks each year. These data are used in conjunction with Client Collection data to calculate the ‘turn-away’ rate for demand for SAAP accommodation.

The Demand for Accommodation Collection collects data on ‘valid unmet requests’ for immediate accommodation. ‘Valid unmet requests’ excludes requests made at an agency, where the person or group is determined to be inappropriate for the agency, where there is no fee-free accommodation available, or where proffered assistance is refused. For the Client Collection, the accommodation status of a client on a particular day is based on the reported periods of accommodation within a support period.

As only data from agencies that participated in both the Client Collection and the Demand for Accommodation Collection are used for the calculations, data included in this Report may understate activities of SAAP agencies. Additionally, the two

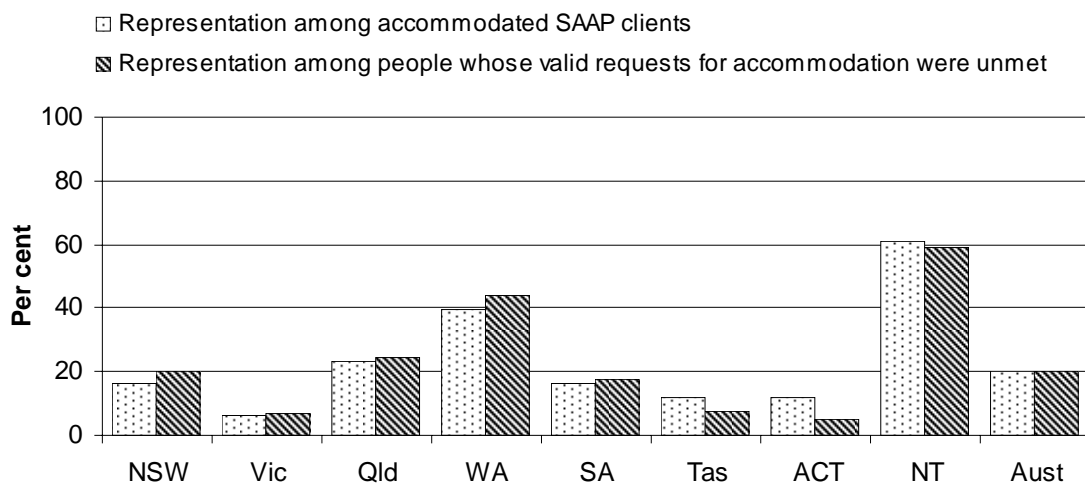
week sample period over which data are collected may not be representative of the eventual success of clients accessing SAAP services over the full year (see notes to 2006 Report, tables 15A.169-170).

Data for ‘proportion of people who receive a service’ in this Report are not comparable with those in previous Reports as they are based on different data collections.

A measure of equity in access to SAAP services is reported for Indigenous people. This measure compares the representation of Indigenous people among all people whose valid requests for SAAP accommodation were unmet with their representation among all people whose requests had been met (accommodated SAAP clients).²

Nationally, Indigenous people made up 20.1 per cent of all people whose valid requests for accommodation did not result in accommodation assistance in 2004-05 — a proportion similar to that of Indigenous clients among all accommodated SAAP clients (20.4 per cent). This result varied across jurisdictions (figure 15.7).

Figure 15.7 Proportion of Indigenous people among all accommodated SAAP clients and among people whose valid requests for accommodation were unmet, 2004-05^a



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

Source: SAAP NDCA Client and Demand for Accommodation Collections (unpublished); table 15A.112; 2006 Report, p. 15.50, figure 15.19.

² In previous Reports, this measure compared the proportion of Indigenous people who could not be accommodated with their representation among all SAAP clients (including accommodated and not accommodated). This Report presents, for the first time, data for a direct comparison focusing on accommodation. Therefore, these data are not comparable to those in previous Reports.

Requests for SAAP services were not met for a number of reasons in 2004-05, including a lack of available accommodation (the main reason that 63.6 per cent of potential clients were not provided with services), no vacancies at the referral agency (22.2 per cent), and insufficient staff (1.2 per cent) (see 2006 Report, table 15A.178).

Development of agreed support plan

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

Box 15.6 Development of agreed support plan

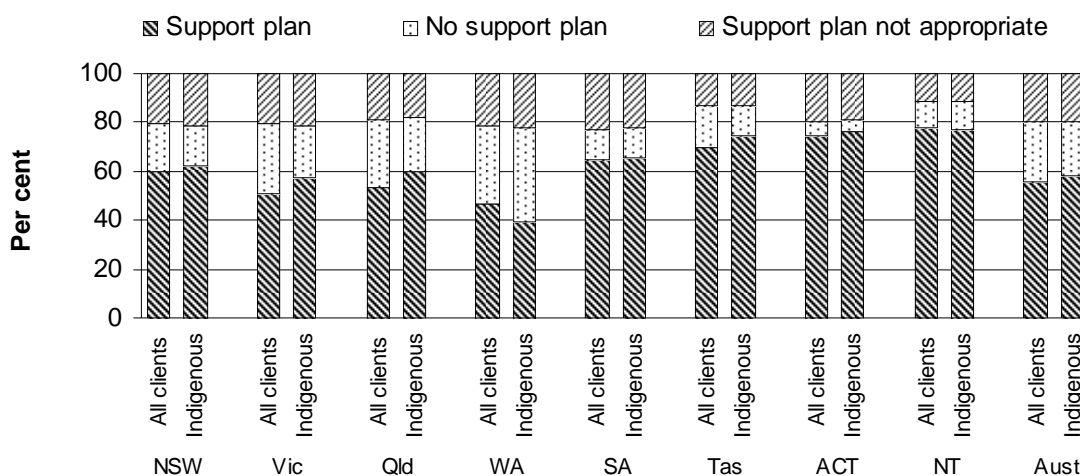
‘Development of agreed support plan’ is an indicator of governments’ objective to provide high quality services that are appropriately targeted to meet the needs of SAAP clients.

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

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

Nationally, there was an agreed support plan for 55.8 per cent of support periods for all clients in 2004-05 (compared with 58.6 per cent for Indigenous clients). This proportion varied across jurisdictions (figure 15.8).

Figure 15.8 Support periods, by the existence of a support plan, 2004-05^a



^a See notes to table 15A.113 and 2006 Report, table 15A.173 for more details.

Source: SAAP NDCA Administrative Data and Client Collections (unpublished); table 15A.113; 2006 Report, table 15A.173; 2006 Report, p.15.52, figure 15.21.

Match of needs of clients

‘Match of needs of clients’ is an output (effectiveness) indicator of SAAP services (box 15.7).

Box 15.7 Match of needs of clients

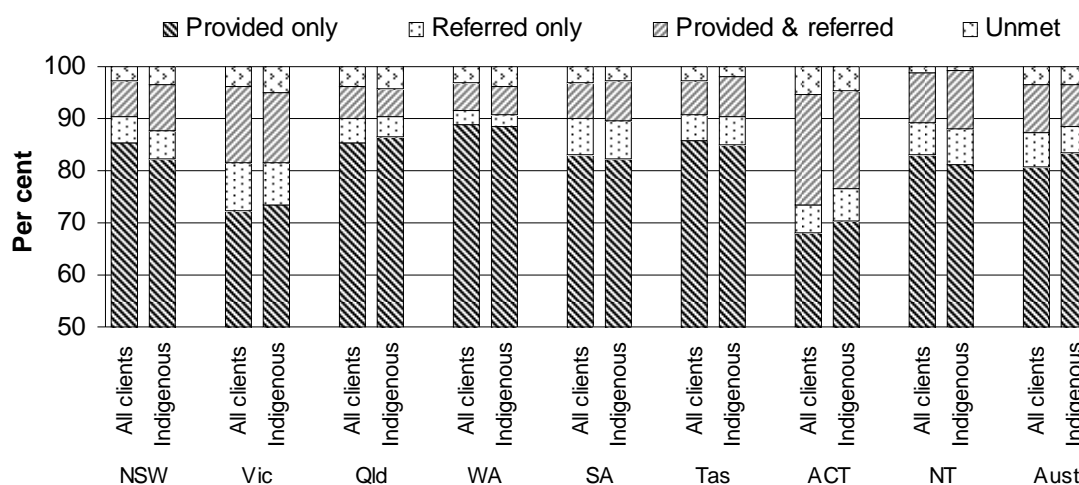
‘Match of needs of clients’ is an indicator of governments’ objective to ensure that SAAP services meet their client’s individual needs. This is a measure of appropriateness. The range of services needed is broad (ranging from meals to laundry facilities to long-term accommodation), so the effect of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

This indicator is defined as the number of clients who were provided with the services they needed and clients who were referred to another agency, divided by the total number of SAAP clients.

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

The proportions for Indigenous clients (96.7 per cent) and clients from a non-English speaking background (97.3 per cent) who received needed services in 2004-05 were similar to that for all clients. This proportion varied across jurisdictions (2006 Report, figure 15.24 and figure 15.9).

Figure 15.9 Indigenous clients, by met and unmet support needs, 2004-05



Source: SAAP NDCA Administrative Data and Client Collections (unpublished); table 15A.114; 2006 Report, 15A.175; 2006 Report, p. 15.54, figure 15.23.

Achievement of independent living

‘Achievement of independent living’ is an outcome indicator of SAAP services. Data are reported separately for clients’ success in achieving independent housing and employment (box 15.8).

Box 15.8 Achievement of independent living

‘Achievement of independent living’ 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. Two indicators of independent living are reported: achievement of independent housing and achievement of employment.

Achievement of independent housing is defined as the number of clients achieving independent housing at the end of a support period, divided by the total number of completed support periods.

Achievement of employment is defined as the number of SAAP clients who were unemployed before SAAP support, but achieved employment after SAAP support, divided by the total number of clients who were unemployed before SAAP support.

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

Higher proportions of these achievements are desirable.

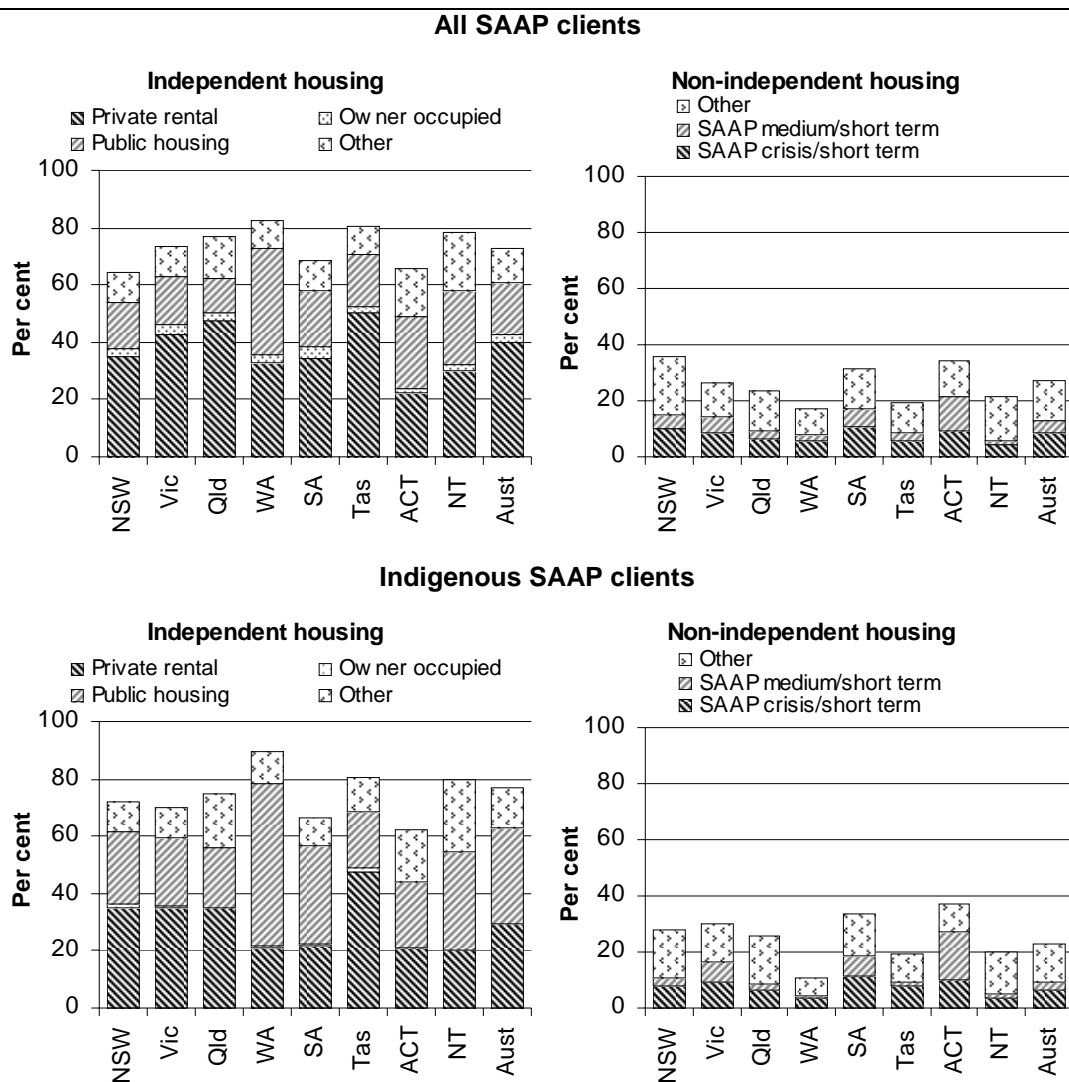
Independent living — housing

Nationally, 72.6 per cent of clients achieved independent housing at the end of a support period in 2004-05. This included clients who moved or returned to private rental housing (40.0 per cent), to public housing (18.1 per cent), and those in owner occupied housing (3.0 per cent) (figure 15.10).

Among Indigenous clients, on a national basis, 77.0 per cent achieved independent housing at the end of a support period in 2004-05, including those who moved or returned to private rental housing (29.1 per cent), to public housing (33.4 per cent), and to owner occupied housing (0.6 per cent) (figure 15.10).

Clients who did not achieve independent housing at the end of a support period in 2004-05 included those who moved to, or continued to live in, short to medium term SAAP accommodation and other forms of non-independent accommodation (figure 15.10).

Figure 15.10 Accommodation type on exit from SAAP support, 2004-05^a



^a 'Other' independent housing may include living rent free in a house or flat. 'Other' non-independent housing may include: SAAP funded accommodation at hostels, hotels or community placements; non-SAAP emergency accommodation; car, tent or squat; and an institutional setting.

