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Suggestions:

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

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This Report is in two volumes: *Volume 1* contains Part A (introduction), Part B (Education), Part C (Health) and Part D (Justice); *Volume 2* contains Part E (Emergency Management), Part F (Community Services), Part G (Housing), Appendix A (the descriptive statistics appendix) and the CD-ROM attachment.

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Acronyms and abbreviations

AADWA	Aboriginal Affairs Department of Western Australia
ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACCCHS	Aboriginal Community Controlled Health Services
ACHS	Australian Council on Healthcare Standards
ACIR	Australian Child Immunisation Register
ACSQHC	Australian Council for Safety and Quality in Health Care
ACT	Australian Capital Territory
AEMC	Australian Emergency Management Committee
AFAC	Australasian Fire Authorities Council
AGPS	Australian Government Publishing Service
AGPAL	Australian General Practice Accreditation Limited
AHMAC	Australian Health Ministers' Advisory Council
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
AIMS	Australian Patient Safety Foundation Australian Incident Monitoring System
AN-DRG	Australian national diagnosis related group
ANTA	Australian National Training Authority
APMC	Australian Police Ministers Council
AR-DRG	Australian revised diagnosis related group
ARHP	Aboriginal Rental Housing Program
ARIA	Accessibility and Remoteness Index for Australia
ASQHC	Australian Council for Safety and Quality in Health Care
ATSI	Aboriginal and Torres Strait Islander

ATSIC	Aboriginal and Torres Strait Islander Commission
Aust	Australia
BEACH	Bettering the Evaluation and Care of Health
CAA	Convention of Ambulance Authorities
CACP	Community Aged Care Package
CCB	Child Care Benefit
CCCCS	Commonwealth Census of Child Care Services
CD-ROM	Compact Disc Read Only Memory
COAG	Council of Australian Governments
CRA	Commonwealth Rent Assistance
CSDA	Commonwealth–State Disability Agreement
CSDA MDS	Commonwealth–State Disability Agreement Minimum Data Set
CSHA	Commonwealth–State Housing Agreement
CSI	Consumer Survey Instrument
CSMAC	Community Services Ministers’ Advisory Council (formally Standing Committee on Community Services and Income Security Administrators (SCCSISA))
DALE	Disability Adjusted Life Expectancy
DALY	Disability Adjusted Life Years
DEA	data envelopment analysis
DETYA	Department of Education, Training and Youth Affairs
DEWRSB	Department of Employment, Work Place Relations and Small Business
DFaCS	Commonwealth Department of Family and Community Services
DHAC	Department of Health and Aged Care
DHFS	Department of Health and Family Services
DHS	Department of Human Services (Victoria)
DPS	Drug Policy Subcommittee
DRG	Diagnosis related group

DVA	Department of Veterans' Affairs
EACH	Extended Aged Care at Home pilot
ESB	English speaking background
FMD	Foot and Mouth Disease
FTE	full time equivalent
FWE	full time workload equivalent
GDP	gross domestic product
GP	general practitioner
GPMoU	General Practice Memorandum of Understanding
GST	goods and services tax
HACC	Home and Community Care (program)
HACC MDS	Home and Community Care (program) Minimum Data Set
HRSCEET	House of Representatives Standing Committee on Employment, Education and Training
ICD-9-CM	international classification of diseases, 9 th revision, clinical modification
ICD-10-AM	international statistical classification of diseases and related health problems, 10 th revision, Australian modification
ICF	International Classification of Functioning, Disabilities and Health
ICIDH	International Classification of Impairments, Disabilities and Handicaps
IDDM	insulin-dependent diabetes mellitus
IESIP	Indigenous Education Strategic Initiatives Programme
IMP	Information Management Plan
LAC	local area command
LBOTE	language background other than English
LPP	Local Priority Policing
MBS	Medicare Benefits Schedule
MCEETYA	Ministerial Council on Education, Employment, Training and Youth Affairs
MDS	minimum data set

MH-CASC	Mental Health Classification and Service Costs project
NAC	National Advisory Committee to BreastScreen Australia
NBCC	National Breast Cancer Centre
NCIRS	National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases
NCJSF	National Crime and Justice Statistical Framework
NCPASS	National Child Protection and Support Services
NCSMIG	National Community Services Information Management Group
NCVER	National Centre for Vocational Education Research
NEPI	National Exchange of Police Information
NESB	non-English speaking background
NESO	non-English speaking origin
NHCDC	Commonwealth Department of Health and Aged Care, National Hospital Cost Data Collection
NHMRC	National Health and Medical Research Council
NHPC	National Health Performance Committee
NIDDM	Non-insulin-dependent diabetes mellitus
NMDS	national minimum data set
NMHS	National Mental Health Strategy
NOOSR	National Office of Overseas Skills Recognition
NPS	National Prescribing Service
NRCP	National Respite for Carers Program
NSW	New South Wales
NT	Northern Territory
OATSIH	Office of Aboriginal and Torres Strait Islander Health
OECD	Organisation for Economic Cooperation and Development
OMP	Other Medical Practitioner
PBS	Pharmaceutical Benefits Scheme
PDF	Postscript Document Format
PHOFA	Public Health Outcome Funding Agreements

PIP	Practice Incentives Program
PMRT	Performance Measurement and Reporting Taskforce
PSM	Population Survey Monitor
Qld	Queensland
RACGP	Royal Australian College of General Practitioners
RCS	Resident Classification Scheme
Review	Review of Commonwealth/State Service Provision
RFDS	Royal Flying Doctor Service
RRMA	Rural Remote Classification System
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SCRCSSP	Steering Committee for the Review of Commonwealth/State Service Provision
SDA	service delivery area
SES/TES	State Emergency Service/Territory Emergency Service
SLA	statistical local area
SMART	SAAP Management and Reporting Tool
SRCSSP	Secretariat for the Review of Commonwealth/State Service Provision
SWPE	Standardised whole patient equivalent
TAFE	technical and further education
Tas	Tasmania
ULN	upper limit of normal
VET	vocational education and training
VHC	Veterans' Home Care
Vic	Victoria
WA	Western Australia
WHO	World Health Organization
YLD	Years of life lost due to disability
YLL	Years of life lost due to premature mortality

Glossary

Descriptors	Statistics included in the Report that relate to the size of the service system, its client mix and the environment within which government services are delivered. They are provided to highlight and make more transparent the differences among jurisdictions.
Effectiveness	A reflection of how well the outputs of a service achieve the stated objectives of that service
Efficiency	A reflection of how well organisations use their resources to produce services
Unit costs	An indicator of efficiency, as used throughout this Report
Inputs	The resources (including land, labour and capital) used by a service area in providing the service
Process	The way in which a service is produced or delivered
Output	The service provided by a service area — for example, a treated case is an output of a public acute care hospital
Outcome	The impact of the service on the status of individuals or a group. A service provider can influence an outcome but external factors can also apply. A desirable outcome for a school, for example, would be to add to the ability of the students to participate in and interact with society throughout their lives. Similarly, a desirable outcome for a hospital would be to improve the health status of an individual receiving a hospital service.

Definitions of the indicators and terminology used in each chapter can be found in the relevant attachments.

11 Emergency management

Emergency management aims to reduce the level of risk to the community from the occurrence of emergencies, reduce the adverse effects of emergencies, and improve the level and perception of safety in the community. This chapter reports on some activities of State and Territory government fire and ambulance services (pre-hospital care, treatment and transport services).¹ Except for information in section 11.1 on the scope of activities, the chapter does not report on the total range of State and Territory emergency services.

A profile of emergency management appears in section 11.1, followed by a discussion of recent policy developments in section 11.2. Together, these sections provide a context for assessing the performance indicators presented later in the chapter. A framework of performance indicators is outlined in section 11.3. The data are discussed in sections 11.4 and 11.5, and future directions for performance reporting are discussed in section 11.6. Jurisdictions' comments are provided in section 11.7. Section 11.8 provides information on sample data. The chapter concludes with definitions in section 11.9.

Major changes in this year's chapter include:

- the inclusion of text boxes detailing specific programs focused on Indigenous communities;
- the provision of information on the variety of agencies involved in providing responses to a range of emergencies to improve understanding of the breadth of emergency management;
- the presentation of information on the scope and type of State and Territory Emergency Services (SES/TES) activities;
- a change to the way in which the Report refers to ambulance services to accommodate future expansion of event-type services reporting; and
- the provision of data on revenue sources for event-type services.

¹ Ambulance services are defined as pre-hospital care, treatment and transport services in this chapter.

Data have been improved by refining revenue data items (for both fire and ambulance services) to clarify the reporting of revenue received directly and indirectly by agencies. Improvements include revised definitions for:

- staff numbers, to ensure categories are mutually exclusive and it is clear to which category staff belong;
- caseload, to avoid miscounting of patient transport vehicles;
- response times, to clarify the categories; and
- cardiac arrest survival, to enable more jurisdictions to report against this item.

These changes have improved data comparability.

Supporting tables

Supporting tables for chapter 11 are provided on the CD-ROM enclosed with the Report. The files are provided in Microsoft Excel 97 format as `\Publications\Reports\2002\Attach11A.xls` and in Adobe PDF format as `\Publications\Reports\2002\Attach11A.pdf`.

Supporting tables are identified in references throughout this chapter by an 'A' suffix (for example, table 11A.3 is table 3 in the electronic files). These tables may be subject to revision. The most up-to-date versions of these files can be found on the Review web page (www.pc.gov.au/gsp). Users without Internet access can contact the Secretariat to obtain up-to-date versions of the tables (see details inside the front cover of the Report).

11.1 Profile of emergency management

The emergency management sector includes a range of service providers engaged in activities of prevention, preparedness, response and post-emergency recovery. Emergency management providers address a range of events, including fires, medical transport and emergencies, rescues, other natural events (such as floods, earthquakes, landslides, heatwaves, cyclones and other storms), technological and hazardous material incidents (such as chemical spills, harmful gas leaks, radiological contamination, explosions and spills of petroleum and petroleum products), quarantine and control of diseases and biological contaminants.

Roles and responsibilities

The management of major emergencies and disasters requires cooperation among Commonwealth, State, Territory and local governments, industry, community organisations and the community in general.

The primary role of the Commonwealth Government is to support and develop national emergency management capability by:

- coordinating the Commonwealth's material and technical assistance to States and Territories in the event of large scale emergencies (through Emergency Management Australia);
- providing financial assistance to States, Territories and authorities for flood prevention/mitigation (through the Regional Flood Mitigation Program of the Department of Transport and Regional Services) and for bearing the costs of natural disasters (through the Natural Disaster Relief Arrangements of the Department of Transport and Regional Services);
- providing information, best practice materials and training programs (through Emergency Management Australia); and
- supporting community awareness activities (through Emergency Management Australia, the Bureau of Meteorology and Geoscience Australia).

Commonwealth Government agencies also have specific emergency management responsibilities, such as: the control of exotic animal diseases; aviation and maritime search and rescue; the management of major marine pollution and meteorological and geological hazards; the provision of firefighting services at some airports and some defence installations; human quarantine; and research and development.

State and Territory governments are responsible for instituting regulatory arrangements and have the primary responsibility for delivering emergency services, including fire and ambulance services, directly to the community. Commonwealth, State and Territory governments are also jointly responsible for developing building fire safety codes, undertaking fire related research, formulating policies and providing advice on fire safety.

Local governments in most States and Territories are involved to varying degrees in emergency management. Their roles and responsibilities include:

- considering public safety in town planning and development to assist in preventing emergencies such as fires, floods and hazardous material incidents;
- improving community preparedness through local emergency and disaster plans;

-
- issuing hazard reduction notices to private land holders and clearing vegetation in high risk public areas;
 - collecting statutory levies to fund fire services;
 - allocating resources for response and recovery activities; and
 - providing financial and operational assistance to rural fire brigades and/or other voluntary emergency service units.

Fire services

State and Territory governments provide a range of emergency management activities through fire services, including prevention, preparedness, response and recovery (see section 11.3). Fire services across jurisdictions generally:

- respond to structural, bush, forest, vehicle and other fires;
- develop building fire safety codes and inspect fire safety measures;
- provide rural land management advice on the role and use of fire;
- train and educate the community about fire safety and awareness and road safety issues;
- conduct road accident rescue;
- manage chemicals and hazardous material incidents; and
- administer legislation relating to fire safety, hazardous materials facilities and hazard mitigation.

The management structure and activities of fire services differ across jurisdictions (box 11.1). Separate urban and rural fire services deliver fire services in most jurisdictions. Land management departments also typically provide rural fire services. Jurisdictions with more than one fire authority may separate services in different ways; for example, NSW separates fire services on the basis of service function and geographic area, whereas Victoria separates fire services by geographic area only.

Box 11.1 Delivery and scope of activity of primary fire services^a

Urban

Attend residential and commercial structural fires; incidents involving hazardous materials; and road accidents within major urban centres.

Rural

Attend local structural fires and other events outside major urban centres; rural non-structural fires (including crop, bushland and grassland fires on private property); and fires in national parks and State forests.

NSW	NSW Fire Brigades — the brigades report to the Minister for Emergency Services directly.	NSW Rural Fire Service — day-to-day management of each brigade rests with the local councils, but each brigade is strategically and operationally responsible to the NSW Rural Fire Service, which reports to the Minister for Emergency Services.
Vic	Metropolitan Fire and Emergency Services Board — this statutory authority reports to the Minister for Police and Emergency Services and the Emergency Services Commissioner. Country Fire Authority — this statutory authority reports to the Minister for Police and Emergency Services and the Emergency Services Commissioner.	Department of Natural Resources and Environment — this department is responsible for public lands.
Qld	Queensland Fire and Rescue Authority — this statutory authority, incorporating the Rural Fire Service, reports to the Minister for Emergency Services via the Director-General, Department of Emergency Services.	
WA	Fire and Emergency Services Authority of WA — this umbrella statutory authority reports to the Minister for Police and Emergency Services directly and incorporates the Bush Fire Service, State Emergency Service and Fire and Rescue Service.	
SA	Metropolitan Fire Service — this statutory authority reports to the Minister for Emergency Services directly.	Country Fire Service — the board of this authority reports to the Minister for Emergency Services directly.
Tas	Tasmania Fire Service — this is the operational arm of the State Fire Commission, which reports to the Minister for Health and Human Services.	
ACT	ACT Fire Brigade and ACT Bushfire Service — these are agencies of the ACT Emergency Services Bureau, which reports to the ACT Minister for Police, Emergency Services and Corrections.	
NT	NT Fire and Rescue Service — this is a branch of the larger Department of Police, Fire and Emergency Services. The Chief Fire Officer reports to the Commissioner for Police, who reports to the Minister for Police, Fire and Emergency Services.	Bush Fires Council ^b — this is a board, which reports to the Minister for Parks and Wildlife.

^a Excludes brigades employed by large-scale public and private land managers; port, mining and other infrastructure brigades; and land management departments and brigades operating under Commonwealth jurisdiction (for example, airport and defence installations). ^b The NT Bush Fires Council is primarily a land management organisation and responds to only grass fires and bushfires on land outside the Fire and Rescue Service response areas. The NT statistics in this chapter do not apply to the Bush Fires Council unless stated.

Source: State and Territory governments (unpublished).

Fire services provided to Indigenous communities are described in box 11.2.

Box 11.2 Fire services for Indigenous communities

A number of Australian fire services have implemented specific programs to improve services to Indigenous people. The jurisdictions that report having targeted fire service initiatives are NSW, Victoria, Queensland, WA and the NT.

These initiatives generally aim to :

- improve the representation of Indigenous people working within fire services;
- establish partnership projects in which fire services and Indigenous communities work together to address the risks faced by Indigenous communities; and
- improve the success of fire service education and awareness programs in reaching Indigenous communities.

Some fire services have, for example, implemented programs to increase the number of firefighters from the Indigenous community. These include preparatory Technical and Further Education programs for applicants for firefighter jobs in NSW, the promotion of career opportunities to Indigenous people in Victoria, and the development and implementation of the Aboriginal and Torres Strait Islander Employment Program 2001 in Queensland.

Some fire services are also implementing cultural awareness programs for staff to support Indigenous firefighters and improve awareness of cultural issues relevant to improving service delivery to Indigenous communities. The NSW Fire Brigade has established an Aboriginal Services Officer position, to assist with the development of programs for Indigenous communities.

In NSW, WA and the NT, fire services have implemented volunteer programs for Indigenous communities, which include the provision of training, equipment, assistance with firebreak projects and other support to promote fire safety and community protection. These projects also contribute to general capacity building goals within Indigenous communities.

In NSW, WA and the NT, fire services are developing or have already produced fire safety awareness programs in conjunction with Indigenous communities or Indigenous housing authorities. The programs will address local fire safety issues, addressing local needs in a culturally appropriate manner.

Source: Commonwealth, State and Territory governments (unpublished).

Ambulance services

Ambulance services across jurisdictions:

- provide emergency pre-hospital patient care and transport in response to sudden injury and illness;
- retrieve emergency patients;

- access emergency pre-hospital patients (for example, in confined spaces and hazardous environments);
- undertake inter-hospital patient transport;
- conduct road accident rescue; and
- plan and coordinate patient services in multi-casualty events.

Some government ambulance services also provide first aid training courses, as do the non-government providers St John Ambulance Australia and the Australian Red Cross. The Royal Flying Doctor Service (RFDS) responds to medical emergencies in remote inland areas of Australia. It was contracted in 1999-2000, for example, by the Ambulance Service of NSW for routine and emergency work in the north-west sector of NSW. The RFDS is not included in the Report.

State and Territory governments provide ambulance services in most jurisdictions. In WA and the NT, St John Ambulance is under contract to the respective governments as the primary provider of ambulance services (box 11.3).

Box 11.3 Relationships of primary ambulance response and management agencies to government

<i>NSW</i>	<i>Ambulance Service of NSW</i> — a statutory authority reporting to the Minister for Health
<i>Vic</i>	<i>Metropolitan Ambulance Service, Rural Ambulance Victoria, and Alexandra and District Ambulance Service</i> — separate statutory bodies reporting to the Minister for Health
<i>Qld</i>	<i>Queensland Ambulance Service</i> — a statutory authority reporting to the Minister for Emergency Services through the Director-General
<i>WA</i>	<i>St John Ambulance</i> — an incorporated not-for-profit organisation under contract to the WA Government
<i>SA</i>	<i>SA Ambulance Service</i> — an incorporated joint venture between the State Minister for Health and St John Priory Australia
<i>Tas</i>	<i>Tasmanian Ambulance Service</i> — a statutory service of the Hospital and Ambulance Division of the Department of Health and Human Services
<i>ACT</i>	<i>ACT Ambulance Service</i> — an agency of the ACT Emergency Services Bureau reporting to the ACT Minister for Police, Emergency Services and Corrections
<i>NT</i>	<i>St John Ambulance</i> — an incorporated not-for-profit organisation under contract to the NT Government

Source: State and Territory governments (unpublished).

Jurisdictions have special arrangements for the provision of ambulance services to Indigenous communities. Ambulance services provided to Indigenous communities in Queensland are described as an example in box 11.4.

Box 11.4 Ambulance services for Indigenous communities

The provision of ambulance services for some Indigenous communities poses particular challenges. These challenges have been analysed in some detail by the Queensland Ambulance Service through a series of studies funded by external research bodies.

The provision of services is made difficult by the remoteness, size and physical isolation of some rural and remote communities, which lead to difficulties in communications, education and support. The homeland outstation movement places further challenges upon service providers to meet community needs.

Some Indigenous communities have relatively high rates of illness, traumatic injuries, substance abuse and violence compared with the wider community. In remote areas, the alternative transport available is often very limited and distances are great. The level of demand for ambulance services is, therefore, comparatively high.

Cultural issues in Indigenous communities have an impact on ambulance services in relation to the lack of acceptance of non-Indigenous staff members. Yet, service provision by Indigenous community members can be difficult because they must spend time away from their community during ambulance related training.

There is an expectation that ambulance services in Indigenous communities will provide wider roles, including:

- leadership in problem solving around health access problems;
- community wide first aid training;
- close integration with primary health services;
- integrated health transport;
- training of local people as ambulance officers;
- health promotions and injury prevention strategies;
- support for traditional healing initiatives; and
- support for outstations.

Officers require appropriate education and training in cultural awareness and skills to address issues faced by some Indigenous communities.

Source: Queensland Ambulance Service (unpublished).

Other emergency management organisations

The Review does not yet report on the performance of Commonwealth or local government emergency management services or their agencies, or the SES/TES. The Review intends, however, to explore the inclusion of the SES/TES services in future in relation to some emergency events, because these services are an integral

part of emergency management. Table 11.1 describes the scope of activities of the SES/TES.

Table 11.1 Description of SES/TES activities^a

<i>Activities</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>
Storm damage	✓	✓	✓	✓	✓	✓	✓	✓
Flood response	✓	✓	✓	✓	✓	✓	✓	✓
Road accident rescue	✓	✓	✓	✓	✓	✓		✓
Earthquakes	✓(s)	✓		✓	✓	✓	✓(s)	
Civil defence	✓	✓		✓	✓	✓	✓	✓
Land search and rescue	✓(s)	✓	✓	✓	✓	✓	✓(s)	✓
Inland search and rescue	✓(s)	✓	✓	✓	✓	✓		✓
Offshore search and rescue ^b		✓	✓	✓	✓			✓
Diving		✓						
Support other emergency service organisations	✓	✓	✓	✓	✓	✓	✓	✓
Assistance for municipal planning	✓	✓	✓	✓	✓	✓		✓
Conduct of emergency management courses		✓	✓	✓	✓	✓		✓
Air observer ^b	✓(s)		✓(s)	✓			✓	✓
Vertical rescue	✓(s)	✓	✓(s)	✓	✓	✓		✓
Public safety awareness and education	✓	✓	✓	✓	✓	✓	✓	✓

^a (s) indicates that the role is to provide support to another agency in this activity. ^b WA SES undertakes air observer duties only, off shore. WA SES does not participate in sea rescue.

Source: Australian Council of State Emergency Services (unpublished).

Emergency services operate in all States and Territories. Their specific functions vary across jurisdictions, although all services undertake work to mitigate the effects of flood, storm and earthquake, and all have civil defence responsibilities. In addition, most of the SES/TES undertake road accident rescue services and assist police and other accredited agencies to carry out search and rescue on land and in inland waters. Some also provide search and rescue support in offshore waters. Most of the SES/TES provide rescue from heights and depths, and some provide specialist activities such as diving, trench collapse, building collapse, urban and forensic search, rescue and animal rescue. All the SES/TES provide support to other

emergency service organisations, under predetermined State and Territory agreements, on request.

Most of the SES/TES provide support to local government councils to assess risks and develop plans to prevent, prepare for, respond to and recover from emergencies. Most also provide training in emergency management through tailored courses.

Funding

Fire services

The primary sources of funding across all jurisdictions in 2000-01 were grants from State, Territory and local governments, levies on insurance companies and property owners, user charges, and fundraising and donations. Levies on insurance companies were the primary source of funding for NSW, Victoria and WA. Levies on property owners were the primary source of funding for Queensland, SA and Tasmania. Territory governments were the most important source of funds for the ACT and the NT (table 11A.1). In addition to relying on funded resources, all States and Territories rely on volunteer firefighters who make a significant contribution to the community.

Total funding of fire services covered in this Report was \$1.3 billion in 2000-01. Across jurisdictions funding was highest in NSW (\$429 million) and lowest in the NT (\$21 million). Funding increased (when measured in real terms) in Victoria, Queensland, SA, Tasmania, the ACT and the NT between 1999-2000 and 2000-01, and decreased in NSW and WA (table 11.2).

Fire services are funded by a variety of sources, with non-government organisations making a significant contribution. Fire services received direct government funding of 23.8 per cent nationally in 2000-01. Across jurisdictions, the highest proportion of direct government funding was in the NT (90.6 per cent) and the lowest was in SA (0.4 per cent) (figure 11.1).

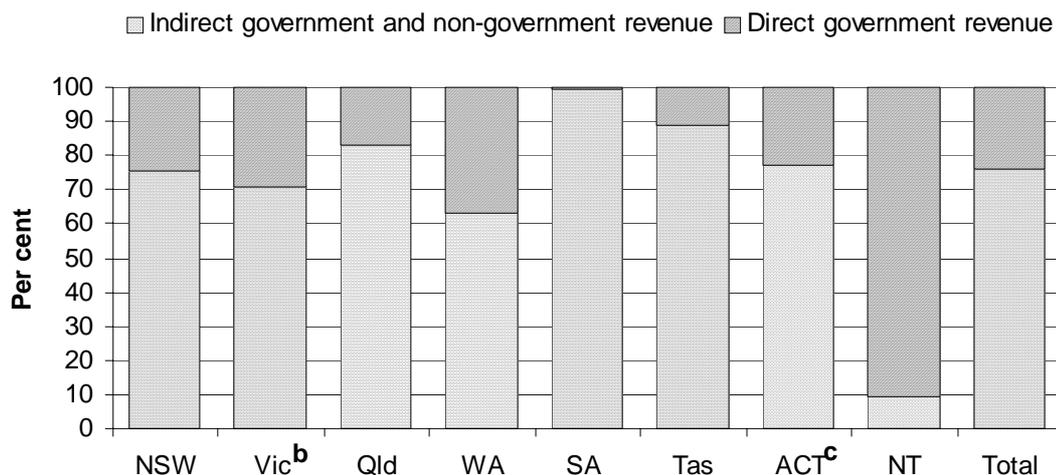
Table 11.2 Funding of fire services (2000-01\$ million)^{a, b}

	NSW ^c	Vic ^d	Qld	WA	SA	Tas	ACT ^e	NT ^f	Total
1998-99	393	283	209	85	88	36	35	21	1151
1999-2000	441	286	230	101	109	36	22	20	1246
2000-01	429	310	239	97	110	37	25	21	1268

^a Totals may not sum as a result of rounding. ^b Indirect revenue is counted in government grants in table 11A.1. The totals are the sum of government grants, levies, user charges and other revenue. ^c The 1999-2000 figure for NSW Fire Services has been artificially inflated by abnormal items of \$23 million. ^d 2000-01 was the first year of funding for a special resources initiative in Victoria. ^e The ACT funding change for 1999-2000 and 2000-01 reflects the revised method of attributing funds to the Emergency Services Bureau by event type. ^f 1999-2000 NT data include a Commonwealth Government (National Heritage Trust) grant for a fire management research project. 'User charges' include charges to landholders for aerial control burning and firebreaks. 'Other' includes the sale of assets.

Source: State and Territory governments (unpublished); table 11A.1.

Figure 11.1 Major sources of fire services funding, 2000-01^a



^a Government revenue is equal to government grants less indirect revenue. Indirect revenue is counted in indirect government and non-government revenue. ^b 2000-01 was the first year of funding for a special resources initiative in Victoria. ^c The ACT funding change for 2000-01 reflects the revised method of attributing funds to the Emergency Services Bureau by event type.

Source: State and Territory governments (unpublished); table 11A.1.

Ambulance services

Nationally, ambulance services receive funding from different sources, including transport fees (from government hospitals, private citizens and insurance), subscriptions and levies, and government contributions. The distribution of funding sources varies across jurisdictions. Data for NT were not available for this Report.

State and Territory governments were the largest contributors to ambulance services in all States and Territories except WA. The contribution from this level of government in 2000-01 was highest in Tasmania (98.5 per cent) and lowest in WA (21.9 per cent). The primary source of funds in WA was transport fees (61.7 per cent). All jurisdictions except NSW and Tasmania received funding from subscriptions. Queensland relied more on this funding source (23.4 per cent) than did any other jurisdiction (table 11A.16). There is an ambulance subscription scheme in NSW, but these funds are deposited in the consolidated revenue of NSW Treasury.

Total funding of ambulance services covered in this Report was \$885 million in 2000-01. Across jurisdictions, funding was highest in NSW (\$280 million) and lowest in the ACT (\$9 million). Compared with 1999-2000, funding increased in real terms in NSW, Victoria, Queensland, decreased in SA and Tasmania, and remained the same in WA and the ACT (table 11.3).

Table 11.3 Funding of ambulance services (2000-01\$ million)^{a, b}

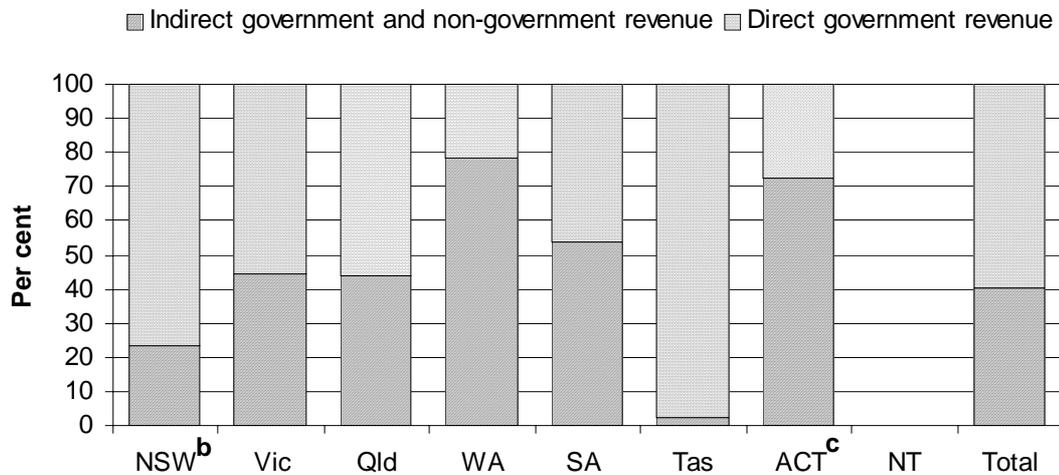
	<i>NSW^c</i>	<i>Vic</i>	<i>Qld</i>	<i>WA^d</i>	<i>SA</i>	<i>Tas</i>	<i>ACT^e</i>	<i>NT</i>	<i>Total</i>
1998-99	250	201	182	48	62	15	na	10	767
1999-2000	270	206	205	59	72	15	9	9	844
2000-01	280	227	226	59	70	14	9	na	885

^a Totals may not sum as a result of rounding. ^b Indirect revenue is counted in government grants in table 11A.16. The totals are the sum of government grants, subscription fees, transport fees, donations and other revenue. ^c NSW has a subscription scheme but funds are deposited in the consolidated revenue of NSW Treasury. ^d For 1999-2000, WA subscription fees are for country regions only; insurance transport fees include those covered by private health insurance; and workers' compensation transport fees are not separately identified and are included with the uninsured. ^e The ACT funding change for 1999-2000 and 2000-01 reflects the revised method of attributing funds to the Emergency Services Bureau by event type. **na** Not available.

Source: State and Territory governments (unpublished); table 11A.16.

Ambulance services are funded by a variety of sources, with non-government organisations making a significant contribution. Ambulance services received direct government funding of 59.9 per cent nationally in 2000-2001. Across jurisdictions, direct government funding was highest in Tasmania (97.7 per cent) and lowest in WA (21.9 per cent). Total government funding is equal to that of State and Territory governments because no funding was provided from the Commonwealth and local governments (figure 11.2).

Figure 11.2 Major sources of ambulance services funding, 2000-01^a



^a Government revenue is equal to government grants less indirect revenue. Indirect revenue is counted in indirect government and non-government revenue. ^b NSW has a subscription scheme but funds are deposited in the consolidated revenue of NSW Treasury. ^c The ACT funding change for 2000-01 reflects the revised method of attributing funds to the Emergency Services Bureau by event type.

Source: State and Territory governments (unpublished); table 11A.16.

Indigenous funding

At a national level, expenditure per person on patient transport for Indigenous people (\$106 per Indigenous person) was higher than that for non-Indigenous people (\$31 per person) in 1998-99 (AIHW 2001). This difference is explained by the higher costs and greater reliance of Indigenous people on the RFDS (AIHW 2001).

Data are affected by the difficulties associated with the identification of Indigenous people. Indigenous identification is incomplete, so the data need to be treated with care.

Size and scope

Fire services

The scope of activity within fire service delivery is broad and varies across jurisdictions (table 11A.28).

Incidents

Information on reported fires and other incidents was provided separately for fire agencies in each jurisdiction. Data were not available for all fire services across jurisdictions. Fire services are required by legislation to respond to all calls, and an incident cannot be deemed to be a false report until the fire service has responded and investigated the site. Nationally, 36.8 per cent of reported incidents in 2000-01 were fires or explosions (table 11A.2).

The proportions of incident types varied substantially across jurisdictions in 2000-01. Victorian fire services, for example, attended 69 456 incidents, of which 35.8 per cent were fires and explosions, 13.7 per cent were fire alarm system notifications not involving fire, and 50.4 per cent were false alarms, false calls and other incidents. The WA fire brigades responded to 28 533 incidents, of which 60.2 per cent were fires and explosions, 17.1 per cent were fire alarm system notifications not involving fire, and 22.7 per cent were false alarms, false calls and other incidents (table 11A.2).

Staffing

A staff member is any person delivering a firefighting or firefighting related service, or managing the delivery of this service, including:

- firefighters (qualified paid and volunteer firefighters); and
- support staff (any paid and volunteer person directly supporting the operational provider, including technical and communications staff and personnel staff).

Nationally, 11 937 full time equivalent paid staff were involved in the delivery of fire services in 2000-01. Across jurisdictions, the number of paid staff ranged from 3959 full time equivalent staff in NSW to 177 full time equivalent staff in the NT. The majority of paid staff were firefighters (80.6 per cent). Across jurisdictions, this proportion was highest in SA (88.6 per cent) and lowest in Tasmania (67.1 per cent) (table 11A.3).

Volunteer firefighters (218 253 people) participated in the delivery of fire services in 2000-01. The number of volunteer firefighters varied across jurisdictions from 68 350 in NSW to 580 in the NT (table 11A.3).

Ambulance services

The scope of activity within ambulance service delivery is broad and varies across jurisdictions (table 11A.28).

Incidents

Ambulance services attended two million incidents nationally in 2000-01. Most of these were emergency incidents (45.4 per cent), followed by non-emergency incidents (37.8 per cent) and urgent incidents (25.3 per cent). Only Queensland and WA attended casualty room incidents (1.8 per cent or less). The proportion of emergency incidents was highest in NSW (65.1 per cent) and lowest in WA (26.1 per cent) (table 11A.17).

Staffing

Data on staffing for ambulance services are improved in this Report because more specific definitions were applied. The data are reported by operational status on a full time equivalent basis to provide a detailed description of the human resources profile for ambulance agencies.

A staff member is any person involved in delivering an ambulance service or managing the delivery of this service, including:

- ambulance operatives (including qualified ambulance officers, advanced life support officers, student ambulance officers, patient transport officers, communications staff and other operatives, including public education officers, flight nurses and medical staff);
- operational and business support staff (including management, corporate support staff, non-operative communications and technical staff, and training staff); and
- remunerated and non-remunerated volunteers and retained staff (any paid and volunteer staff providing ambulance services on an on-call basis).

Nationally, 8443 full time equivalent salaried staff were involved with the delivery of ambulance services. Across jurisdictions, the number of salaried ambulance staff ranged from 2942 full time equivalent staff in NSW to 107 in the ACT. The majority of salaried ambulance staff in 2000-01 were ambulance operatives (83.8 per cent). Across jurisdictions, this proportion ranged from 88.2 per cent in NSW to 72.9 per cent in WA (table 11A.18).

Non-remunerated volunteer and retained ambulance staff numbering 6001, along with 406 remunerated volunteers and retained staff, participated in the delivery of ambulance services in 2000-01. Across jurisdictions, the number of non-remunerated volunteer and retained ambulance operatives varied across jurisdictions from 3767 in WA to zero in Victoria and the ACT. Volunteer operational and business support staff (898) were used in WA. Because of the

decentralised structure of its ambulance services, WA is the only jurisdiction with volunteer operational and business support staff (table 11A.18).

Other emergency management services

Other types of emergency for which performance reporting has yet to be developed include: rescues; natural events; technological and hazardous material incidents; emergency relief and recovery; and quarantine and disease control. State and Territory Emergency Management Committee executive officers across jurisdictions identified which emergency management departments and agencies provide relevant services in these areas in the 2000 Survey of Emergency Management Activities by the Review (table 11A.28).

11.2 Policy developments in emergency management

Emergency management organisations have continued to pursue developments identified in Reports from previous years. These include computer aided dispatch, risk management and increased multi-service cooperation. This Report focuses on developments in the following areas:

- the Australian Emergency Management Committee;
- major reviews established by the Council of Australian Governments (COAG);
- the International Year of Volunteers;
- leadership and management; and
- training.

Australian Emergency Management Committee

The Australian Emergency Management Committee (AEMC) has replaced the National Emergency Management Committee as the peak national strategic advisory group for emergency management. The AEMC comprises senior State and Territory emergency management officials and is chaired by the Director-General, Emergency Management Australia. Its objectives include (1) the promotion of emergency management as a critical community safety issue on the strategic policy mainstream agenda and (2) the development of national emergency management capability.

Major COAG reviews

The COAG announced two major reviews which have an impact on the emergency management sector. The first review concerns Australia's approach to natural disaster relief and mitigation. The objectives of the review are to determine whether current arrangements provide an effective framework to meet the needs of those affected by natural disasters and, where appropriate, to develop options for improving existing arrangements. An underlying premise of the review is that any arrangements should facilitate the maximum involvement of State, Territory and local governments in contributing to disaster relief and mitigation, and continued Commonwealth cost sharing arrangements. The review also includes an assessment of the Natural Disaster Relief Arrangements, Exceptional Circumstances relief for farmers, and access to insurance coverage for natural disasters (expected to report in 2002).

The second review has been given a high priority by COAG. Its objective is the revision of national whole-of-government frameworks for the prevention, preparedness for, and management of a major animal disease outbreak emergency, such as Foot and Mouth Disease (FMD). An FMD Taskforce was established under the oversight of COAG senior officials to coordinate the development of these frameworks (expected to report in March 2002).

These reviews could have an impact on the scope of emergency management activities discussed in the profile section of future reports.

2001 International Year of Volunteers

The year 2001 was designated by the United Nations as the International Year of Volunteers. The contributions of more than 500 000 volunteers to emergency management were recognised through many activities conducted throughout the country. A national summit was held on 11–12 October 2001 in Canberra, focusing on recognition, funding, training and legal issues. The key outcomes from the summit are to be incorporated in a report to governments.

Leadership and management

In recent times, there have been some distinct changes in the leadership and management of services engaged in emergency management. These changes have needed to accommodate the complex, diverse and rapidly changing socioeconomic environments in which agencies operate, and to create opportunity and capability for improving service delivery and organisational performance. There has been a clear shift away from a paramilitary response-style approach in the industry to a

more collaborative and inclusive community and intersectoral partnership model, including:

- better tailoring of services to at-risk and special needs groups (Indigenous Australians, people from non-English speaking backgrounds, people with a disability, older Australians and children);
- building community capability for self help through programs such as community fire units at bushland interfaces;
- a whole-of-government or ‘joined-up-government’ approach to developing service delivery policy and community safety programs; and
- partnering with universities and learning centres to ensure evidence based planning.

Training

The Public Safety Training Package has been launched. The package is a comprehensive education and training tool based on input from public safety industry representatives from each State and Territory. The package details the competency standards identified as necessary for safe, effective and efficient operations within the industry. It also includes assessment guidelines and the range of national qualifications for the industry from entry level to management. It applies to workers (both paid and volunteer) in the emergency management, state and territory emergency services, and police sectors.

The Convention of Ambulance Authorities has established the Australian Ambulance Education Council as a body responsible for the identification and development of education standards for the ambulance industry in Australia. New competency standards have been established for educational programs with the Vocational Education and Tertiary sector. These standards are currently under final consideration by the Australian National Training Authority.

11.3 Framework of performance indicators

The broad aim of emergency management is to reduce the level of risk to the community from emergencies. The framework of performance indicators in this chapter is based on the objectives for emergency management, which are common to all Australian emergency management agencies (box 11.5).

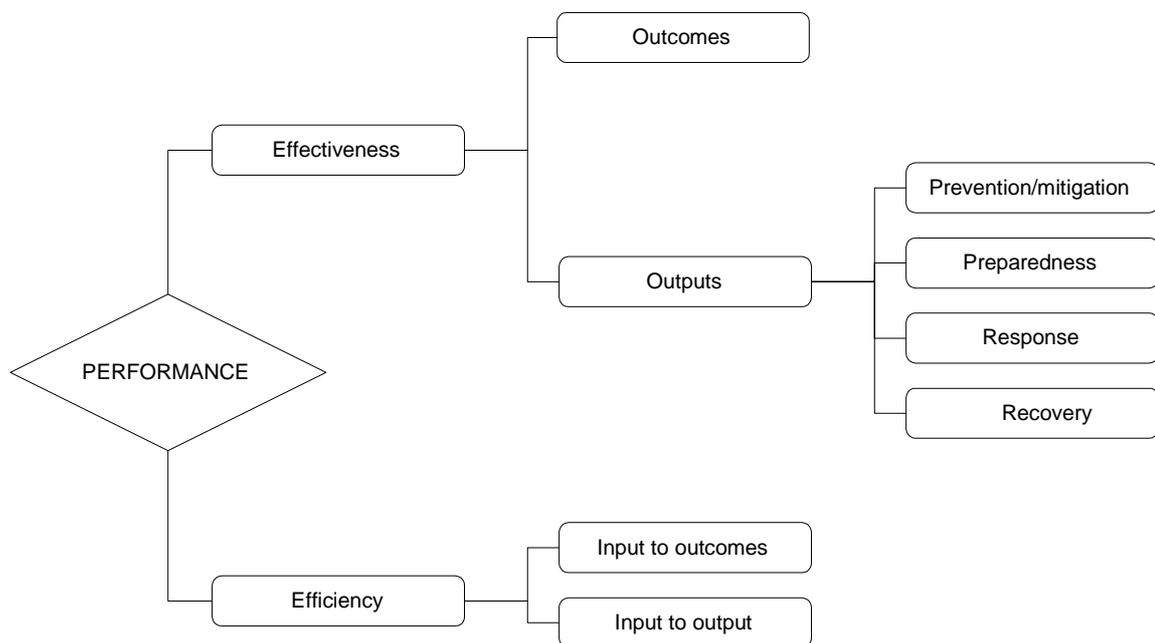
Box 11.5 Objectives for emergency management

Emergency management services aim to provide highly effective, efficient and accessible services that:

- reduce the adverse effects of emergencies and disasters on the Australian community (including people, property, infrastructure, economy and environment);
- contribute to the management of risks to the Australian community; and
- enhance public safety.