Source: SAAP NDCA Administrative Data and Client Collections (unpublished); table 15A.115; 2006 Report, table 15A.183; 2006 Report, p. 15.61, figure 15.29.

Independent living — employment

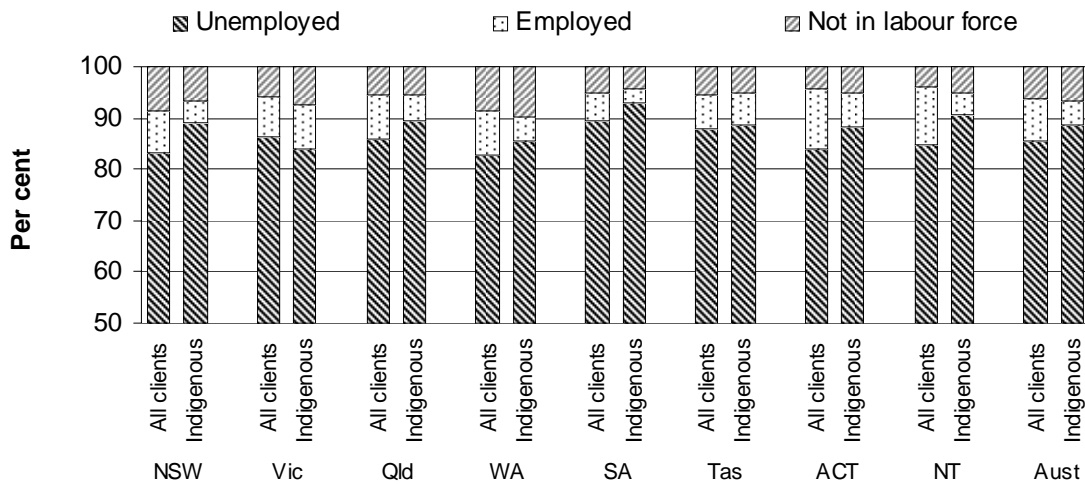
Nationally, 9.0 per cent of support periods in 2004-05 involved clients who were employed before support, while 26.6 per cent involved clients who were previously unemployed. These proportions varied across jurisdictions (2006 Report, table 15A.185).

Of the clients who were unemployed when entering SAAP, approximately 8.1 per cent were employed at the end of the support period (2.7 per cent full time,

1.7 per cent part time and 3.8 per cent on a casual basis), 85.5 per cent remained unemployed and 6.4 per cent were not in the labour force (figure 15.11 and 2006 Report, table 15A.186).

Among Indigenous clients who were unemployed when entering SAAP in 2004-05, about 4.8 per cent were employed at the end of the support period (1.4 per cent full time, 1.1 per cent part time and 2.2 per cent on a casual basis), 88.7 per cent remained unemployed and 6.5 per cent were not in the labour force (figure 15.11 and table 15A.116).

Figure 15.11 Changes in labour force status after SAAP support, by Indigenous status 2004-05^a



^a Data are for people who were unemployed when entering SAAP services.

Source: SAAP NDCA Administrative Data and Client Collections (unpublished); table 15A.116; 2006 Report, table 15A.186; 2006 Report, p. 15.62, figure 15.30.

Not returning to SAAP services within the year or six months

‘Not returning to SAAP services within the year or six months’ is an outcome indicator of SAAP services (box 15.9).

Box 15.9 Not returning to SAAP services within the year or six months

'Not returning to SAAP services within the year or six months' is an indicator of governments' objective to enable clients to participate independently in society at the end of their support period.

One indicator of not returning to SAAP services is reported: achieving long term self-reliance and independence.

Achieving long term self-reliance and independence is defined as the number of clients not returning to SAAP services within the year, divided by the total number of SAAP clients.

A higher proportion of clients not returning to the program within the year is desirable.

It may be appropriate for some clients to receive more than one support period in a given period of time (for example, moving from crisis accommodation to medium term accommodation). One group that makes multiple use of SAAP is single adults, especially older single men. A number of SAAP clients who need long term assistance may access SAAP services a number of times before their needs are met on a permanent basis.

Nationally, 71.9 per cent of SAAP clients who exited a SAAP service during 2004-05 did not return to a SAAP agency within the year (2006 Report, figure 15.31). The proportion for Indigenous clients was similar (70.8 per cent) (table 15A.117).

Strategies are being implemented to improve the quality of these data, including improving client consent rates and the collection of exit information. It is anticipated that eventually data will be sufficiently robust to allow comparative performance assessment.

Exit with income

'Exit with income' is an outcome indicator of SAAP services (box 15.10).

Box 15.10 Exit with income

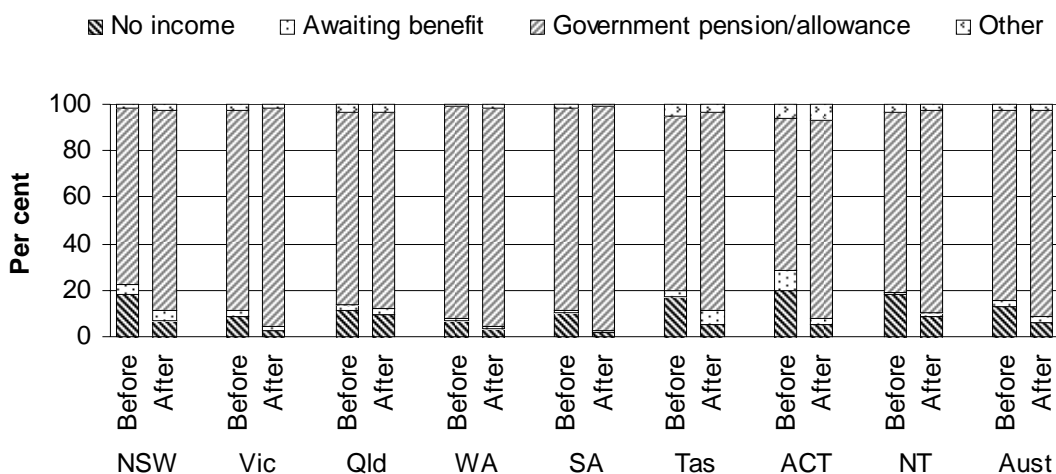
'Exit with income' is an indicator of governments' objective to enable clients to participate independently in society at the end of their support period. A client's independence and self-reliance is enhanced when the client experiences a positive change in income source (for example, from having no income support to obtaining some income, including wages and/or benefits) on exit from SAAP services.

This indicator is defined as the number of clients who requested income assistance and exited SAAP with an income source, divided by the total number of clients who requested income assistance.

A higher proportion of clients who requested income assistance and exited SAAP with an income source is desirable.

Nationally, the proportion of clients who did not have income and requested income assistance was 6.1 per cent after SAAP assistance in 2004-05 — a 10.1 per cent decrease from 16.2 per cent before SAAP assistance (2006 Report, figure 15.32). The proportion of Indigenous clients who did not have income and requested income assistance also decreased after SAAP assistance nationally (5.9 per cent compared with 12.6 per cent before SAAP assistance) (figure 15.12). Both before and after the SAAP assistance, the income source for the majority of SAAP clients is a government pension/allowance (2006 Report, figure 15.32 and figure 15.12).

Figure 15.12 Source of income immediately before/after SAAP support of Indigenous clients who needed assistance to obtain/maintain a pension or benefit, 2004-05



Source: SAAP NDCA Administrative Data and Client Collections (unpublished); table 15A.118; 2006 Report, p. 15.66, figure 15.33.

Supporting tables

Supporting tables for data within this chapter are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 15A.3 is table 3 in the protection and support attachment). The tables included in the attachment are listed below.

All jurisdiction data

Table 15A.1	Child protection notifications, investigations and substantiations by Indigenous status 2004-05
Table 15A.2	Children admitted to and discharged from care and protection orders by Indigenous status, 2004-05
Table 15A.3	Number of children on care and protection orders at by type of order and Indigenous status, at 30 June 2005
Table 15A.4	Children in notifications, investigations and substantiations and children on care and protection orders: number and rate per 1000 children in the target populations by Indigenous status, 2004-05
Table 15A.5	Children in out-of-home care: number and rate per 1000 children aged 0–17 years by Indigenous status, 2004-05
Table 15A.6	Number of children in out-of-home care by Indigenous status and placement type, 30 June 2005
Table 15A.7	Number of children in out-of-home care by Indigenous status and whether on a care and protection order, 30 June 2005
Table 15A.8	Number of children in out-of-home care by Indigenous status and length of time in continuous out-of-home care, 30 June 2005
Table 15A.9	Number of children who exited care during the year 2004-05 by Indigenous status and length of time spent in care
Table 15A.10	Children in out-of-home care placed with relatives/kin by Indigenous status, 30 June
Table 15A.11	Indigenous children in out-of-home care by relationship of caregiver, 30 June 2005
Table 15A.12	Children aged under 12 years in out-of-home care and in a home based placement by Indigenous status, 30 June 2005
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Source of income before/after SAAP support of Indigenous clients who needed assistance to obtain/maintain a pension or benefit

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16 Housing

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

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

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

Box 16.1 Commonwealth State Housing Agreement

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

(Continued on next page)

Box 16.1 (Continued)

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

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

Funding arrangements

The majority of funding under the 2003 CSHA is provided by the Australian Government, taking the form of general assistance funding (public housing, home purchase assistance and private rental assistance) and specified funding for identified programs: the Aboriginal Rental Housing Program (ARHP), the Crisis Accommodation Program (CAP) and the Community Housing Program. The majority of CSHA funding is distributed to State and Territory governments on a modified per person basis, with the State and Territory governments contributing additional funding from their own resources to partly 'match' Australian Government funding allocations.

Roles and responsibilities

Under the CSHA, the Australian Government has responsibility for:

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

State and Territory governments have responsibility for:

- developing housing assistance strategies that are consistent with Australian, State and Territory government objectives and that best meet the circumstances of the State or Territory
- developing, implementing and managing services and programs to deliver agreed outcomes
- reporting on a basis that enables performance assessment by the Australian, State or Territory governments, based on agreed performance indicators.

Source: CSHA (2003); Report on Government Services 2006 (2006 Report), p. 16.2, box 16.1.

Public, community and State owned and managed Indigenous housing (SOMIH) information has been obtained from the State and Territory governments, except where otherwise indicated. The Australian Institute of Health and Welfare (AIHW)

collects and collates these data and produces annual data collection manuals and reports. The data manuals and data reports are available from the AIHW web site at www.aihw.gov.au (AIHW 2005d, 2005e and 2005f). Most non-financial data items for public rental housing and for SOMIH were compiled from unit record data under the National Housing Data Repository at the AIHW. CRA data were obtained from the Department of Family and Community Services (FaCS). Data on satisfaction, location and amenity were obtained from national social housing surveys of public housing, community housing and SOMIH tenants.

Housing assistance not covered

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

- the CAP, including the Victorian Transitional Housing Management Program under the CSHA, which provides capital funding for accommodation for homeless people
- non-CSHA programs, including those provided by the Department of Veterans' Affairs (DVA)
- CRA paid by the DVA or paid to Abstudy recipients on behalf of the Department of Education, Science and Training (DEST)
- the First Home Owners Grant, provided by the Australian Government and delivered through State and Territory governments
- some Indigenous housing and infrastructure assistance provided by Australian, State and Territory governments, land councils and Indigenous community organisations
- non-Indigenous community housing not funded under the CSHA
- home purchase assistance.

Indigenous data in the housing chapter

The housing chapter in the 2006 Report contains the following data items on Indigenous people:

- regional and remote area concentration of SOMIH (per cent), 2005
- low income and special needs households, as a proportion of all new SOMIH (per cent), 2004-05
- households that pay less than market rent and special needs households paying market rent as a proportion of all SOMIH (new and existing), 30 June 2005

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- new tenancies allocated to SOMIH with special needs, 2004-05
 - greatest need allocations as a proportion of all new SOMIH allocations (per cent), 2004-05
 - gross cost per dwelling, excluding capital costs of SOMIH, 2004-05
 - occupancy rates of SOMIH, 30 June 2005
 - average turnaround time of SOMIH, 2004-05
 - Total rent collected as a proportion of total rent charged for SOMIH, 2004-05
 - rent charged for SOMIH as a proportion of market rent, adjusted for CRA, 30 June 2005
 - overcrowded dwellings of SOMIH, 30 June 2005
 - income units receiving CRA, by primary payment type, 2005
 - number and proportion of income units receiving CRA, by income unit type, 2005
 - income units receive CRA, by geographic location, 2005
 - proportion of income units receiving CRA, spending over 30 per cent of income on rent, with and without CRA, 2000–05 (per cent)
 - proportion of income spent on rent with and without CRA, income units with more than 50 per cent of income spent on rent, 2000–05 (per cent).

Supporting tables

Supporting tables for data within the housing chapter of this compendium are contained in attachment 16A of the compendium. These tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 16A.3 is table 3 in the housing attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to ‘2006 Report, p. 16.15’ this is page 15 of chapter 16 of the 2006 Report, and ‘2006 Report, table 16A.2’ is attachment table 2 of attachment 16 of the 2006 Report.

Profile of housing and housing assistance

The composition of Australian households is changing. There is an increasing number of smaller households, including a rising number of single person households. The average Australian household size fell from 3.3 people to

2.6 people between 1971 and 2001, while the proportion of single person households increased from 18.1 per cent to 22.9 per cent over this period (ABS 2002).

The average Indigenous household is larger than the average non-Indigenous household. In 2001, the average non-Indigenous Australian household size was 2.6 people, whereas the average household with at least one Indigenous person was 3.5 people (ABS and AIHW 2003).

Roles and responsibilities

Each level of government has different roles and responsibilities in housing and housing assistance:

- The Australian Government provides CRA and shares responsibility with State and Territory governments for housing assistance provided under the CSHA (box 16.1). The Australian Government also influences the housing market through other direct and indirect means, including taxation and home purchase assistance.
- State and Territory governments provide housing assistance under the CSHA, such as assistance for the homeless, public housing, community housing, Indigenous rental housing, private rental assistance and home purchase assistance. Some also contribute to the delivery of housing assistance through mechanisms such as home lending programs and joint ventures with the private sector. State and Territory governments are also responsible for land taxes, stamp duties and residential tenancy legislation.
- Local governments implement planning regulations and are sometimes involved in providing community housing.

Size and scope

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

Box 16.2 Forms of housing assistance

There are several main forms of CSHA housing assistance.

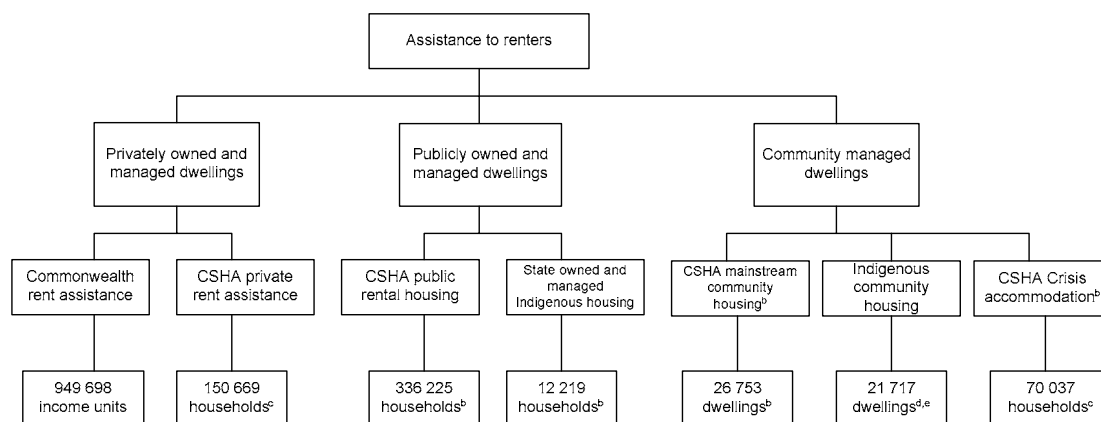
- *Public housing*: dwellings owned (or leased) and managed by State and Territory housing authorities to provide affordable rental accommodation. The CSHA is the main source of funding for public housing along with internally generated rental revenues and the proceeds of asset sales.
- *Community housing*: rental housing provided for low to moderate income or special needs households, managed by community-based organisations that are at least partly subsidised by government. Community housing models vary across jurisdictions.
- *Indigenous housing*: State owned housing targeted at Indigenous households (referred to as 'SOMIH' in this report) and houses owned or leased and managed by Indigenous community housing organisations and community councils in major cities, regional and remote areas.
- *Crisis accommodation*: accommodation services to help people who are homeless or in crisis. Services are generally provided by non-government organisations and many are linked to support services funded through SAAP. Sources of government funding include CAP through the CSHA, which provides funding for accommodation, and SAAP funding for live-in staff, counselling and other support services.
- *Home purchase assistance*: assistance provided by State and Territory governments to low to moderate income households to help with first home purchases or mortgage repayments.
- *Private rental assistance*: assistance funded by State and Territory governments to low income households experiencing difficulty in securing or maintaining private rental accommodation. This assistance may include ongoing or one-off payments to help households meet rent payments, one-off payments for relocation costs, guarantees or loans to cover the cost of bonds, and housing assistance advice and information services. Assistance may be provided by community-based organisations funded by government.
- The chapter also reports on CRA, which is a non-taxable income support supplement paid by the Australian Government to income support recipients or people who receive more than the base rate of the Family Tax Benefit Part A and who rent in the private rental market.

Source: CSHA (2003); FaCS (2003); 2006 Report, p. 16.10, box 16.2.

Types of Government housing assistance

Figure 16.1 illustrates the range of government assistance to renters.

Figure 16.1 Recipients of rental assistance across rental sector, 2005^a



^a CSHA crisis accommodation 2003-04 data for NSW and Victoria have significantly increased since AUSWelfare 03 due to changes in coverage. ^b Additional dwellings are funded under programs other than CSHA; however, data about these dwellings are not available. ^c At 30 June 2004. Figures are not consistent with those reported in the *Report on Government Service Provision 2003* as they are from a different data set. ^d At 30 June 2004. ^e The scope of the Indigenous community housing data collection is dwellings managed by funded or registered Indigenous community housing organisations. 18 735 of these dwellings were managed by organisations funded by State governments and 2982 were managed by organisations funded by the Australian Government through FaCS.

Source: AIHW (2005a, 2005b, 2005c, 2005d, 2005e, 2005f, 2005h); 2006 Report, p. 16.11, figure 16.3.

Indigenous housing

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

SOMIH

SOMIH dwellings are defined as those rental housing dwellings owned and managed by government and allocated only to Indigenous Australians (AIHW 2005d). They include dwellings managed by government Indigenous housing agencies for allocation to Indigenous tenants. There were 12 860 dwellings identified in the 2004-05 SOMIH collection (table 16A.3).

SOMIH is only one of a number of programs designed to provide housing assistance to Indigenous people. Indigenous Australians are eligible for assistance under Indigenous community managed housing (where community agencies carry out tenancy management functions), the mainstream public and community housing

programs, CRA and other government housing programs (both Indigenous-specific and mainstream).

The ACT and the NT are not included in the SOMIH data collection. The ACT does not receive funding for, or administer, any Territory owned and managed Indigenous housing programs; in the NT, ARHP funding is directed to community managed Indigenous housing. All Indigenous housing programs in the NT are community managed and administered, and specific management issues (such as eligibility and waiting lists) are the responsibility of Indigenous housing organisations that manage permanent dwellings for people in discrete Indigenous communities. The approaches of these organisations may differ significantly, depending on the size of the organisations, the socioeconomic circumstances of particular communities, and cultural considerations. The Indigenous Housing Authority of the NT allocates funds to the seven regional councils in the NT, which in turn allocate funds to those communities most in need. The NT government cannot differentiate between the various funding sources, given its commitment under the CSHA Indigenous Agreement to ‘pool’ all funds earmarked for Indigenous housing and associated infrastructure in the NT.

In NSW, a separate statutory organisation — the Aboriginal Housing Office — is responsible for planning, administering and expanding policies, programs and the asset base for Aboriginal housing in that State. Funding for the office comes from the CSHA and the State Government (in addition to its CSHA commitments).

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

Indigenous community housing

In August 2003, the Housing Ministers Advisory Committee (HMAC) endorsed the National Reporting Framework (NRF) as the performance indicator framework that would be used to report against both Indigenous community housing and SOMIH. The framework includes the SOMIH indicators used in this Report.

A national report against a subset of the NRF was produced in 2003-04. It was based on data from the 2001 Census, the 2001 Aboriginal and Torres Strait Islander Commission (ATSIC)/ABS Community Housing and Infrastructure Needs Survey (CHINS), CSHA administrative data and additional administrative data on the

Indigenous community housing sector provided by states and territories (AIHW 2005h).

As at 30 June 2004, there were a total of 551 Indigenous community housing organisations in all states and territories excluding WA, which did not provide data. These organisations owned and managed a total of 20 932 permanent dwellings (table 16A.15). The average occupancy rate for these dwellings was 94.5 per cent (table 16A.16) and the average rent collected as a proportion of rent charged was 94.2 per cent (AIHW 2005h).

Data from the 2001 ATSI/ABS CHINS are reported for dwelling condition (table 16A.17). Seventy percent of dwellings were in need of minor or no repair, 18.9 per cent were in need of major repair and 8.4 per cent were in need of replacement.

Diversity of State and Territory housing assistance operations

State and Territory governments have similar broad objectives for providing housing assistance. Individual jurisdictions, however, emphasise different objectives depending on their historical precedents and ways of interacting with community sector providers. Jurisdictions also face differing private housing markets. These differences lead to a variety of policy responses and associated assistance products. It is important to be aware of all the housing assistance operations in each State and Territory when analysing performance information.

Appendix A contains information on each State and Territory that may help in interpreting the performance indicators presented in this chapter. State and Territory governments have provided the following additional information on the key operating parameters characterising housing assistance provision in their jurisdictions.

SOMIH

Eligibility criteria for access to SOMIH are generally consistent with those for public housing once an applicant has been confirmed as Indigenous. Queensland is an exception, having no income or age eligibility limits on SOMIH. The management of waiting lists varies across jurisdictions — for example, a number of jurisdictions use the same list for both SOMIH and public housing. Terms of tenure are the same as those for public housing for a number of jurisdictions (table 16.1).

Table 16.1 SOMIH housing policy context, 2005^a

	NSW ^b	Vic ^c	Qld ^d	WA ^e	SA ^f	Tas ^g
Eligibility						
Income limit per week (\$) ^h	395	347	None	390	608	336
'Other' asset limits (\$) ^h	None	30 000	None	36 400 in cash	263 500	34 473
Minimum age	18	15	None	18	None	16
Waiting list						
Details	Combined with public housing	Combined with public housing	Wait turn	Combined with public housing	Need (Four segment)	Priority, similar to public housing
Tenure						
Probationary period	None	None	None	None	6 months	3–6 months
Fixed term	3 or 6 months	5 years	None	3 months	None	1–3 years
Ongoing	Yes	Lifetime after age 65	Yes	Ongoing	Ongoing after probation	Dependant on housing history
Tenancy review	Not regularly	To commence in 2008	None	Annual	None	Fixed term leases reviewed at end of each term

^a At 30 June. ^b Interest accrued from cash assets is assessed as income. Applicants under the age of 18 years must demonstrate living skills to be eligible for housing. Following announcement of the Reshaping Public Housing Reforms, NSW commenced action to phase out existing one and three year renewable tenancy agreements from 1 July 2005. New tenants housed after 1 July 2005 will be subject to new tenure policy in July 2006. ^c Tenancies in Victoria are ongoing tenancies (not fixed term) that are subject to review after 5 years. For households that require major disability modifications, discretion may be applied to extend the asset limit to \$60 000. Indigenous households generally access long term accommodation through the General Rental program or housing managed by the Aboriginal Housing Board of Victoria. ^d Ten per cent of applicants can be housed ahead of turn in urgent circumstances. While no formal eligibility review exists, it is an ongoing requirement for clients to meet property ownership limitations. ^e The income limit for those in north west remote areas is \$550 per week. Those aged over 60 years are subject to a cash asset limit of \$80 000. ^f The same definition as the Centrelink asset test threshold at 30 June 2004 for a single person who does not own their own home is used. Includes 21 Indigenous households with other special needs (including youth, disability, aged etc.). ^g For people aged over 55 years the asset limit is \$35 000. Applications outside the guidelines may be considered where there are extenuating circumstances in relation to income, asset and age criteria. ^h Limits are for a single person.

Source: State and Territory governments (unpublished); 2006 Report, p. 16.23, table 16.9.

The proportions of SOMIH located by ASGC remoteness areas are shown in table 16.2.

Table 16.2 SOMIH — regional and remote area concentrations, 2005 (per cent)^{a, b}

	<i>NSW</i>	<i>Vic^c</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>Aust</i>
Major cities	40.6	38.3	12.7	28.8	60.3	–	33.8
Inner regional	31.8	37.0	14.3	7.8	7.8	82.4	21.9
Outer regional	20.4	24.4	45.2	22.0	18.0	17.6	26.2
Remote	5.6	0.4	10.5	20.2	6.0	–	8.7
Very remote	1.6	–	17.3	21.2	7.8	–	9.4

^a At 30 June. ^b Under the ASGC remoteness areas. ^c In Victoria, the interpretation of the definition of a 'dwelling' varied for providers. Some larger agencies also advised they were unable to provide tenancy units by postcode. For consistency and accuracy, properties have been counted by postcode from the internal administrative system, so the dwelling postcode count will not match the number of tenancy units because group housing program arrangements have multiple tenancies per property. – Nil or rounded to zero.

Source: AIHW (2005a); table 16A.3; 2006 Report, p. 16.24, table 16.10.

Framework of performance indicators

Public, community and SOMIH adopt a common performance indicator framework based on the framework developed for the 1999 CSHA (which ran from 1 July 1999 to 30 June 2003) (2006 Report, figures 16.4 and 16.5; figure 16.2). The CSHA framework reflects the national objectives of the agreement to improve the quality of national performance information and to recognise the need for balanced reporting at the national and bilateral levels as outlined in a number of guiding principles (CSHA 1999).

The new CSHA took effect on 1 July 2003 and will run until 30 June 2008 (box 16.3). Many aspects of this agreement, including the aims and objectives, are similar to those of the previous agreement. The new CSHA places greater emphasis on Australian, State and Territory governments improving housing outcomes for Indigenous people, and governments have committed to improving access to mainstream housing options for Indigenous people living in urban and rural areas. This is the second year that data are reported under the new agreement. Work is being undertaken on the performance indicators to improve the quality and scope of national performance information.