The general performance indicator framework has been applied to both fire and ambulance services (pre-hospital care, treatment and transport services). The aim of the indicator framework is to provide information on the efficiency and effectiveness of government provided and/or funded emergency management services (figure 11.3).

Figure 11.3 General performance indicators framework for emergency management



The performance framework includes overarching indicators of the effects of a service on the community, economy and environment. The indicators may suggest the degree of service success. Outcomes indicators include: fire death rate; fire injury rate; the value of property lost and saved from fire incidents; the number of fire incidents relative to the population; and the survival rate from out-of-hospital cardiac arrest.

The framework uses the widely accepted ‘comprehensive approach’ (prevention/mitigation, preparedness, response and recovery) to classify the key functions common to emergency agencies. The Review uses a somewhat similar approach to examine health management (chapter 7). Outputs for emergency services are grouped accordingly:

- *prevention and mitigation* — the results of strategies and services to prevent or reduce the frequency of emergency events or to lessen their effects. Activities that contribute to outputs of prevention and mitigation include: advice on rural land management practice for hazard reduction and fire prevention; the inspection of property and buildings for fire hazards, fire standards compliance and levels of safe fire practices; the preparation of risk assessment and emergency management plans; hazard categorisation for public information campaigns; and public information campaigns to promote safe practices by the community;
- *preparedness* — the results of strategies and services to position providers and the community to respond to emergency events quickly and effectively. Activities that contribute to outputs of preparedness include: public education and training; emergency detection and response planning (including the installation of smoke alarms and/or sprinklers); hazardous chemicals and material certification, and inspection of storage and handling arrangements; the exercising, training and testing of emergency service personnel; and standby and resource deployment and maintenance. Preparedness also involves establishing equipment standards and monitoring adherence to these standards;
- *response* — the results of strategies and services to control, limit or modify the emergency to reduce the consequences. Activities that contribute to outputs of response include: the implementation of emergency plans and procedures; the issuing of emergency warnings; the mobilisation of resources in response to emergency incidents; the suppression of hazards (for example, fire containment); the provision of immediate medical assistance and relief; and search and rescue;
- *recovery (emergency services)* — the results of strategies and services to return agencies to a state of preparedness after emergency situations. Activities that contribute to outputs of emergency services recovery include: critical incident stress debriefing; and salvage and restoration of the emergency site to a safe state; and
- *recovery (community)* — the results of strategies and services to support affected communities in their reconstruction of physical infrastructure and restoration of emotional, social, economic and physical wellbeing. Activities that contribute to outputs of community recovery include: the restoration of essential services; counselling programs; temporary housing; long term medical care; and public health and safety information.

Effective prevention activities reduce the requirement to respond to, and recover from, emergency events. Efficient resource use reduces the risk to the community by supporting a greater availability of services. Greater emphasis is being placed on preventative activities in every jurisdiction.

Descriptor information is also provided in this chapter and appendix A to assist in the interpretation of reported performance.

11.4 Key performance indicator results — fire services

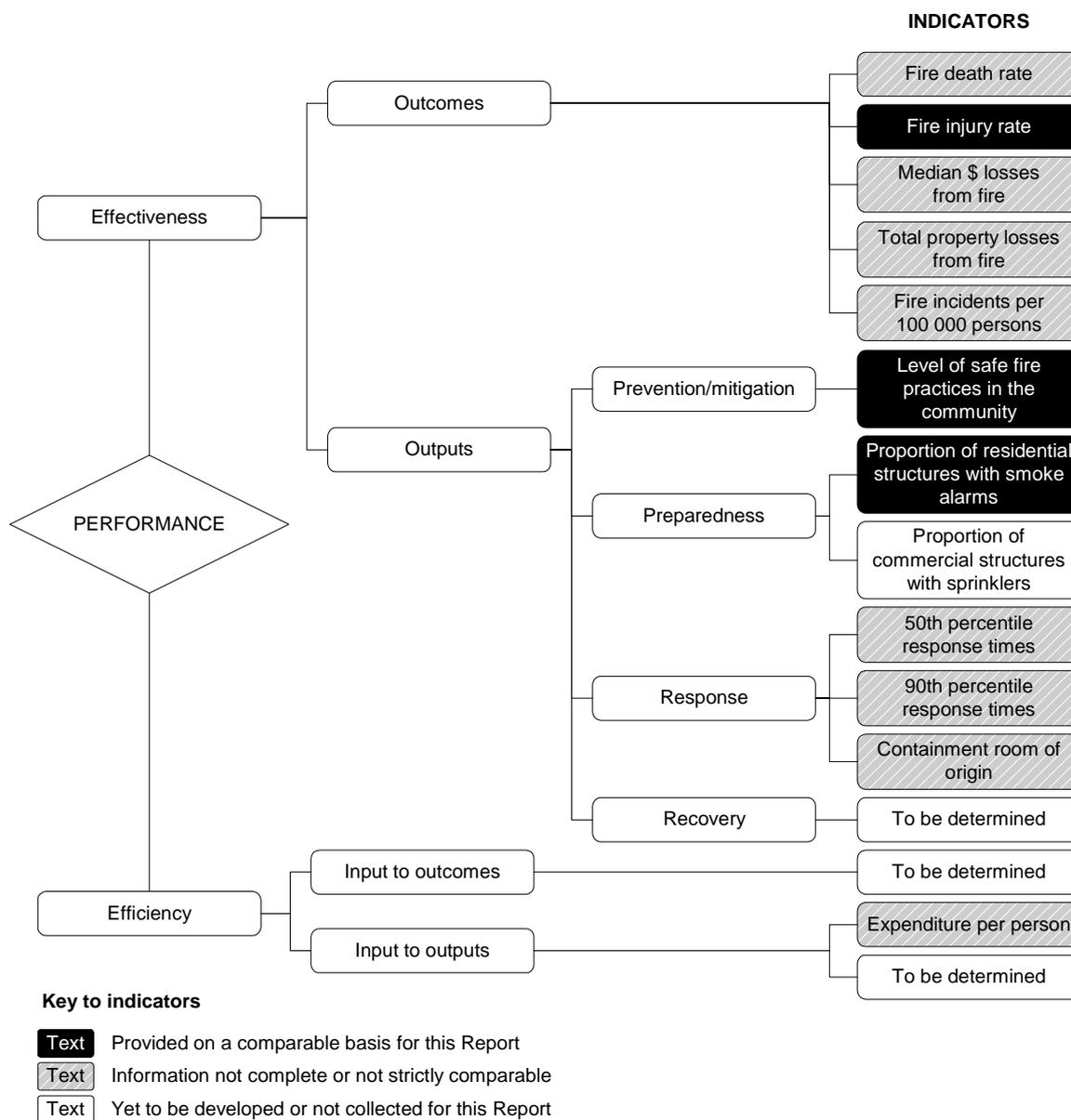
A performance indicator framework for fire services (figure 11.4) has been developed from the framework described in figure 11.3. Definitions of all indicators are provided in table 11.7.

Performance information has been reported for a number of indicators. These results may have been influenced by factors such as differences in climatic and weather conditions, the socio-demographic and topographic composition of jurisdictions, property values and dwelling construction types. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter. Importantly, jurisdictions have diverse legislative fire protection requirements.

There has been some progress in the reporting of data, but the results need to be treated with care because data either were derived from small samples — as in the case of the Australian Bureau of Statistics (ABS) Population Survey Monitor (PSM) — or are highly variable as a result of the relatively small populations in Tasmania, the ACT and the NT. The role of volunteers, particularly for country and rural fire brigades, needs to be considered in the interpretation of indicators (for example, fire expenditure per person). Specifically, volunteer staff provide a substantial proportion of fire services (and emergency services more generally, ABS 2001a). While costs such as training and equipment associated with volunteers are included in calculating the cost of fire service provision, the labour costs of providing fire services would be much greater without volunteers (assuming these functions were still performed).

Further, information was not reported for all fire agencies in each jurisdiction. Rural fire services are sometimes excluded from reported results. Partly for this reason, performance data are not always strictly comparable across jurisdictions. Fire services are cooperating to improve and enhance the standards for the collection of fire data. Differences in counting rules are expected to be minimised for future reports.

Figure 11.4 Performance indicators for fire services



In relation to time series comparisons, population data in several jurisdictions for 1998-99, 1999-2000 and 2000-01 have been adjusted to reflect population coverage by fire services that have provided data in this Report. Thus, efficiency and some effectiveness data for 1998-99, 1999-2000 and 2000-01 are not strictly comparable with 1997-98 data.

Effectiveness

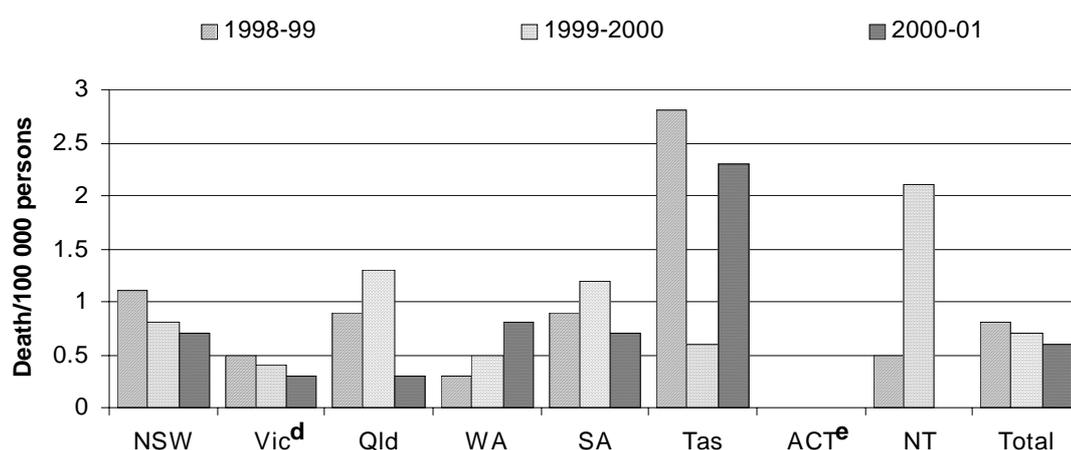
Outcomes

The indicators of outcomes reported here relate to the objective of fire services to minimise the effect of fire on life, property and the environment. The fire death rate and the fire injury rate are indicators of outcomes in terms of the effect of fire on life. However, caution in interpreting data must be exercised, given the relatively small numbers of deaths and significant fluctuations from year to year, particularly for jurisdictions with relatively smaller populations.

The fire death rate in 2000-01 was highest in Tasmania (with 2.3 fire deaths per 100 000 persons) and lowest in the ACT and the NT (with no fire deaths) (figure 11.5). When data are expressed as a three year rolling average, the Tasmanian rate was still highest (1.9 deaths per 100 000 persons) and the ACT rate was lowest (with no deaths) (table 11A.4).

The definitions used to count fire deaths varied across jurisdictions. Fire deaths reported in some jurisdictions were verified by the respective State coroner's findings, while fire deaths in other jurisdictions were estimated by fire agencies. Future reports are expected to use more uniform reporting methods.

Figure 11.5 Fire death rate^{a, b, c}



^a The small number of deaths needs to be considered when interpreting fluctuations in the data. Fire deaths relate to all fire exposures. ^b Figures for NSW, Victoria, Queensland, WA and Tasmania in 1999-2000 and 2000-01 refer to total fires deaths and include deaths involving civilians and operational staff. ^c 1998-99 figures have been validated by State coroners for NSW, Queensland, WA, Tasmania, the ACT and the NT. 1999-2000 figures have been validated by State coroners for NSW, Queensland, WA, Tasmania, the ACT and the NT. 2000-01 figures have been validated by State coroners for NSW and WA. ^d Victorian data exclude murders and suicides where a fire subsequently occurred. ^e The ACT had no fire deaths between 1998-99 and 2000-01.

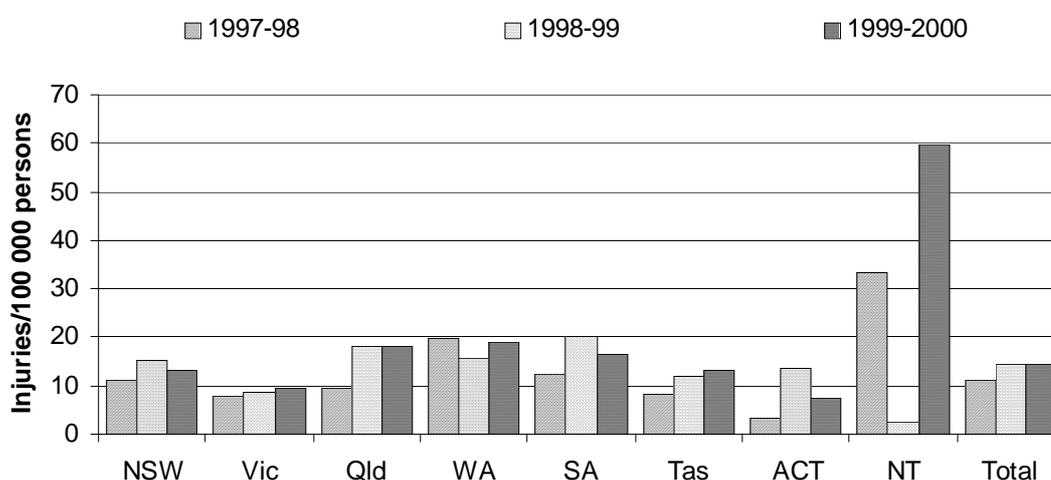
Source: State and Territory governments (unpublished); table 11A.4.

Fire injuries data describe the number of hospital admissions (excluding emergency department non-admitted casualties). Deaths from fire injuries after hospitalisation have been removed from 1998-99 and 1999-2000 data because these are counted in the fire death rate.

Nationally, the fire injury rate was 14.4 per 100 000 people in 1999-2000. Across jurisdictions, the rate was highest in the NT, with 59.9 fire injuries per 100 000 people, and lowest in the ACT, with 7.4 per 100 000 people (figure 11.6). When data are expressed as a three year rolling average, the NT rate was still highest (31.9 fire injuries per 100 000 people) and the ACT rate was lowest (8.0 fire injuries per 100 000 people) (table 11A.5).

The median dollar loss per structural fire and the total property loss from structural fires are indicators of outcomes in terms of the effect of fire on property. Structural fires are those fires contained in housing and other buildings. The data have not been adjusted for jurisdictional differences in the costs and values of various types of building. Information for some jurisdictions includes only urban fire services, so the results across jurisdictions are not strictly comparable. Further, the method of valuing property loss from fire varies across jurisdictions.

Figure 11.6 Fire injury rate^{a,b}



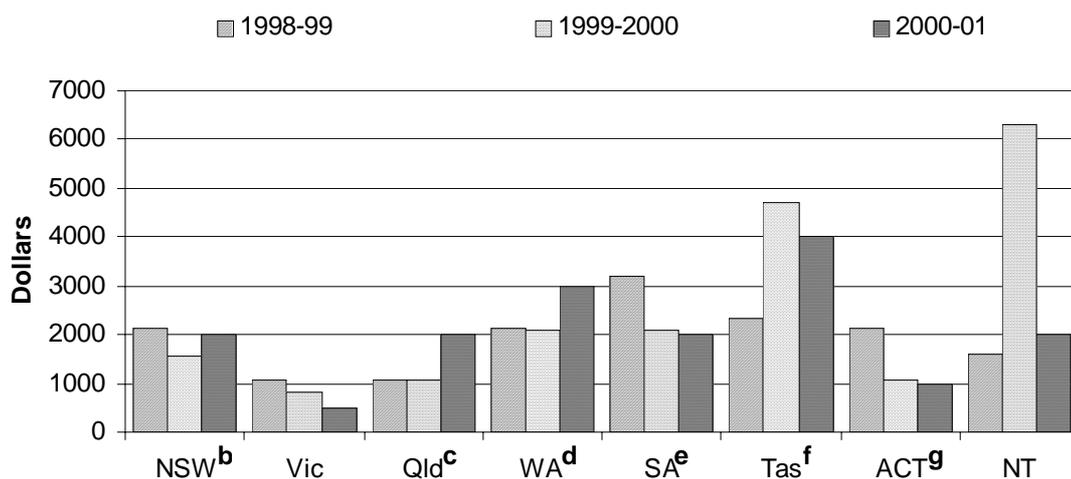
^a Fire injuries are defined as the number of persons admitted to public and private hospitals. Excludes emergency department non-admitted casualties. ^b All years data exclude fire deaths. The 2001 Report included deaths in 1998-99 data. These data have been revised this year to exclude fire deaths. In addition to the removal of fire deaths data, the Australian Institute of Health and Welfare (AIHW) revised the fire injuries data for 1998-99 subsequent to publication of its Australian Hospital Statistics, 1998-99 (AIHW 2000).

Source: AIHW (unpublished); table 11A.5.

The median dollar loss in 2000-01 was highest in Tasmania (\$4000 per structural fire) and lowest in Victoria (\$500 per structural fire) (figure 11.7). Across

jurisdictions, the median dollar loss (in real terms) decreased between 1999-2000 and 2000-01 in all jurisdictions except NSW, Queensland and WA. The substantial decrease in the NT needs to be considered with care because data for the relatively smaller jurisdictions can be subject to high volatility.

Figure 11.7 Median dollar loss from structural fires (2000-01 dollars)^a

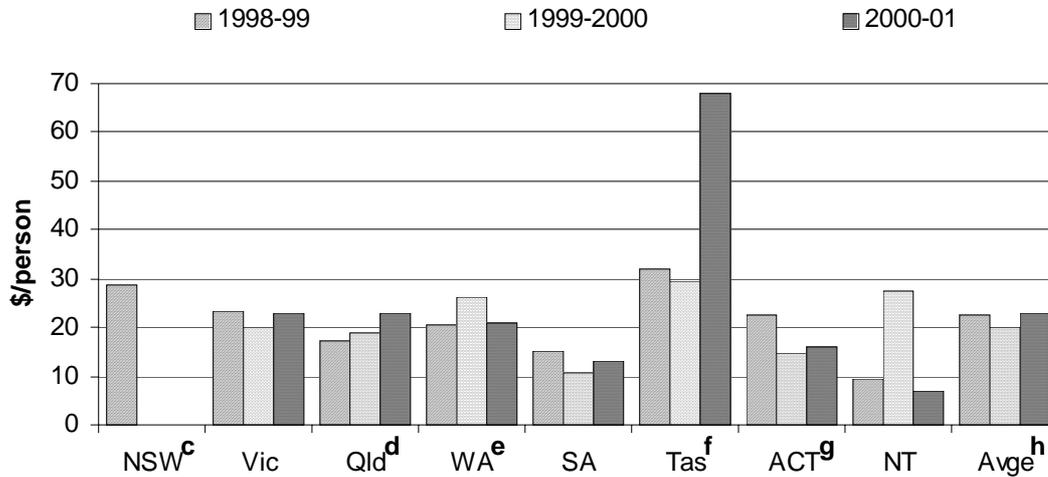


^a Estimates have not been validated by the insurance industry or adjusted for interstate valuation differences. ^b 1998-99, 1999-2000 and 2000-01 data are for NSW Fire Brigades only, but include responses to calls outside NSW Fire Brigades designated fire districts. Due to industrial bans, 1999-2000 data are derived from a sample representing 80 per cent of the incidents, and 2000-01 figures are derived from a sample representing 85 per cent of the incidents. ^c Queensland data exclude Rural Fire Service. ^d 1998-99 WA data exclude Bush Fire Brigades. ^e 1999-2000 SA data exclude Country Fire Service. 2000-01 SA data include Country Fire Service. ^f Tasmanian data include both urban and rural brigades. ^g Industrial bans in the ACT mean 1998-99 and 1999-2000 data are based on extrapolated results.

Source: State and Territory governments (unpublished); table 11A.6.

Nationally, for structural fires, the total property loss in 2000-01 was \$23 per person (not including NSW). Across jurisdictions, it was highest in Tasmania (\$68 per person) and lowest in the NT (\$7 per person) (figure 11.8) (although for Tasmania, data for both rural and urban fire brigades were included in this estimate). The total property loss (in real terms) increased between 1999-2000 and 2000-01 in all jurisdictions except WA and the NT.

Figure 11.8 Total property loss per person in structural fires (2000-01 dollars)^{a, b}

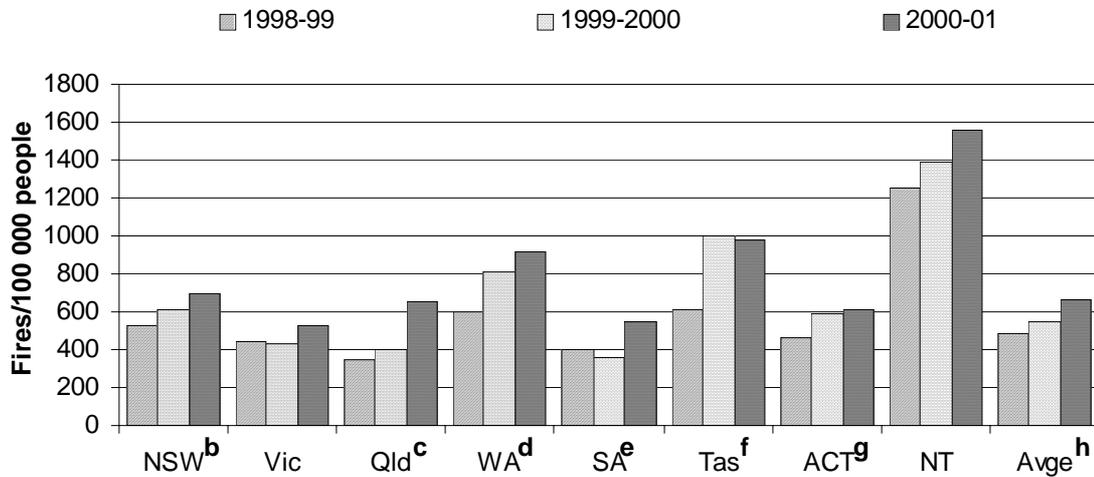


- a** Estimates have not been validated by the insurance industry or adjusted for interstate valuation differences. **b** Rates for 1998-99 and 1999-2000 have been adjusted to reflect the population covered by the data. **c** 1998-99 data are for NSW Fire Brigades only, but include responses to calls outside NSW Fire Brigades designated fire districts. Due to industrial bans, figures for 1999-2000 and 2000-01 are not available. **d** 1998-99 and 1999-2000 data exclude the Rural Fire Service. 2000-01 figures include both Queensland Urban and Rural Fire Service data. **e** 1998-99 WA data exclude Bush Fire Brigades. **f** Tasmanian data include both urban and rural fire services for 1998-2001. **g** Industrial bans in the ACT mean 1998-99 and 1999-2000 figures are based on extrapolated results. **h** Excludes rural fire service data for some years, and excludes NSW for 1999-2000 and 2000-01.

Source: State and Territory governments (unpublished); table 11A.7.

Nationally, the total number of fire incidents in 2000-01 was 667 per 100 000 persons. The total number of fire incidents per 100 000 persons increased between 1999-2000 and 2000-01 in all jurisdictions except Tasmania. Across jurisdictions, the total number of fire incidents per 100 000 persons was highest in the NT (1553) and lowest in Victoria (522) (figure 11.9).

Figure 11.9 Total fire incidents per 100 000 people^a



^a Population figures used to calculate the rates have been adjusted to represent population coverage by fire agencies. ^b 1998-99 data are for NSW Fire Brigades only, but include responses to calls outside NSW Fire Brigades designated fire districts. 1999-2000 and 2000-01 data include both Rural Fire Service and NSW Fire Brigades. Due to an industrial ban 1999-2000 and 2000-01 figures from NSW Fire Brigades are derived from a sample representing 80 per cent and 85 per cent of the incidents respectively. Data for areas serviced by the NSW Rural Fire Service are derived from one third of Rural Fire Districts. ^c 1998-99 and 1999-2000 Queensland data exclude the Rural Fire Service. 2000-01 figures include both Queensland Urban and Rural Fire Service data. ^d WA 1998-99 data exclude Bush Fire Brigades. ^e Excludes SA Country Fire Service data. ^f Tasmanian data include urban and rural fire brigades. ^g Industrial bans in the ACT mean 1998-99 and 1999-2000 data are based on extrapolated results. ^h Excludes the NT Bushfire Council, the WA Bush Fire Brigades for 1998-99 and the SA Country Fire Service.

Source: State and Territory governments (unpublished); table 11A.8.

Outputs

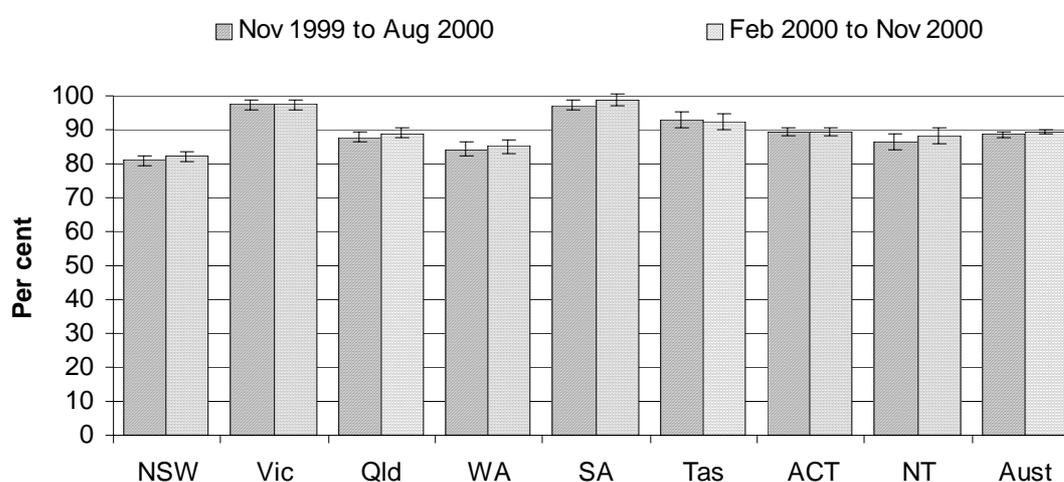
Prevention

Indicators of fire prevention focus on the level of fire safety practices in the community. The ABS PSM supplied national level data on household fire safety measures installed or prevention procedures followed. These data were collected for nine quarters from November 1998 to November 2000 (providing data for 1998-99 and 1999-2000). Data for the quarters before November 1999 were reported previously. The precision of survey estimates depends on the survey sample size and the sample estimate. Larger sample sizes result in higher precision, while smaller sample sizes result in lower precision. Consequently, caution needs to be used when interpreting small differences in results because these may be due to sample size rather than an actual difference in the population (section 11.8).

Household fire safety measures include operational smoke alarms or detectors, sprinkler systems, safety switches, fire extinguishers, fire blankets, fire evacuation

plans, external water supplies, the removal of external fuel sources, and external sprinklers. Nationally, 89.4 per cent of total households had at least one fire safety measure installed for the four quarters from February 2000 to November 2000. Across jurisdictions, this proportion was highest in SA (98.7 per cent) and lowest in NSW (82.3 per cent). It increased across all jurisdictions except Victoria (which remained the same) and Tasmania between the November 1999 to August 2000 and February 2000 to November 2000 quarters. This change was minimal, however, and once standard errors are considered, data indicate that there was no change across jurisdictions (figure 11.10).

Figure 11.10 Households with at least one fire safety measure^{a, b, c}

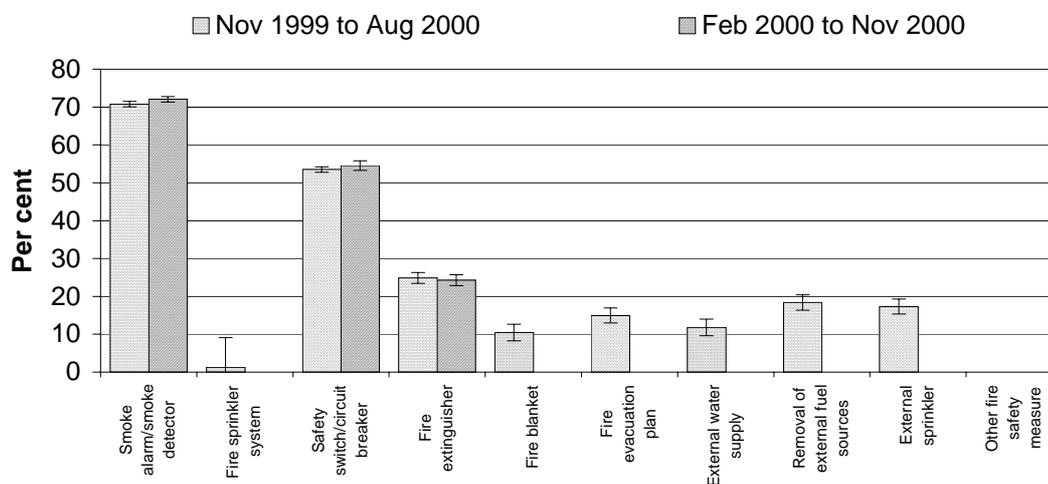


^a Confidence intervals have been indicated on the bars in this figure. Small differences in the results should be viewed with care as they may be affected by sample and estimate size (section 11A.8). ^b The total number of households with at least one fire safety measure is smaller than the sum of the individual components (table 11A.11) because a number of households have more than one fire safety measure installed or followed. ^c Only the final quarter are new data because the PSM ceased. Three quarters already reported were repeated with the new data to preserve data integrity.

Source: ABS (2001b); table 11A.9.

Nationally, of those households with a fire safety measure installed in the February 2000 to November 2000 quarters, 72.0 per cent had a smoke alarm or detector, 54.6 per cent had a safety switch or circuit breaker, and 24.3 per cent had a fire extinguisher (figure 11.11). The proportion of households with a fire safety measure increased for smoke alarms/smoke detectors and safety switches/circuit breakers and decreased for fire extinguishers in the February 2000 and November 2000 quarters (ABS 2001b). When standard errors are considered, however, these differences are negligible. Data for the remaining safety measures were not available for the November 2000 quarter (table 11A.10).

Figure 11.11 Households with a fire safety measure, by fire safety measure installed or followed^{a, b, c}



^a Confidence intervals have been indicated on the bars in this figure. Small differences in the results should be viewed with care as they may be affected by sample and estimate size (section 11.8). ^b The total number of households with at least one fire safety measure is smaller than the sum of the individual components because a number of households have more than one fire safety measure installed or followed. ^c Only the final quarter are new data because the PSM ceased. Three quarters already reported were repeated with the new data to preserve data integrity.

Source: ABS (2001b); table 11A.10.

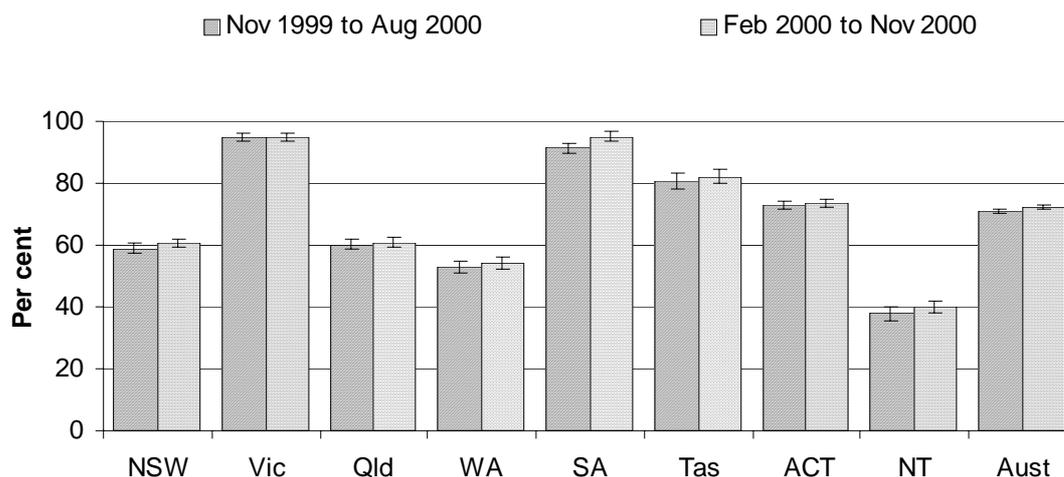
Preparedness

Preparedness relates to both the community and the fire service. Indicators used for the preparedness of the community are reported as the level of community training in fire responsiveness, and the installation of fire safety equipment. The preparedness of the fire service relates to its level of contingent capacity (including the competency of personnel and the appropriateness of equipment) and the matching of resources with potential risks. Fire services also need to allow for seasonal influences (in drought years, for example) and population variations (in holiday destinations, for example).

This chapter focuses on the level of preparedness of the community in terms of the proportion of residential buildings and commercial buildings with fire safety equipment and systems. The ABS PSM supplied national level data on the proportion of household dwellings with fire safety equipment for nine quarters from November 1998 to November 2000. These data provide information on the preparation of residential buildings only. It should be noted that there are diverse legislative fire protection requirements across jurisdictions.

In the February 2000 to November 2000 quarters, the proportion of households with an operational smoke alarm or smoke detector was highest in Victoria and SA (both 95.0 per cent) and lowest in the NT (40.0 per cent) (figure 11.12).

Figure 11.12 **Households with an operational smoke alarm or smoke detector installed**^{a, b, c}



^a Confidence intervals have been indicated on the bars in this figure. Caution needs to be used where there are small differences in the results, which are affected by sample and estimate size (section 11.8). ^b The total number of households with at least one fire safety measure is smaller than the sum of the individual components because a number of households have more than one fire safety measure installed or followed. ^c Only the final quarter are new data because the PSM ceased. Three quarters already reported were repeated with the new data to preserve data integrity.

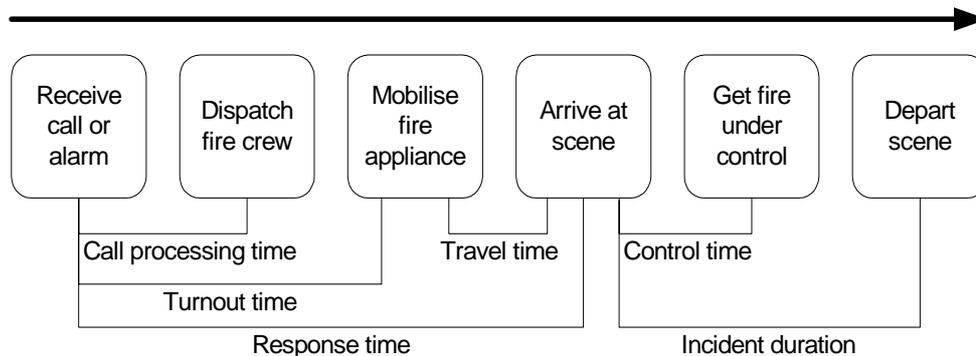
Source: ABS (2001b); table 11A.11.

Response

Response times and containment of structural fires (to the object or room of origin) are indicators of the effectiveness of fire services in terms of their ability to respond to and suppress fires. Response times to structural fires are reported first, followed by containment of structural fires to the object/room of origin.

The response time is defined as the interval between the receipt of the call at the dispatch centre and the arrival of the vehicle at the scene (that is, when the vehicle is stationary and the handbrake is applied). This and other intervals are illustrated in figure 11.13. Response times are provided on a jurisdictional basis, so they are not agency specific (which is consistent with information provided for other indicators in this chapter).

Figure 11.13 Response time points and indicators



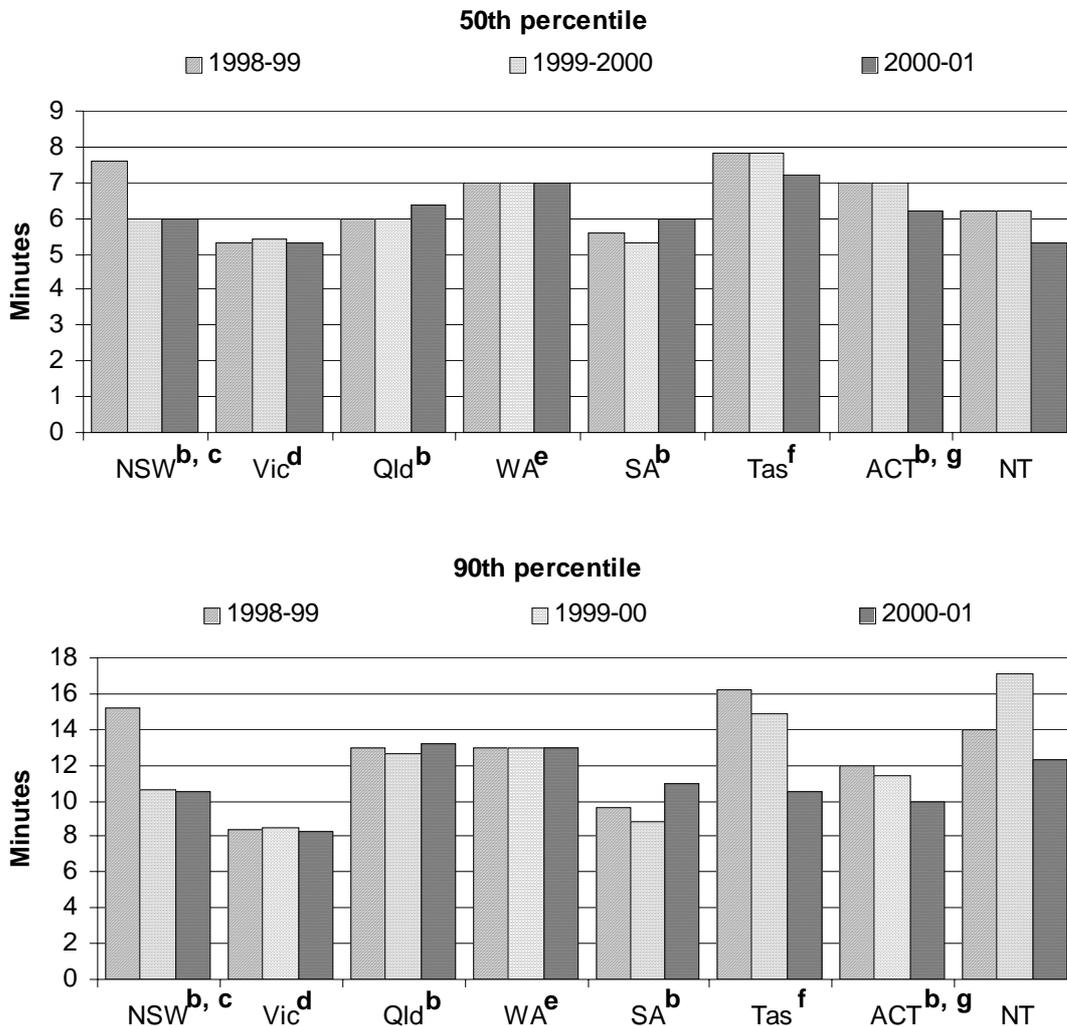
The information provided is for response times to structural fires. The results indicate the performance of only the agency (or agencies) reported, not necessarily of all fire services within each jurisdiction. Response time data need to be viewed with care because performance is not strictly comparable across jurisdictions, given that:

- response time data for some jurisdictions represent responses to urban, rural and remote areas;
- responses may include career firefighters, auxiliary/part time firefighters and volunteers;
- response times can be affected by the dispersion of the population; and
- definitions on response times vary across jurisdictions (that is, the agreed definition for the Review is not always applied).

The 50th percentile response time refers to the time within which 50 per cent of the first responding fire resources arrived at the scenes. The 50th percentile response time in 2000-01 was highest in Tasmania (7.2 minutes) and lowest in Victoria and the NT (5.3 minutes) (figure 11.14).

The 90th percentile response time refers to the time within which 90 per cent of the first responding fire resources arrived at the scenes. The 90th percentile response time in 2000-01 was highest in Queensland (13.2 minutes) and lowest in Victoria (8.3 minutes). Response time data for Victoria, however, are not yet strictly comparable (figure 11.14).

Figure 11.14 Response times to structural fires^a



^a Definitions of response times may vary from jurisdiction to jurisdiction. Also, some agencies use a manual system to calculate response time figures while other services retrieve the data from computer aided dispatch systems. ^b In NSW, Queensland, SA and the ACT, data for 1998-99 have been revised by including structural fires only, to maintain comparability with 1999-2000 and 2000-01 data. Excludes the Queensland Rural Fire Service for all years and SA Country Fire Service prior to 2000-01. ^c Data are for NSW Fire Brigades only, but include responses to calls outside NSW Fire Brigades' designated fire districts. Due to an industrial ban 1999-2000 data are derived from a sample representing 80 per cent of the incidents, and 2000-01 figures are derived from a sample representing 85 per cent of the incidents. ^d Victorian data for 1998-99 have been amended by including structural fires only, to maintain comparability with 1999-2000 and 2000-01 data. Victorian data are not uniformly consistent with the definition in the Review's data dictionary used by other jurisdictions. ^e WA 1998-99 data exclude Bush Fire Brigades. ^f Tasmanian 2000-01 data exclude Rural Fire Brigades. ^g Industrial bans in the ACT mean 1998-99 and 1999-2000 data are based on extrapolated results.