Box 16.3 Objectives for public and community housing under the 2003 CSHA

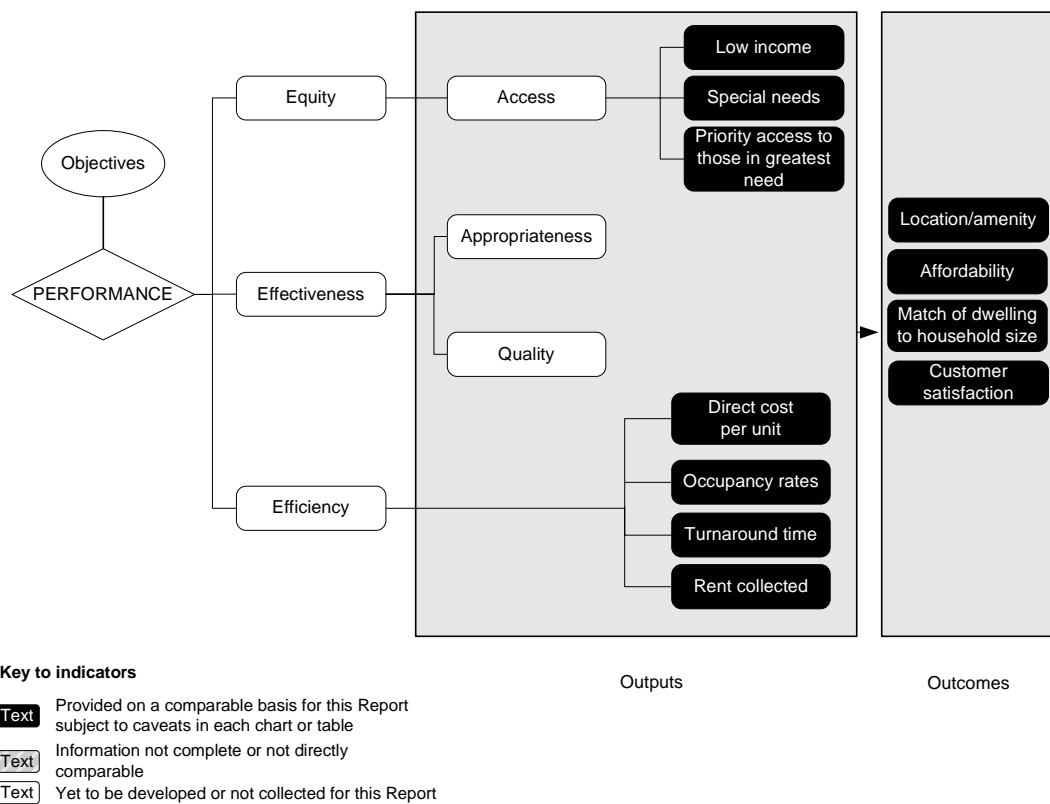
The principles guiding the 2003 CSHA are to:

1. maintain a core Social Housing sector to assist people unable to access alternative suitable housing options
2. develop and deliver affordable, appropriate, flexible and diverse housing assistance responses that provide people with choice and are tailored to their needs, local conditions and opportunities
3. provide assistance in a manner that is non-discriminatory and has regard to consumer rights and responsibilities, including consumer participation
4. commit to improving housing outcomes for Indigenous people in urban, rural and remote areas, through specific initiatives that strengthen the Indigenous housing sector and the responsiveness and appropriateness of the full range of mainstream housing options
5. ensure housing assistance links effectively with other programs and provides better support for people with complex needs, and has a role in preventing homelessness
6. promote innovative approaches to leverage additional resources into Social Housing, through community, private sector and other partnerships
7. ensure that housing assistance supports access to employment and promotes social and economic participation
8. establish greater consistency between housing assistance provision and outcomes, and other social and economic objectives of government, such as welfare reform, urban regeneration, and community capacity-building
9. undertake efficient and cost-effective management which provides best value to governments
10. adopt a cooperative partnership approach between levels of government towards creating a sustainable and more certain future for housing assistance
11. promote a national, strategic, integrated and long term vision for affordable housing in Australia through a comprehensive approach by all levels of government.

Source: CSHA (2003, p.4); 2006 Report, p. 16.25, box 16.4.

Data for Indigenous people are reported for a number of SOMIH performance indicators in the 2006 Report (figure 16.2). The performance indicator framework shows which data are comparable in the 2006 Report.

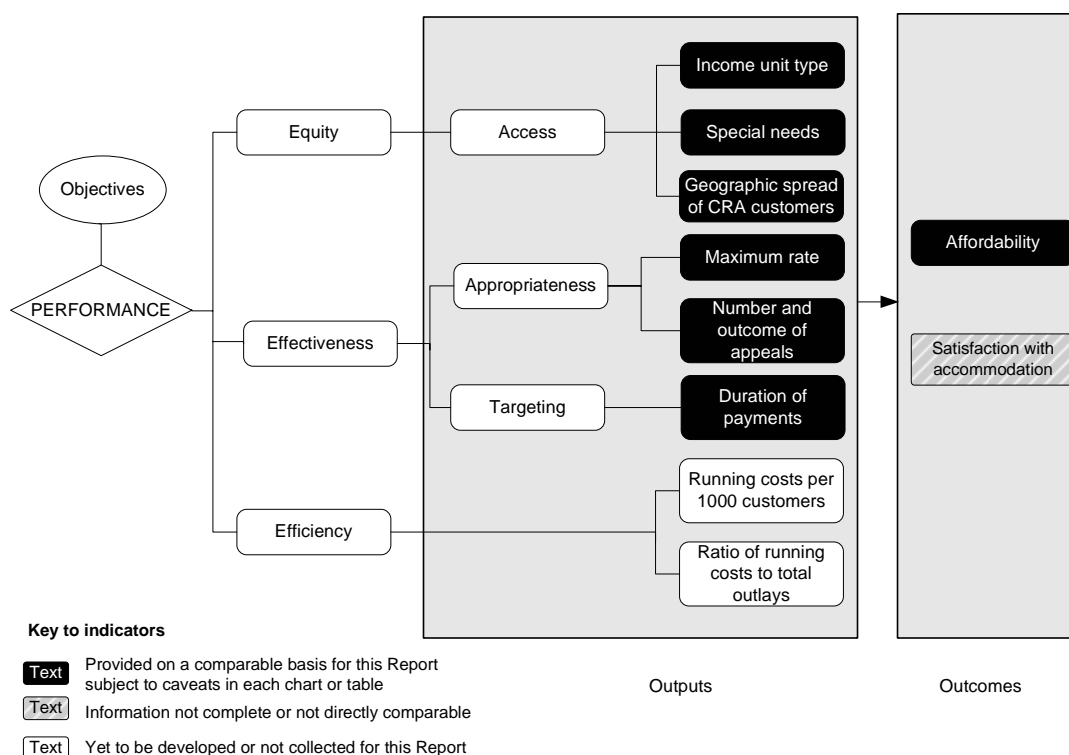
Figure 16.2 Performance indicators for SOMIH



Source: 2006 Report, p. 16.28, figure 16.6.

Data for Indigenous people are reported for a subset of the performance indicators for CRA in the 2006 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 16.3. The performance indicator framework for CRA shows which data are comparable in the 2006 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 16.3 Performance indicators for CRA



Source: 2006 Report, p. 16.29, figure 16.7.

Performance reporting for SOMIH

Different delivery contexts, locations and types of client may affect the performance reported in this section. Care therefore needs to be taken in interpreting performance indicator results, and the qualifications presented with the data need to be considered. Variations in the funding and administration of SOMIH across jurisdictions may also influence the comparability of data. As outlined in section 16.1 of the 2006 Report, the ACT and the NT are not included in SOMIH data collection.

In addition, performance indicator results are not comparable across the public, community and SOMIH sections. Some descriptive data on SOMIH are included in table 16A.3. SOMIH dwellings are more likely than public or community housing dwellings to be located in rural or remote areas (table 16.2).

Outputs

Equity — low income and special needs

The first two equity indicators reported are ‘low income’ and ‘special needs’ (box 16.4).

Box 16.4 Low income and special needs

‘Low income’ is an output indicator of the CSHA’s aim to provide appropriate, affordable and secure housing assistance to people who are unable to access suitable housing. It measures three low income components:

- new low income households as a proportion of all new households
- new low income households plus special needs (not low income) households, as a proportion of all new households
- households paying less than market rent and special needs households paying market rent, as a proportion of all households (new and existing).

High values for these measures indicate high degrees of targeting of low income (and special needs) households.

The two household income measures for this indicator are:

- low income A households — households where all members receive an income equivalent to or below 100 per cent of the government income support benefits at the pensioner rate (pension rates have been selected for calculating this indicator because they are higher than allowance rates)
- low income B households — households with an income above 100 per cent of the government income support benefits at the pensioner rate, but below the effective cut-off for receiving any government support benefits.

Households with incomes below these levels are included in the measure, although they may not necessarily receive income support benefits.

It is not appropriate to use this indicator to compare the performance of public, community and SOMIH. SOMIH uses a definition of special needs more appropriate to the program. The special needs indicator for public housing includes Indigenous households in the definition of special needs households, so using this definition for SOMIH would result in 100 per cent of SOMIH households being regarded as having special needs.

‘The definition also differs for ‘aged’ households: households with a principal tenant aged 50 years or over are considered special needs households for SOMIH, while households with a principal tenant aged 75 years or over are considered special needs households for mainstream public and community housing. This difference reflects the lower life expectancy and higher level of illness among Indigenous Australians.

(Continued on next page)

Box 16.4 (Continued)

'Special needs' is an output indicator of the CSHA's aim to provide appropriate, affordable and secure housing assistance to people who are unable to access suitable housing. It measures the proportion of new tenancies allocated to special needs households. New tenancies are reported as a proxy for all households receiving assistance. Special needs households are those that have either a household member with a disability, or a principal tenant aged 24 years or under, or 50 years or over. A high proportion indicates a high degree of access of special needs households.

It is not appropriate to use this indicator to compare the performance of public, community and SOMIH because the special needs category includes Indigenous people for public and community housing.

The proportion of new tenancies allocated to low income A and low income A plus special needs (not low income) households in 2004-05 is presented in table 16.3. Table 16A.4 contains information on both low income A households and low income B households.

Table 16.3 SOMIH — low income and special needs households, as a proportion of all new households (per cent)^{a, b, c}

	NSW	Vic	Qld	WA ^d	SA	Tas	Total
<i>New low income A households as proportion of all new households</i>							
2000-01	91.3	80.0	81.4	89.3	88.9	76.8	86.5
2001-02	89.6	88.1	83.1	81.3	87.3	95.5	85.8
2002-03	91.5	87.8	89.7	89.1	86.5	87.2	89.2
2003-04	94.4	90.5	83.3	93.5	89.2	89.5	90.6
2004-05	94.2	87.7	76.1	92.9	86.0	86.0	88.0
<i>New low income A households plus special needs (not low income) households, as proportion of all new households</i>							
2000-01	96.9	83.3	87.0	92.0	97.9	81.7	91.4
2001-02	92.6	91.7	89.5	84.4	90.1	97.0	89.6
2002-03	92.9	92.9	94.6	92.1	93.2	92.3	93.0
2003-04	96.7	96.8	87.5	95.5	92.4	98.1	94.0
2004-05	96.6	93.1	84.2	95.9	91.3	100.0	92.9

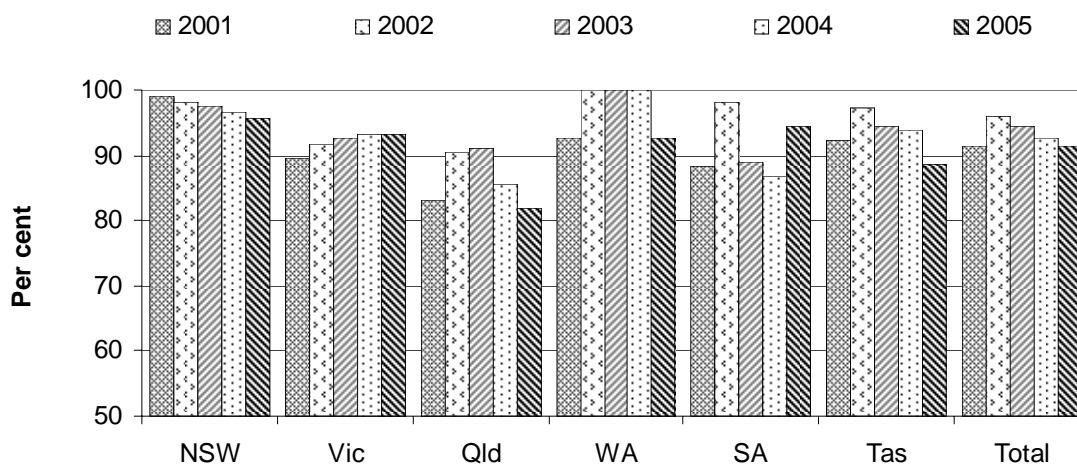
^a For details of mixed composition, non-rebated and other households excluded, see table 16A.28. ^b Data for 2004-05 are not directly comparable to the previous years' data and any direct comparison of 2004-05 data with previous years should be done with caution. For details of these changes see footnotes in table 16A.4.

^c Data are not comparable across all jurisdictions due to each using different methodology. For this reason data should not be directly compared across jurisdictions. For details of non-comparability see footnotes in table 16A.4. ^d Data for WA are based on different methodology from that used for their previous years' data and a direct comparison of 2004-05 data with previous years for WA cannot be made. For details of these changes see WA footnotes in table 16A.4.

Source: AIHW (various years); CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.4; 2006 Report, p. 16.68, table 16.19.

The proportion of households paying less than market rent and special needs households paying market rent, as a proportion of all households (new and existing) at 30 June 2005 is presented in figure 16.4.

Figure 16.4 **SOMIH — households paying less than market rent and special needs households paying market rent as a proportion of all households (new and existing)^{a, b, c, d}**

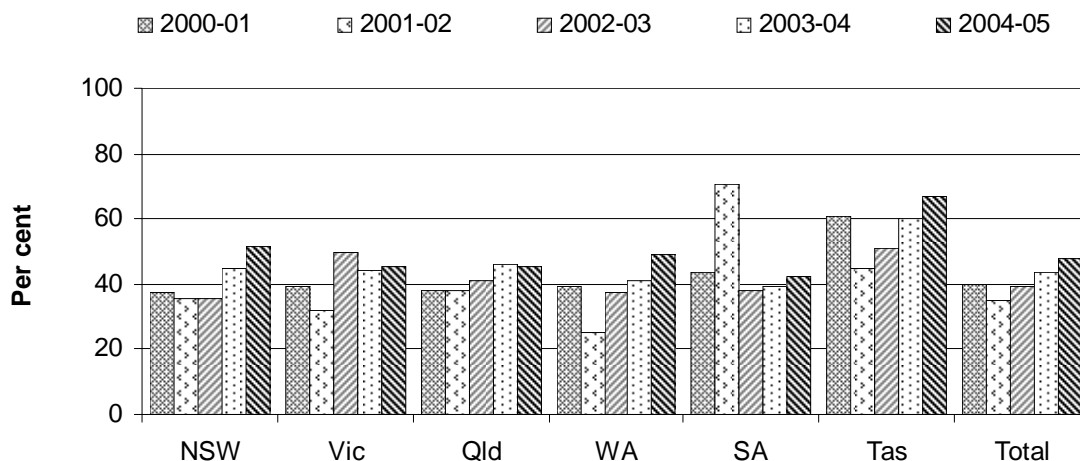


^a At 30 June. ^b Data for NSW and SA for 2004-05 are not directly comparable to the previous years' data and any direct comparison of 2004-05 data with previous years for NSW and SA should be done with caution. For details of these changes see NSW and SA footnote in table 16A.5. ^c Data for WA are based on different methodology from that used for their previous years' data and a direct comparison of 2004-05 data with previous years for WA cannot be made. For details of these changes see WA footnotes in table 16A.5. ^d Data for Queensland and WA for 2004-05 are not comparable with the other data presented and should not be directly compared with other jurisdictions data. For details of non-comparability see Queensland and WA footnotes in table 16A.5.

Source: AIHW (various years); CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.5; 2006 Report, p. 16.69, figure 16.23.

The proportion of new tenancies allocated to special needs households is presented in figure 16.5.

Figure 16.5 **SOMIH — new tenancies allocated to households with special needs^{a, b}**



^a Data for WA for 2004-05 are based on different methodology from that used for their previous years' data and a direct comparison of 2004-05 data with previous years for WA cannot be made. For details of these changes see WA footnotes in table 16A.6. ^b Data for Queensland and WA for 2004-05 are not comparable with the other data presented and should not be directly compared with other jurisdictions data. For details of non-comparability see Queensland and WA footnotes in table 16A.6.

Source: AIHW (various years); CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.6; 2006 Report, p. 16.70, figure 16.24.

Equity — priority access to those in greatest need

The final equity indicator reported for SOMIH is 'priority access to those in greatest need' (box 16.5).

The proportion of new allocations to those in greatest need for 2004-05 is presented in table 16.4. Differences in State housing allocation policies can influence comparability for this indicator. The relatively low level of priority allocations in NSW and Victoria were partly because Indigenous tenants in greatest need are likely to be housed under the State's general public housing programs.

Box 16.5 Priority access to those in greatest need

'Priority access to those in greatest need' is an output indicator of the CSHA's aim to provide appropriate, affordable and secure housing to assist people who are unable to access suitable housing. This indicator provides information on whether allocation processes are such that those in greatest need have first access to housing. It measures the proportion of new allocations to those in greatest need. Greatest need households are defined as low income households that at the time of allocation are homeless, in housing inappropriate to their needs, or in housing that is adversely affecting their health or placing their life and safety at risk, or that have very high rental housing costs.

Table 16.4 shows the proportion of new allocations to those in greatest need by time on the waiting list. Data are provided for tenants waiting less than three months to more than two years. These numbers are not cumulative. A high value for this indicator, particularly for short time frames, represents a high degree of access of those in greatest need without these people waiting long periods of time.

It may not be appropriate to compare the performance of public, community and SOMIH in relation to this indicator. In some jurisdictions, different priority allocation guidelines may be used to allocate targeted housing. Priority access for Indigenous people is given through mainstream housing. Further, where allocation is made at the community level, reasons for allocation may not be recorded in information management systems.

Table 16.4 **SOMIH — proportion of new allocations to those in greatest need (per cent)**

	NSW ^{a, b}	Vic	Qld ^c	WA	SA	Tas	Total
Total for year ending							
30 June 2005	10.1	20.9	7.5	26.2	83.4	na	27.5
Proportion of greatest need allocations to new allocations, by time to allocation							
<3 months	20.5	26.6	10.6	36.3	77.3	na	38.7
3–<6 months	21.7	23.1	9.5	55.3	97.3	na	47.0
6 months–<1 year	3.0	32.1	3.7	11.1	97.0	na	24.0
1–<2 years	3.9	11.5	9.8	–	93.1	na	19.0
2+ years	1.8	–	5.3	–	56.3	na	5.4

^a The 'priority access to those in greatest need' excludes households with 'very high rental costs', and hence the 'greatest need' data represent an undercount. The cost of housing at the time of allocation is not collected in NSW, as very high rental costs do not constitute a reason for 'priority' housing. This is because most applicants in NSW face high private rental costs, particularly in Sydney, and if this were deemed a reason for 'priority' housing nearly all applicants would be classified as 'priority'. ^b For further details refer to footnotes in table 16A.7. ^c The total number of new households allocated housing for year ending 30 June 2005 excludes 7 households for which allocation time could not be determined. **na** Not available. – Nil or rounded to zero.

Source: AIHW (2005a); table 16A.7; 2006 Report, p. 16.71, table 16.20.

Efficiency — direct cost per unit

The efficiency indicator identified for SOMIH is ‘direct cost per unit’ (outputs) (box 16.6).

Box 16.6 Direct cost per unit

‘Direct cost per unit’ has been identified as an output indicator of the CSHA guiding principle to undertake efficient and cost-effective management. It measures the cost of providing assistance per dwelling. ‘Direct cost per unit’ can be defined as the total administration costs and the costs of maintaining the operation of dwellings. Two related measures have also been identified:

- gross cost per unit — gross cost to government (administration and operating costs plus capital costs)
- net cost per unit — net cost to government (cost excluding rents received from tenants).

Due to a high level of capital expenditure in housing, gross and net cost per unit are predominantly driven by the user cost of capital (box 16.7). Caution must therefore be used when interpreting the indicator because the user cost of capital and service delivery models differ across the jurisdictions. The cost per dwelling indicators also do not provide any information on the quality of service provided (for example, the standard of dwellings).

Box 16.7 The user cost of capital

The ‘user cost of capital’ for government services is the cost of having funds tied up in the capital used to deliver services (for example, houses and land in public housing). It makes explicit the opportunity cost of using the funds to deliver services rather than investing them elsewhere or using them to retire debt. It is calculated by applying a jurisdictional cost of capital rate to the value of government assets (see chapter 2, 2006 Report for details of the determination of a cost of capital rate). The costs of capital for land and other assets are shown separately, to allow users to consider any differences in land values across jurisdictions when assessing the results. Land values make up a large part of the user cost of capital and are largely beyond the control of jurisdictions.

When comparing costs of government services, it is important to account for the user cost of capital because it is often:

- a significant component of the cost of services
- treated inconsistently (that is, included in the costs of services delivered by many non-government service providers, but effectively costed at zero for most budget sector agencies).

(Continued on next page)

Box 16.7 (Continued)

The Steering Committee accepts that asset valuation data are imperfect. It also recognises that non-recognition of the cost of capital used by departments to deliver services can result in a significant underestimation of costs for those services for which government capital is a major input. While the measurement of capital costs in this Report is not perfect, using an imputed costing is preferable to not costing government capital at all.

The costs incurred by jurisdictions in providing SOMIH include:

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

Payroll tax has been excluded from gross cost per output unit calculations for SOMIH. Further, depreciation costs and the user cost of capital (capital costs) are not available for reporting on SOMIH. The cost per dwelling shown in figure 16.6 represents gross recurrent expenditure (that is, administration and operating costs) per dwelling. Rent received from tenants has not been deducted. In 2004-05, the gross cost per Indigenous dwelling (excluding capital costs and payroll tax) was \$5423, nationally (figure 16.6).

The gross cost per dwelling is presented in figure 16.6. A low cost per dwelling can indicate greater efficiency. Caution must be used, however, when interpreting indicators in this way because the cost per dwelling indicator does not provide any information on the quality of service provided (for example, the standard of dwellings). Caution must also be used when interpreting this indicator because service delivery models differ across jurisdictions.

Only gross cost per output unit is reported for SOMIH in this Report. The Steering Committee has identified direct cost per unit and net cost per output unit for development and reporting in future.

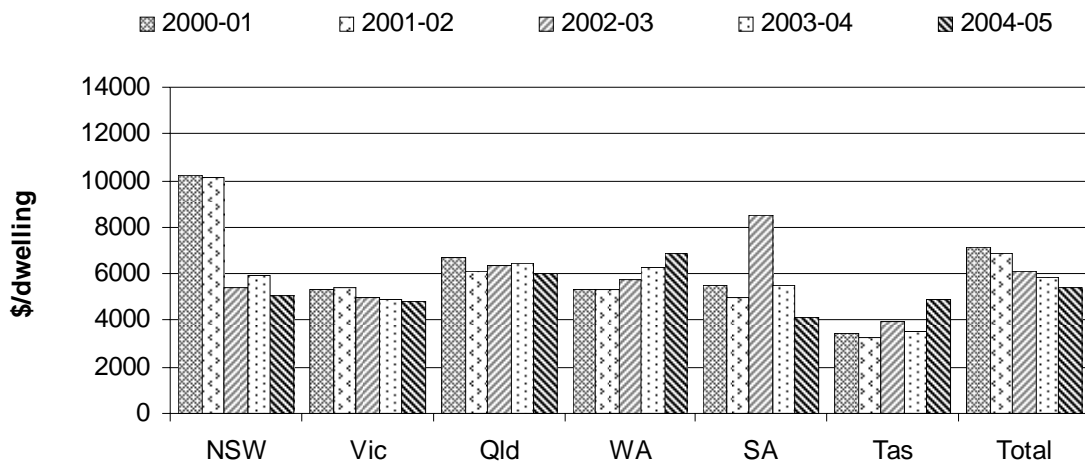
As with other indicators, it is not appropriate to compare the gross cost per SOMIH dwelling with the gross cost per dwelling for public housing (which would be the public housing equivalent of this indicator) because there is greater scope for

economies of scale in administration costs with public housing, which is a much larger program overall.

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

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

Figure 16.6 **SOMIH — gross cost per dwelling, excluding capital costs (2004-05 dollars)^{a, b, c, d, e, f, g}**



^a For further details refer to footnotes in table 16A.8. ^b The total direct costs for year ending 30 June 2005 is not calculated via the data repository. Figures supplied by jurisdictions. ^c The total number of dwellings at 30 June 2005 result is reported. ^d In NSW, costs have decreased since last year due to the completion of several upgrading programs in 2003-04. ^e For Victoria, the property data for this collection are unreconciled and may not match published jurisdictional annual data. ^f Data for WA includes the costs for those dwellings (around 160 dwellings leased to other organisations) that are excluded in the total number of dwellings. ^g For WA, the total number of dwellings at 30 June 2005 data are derived through the repository process are unreconciled with jurisdictional data and may not match published jurisdictional annual data.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.8; 2006 Report, p. 16.74, figure 16.25.

Efficiency — occupancy rate

The second efficiency indicator reported for SOMIH is the ‘occupancy rate’ (box 16.8).

Box 16.8 Occupancy rate

The ‘occupancy rate’ is an output indicator of the efficiency of housing utilisation. It is the proportion of dwellings occupied. The term ‘occupied dwelling’ refers to dwellings occupied by tenants who have a tenancy agreement with the relevant housing authority. Occupancy is influenced by both turnover and housing supply and demand.

The proportion of SOMIH stock (including untenable dwellings) occupied at 30 June 2005 is presented in table 16.5.

Table 16.5 SOMIH — occupancy rates

	<i>NSW</i>	<i>Vic^a</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>Total</i>
2000-01	98.0	95.4	94.0	96.0	94.3	93.1	95.8
2001-02	97.9	96.6	94.6	95.2	91.2	92.7	95.4
2002-03	97.6	96.1	94.2	94.4	91.8	95.8	95.2
2003-04	98.0	96.7	96.8	94.1	92.2	98.2	96.0
2004-05	97.4	95.8	96.1	94.2	91.8	97.7	95.5

^a Property data for this collection are unreconciled and may not match published jurisdictional annual data.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.9; 2006 Report, p. 16.75, table 16.21.

Efficiency — turnaround time

The third efficiency indicator reported for SOMIH is ‘turnaround time’ (box 16.9).

Box 16.9 Turnaround time

‘Turnaround time’ is an output indicator of the time taken to reallocate vacant properties after they have been vacated, acquired or newly constructed. The indicator measures the average time taken in days for vacant dwellings to be occupied. The length of time taken to rent untenanted dwellings affects allocations of housing, waiting times, the length of waiting lists and rent foregone. A low turnaround time suggests efficient housing allocation and asset management. All jurisdictions aim to minimise turnaround times.

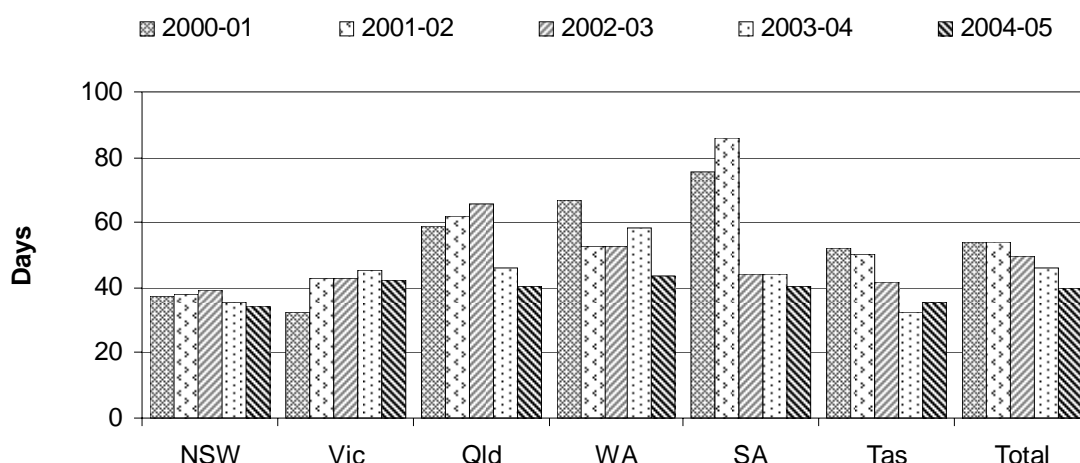
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Box 16.9 (Continued)

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). The higher proportion of dwellings in rural and remote areas may also contribute to delays in completing administrative tasks and maintenance before dwellings can be re-tenanted.

The average number of days for vacant stock to be allocated in 2004-05 is presented in figure 16.7.

Figure 16.7 SOMIH — average turnaround time^{a, b}



^a Data for WA for 2004-05 are based on different methodology from that used for their previous years' data and a direct comparison of 2004-05 data with previous years for WA cannot be made. For details of these changes see WA footnotes in table 16A.10. ^b Data are not comparable across all jurisdictions due to each using different methodology. For this reason the data presented should be interpreted with caution. For details of these variations see footnotes in table 16A.10.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.10; 2006 Report, p. 16.76, figure 16.26.

Efficiency — rent collected

The final efficiency indicator reported for SOMIH is 'rent collected' (box 16.10).

Box 16.10 Rent collected

'Rent collected' is an output indicator of the CSHA's guiding principle to undertake efficient and cost-effective management. It is the total rent collected as a proportion of the rent charged. A high proportion suggests efficiency in collecting rent. All jurisdictions aim to maximise the rent collected as a proportion of the rent charged.

Differences in recognition policies, write-off practices, the treatment of disputed amounts, and the treatment of payment arrangements may affect the comparability of this indicator's reported results. Payment arrangements for rent in some jurisdictions mean that rent collected over a 12 month period may be higher than rent charged over that period.