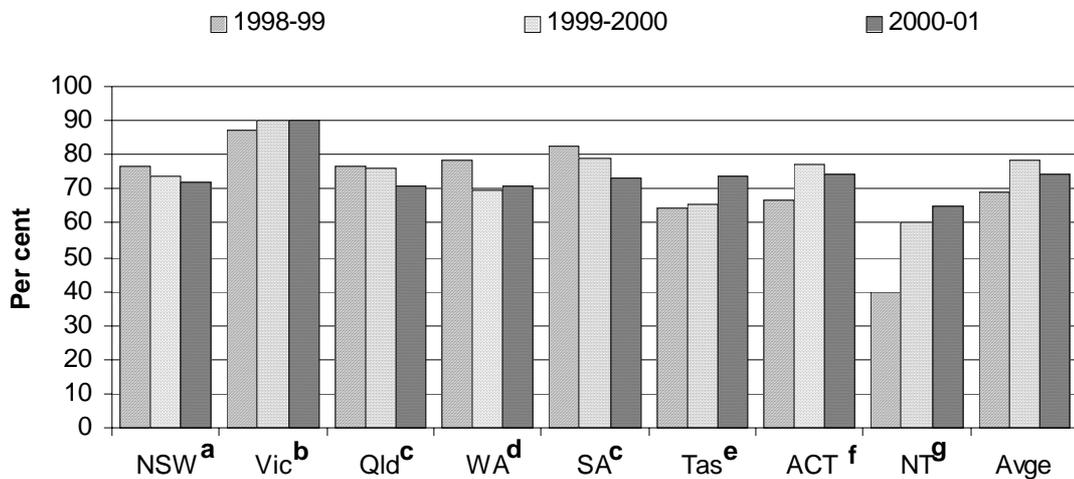
Source: State and Territory governments (unpublished); table 11A.12.

Another indicator of response effectiveness is the proportion of structural fires contained to the object or room of origin. The proportion of fires contained to the object or room of origin in 2000-01 was highest in Victoria (90.0 per cent) and lowest in the NT (65.0 per cent) (figure 11.15).

Recovery

Recovery refers to the effectiveness of fire service strategies in both returning agencies to a state of preparedness after emergency situations, and supporting communities in their reconstruction of physical infrastructure and restoration of emotional, social, economic and physical wellbeing. These strategies include the restoration of essential services, counselling programs, temporary housing, long-term medical care, and public health and safety information. Indicators of effectiveness in terms of recovery are yet to be developed.

Figure 11.15 Structural fires contained to the object/room of origin



^a 1998-2001 data are for NSW Fire Brigades only, but include responses to calls outside NSW Fire Brigades' designated fire districts. Due to an industrial ban 1999-2000 data are derived from a sample representing 80 per cent of the incidents, and 2000-01 data are derived from a sample representing 85 per cent of the incidents. ^b Victorian data include the Metropolitan Fire and Emergency Services Board and exclude the Country Fire Authority. ^c Excludes the Queensland Rural Fire Service and SA Country Fire Service respectively. ^d WA 1998-99 data exclude Bush Fire Brigades. ^e Tasmanian 2000-01 data exclude Rural Fire Brigades. ^f Industrial bans in the ACT mean 1998-99 and 1999-2000 data are based on extrapolated results. ^g Average excludes rural fire services for some years.

Source: State and Territory governments (unpublished); table 11A.13.

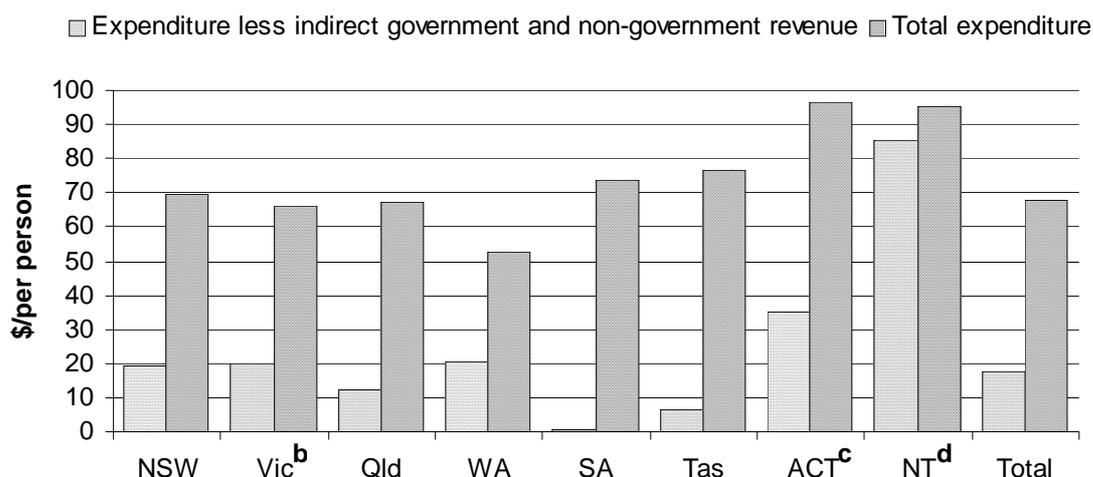
Efficiency

Efficiency indicators report on the unit cost of service delivery. Calculation of unit costs requires the specification of outputs. For fire services, this is a difficult task, given the diversity of activities undertaken. The fire sector has considered a range of options for specified outputs. Expenditure per person is employed as a proxy for efficiency. Expenditure per fire is not used as a proxy for fire services efficiency because a fire service that devotes more resources to the prevention and preparedness components to reduce the number of fire incidents could erroneously appear to be less efficient.

The indicator of efficiency for fire services is the level of inputs per person in the population. The quality of unit cost data has improved following reporting of the user cost of capital. The data are not fully comparable because there are differences in the reporting of payroll tax and asset related costs.

Expenditure is reported as both the total cost (total expenditure) and net cost (expenditure less non-government revenue) to government of fire services. Total expenditure is a measure of efficiency for fire services, and net cost is a measure of the cost to government. Both were reported in the 2001 Report and are reported again this year because non-government revenue is significant for a number of jurisdictions. Nationally, the net cost to government per person in 2000-01 was \$17.40, ranging across jurisdictions from \$85.30 per person in the NT to \$0.40 per person in SA (figure 11.16).

Figure 11.16 Fire expenditure less indirect government and non-government revenue, and total expenditure, 2000-01^a



^a Revenue from indirect government and non-government sources includes levies on insurance companies and property owners, user charges, fundraising and donations and indirect revenue. ^b 2000-01 was the first year of funding for a special resources initiative in Victoria. ^c Excludes adjustment for payroll tax exempt status in the ACT. ^d NT data exclude depreciation.

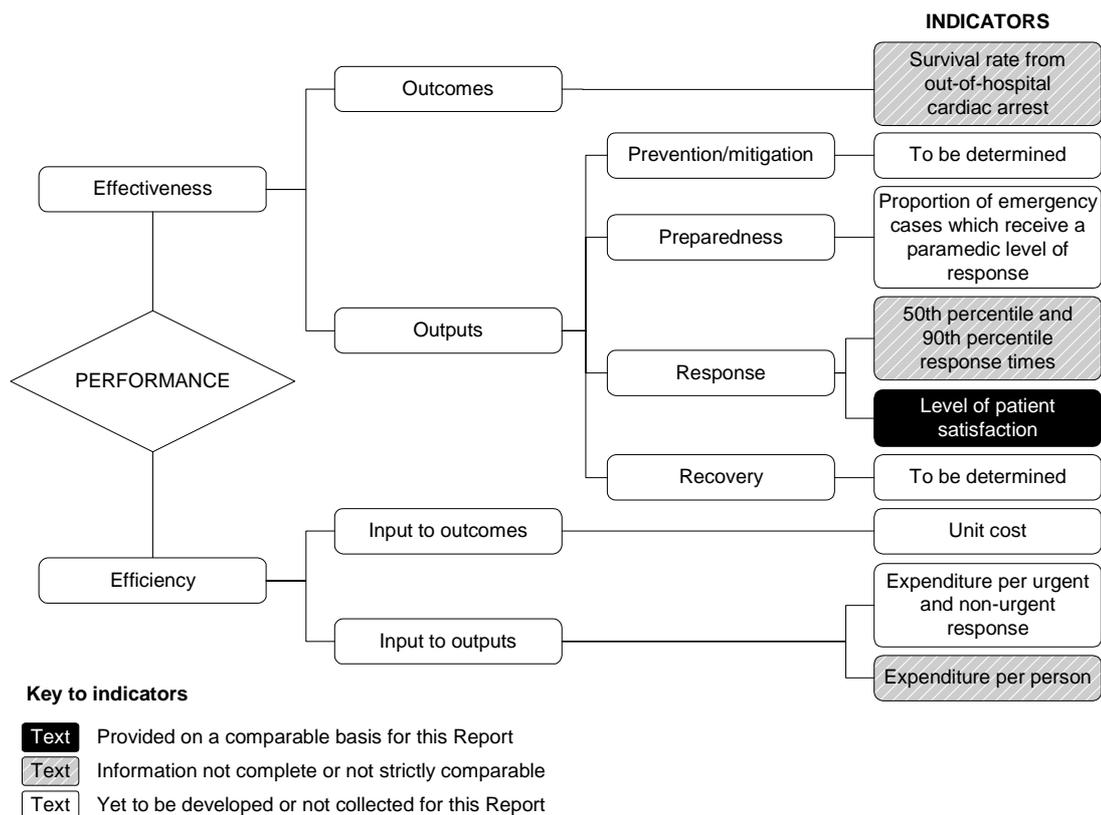
Source: State and Territory governments (unpublished); table 11A.15.

11.5 Key performance indicator results — ambulance services (pre-hospital care, treatment and transport services)

An indicator framework for ambulance services (pre-hospital care, treatment and transport services) (figure 11.17) has also been developed from the generic

framework for all emergency services. Performance has been reported for a number of indicators, but different delivery contexts, locations and types of client may affect these indicators. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this section.

Figure 11.17 Performance indicators for ambulance services (pre-hospital care, treatment and transport services)



Effectiveness

Outcomes

The survival rate from out-of-hospital cardiac arrest is a measure of the outcomes achieved by ambulance services. Reporting against this indicator is improved this year, with four jurisdictions (compared with two in the 2001 Report) able to provide these data: Victoria, Queensland, WA and the ACT (table 11A.19). The highest survival rate from out-of-hospital cardiac arrest in 2000-01 was in the ACT (19.7 per cent) and the lowest rate was in WA (1.9 per cent). The ACT data are not strictly comparable with data from other jurisdictions because the ACT provided a

six year moving average to December 2000 to overcome the potential error from the ACT's small population.

Outputs

Prevention

Prevention focuses on the extent to which community education programs improve the health and safety in the community — for example, the effectiveness of first aid training courses. The role of ambulance services in the prevention of medical emergencies differs across jurisdictions, so indicators of effectiveness in terms of prevention are yet to be developed.

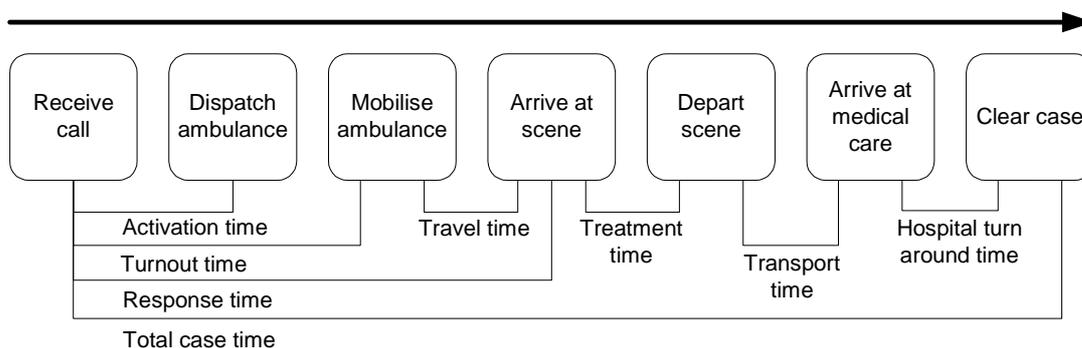
Preparedness

The ability of ambulance services to dispatch staff with a paramedic level of training quickly to a medical emergency requiring such a level of response is an indicator of their preparedness for such emergencies. No data are yet available for this indicator.

Response

The response time is defined as the time taken between the initial receipt of the call for an emergency ambulance to the ambulance's arrival at the scene of the emergency (figure 11.18).

Figure 11.18 Response time points and indicators



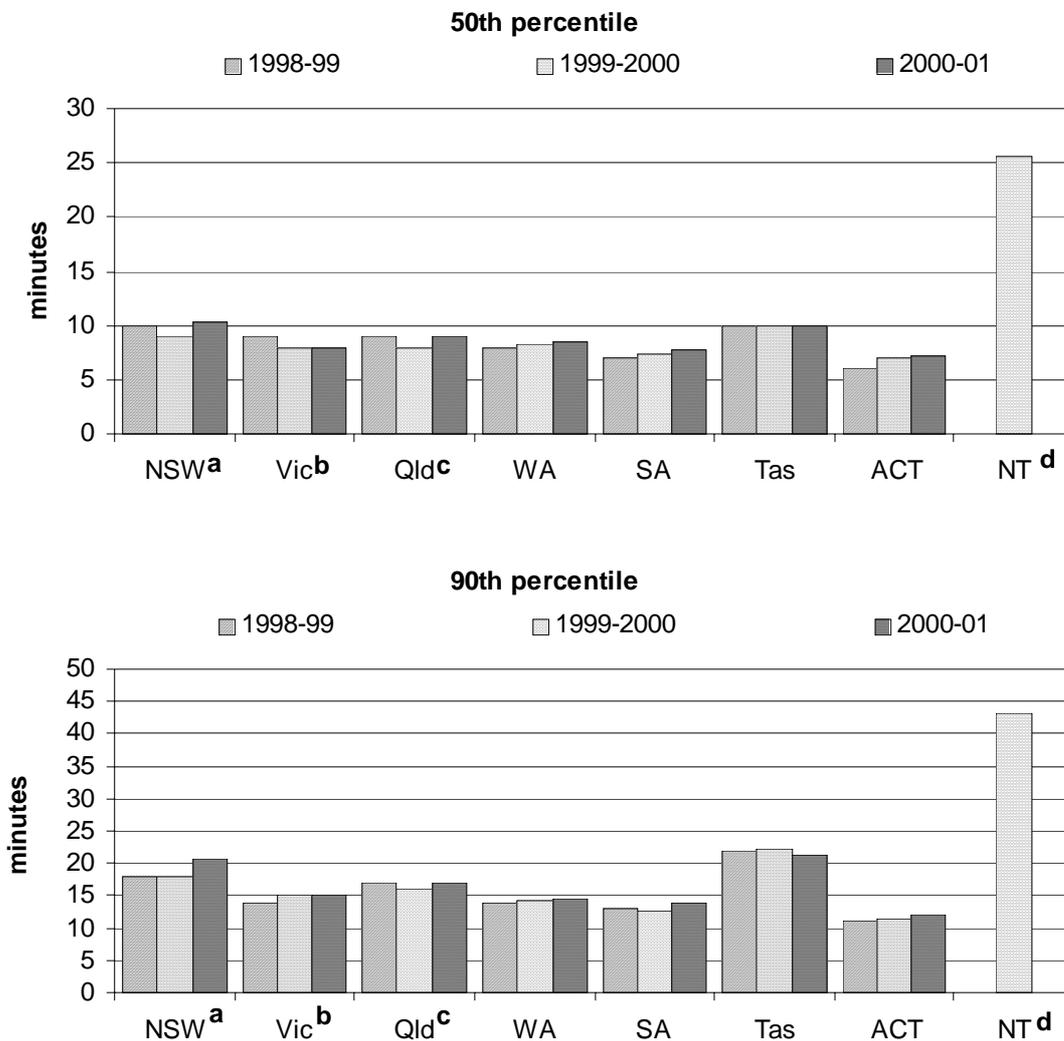
Emergency responses are categorised by an assessment of the severity of the medical problem. These categories are:

- code I — responses to potentially life threatening situations using warning devices; and
- code II — responses to acutely ill patients (not in life threatening situations) where attendance is necessary but no warning devices are used.

The level of responsiveness is reported as the times during which 50 per cent and 90 per cent of first responding ambulance resources actually respond in code I situations (figure 11.19). Information is also reported on the national level of patient satisfaction and the national level of community satisfaction.

In 2000-01, the 50th percentile response time — the time within which 50 per cent of first ambulance resources actually responded — was highest in NSW and Tasmania (10 minutes) and lowest in the ACT (7 minutes). The 90th percentile response time in 2001 was highest in NSW and Tasmania (21 minutes) and lowest in the ACT (12 minutes) (figure 11.19).

Figure 11.19 Ambulance response times

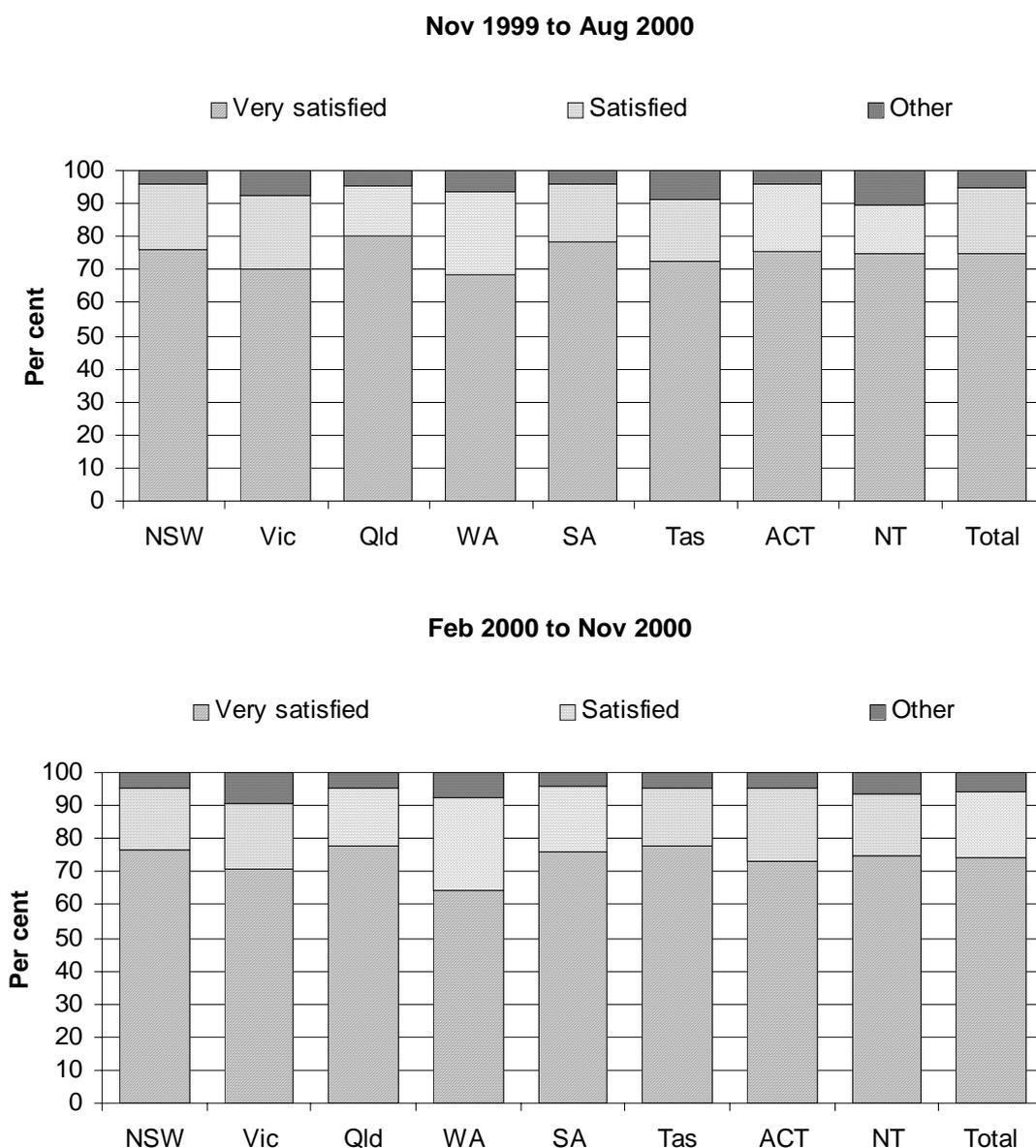


^a NSW does not triage emergency calls. Results for code 1 cases represent '000' and urgent medical incidents. ^b 1998-99 Victorian data include Metropolitan Ambulance Service only. Therefore, response time data for that year are not strictly comparable across jurisdictions. 1999-2000 and 2000-01 Victorian data are jurisdiction wide. Response times are estimated. Data are incomplete due to industrial action. ^c Queensland Ambulance Service responded to 91.4 per cent of all urgent cases in less than or equal to 16 minutes. ^d NT data were not available for 1998-99 and 2000-01.

Source: State and Territory governments (unpublished); table 11A.20.

The performance of ambulance services in providing response services can be measured in terms of the satisfaction of those persons who did (figure 11.20) and did not directly use the service (table 11A.22).

Figure 11.20 **Satisfaction with ambulance services, persons who had used an ambulance service in the last 12 months^{a, b, c}**



a Data are obtained quarterly for persons aged 18 years and over. **b** Small differences in the results should be viewed with care as they may be affected by sample and estimate size (see section 11.8). **c** Only the final quarter is new data because the PSM ceased. Three quarters already reported were repeated with the new data to preserve data integrity.

Source: ABS (2001b); table 11A.21.

Nationally, 5 per cent of the population surveyed in the February 2000 to November 2000 quarters had used an ambulance in the previous 12 months (ABS 2001b). The proportion of persons who were either satisfied or very satisfied with ambulance services was higher in all jurisdictions for those who had used an ambulance service in the previous 12 months (94.0 per cent) compared with those who had not (71.7 per cent) (table 11A.21 and 11A.22). There was little difference within

jurisdictions in the proportion of persons who had used an ambulance service who were either very satisfied or satisfied from February 2000 to November 2000 quarters (figure 11.20).

Across jurisdictions, the proportion of ambulance users who were either very satisfied or satisfied increased in Tasmania and the NT, decreased in NSW, Victoria and WA and remained constant in Queensland and SA between the 10 months ending August 2000 and November 2000 respectively. The proportion of ambulance users who were either very satisfied or satisfied was highest in SA (95.8 per cent), and lowest in Victoria (90.8 per cent) (table 11A.21).

There was no change in the satisfaction level of those who had not used an ambulance service in the 10 months ending August 2000 to November 2000, nationally (remaining at 72 per cent) (ABS 2001b). Across jurisdictions, the proportion of people who had not used ambulance services who were either very satisfied or satisfied was highest in Queensland (79.8 per cent) and lowest in the ACT (67.7 per cent). There was minimal change within jurisdictions between the 10 months ending August 2000 and November 2000 respectively (table 11A.22).

Recovery

Indicators of effectiveness expressed in terms of recovery are yet to be developed.

Efficiency

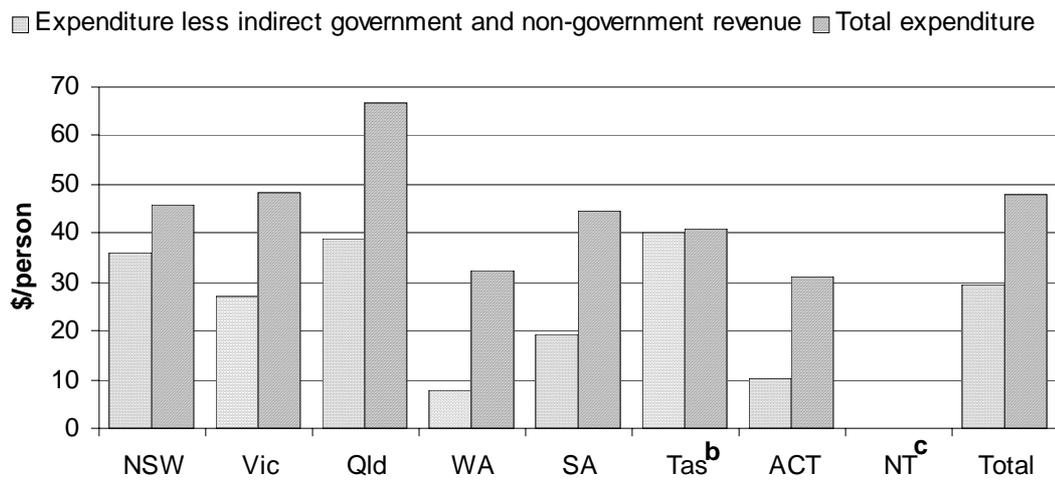
The main efficiency indicator is ambulance expenditure per person. As with fire services, the quality of unit cost data provided by ambulance services has improved following the reporting of the user cost of capital and payroll tax. The data are still not fully comparable, however, because there are differences in payroll tax exempt status and geography. Expenditure per urgent and non-urgent response will be presented in future reports.

Expenditure is reported as both the total cost (total expenditure) and net cost (expenditure less indirect government and non-government revenue) to government of ambulance services. Total expenditure is a more appropriate measure of efficiency for ambulance services, given that non-government revenue is significant for a number of jurisdictions.

Nationally, ambulance expenditure less indirect government and non-government revenue per person was \$30 in 2000-01. Across jurisdictions, Tasmania had the highest (\$40 per person) and WA had the lowest (\$8 per person) (figure 11.21).

Care needs to be taken when comparing data across jurisdictions, because there are differences in the reporting of a range of cost items (including payroll tax and the user cost of capital) as well as funding arrangements (funding policies and taxing regimes). Some jurisdictions, for example, have a greater proportion of government funds than that of other jurisdictions.

Figure 11.21 Ambulance expenditure less indirect government and non-government revenue, and total expenditure, 2000-01^a



^a Indirect government and non-government revenue includes subscription fees, transport fees, donations and indirect revenue. ^b Excludes expenditure on administration of the ambulance subscription scheme, hospital based transport services, independent ambulance services, first aid training and clinic transport services. ^c NT data are not available.

Source: State and Territory governments (unpublished); table 11A.24.

11.6 Future directions in performance reporting

A number of developments are under way to improve data quality and comparability in the chapter for future reports. A priority for the Review is to improve reporting on services to Indigenous Australians. No data are currently available because Indigenous people are generally not identified for data collection purposes. At least one jurisdiction advises that there are developments in Indigenous reporting, which if expanded nationally, may lead to data possibilities for future reports in the long term.

The Survey of Emergency Management Activities outlined in the profile identified the agencies involved in various event-type services. Road accident rescue has been selected as the next event-type service to report, and a subgroup formed this year commenced work on development of a performance indicator framework.

Data for the new road accident rescues framework are expected to be presented in the 2003 Report. The development of detailed indicators and data collection will be an iterative process extending over several years.

The survey also identified that land management agencies should be included in the Report to improve the coverage of data for fires. It is expected that some data for landscape fires may be available for future reports. Other types of event-type service for which performance reporting have yet to be developed include: rescues (other than road accident); natural events; technological and hazardous material incidents; emergency relief and recovery; and quarantine and disease control.

Improving the comparability and accuracy of response times data is also a priority for the Review. Descriptive performance indicators for fire and ambulance services are being improved with the assistance of the Australasian Fire Authorities Council and the Convention of Ambulance Authorities. In particular, these two organisations, under the auspices of the Review, are separately investigating methods for disaggregating response times data to account for geographic and other factors that may differ across jurisdictions. The Convention of Ambulance Authorities expects to conduct a pilot test in 2002, applying the Accessibility/Remoteness Index of Australia geographic classification to response time data for ambulance services.

Further, as outlined in the key performance indicator sections, the PSM is no longer part of the ABS collection. It is envisaged that jurisdictions will be responsible for collecting similar data on fire safety measures and ambulance services patient satisfaction. Instruments and arrangements to collect these data are at the developmental stage. Some data are expected to be available for the 2003 Report; these data will be less comparable than the PSM collection (because they will not be collected nationally for fire at least), although more meaningful.

Financial data are expected to improve in future reports. A subgroup has been formed this year to work on financial data issues, including cost allocation across event-type services, the impact of different leasing arrangements on asset valuations and expenses, the comparability of the treatment of assets and implications of new Australian accounting standards relating to asset measurement techniques.

The possibility of reporting an indicator for drug overdoses has been discussed. While data in this area are not collected, this issue is on the agenda for investigation during 2002, which may lead to reporting on drug overdoses in the ambulance services key performance indicators section in future reports.

11.7 Jurisdictions' comments

This section provides comments from each jurisdiction on the services covered in this chapter and attachment 11A on the CD-ROM. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter. The information covers aspects such as age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (such as Indigenous and ethnic status).

New South Wales Government comments

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The NSW Government recognises the value of performance information to enhance service delivery and for planning and policy development to build a safer, confident community. This information is also used in demonstrating to the community that emergency services are delivering the best possible services and value. It should be noted however, that the chapter reports only on a subset of the functions of the total emergency management sector in NSW. The role of emergency services in the multi-agency planning and operations that helped deliver the successful Sydney 2000 Olympic and Paralympic Games for example, is not reported in the chapter.

Some caution is necessary with the interpretation of data. NSW recognises that problems with data consistency and comparability still exist and that more work is required in some areas. To this end, NSW emergency services continue to invest in programs through the Convention of Ambulance Authorities and the Australasian Fire Authorities Council in improving performance reporting and data quality.

Fire and Ambulance Services in NSW face similar policy developments aimed at improving service delivery and the value of emergency services. The most significant developments have been:

- the construction of additional fire and ambulance stations, and the upgrading of firefighting and ambulance vehicle fleets,
- changes to management structures to accommodate the increasingly complex and changing social, economic and physical environments in order to manage risks and develop, implement and monitor community risk management programs,
- engaging the community through collaborative and partnership models in developing service delivery policy and community safety and risk management programs, and
- using information and community advice to evaluate and improve service delivery.

The year 2001 also provided emergency services the opportunity to recognise the value of volunteers to service delivery. Volunteers come from a wide range of backgrounds and their motivation for joining emergency services range from a need to protect their properties to a desire to serve the community. These backgrounds reflect the demographics of the communities they serve. Volunteers have a strong connection with and understanding of their local communities, and have a depth of local knowledge of the threat of fire and other emergencies and the way in which they can be managed. Volunteers, like other members of the community, are increasingly facing more challenging and busier professional and private lives. This impacts on their availability, a challenge that emergency services are addressing by implementing a range of systems and support services.

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Victorian Government comments

“ Victorian emergency services continue to deliver effective and efficient services to the community. In keeping with its commitment to ensure consistent service to the community and maximum resource sharing, the Office of the Emergency Services Commissioner initiated a process for developing a Model of Fire Cover for Victoria. This model will provide a long term planning framework for equitable fire cover and enhanced and relevant performance measurement. The Government continues to emphasise prevention/preparedness and partnership programs, through initiatives such as householder bushfire safety campaigns, the MFESB's (Metropolitan Fire and Emergency Services Board) Operation Home Safe and partnerships such as the formation of forestry industry fire brigades. In recognition of the value and contribution of its volunteer-based service, the Government introduced the first year of Special Resources Initiative funding, strategically targeted towards ensuring CFA (Country Fire Authority) brigades are trained, equipped and supported to professional standards. During the year 12 827 volunteers commenced the Minimum Skills program. Skills maintenance and development are also important issues for the professional firefighters in the State.

The introduction of simultaneous dispatch of ambulance and suitably trained and equipped MFESB fire units in Melbourne's Emergency Medical Response pilot program has improved response times to cases of suspected cardiac arrest. The completion of a 26 per cent expansion of Metropolitan emergency ambulance services has also improved response time performance, particularly in outer metropolitan areas. In addition, 31 000 people were trained to administer CPR through the free 'Learn CPR — the Key to Survival' initiative. All ambulance paramedics commenced training in advanced life support skills.

In a continuing Government initiative with benefits of particular importance to Victorians living in rural and regional areas, Air Ambulance has significantly enhanced its transport capability. A new state-of-the-art ambulance helicopter service began operating in Bendigo with the two existing air ambulance helicopter services scheduled to be upgraded to 'Category A' by December 2001 and arrangements were made with private helicopter operators to provide back-up craft when necessary. In addition, four old Cessna Titan aircraft were replaced with new pressurised King Air planes. Other initiatives to improve ambulance services in regional and rural Victoria included the establishment of new professional branches, the extension of two-officer crewing and the provision of 24 hour intensive care paramedics in provincial cities.

Contract execution occurred for the implementation of electronic data capture in the field through the Victorian Ambulance Clinical Information System. The system will offer unprecedented opportunities for pre-hospital research and will provide a comprehensive picture of the profile of ambulance patients and the level of paramedic intervention.”

Queensland Government comments



The past year has been one of continuing developments in the Emergency Services Portfolio in Queensland with continued progress towards achieving key corporate outcomes and objectives, which directly contribute to the Queensland Government's policy priorities.

Queensland has, in a single portfolio, skills in all aspects of emergency management — from prevention and preparation activities to response and recovery. Most uniquely Queensland has these skills in the areas of ambulance, fire, search, rescue, disaster management and mitigation, and hazardous materials. This combination of skills allows us to provide and improve emergency services to the community in an integrated and holistic way.

A key priority for the emergency services within Queensland has been to raise awareness across all levels of government of our broad role in ensuring the safety of the community in areas such as injury prevention, home based safety programs and disaster mitigation and planning.

The Dangerous Goods Safety Management Act 2001 was passed in May 2001. This legislation covers the storage and handling of dangerous goods, and the operation of high risk major hazard facilities, and mandates specific public safety requirements.

In response to the tragic fire in the Childers backpacker hostel last year, a multi-agency Building Fire Safety Taskforce was established. A Regulatory Impact Statement providing options for improvement of fire safety in budget accommodation has been released for public comment, and responses have been incorporated into legislative reforms aimed at improved building fire safety standards.

QAS (Queensland Ambulance Service) successfully commissioned its Computer Aided Dispatch and Automatic Vehicle Location technologies which, along with procedural changes, have dramatically improved ambulance response times, with 70 per cent of the most urgent cases being attended to in 10 minutes or less. Ninety-one per cent of cases are responded to within 16 minutes.

QFRA (Queensland Fire and Rescue Authority) were successful in maintaining their emergency response times for full-time permanent stations and were able to reach 93 per cent of incidences within 14 minutes.

Our International Year of Volunteers (IYV) program has significantly increased community recognition of our volunteers and their vital contribution to public safety and community support.

As we move forward our focus will remain on providing the best possible services to our diverse and geographically spread community. Our key areas of action will be on enhancing community safety and prevention, enhancing service delivery, continuing to develop and support our staff and volunteers, disaster mitigation enhancements and establishing emergency management on the strategic policy mainstream of Government.



Western Australian Government comments

“ The Fire and Emergency Services Authority (FESA) and St John Ambulance Australia (WA) Inc. have been actively participating in the development of improved nationally comparable performance data for emergency management, including the review of performance measures which commenced in 2001.¹

As these agencies cover all key emergency services areas in Western Australia, the proposed introduction of data from additional sources (for example, relating to rescues, and other human and natural hazard events) is welcomed.

A number of challenges continue to influence the provision of emergency services throughout the State (some of which may encroach on the ability to provide comparative performance information). Many relate to the State's huge land mass and sparse, widely dispersed rural/remote population; for example, WA is the largest area in the world covered by a single ambulance service.

Metropolitan ambulance services are provided almost entirely using paid ambulance officers and paramedics. In the country, however, the figure is less than 10 per cent. The remaining services are provided entirely by more than 3 500 volunteers who contribute over 3 000 000 hours of service annually. Despite this unique challenge, St John Ambulance provides services with a total cost per capita equal to the ACT and significantly less than any other State.

Associated issues for FESA include providing adequate levels of service in line with different demand profiles and (often low) economies of scale, the reliance on volunteers, and potentially lengthy response times in rural/remote areas. The State's size and resultant climatic variability also means that numerous hazards (for example, bush fires, flooding) need to be addressed on a year-round basis.

Other issues include substantial population and industrial growth in the Perth metropolitan area and the State's south west (in contrast to other regions), continuing advancements in the coordination and collocation of services, and an increasing focus on prevention services.

During the year, FESA began working towards community centred emergency management. This strategic intention seeks to heighten local community involvement in prevention programs, and assist communities to become more self-reliant and better prepared in case of emergencies. One particular focus is on increasing the capacity of remote indigenous communities to minimise the impact of hazards, including fires, floods and cyclones.

¹ St John Ambulance is a non-profit incorporated association that provides the ambulance service in WA under contract with the State Health Department. FESA is a statutory authority supporting more than 830 career firefighters and 2500 volunteer firefighters (Fire and Rescue Service), 17 900 volunteer firefighters (Bush Fire Brigades) as well as around 2500 State Emergency Service volunteers and 2400 Volunteer Marine Rescue Services volunteers.

South Australian Government Comments



The South Australian Government has committed to the following strategic priorities for emergency services to better achieve outcomes in Public Safety:

- Introducing a funding system that is equitable, transparent, accountable and integrated with strategic and risk based management;
- Revising structural and governance arrangements to deliver services more effectively and efficiently;
- Increasing support for voluntarism and regional communities;
- Collocating emergency services for integrated service delivery;
- Introducing a strategic framework for resource management;
- Adopting a strategic approach to providing emergency services;
- Achieving more cost effective delivery of emergency services; and
- Improving telecommunications for emergency services and Police.

The strategic reform agenda has delivered:

- The Community Emergency Services Fund (CESF), collected from levies on mobile and fixed property;
- The Emergency Services Administrative Unit (ESAU) to provide strategic and support services to the SAMFS (SA Metropolitan Fire Service), CFS (Country Fire Service) and SES (State Emergency Service) and strategic advice to the CESF, which directly advises the Minister on the allocation of funding;
- A Strategic Directions Framework for all emergency services to provide a context for agency planning and performance measurement;
- Enhanced processes for Emergency Risk Management; and
- The Metropolitan Transfer Service to enable more efficient matching of clinical resources to medical casetypes, thus enhancing the efficiency of SAAS.

SA Ambulance Service (SAAS) is a stand-alone agency that is not funded by the CESF, except for its rescue activity. SAAS continues to work closely with the other emergency agencies to ensure effective management of incidents. SAAS pursues co-location with these Services wherever feasible, conducts and is party to, state disaster planning and regular exercises involving all emergency agencies and is heavily involved in a number of multi-agency projects.

Major emergency management initiatives for 2001-02 include:

- Collaboratively developing Emergency Services Resourcing Standards for optimal resource allocation planning and management;
- Finalising, in conjunction with the Minister for Emergency Services and St John Priory, the withdrawal of St John from SAAS;
- Developing and implementing a new incident response system to enable better matching of clinical resources to pre-hospital medical cases; and
- Reviewing the country ambulance service to improve the delivery of ambulance services in country SA.



Tasmanian Government comments



Tasmania has a number of key issues which impact on the provision of both fire and ambulance services throughout the State. These issues include:

- the small population and subsequent lack of economies of scale;
- the widely dispersed population which affects fire and ambulance response times. At 59.1 per cent, Tasmania has the largest proportion of rural population of all jurisdictions;
- the reliance on volunteers in rural and remote areas affecting turnout times; and
- the State's rugged topography which impacts on response times and infrastructure costs (for example, the radio system).

Fire Services

Tasmania Fire Service (TFS) is comprised of four career brigades and 235 volunteer brigades that respond to fires in all metropolitan and rural areas. All incidents attended by TFS brigades are reported on, and the TFS bears the full cost of funding both the operating and capital costs of these brigades.

The 2000-01 fire season was exceptionally busy for the second year in a row and included some extended incidents due to an usually dry summer. These conditions contributed to the TFS attending more than twice the number of bush and scrub fires for consecutive years in comparison to 1998-99 levels.

TFS continued its commitment to the other key responsibility of fire prevention and the fostering of greater fire safety in the community. TFS has identified those in the community who are most at risk from fire and has established a broad range of programs to assist these people to prevent fires and minimise the impact of fires when they occur. Figures suggest fire prevention programs are helping to reduce property fires with the number of property fires in 2000-01 dropping significantly after being relatively static for the past seven years.

Ambulance Services

Tasmania is the only State which provides free ambulance services to the general public, and as a consequence there is a far greater reliance on government funding than all other jurisdictions.

Unlike most other jurisdictions expenditure on ambulance service provision in Tasmania does not include expenditure on operating an ambulance subscription scheme.

Tasmania continues to train a far greater proportion of its salaried ambulance personnel to paramedic level than most jurisdictions, with up to 70 per cent of all emergencies in Tasmania responded to at the paramedic level.

Tasmania's major influencing factor is the addition of 16 salaried officers to the service since last report. In addition, the ambulance replacement program for urban and rural areas is progressing rapidly.



Australian Capital Territory Government comments

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The ACT is unique and fundamentally different to other jurisdictions in a number of aspects relevant to emergency management. The relatively small geographic size of the Territory, and the fact that the ACT has city/State functions; and a high proportion of urban area all impact on the provision of emergency services. There are no other counterparts in Australia that provide both Territorial (State) and municipal functions in the one government structure. In addition the revenue raising capabilities of some other jurisdictions are greater and more flexible than those of the ACT.

In the ACT the focus in emergency management is on the delivery of outputs by cooperation of all emergency agencies in partnership with a prepared community. Output classes for the ACT Emergency Services Bureau are based on the national emergency management principles of prevention/mitigation, preparedness, response and recovery and are not individually identified against the specific emergency agency. The emergency management arrangements in the ACT reflect both Territorial (State) and municipal funding arrangements in the budget of the ACT Emergency Services Bureau. The bureau's Standards of Emergency Response are time and risk based, and the positioning of resources affects the impact of the multiple town centres, 'greenbelts' and Commonwealth assets of National importance.

Emergency activities, which in other jurisdictions are spread across many agencies, are concentrated in the fewer agencies comprising the ACT Emergency Services Bureau. Consequently, the expenditure per person in the ACT for the reported fire and ambulance agencies may be inflated by the cost of those activities not yet included for other jurisdictions.

Given the indication that the average annual growth rate in the over 65 age group in the ACT is the second highest for all States and Territories in the seven years since 1993, the ACT has placed emphasis on a Community Liaison and Advisory Safety Project (CLASP) as part of a prevention strategy. CLASP aims to facilitate the continued independent living of the older population by providing advice on improvements to personal safety and security. This is a cooperative venture between the ACT Council on the Ageing, the ACT Ambulance Service, the ACT Fire Brigade and the Australian Federal Police.

The ACT has been fortunate to experience no fire deaths in the last three reporting years and to have the lowest fire injury rate of all jurisdictions in the latest reported period. The ACT Fire Brigade continues to maintain preventative programs for fire education for school children, an intervention program for potential juvenile fire lighters and smoke alarms installation in residences to prevent or minimise the impact of fire in structures.

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Northern Territory Government comments



As with previous reports, the Ambulance Service in the Northern Territory (NT) has not been commented on in this chapter. St John Ambulance is an incorporated non-profit organisation and works under a contract arrangement with Territory Health Services, an agency of the Northern Territory Government.

The Northern Territory is fundamentally different from other States and Territories in a number of areas relevant to emergency management. The relatively large geographic size of the Territory, and its small population, impact heavily on the provision of emergency services to the NT community.

The tyranny of distance is a major issue for fire stations at remote locations across the Territory. Auxiliary and volunteer firefighters regularly have to travel up to 200 kilometres to attend motor vehicle accidents and chemical spills. The vast distances between centres means that brigades in these locations get no back-up from other brigades when dealing with large fires. The career and auxiliary members in these locations must rely on their own abilities and equipment to deal with any emergency.

To this end, Government is providing brigades in rural locations with better resources to help carry out the important task of emergency response. Larger appliances have been purchased for volunteer brigades in Elliott, Timber Creek, Pine Creek and Batchelor to assist firefighters in these towns to provide a better service to their community and the travelling public. Each new vehicle will enable up to seven volunteers to travel to an incident in the one vehicle while carrying 3000 litres of water, as well as firefighting and rescue equipment.

New tankers have also been purchased for the permanent and auxiliary brigades in Palmerston and Tennant Creek.

A new Memorandum of Understanding (MOU) was signed between the NT and the Commonwealth, for the NT Government to provide fire protection to Commonwealth facilities in the Territory. The MOU will enable the Northern Territory Fire and Rescue Service (NTFRS) to obtain additional staff and resources that will assist it to provide appropriate fire protection.

The primary focus of the NTFRS during the reporting period remains prevention, preparedness, response and recovery. The past 12 months have seen a dramatic improvement in NTFRS response times to emergency incidents, a reduction in deaths attributable to grass and structure fires, a reduction in the number of structure fires and a reduction in dollar loss from structure and property fires.

Fire prevention strategies such as hazard reduction planning in emergency response areas and hazard reduction burning on Crown land continues to play an important role in the fire prevention strategies of the NTFRS.

School based education also continues to play an important role in our fire prevention strategies with schools in every emergency response being visited by firefighters during the year.



11.8 Information on sample data

Some of the results reported are estimates obtained by conducting surveys of samples of the group or population in question. Results are therefore subject to *sampling error*. The data obtained from a sample may be different from the ‘true’ data that would have been obtained from the entire group or population — not just a sample — using the same methods. Consequently, when using survey results, it is necessary to be cautious (see section A, appendix A, for further details).

The *standard error* is a measure of sampling error. It indicates the extent to which the estimate may differ by chance from the ‘true value’ because only a sample was taken. If the survey is performed repeatedly, then the difference between the sample estimate and the population value will be less than one standard error about 68 per cent of the time. The difference will be less than two standard errors 95 per cent of the time. It will be less than three standard errors 99 per cent of the time. Another way of expressing this is to say that in 68 (95, 99) of every hundred samples, the estimate obtained from a single survey will be within one (two, three) standard errors of the ‘true’ value.

The chance that an estimate falls within a certain range of the true value is known as the confidence of the estimate. For any particular survey, there is a tradeoff between the confidence of the estimate (68 per cent, 95 per cent or 99 per cent) and the acceptable range of error (in terms of standard errors) attached to the estimate. The appropriate level of confidence chosen depends on the purpose of obtaining the estimate.

The *relative standard error* is the standard error expressed as a percentage of the estimate to which it relates. It indicates the margin of error that should be attached to the estimate. The smaller the estimate, the higher is the relative standard error.

Table 11.4 presents the relative standard errors associated with ABS PSM estimates by jurisdiction. The ABS estimated, for example, that over the four quarters from November 1999 to August 2000, 95 per cent of households in Victoria (or 1 643 000) installed an operational smoke alarm or smoke detector (table 11A.11). Table 11A.11 shows that the associated relative standard error is 1.4 per cent. There is a 68 per cent probability that the proportion of the population having the device installed is within one relative standard error of the estimated proportion. We can be 68 per cent confident that the true value lies between 95 per cent plus or minus 1.4 per cent of 95 per cent — that is, 93.7 per cent to 96.3 per cent. (*Note:* this is not equivalent to 94 per cent plus or minus 1.4 per cent.) We can be 95 per cent confident that the true value lies within two relative standard errors — that is, between 92.3 per cent and 97.7 per cent. The higher the level of confidence, the less precise the estimate is likely to be.

Table 11.4 Relative standard error of estimates for four quarters of the PSM (per cent)^a

<i>Estimate</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>
1 000	110.0	120.0	90.0	70.0	80.0	50.0	40.0	40.0	80.0
2 000	85.0	85.0	75.0	55.0	60.0	35.0	25.0	30.0	65.0
5 000	58.0	58.0	52.0	38.0	40.0	22.0	14.0	18.0	46.0
10 000	43.0	43.0	38.0	27.0	28.0	16.0	9.0	12.0	36.0
20 000	31.0	30.5	27.5	19.0	20.0	10.5	6.0	8.0	26.5
50 000	19.2	18.8	17.0	11.2	12.2	6.2	3.2	4.6	17.0
100 000	13.0	12.7	11.4	7.3	8.2	4.0	1.9	2.9	11.9
200 000	8.6	8.4	7.4	4.6	5.5	2.5	1.1	1.8	8.1
500 000	4.7	4.7	4.0	2.3	3.1	1.3	..	..	4.7
800 000	3.4	3.4	2.9	1.6	2.3	..	..	..	3.5
1 000 000	2.9	2.9	2.4	1.4	2.0	..	..	..	3.0
1 500 000	2.2	2.2	1.8	1.0	1.5	..	..	..	2.3
2 000 000	1.8	1.8	1.4	0.8	1.2	..	..	..	1.8
5 000 000	0.9	0.9	0.7	0.3	0.6	..	..	..	0.9

^a The ABS considers that only estimates with relative standard errors of 25 per cent or less are sufficiently reliable for most purposes. Estimates greater than 25 per cent are subject to sampling variability too high for most practical purposes; they need to be treated with caution and viewed as merely indicative of the magnitude involved. ... Not applicable.

Source: ABS (2001b).

11.9 Definitions

Table 11.5 Terms and indicators

<i>Term or indicator</i>	<i>Definition</i>
Alarm notification not involving fire	Fire alarm notification due to the accidental operation of an alarm, the failure to notify fire services of an incorrect test by service personnel or a storm induced voltage surge.
Ambulance services	Pre-hospital care, treatment and transport services.
Ambulance expenditure	Includes salaries and payments in the nature of salaries to ambulance staff, capital expenditure (such as depreciation and user cost of capital) and other operating expenditure (such as running expenditure, contract expenditure, provision for losses and other recurrent expenditure). Excludes interest on borrowings.
Ambulance non-government revenue	Includes revenue from subscription fees, transport fees, donations and other non-government revenue. Excludes funding revenue from Commonwealth, State and local governments.
Ambulance staff	Any person employed by the ambulance service provider who delivers an ambulance service, manages the delivery of this service or provides support for the delivery of this service. This includes salaried, volunteer and retained ambulance staff.
Emergency ambulance response	An emergency ambulance response to a pre-hospital medical incident or accident which necessitates the use of ambulance warning devices.
False report	An incident in which the fire service responds to and investigates a site, and may restore a detection system.
Fire death	A fatality that the reporting officer deems as directly attributable to the incident or the action of handling the fire incident. Excludes fatalities where a fire conceals a death that occurred before the fire incident. This information may be verified by coronial information.
Fire expenditure	Includes salaries and payments in the nature of salaries to fire staff, capital expenditure (such as depreciation and user cost of capital) and other operating expenditure (such as running expenditure, training expenditure, maintenance expenditure, communications expenditure, provision for losses and other recurrent expenditure). Excludes interest on borrowings.
Fire non-government revenue	Includes revenue from levies on insurance companies and property owners, user charges (such as subscriptions and other fees) and other non-government revenue (such as sale of plant and equipment, donations and industry contributions). Excludes funding revenue from Commonwealth, State and local governments.
Fire incident	A fire that is reported to a fire service and requires a response.
Fire injury	An injury resulting from a fire or flames, requiring admission to a hospital. Excludes emergency department outpatients.
Fire safety measure	<ul style="list-style-type: none"> • Operational smoke alarm or detector; • Fire sprinkler system; • Safety switch or circuit breaker; • Fire extinguisher; • Fire blanket; • Fire evacuation plan; • External water supply; • The removal of an external fuel source;

(Continued on next page)

Table 11.5 (Continued)

<i>Term or indicator</i>	<i>Definition</i>
Fire staff	<ul style="list-style-type: none"> • External sprinkler; or • Other fire safety measure. <p>Any person employed by the fire service provider who delivers a firefighting or firefighting related service, or manages the delivery of this service. This includes paid and volunteer firefighters and support staff.</p>
Indirect revenue	All revenue or funding received indirectly by the fire agency (for example directly to treasury or other entity such as subscription fees) that arises from the agency's actions.
Non-emergency ambulance response	A non-emergency ambulance response which does not necessitate the use of ambulance warning devices.
Non-structural fire	A fire outside a building or structure — including a fire involving mobile properties (such as vehicles), a rubbish fire, a bush or grass fire, and an explosion.
Other incident	<p>An incident other than fire that is reported to a fire service and requires a response. This may include:</p> <ul style="list-style-type: none"> • an overpressure rupture (for example, steam or gas), explosion or excess heat (no combustion); • a rescue (for example, industrial accidents or vehicle accidents); • a hazardous condition (for example, escape of hazardous materials); • salvage; and • a storm or extreme weather.
Paramedic response	A level of emergency care categorised as advanced life support
Response time	The interval between the receipt of the call at the dispatch centre and the arrival of the vehicle at the scene (that is, when the vehicle is stationary and the handbrake is applied).
Structural fire	A fire inside a building or structure, whether or not there is damage to the structure.
Urgent ambulance response	An urgent ambulance response to a pre-hospital medical incident or accident which does not necessitate the use of ambulance warning devices.
User cost of capital	Calculated as 8 per cent of the current value of non-current physical assets (including land, plant and equipment).
50 th percentile ambulance service response times	The time within which 50 per cent of first ambulance resources actually respond.
50 th percentile fire service response times	The time within which 50 per cent of first fire resources actually respond.
Fire death rate	The number of fire deaths per 100 000 persons in the total population.
Fire injury rate	The number of fire injuries per 100 000 persons in the total population.
90 th percentile ambulance service response times	The time within which 90 per cent of first ambulance resources actually respond.
Median dollar loss per structural fire	The median (middle number in a given sequence) of the structural loss in \$'000 per structural fire incident.

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Table 11.5 (Continued)

90 th percentile fire service response times	The time within which 90 per cent of first fire resources actually respond.
Structural fire contained to object or room of origin	A fire where direct fire/flame is contained to the room of origin (that is, excludes wildfires and vehicle fires in unconfined spaces). A room is an enclosed space, regardless of its dimensions or configuration. This category includes fires in residential and nonresidential structures.

F Community services preface

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

Community service activities (box F.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). They may include financial assistance and relief to people in crisis, and housing assistance of a short term or transitional nature, but exclude acute health care services (chapters 5–7), long term housing assistance (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) (box F.1). Data for this preface were derived from the *AIHW Welfare Services Expenditure Bulletin no. 6* (AIHW 2001b), the *AIHW Health Expenditure Bulletin no. 17* (AIHW 2001a) and the Australian Bureau of Statistics (ABS) Community Services Survey (ABS 2001).¹

The preface this year includes for the first time descriptive data obtained from the Australian Institute of Criminology (AIC) on the number and detention rates of juveniles in correctional facilities. It is anticipated that the preface will contain performance reporting on juvenile justice in future years.

¹ The ABS Community Services Survey (ABS 2001, cat. no. 8696.0) contains expenditure and output data for the community services sector for 1999-2000. A previous survey was conducted in 1995-96.

Box F.1 **Community service activities**

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

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

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

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

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

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

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

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

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

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

Source: ABS (2001).

Performance information on community services as a whole is not currently reported. While there are many interactions between the various community services, the services are too varied to enable aggregate community services reporting.

Profile of community services

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; and
- 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 corrective services are provided primarily by government, while residential care and accommodation support, and other community services activities are provided primarily by non-government organisations.

Funding

Total expenditure on community services was an estimated \$16.9 billion in 1998-99, of which the net contribution of all levels of government to community services expenditure was approximately \$11.4 billion. Total community services expenditure was equivalent to 2.8 per cent of gross domestic product in that year, with government community services expenditure equivalent to 5.3 per cent of total government outlays.²

² In 1998-99, government finance statistics moved from a cash accounting system to an accrual system. The AIHW (2001b) notes that since this change, there has been a number of unexplained shifts in expenditure figures reported by some jurisdictions. The data reported for 1998-99 need to be treated with caution and are subject to revision. The figures in this Report do not include approximately \$150 million provided by the Department of Veterans' Affairs for community care such as community nursing and home care.

The Commonwealth Government provided 38.8 per cent of community services funding in 1998-99, while State, Territory and local governments provided 28.7 per cent. Non-government community service organisations provided around 10.6 per cent and service consumers provided the remaining 21.9 per cent (table F.1).

Table F.1 Funding of community services, 1998-99

	<i>Funding</i>	<i>Share</i>
	\$m	%
Commonwealth Government	6 549	38.8
State, Territory and local governments	4 838	28.7
Non-government organisations	1 796	10.6
Households	3 702	21.9
Total^a	16 884	100.0

^a May not equal sum of parts as a result of rounding. Includes capital expenditure.

Source: Derived from AIHW (2001a, 2001b).

In 1998-99, 50.2 per cent of government recurrent community services expenditure was for services for the aged, while 22.7 per cent related to family and child services, 21.7 per cent was for services for people with a disability and 5.4 per cent was for other community services (table F.2).

Table F.2 Government recurrent expenditure on community services, 1998-99

<i>Category</i>	<i>Expenditure</i>	<i>Share</i>
	\$m	%
Services for the aged	5 458.9	50.2
Family and child services	2 483.1	22.7
Services for people with a disability	2 355.8	21.7
Other community services	585.9	5.4
Total	10 883.5	100.0

Source: AIHW (2001a, 2001b).

Given the move in government financial statistics from a cash accounting system to an accrual accounting system, data for 1998-99 are not comparable to data for earlier years. Total expenditure on community services grew by an average 7.2 per cent per year in real terms from 1994-95 to 1997-98 (or 6.0 per cent per year in real per person terms). Government expenditure on community services grew by an average 7.8 per cent per year in real terms over the same period (or 6.6 per cent per year in real per person terms) (table F.3).

Table F.3 Total government real expenditure (including capital expenditure) on community services (1998-99 dollars)

<i>Year</i>	<i>Total government outlays</i>	<i>Annual growth</i>	<i>Per person outlays</i>	<i>Annual growth in per person outlays</i>
	\$m	%	\$	%
1994-95	8 072	..	447	..
1995-96	8 518	5.5	465	4.2
1996-97	9 192	7.9	496	6.7
1997-98	10 124	10.1	541	8.9
<i>Break in series^a</i>				
1998-99	11 387	..	600	..

^a Given the move in government financial statistics from a cash to accrual accounting system, data for 1998-99 are not comparable to earlier data. .. Not applicable.

Source: AIHW (2001a, 2001b).

Growth in government expenditure for the period 1994-95 to 1997-98 was highest in services for the aged, with an average real annual growth rate of 11.3 per cent, followed by family and child community services (4.9 per cent per year), services for people with a disability (4.7 per cent per year) and other community services (4.5 per cent per year) (derived from AIHW 2001a, 2001b). More recent community services funding data can be obtained from the ABS Community Services Survey (ABS 2001).

Size and scope

At 30 June 2000, almost 9300 organisations were providing community services, covering the not-for-profit, government and for-profit sectors. The number of organisations increased by 15.3 per cent from the previous ABS Community Services Survey in 1995-96. The number of government organisations remained virtually unchanged over this period, while the number of for-profit and not-for-profit organisations increased by 32.4 per cent and 9.9 per cent respectively (ABS 2001).

Across the three sectors at June 2000, these organisations employed 341 000 people (up 7.0 per cent from 1995-96), including 277 000 employed in direct service provision (up 24.2 per cent). A further 299 000 volunteers assisted in community service activities, representing a 25.4 per cent increase from the number of volunteers in 1995-96 (ABS 2001). Government organisations employed 59 000 people in providing community services (down 13.0 per cent from the number in 1995-96), who were assisted by almost 18 000 volunteers (down 18.5 per cent) (ABS 2001).

The numbers and types of service provided in 1999-2000 varied across community service activities (table F.4).

- In personal and social support, 7.6 million contacts for information, advice and referral were made.
- In child care, around 140 000 children each day were in centre based long day care.
- An average of 72 600 residents per day were in intensive residential care (such as nursing homes and residential support institutions for the aged or people with a disability).
- A total of 2.8 million bed nights of crisis accommodation were provided, in addition to 2.6 million bed nights of transitional accommodation.

Interactions

Many clients of community services have complex needs and require a number of services. These services are typically provided by a range of service providers and are funded or provided by both government and non-government organisations within each jurisdiction, and across tiers of government. This means clients usually have contact with, and receive services from, a number of organisations.

An important issue for government is to determine how to assist these clients in meeting their complex needs and to assess performance in meeting these needs. Governments have introduced case management and policy coordination at a more central level to improve the delivery of services.

There are also links between community services and other government services. The performance of community services may influence outcomes for clients of education, health, housing and justice sector services, while these other service areas, in turn, affect outcomes for clients of community services. A broader discussion of these links is contained in chapter 1.

Table F.4 Output measures for direct community services activities, 1999-2000

<i>Direct community service activity^a</i>	<i>Number</i>
<i>Personal and social support</i>	
Information, advice and referral	7 612 100 contacts/year
Individual and family support	3 663 200 cases/year
Independent and community living support	1 871 100 cases/year
Support in the home	1 965 000 clients/year
<i>Child care</i>	
Centre based long day care	140 000 children/day (average)
Family day care	11 100 children/day (average)
Occasional care	7 200 children/day (average)
Before and after school hours care	35 800 children/day (average)
Vacation care	23 200 children/day (average)
Other child care	4 200 children/day (average)
<i>Training and employment</i>	
Pre-vocational/vocational training	9 600 trainees/year
Employment, job placement and support	44 000 clients/year
Supported employment/business services	17 400 employees/day (average)
<i>Financial and material assistance</i>	1 749 100 cases/year
<i>Residential care</i>	
Transitional accommodation	2 587 200 bed nights/year
Crisis accommodation	2 796 500 bed nights/year
Intensive residential care	72 600 residents/day (average)
Hostel care	66 800 residents/day (average)
Residential respite care	6 500 occupants/day (average)
Residential rehabilitation	2 400 residents/day (average)
Other residential care	22 600 residents/day (average)
<i>Foster care placement</i>	57 800 placements/year
<i>Accommodation placement and support</i>	na
<i>Statutory protection and placement</i>	139 800 cases/year
<i>Juvenile and disability corrective services</i>	37 000 cases/year

^a See definitions in box F.1. na Not available.

Source: ABS (2001).

Juvenile justice

It is anticipated that this preface will contain performance reporting on juvenile justice in future years. The AIHW is developing a National Minimum Data Set for juvenile justice, on behalf of the Australasian Juvenile Justice Administrators and the National Community Services Information Management Group. It is anticipated that performance information will be available within two years.

The 2002 Report includes descriptive data on the number and detention rates of juveniles in correctional facilities. The AIC has published these data, having obtained the data from juvenile corrections agencies in each jurisdiction (AIC 2001).

Data are available for all years between 1981 and 2000, although only data for selected years are shown in this preface. Nationally, the number of people aged 10-17 years detained in juvenile corrective institutions fell from 1352 to 635 over the 20 years to 2000 (table F.5).

Table F.5 **Average daily population of juveniles aged 10–17 years in juvenile corrective institutions (number)**

<i>Year</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>
1981 ^a	611	334	111	159	76	34	26	1	1 352
1985 ^a	278	269	125	110	42	17	13	23	877
1990 ^a	354	151	109	125	37	10	9	30	825
1995 ^b	380.3	72.0	130.3	99.3	53.3	13.8	12.8	18.5	780.0
1996 ^b	332.0	69.0	136.0	99.8	76.3	21.8	12.5	13.0	760.3
1997 ^b	323.8	77.3	129.5	113.0	76.3	20.3	13.8	19.5	773.3
1998 ^b	306.0	75.5	136.8	124.0	46.3	24.0	10.3	23.8	746.5
1999 ^b	259.5	68.3	125.0	121.0	43.0	31.0	9.3	18.5	675.5
2000 ^b	244.5	55.8	98.0	113.3	54.5	37.8	14.5	17.0	635.3

^a Point in time data at 30 June. ^b Average based on population of juvenile corrective institutions on the last day of each quarter.

Source: AIC (2001).

Australia wide, the rate of detention of people aged 10–17 years in juvenile corrective institutions more than halved in the 20 years to 2000, although there are substantial differences across jurisdictions (table F.6).

Table F.6 Average annual rate of detention per 100 000 juveniles aged 10-17 years in juvenile corrective institutions (per cent)

<i>Year</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>
1981 ^a	87.6	59.6	32.9	84.3	41.3	54.3	77.3	5.5	64.9
1985 ^a	38.8	47.6	34.1	55.7	23.4	27.4	34.5	103.4	40.9
1990 ^a	51.8	29.3	29.7	63.0	22.9	17.5	23.6	138.0	40.4
1995 ^b	55.8	14.5	33.6	48.0	33.4	24.1	34.4	81.4	38.0
1996 ^b	48.2	13.8	34.5	47.4	47.4	38.0	33.8	56.1	36.7
1997 ^b	46.6	15.4	32.4	52.9	47.4	35.5	37.4	82.0	37.0
1998 ^b	43.8	14.9	33.8	57.2	28.6	42.3	28.4	98.4	35.5
1999 ^b	37.0	13.4	30.6	55.2	26.5	55.1	25.8	75.9	32.3
2000 ^b	34.6	10.9	23.8	51.1	33.6	67.8	40.8	68.8	29.8

^a Point in time data at 30 June. ^b Detention rates based on average population of juvenile corrective institutions on the last day of each quarter.

Source: AIC (2001).

The proportion of females detained as a proportion of the total population of juveniles in juvenile corrective institutions fluctuated between 5.5 per cent and 17.2 per cent nationally over the 20 years to 2000 and was 10.0 per cent at 30 June 2000 (table F.7).

Table F.7 Females aged 10–17 years in juvenile corrective institutions at 30 June as a proportion of total population aged 10–17 years in juvenile corrective institutions (per cent)

<i>Year</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>
1981	14.7	24.3	19.8	8.8	6.6	23.5	50.0	0.0	17.2
1985	10.8	19.0	8.8	12.7	4.8	5.9	23.1	0.0	12.8
1990	8.2	15.9	8.3	8.8	2.7	10.0	0.0	10.0	9.5
1995	5.1	2.7	6.6	6.9	5.1	0.0	7.1	11.8	5.5
1996	6.2	2.9	5.9	11.3	14.5	11.5	14.3	0.0	7.6
1997	7.3	9.9	11.0	9.9	7.8	13.0	12.5	0.0	8.5
1998	4.5	7.5	7.4	9.6	8.0	5.3	9.1	0.0	6.3
1999	9.0	5.0	7.3	10.4	14.7	3.2	25.0	14.3	9.1
2000	8.4	17.3	8.7	10.4	16.9	8.1	6.7	0.0	10.0

Source: AIC (2001).

Data disaggregated by Indigenous status were available from 1993. The daily average number of Indigenous people aged between 10–17 years detained in juvenile corrective institutions fluctuated between 1993 and 2000, from a low of 215.5 in 1993 to a high of 321.0 in 1997. A daily average of 264.3 Indigenous juveniles were detained in 2000 (table F.8).

Table F.8 Average daily population of Indigenous juveniles aged 10–17 years in juvenile corrective institutions^{a, b}

<i>Year</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld^c</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust^c</i>
1993 ^d	84.0	5.5	40.5	48.5	27.0	0.0	0.0	10.0	215.5
1994	96.0	5.5	56.8	67.0	17.5	3.5	0.0	10.0	256.3
1995	103.3	10.3	71.3	59.3	14.0	2.3	2.0	12.0	274.3
1996	98.5	7.8	80.8	56.0	19.0	5.0	2.3	8.0	277.3
1997	121.8	13.0	72.0	71.8	18.0	5.5	2.3	16.8	321.0
1998	102.5	8.8	77.8	76.0	16.5	7.0	2.8	19.3	310.5
1999	86.5	10.0	67.3	80.0	13.0	6.0	2.3	13.5	278.5
2000	90.5	6.5	57.0	73.3	14.0	8.3	3.0	11.8	264.3

^a Average based on population of juvenile corrective institutions on the last day of each quarter. ^b Jurisdictional comparisons need to be treated with caution, especially for those States and Territories with low Indigenous populations, where small number effects can introduce statistical variations that do not accurately represent real trends over time or consistent differences from other jurisdictions. ^c In 2000, the figure includes one Indigenous male held in detention for other reasons. ^d Average based on September and December quarters only.

Source: AIC (2001).

Nationally, the detention rate for Indigenous people aged 10–17 years in 2000 was 295.4 per 100 000 Indigenous people aged 10–17 years (table F.9), compared with a detention rate of 18.2 per 100 000 for the non-Indigenous population aged 10–17 years (figure F.1).

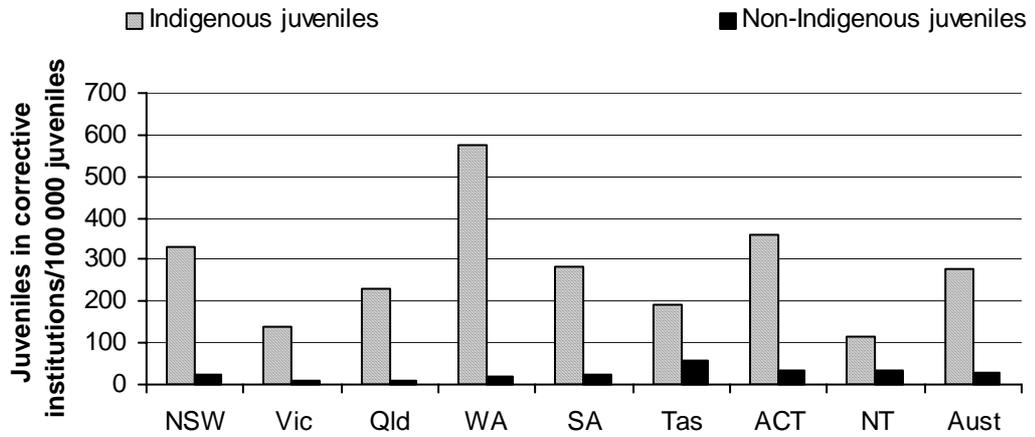
Table F.9 Rate of detention per 100 000 Indigenous juveniles aged 10–17 years in juvenile corrective institutions^{a, b}

<i>Year</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld^c</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust^c</i>
1993 ^d	469.2	156.6	229.6	518.5	760.4	0.0	0.0	110.2	344.8
1994	524.5	154.2	316.6	703.8	484.6	122.8	0.0	109.8	391.4
1995	550.6	282.5	390.3	610.4	380.3	76.3	367.5	130.9	411.1
1996	497.8	205.5	422.1	550.6	493.9	154.4	403.2	85.6	396.7
1997	564.0	329.0	355.5	665.4	433.6	158.3	350.5	175.4	431.3
1998	437.0	208.4	361.5	662.8	373.3	187.4	385.7	198.1	391.8
1999	340.0	225.0	292.4	664.5	278.1	151.4	294.5	136.5	330.6
2000	330.5	138.8	232.2	576.6	284.2	193.5	361.5	116.2	295.4

^a Detention rates based on average population of juvenile corrective institutions on the last day of each quarter. ^b Jurisdictional comparisons need to be treated with caution, especially for those States and Territories with low Indigenous populations, where small number effects can introduce statistical variations that do not accurately represent real trends over time or consistent differences to other jurisdictions. ^c In 2000, the figure includes one Indigenous male held in detention for other reasons. ^d Detention rate based on September and December quarters only.

Source: AIC (2001).

Figure F.1 Indigenous and non-Indigenous detention rates, 2000^{a, b}



^a Jurisdictional comparisons need to be treated with caution, especially for those States and Territories with low Indigenous populations, where small number effects can introduce statistical variations that do not accurately represent real trends over time or consistent differences from other jurisdictions. ^b Detention rate based on average population of juvenile corrective institutions on the last day of each quarter.

Source: AIC (2001).

12 Aged care services

The aged care system comprises all services specifically designed to meet the needs of Australia's frail older people for care and support. This chapter focuses on government funded residential and community based services for older people, particularly:

- residential services, which include high care services, low care services, services providing a mixture of high and low care, and residential respite services (box 12.1);
- community services, which include Home and Community Care (HACC) program services, Community Aged Care Package (CACP) program and Veterans' Home Care (VHC);¹
- respite services, which include HACC respite and centre based day care and the Commonwealth National Respite for Carers Program (NRCP); and
- assessment services, which are provided by Aged Care Assessment Teams (ACATs).

A profile of aged care services appears in section 12.1, followed by a brief discussion of recent policy developments in section 12.2. Together, these provide a context for assessing the performance indicators presented later in the chapter. This chapter reports data on the effectiveness and efficiency of publicly funded aged care services. Effectiveness is indicated by service quality, accessibility and equity; and efficiency is indicated by the unit cost of providing the service. A framework of performance indicators is outlined in section 12.3 and data are discussed in section 12.4. Future directions in performance reporting are discussed in section 12.5. Jurisdictions' comments are reported in section 12.6. Definitions for data descriptors and indicators are provided in section 12.7.

A number of additions and improvements have been made to the chapter this year. These include the reporting of a new effectiveness indicator — namely compliance with service standards for residential care. The chapter also includes descriptive data on intensity of care which has been identified for future reporting.

¹ Unless otherwise stated, HACC expenditure does not include the Department of Veterans' Affairs (DVA) expenditure on VHC.

Box 12.1 Interpreting residential care data

This chapter describes the characteristics and performance of residential aged care in terms of residential services, clients, places and locality.

- *Residential services data.* This Report groups residential services for reporting purposes based on the eight level Resident Classification Scale (RCS) profile of their clients. Services are classified as:
 - high care services: similar to nursing homes in the pre-1997 regime, these services cater primarily to the needs of high care residents. These services have 80 per cent or more residents classified as RCS levels 1–4; or
 - low care services: similar to hostels in the pre-1997 regime, these services cater primarily to the needs of low care residents. These services have 80 per cent or more residents classified as RCS levels 5–8; or
 - services with a mixture of high and low care: these services meet the needs of both high care and low care residents. They have less than 80 per cent residents classified as RCS levels 1–4 and more than 20 per cent of residents classified as RCS levels 5–8.

These categories have been used for descriptive purposes and do not have any legal foundation in the *Aged Care Act 1997* (Cwlth). Similarly, the choice of 80 per cent as a cut-off is subjective but considered appropriate for descriptive purposes.

- *Resident data.* This Report classifies clients as high care or low care based on their RCS assessment. High care residents have been assessed as RCS levels 1–4. Low-care residents have been assessed as RCS levels 5–8.
- *Place data.* Part 2.2 of the *Aged Care Act* details the processes for the planning and allocation of subsidised services to meet residential aged care needs and community care needs. Planning is done on the basis of high and low care need. High care places are planned to meet the needs of residents with care needs equivalent to RCS levels 1–4. Low care places are planned to meet the needs of residents with care needs equivalent to RCS levels 5–8.

Although there must be a needs match between residents entering vacant places (that is, vacant low care places must be filled by low care residents), this can change over time with ‘ageing in place’ (box 12.3) which allows a low care resident who becomes high care within the same service to occupy a low care place until they are discharged.

- *Locality data.* Geographical data areas are based on the Rural, Remote and Metropolitan Area classification (DPIE and DSH 1994). Data are classified according to an index of remoteness which rates each Statistical Local Area (SLA) based on the number and size of towns, the distance to major towns and urban centres, and population densities. Areas are classified into three groups:

(Continued on next page)

Box 12.1 (Continued)

- metropolitan areas: comprising State/Territory capital cities, based on the Australian Bureau of Statistics (ABS) capital city Statistical Division, and urban centres with 100 000 people more, such as Geelong, Gold Coast, Townsville, Newcastle and Wollongong;
- rural areas: having several large towns with between 10 000 and 99 999 people; and
- remote areas: having few large towns with more than 5000 people and where there are great distances between centres and other SLAs.

Older Australians also use many other mainstream health and community services. Other chapters cover outcomes for older people in some of these services — namely, acute health care services for older people in chapter 5 and housing services in chapter 16. There are interactions between these service areas; for example, the number of residential places may affect demand for public hospital beds, and changes in service delivery in the acute care sector may affect demand for residential aged care.

Supporting tables

Supporting tables for chapter 12 are provided on the CD-ROM enclosed with the Report. The files are provided in Microsoft Excel 97 format at `\Publications\Reports\2002\Attach12A.xls` or in Adobe PDF format at `\Publications\Reports\2002\Attach12A.pdf`.

Supporting tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 12A.3 is table 3 in the electronic files). They may be subject to revision. The most up-to-date versions of these files can be found on the Review’s web page (www.pc.gov.au/gsp/). Users without Internet access can contact the Secretariat to obtain up-to-date versions of these tables (see details on the inside front cover of the Report).

12.1 Profile of aged care services

Service overview

This chapter focuses on residential care, community care and assessment services for older people. Services that are designed for the carers of older people are also within the scope of this chapter.

Services for older people are provided on the basis of the frailty or functional disability of the recipients rather than specific age criteria. Nevertheless, in the absence of more specific information, people aged 70 years and over are used 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 and over are used as a proxy for the likelihood of requiring aged care services. The Commonwealth Government also uses these age proxies for planning the allocation of residential care and CACPs.

Government funded aged care services covered in this chapter relate to the three levels of government (Commonwealth, State and Territory, and local) involved in service funding and delivery. The formal publicly funded services covered in this chapter represent a small proportion of total assistance provided to frail older people. Extended family and partners are the largest source of emotional, practical and financial support for older people. More than 90 per cent of older people living in the community in 1998 who required help with self care, mobility or communications received assistance from the informal care network of family, friends and neighbours (ABS 1999). Many people also receive assistance from both formal aged care services and informal sources.

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

Roles and responsibilities

Assessment services

The Commonwealth established the Aged Care Assessment Program in 1984 based on the assessment processes used by State and Territory Area Health Services to determine eligibility for admission into residential care and the level of care required (and thus the subsidy paid to such services). The core objective of ACATs is to assess the needs of frail older people and recommend appropriate services. Assessment and recommendation by ACATs is mandatory for admission to residential care or receipt of a CACP. People may also be referred by ACATs to other services, such as those funded by the HACC program.

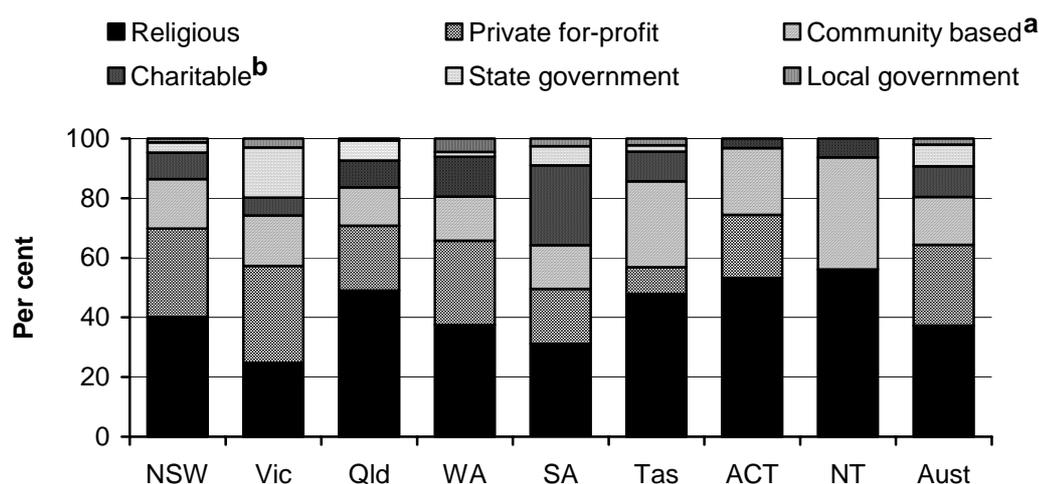
State and Territory governments are responsible for the day-to-day operation and administration of ACATs and provide the necessary accommodation and support services. The role of the teams differs slightly across jurisdictions and within a

jurisdiction, partly reflecting the service location (for example, whether the team is attached to a geriatric service, a hospital or a community service).

Residential care services

Residential care services are run mainly by private for-profit, religious, charitable and community based organisations. Some State, Territory and local governments also operate some residential services (figure 12.1). The largest providers of places at June 2001 were religious and private for-profit services (37.3 per cent and 27.0 per cent respectively). The private sector is mostly involved in high care services, managing about 46 per cent of places in these services (DHAC unpublished). The proportion of aged care services provided by government, private enterprise and charitable organisations varied significantly across jurisdictions in June 2001.

Figure 12.1 Ownership of residential places, June 2001



^a 'Community based' residential services provide a service for an identifiable community based on locality or ethnicity, not for individual financial gain. ^b 'Charitable' residential services provide a service for the general community or an appreciable section of the public, not for individual financial gain.

Source: DHAC (unpublished); table 12A.7.

The Commonwealth Government is responsible for most of the regulation of residential aged care services, including accreditation (box 12.6). State, Territory and local governments also have a regulatory role in areas such as determining staffing and industrial awards, and monitoring compliance with building and fire safety regulations (box 12.2).

Community care services

The two types of community care programs reported in this chapter — the HACC and CACP programs — fund services that aim to provide practical assistance to enable frail older people (HACC/CACP) and people with a disability (HACC) to continue living in the community. The services are usually provided by State, Territory and local government organisations, charitable bodies, community organisations and commercial providers. The Department of Veterans' Affairs (DVA) and the NRCP also provide community care services.

Box 12.2 Examples of regulatory arrangements for residential services

The Commonwealth Government controls the number of subsidised bed places, with a target of 40 high care places, 50 low care places and 10 community aged care packages for each 1000 people in the population aged 70 years and over. In addition:

- services are expected to meet regional targets for places for concessional residents, ranging from 16 per cent to 40 per cent of places, to ensure residents who cannot afford to pay an accommodation bond or charge have equal access to care (with criteria for being deemed a concessional resident being based on home ownership and occupancy, receipt of income support and the level of assets held at entry); and
- extra service places (where residents pay for a higher standard of accommodation, food and services) are restricted.

Various Commonwealth, State and Territory laws govern regulatory arrangements for residential care (box 12.6). State and Territory legislation may prescribe matters such as staffing, the dispensing of medication and/or certain medical procedures, occupational health and safety, workers' compensation requirements, building standards, and fire prevention and firefighting measures. Staff wages and conditions are generally set by jurisdictional based awards. Local government by-laws may also apply (for example, waste disposal rules).

Source: PC (1999).

Indigenous specific and flexibly funded services

About 60–70 per cent of Indigenous Australians needing aged care services have their needs met through the mainstream services covered by this chapter (DHAC unpublished). Indigenous specific and flexibly funded services provide services for the majority of those people in services, but not in mainstream services.

Funding

Assessment services

Under a cooperative arrangement, the Commonwealth provides grants to State and Territory governments to operate 123 ACATs and Evaluation Units. In 2001-02, the Commonwealth provided funding of \$39.9 million nationally (DHAC unpublished).

Residential care services

The aged care reforms introduced in October 1997 resulted in a government funding system that does not differentiate between nursing homes and hostels. One aim of this funding system is to promote 'ageing in place' — that is, enabling residents to remain in one aged care facility irrespective of their dependency level. Access to 'ageing in place' is subject to the decision of service providers to offer this option.

The Commonwealth Government provides the majority of annual funding for residential aged care services — \$3.7 billion in 2000-01, or approximately 71 per cent of the cost of care (DHAC unpublished). State and Territory governments also provide some funding for public sector beds. Residents provide most of the remainder of service revenue, with some income derived from charitable sources and donations.

Commonwealth Government funding of approximately \$6.6 million in 2000-01 was also provided through the Residential Care Development Scheme run by the DVA. The scheme aims to help ex-service and community based organisations to provide high quality residential aged care services and community care packages to the veteran community (table 12A.33).