Rent collected as a proportion of the rent charged in 2004-05 is presented in table 16.6.

Table 16.6 **SOMIH — total rent collected as a proportion of total rent charged (per cent)^{a, b}**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>Total</i>
2000-01	99.3	99.5	99.1	101.1	95.0	94.8	98.8
2001-02	99.9	98.8	97.3	103.0	92.6	99.1	98.5
2002-03	102.3	98.1	97.2	101.9	107.9	98.8	101.4
2003-04	104.1	99.8	101.3	103.1	97.0	102.2	101.8
2004-05	97.7	100.6	100.4	103.9	93.8	99.6	99.2

^a The total rent collected from and charged to tenants for year ending 30 June 2005, and the total rent actually collected as a percentage of total rent charged are not calculated via the data repository. Figures supplied by jurisdictions. ^b Payment arrangements for rent in some jurisdictions mean that rent collected over a 12 month period may be higher than rent charged over that period.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.11; 2006 Report, p. 16.77, table 16.22.

Outcomes

Location/amenity

'Location/amenity' is an outcome indicator (box 16.11).

Box 16.11 Location/amenity

'Location/amenity' is an outcome indicator of the CSHA's aim to provide housing assistance that is appropriate to the needs of different households. The location/amenity indicator is a survey-based measure of the proportion of tenants rating location and amenity aspects as important and as meeting their needs.

During 2004-05, all states participated in the first National Housing Survey of SOMIH. As for the National Social Housing Survey undertaken bi-annually for Public and Community Housing, the survey seeks to determine tenants' level of satisfaction with various parameters of service and gauge housing outcomes. Further, the survey informs reporting of two indicators developed as part of the CSHA performance indicator framework: location/amenity and customer satisfaction (AIHW 2005g).

SOMIH tenants were asked whether particular aspects of the location and amenity of their dwellings were important to them and, if so, whether they felt their needs were met. The methodology for the survey was face to face interviews with a clustered sample of tenants. This Report includes national weighted survey results. State results will be available from the National Social Housing Survey reports which will be available on the AIHW website in early 2006 (AIHW 2005g).

Survey results indicate that for those tenants for whom location was important 87 per cent felt that their needs were met and of those tenants for whom amenity was important 74 per cent felt that their needs were met (table 16A.12). Caution should be taken when comparing the SOMIH survey results with the public housing survey results, due to the different demographic profile of Indigenous clients, which may affect results (AIHW 2005g).

Customer satisfaction

'Customer satisfaction' is an outcome indicator (box 16.12).

Box 16.12 Customer satisfaction

'Customer satisfaction' is an outcome indicator because one aim of the CSHA is to provide housing assistance that is appropriate for different households. Customer satisfaction is a survey measure of satisfaction with the overall service provided by the State housing authority. Results are expressed in percentage terms.

Results are taken from the 2005 National Social Housing Survey of SOMIH. Survey data indicate that, of 897 respondents, 63 per cent were either satisfied or very satisfied with the overall service provided by their State housing authority (AIHW 2005g).

Affordability

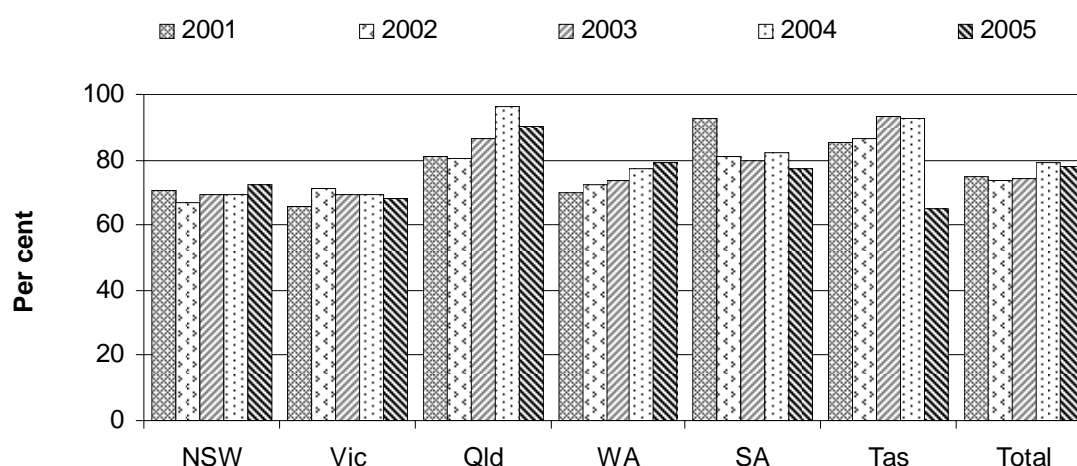
‘Affordability’ is an outcome indicator (box 16.13).

Box 16.13 Affordability

‘Affordability’ is an outcome indicator of the CSHA’s aim to provide affordable housing to assist people who are unable to access suitable housing. It measures the rent charged to tenants as a proportion of the market rent for each dwelling, adjusted for CRA. A low proportion indicates a high level of subsidy from the State or Territory housing authority over and above CRA. This largely reflects the differing levels of market rent across jurisdictions.

Rent charged at 30 June 2005 as a proportion of the market rent for each dwelling (adjusted for CRA) is presented in figure 16.8. Information on the amount of income paid in rent by SOMIH tenants as a proportion of income, can be found in table 16A.26.

Figure 16.8 SOMIH — rent charged as a proportion of market rent, adjusted for CRA^{a, b, c}



^a At 30 June. ^b For details of mixed composition, non-rebated and other households excluded, see table 16A.28. ^c Data for NSW and SA for 2004-05 are not directly comparable to the previous years’ data and any direct comparison of 2004-05 data with previous years for NSW and SA should be done with caution. For details of these changes see NSW and SA footnotes in table 16A.13.

Source: AIHW (various years), CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.13; 2006 Report, p. 16.79, figure 16.27.

Match of dwelling to household size

‘Match of dwelling to household size’ is an outcome indicator (box 16.14).

Box 16.14 Match of dwelling to household size

‘Match of dwelling to household size’ is an outcome indicator of the CSHA’s aim to provide housing assistance that is appropriate to the needs of different households, such as household size. It measures the proportion of households where allocated dwelling size is not appropriate due to overcrowding. The indicator uses a proxy occupancy standard based on the size of the dwelling and household structure (see table below). Overcrowding is deemed to have occurred where two or more additional bedrooms are required to satisfy the proxy occupancy standard.

Proxy occupancy standard for appropriate sized dwelling, by household structure

<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

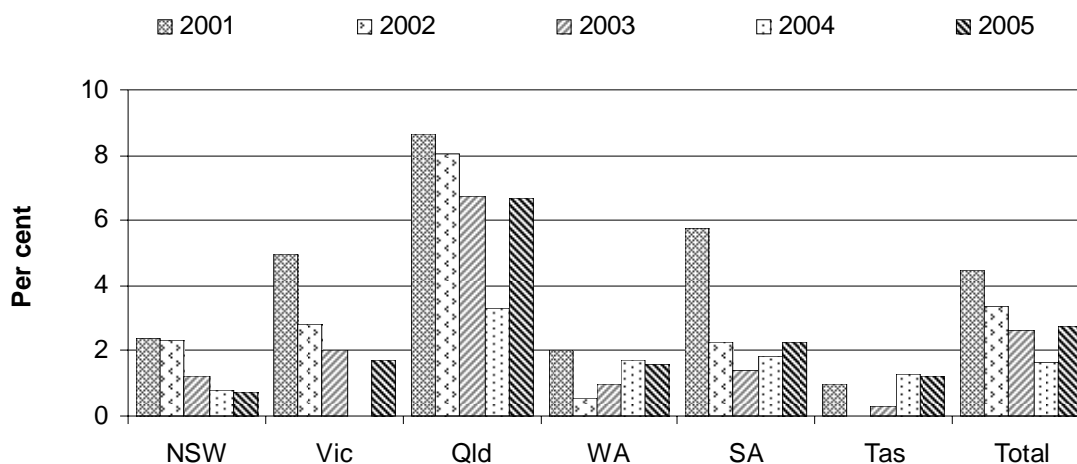
Source: AIHW (2003g).

A low proportion indicates a low proportion of overcrowded households.

The proxy occupancy standard above may differ from the specific criteria used by State housing authorities to match households to dwelling types, affecting interpretation of this indicator.

The proportion of households with overcrowding is illustrated in figure 16.9. More information on overcrowding and underuse for SOMIH can be found in table 16A.27.

Figure 16.9 SOMIH — proportion of households with overcrowding^{a, b, c, d, e}



^a At 30 June. ^b For details of mixed composition, non-rebated and other households excluded, see table 16A.28. ^c Data for Victoria and Queensland for 2004-05 are based on different methodology from that used for their previous years' data and a direct comparison of 2004-05 data with previous years for Victoria and Queensland cannot be made. For details of these changes see Victoria and Queensland footnotes in table 16A.14. ^d Data for NSW and SA for 2004-05 are not directly comparable to the previous years' data and any direct comparison of 2004-05 data with previous years for NSW and SA should be done with caution. For details of these changes see NSW and SA footnote in table 16A.14. ^e Data for Victoria and Queensland for 2004-05 are not comparable with the other data presented and should not be directly compared with other jurisdictions' data. For details of non-comparability see Victoria and Queensland footnotes in table 16A.14.

Source: AIHW (various years) CSHA National Data Reports: Aboriginal Rental Housing Program; table 16A.14; 2006 Report, p. 16.81, figure 16.28.

Commonwealth Rent Assistance

Data for CRA recipients are only for individuals and families paid CRA by Centerlink under the *Social Security Act 1991* or family assistance law. It includes amounts paid under the Social Security Act with payments now administered by the Department of Employment and Workplace Relations (DEWR) and DEST. It does not include equivalent payments made by the Department of Veterans Affairs, or payments made with Abstudy on behalf of DEST.

Important eligibility requirements for CRA (which is paid automatically once eligibility has been established) are (1) the receipt of an income support payment or more than the base rate of the Family Tax Benefit Part A, and (2) liability to pay rent.

Outputs

Access to CRA — income unit type

The first access indicator is ‘income unit type’ (box 16.15).

Box 16.15 Income unit type

Access to CRA by ‘income unit type’ is an output indicator of the objective of CRA to provide financial assistance in an equitable manner. This indicator measures the number and proportion of eligible income support recipients receiving CRA by income unit type. The level of access experienced by different income unit types is influenced by a number of factors, including (but not restricted to) the size of their respective base populations and the levels of home ownership. CRA is a demand driven payment that has no benchmark in terms of the mix of customers. This indicator provides descriptive information only.

There were 941 120 income units receiving CRA at 4 March 2005. Of these, 27 927 (approximately 3.0 per cent) self-identified as Indigenous. Single people with no children represented approximately 52.3 per cent of income units receiving CRA and 39.2 per cent of Indigenous income units receiving CRA (table 16.7). The figures for the total number and proportion of income units by the income unit type disaggregated at the jurisdiction level are presented in tables 16A.20–16A.21.

Table 16.7 Income units receiving CRA, by income unit type, 2005^{a, b, c}

<i>Type of income unit^d</i>	<i>Income units</i>	<i>Proportion of CRA recipients</i>		
		<i>no.</i>	<i>%</i>	<i>Indigenous income units</i>
				<i>Proportion of Indigenous CRA recipients</i>
	<i>no.</i>	<i>%</i>	<i>no.</i>	<i>%</i>
Single, no dependent children	363 089	38.6	8 242	29.4
Single, no children, sharer ^e	129 300	13.7	2 761	9.8
Single, one or two dependent children	193 414	20.6	7 596	27.1
Single, three or more dependent children	33 476	3.6	2 207	7.9
Partnered, no dependent children	78 477	8.3	1 537	5.5
Partnered, one or two dependent children	100 619	10.7	3 518	12.6
Partnered, three or more dependent children	40 043	4.3	2 066	7.4
Partnered, illness or temporarily separated, no dependant children	2 524	0.3	na	0.3
Partnered, temporarily separated, no children	178	—	na	—
Unknown income unit	na	na	na	na
Total	941 120	100.0	27 927	100.0

^a At 4 March. ^b Includes only income units entitled to a daily rate of CRA under the *Social Security Act 1991* or with Family Tax Benefit in respect of 4 March 2005. ^c Income units are classified as Indigenous if recipient or partner have voluntarily self-identified as being of Aboriginal, Torres Strait Islander or South Sea Islander descent. ^d Income units are analogous to family units except that non-dependent children and other adults are treated as separate income units (see section 16.6, 2006 Report for more detail). A child is regarded as dependent on an adult only if the adult receives the Family Tax Benefit for the care of the child. ^e The maximum rate of assistance is lower for some single persons without dependent children who share accommodation (see the definition of 'sharer' in section 16.6, 2006 Report). **na** Not available. — Nil or rounded to zero.

Source: FaCS (unpublished); table 16A.19; 2006 Report, p. 16.83, table 16.23.

Access to CRA — special needs

The second access indicator is 'special needs' (box 16.16).

Box 16.16 Special needs

'Special needs' access to CRA is an output indicator of the objective of CRA to provide income support recipients and low income families with financial assistance. This indicator provides the proportions of special needs income units receiving CRA, including Indigenous income units. It provides an overview of the level of assistance provided to disadvantaged groups and facilitates comparison with special needs groups in public housing. CRA is a demand driven payment that has no benchmark in terms of the level of assistance provided to special needs clients. Additional measures of special need, which include a geographic dimension, are reported under 'affordability'.

Table 16.8 illustrates the number and the proportion of income units receiving CRA at 4 March 2005 by jurisdiction, Indigenous status and geographic location.

Overall, 58.9 per cent of total income units receiving CRA at 4 March 2005 were located in capital cities, while 41.1 per cent were in the rest of the State/Territory. There were 35.4 per cent of Indigenous income units receiving CRA who were located in capital cities and 64.6 per cent of income units receiving CRA who lived in the rest of the State/Territory. For non-Indigenous income units receiving CRA, 59.6 per cent were located in capital cities, while 40.4 per cent lived in the rest of the State/Territory (table 16.8).

People who own their own home are not entitled to CRA. Indigenous people receiving social security benefits are less likely to own their own home, and therefore are more likely to receive CRA. Nationally, 6 per cent of Indigenous income units are home owners receiving social security benefits, while 44 per cent of non-Indigenous income units are home owners receiving social security benefits (FaCS unpublished).