The Commonwealth Government annual RCS subsidy for each occupied place varies according to the client's level of dependency. A high level of care is classified as RCS levels 1–4 and low level care as RCS levels 5-8 (table 12.1). The average Commonwealth annual RCS subsidy per residential place at June 2001 varied across jurisdictions, ranging from \$27 849 in the NT to \$23 317 in Queensland. Variations in average annual subsidies reflect differences in subsidy rates as well as differences in the dependency of residents (table 12.1). Low care subsidy rates (RCS levels 5–8) are the same across all States and Territories, while high care subsidy rates (RCS levels 1–4) are being adjusted towards a uniform national rate by July 2006 under the Commonwealth Government's Funding Equalisation and Assistance Package, totalling \$148 million over six years.

Table 12.1 Average annual Commonwealth RCS subsidy per occupied place and the dependency level of aged care residents, June 2001

	<i>Unit</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>
Average annual Commonwealth RCS subsidy per residential place ^a										
All RCS levels	\$	25 982	25 599	23 317	24 128	24 710	27 483	24 355	27 849	25 148
Proportion of high care residents ^b										
RCS 1 and 2	%	44.3	42.8	40.9	41.8	43.2	41.8	42.7	43.3	42.9
RCS 3 and 4	%	21.6	16.9	22.4	16.6	20.4	26.3	17.5	31.0	20.2
Proportion of low care residents										
RCS 5–8	%	34.0	40.3	36.6	41.6	36.4	31.9	39.8	25.7	36.9

^a Only includes funding on the RCS; pensioner supplement and other supplements will add around \$3000 per year for residents. On average, residents contribute \$11 200 per year to their care. ^b Differences in average annual subsidies reflect differences in subsidy rates as well as differences in the dependency of residents.

Source: DHAC (unpublished); table 12A.32.

State and Territory governments contribute financially to the services they operate, and these services generally receive lower Commonwealth subsidies than those received by other services. Some States and Territories have made arrangements to continue supplementing ex-government services following transfer to the private sector. The NT Government also provides some funding to some private not-for-profit residential care services.

The combined number of operational high care and low care places per 1000 people aged 70 years and over was reasonably similar across most jurisdictions at June 2001 (ranging from 109.8 in the NT to 78.5 in Victoria). The ACT had proportionally more low care places and fewer high care places (58.3 per cent and 41.7 per cent respectively) than those in other jurisdictions. There were proportionally more high care places in NSW (57.6 per cent) (table 12.2).

Table 12.2 Operational high care and low care residential places per 1000 people aged 70 years and over, 30 June 2001^a

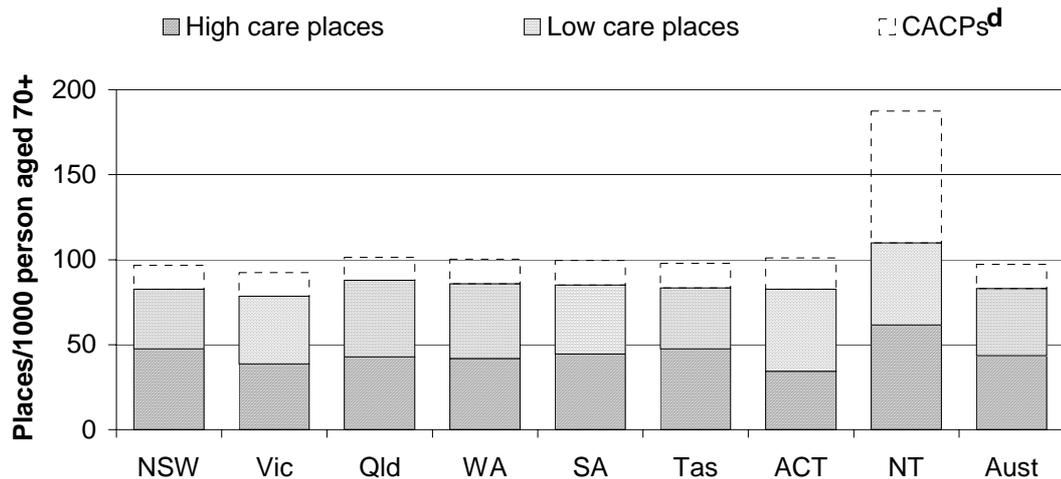
	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
High care places	no.	47.6	38.8	42.8	41.9	44.6	47.5	34.4	61.5	43.6
Low care places	no.	35.1	39.7	45.0	43.9	40.6	35.8	48.2	48.3	39.4
Total places	no.	82.7	78.5	87.8	85.8	85.2	83.3	82.6	109.8	83.0
Proportion of high care places	%	57.6	49.4	48.8	48.8	52.4	57.1	41.7	56.0	52.5
Proportion of low care places	%	42.4	50.6	51.2	51.2	47.6	42.9	58.3	44.0	47.5

^a Places do not include those that have been 'approved' but are not yet operational.

Source: DHAC (unpublished); table 12A.8.

Figure 12.2 shows the combined number of high care residential places, low care residential places and CACPs. The proportion of low care places relative to high care places rose between 1988 and 2001 (table 12A.8).

Figure 12.2 **Balance of care: operational residential places and CACPs, June 2001^{a, b, c}**



^a Places do not include those that have been 'approved' but are not yet operational. ^b 'Ageing in place' may result in some low care places being filled by high care residents. ^c Target population data exclude Indigenous people aged 50–70 years, which inflates the ratios for jurisdictions such as the NT which have a large proportion of Indigenous people in care. ^d CACPs are not residential services but are included in the Commonwealth planning targets of 100 places per 1000 residents in the target population. See box 12.1 for interpretation of residential care data.

Source: DHAC (unpublished); table 12A.8.

Community care services

Total national expenditure on HACC and respite services was \$998.6 million in 2000-01, of which HACC expenditure represented \$932.0 million. Commonwealth, State and Territory governments jointly fund the HACC program, with the Commonwealth Government contributing approximately 60.8 per cent and State and Territory governments funding the remainder (table 12A.30).

The National Respite for Carers Program provides community care services and is funded by the Commonwealth. Expenditure on this program was \$66.6 million in 2000-01 (table 12A.30). Expenditure for in-home respite care from the DVA, including emergency home care, was \$9.4 million in 2000-01 (DVA unpublished).

The CACP program is funded by the Commonwealth Government, which expended \$194.6 million on the program in 2000-01 (tables 12A.29 and 12A.2). Community Aged Care Packages are also part funded by client contributions. Between

1999-2000 and 2000-01, CACP expenditure per person aged 70 years and over grew by about 24 per cent (table 12A.29).

Size and scope of sector

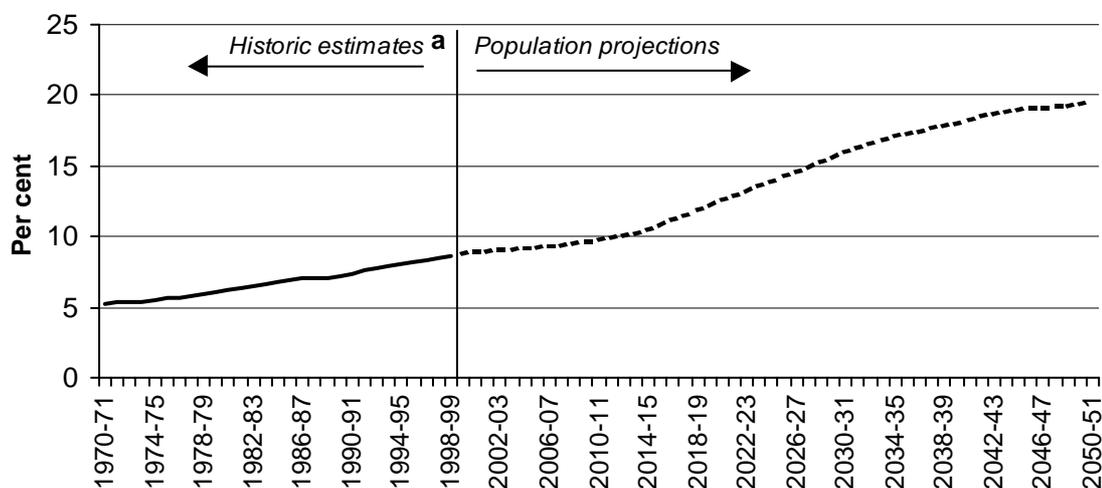
Size and growth of the older population

The Australian population is ageing (as indicated by an increase in the proportion of people aged 70 years and over in the total population). This trend is expected to continue and the proportion of older people is expected to increase dramatically in the twenty-first century (figure 12.3).

The distribution of older people varied across jurisdictions at June 2001, with relatively more older people in SA and Tasmania and relatively fewer in the NT (figure 12.4). The proportion of older females was higher than that of older males in all jurisdictions.

Demographic profiles affect the demand for aged care services because females use aged care services, particularly residential services, more than males do; for example, 72.4 per cent of aged care residents at June 2001 were female (DHAC unpublished). Females are more likely to use residential services partly because they tend to live longer (that is, there are more women than men in the older population) and are less likely to have a partner to provide care. There are also greater incidences of incontinence, hip fractures and financial disadvantage among older women.

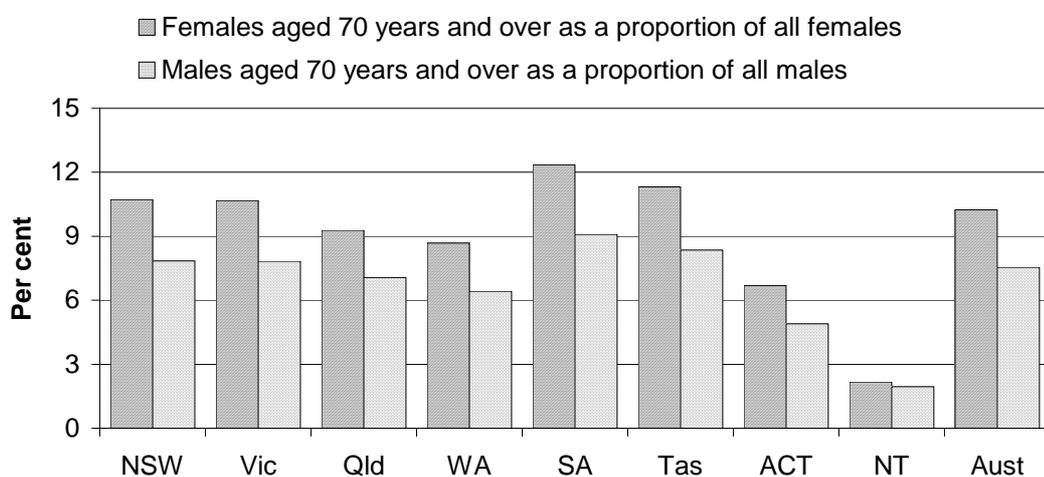
Figure 12.3 Persons aged 70 years and over as a proportion of the total population — time series



^a Historic estimates are based on the population census that is held at five-year intervals.

Source: ABS (2000).

Figure 12.4 People aged 70 years and over as a proportion of the total population, by sex, June 2001 (estimated)



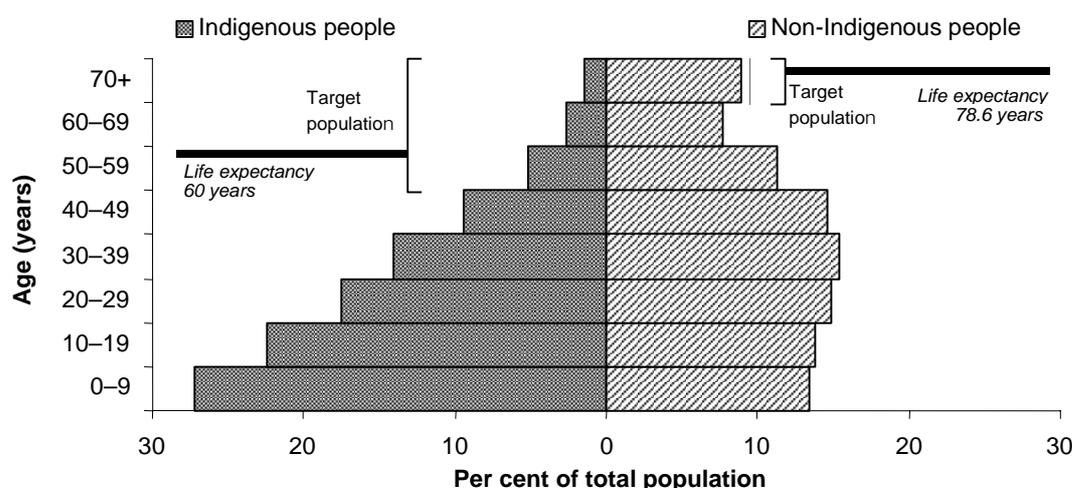
Source: DHAC (unpublished); table 12A.1.

Characteristics of older Indigenous people

The ABS estimated that about 40 500 Indigenous people were aged 50 years or more in Australia at 30 June 2001. The majority were located in NSW (30 per cent), Queensland (27 per cent), and WA and the NT (14 per cent each) (ABS 1998).

Although the Indigenous population is also ageing, there are significant differences in the age profile and life expectancy of Indigenous Australians compared with the non-Indigenous population (figure 12.5). The life expectancy of Indigenous males (57 years) and females (62 years) is nearly 20 years below that recorded for the total Australian population (ABS 1998). As a result, Indigenous people are likely to need aged care services earlier in life, compared with the general population.

Figure 12.5 Age profiles, target populations and life expectancy differences between Indigenous and other Australians, June 1999



Source: ABS (1998, 2000).

Residential care services

The size and location of residential services — which may influence costs of service delivery — vary across jurisdictions. Nationally, there were approximately 142 013 operational places (permanent and respite) in residential care services (72 266 in predominantly high care services, 34 001 in predominantly low care services and 35 746 in services with a mixture of high and low care residents) at June 2001 (tables 12A.3, 12A.4 and 12A.5). As the trend towards ‘ageing in place’ (box 12.3) increases, there has been an increase in the number of services categorised as services with a mixture of high and low care, which rose from 15.7 per cent of all places in June 2000 to 25.2 per cent of all places in June 2001. The client profile of services that had predominantly low care residents in 2000 has changed, with low level care residents choosing to stay in their current service as their dependency levels rise over time, and with aged care services expanding.

Low care services were generally smaller (as measured by number of places) than high care services at June 2001. Nationally, 84.4 per cent of low care services had

60 or fewer places (table 12A.4), compared with 74.7 per cent of high care services (table 12A.3).

Box 12.3 Ageing in place

In its Objects, the *Aged Care Act 1997* (Cwlth) aims to:

encourage diverse, flexible and responsive aged care services that:

- (i) are appropriate to meet the needs of the recipients of those services and the carers of those recipients; and*
- (ii) facilitate the independence of, and choice available to, those recipients and carers.*

Further, the Act aims explicitly to encourage and facilitate 'ageing in place'. It does not define 'ageing in place' but one useful definition is 'the provision of a responsive and flexible care service in line with the person's changing needs in a familiar environment'. In effect, ageing in place refers to a resident remaining in the same residential aged care service as their care needs increase from low level to high level care. Over time this may change the profile of people in services.

The *Aged Care Act* does not require any residential aged care service to offer ageing in place, and neither does it establish any 'program'. Rather, it creates the opportunity for providers to choose to provide the full continuum of care, by removing the legislative and administrative barriers that prevented this outcome in the past.

The concept of 'ageing in place' is linked to the outcomes of increasing choice and flexibility in residential aged care service provision. These are difficult outcomes to measure.

One possible proxy for measuring 'ageing in place' is the proportion of residential aged care service providers who are caring for residents whose care needs range across high and low care. Another possible measure is the proportion of residents who remain in the same home as their care needs increase. The main difficulty with the latter measure is determining whether decreasing mobility between hostels and nursing homes reflects negatively or positively on the choice and flexibility of residential care available to residents.

Future editions of the Report will include data on 'ageing in place', although it may not be possible to directly measure this concept.

Source: DHAC (unpublished).

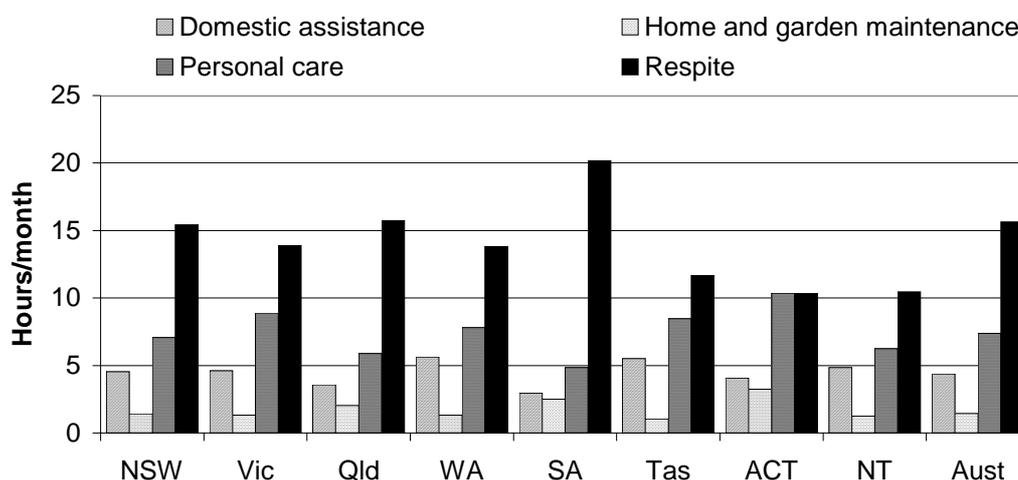
Community care services

Funding for HACC covers a range of services (such as home help and maintenance, personal care, food services, respite care, transport, paramedical services and community nursing). The target population is defined as people living in the community who are, in the absence of basic maintenance and support services, at

risk of premature or inappropriate long term residential care. The target population comprises both frail aged people and younger people with disabilities, and their carers. Approximately 70 per cent of the program's recipients are aged 70 years and over, but the program is also an important source of community care for younger people with a disability (DHAC unpublished).

Figure 12.6 shows the average number of hours approved per month for veterans who received home care services between 1 January 2001 and 30 June 2001. Veterans' Home Care services are targeted at veterans and war widows/widowers with low level care needs (DVA unpublished).

Figure 12.6 Average number of hours approved per month for veterans, 1 January 2001 to 30 June 2001^a



^a Average number of hours approved per month represents the average number of hours approved for each month of service rather than per veteran.

Source: DVA (unpublished); table 12A.40.

Community Aged Care Packages provide an alternative home based service for older people who ACATs assess as eligible for care equivalent to low level residential care (or RCS levels 5–8). The main distinctions between the HACC and CACP programs are summarised in table 12.3.

Two factors suggest community care will continue to play an increasing role in aged care services. First, there is the longer term policy objective of improving the capacity of aged care services to support people at home, which reflects a strong consumer preference. Second, the 'technology' of community care is increasingly able to achieve this goal at higher levels of client dependency.

Table 12.3 Distinctions between the HACC and CACP programs

	<i>HACC</i>	<i>CACPs</i>
Range of services ^a	Wider range of services available	Narrower range of services available
Eligibility	ACAT assessment not mandatory	ACAT assessment mandatory
Funding	Cost shared by Commonwealth, State and Territory governments and client contributions Mainstream HACC agency funding increasingly tied to the delivery of service outputs	Funded by the Commonwealth and client contributions Fund holder able to spread the available resources among high and lower need clients
Target client groups ^b	Available to people with a greater range of care needs	Targets people with care needs similar to low level residential care
Size of program	\$932 million funding in 2000-01 About 490 000 clients for the year 2000-01	\$195 million funding in 2000-01 About 30 300 clients for the year 2000-01

^a HACC services such as community nursing, which are not available under CACPs, can be supplied to someone receiving a CACP. ^b Most HACC recipients at the lower end of the scale would not be assessed as eligible for residential care; for example, an individual may receive only an hour of home care a fortnight. At the higher end, some people have levels of need that would exceed the level available under CACPs.

Source: DHAC (unpublished); tables 12A.2, 12A.9, 12A.29, 12A.30 and 12A.36.

Changing government policies over the past decade — shifting the balance of care away from the more intensive types of residential care towards home based care — have meant that both the HACC and CACP programs have become increasingly important components of the aged care system. The estimated number of HACC hours delivered per month per 1000 people aged 70 years and over grew by 2.2 per cent between 1999 and 2000 from 1048 to 1071 hours (table 12A.17). The estimated number of hours of HACC service per month increased by 4.8 per cent from 2.55 million in 1999 to 2.67 million in 2000 (DHAC unpublished). The total number of CACP places per person aged 70 years and over increased by approximately 31.2 per cent between June 2000 and June 2001 from 10.9 to 14.3 (table 12A.8).

12.2 Policy developments in aged care services

Veterans' Home Care

Veterans' Home Care is a 2000 Commonwealth Budget initiative implemented in January 2001. The program offers veterans and war widows/widowers home support services, including domestic assistance, personal care, home and garden maintenance, and respite care. Other services such as community transport, social

support and delivered meals are also available under the DVA's arrangements with State and Territory governments.

There are 54 VHC regions throughout Australia, with 34 agencies providing assessments to veterans and war widows/widowers, and approximately 300 organisations contracted to provide VHC services. Eligibility for VHC services is not automatic, but based on assessed need. Under the VHC national co-payment fees policy, veterans pay a co-payment for all VHC services except respite care. Separate co-payment arrangements apply for community transport, social support and delivered meals.

Accreditation

From 1 January 2001, all residential aged care services were required to be accredited by the Aged Care Standards and Accreditation Agency. This Report includes, for the first time, compliance with service standards for residential care as an indicator of quality to reflect the requirement for residential aged care services to gain accreditation (box 12.6 and table 12A.41)

12.3 Framework of performance indicators

The aim of the indicators is to provide information on the efficiency and effectiveness of publicly funded aged care services. Effectiveness indicators focus on access to services and the appropriateness and quality of services. Efficiency indicators focus on the unit costs of providing services (figure 12.7). These indicators relate to government objectives in the aged care sector (box 12.4).

Box 12.4 Objectives for aged care services

The aged care system aims to promote the health, wellbeing and independence of frail older people and their carers through the funding and delivery of care services that are:

- accessible;
- appropriate to needs;
- high quality; and
- efficient.

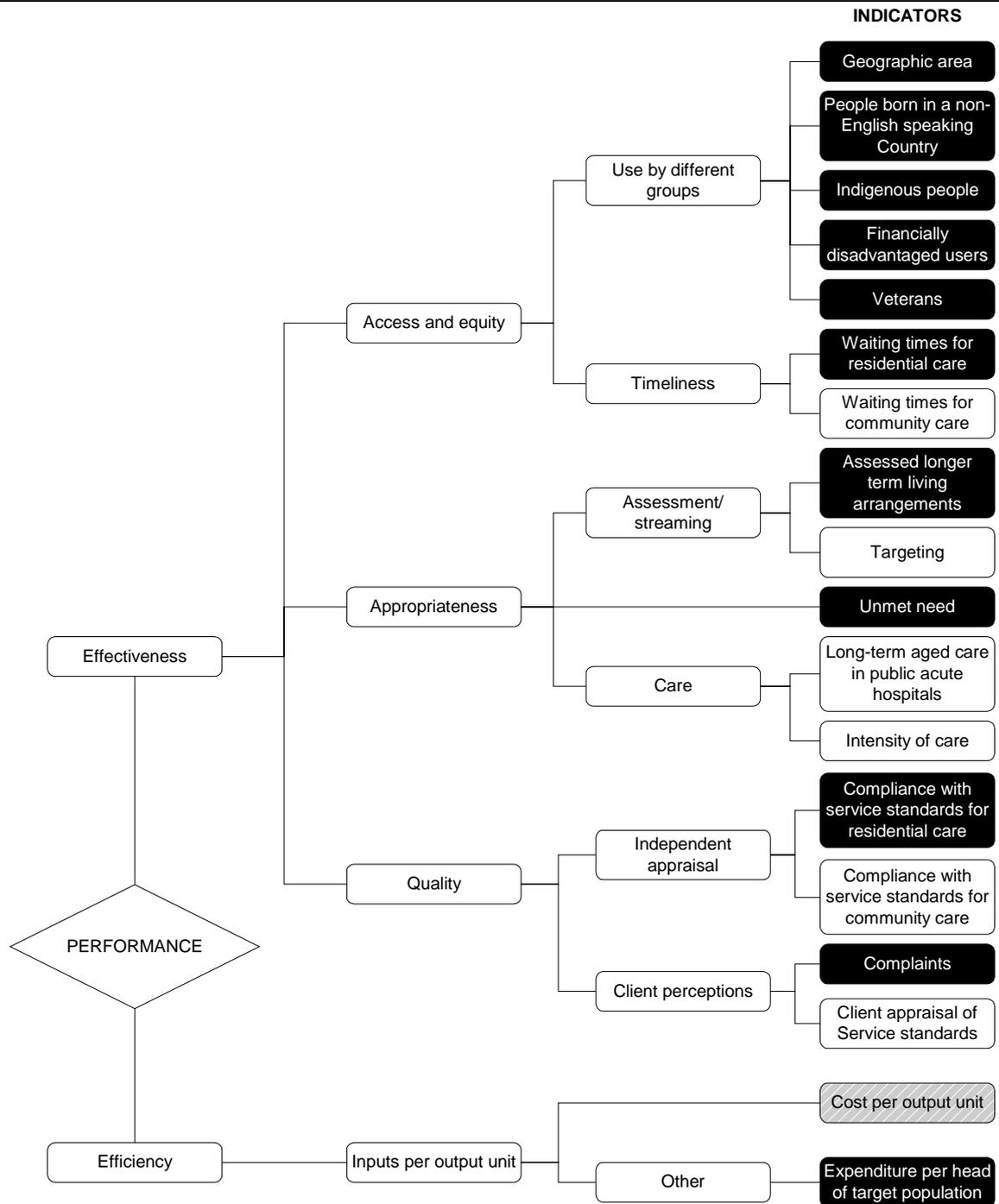
New and refined indicators

The performance indicator framework has been further refined for the 2002 Report. A new effectiveness indicator (compliance with standards for residential services) is reported (table 12.7 and table 12.8). Ongoing work to provide a more comprehensive set of performance indicators, and to improve existing indicators and data, is discussed in section 12.5.

12.4 Key performance indicator results

Different delivery contexts, locations and types of client may affect the effectiveness and efficiency of aged care services. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter.

Figure 12.7 Performance indicators for aged care services



Key to indicators

- Text** Provided on a comparable basis for this Report
- Text** Information not complete or not strictly comparable
- Text** Yet to be developed or not collected for this Report

Access and equity — use by different groups

Residential services

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

One way of measuring accessibility is to compare the proportion of residents from a special needs group with their representation in the target population (which is all people aged 70 years and over, plus Indigenous people aged 50–69 years). However, factors such as cultural differences — which may influence the extent to which various special need groups use residential care services — need to be considered in the interpretation of such results.

In all jurisdictions, on average, Indigenous people and people from non-English speaking countries have lower rates of use of aged care services at June 2001 (figure 12.8). This can be explained to some extent by the younger age profiles of Indigenous people and people from non-English speaking countries compared with the rest of the population.

Commonwealth planning guidelines require that services allocate a minimum proportion of places for concessional residents. These targets range from 16 per cent to 40 per cent of new places, depending on the service's region. Services can choose to exceed the minimum amount. All jurisdictions exceeded the minimum amount at 30 June 2001, with the NT reporting the highest proportion of concessional residents (74.0 per cent) (table 12.4).

Figure 12.8 Residents per 1000 target population, June 2001



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

Source: DHAC (unpublished); tables 12A.9, 12A.11 and 12A.13.

Table 12.4 New residents classified as concessional or assisted residents, 30 June 2001 (per cent)^{a, b}

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
High care residents	49.8	53.3	50.5	55.2	50.9	50.9	49.1	72.5	51.3
Low care residents	44.4	42.1	45.5	49.3	44.2	44.5	42.1	78.8	44.4
All residents	47.9	48.3	48.5	52.6	48.3	48.8	46.2	74.0	48.6

^a Only new residents entering residential care post-October 1997 are eligible for either a concessional or assisted resident supplement. ^b Concessional residents are those who on entry to care were in receipt of an income support payment, who had not owned a home in the previous two years or whose home was occupied by a spouse or carer, and who had assets of less than \$25 000. For married residents, half the couple's combined assets are counted. Assets include interest free loans. Assisted residents are those meeting the above criteria with asset levels between \$25 000 and \$40 000. The asset levels are as at 30 June 2001.

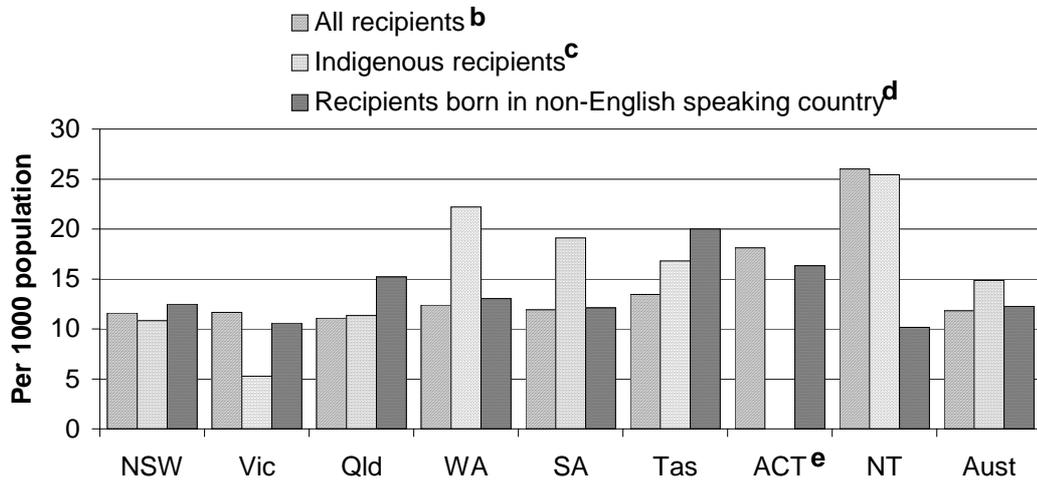
Source: DHAC (unpublished); table 12A.15.

Community Aged Care Packages

The number of CACP recipients per 1000 people aged 70 years and over has grown in recent years but at June 2001 was small relative to the total number of recipients of residential care (14.3 compared with 83.0 recipients respectively per 1000 people aged 70 years and over) (table 12A.8). The jurisdictions with smaller populations (the ACT and the NT) had the highest proportion of CACP recipients per person aged 70 years and over at June 2001. The NT had the highest proportion of CACP recipients per Indigenous person aged 50 years and over. Tasmania had the highest

proportion of CACP recipients from non-English speaking countries per person aged 70 years and over (figure 12.9).

Figure 12.9 **CACP recipients per 1000 target population, June 2001^a**



^a Excludes unknown responses for Indigenous status. ^b All recipients data are per 1000 people aged 70 years and over plus Indigenous people aged 50–69 years. ^c Indigenous recipients per 1000 Indigenous people aged 50 and over. ^d Recipients from non-English speaking countries per 1000 people from non-English speaking countries aged 70 years and over. ^e The number of CACP recipients from an Indigenous background who were resident in the ACT was not reported for 2000-01.

Sources: DHAC (unpublished); tables 12A.9, 12A.11 and 12A.13.

Home and Community Care program

Home and Community Care services are provided in the client’s home or community to people with a severe, profound or moderate disability and to their carers. It is not yet possible to calculate the exact number of hours of HACC services consumed by people aged 70 years and over compared with the service hours used by younger people with disabilities, and tables 12A.17–12A.21 provide estimates only. Around 70 per cent of HACC recipients are estimated to be aged 70 years and over.

The NT had the highest number of estimated HACC service hours delivered per 1000 people aged 70 years and over in capital cities and all areas in 2000. Victoria reported the highest number of estimated HACC service hours delivered per 1000 people aged 70 years and over in rural areas (table 12.5).

Table 12.5 Estimated level of HACC services received per month per 1000 people aged 70 years and over, by region, June 2000^{a, b}

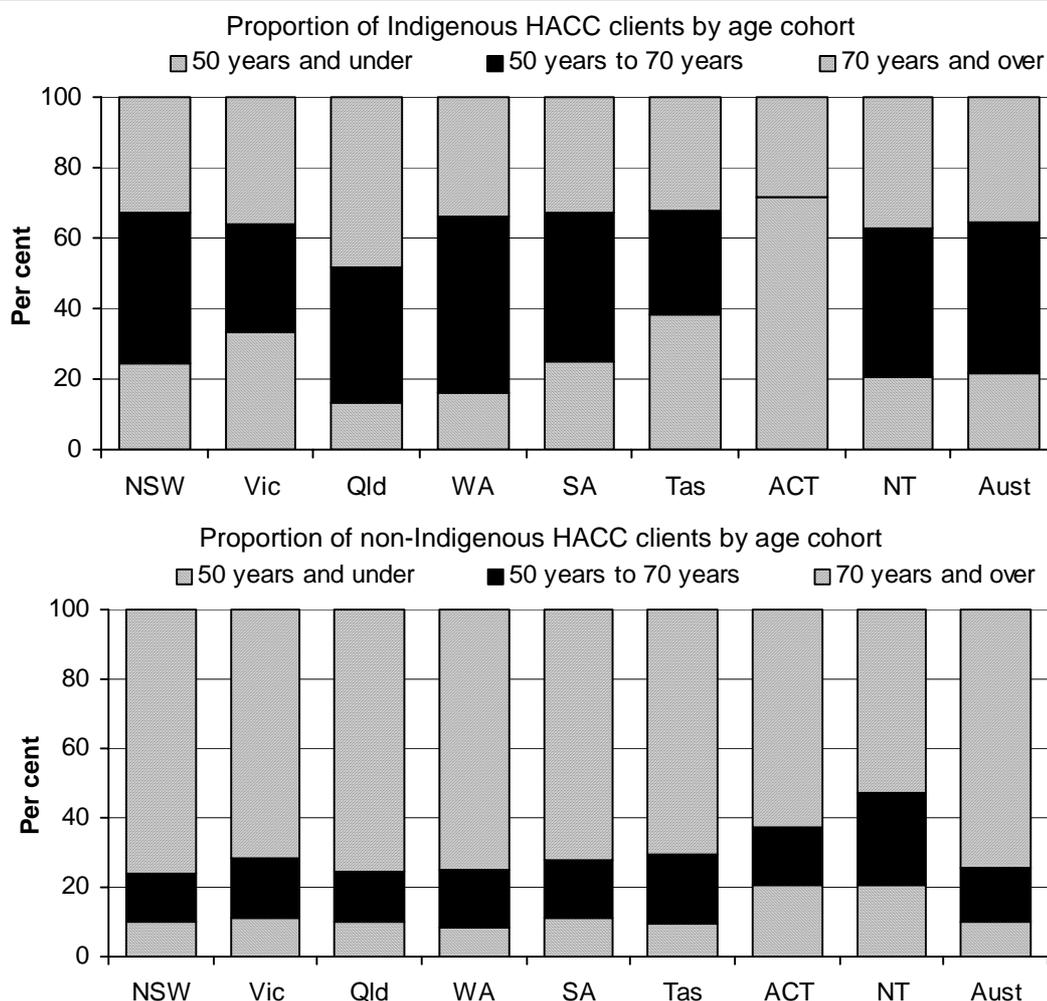
	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total hours per month^c									
Capital city	773	1 038	1 238	1 377	970	867	927	1 604	998
Other major urban areas	869	1 128	937	–	–	–	–	–	919
Rural areas	943	1 635	1 179	1 268	1 174	1 173	–	–	1 216
Remote areas	2 069	915	2 032	2 282	1 115	2 812	–	4 004	2 117
All areas	844	1 198	1 200	1 412	1 020	1 060	927	2 418	1 071
Total meals per month^d									
Capital city	375	486	618	541	491	386	284	638	467
Other major urban areas	388	677	436	–	–	–	–	–	435
Rural areas	534	643	644	609	830	561	–	–	615
Remote areas	968	144	1 057	1 307	2 825	1 388	–	4 715	1 394
All areas	426	534	616	600	596	495	284	2 257	521

^a Estimates based on the proportion of people aged 70 years and over receiving HACC services in each jurisdiction. ^b The definitions of home help, personal care, home nursing and paramedical services vary across jurisdictions. ^c Includes home help, personal care, home nursing, paramedical care, respite care, centre day care and home maintenance. ^d Includes home meals and centre meals. – Nil or rounded to zero.

Sources: DHAC (unpublished); tables 12A.17-12A.21.

Use of HACC services reported for all people compared with Indigenous people across all age groupings shows a substantial difference in the age profile for the two groups. This reflects the substantial difference in morbidity and mortality trends between Indigenous people and the general population (figure 12.10).

Figure 12.10 HACC service by recipient age and Indigenous status, 1997-98



Source: DHAC (1998); table 12A.38.

Access and equity — timeliness

Elapsed time between ACAT assessment and entry into residential care service

The elapsed time between an ACAT assessment and entry into residential care partly reflects the extent to which aged care services meet the demand for residential services, but may also reflect applicants' willingness to wait for particular residential services (box 12.5). On average, 73.7 per cent of all people entering residential care during 2000-01 had entered within three months of being assessed by an ACAT, and almost half (45.1 per cent) had entered within one month of their ACAT assessment. Across jurisdictions, the proportion of people who

entered care within three months of assessment ranged from 79.3 per cent in NSW to 63.2 per cent in the ACT (table 12A.27).

Nationally, a greater proportion of people entering high care residential services entered within three months of assessment (82.0 per cent) compared with the population entering low care residential services within that time (64.3 per cent) (table 12A.27). Across jurisdictions, the proportion of people entering high care residential services within three months of being assessed ranged from 87.1 per cent in NSW to 72.0 per cent in Queensland. The proportion of people entering low care residential services within three months of being assessed ranged from 67.7 per cent in NSW to 44.1 per cent in the ACT (figure 12.11).

Box 12.5 Interpretation of the elapsed time between ACAT approval and entry into residential care service indicator

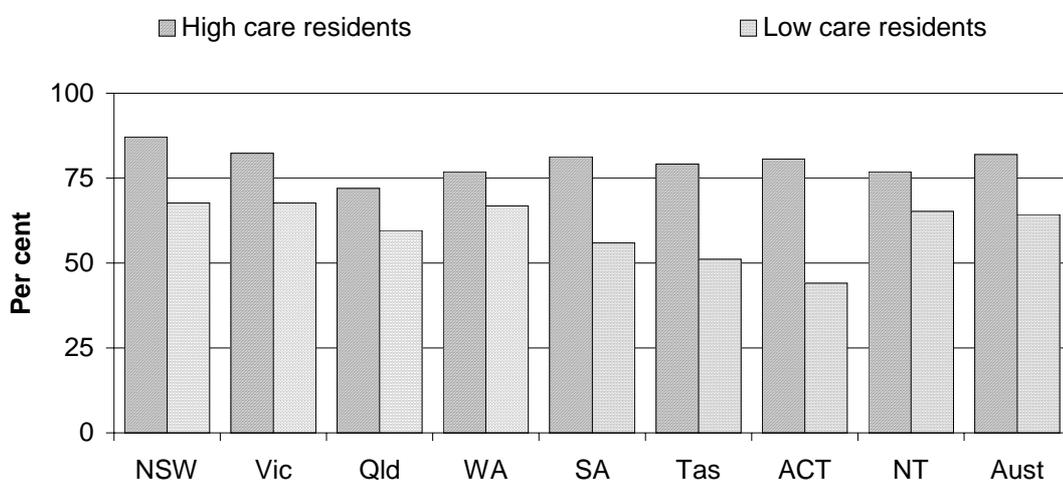
Broadly, the 'elapsed time between ACAT approval and entry into residential care service' indicator measures the time between the assessment of eligibility and admission to a service. A robust and comparable indicator requires consistent definitions of when ACAT approval and entry into a residential care service occurs. The definitions used in this chapter are:

- ACAT approval — that is, the approval date of an ACAT assessment; and
- entry into a residential care service — that is, the date of admission to a residential care service.

This indicator needs to be interpreted with care, because a range of factors may influence jurisdictional variations, such as:

- the classification of residential placement offers that are not accepted;
- the availability of alternative community care and respite services;
- hospital discharge policies and practices;
- the availability and distribution of operational residential care services;
- building quality and perceptions about quality of care, which influence client choice of preferred service;
- delays between the date of ACAT assessments and approval of assessments; and
- priority allocations.

Figure 12.11 **People entering residential care in 2000-01 who entered within three months of their ACAT assessment**



Source: DHAC (unpublished); table 12A.27.

Appropriateness — assessment/streaming

ACAT recommendations of longer term living arrangements

Data on the recommended longer term living arrangements of people referred by ACATs to residential and community care provide information on the patterns and levels of use of aged care services, even though there is no ‘correct’ mix. Aged Care Assessment Team data provide information on referrals to aged care services, not necessarily on their use. Some people may choose not to take up a referral at that time for various reasons, or the local service provider may choose not to admit them or be unable to do so at the time of application. (Service providers decide which eligible people are admitted to their service.)

The differences in recommendations may reflect external factors such as geographic dispersion of clients and services availability, but also client preferences and views on the types of client best served by community based services. Aged Care Assessment Team approvals are required for entry into residential care, so the client mix is likely to be weighted towards those who have higher levels of dependency.

Table 12.6 provides information on the proportion of assessed people referred to community or residential care. Queensland had the highest proportion of ACAT clients referred to residential care in 1999-2000 (61.0 per cent), while WA had the highest proportion of clients referred to community care (57.0 per cent).