Table 16.8 Income units receiving CRA, by Indigenous status and geographic location, 2005^{a, b, c, d}

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust ^b	
<i>Non-Indigenous</i>											
	Income units	no.	305 728	202 544	221 883	82 570	65 746	22 850	7 864	4 304	913 805
	In capital city	%	55.0	70.4	44.1	77.0	77.7	43.1	99.6	79.5	59.6
	In rest of State	%	45.0	29.6	55.9	23.0	22.3	56.9	0.4	20.5	40.4
	Share of all recipients	%	96.9	99.1	95.7	97.0	98.1	96.3	98.7	79.9	97.1
	Non-Indigenous population, as a proportion of total population	%	99.9	100.0	99.7	99.9	99.9	99.8	..	99.5	99.9
<i>Indigenous</i>											
	Income units	no.	9 686	1 765	9 937	2 552	1 294	876	105	1 081	27 315
	In capital city	%	28.4	48.4	28.1	55.6	62.8	35.7	100.0	57.4	35.4
	In rest of State	%	71.6	51.6	71.9	44.4	37.2	64.3	..	42.6	64.6
	Share of all recipients	%	3.1	0.9	4.3	3.0	1.9	3.7	1.3	20.1	2.9
	Indigenous population, as a proportion of total population	%	0.1	–	0.3	0.1	0.1	0.2	..	0.5	0.1
	Total income units	no.	315 414	204 309	231 820	85 122	67 040	23 726	7 969	5 385	941 120

^a At 4 March. ^b Rest of State includes unidentified localities, Australia includes other territories and unknown address. ^c Includes only income units entitled to a daily rate of CRA under the *Social Security Act 1991* or with Family Tax Benefit in respect of the 4 March 2005. ^d Income units are classified as Indigenous if recipient or partner have voluntarily self-identified as being of Aboriginal or Torres Strait Islander descent. – Nil or rounded to zero. ... Not applicable.

Source: FaCS (unpublished); table 16A.22; 2006 Report, p. 16.85, table 16.24.

Outcomes

Affordability

‘Affordability’ is an outcome indicator reported for CRA (box 16.17).

Information on the proportion of income spent on rent (with and without CRA) by Australians living in State capital cities and rest of State regions, income units where one or more members self-identify as Indigenous Australians in table 16A.23.

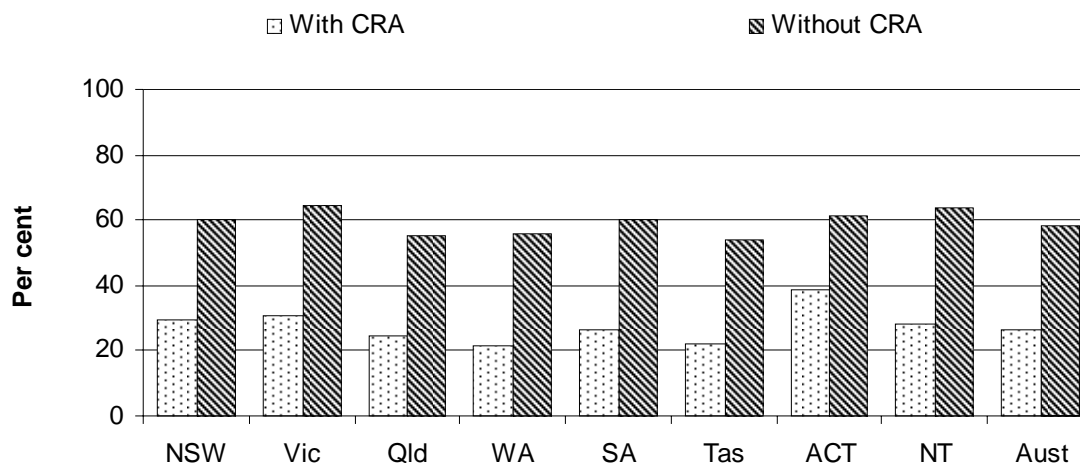
Box 16.17 Affordability

‘Affordability’ is an outcome indicator of the CRA objective to provide income support recipients and low income families in the private rental market with financial assistance. CRA is intended to improve affordability not to achieve a particular benchmark. Program performance is best judged by trends over a number of years. This indicator measures the proportions of income units spending more than 30 per cent and 50 per cent of their income on rent with and without CRA since June 2000, and the latest information about those spending over 50 per cent of their income on rent. A low proportion implies high affordability for recipients spending both 30 per cent and 50 per cent of income on rent with and without CRA.

Affordability outcomes (with and without CRA) have been provided for all income units receiving CRA, Indigenous income units receiving CRA, and Disability Support Pension income units receiving CRA.

Nationally, if CRA were not payable, then 58.2 per cent of those Indigenous income units receiving CRA would have spent more than 30 per cent of income on rent at 4 March 2005. Accounting for CRA payments (thereby reducing the rent paid by the amount of the assistance), the national proportion of Indigenous income units who spent more than 30 per cent of income on rent at 4 March 2005 decreases to 26.5 per cent (figure 16.10). Similarly, if CRA were not payable, then 21.2 per cent of Indigenous income units across Australia would have spent more than 50 per cent of income on rent at 4 March 2005. Accounting for CRA payments this proportion decreases to 5.9 per cent (table 16A.24).

Figure 16.10 Indigenous income units receiving CRA paying more than 30 per cent of income on rent, with and without CRA, 2005^{a, b, c, d}



^a At 4 March. ^b Income units classified as Indigenous if either partner self-identifies as an Aboriginal or Torres Strait Islander. ^c Includes only income units paid CRA under the *Social Security Act 1991* or with Family Tax Benefit in the proceeding fortnight who were still entitled to assistance at the end of that fortnight. Excludes a small number of income units paid where income details are incomplete. ^d See section 16.6, 2006 Report, for explanation of how proportion of income spent on rent is calculated.

Source: FaCS (unpublished); table 16A.23; 2006 Report, p. 16.91; figure 16.31.

Future directions

Improved reporting on housing provision to Indigenous Australians continues to be a priority, with work to be done by the National Housing Data Agreement Management Group, the National Indigenous Housing Information Implementation Committee and the National Housing Data Development Committee over the next year to improve the availability of data on Indigenous Australians accessing public and community housing.

Supporting tables

Supporting tables for data within this chapter are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 16A.3 is table 3 in the housing attachment). The tables included in the attachment are listed below.

Public housing

Table 16A.1 Descriptive data

Community housing

Table 16A.2 Descriptive data

SOMIH

Table 16A.3 Descriptive data

Table 16A.4 Low income and special needs households as a proportion of all new households (per cent)

Table 16A.5 Households paying less than market rent and special needs households paying market rent, as a proportion of all households (per cent)

Table 16A.6 Proportion of new tenancies allocated to households with special needs (per cent)

Table 16A.7 Proportion of new allocations to those in greatest need (per cent)

Table 16A.8 Gross cost per dwelling, excluding capital costs (2004-05 dollars)

Table 16A.9 State owned and managed Indigenous housing stock occupancy rates (per cent)

Table 16A.10 Average turnaround times for vacant stock (days)

Table 16A.11 Total rent collected as a proportion of total rent charged (per cent)

Table 16A.12 State owned and managed Indigenous housing satisfaction survey, 2005

Table 16A.13 Rent charged as a proportion of market rent, adjusted for CRA (per cent)

Table 16A.14 Proportion of households where dwelling size is not appropriate due to overcrowding (per cent)

Table 16A.15 Permanent Indigenous community housing dwellings, 30 June 2004

Table 16A.16 Occupied permanent Indigenous community housing dwellings, Australia, 30 June 2004

Table 16A.17 Condition of permanent Indigenous community housing dwellings, 2001 (per cent)

Table 16A.18 Average annual maintenance expenditure and weekly rent received per permanent dwelling, Indigenous community housing, 2001 (dollars)

CRA

Table 16A.19 CRA by income unit, 2005 (per cent)

Table 16A.20 Number of Indigenous income units receiving CRA, 2005 (no.)

Table 16A.21 Proportion of Indigenous CRA recipients, 2005 (per cent)

Table 16A.22 Income units receiving CRA, by Indigenous status and geographic location, 2005

Table 16A.23 Indigenous income units receiving CRA paying more than 30 per cent of income on rent, with and without CRA, 2005

Table 16A.24 Indigenous income units receiving CRA paying more than 50 per cent of income on rent, with and without CRA, 2005

Descriptive Information

Table 16A.25 Households residing in community housing, 2001 (per cent)

Table 16A.26 Rebated State owned and managed Indigenous housing households paying assessable income on rent, by proportion of income (per cent)

Table 16A.27 Proportion of households in State owned and managed Indigenous housing with moderate overcrowding or underuse, (per cent)

Table 16A.28 State owned and managed Indigenous housing, non-rebated and multiple family households excluded

References

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- ABS and AIHW (Australian Institute of Health and Welfare) 2003, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2003*, ABS Cat. no. 4704.0, Canberra.
- AIHW (Australian Institute of Health and Welfare) 2002a, *CSHA National Data Reports: Aboriginal Rental Housing Program: State and Territory Owned and Managed Indigenous Housing*, Canberra.
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- 2002b, 2003c, 2003d, 2004b, 2005b, *CSHA National Data Reports: CSHA Community Housing*, Canberra.
- 2002c, 2003e, 2003f, 2004c, 2005c, *CSHA National Data Reports: Public Rental Housing*, Canberra.
- 2003g, *National Housing Assistance Data Dictionary Version 2*, Cat. no. HOU-89, Canberra.
- 2005d, *Aboriginal Rental Housing Program Data Manual 2004-2005, National Housing Data Agreement — CSHA 2003–2008*, Canberra.
- 2005e, *Community Housing Data Manual 2004-2005, National Housing Data Agreement — CSHA 2003–2008*, Canberra.
- 2005f, *Public Rental Housing Data Manual 2004-2005, National Housing Data Agreement — CSHA 2003–2008*, Canberra.
- 2005g, *State Owned and Managed Indigenous Housing Satisfaction Survey*, Canberra.
- 2005h, *Indigenous Housing Indicators 2003–04*, Cat. no. HOU 127, Canberra.
- CSHA (Commonwealth State Housing Agreement) 1999, *Commonwealth State Housing Agreement*, Australian Government, Department of Family and Community Services, Canberra.
- 2003, *Commonwealth State Housing Agreement*, Australian Government, Department of Family and Community Services, Canberra.
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Morel, P. and Ross, H. 1993, *Housing Design Assessment for Bush Communities*,
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A Statistical appendix

This appendix contains contextual information to assist the interpretation of the performance indicators presented in the Report.

Most of the service areas covered by the *Report on Government Services 2006* (2006 Report) use population data from tables A.1 and A.2 for descriptive information (such as expenditure per person in the population) or performance indicators (such as participation rates for vocational education and training [VET]).

Indigenous data in the statistical appendix

The statistical appendix in the 2006 Report contains the following data items on Indigenous people:

- population profile, 30 June 2001
- proportion with weekly income of \$199 or less, August 2001
- proportion who had completed year 12 or equivalent, August 2001
- proportion who had attended higher education, August 2001.

Supporting tables

Supporting tables for data within the statistical appendix of this compendium are contained in attachment A of the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table A.3 is table 3 in the statistical appendix attachment). As the data are directly sourced from the 2006 Report, the compendium also notes where the original table, figure or text in the 2006 Report can be found. For example, where the compendium refers to '2006 Report, p. A.15' this is page 15 of the statistical appendix of the 2006 Report, and '2006 Report, table A.2' is attachment table 2 of the statistical appendix attachment of the 2006 Report.

Population

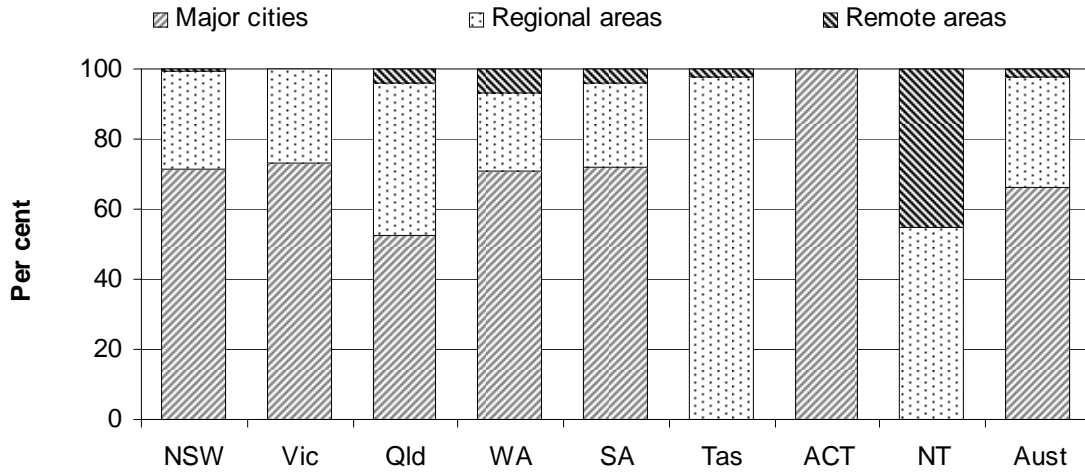
More than three quarters of Australia's 20.1 million people lived in the eastern states as at 30 June 2004, with NSW, Victoria and Queensland accounting for 33.5 per cent, 24.7 per cent and 19.3 per cent respectively of the nation's population. Western Australia and SA accounted for a further 9.9 per cent and 7.6 per cent respectively of the population, while Tasmania, the ACT and the NT accounted for the remaining 2.4 per cent, 1.6 per cent and 1.0 per cent respectively (table A.1).

The Australian population is highly urbanised, with 66.3 per cent of the population located in major cities as at 30 June 2004 (figure A.1). Across jurisdictions, this proportion ranged from 99.8 per cent in the ACT to 52.7 per cent in Queensland (table A.5). Tasmania and the NT by definition have no major cities. In Tasmania, 97.7 per cent of the population lived in regional areas. Australia-wide, 2.5 per cent of people lived in remote areas. The NT was markedly above this average, with 45.2 per cent of people living in remote areas.