Table 12.6 Recommended longer term living arrangements of ACAT clients, 1999-2000^a

	<i>Unit</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>
Community	%	53.2	50.1	36.9	57.0	33.7	37.5	44.3	56.3	48.5
Residential	%	38.9	38.8	61.0	37.9	52.8	60.1	37.4	22.6	43.4
Other	%	2.4	2.6	1.6	1.5	6.1	0.8	1.1	17.8	2.5
No long term plan made										
Died	%	0.5	0.9	0.2	1.1	1.8	0.3	–	0.2	0.8
Cancelled	%	0.9	0.9	0.3	–	4.7	0.8	0.2	0.6	1.0
Transferred	%	0.7	5.0	–	2.5	0.9	0.2	–	0.2	2.1
Unknown	%	3.4	1.6	–	–	–	0.3	16.9	2.4	1.8
Total	no.	59 965	52 665	25 273	23 341	15 100	4 484	2 127	629	183 584
Assessment rate ^b	no.	100.8	120.9	88.2	166.3	95.2	98.8	120.6	159.6	109.0

^a Includes deaths, cancellations and transfers. ^b Number of assessments of people aged 70 years and over per 1000 people aged 70 years and over in June 2000. – Zero or close to zero.

Source: Lincoln Gerontology Centre (2001); table 12A.35.

The distribution of ACAT living arrangement recommendations will be influenced by the degree to which any pre-selection process refers a higher proportion of people requiring residential care to ACATs for assessment. Access to residential care requires an ACAT assessment, and jurisdictions with lower overall assessment rates may operate a filtering process to focus assessments on individuals who are more likely to require this level of care. In Queensland, for example, the high proportion of residential care assessments may partly reflect its low rate of use of ACATs other than for primarily residential assessments (table 12.6).

Home and Community Care targeting

Targeting strategies provide a means of concentrating resources on those in greatest need. Prior to July 1999, the HACC Program National Guidelines were the only guidance available to service providers regarding targeting. In response, the *Targeting of HACC Services* research study was commissioned in 1995. The final report released in July 1999 identified findings in four key areas: the benefits of low levels of service use; three levels of service use; seven complementary targeting strategies; and the importance of client and carer involvement.

The focus of the report was a targeting strategies framework that service providers can use as a guide to resource allocation. As a result of the relationship among dependency, need and the level of services used, an outcome based targeting approach has been developed. Seven broad types of targeting strategy were proposed to provide the flexibility to achieve different goals for different clients.

These broad targeting strategies are designed to:

- reduce the use of residential and acute care;
- reduce the risk of premature or inappropriate admission to residential and acute care;
- allow clients with high and complex care needs to remain in the community;
- improve functioning and support independence in the community;
- support carers;
- enhance quality of life; and
- reduce unmet need.

It was recommended by HACC Officials at the May 2000 meeting in Darwin that the seven targeting strategies identified in the report form the basis of a targeting framework for the HACC program and that the HACC National Program Guidelines reflect these strategies. Veterans' Home Care was also built upon this research study, with the targeting strategies forming the basis of the VHC framework for determining levels of service provision.

Appropriateness — unmet need

Defining and determining the level of need at an individual level, let alone at a population level, are complex tasks. The perceptions of need and unmet need are often subjective. Previous reports included discussion of unmet need from a recipient's perspective based on ABS 1998 data concerning older people requiring assistance with daily activities (ABS 1999 and table 12A.34). Further work is required to progress this issue for future reports.

Quality — independent appraisal

Compliance with standards for residential care

Compliance with standards for residential care is reported for the first time this year. Certification aims to improve the physical quality of residential aged care services. The certification framework is underpinned by Part 2.6 of the *Aged Care Act* and by the Certification Principles. Certified services gain access to accommodation payments and are eligible for Commonwealth funding supplements for concessional and assisted residents.

The certification program has established minimum standards of building quality which are to be achieved progressively by the industry. To achieve certification, services are assessed against seven aspects of building quality. All services were assessed for certification in 1997 and are now working to achieve continuous improvement targets which were introduced in 1999 as part of a 10 year plan to improve building quality. Services are to achieve a safety score of 19 out of 25 and an overall score of 60 out of 100 by 2003, and to achieve privacy and space targets for residents by 2008.

Accreditation aims to promote the quality of life and quality of care of residents of government funded aged care services. Services are assessed against 44 'expected outcomes' under four main standards (management systems, staffing and organisational development; health and personal care; resident lifestyle; and physical environment and safe systems) to ensure they have internal processes conducive to quality outcomes and continuous improvement.

The accreditation process begins with a self assessment by the service, which is later validated by an assessment team via desk and site audits (box 12.6). Services are rated on a four-level scale ('commendable', 'satisfactory', 'unacceptable' or 'critical') against each of the 44 expected outcomes. These results are then consolidated to provide a similar four-level rating for each of the service standards. The four-level rating scale is being revised by the Aged Care Standards and Accreditation Agency.

The Aged Care Standards and Accreditation Agency then makes an accreditation decision, based on the audits and other relevant information. Each decision is made based on individual merits but, generally, three-year accreditation is awarded to services that are performing well and to services that have some minor non-compliance but have plans in place to rectify it. Services that have a greater degree of non-compliance, but that can demonstrate plans to rectify the non-compliance, will receive shorter periods of accreditation. Accreditation is not awarded to poorly performing services.

Services can seek reconsideration and review of decisions on accreditation, and are advised of any necessary improvements. Ongoing compliance is monitored through support contacts, and review audits may be conducted. Commencing services are assessed on the basis of a written application, and by law can receive a maximum of only 12 months accreditation.

Accreditation decisions and other information relating to the Accreditation Standards and the Aged Care Standards and Accreditation Agency are publicly available via the agency's web site (www.accreditation.aust.com).

Box 12.6 Accreditation

The Aged Care Standards and Accreditation Agency takes into account the following factors, as required by the *Accreditation Grant Principles 1999*:

- the desk audit report;
- the site audit report;
- information received from the Secretary of the Department of Health and Aged Care about matters that must be considered under division 38 of the *Aged Care Act 1997* for certification of the service;
- other information received from the Secretary;
- information received from the applicant in response to the statement of major findings presented to the applicant at the conclusion of the site audit (note that the site audit report may take into account this information from the applicant); and
- whether the agency is satisfied that the residential care service will undertake continuous improvement, measured against the Accreditation Standards, if it is accredited.

The following levels of accreditation are awarded on the basis of assessment standards.

<i>Accreditation</i>	<i>Criteria</i>
Three-year accreditation	Service is rated 'satisfactory' or 'commendable' on all four standards.
One-year accreditation	Service is: <ul style="list-style-type: none">• rated 'unacceptable' on one or more standards but has an acceptable plan of address in place; and• rated 'satisfactory' or 'commendable' on the remaining standards.
Not accredited	Service is either: <ul style="list-style-type: none">• rated 'critical' on any of the four standards; or• rated 'unacceptable' on one or more standards and does not have an acceptable plan of address in place.

Source: ACSA (1998).

All services were required to be accredited by 1 January 2001. To achieve the second accreditation, all services must make a further application for accreditation approximately six months before their present period of accreditation expires. Then, the process of desk audits and site audits is repeated. Table 12.7 summarises the accreditation decisions at 31 December 2000. The highest proportion of three-year approvals was in the ACT (100 per cent), while the lowest was in Victoria (91.8 per cent).

Table 12.7 Accreditation decisions on residential aged care services, to 31 December 2000^a

	<i>Unit</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>
Proportion of services reaching commendable or satisfactory										
Management systems, staffing and organisational development	%	98.0	97.7	97.7	98.1	97.7	100.0	100.0	86.7	97.9
Health and personal care	%	97.5	94.3	94.0	94.4	95.7	99.0	95.7	86.7	95.6
Residential lifestyle	%	99.0	97.9	98.8	100.0	97.7	100.0	100.0	93.3	98.7
Physical environment and safe systems	%	96.2	96.3	94.3	99.6	97.4	97.0	100.0	100.0	96.4
Accreditation approvals										
Three-year	%	97.0	91.8	92.4	92.9	93.8	97.0	100.0	93.3	94.1
One-year	%	2.7	6.5	7.6	5.6	3.9	1.0	0.0	6.7	4.9
Nil	%	0.1	0.7	0.0	0.0	0.3	1.0	0.0	0.0	0.3
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of services ^b	no.	928	814	487	266	304	99	23	15	2 936

^a Accreditation period as at August 2001. ^b The number of services differs from that shown in other tables because the time period is different and, in a number of cases, the Aged Care Standards and Accreditation Agency treated co-located services as a single entity.

Source: DHAC (unpublished); table 12A.41.

The average number of residents per room at September 2001 varied from 1.8 in the NT to 1.2 in both Tasmania and the ACT. Average safety scores ranged from 21 in SA to 16 in Tasmania (table 12.8).

Table 12.8 Average certification safety score and residents per room, September 2001

	<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>
Fire score ^a	19	18	20	19	21	16	20	18	19
Residents per room	1.7	1.5	1.4	1.3	1.4	1.2	1.2	1.8	1.5

^a Maximum score is 25; score of 19 to be achieved by 2003.

Source: DHAC (unpublished); tables 12A.42 and 12A.43.

Quality — client perceptions

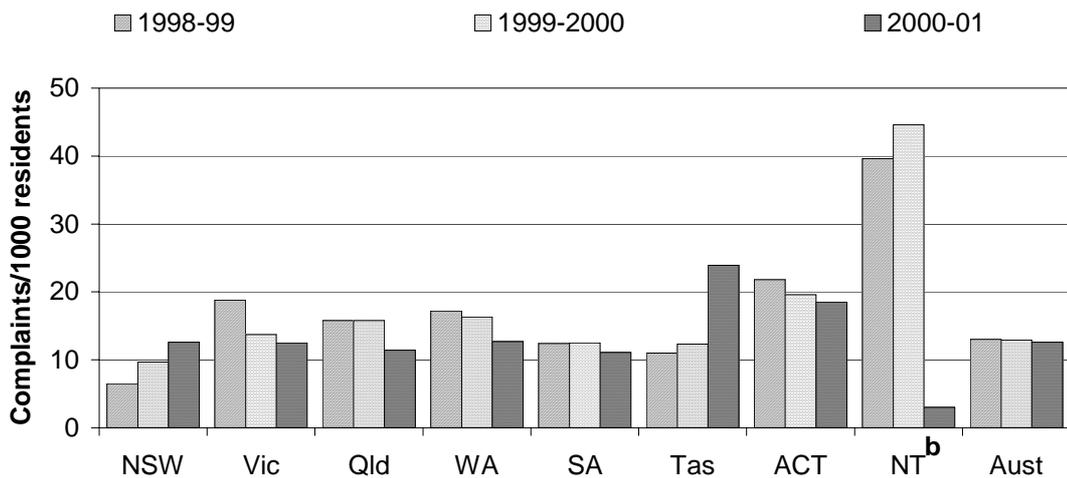
Complaints data partly indicate client satisfaction with service quality. Data collected from the residential care complaints program are reported against four main standards: management systems, staffing and organisational development; health and personal care; resident's lifestyle; and physical environment and safety

of systems. These data record both the number of people complaining and the number of complaint issues.

The residential care complaints program is at a relatively early stage, so changes in data over time may not indicate changed quality. An increase in complaints may reflect greater preparedness to complain, more awareness of the rights and avenues of complaint, and/or a reduced fear of consequences. Each jurisdiction has a variety of advocacy services which promote complaints mechanisms to varying degrees.

The number of complaints registered per 1000 residents in 2000-01 ranged from 12.7 in WA to 11.1 in SA (excluding Tasmania, the ACT and the NT, which are not directly comparable because the small number of residents in these jurisdictions exaggerates the number of complaints per 1000 residents) (figure 12.12).

Figure 12.12 Residential care complaints per 1000 residents^a



^a As at 30 June. ^b A total of 15 complaints were registered in the NT in 1999-2000. Most of these were against one NT facility and have been addressed.

Source: DHAC (unpublished); table 12A.28.

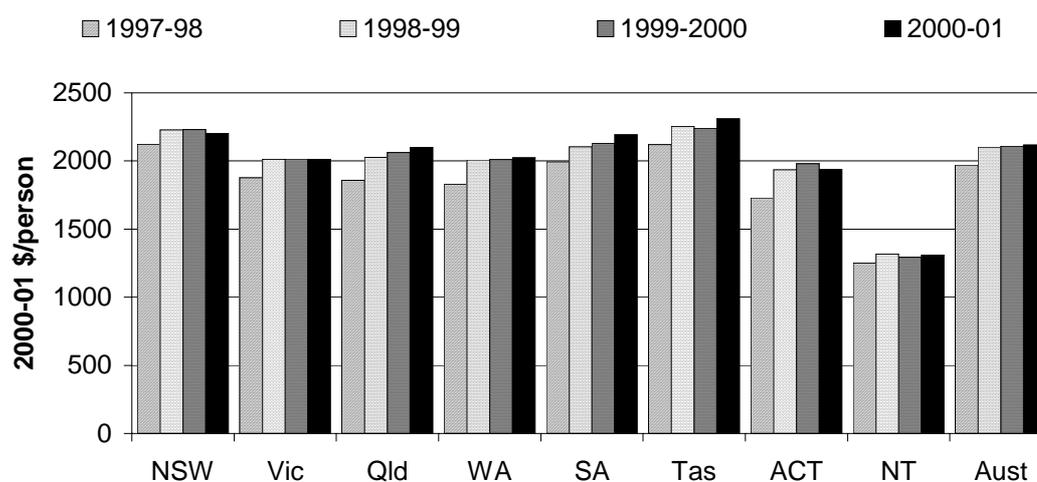
Efficiency

This section provides information on expenditure per person on the main types of aged care services. A proxy indicator of efficiency is cost per person in the target population — that is, government inputs (expenditure) per person aged 70 years and over plus Indigenous people aged 50–69 years. Unit cost data for aged care services delivered by government do not yet contain capital costs.

Commonwealth Government expenditure (including expenditure by the DVA) on residential care services per person aged 70 years and over plus Indigenous people

aged 50–69 years varied across jurisdictions in 2000-01, ranging from \$2309 in Tasmania to \$1313 in the NT (figure 12.13). The data in this year’s Report are different from last year’s data as a result of the inclusion of Indigenous people aged 50–69 years in the target population.

Figure 12.13 Commonwealth Government expenditure on residential services, per person aged 70 years and over plus Indigenous persons aged 50–69 years (2000-01 dollars)^{a, b}



^a Includes expenditure on nursing home benefits, hostel subsidies and residential respite. ^b Includes the Department of Veterans’ Affairs contribution (\$180 million in 1997-98, \$367 million in 1998-99, \$387 million in 1999-2000 and \$417 million in 2000-01).

Source: DHAC (unpublished); DVA (unpublished); table 12A.44.

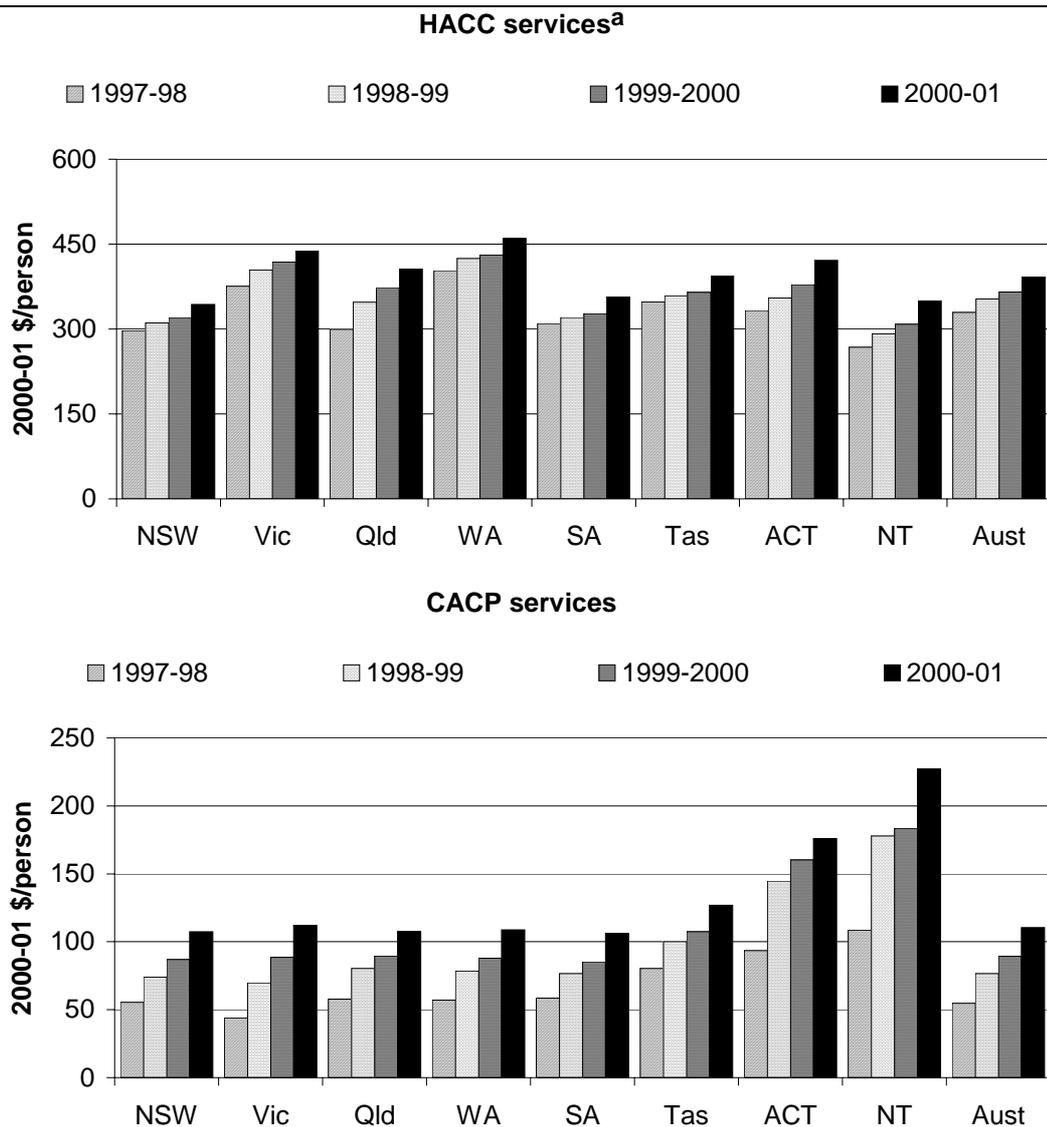
Both CACP expenditure and estimated annual HACC and NRCP expenditure per person aged 70 years and over plus Indigenous persons aged 50–69 years varied across jurisdictions in 2000-01. Western Australia reported the highest HACC expenditure (\$460 per person) and the NT reported the highest CACP expenditure (\$227 per person) (figure 12.14). New South Wales reported the lowest expenditure on HACC and the NRCP (\$343 per person) and SA reported the lowest CACP expenditure (\$106 per person).

Many government services have moved towards better measurement of unit costs as part of a strategy to promote efficiency improvements. It is difficult to measure the overall efficiency of the HACC services, given their heterogeneity, but components can be identified and unit costs can be measured. Where services are viewed as substitutes, cost comparisons may be affected.

As jurisdictions move towards output based funding of aged care services, output classification issues are likely to need to be addressed. The *Amending Agreement to the HACC Program*, clause 10(3), requires the development of ‘State plans which

specify measurable program outputs to be provided in each region, including the mix, level and quality of services'. State and Territory program managers have generally interpreted this clause as requiring a move away from historical submission based funding, towards the introduction of uniform pricing for a given service type.

Figure 12.14 **Expenditure on community care services, 2000-01 dollars per person aged 70 years and over, plus Indigenous persons aged 50-69 years (2000-01)**



^a Includes expenditure on HACC (Commonwealth, States and Territories) and the National Respite for Carers Program (Commonwealth only). Excludes DVA expenditure.

Sources: DHAC (unpublished); tables 12A.31 and 12A.45.

One approach is to identify service types so a classification system can be developed with corresponding unit costs, as is done with diagnosis related groups

for the funding of public hospitals. The development of a casemix-style community care classification system remains a challenge, including how to define a meaningful episode of care and show how client outcomes are related to the level and mix of resource inputs.

12.5 Future directions in performance reporting

There are several aspects of aged care services for which indicators are not fully developed and for which there is little performance reporting. Further development work is required to establish a full set of indicators. Developments that are relevant to all service areas are discussed in chapter 2. Box 12.7 outlines the report of the Two Year Review of Aged Care Reforms by Professor Len Gray.

Developing indicators and data

The Australian Institute of Health and Welfare has examined methods for including consumer views in the assessment of HACC service quality. The project developed a Consumer Survey Instrument (CSI), of which a number of versions have been produced to suit particular HACC service types, consumer groups and different ways of gathering consumer feedback. All States and Territories are committed to using the CSI and have agreed to investigate methods of incorporating it into the National Service Standards Instrument.

Further work is required to improve the definitions of the appropriateness indicators (adequacy of assessment, intensity and appropriateness of care). A lack of data has also prevented progress in this area. Two national HACC data developments — the HACC Minimum Data Set (MDS) project and the HACC national service standards instrument — may provide useful data for these indicators in the future.

The HACC MDS project provides a client centred data collection that focuses on outputs rather than process and inputs. The project facilitates separate reporting of the three client groups (frail older people, young people with a disability and their carers), which previously has not been possible. Consistent reporting by agencies allows more comprehensive and comparable reporting of the services both across jurisdictions and between community and residential services.

The HACC national service standards instrument measures the extent to which agencies comply with national service standards. Developed in 1996-97, the instrument is the basis for monitoring, evaluating and reporting on the quality of HACC services. Some information on the early stages of implementation may be

available for the 2003 Report, with more extensive information to be available in future reports.

Box 12.7 The Two Year Review of Aged Care Reforms

In July 1998, Professor Len Gray was appointed to undertake an independent review of the *Aged Care Act 1997* and implementation of the related structural reforms. The report, *Two Year Review of Aged Care Reforms*, was subsequently released in May 2001.

Professor Gray reported against the eight areas of interest defined in the terms of reference (access, affordability, quality, efficiency, industry viability, State and Territory programs, choice and appropriateness, and other considerations including dementia) and concluded, in relation to the eight areas, that the reforms have delivered improvements to the aged care system.

In summary, the report recommended that:

- the Department of Health and Aged Care (DHAC) review and enhance indicators of supply and demand for residential and community care to ensure the adequacy and reliability of these measures;
- the Commonwealth and the States and Territories jointly undertake a critical analysis of current measures of care, and work cooperatively to ensure appropriate care options are available across the full range of settings;
- a more detailed analysis of respite care be undertaken;
- further investigation be undertaken into the needs and care options for people with dementia;
- discussion occur among stakeholders to explore simple administrative changes that could improve the information available to intending residents and reduce the complexity of admissions procedures;
- the Aged Care Standards and Accreditation Agency examine its assessment protocol to ensure its consistency between assessments, and continue to take particular care in monitoring medication and nursing care standards in aged care services that have a low proportion of high care residents; and
- DHAC and the Aged Care Standards and Accreditation Agency consider the introduction of objective measures of continuous improvement and further consider processes and outcomes of accreditation following the first round of assessments to assist in the development of future monitoring of care quality.

The Commonwealth Government has accepted all the recommendations in the Report. It is likely that some of the Government's response to the Gray Report will affect future data and indicators published by the Review. The specific nature of the implications for the Review will be discussed in future editions of the *Report on Government Services*.

Source: Gray (2001)

12.6 Jurisdictions' comments

This section provides comments from each jurisdiction on the services covered in this chapter and attachment 12A on the CD-ROM. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter. The information covers aspects such as age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (such as Indigenous and ethnic status).

Commonwealth Government comments

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The Commonwealth's emphasis on community care continued over the last year with increased funding for carers and respite services and increasing availability of Community Aged Care Packages. By the end of this financial year some 30 000 care packages will be in operation. Commonwealth expenditure on Community Aged Care Packages increased sixfold from 1995-96 to 2000-01, up from \$33 million to \$195 million. The Commonwealth's funding for Home and Community Care (HACC) has increased from \$423 million in 1995-96 to \$567 million in 2000-01, an increase of 34 per cent. The Commonwealth's funding for residential aged care has increased from \$2.5 billion in 1995-96 to \$3.9 billion in 2000-01 — an increase of \$1.4 billion.

In the last three years the government has allocated almost 31 000 places to meet the need for growth. In April, the Commonwealth Minister announced the release of more than 9 500 new aged care places for Aged Care, including 2 479 new residential high care beds, more than four times the number of residential high care places ever released in a single year for the past 15 years.

In May 2001 the independent Two Year Review of Aged Care Reforms conducted by Professor Len Gray, a leading aged care expert, was released. The report concluded that the Federal Government's reforms have been successful in improving the standard of care and the quality of aged care homes. Professor Gray concluded that the industry was viable and able to achieve at least a 12 per cent return on investment; that the aged care reforms provided a substantial increase in the Commonwealth funding available to the residential aged care industry; that there have been improvements in access to care for people living in regional and rural areas; and that considerable progress has been made towards improving the quality and quantity of residential buildings.

The Commonwealth has provided national leadership in important data developments in the last few years, including:

- the establishment of the Aged and Community Care Data Advisory Group to provide a forum for reviewing and improving the aged care data development activities of a number of government and non-government organisations;
- the development of data dictionaries for ACATs, Community Aged Care Packages and the National Respite for Carers Program;
- a stocktake of residential aged care data resources and commencement of a project to develop performance indicators and data definitions for residential aged care; and
- implementation of the HACC Minimum Data Set in July 2000. The first collection commenced in January 2001 and by September 2001 over 75 per cent of services were providing data to the National Data Repository.

”

New South Wales Government comments

“

The NSW Government is committed to facilitating older people's capacity to live independently, to promote their health and wellbeing and to provide accurate and timely information to enable them to choose and access appropriate services as they need them.

The NSW Government's funding commitment to the HACC Program sits within a wider context, especially the NSW Government's Social Justice Statement, the NSW Disability Policy Framework, the NSW Healthy Ageing Framework, the NSW Government's Action Plan for Health, the NSW Action Plan on Dementia, and the NSW Care For Carers Program. The unique needs of indigenous people and people from culturally and linguistically diverse backgrounds are being recognised in all programs, policies and services.

The NSW Government is developing policies for dynamic, innovative and flexible services to meet the needs of older people over the next two to three decades. The NSW Health Department has released a proposed policy framework on Improving the Aged/Acute Care Interface in NSW. This policy framework outlines the proposed role of Area Health Services and the non-government sector in the provision of residential aged care services. It also proposes policy options for reform of the interface between aged and acute care services for negotiation between the NSW and Commonwealth Governments. One major proposal being advanced by NSW is the development and expansion of new models of transitional (or stepdown) care options for older people. Transitional care is intended to provide an alternative care option for older people who may be waiting for residential care or people who require slow stream rehabilitation in a non-acute setting, with the intention in both cases of improving the functional dependence of older people. NSW is continuing its planned and comprehensive response to the rapid increase in the number of people living with dementia through the allocation of over \$10 million to the development of a second, five-year Dementia Action Plan.

In 2000-01, NSW HACC services have targeted the provision of services in rural and remote areas to ensure more equitable service access. This is reflected in the high levels of personal care and respite care being received by older people in rural areas, as well as the highest level of service provision in remote areas to the total target group.

It should be noted that data comparability across jurisdictions remains complex caused by factors such as different per capita funding in each State and historically different service provision patterns, as well as the range and diversity of organisations funded. NSW makes a substantial investment in personal care services, one of the most significant services in preventing premature admission to institutional care. However, because they have high unit costs (often delivered out of hours and needing two people), fewer outputs are produced for a given expenditure compared with lower unit cost services. The Population Group Planning Model and the HACC Minimum Data Set will enable the HACC service estimates provided in this report to be replaced over time by more robust data.

”

Victorian Government comments

“ The Victorian Government is committed to recognising older peoples contribution to society and to directly hear their views through the recently established Ministerial Advisory Council of Senior Victorians.

Over the past year, the Victorian Government has faced significant service delivery challenges as a result of pressures building in the health and aged care sector. System pressures have resulted from continued low levels of operational residential care places approved by the Commonwealth, an increase in demand for Home and Community Care (HACC) services and management of increased complexity within the population served by HACC services.

One of the impacts of low levels of operational residential care places has been pressure in the community care, sub-acute and acute sectors. In order to respond to these pressures, the Victorian Government has implemented a range of initiatives to respond appropriately to the care needs of older Victorians. These initiatives include a State funded pilot of interim care places in metropolitan health services and strong involvement in progressing the work of the AHMAC Working Group on Care of Older Australians. The Victorian Government has provided additional funds for HACC and HACC-like services, over and above the requirements for Commonwealth/State funds matching.

Victoria is keen to continue to seek bilateral discussions with the Commonwealth to discuss issues related to residential care and the relationship between residential care and HACC.

In the community care sector, a range of initiatives have been undertaken to more effectively and efficiently use resources for delivery of direct care for older people. The Victorian Government's Primary Care Partnerships (PCP) initiative has seen all PCPs submit their first annual community health plan. This represents a significant achievement in the community sector by a range of community based services including HACC agencies. Projects that relate to streamlining community care services include the trial of an initial needs identification tool and a project to improve electronic connectivity. These projects will allow service providers to more efficiently transmit client information and reduce the administrative burden on providers.

Developments in the HACC program include implementation of a revised Relative Resource Equity (RREF) formula and implementation of the HACC minimum data set. The revised RREF allows more responsive resource allocation by taking into account factors affecting demand such as socioeconomic status, rurality and health status.

Development of policy frameworks is also occurring in relation to the role of the State Government as a provider of residential care and provision of sub-acute services.”

Queensland Government comments

“

The Minister for Families, Youth and Community Care retains lead agency responsibility for issues relating to older people. In 2001, the Ageing Branch in the Department of Families was granted funding under the National Suicide Prevention Strategy to undertake two suicide prevention projects targeting older people. In addition, the Department provided additional funding for services to increase the social participation of older people, through addressing barriers such as social isolation and the effects of fear of crime.

The Queensland Government's commitment to aged care has been reinforced this year, with the development of Queensland Health Strategic Directions for Older People's Health Services 2001–2006, focusing on five main areas: hospital services, psychogeriatric services in community and residential settings, residential aged care, dementia care and community services.

Queensland Health's responsibility for aged care within the Queensland Government is reflected through its management of the Home and Community Care program, Aged Care Assessment Program, State Government residential aged care facilities and a range of other services providing long-term care for older people. Queensland Health's Aged Care Capital Works Program, has committed \$120 million over the next five years to redevelop 18 of Queensland Health's State Government Nursing Homes.

Queensland Health is still fine-tuning some of the issues identified with the collocation of mental health consumers in nursing homes. Nearly all the capital works projects for older peoples' mental health are now completed. The recent budget allocation has facilitated the increase of older peoples community mental health teams in line with the Ten Year Mental Health Strategy for Queensland, 1996. The development of the Implementation Plan for older people will underpin the Queensland Health Strategic Directions for Older People's Health Services 2001–2006 policy framework.

A major priority for HACC in 2001-02 was to enhance Home Help services, which achieved a 40 per cent increase in funding. Other HACC priorities included the implementation of a service development framework to improve Indigenous services; completion of a continence management project, the implementation of education and advisory services coordinated with the MASS Scheme and, the establishment of key support services for people who are living in supported/unsupported accommodation.

A range of assessment models will be trialed and evaluated throughout the State to ensure that a network of independent assessors is established throughout Queensland, to reduce the burden of multiple comprehensive assessments for clients with complex needs and ensure they are able to access the most appropriate services based on assessed need.

”

Western Australian Government comments

“ In the coming decades, more Western Australians than ever before are likely to survive into old age. These projected changes are bringing new challenges to government since many of our societal institutions have evolved over time to meet the needs of a much younger population structure.

The State is monitoring the effects that aged population growth is having on the demand for aged care services and is actively engaged in developing aged care pathways to integrate and coordinate the transfer of care for the frail aged across the boundaries between primary, acute, community and residential care.

The implementation of the Care Awaiting Placement (CAP) program has seen a significant decrease in the number of patients in acute metropolitan hospitals who are awaiting transfer to residential aged care accommodation. As well as the provision of beds, the CAP program has developed consistent definitions and protocols and a data collection methodology which is now operating in all metropolitan health services and will be used to evaluate the current program.

The State is also developing longer term strategies to provide finite term residential care and community packages for post-hospitalisation support. The Department of Health, in collaboration with the Commonwealth Government, is exploring this option in terms of a Transitional Care Pilot which will utilise up to 90 flexible places from the National Innovations Pool to provide a combination of finite term residential care and enhanced therapy based home care packages. It is envisaged that the Transitional Care Pilot will assist in developing a more sustainable option for the provision of care awaiting placement.

Western Australia has been actively involved in the development and implementation of software for the ACAP Minimum Data Set Version 2.0. Other ACAP initiatives include the development of a WA-specific ACAT Orientation Manual which provides ACAT staff with a consistent orientation to policies and procedures and the drafting of an ACAT Best Practice Manual.

The Home and Community Care (HACC) program continues to expand in line with the commitment to improve the capacity of aged care services to support people in their own homes, and additional HACC services have been purchased based on regional priorities. Planning for the HACC program will be enhanced by the availability of reliable and consistent data following the commencement of data collection under the HACC Minimum Data Set (MDS) in January 2001.

Western Australia continues to develop improved models of service delivery for rural areas — for example, the development of a policy of equitable access to ambulatory oxygen for people living in all regional and remote areas of the State. ”

South Australian Government comments

“ The SA Government continues to take up the challenge of an ageing population, focusing on improving support and recognising the contribution of seniors. *Ageing — A Ten Year Plan for South Australia* remains the overarching State Government commitment to a whole-of-government approach to older people living in the community, participating in the community and independence in the community. The vision and principles of the plan have changed the focus of the Government’s policy and practice from a narrow aged care approach to a broader attitude to ageing and wellbeing.

Many of the directions set by the *Ten Year Plan* have now formed the basis of *Moving Ahead — a Strategic Plan for Human Services for Older People in South Australia 1999–2004*. *Moving Ahead* was developed by DHS to improve health and community services for older people. The Office for the Ageing has taken an active role in its second year of implementation, in collaboration with other DHS Divisions, industry groups and consumer and carer peak bodies.

The implementation of *Moving Ahead* has included address of the interface between the acute, residential and aged care sectors. An Acute Transition Care pilot funded by the State Government identified older people in hospital who no longer required acute care but who were waiting for residential placement. The program was successful in providing transition care and moving people within a short period to appropriate residential or community care with required support. The Commonwealth and the SA governments have now agreed to build on this and to jointly fund a national pilot as an Innovative Care (Rehabilitation) Project.

In 1996, an estimated 17.1 per cent of the SA population aged 65 years and over were migrants born in a non-English speaking country, and it is projected that this will increase to 21.1 per cent in 2006. The Office for the Ageing has funded the development of *Strategic Directions for Older People of Culturally and Linguistically Diverse Backgrounds*. The project forms part of the DHS commitment under *Moving Ahead*, and involves stakeholders from across Government, service providers and various culturally diverse communities. The document will include strategies and actions to be implemented by the DHS over a three-year timeframe.

Life expectancy at birth for indigenous Australians remains considerably lower than the all Australian estimates of 76 years for males and 82 years for females. In addition, access to community services for indigenous people has been lower than their representation in the population. There has been significant community development and funding initiatives to improve this situation. Further, the HACC program has established and funded the Council of Aboriginal Elders to provide:

- a coordinated voice for Aboriginal communities in the development of State and Commonwealth policies impacting on Aboriginal older people; and
 - advocacy, support, advice, leadership and guidance in policy and services development for older Aboriginal people.
- ”

Tasmanian Government comments

“ Unlike other States and Territories over 58 per cent of Tasmania’s large ageing population reside outside the metropolitan areas of the State. This creates a unique and complex environment for the delivery of appropriate health services.

The State Government is working with local rural communities to coordinate delivery and management of health services. The process is being undertaken within the national framework ‘Healthy Horizons’ and is aimed at ensuring a model of service delivery that meets the specific needs of a particular community. The development of Multi-Purpose Services is a major strategy being actively implemented to address this issue. Included in this strategy has been the formation of local community partnership groups. The State Government has provided training to these groups in strategic and health planning to enable them to have the skills to help their communities.

The national shortage of nurses has had a significant impact on Tasmania, particularly in rural areas of the State. This has serious implications for residential aged care services operated by the State, the majority of which are located in rural areas, both in their capacity to attract and the cost of maintaining skilled staff. In response the State Government established a Workforce Planning Project involving the public and private health sectors, the aged care industry, the University of Tasmania and unions. The project has completed their report that is due for release before the end of 2001.

During 2001 the State Government commenced a program that will ensure that all State operated residential aged care services will meet the Commonwealth’s current certification requirements by end of July 2002. In addition the State Government has continued with major capital upgrades of rural health services. The State Government is also working with the local office of the Department of Health and Aged Care and other key stakeholders to identify and address issues in respect to certification requirements on residential aged care services in the State.

Tasmania has this year again experience record numbers of people waiting for placement into residential aged care. This is a significant issue creating its own set of problems and additional pressure on the State’s hospitals and community health services. Tasmania’s public hospitals and community health services have established programs specifically to develop strategies to assist alleviate the negative impact created. The Aged Care Rehabilitation Unit continues to provide best practice multi-disciplinary rehabilitation for aged people.

The State Government is currently developing individualised Packages of Care for people with complex care needs through the HACC program. Five priorities have been identified, people with disability, people with mental illness, frail aged, people with dementia and people requiring short term post-acute care. It is anticipated that the first packages will be implemented in January 2002. ”

Australian Capital Territory Government comments



The ACT Government supports the continuing improvement of nationally consistent data capture for aged care and HACC services.

The ACT Government continues to work with the ACT Home and Community Care (HACC) sector to implement HACC reforms in areas such as Minimum Data Set and Standard implementation. This work has involved sector consultation and development and the ACT Government looks forward to more robust planning due to the availability of more consistent data.

The ACT has also focused on improving the interface between hospital and community particularly in the area of post-hospitalisation services. A transitional care project will start shortly for people who no longer require acute care but who require some restorative care before returning to their homes. This project will be co-funded with the Commonwealth Government.

The ACT Aged Health Care Services Advisory Council has continued to provide advice to the Minister of Health and Community Care on a range of issues, particularly in the area of convalescent care. The Council has also approached the Council of The Ageing ACT to survey the health needs of older ACT residents. The final report of this survey should be released in the near future.

The ACT Mental Health Service (ACT MHS) has negotiated provision of 10 beds in the Sir Leslie Morshead Nursing Home for older persons with mental illness. The ACT MHS provides top-up funding to ensure the extra support needs of residents are met. The Older Persons Mental Health Service is responsible for admission to and discharge from these beds, and they provide consultation and liaison services to, and training for, the Sir Leslie Morshead staff.

The ACT Government has developed a whole-of-government approach to the provision of aged care services in the ACT and has met regularly with the Territory office of the Commonwealth Department of Health and Aged Care.

The ACT Government also looks forward to the outcomes of the AHMAC Working Group on Care of Older Australians. These outcomes should guide future improvements in the interface between hospital and community for older people and provide a focus for policy and service provision.



Northern Territory Government comments

“ The Northern Territory Government has a strong commitment to continuing to improve the range and accessibility of aged care services to senior Territorians. It recognises that to meet the diverse needs of this group will require an increasing emphasis on new and flexible approaches to the provision of care.

While the current NT aged population is relatively small, it is culturally diverse (28 per cent of the NT's population is Indigenous, 21 per cent speak a language other than English at home) and is spread across a vast area, with 27 per cent of the population living in rural and remote areas.

Indigenous Australians suffer high levels of chronic disease and disability at much younger ages than other Australians. The Commonwealth recognises this 'premature ageing' in the planning ratios, which now include Indigenous people aged 50–65. As a result, Indigenous people comprise more than half of the target group for aged care services in the NT. A large proportion of this target group resides in remote areas.

This creates an increasing imperative to find appropriate ways of delivering care in remote Aboriginal communities. To do so means overcoming many hurdles, including the high cost of service provision in remote areas, lack of infrastructure, problems with staff recruitment, retention and training, and the difficulty of establishing viable services when there are only small numbers of older people spread across large geographic areas.

It should be noted that the inclusion of Indigenous people aged 50–69 in the target groups is not reflected in all of the data used in this report. As a result the tables based only on the population aged 70 and over can be misleading. In particular the provision rates for residential care places, and the level of HACC services, appear much higher than they actually are.

The age profile of the NT is rapidly changing. By 2031, the number of people aged 65 and over is projected to increase by over 300 per cent, while their proportion of the total population will grow from 3.3 per cent in 1997 to 7.7 per cent in 2031.

With this in mind the Northern Territory Government is committed not only to the development and provision of flexible and innovative aged care services but also to the provision of services which maximise the health, independence and well being of ageing Territorians to ensure that they remain in their homes and communities longer. ”

12.7 Definitions

Table 12.9 Terms

<i>Term</i>	<i>Definition</i>
Aged care	<p>Care of one or more of the following types: residential care; community care; flexible care (<i>Aged Care Act 1997</i> (Cwlth)).</p> <p>Residential care is personal care and/or nursing care provided to a person in a residential service in which the person is also provided with accommodation that includes appropriate staffing to meet the nursing and personal care needs of the person, meals and cleaning services, and furnishings, furniture and equipment for the provision of that care and accommodation (<i>Aged Care Act 1997</i> (Cwlth), s.41-3).</p> <p>Community care is care consisting of a package of personal care services and other personal assistance provided to a person who is not being provided with residential care (<i>Aged Care Act 1997</i> (Cwlth), s.41-3).</p> <p>Flexible care means care provided in a residential or community setting through an aged care service that addresses the needs of care recipients in alternative ways to the care provided through residential care services and community care services. Examples of the kinds of care that might be specified are care for people with special needs, care provided in small or rural communities, care provided through a pilot program for alternative means of providing care, and care provided as part of coordinated service and accommodation arrangements directed at meeting several health and community service needs (<i>Aged Care Act 1997</i> (Cwlth), s.49-3 and s.50-2).</p>
Ageing in place	<p>An approach that aims to provide residents with appropriate care and increased choice by allowing them to remain in the same facility regardless of their levels of care needs. It also allows couples with different levels of care needs to be cared for in the same facility. The main facet of ageing in place is that funding is tied to the assessed care needs of the client rather than the services provided by the facility.</p> <p>One of the objectives of Commonwealth aged care legislation is 'to promote ageing in place through the linking of care and support services to the places where older people prefer to live' (<i>Aged Care Act 1997</i> (Cwlth), s.2-1 [1j]).</p>
Centre day care	Respite care provided from a facility such as a day care or health centre. Respite care is usually combined with social support services to maintain the functional capabilities of the person receiving care.
Complaint	A query or grievance that any member of the public makes to the Commonwealth Department of Health and Aged Care about any services provided by a Commonwealth funded nursing home and/or hostel.
Disability	A limitation in performing certain tasks associated with daily living. The limitation has to result from a disability and affect one or more of the following areas: self care, mobility, verbal communication, schooling or employment.
Elapsed time between ACAT approval and entry into a residential care service	The measure of the elapsed time between ACAT approval and entry into a residential care service. It has been used in past years as an indicator of access into residential care.

(Continued on next page)

Table 12.9 (Continued)

<i>Term</i>	<i>Definition</i>
High/low care recipient	Recipient of a high level of residential care (that is, a level of residential care corresponding to RCS levels 1–4) or a recipient of a low level of residential care (that is, a level of residential care corresponding to RCS levels 5–8). If the person is approved as a recipient of a high level of care, that person can receive care at any care classification level (<i>Approval of Care Recipients Principles 1997</i> , s.5-9). A person approved as a recipient of a low level of care can be classified only as RCS 5–8. (<i>Classification Principles 1997</i> , s.9-19).
Home help	Assistance provided to clients in undertaking household tasks (for example, household cleaning).
Home maintenance/ modification	Assistance provided to clients in undertaking home maintenance tasks that the client is unable to undertake themselves, or the modification of the home for care purposes (for example, installation of hand rails).
Home meals/centre meals	Meals provided to persons either in their own home or at a separate facility (including 'meals on wheels').
Home nursing	Nursing care provided in a person's home (for example, assistance with taking medication).
Home respite	A short term substitute for usual care. Home respite could be provided in the home of either the person requiring care or the person providing care, and could be for up to a day, overnight or for longer periods.
Hostel	Residential services for older people that provide accommodation, personal care and occasional or limited nursing services.
Nursing home	Residential services for frail older people that provide accommodation, 24-hour nursing care and personal care.
Paramedical services	Services to help people maintain their independence and mobility (for example, physiotherapy, podiatry, speech therapy and occupational therapy).
People from non-English speaking countries	People who were born in non-English speaking countries. English-speaking countries are defined as Australia, New Zealand, United Kingdom, Ireland, the United States, Canada and South Africa.
People with a moderate disability	Those people with a disability who do not require help or supervision with tasks relevant to self care, mobility and verbal communication, but who have difficulty performing one or more of these tasks.
People with a profound disability	Those people with a disability who always require help or supervision in self care, mobility and/or verbal communication.
People with a severe disability	Those people with a disability who sometimes require help or supervision with tasks relevant to self care, mobility and verbal communication.
Personal care	Assistance in undertaking personal tasks (for example, bathing).
Places	A capacity within an aged care service for the provision of residential care, community care or flexible care in the residential care context to an individual (<i>Aged Care Act 1997</i> (Cwlth)); also refers to 'beds' (<i>Aged Care (Consequential Provisions) Act 1997</i> (Cwlth), s.16).
Real expenditure	Actual expenditure adjusted for changes in prices, using the GDP(E) price deflator, and expressed in terms of final year prices.

(Continued on next page)

Table 12.9 (Continued)

<i>Term</i>	<i>Definition</i>
Resident	For the purposes of the <i>Aged Care Act 1997</i> , a person who is being provided with residential care through an aged care service conducted by an approved provider under the Act.
Respite care	Alternative care arrangements for dependent people living in the community, with the primary purpose of giving their carer a short term break from their usual caring commitments.
Services	An aged care/residential care/community care/flexible care service means an undertaking through which aged care/residential care/community care/flexible care is provided (<i>Aged Care Act 1997</i>).
Special needs groups	Section 11-3 of the <i>Aged Care Act 1997</i> specifies the following people as people with special needs: people from Aboriginal and Torres Strait Islander communities; people from non-English speaking countries; people who live in rural or remote areas; people who are financially or socially disadvantaged; and veterans.
Veterans	Veterans and war widow(er)s who are entitled to treatment through the Department of Veterans' Affairs under the provisions of the <i>Veterans' Entitlement Act 1986</i> .

13 Services for people with a disability

Commonwealth, State and Territory governments aim to maximise opportunities for people with a disability to participate actively in the community, by providing services and supports for people with a disability and their carers. The Commonwealth–State Disability Agreement (CSDA) provides a framework for the provision of specialist disability services to those aged less than 65 years with a severe or profound disability requiring ongoing support. This chapter focuses on the performance of the Commonwealth, State and Territory governments in providing services and supports for people with a disability under the CSDA. Services to people with severe psychiatric conditions are excluded from State government data. A definition of disability is provided in box 13.1.

Formal services to people with a disability can be grouped into income support, disability support services, and relevant generic services provided to the community as a whole as well as to people with a disability. As a general rule, the Review does not report information on income support. Disability support services are largely provided under programs such as Home and Community Care (HACC), rehabilitation and the CSDA.

The recipients of HACC services are people living in the community who are, in the absence of basic maintenance and support services, at risk of premature or inappropriate long term residential care. Funding through HACC applies to both frail aged people (estimated at 70 per cent) and younger people with a disability (estimated at 30 per cent) (SCRCSSP 2001). Performance information on the HACC program is provided in the aged care services chapter (chapter 12). Performance information is not provided for rehabilitation services for people with a disability.

Box 13.1 Definition of disability

The first international classification relating to disability was provided by the International Classification of Impairments, Disabilities and Handicaps, initially published in 1980 by the World Health Organisation (WHO). The 1980 classification was a framework for disability described in three dimensions: impairment, disability and handicap. The Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers in 1981, 1988 and 1993 was based on this classification. A revised classification — the International Classification of Functioning, Disability and Health (ICF) — was adopted by the World Health Assembly in May 2001, after several years of international revision.

Disability is conceptualised as being a multidimensional experience for the person involved. There may be effects on organs or body parts and there may be effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognised in ICF: body structure and function (and impairment thereof), activity (and activity restrictions) and participation (and participation restrictions). The classification also recognises the role of physical and social environmental factors in affecting disability outcomes.

The ABS 1998 Survey of Disability, Ageing and Carers defined disability as any person with a limitation, restriction or impairment which has lasted, or is likely to last, for at least six months and restricts everyday activities.

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

- *mild* — where a person has no difficulty with self care, mobility or communication, but uses aids or equipment;
- *moderate* — where a person does not need assistance, but has difficulty with self care, mobility or communication;
- *severe* — where a person sometimes needs assistance with self care, mobility or communication; and
- *profound* — where a person is unable to perform self care, mobility and/or communication tasks, or always needs assistance.

Sources: ABS (1999), WHO (1999), (2001).

Some mainstream services provided to the community as a whole as well as to people with a disability — such as vocational education and training, school education, public hospital care, mental health services and housing — are covered elsewhere in this Report (box 13.2). 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.

Box 13.2 Other disability reporting in the 2002 Report

School education (chapter 3) reports on students with disabilities — student body mix.

Vocational education and training (VET) (chapter 4) reports on pass rates of people with a disability in VET courses.

Health management issues (chapter 7) reports on services for people with mental disorders including those with long term psychiatric disorders.

Aged care services (chapter 12) reports the level of HACC services received by people with a profound, severe or moderate core activity restriction, disaggregated by jurisdiction and geographic location.

Children's services (chapter 14) reports on the representation of children with disabilities in child care.

Housing (chapter 16) reports on access to public housing assistance — special needs households as a proportion of all new households; the proportion of new tenancies allocated to households with special needs; households that pay less than market rent or that are special needs households paying market rent as a proportion of all households — where special needs groups include applicants with a disability in the household.

Significant steps have been made in improving the comparability and scope of reporting this year. Additional data consistent with the existing indicators are included for the first time in this Report. These are:

- geographic indicators of access to services;
- indicators of day activity services to Indigenous people;
- disaggregated cost per place for employment services; and
- social participation indicators comprising:
 - community, cultural and leisure participation;
 - use of public transport;
 - educational attainment; and
 - level of schooling.

A profile of services for people with a disability available under the CSDA appears in section 13.1. Policy developments in services for people with a disability are presented in section 13.2. Under the CSDA, all jurisdictions have agreed to develop and report against comparable performance indicators. A framework of performance indicators is outlined in section 13.3. The performance of jurisdictions is discussed in section 13.4 and future directions for performance reporting are

discussed in 13.5. The chapter concludes with jurisdictions' comments in section 13.6 and definitions of the data descriptors and indicators in section 13.7.

Supporting tables

Supporting tables for chapter 13 are provided on the CD-ROM enclosed with the Report. The files are provided in Microsoft Excel 97 format as \Publications\Reports\2002\Attach13A.xls and in Adobe PDF format as \Publications\Reports\2002\Attach13A.pdf.

Supporting tables are identified in references throughout this chapter by an 'A' suffix (for example, table 13A.3 is table 3 in the electronic files). These tables may be subject to revision. The most up-to-date versions of these files can be found on the Review web page (www.pc.gov.au/service/gsp). Users without Internet access can contact the Secretariat to obtain updated versions of these tables (see details on the inside front cover of the Report).

13.1 Profile of services for people with a disability

Service overview

Under the CSDA, governments fund both government and non-government providers of services for people with a disability. The funding and delivery of CSDA services differ significantly across jurisdictions as a result of policy differences and a range of other factors described in appendix A.

In recent years, governments have increased funding for community based services, partly as a substitute for government and non-government operated intensive, institutionalised care. To increase the overall level and range of services available for people staying in the community, programs have been developed that provide funding directly to clients. These programs allow clients to choose a customised package of services, which better reflects their needs (SCRCSSP 1998).

Roles and responsibilities

The CSDA defines the roles and responsibilities of the Commonwealth, State and Territory governments in the provision of certain services to people with a disability.

Its broad aims are to:

- establish a national framework to underpin the provision of specialist disability services across Australia;
- outline the respective and collective roles of specialist disability services along with their funding, policy setting, planning and management; and
- provide for the Commonwealth, States and Territories to contribute funds under the agreement, and identify factors affecting the need for funds now and in future years (CSDA 1998).

A number of services are provided under the CSDA (box 13.3).

Box 13.3 Services provided under the Commonwealth–State Disability Agreement

The second CSDA was signed in 1998 by Commonwealth, State and Territory governments and covers the provision of specialist disability services by those jurisdictions for the five-year period ending 30 June 2002. Specialist disability services are defined under the agreement as services specially designed from time to time to meet the needs of people with a disability.

The following services are administered by the Commonwealth Government.

- Open employment services provide employment assistance to people with a disability in obtaining and/or retaining paid employment in another organisation.
- Supported employment services support or employ people with a disability within the same organisation.
- Open and supported employment services provide both open and supported employment assistance.

The following services are administered by State and Territory governments.

- Accommodation support services provide people with a disability with accommodation (group homes, hostels and large institutions) and support to maintain accommodation (attendant care and in-home support).
- Community access services help people with a disability to develop or maintain the personal skills and self confidence necessary to enhance their independence and self reliance in the community.
- Respite care services relieve or support (for limited periods) people with a disability living in the community and their families and carers.
- Community support helps people with a disability to integrate and participate in the community. It includes information/referral services, recreation and holiday

(Continued on next page)

Box 13.3 (Continued)

programs, case management, brokerage, counselling, early intervention therapy, print disability services, mutual support/self help groups and other therapy services.

Services for which administration is shared are:

- advocacy services, which enable people with a disability to increase their control over their lives by representing their interests and views in the community; and
- research and development.

The CSDA does not apply to the provision of:

- disability services and activities provided under the *Veteran's Entitlements Act 1986* (Cwlth); or
- services with a specialist clinical focus, regardless of whether those services are provided to people eligible to receive other services under the CSDA.

Source: CSDA (1998).

Family and friends meet most needs of people with a disability. In 1998, 450 900 primary carers provided the majority of help with self care, mobility and verbal communication for persons with a disability (ABS 1999). Recognising the cost of providing such informal support, the Commonwealth Government provides income support in the form of the Carer Payment and other financial assistance through the Carer Allowance to families and carers of people with a disability (box 13.4).

Box 13.4 Commonwealth supplementary and income support arrangements

The Commonwealth Government funds payments for people with a disability, those caring for people with a disability and those temporarily incapacitated from work as a result of illness. These payments include the Disability Support Pension, the Carer Payment, the Carer Allowance, the Sickness Allowance and the Mobility Allowance. Commonwealth outlays on payments to people with a disability in 2000-01 (on an accrual basis) amounted to \$5.8 billion for the Disability Support Pension, \$481.0 million for the Carer Payment, \$532.0 million for the Carer Allowance, \$95.5 million for the Sickness Allowance and \$59.4 million for the Mobility Allowance. At 30 June 2001 there were 623 926 recipients of the Disability Support Pension, 57 190 recipients of the Carer Payment, 246 337 recipients of the Carer Allowance, 10 942 recipients of the Sickness Allowance and 37 574 recipients of the Mobility Allowance (table 13.1).

Source: DFACS (unpublished).

Accommodation, respite, and community access and support services provided under the CSDA on the snapshot day in 2001 were used by 46 010 clients. There were 17 373 consumers of employment services provided under the CSDA on the snapshot day in 2000 (and 52 618 consumers throughout the year) (AIHW 2000b). More information on users of CSDA services can be found in the attachment (table 13A.3B) and 2001 data on employment services can be found on the Review web page. The proportion of services provided by non-government organisations in 2001 varied across jurisdictions (table 13A.3B).

Table 13.1 Recipients of Disability Support Pension, Mobility Allowance, Carer Payment and Carer Allowance ('000)^a

	<i>NSW^b</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas^c</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Disability Support Pension^d									
June 1997	181.0	122.5	94.2	44.3	48.8	18.3	4.7	4.1	527.5
June 1998	187.9	129.5	99.7	46.0	51.9	20.0	5.1	4.2	553.4
June 1999	193.1	135.8	104.9	47.5	54.9	20.2	5.2	4.5	577.2
June 2000	201.0	142.5	110.6	50.0	56.7	29.6	5.9	4.8	602.2
June 2001	207.1	147.0	116.5	51.6	59.9	30.4	6.4	5.0	623.9
Mobility Allowance^e									
June 1998	8.4	8.7	5.1	2.1	2.6	0.8	0.3	0.1	28.4
June 1999	9.1	9.4	5.6	2.3	3.9	0.9	0.3	0.1	31.0
June 2000	10.3	10.4	6.4	2.6	3.4	1.0	0.4	0.1	35.1
June 2001	10.9	11.0	7.1	2.9	3.9	1.1	0.4	0.2	37.6
Carer Payment^f									
June 2001	20.1	14.5	11.6	3.8	4.4	2.0	0.5	0.3	57.2
Carer Allowance^g									
June 2001	80.7	64.5	47.3	22.1	20.1	7.0	3.1	1.3	246.3

^a Totals may not sum exactly as a result of rounding. ^b NSW figures for the Carer Payment and Carer Allowance include 267 customers under the category of 'unknown'. ^c June 2000 data include payments to approximately 10 000 overseas residents made by the International Operations Branch of the Department of Family and Community Services (DFaCS) which is located in Tasmania. ^d The Disability Support Pension is a means tested income support payment for people aged over 16 years who have a physical, intellectual or psychiatric impairment (meeting set criteria) resulting in an inability to work or to be re-skilled for work for at least the next two years (as a result of impairment), or who are participating in the supported wage system. Special rules also apply to the vision impaired. ^e The Mobility Allowance is a non-means tested income supplement to assist with transport costs for people aged over 16 years with disabilities who are in employment, vocational training, a combination of vocational training and employment, job search activities or voluntary work, and who are unable to use public transport without substantial assistance. ^f The Carer Payment provides income support to people who, as a result of the demands of their caring role, are unable to support themselves through substantial workforce participation. ^g The Carer Allowance is a supplementary payment available to people who provide daily care and attention at home for an adult or child with a disability or chronic mental condition.

Source: DFaCS (2001).

Funding

Governments fund both government and non-government service providers of services for people with a disability under the CSDA and HACC programs, and through the provision of rehabilitation services. Total government expenditure on CSDA services was \$2.5 billion in 2000-01 — a real increase of 5.3 per cent from the level of expenditure in 1999-2000 (table 13A.8). Of all CSDA funding in 2000-01, 71.1 per cent (\$1.8 billion) came from State and Territory governments. The Commonwealth Government funded the remainder (28.9 per cent), which included \$427.7 million in transfer payments to States and Territories (DFaCS unpublished). In addition to transfer payments, the Commonwealth spent \$289.5 million on employment assistance and other services, including \$241.1 million on employment services for people with a disability (table 13A.8).

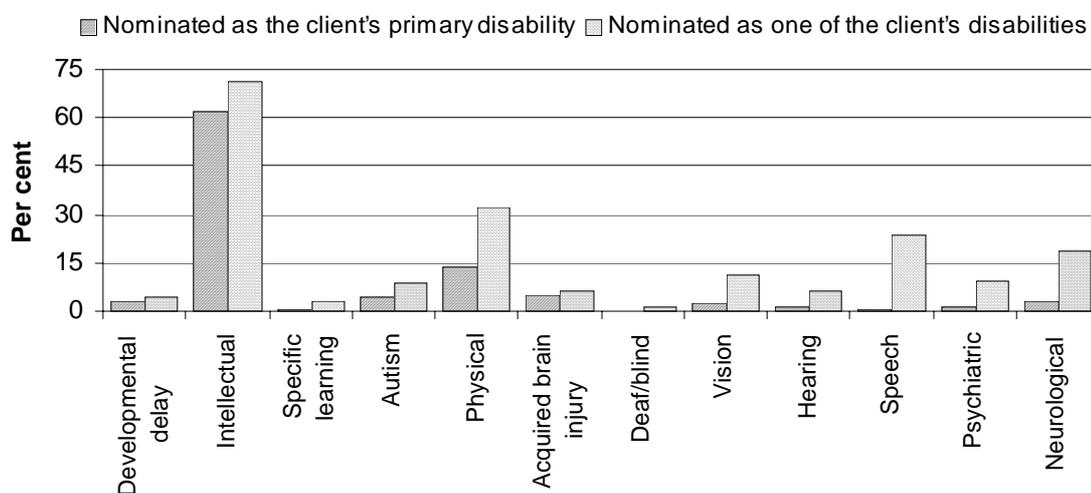
The distribution of expenditure across CSDA services varied across jurisdictions. The main areas of State and Territory government expenditure in 2001 were accommodation support services (56.5 per cent of total direct service delivery expenditure), community support (12.0 per cent) and community access (10.7 per cent) (table 13A.7). Non-government service providers receive funds from the private sector and the general public, in addition to government grants and input tax concessions from governments (such as payroll tax exemptions).

Size and scope

The ABS conducts a Survey of Disability, Ageing and Carers once every five years. The last survey was conducted in 1998. Of the total Australian population aged 5–64 years in 1998, 13.4 per cent had a core activity, schooling or employment restriction (ABS 1999). Detailed survey results provide contextual information about disability related matters and were discussed in the 2000 and 2001 reports (table 13A.1).

Intellectual disability was identified as the primary disability for 61.7 per cent of all people with a disability who received services in 2001 (figure 13.1).

Figure 13.1 **Consumers of CSDA services, State and Territory governments by disability group, 2001^{a, b}**



^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where primary disability group was inconsistently recorded, the person was allocated a primary disability group according to a standard method. Where disability groups were inconsistently recorded for the same person, all recorded types were included. Totals may not be the sum of the components because individuals may have accessed services from more than one jurisdiction on the snapshot day. Data for consumers of CSDA services funded by the States and Territories exclude psychiatric services specifically identified by the jurisdiction. ^b Excludes Commonwealth employment data. The main impact on figure 13.1 (compared with that in the 2001 Report) is that numbers of consumers are lower than in previous years.

Source: Australian Institute of Health and Welfare (AIHW) (2001a); tables 13A.5(B) and 13A.6(B).

13.2 Policy developments in services for people with a disability

The following six policy areas reflect the key new directions evident in program management for people with a disability, their families and the wider community.

Community inclusion

Community inclusion initiatives aim to promote acceptance of people with a disability actively contributing and participating in their community. Initiatives aimed at enhancing community inclusion operate nationally. These initiatives aim to promote the independence, inclusion, participation and personal choice of individuals with disabilities of all ages in all environments through the development and enhancement of culturally sensitive, cost effective and responsive services and support, and work opportunities.

Demand management

The demand for a range of accessible and appropriate intervention options is expected to grow in line with a range of factors such as an ageing population and increased community expectations. The redevelopment of the CSDA Minimum Data Set (MDS) establishes evidence to assist governments and service providers to plan for and meet growing needs.

In addition, there are a number of initiatives aimed at managing the demand for disability services. Several States have implemented new systematic processes to prioritise objectively those individuals who are in critical need of support or who would most benefit from early intervention.

Individualised approaches

In recognition of the diverse capacity and circumstances of, and opportunities for, people with a disability, most governments have implemented an individual client focused approach to assessment and service delivery in at least one program area. Brokerage services for people with a disability are operating in all States and Territories. These services assist people with a disability to identify the supports needed, secure funding resources, and negotiate and establish customised services to respond appropriately to identified needs. Several States have established a local area coordination service, for example, aimed at assisting people with a disability and their families and carers to plan, select and receive needed services.

Transitions

The Commonwealth, State and Territory governments are committed to ensuring that people with a disability and their families are able to navigate their way through the myriad of choices and decisions that need to be made throughout different stages of their lives. The most significant transitions include those from childhood to adulthood; from family based support to accommodation support; and from work to retirement. The ability to make the transition between day activity and employment if a person's condition changes, is also an area for development work.

Early intervention and prevention

A balance between early intervention and ongoing support is necessary to ensure services cater for the needs of individuals and their families. Early intervention strategies are being further developed as part of improving management. They are

also desirable for individuals, families and the wider community to assist in providing appropriate services at the right time (for example, respite) to prevent carers from reaching crisis point.

Better assessment

Governments are trialing several new assessment tools and methods to identify and respond to the needs of individuals and to determine resource and funding allocations for CSDA services.

13.3 Framework of performance indicators

The framework of performance indicators is based on shared government objectives of services for people with a disability (box 13.5). The framework provides information on the efficiency and effectiveness of government services for people with a disability.

Proxy efficiency indicators focus on unit cost and administrative costs. Effectiveness indicators focus on outcomes, service quality and access to services (figure 13.2). The performance indicators in this chapter focus on accommodation support and employment services (which account for 61.8 per cent of total government expenditure on services provided under the CSDA) (table 13A.7).

Box 13.5 Objectives of government services for people with a disability

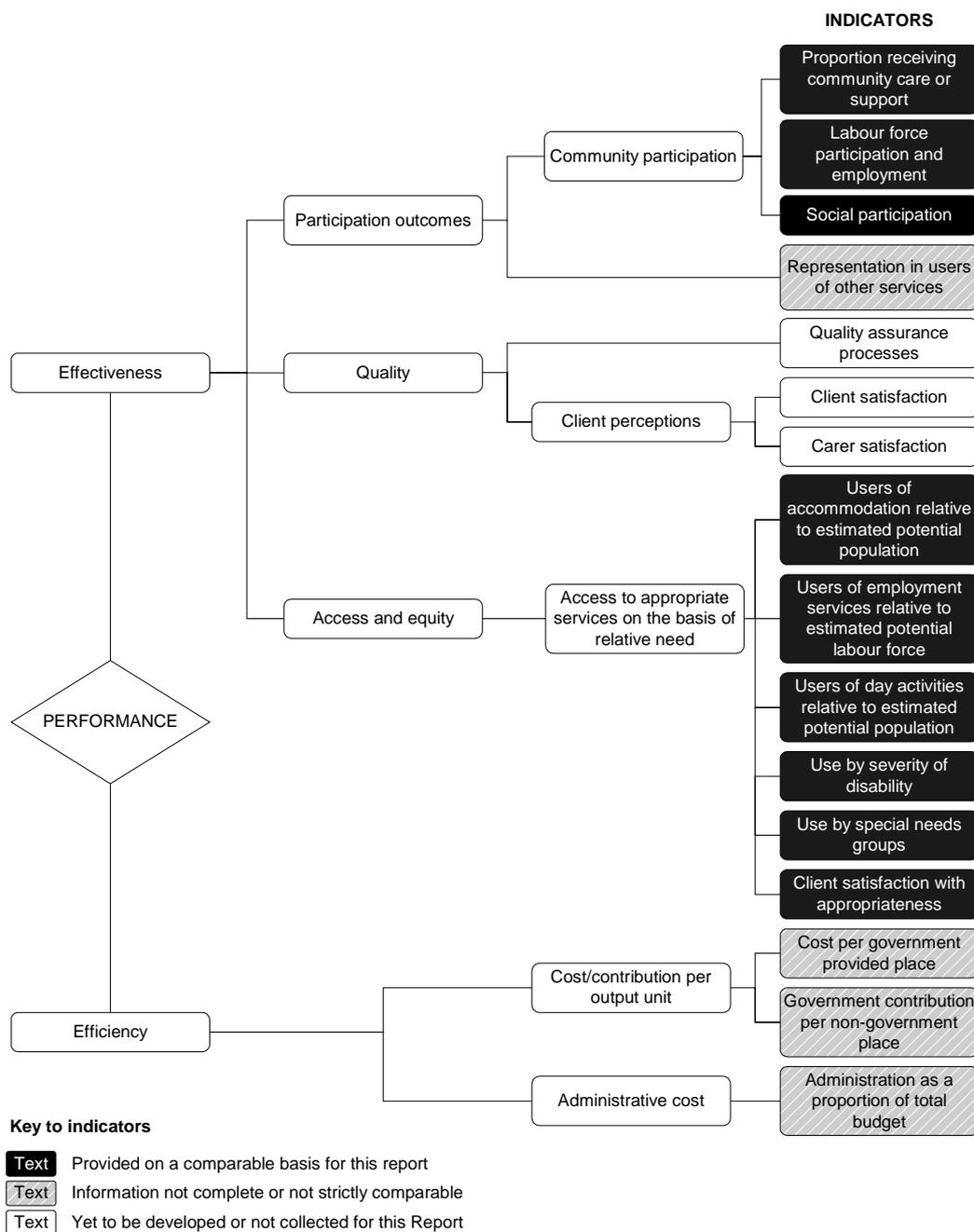
Governments strive to enhance the quality of life experienced by people with a disability by assisting them to live as valued and participating members of the community.

In working towards the above objectives, governments aim to:

- provide access to specialist government funded or provided disability services on the basis of relative need and available resources;
- promote access to general community services and facilities;
- fund or provide quality services in an efficient and effective way, and be accountable to those using services;
- ensure clients and carers are consulted about the types and mix of services made available to meet their individual needs and goals; and
- promote the rights of people with a disability as members of the community and empower them to exercise these rights.

Source: CSDA (1998).

Figure 13.2 Performance indicators for disability services



13.4 Key performance indicator results

Different delivery contexts, locations and client characteristics may affect the effectiveness and efficiency of disability services. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter.

The main sources of data for performance indicators are the 2001 CSDA MDS collection (AIHW 2001a), the ABS 1998 Survey of Disability, Ageing and Carers (ABS 1999) and the Commonwealth, State and Territory governments. The CSDA MDS collection commenced in 1995 and is conducted each year. National data are collected on all services received by CSDA clients on a 'snapshot' day, which in 2001 was in May or June, depending on the jurisdiction. A single consumer may receive more than one service on the snapshot day, so the number of consumers on the snapshot day is less than the number of services received on the day.

Data sourced from the CSDA MDS on the number of clients or places provided in each jurisdiction may differ from information reported elsewhere (such as in departmental annual reports) because the CSDA MDS collection relates to services delivered on a single snapshot day. For 1999, 2000 and 2001, the number of consumers receiving accommodation services on the snapshot day has been estimated from the number of occasions on which a service was received, using a statistical linkage key to remove double counting. This is possible because the statistical linkage key enables, with a small degree of error, the identification of multiple data records belonging to the same individual, but without identifying the individual.

The number of consumers on the snapshot day will be less than the number for the whole year because some consumers will not receive services on that day. The difference between the two will be greater for employment services than for accommodation services, given differences in the nature of these services.

Participation outcomes

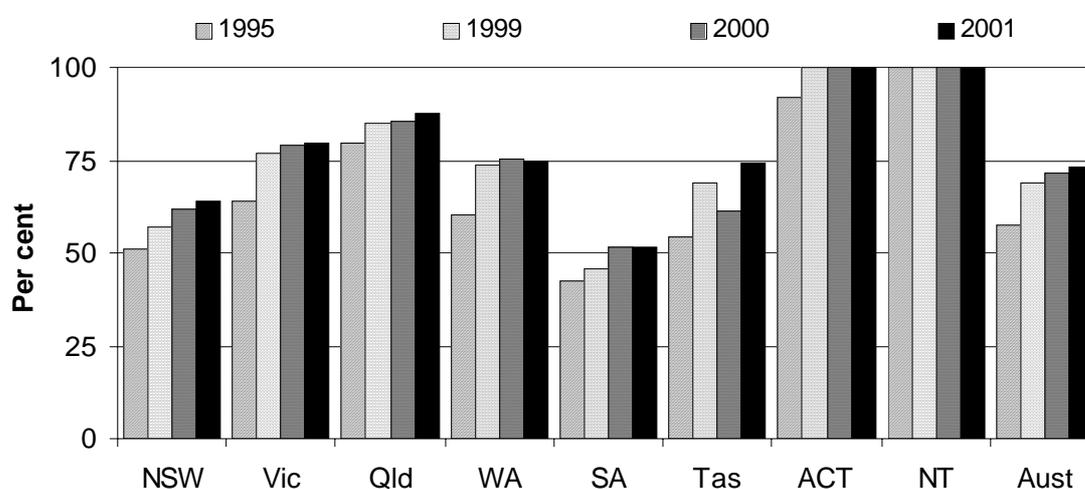
Four indicators of participation are outlined in the framework: the proportion of accommodation clients receiving community based accommodation support or care; labour force participation and the employment status of people with a disability; the level of social participation of people with a disability; and the representation of users of disability services in other services.

Proportion of accommodation clients receiving community based care or support

State and Territory governments have generally sought to increase the provision of accommodation support services outside institutional settings for people with a disability. This process is aimed at meeting the government objective of assisting people with a disability to live as both valued and participating members of the community. Community based accommodation support and care are considered to provide better opportunities for people with a disability.

Nationally, 73.0 per cent of accommodation clients had community based accommodation or 'in-home' support in 2001, rising from 67.2 per cent in 1997 (table 13A.9). The ACT and the NT had the highest proportion of accommodation clients receiving community based care or support (both 100 per cent) in 2001 and SA had the lowest (51.6 per cent) (figure 13.3). The upward trend in consumers of CSDA community based or 'in-home' accommodation support services reflects de-institutionalisation nationally over the period 1995 (57.4 per cent) to 2001 (73.0 per cent) (figure 13.3).

Figure 13.3 Consumers of CSDA community based or 'in-home' accommodation support services^a



^a Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where the accommodation service type was inconsistently recorded for the same consumer, the consumer was counted as receiving an 'institutional/large residential or hostel' accommodation support service. Totals may not be the sum of the components because individuals may have accessed services from more than one jurisdiction on the snapshot day. Data for consumers of CSDA services funded by the States and Territories exclude psychiatric services specifically identified by the jurisdiction. Community based or 'in-home' accommodation support services are group homes, attendant care, outreach/other 'in-home'/drop-in support, alternative family placement and other accommodation. Data for 1995 are based on services received (recipients, not consumers), while the 1999-2001 data are consumer data.

Source: AIHW (2001a); table 13A.9.

Labour force participation of people with a disability

The ABS 1998 Survey of Disability, Ageing and Carers provides data for labour force participation and employment rates for people aged 15–64 years with a profound or severe core activity restriction. The participation rate for people with a profound or severe core activity restriction in 1998 was 34.7 per cent, which equates to 28.6 percentage points below the participation rate for the general population in all jurisdictions (63.3 per cent). The employment rate for people with a profound or

severe core activity restriction was 89.0 per cent — 3.1 percentage points below the rate for the general population (92.1 per cent) (table 13.2).

Table 13.2 People with a profound or severe core activity restriction and the total population in the labour force, 1998 (per cent)^{a, b, c}

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA^d</i>	<i>Tas^d</i>	<i>ACT^d</i>	<i>NT^d</i>	<i>Aust</i>
Labour force participation rate									
People with a profound/severe core activity restriction ^e	32	32	42	37	33	22	52	45	35
General population ^f	62	64	65	67	60	59	72	69	63
Employment rate									
People with a profound/severe core activity restriction ^e	93	90	87	87	80	85	92	85	89
General population ^f	93	92	91	93	90	90	94	96	92

^a People aged 15–64 years, living in households. Core activities comprise communication, mobility and self care. ^b There were differences between the two surveys (the ABS Survey of Disability, Ageing and Carers and the Labour Force Survey) in the sample size, the scope of the rules applied and the complexity of the questions used to determine labour force status. ^c Totals are taken from ABS publications and may not calculate to an exact average due to ABS calculation methods. ^d Estimates for people with a disability for smaller jurisdictions need to be interpreted with caution because the sample sizes are small. ^e In 2001, the ABS revised the 1998 disability data for NSW, the ACT and the NT. ^f Participation and employment rates for the total population are available for 2001, however, June 1998 figures are used as a better comparison than the current year data reported previously.

Source: ABS (1998, 1999); table 13A.10.

Social participation of people with a disability

A primary objective for government services for people with a disability is to enhance clients' quality of life. Governments seek to advance the rights and wellbeing of people with a disability by helping them to live as valued and participating members of the community.

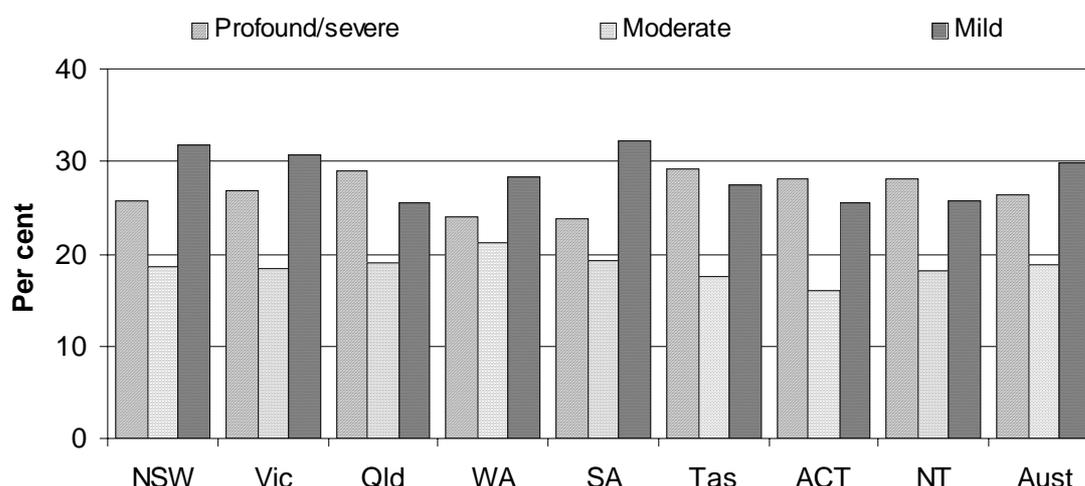
The ABS 1998 Survey of Disability, Ageing and Carers provides data for social participation for people aged 5 years and over with a profound, severe, moderate and mild core activity restriction. Social participation of people with a disability includes community, cultural and leisure participation, use of public transport, educational attainment, and schooling (ABS 1999; AIHW 1999).

Reporting on the social participation of people with a disability has expanded considerably this year. In particular, reported for the first time are the proportions of people with a disability who participated in community, cultural and leisure activities, attained a post-school educational qualification, completed year 12 schooling and used public transport. The proportions of people with a disability who

attained a post-school educational qualification and completed year 12 are also compared with the proportions of the total population.

Nationally, 75.0 per cent of the total population of people with a disability participated in community, cultural and leisure activities at home in the last three months preceding the 1998 survey. Community, cultural and leisure participation for those with a profound/severe core activity restriction was highest in Tasmania (29.2 per cent) and lowest in SA (23.8 per cent). For those with a moderate core activity restriction, participation was highest in WA (21.1 per cent) and lowest in the ACT (15.9 per cent) (figure 13.4).

Figure 13.4 Community participation at home in the last three months, by disability status, as a proportion of all people with a disability, 1998^{a, b, c}

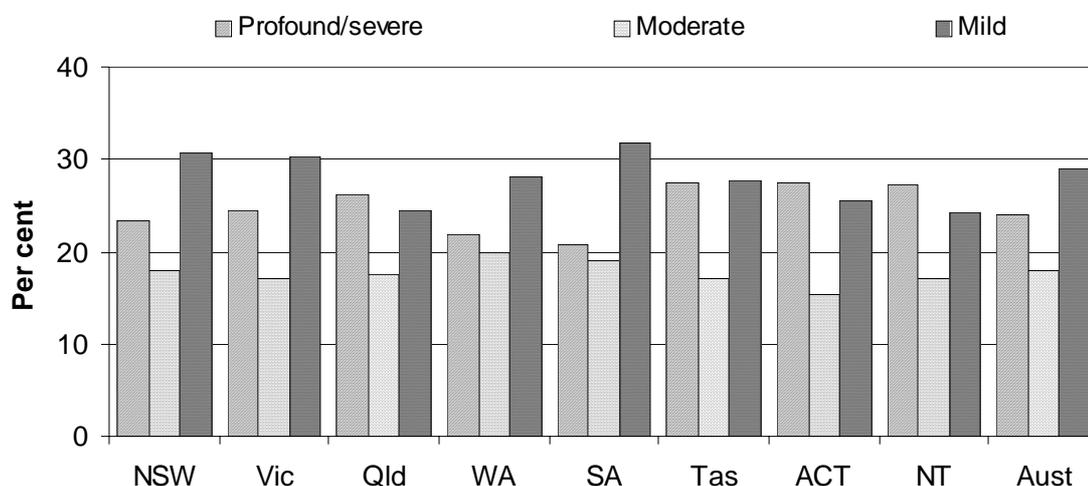


^a In the three months preceding the ABS 1998 Survey of Ageing, Disability and Carers. ^b Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions. ^c People aged 5 years and over, with a disability, living in households.

Source: ABS (1999); table 13A.21.

Nationally, 70.8 per cent of the total population of people with a disability participated in community, cultural and leisure activities away from home in the three months preceding the 1998 survey. Community, cultural and leisure participation for those with a profound/severe core activity restriction was highest in Tasmania (27.5 per cent) and lowest in SA (20.8 per cent). For those with a moderate core activity restriction, community, cultural and leisure participation was highest in WA (19.9 per cent) and lowest in the ACT (15.3 per cent) (figure 13.5).

Figure 13.5 **Community participation away from home in the last three months, by disability status, as a proportion of all people with a disability, 1998^{a, b, c}**



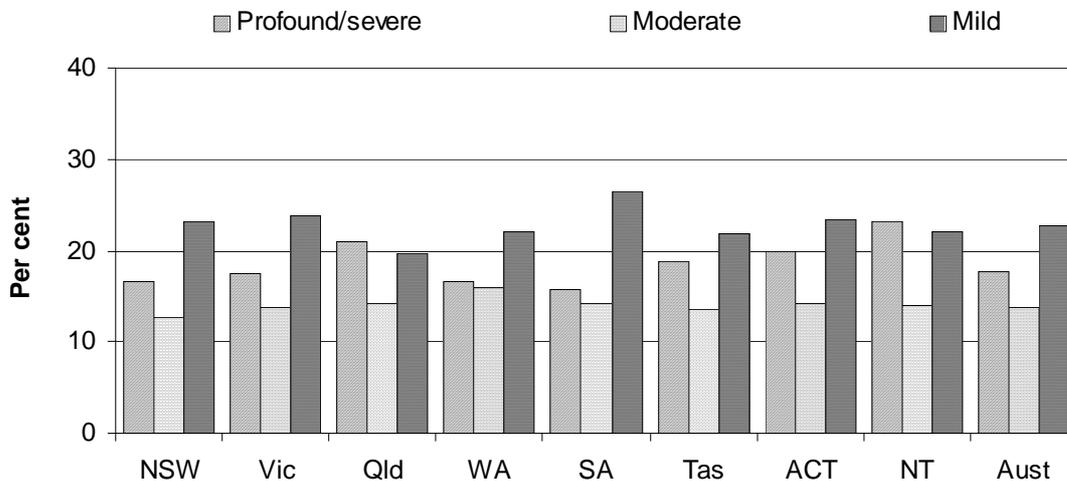
^a In the three months preceding the ABS 1998 Survey of Ageing, Disability and Carers. ^b Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions. ^c People aged 5 years and over with a disability, living in households.

Source: ABS (1999); table 13A.22.

Nationally, 54.2 per cent of the total population of people with a disability participated in community, cultural and leisure activities away from home in the 12 months preceding the 1998 survey. Community, cultural and leisure participation for those with a profound/severe core activity restriction was highest in the NT (23.1 per cent) and lowest in SA (15.7 per cent). For those with a moderate core activity restriction, participation was highest in WA (16.0 per cent) and lowest in NSW (12.6 per cent) (figure 13.6).

Nationally, visits and telephone calls from family or friends were the most common community, cultural and leisure activities participated in at home by people with a profound/severe core activity restriction in the three months preceding the 1998 survey (24.8 per cent and 24.0 per cent respectively, of all people with a disability). Across jurisdictions, visits from family and friends were highest in Tasmania (27.3 per cent) and lowest in WA (22.8 per cent). Telephone calls from family and friends were highest in Tasmania (27.3 per cent) and lowest in SA (21.5 per cent) (figure 13.7).