As in most other developed economies, greater life expectancy and declining fertility have contributed to an 'ageing' of Australia's population. The experiences of Indigenous Australians, however, are markedly different (figure A.2). At 30 June 2004, 9.2 per cent of Australia's population was aged 70 years or over, in contrast to 1.6 per cent of Australia's Indigenous population at 30 June 2001 (table A.6). Across jurisdictions, the proportion of people aged 70 years or over ranged from 11.0 per cent in SA to 2.6 per cent in the NT (table A.1).

The most and least common languages other than English spoken in people's homes varied across jurisdictions in August 2001. The most extreme variation was in the NT, where 15.4 per cent of people spoke an Australian Indigenous language (67.6 per cent of the total persons who spoke a language other than English in their homes) (table A.3).

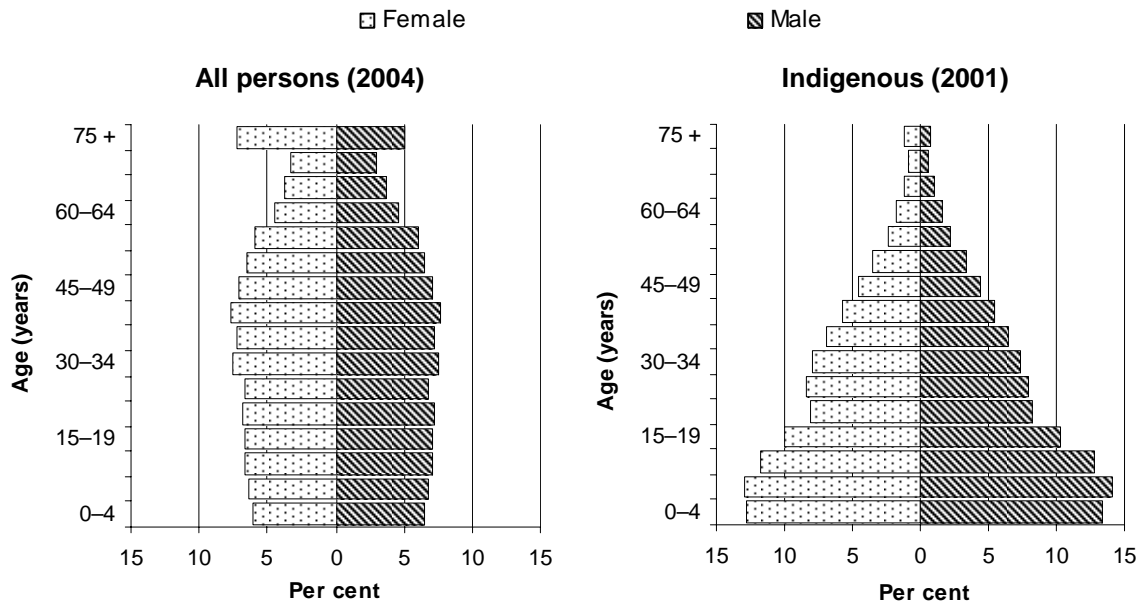
Figure A.1 **Estimated residential population, by geographic location, June 2004^{a, b, c}**



^a Preliminary data. ^b Geographic location is based on the Remoteness Structure outlined in the 2001 Australian Standard Geographic Classification (ASGC). ^c 'Australia' includes other territories.

Source: ABS Australian Demographic Statistics (unpublished); table A.5; 2006 Report, p. A.6, figure A.4.

Figure A.2 **Population distribution, Australia, by age and sex, 30 June^{a, b}**



^a Totals may not add as a result of rounding. ^b Includes other territories.

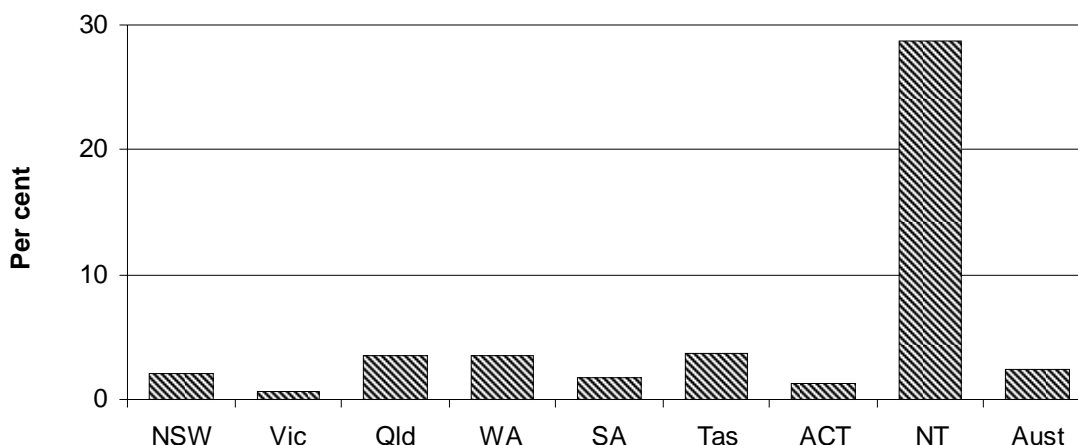
Source: ABS (2001); ABS Australian Demographic Statistics (unpublished); tables A.1 and A.6; 2006 Report, p. A.3, figure A.1.

Indigenous population profile

There were 458 520 (230 994 female and 227 526 male) Indigenous people in Australia at 30 June 2001, accounting for approximately 2.4 per cent of the population (tables A.2 and A.6). The proportion of people who were Indigenous was significantly higher in the NT (28.8 per cent) than in any other jurisdiction. Across the other jurisdictions, the proportion ranged from 3.7 per cent in Tasmania to 0.6 per cent in Victoria (figure A.3). Nationally, the Indigenous population is projected to grow to 528 645 people in 2009 (table A.7).

The majority of Indigenous people (79.8 per cent) at August 2001 spoke only English at home, while 12.1 per cent spoke an Indigenous language and English, and 2.5 per cent spoke another language. At that time, 5.6 per cent did not state any specific language (table A.8).

Figure A.3 **Indigenous people as a proportion of the population, 30 June 2001^a**



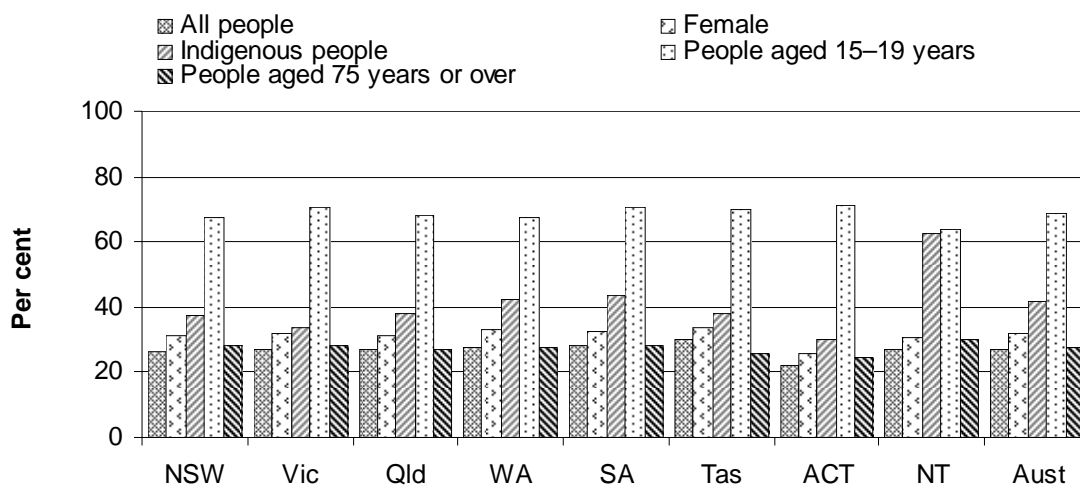
^a 'Australia' includes other territories.

Source: ABS (2001); ABS Australian Demographic Statistics (unpublished); tables A.2 and A.6; 2006 Report, p. A.7, figure A.5.

Income

Nationally, 27.1 per cent of people aged 15 years or over in August 2001 had a weekly individual income of \$199 or less (table A.10). The proportion was considerably higher for younger people (68.8 per cent for people aged 15–19 years), Indigenous people (41.6 per cent), females (31.8 per cent) and older people (27.7 per cent for people aged 75 years or over) (figure A.4).

Figure A.4 **Weekly individual income of \$199 or less, by sex, Indigenous status and age, August 2001^a**



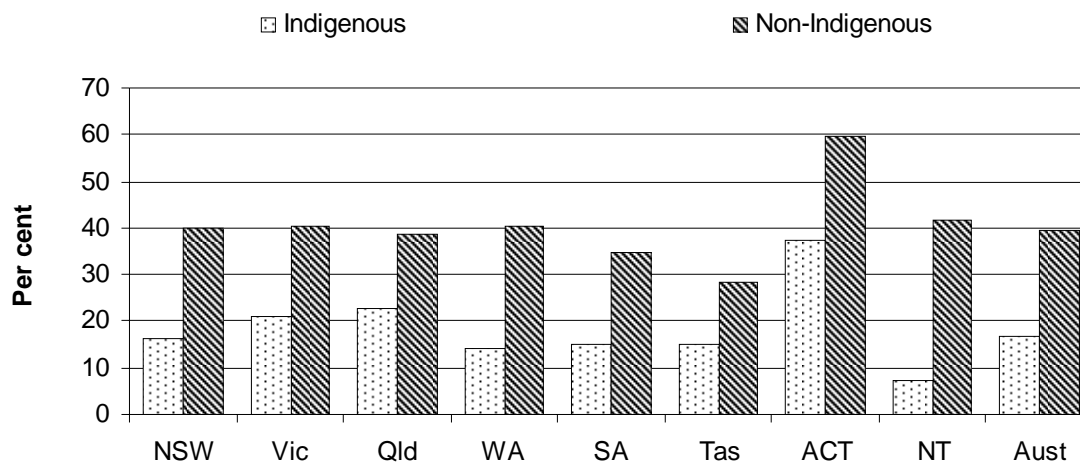
^a 'Australia' includes other territories.

Source: ABS (2002a); ABS (2002b); tables A.10–A.12; 2006 Report, p. A.10, figure A.8.

Educational attainment

Employment outcomes and income are closely linked to the education and skill levels of individuals. The proportion of non-Indigenous people aged 15 years or over who had completed year 12 or equivalent schooling was considerably higher than the proportion of Indigenous people (39.5 per cent and 16.8 per cent respectively) in August 2001. Across jurisdictions, the proportion of Indigenous people aged 15 years or over who had completed year 12 or equivalent schooling ranged from 36.4 per cent in the ACT to 7.1 per cent in the NT. The proportion of non-Indigenous people was highest in the ACT (59.8 per cent) and lowest in Tasmania (28.4 per cent) (figure A.5).

Figure A.5 People aged 15 years or over who had completed year 12 or equivalent, by Indigenous status, August 2001^{a, b}

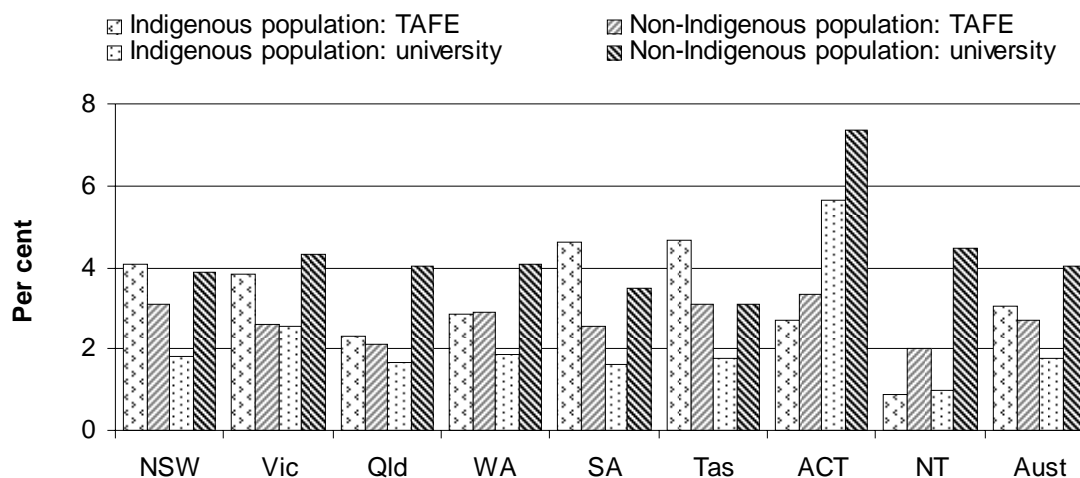


^a Refers to primary and secondary schooling. ^b 'Australia' includes other territories.

Source: ABS (2002b); table A.13; 2006 Report, p. A.12, figure A.11.

The proportion of the Indigenous population who were attending TAFE in August 2001 was greater than the proportion of the non-Indigenous population in all jurisdictions except WA, the ACT and the NT. Conversely, the proportion of the Indigenous population attending university was less than that of the non-Indigenous population in all jurisdictions (figure A.6).

Figure A.6 Proportion of population attending higher education, by Indigenous status, August 2001^{a, b}



^a 'Australia' includes other territories. ^b 'University' includes other tertiary institutions.

Source: ABS (2002b); table A.14; 2006 Report, p. A.13, figure A.13.

Supporting tables

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

Population

Table A.1 Estimated resident population by age and sex, 30 June 2004 ('000)

Table A.2 Estimated resident population by calendar and financial year

Table A.3 Persons by country of birth, August 2001 ('000)

Table A.4 Persons by language spoken at home, August 2001 ('000)

Table A.5 Estimated resident population by geographic location, 30 June 2004

Table A.6 Preliminary estimated resident Indigenous population by age and sex, 30 June 2001 ('000)

Table A.7 Experimental projection of the Indigenous population, 2000 to 2009 (number)

Table A.8 Language spoken at home by Indigenous people and proficiency in spoken English, by sex, August 2001 (number)

Family and household

Table A.9 Families and persons in families in occupied private dwellings by Indigenous status and family type, August 2001

Income and employment

Table A.10 Persons aged 15 years and over, by weekly individual income and sex, August 2001

Table A.11 Persons aged 15 years and over by weekly individual income and Indigenous status, August 2001

Table A.12 Persons aged 15 years and over, by weekly individual income and age, August 2001

Table A.13 People aged 15 years or over, by highest level of schooling completed and Indigenous status, August 2001 ('000)

Table A.14 Type of educational institution attending by Indigenous status, August 2001 ('000)

References

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