Figure 13.6 Community participation away from home in the last 12 months, by disability status, as a proportion of all people with a disability, 1998^{a, b, c}



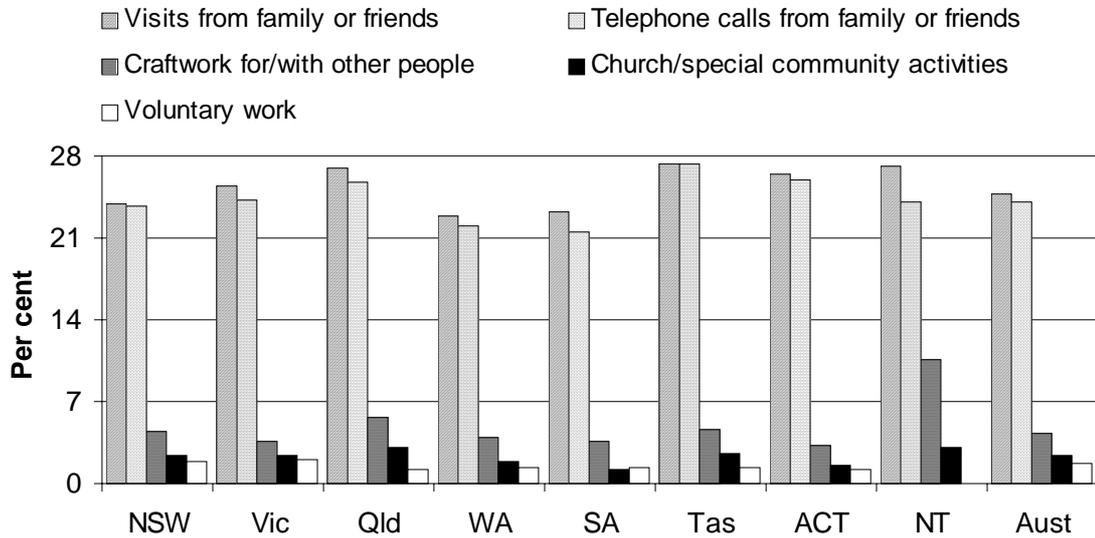
^a In the three months preceding the ABS 1998 Survey of Ageing, Disability and Carers. ^b Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions. ^c People aged 5 years and over with a disability, living in households.

Source: ABS (1999); table 13A.23.

Involvement in craftwork was highest in the NT (10.6 per cent) and lowest in the ACT (3.3 per cent). Participation in church/special community activities was highest in Queensland and the NT (3.0 per cent) and lowest in SA (1.3 per cent), and voluntary work was highest in Victoria (2.0 per cent) and lowest in the NT (less than 1 per cent) (figure 13.7).

Nationally, in 1998, the proportion of the total population holding a post-school educational qualification (39.0 per cent) was higher than the proportion of the total population with a disability (29.6 per cent). The highest proportion of people with a disability holding a post-school educational qualification was in the ACT (58.2 per cent) and the lowest was in Tasmania (24.3 per cent) (figure 13.8).

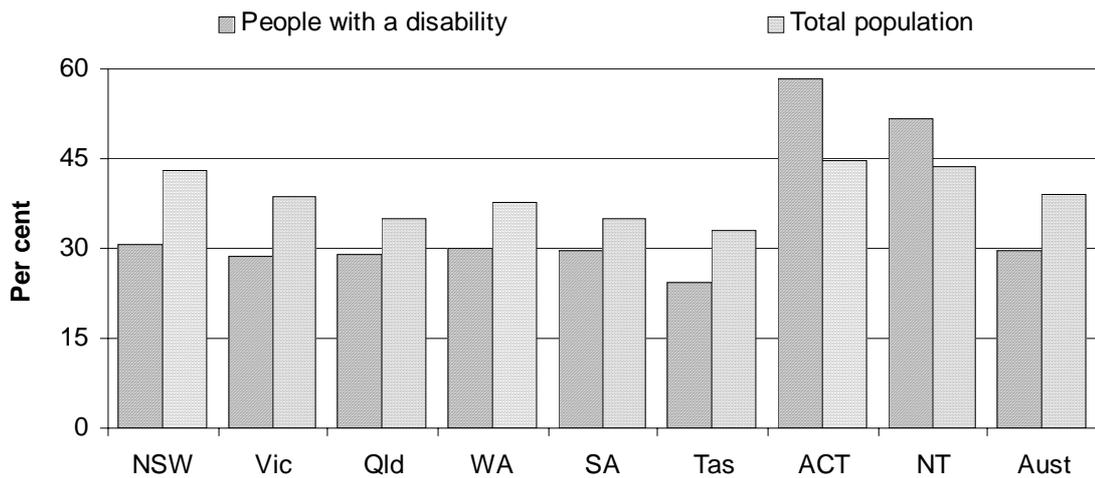
Figure 13.7 Community participation of people with a profound/severe core activity restriction, at home in the last three months, by activity 1998^{a, b, c}



^a In the three months preceding the ABS 1998 Survey of Ageing, Disability and Carers. ^b Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions. ^c People aged 5 years and over with a disability, living in households.

Source: ABS (1999); table 13A.21.

Figure 13.8 Proportion of people with a post-school educational qualification, 1998^{a, b}

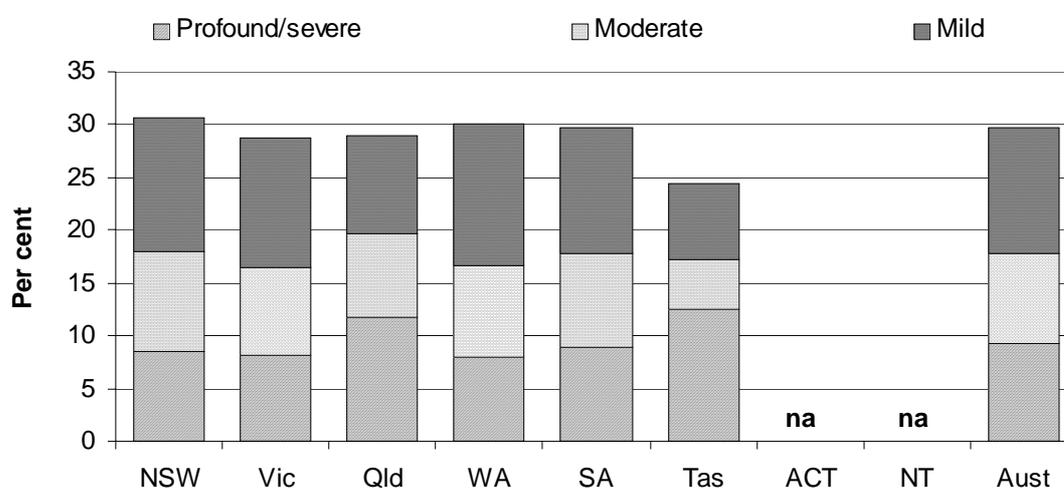


^a People aged 15-64 years, living in households. ^b Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions.

Source: ABS (1999); table 13A.24.

The results in figure 13.8 need to be interpreted with care because small sample sizes for the smaller jurisdictions can cause bias and therefore data are not disaggregated by severity of core activity restriction for the ACT and the NT. Where the proportion of people can be disaggregated by severity of core activity restriction, data show that Tasmania had the highest proportion of people with a profound/severe core activity restriction and a post-educational qualification (12.4 per cent) and WA had the lowest (7.9 per cent) (figure 13.9).

Figure 13.9 People with a post-school educational qualification, by severity of core activity restriction, as a proportion of all people with a disability, 1998^{a, b}



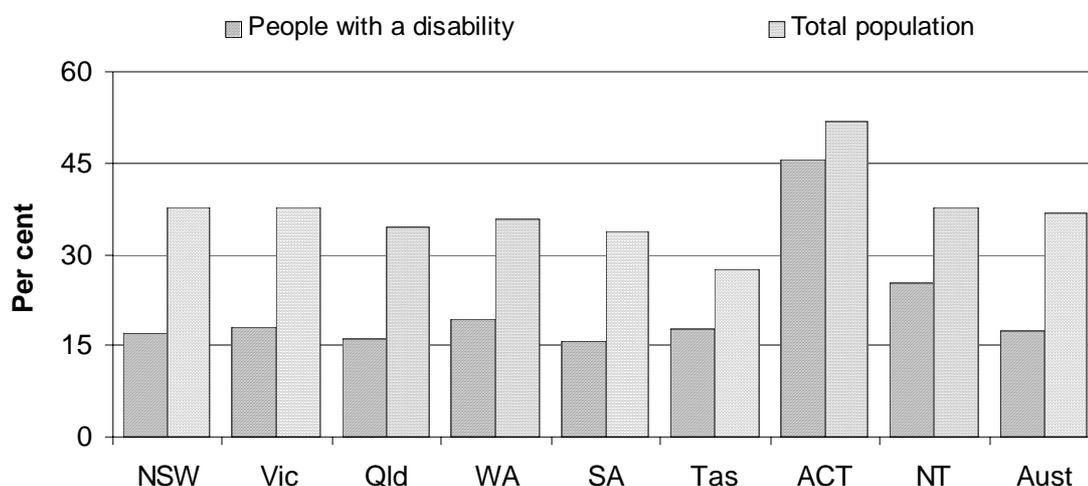
^a People aged 15–64 years, living in households. ^b Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions. **na** Not available.

Source: ABS (1999); table 13A.24.

Nationally, in 1998, the proportion of the total population who had completed year 12 was higher (36.6 per cent) than the proportion of the total population with a disability (17.4 per cent). The highest proportion of people with a disability who had completed year 12 was in the ACT (45.7 per cent) and the lowest was in SA (15.7 per cent) (figure 13.10).

The proportion of people with a post-school qualification is higher than those with year 12 schooling as a result of the definitions used in the ABS 1998 Survey of Disability, Ageing and Carers. Specifically, post-school educational qualification includes higher and bachelor degrees, as well as basic vocational qualifications and a variety of other categories.

Figure 13.10 Proportion of people who had completed year 12 schooling, 1998^{a, b}



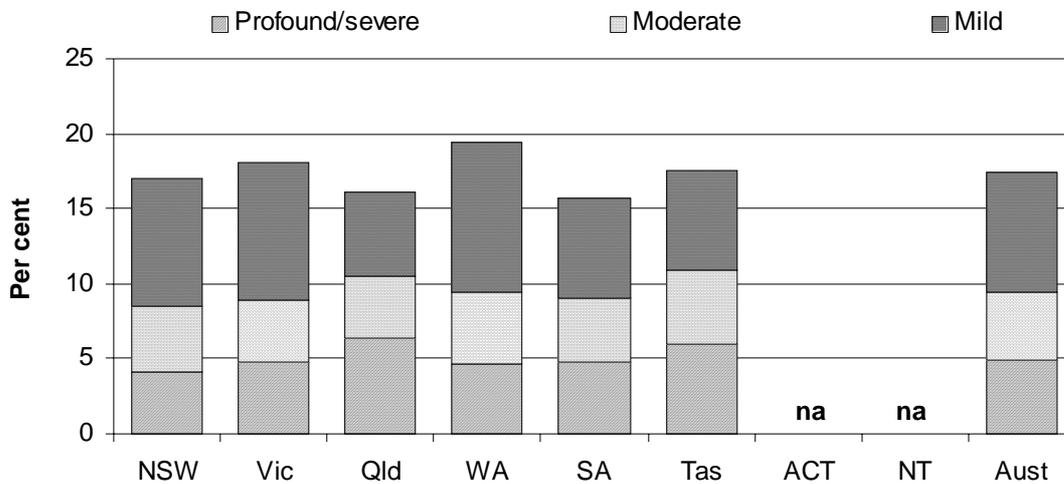
^a People aged 15–64 years, living in households. ^b Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions.

Source: ABS (1999); table 13A.25.

The results in figure 13.10 need to be interpreted with care because small sample sizes for the smaller jurisdictions can cause bias and, therefore, data are not disaggregated by severity of core activity restriction for the ACT and the NT. Where the proportion of people can be disaggregated by severity of core activity restriction, data show that Queensland had the highest proportion of people with a profound/severe core activity restriction and a post school educational qualification (6.4 per cent) and NSW had the lowest (4.1 per cent) (figure 13.11).

Nationally, in 1998, the proportion of the total population of people with a disability who had access to local public transport was 63.9 per cent. The proportion of the total population of people with a disability who used public transport was 33.9 per cent. The proportion who used public transport was highest in NSW (40.9 per cent) and lowest in Tasmania (22.0 per cent) (figure 13.12). Data on public transport use, access and difficulty of use do not include the subsidised taxi services (public access cabs) which are available to people with a disability.

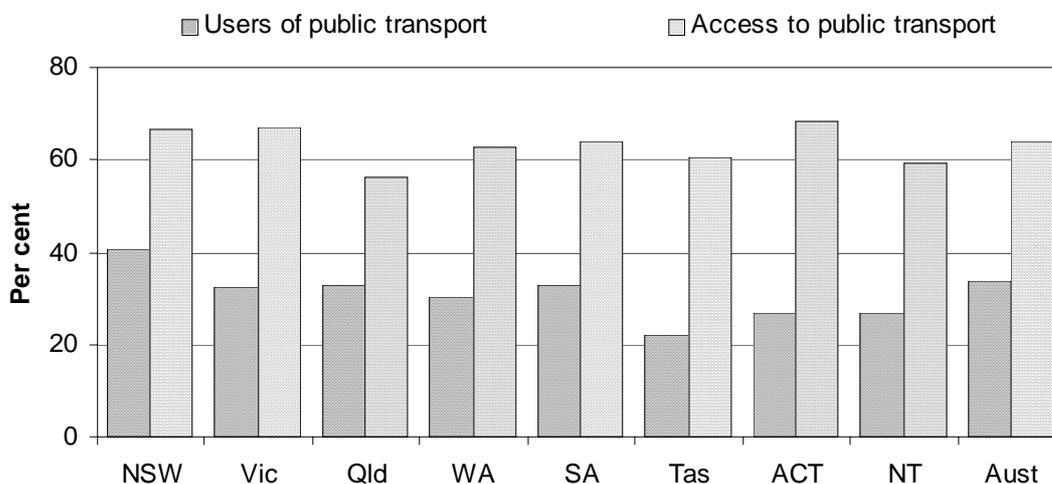
Figure 13.11 People with a disability who had completed year 12 schooling, by severity of core activity restriction, 1998^{a, b}



^a People aged 15–64 years, living in households. ^b Where results are close in value, once confidence intervals are considered there may be little to no variation between jurisdictions. **na** Not available.

Source: ABS (1999); table 13A.25.

Figure 13.12 People using public transport compared to those with access, as a proportion of all people with a disability, 1998^{a, b}



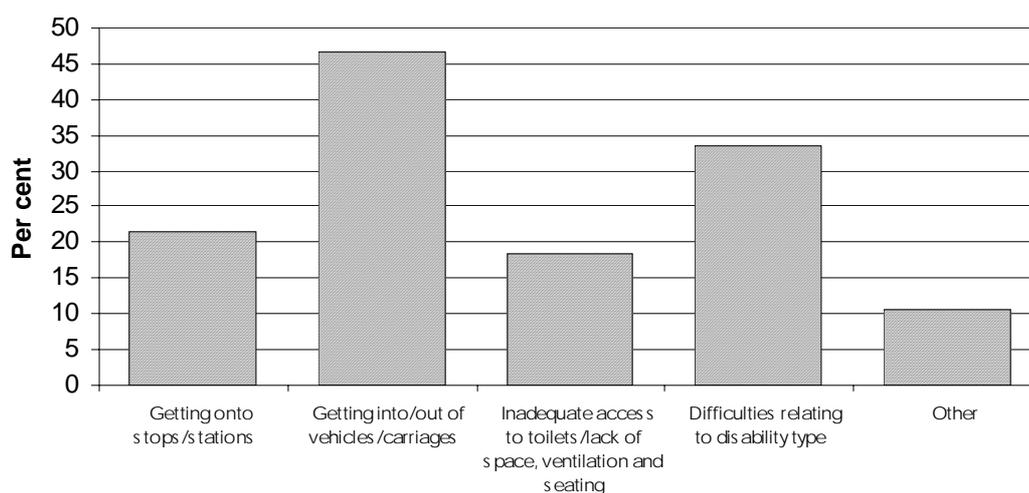
^a People aged 5 years and over, living in households. ^b Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions.

Source: ABS (1999); table 13A.26.

There are likely to be several reasons that people with a disability do not use public transport even though they have access locally, including use of private transport and difficulty with using public transport. Nationally, the main reason for people

with a disability having difficulty using public transport was getting into and out of vehicles and carriages (figure 13.13).

Figure 13.13 **People having difficulty using public transport, by type of difficulty, as a proportion of people with a profound/severe core activity restriction, 1998^{a, b}**



^a People aged 5 years and over, living in households. ^b People who experience pain/discomfort when sitting, cognitive or behavioural difficulties, fear/anxiety and/or sight problems.

Source: ABS (1999); table 13A.28.

Representation of users in other services

Indicators for participation in other services by people with a disability are included in the performance indicator frameworks for those service areas. Participation is reported for vocational education and training (chapter 4), children's services (chapter 14) and housing (attachment 16A).

Quality

The 2000 Report provided information on the quality of services provided to people with a disability. This information has not been updated. A number of jurisdictions will conduct their own surveys on a regular basis. Further, most jurisdictions are implementing quality assurance processes (section 13.6).

Access to services

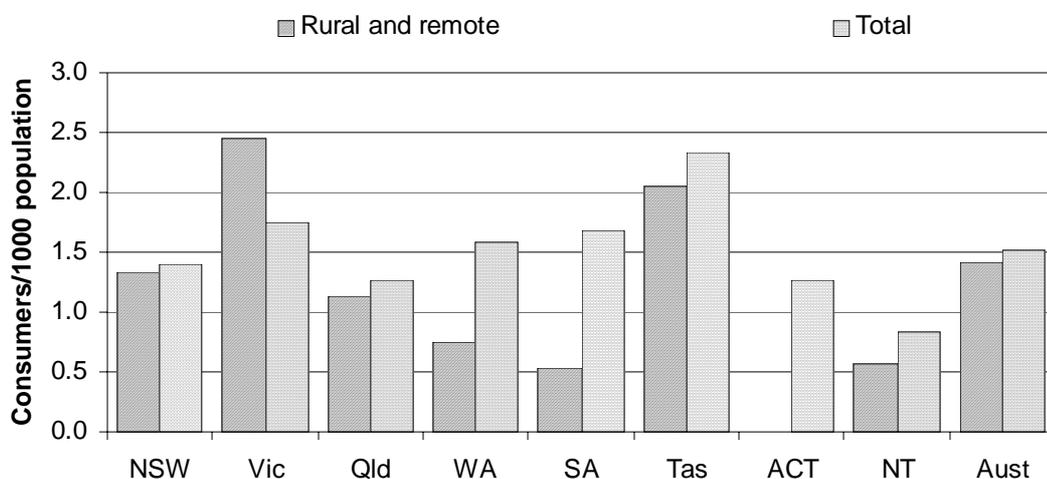
Access indicators relate to accommodation support and employment services and community support day activities. An indicator of access is the proportion of the potential population using the service. The potential populations for accommodation and employment services are defined in table 13.4.

Information is also provided on access to employment and accommodation services by severity of disability, and by Indigenous and non-English speaking origin (NESO) status. Access for rural and remote consumers of CSDA accommodation services is reported for the first time this year. The proportion of people from rural and remote locations who used accommodation support services was lower than the proportion of the general population who used these services for all jurisdictions except Victoria in 2001. The largest difference was in SA and the smallest difference was in NSW (figure 13.14).

Results of rural and remote users of accommodation support services need to be considered with care because it is difficult to measure accommodation services in rural and remote areas, and compare them to those in urban areas. Specifically, accommodation support services in rural areas are largely provided informally, making use of local area coordinators and local community resources, compared with greater levels of institutional care in urban areas. Formal services such as group homes, however, are also widely used in rural areas. The variation in accommodation types may explain the dispersion of jurisdictions' data.

Additional reporting of rural and remote data — for CSDA services other than accommodation — may be achievable in future reports. To address the issue of access to CSDA services, a study has been conducted on the level of unmet demand for accommodation support, respite services and day programs. The Commonwealth, State and Territory governments subsequently provided approximately \$510 million. Information on developments in unmet demand will be outlined in future reports.

Figure 13.14 **Consumers of CSDA accommodation support services per 1000 population, by rural and remote location, 2001^a**



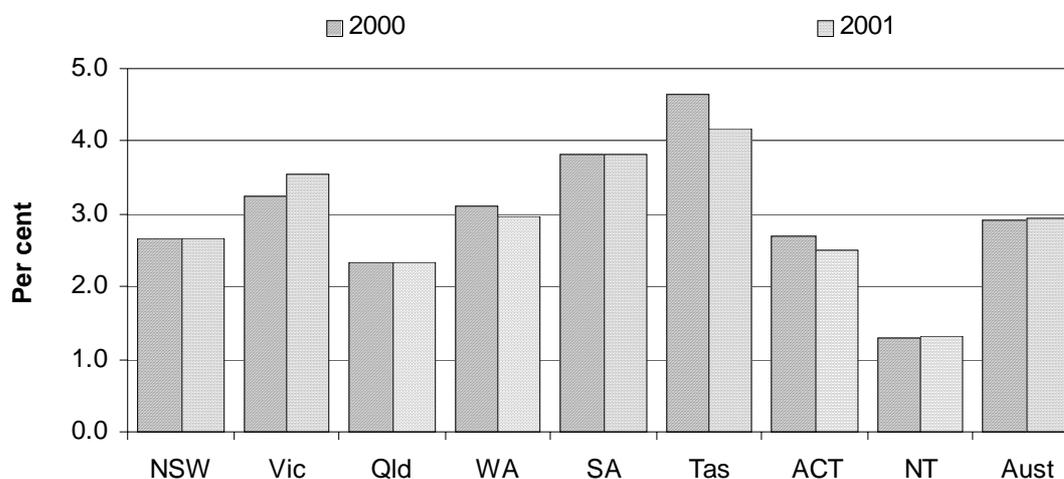
^a The State and Territory data on the rural and remote population are derived by the AIHW for ABS statistical local area population estimates for June 2000. Data for rural and remote consumers was based on the postcode of the consumer except for SA and the NT, for which it was based on the postcode of the service outlet. A postcode is classified as rural or remote if more than 50 per cent of the population in the postcode area are so classified. The data for rural and remote consumers are divided by the data for rural and remote Australians multiplied by 1000. Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where postcode was inconsistently recorded for the same consumer, the consumer was counted as rural/remote on the basis of a least one postcode being so classified. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. Data for all consumers exclude 744 consumers whose postcode was not known, thus totals may differ from other tables. Data for consumers of CSDA accommodation support services exclude psychiatric services specifically identified by the jurisdiction. Data for rural and remote relate to people aged 15–64 years. Other accommodation tables use people under 65 years. Where results are close in value, once confidence intervals are considered there may be little to no variation across jurisdictions.

Source: AIHW (2001a); table 13A.27.

Accommodation and in-home support

Nationally, 2.9 per cent of the estimated potential population were using accommodation support services in 2001. Across jurisdictions, this proportion was highest in Tasmania (4.2 per cent) and lowest in the NT (1.3 per cent) (figure 13.15).

Figure 13.15 Consumers of CSDA accommodation support services relative to the potential population^a



^a The population data are estimates. They are rounded to the nearest 100, although unrounded figures have been used for further calculations. The potential population for accommodation services is the number of people aged less than 65 years, with profound and/or severe core activity restriction, adjusted for the Indigenous factor for that jurisdiction. Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. Data for consumers of CSDA accommodation support services exclude psychiatric services specifically identified by the jurisdiction. The 2000 and 2001 data are consumer data.

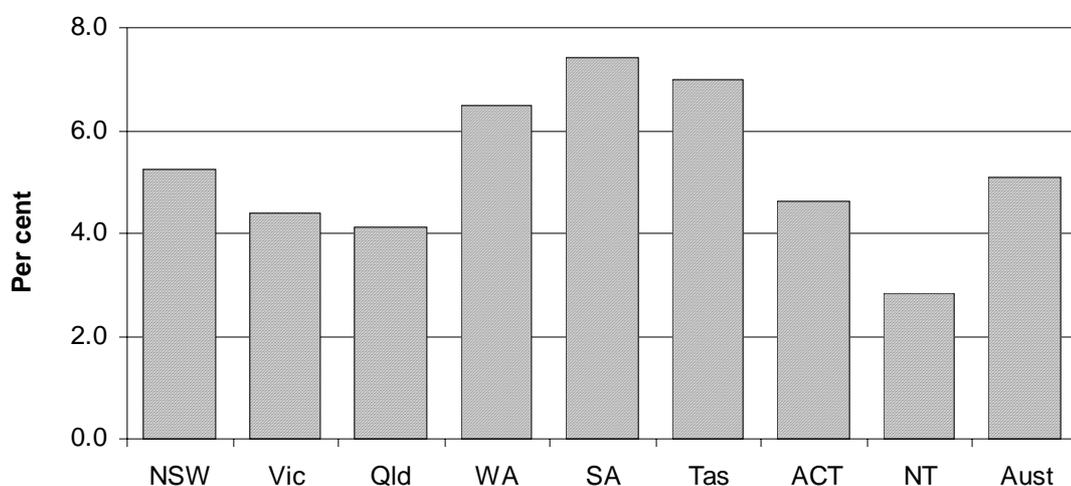
Source: AIHW (2001a); table 13A.11.

Employment services

The Commonwealth has responsibility for employment services under the CSDA and purchases most services from non-government providers. Information on employment services for 2001 was not available at the time of publication. This information (table 13A.12) can be found, however, on the Review web page.

Nationally, 5.1 per cent of consumers of the estimated potential population were using employment services in 2000. Across jurisdictions, the proportion was highest in SA (7.4 per cent) and lowest in the NT (2.8 per cent) (figure 13.16).

Figure 13.16 Consumers of CSDA employment services relative to the potential population, 2000^a



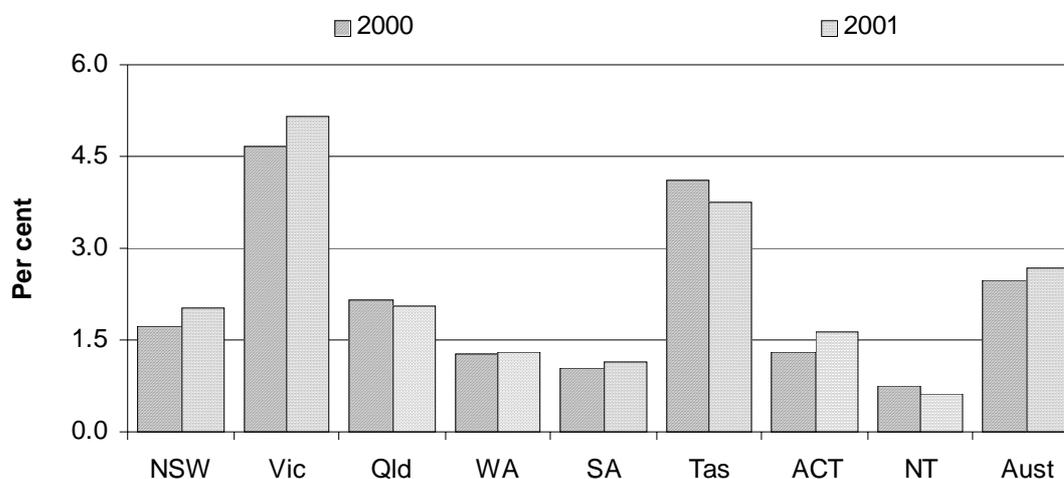
^a Consumer data are estimates collected on the snapshot day. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. The potential population for employment services is the number of people aged 15–64 years with a severe or profound core activity restriction, multiplied by both the Indigenous factor and the labour force participation rate for that jurisdiction. Due to this adjustment the sum of the potential populations of the jurisdictions is not necessarily equal to the national total. The 2000 data are consumer data.

Source: AIHW (2000b); table 13A.12.

Use of community access services

Nationally, 2.7 per cent of consumers of the potential labour force received a community access place on the snapshot day in 2001. Across jurisdictions, Victoria had the highest proportion of recipients (5.2 per cent) and the NT had the lowest (0.6 per cent) (figure 13.17).

Figure 13.17 Consumers of CSDA community access services relative to the potential population^a



^a The population data are estimates. They are rounded to the nearest 100, although unrounded figures have been used for further calculations. The potential population for community access services is the number of people aged 15–64 years, with profound and/or severe core activity restriction, multiplied by the Indigenous factor for that jurisdiction. Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. Data for consumers of CSDA community access services exclude psychiatric services specifically identified by the jurisdiction. Data may have different inclusions for different jurisdictions, which may explain variability across jurisdictions. Data are not, therefore, strictly comparable.

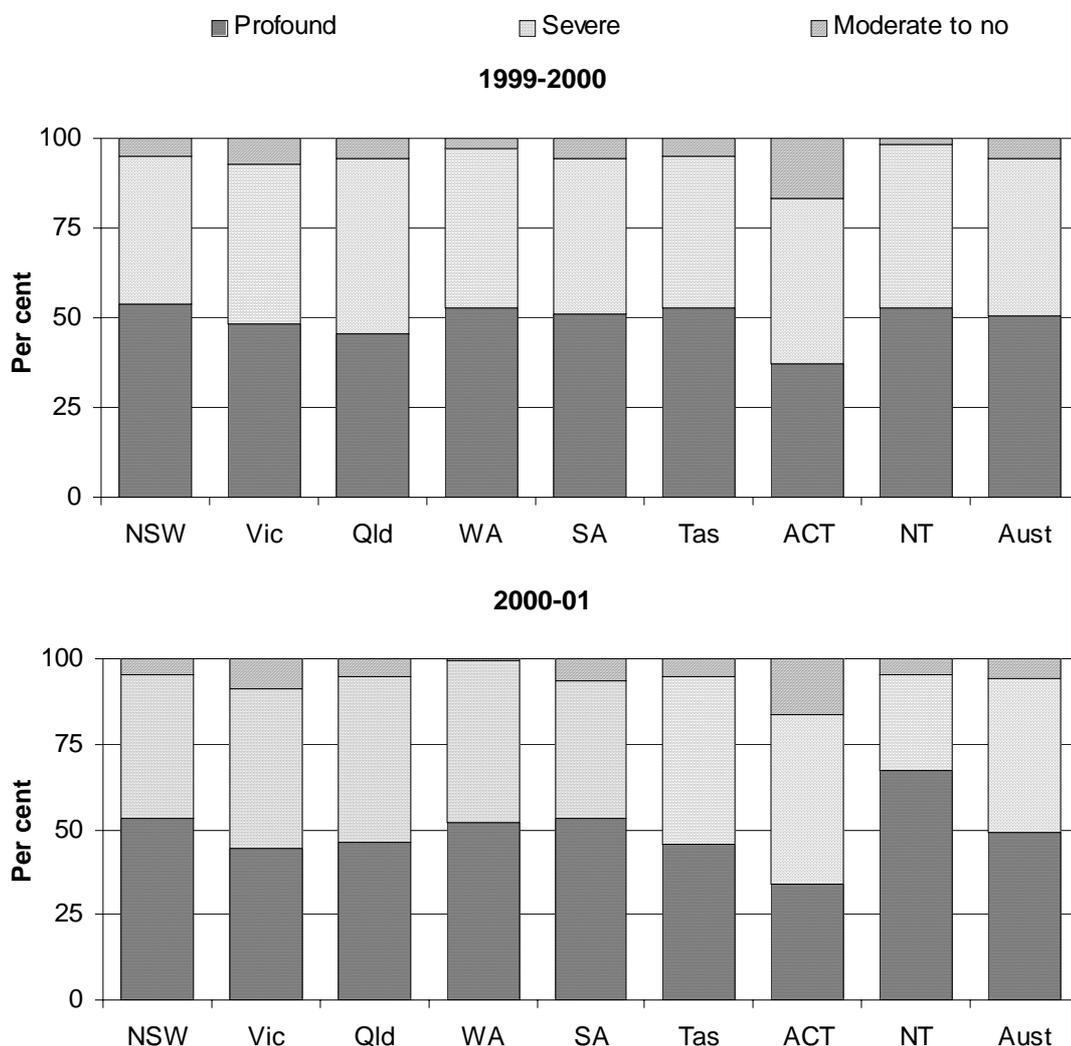
Source: AIHW (2001a); table 13A.13(A) and 13A.13(B).

Service use by disability status

Services provided under the CSDA are allocated to clients on the basis of relative need. This depends on the level of support need (including status of disability) and access to other formal and informal help. An indicator of access to services is the level of service use by severity of disability.

Nationally, 5.9 per cent of clients of accommodation services had a moderate to no core activity restriction in 2001, 45.0 per cent had a severe core activity restriction and 49.1 per cent had a profound core activity restriction. Across jurisdictions, the ACT had the highest proportion of clients with a moderate to no core activity restriction (16.1 per cent) and WA had the lowest (0.3 per cent). The highest proportion of clients with a profound core activity restriction (that is, people who always require help or supervision) was in the NT (67.2 per cent of accommodation clients) and the lowest was in the ACT (33.9 per cent) (figure 13.18).

Figure 13.18 Consumers of CSDA accommodation support services, by severity of core activity restriction^a



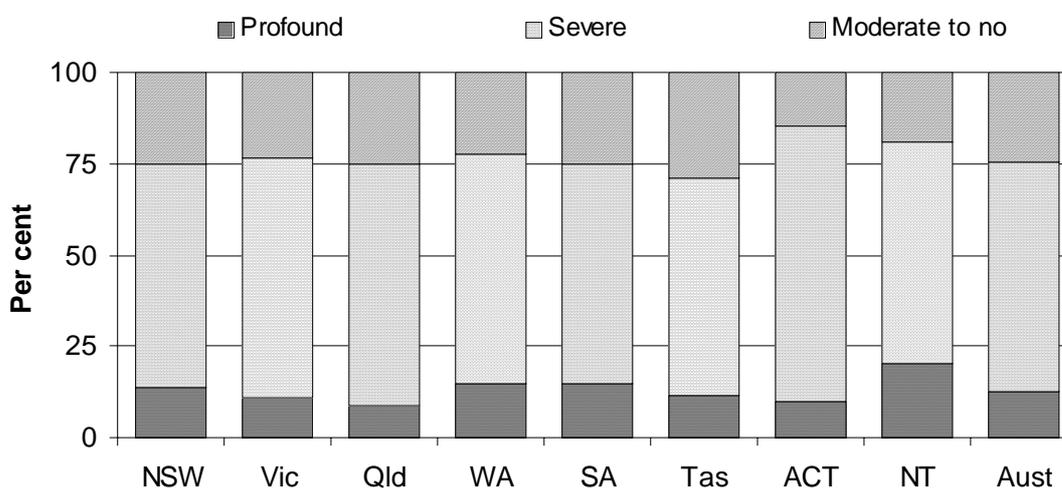
^a Severity of core activity restriction is derived using data on the level of support needed in one or more of the following support areas: self care, mobility and communication. Consumers with a profound core activity restriction reported a continual need for support in one or more of these areas. Consumers with a severe core activity restriction reported occasional or frequent need for support in one or more of these areas. Consumers with a moderate to no core activity restriction reported needing no support in any of these areas. Consumer data are estimates. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. Where the level of support need was inconsistently recorded for the same consumer, the person was allocated a level of support according to a standard method. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. Excludes 296 consumers who did not report on a need for support with self care, mobility or communication. Consumer totals do not, therefore, necessarily match those in table 13A.4. Services exclude psychiatric services specifically identified by the jurisdiction.

Source: AIHW (2001a); table 13A.14(A) and 13A.14(B).

Information on the use of employment services by severity of disability for 2001 was not available at the time of publication. This information can be found on the Review web page (table 13A.15B).

Nationally, 24.4 per cent of clients of employment services had a moderate to no core activity restriction in 2000, 63.1 per cent had a severe core activity restriction and 12.5 per cent had a profound core activity restriction. Across jurisdictions, Tasmania had the highest proportion of clients with a moderate to no core activity restriction (28.9 per cent) and the ACT had the lowest (14.7 per cent). The highest proportion of clients with a severe core activity restriction was in the ACT (75.7 per cent of employment clients) and the lowest was in Tasmania (59.4 per cent). The highest proportion of clients with a profound core activity restriction was in the NT (20.2 per cent) and the lowest was in Queensland (8.6 per cent) (figure 13.19).

Figure 13.19 Consumers of CSDA employment services, by severity of core activity restriction, 2000^a



^a Consumer data are estimates. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. Data exclude 427 consumers who reported a need for support with one or more of self care, mobility or communication. Severity of core activity restriction is derived using data on the level of support needed in one or more of the following support areas: self care, mobility and communication. Consumers with a profound core activity restriction reported a continual need for support in one or more of these areas. Consumers with severe core activity restriction reported occasional or frequent need for support in one or more of these areas. Consumers with moderate or no core activity restriction reported needing no support in one or more of these areas. Where the level of support was inconsistently recorded for the same consumer, the person was allocated a level of support using a standard method.

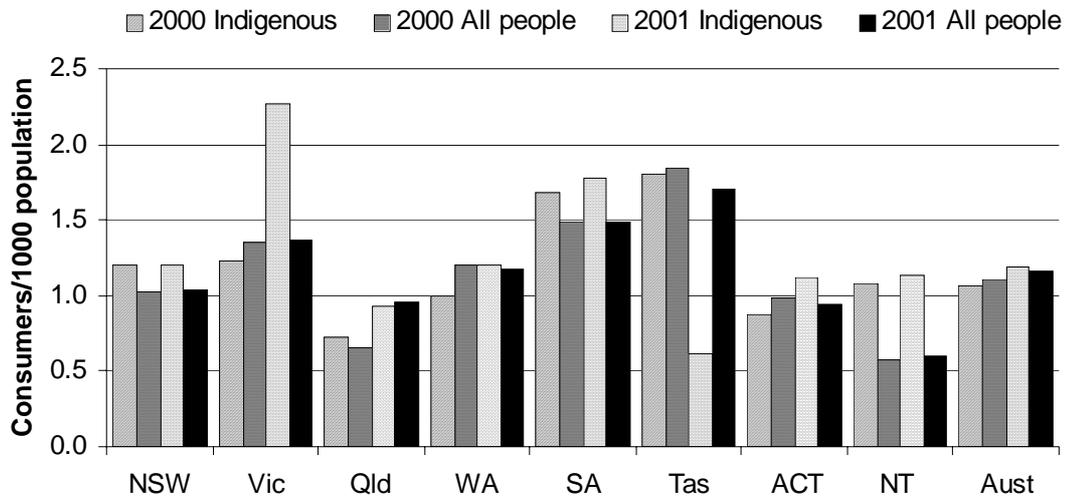
Source: AIHW (2000b); table 13A.15(A).

Service use by special needs groups

An important indicator of access is the comparison between the proportion of all people with a disability who access services and the proportion of people with a disability from Indigenous or non-English speaking origin who access services. This information is provided for accommodation support and employment services.

Nationally, in 2001, a proportion of the Indigenous population similar to that of the total population used accommodation support services (1.18 per 1000 and 1.16 per 1000, respectively). Notwithstanding this national result, a higher proportion of the Indigenous population than of the total population used accommodation support services in all jurisdictions except in Tasmania and to a lesser extent in Queensland (where the proportion was lower) (figure 13.20).

Figure 13.20 Consumers of CSDA accommodation support services per 1000 population, by Indigenous status^a



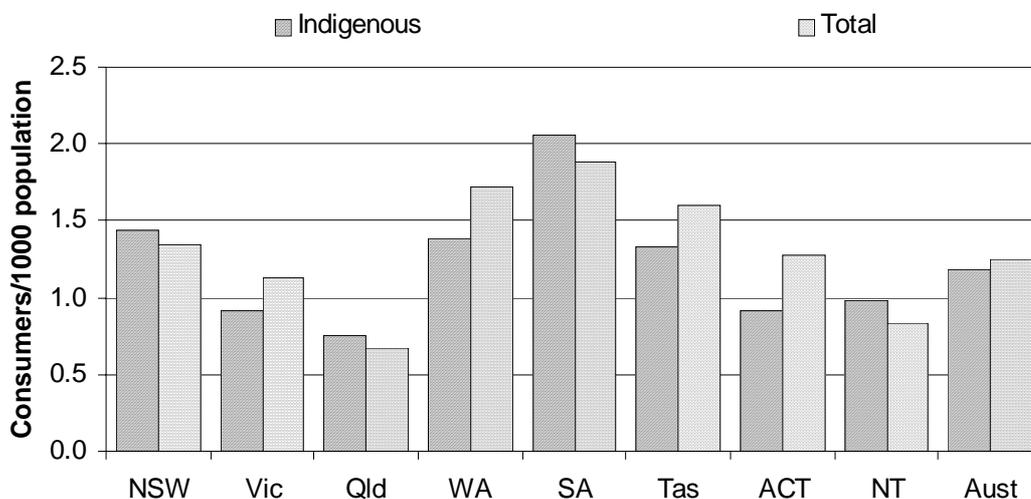
^a Consumer data are estimates. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. Where Indigenous status was inconsistently recorded for the same consumer, the consumer was counted as an Indigenous Australian on the basis of one such response. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. Data for Indigenous consumers are per 1000 Indigenous people. The Indigenous consumer data are divided by the Indigenous Australians data, multiplied by 1000. Data for all consumers exclude 626 consumers whose Indigenous origin was 'not known' or 'not stated'; therefore, totals may differ from other tables. Data for consumers of CSDA accommodation support services exclude psychiatric services specifically identified by the jurisdiction.

Source: AIHW (2001a); table 13A.16(A).

Information on the use of employment services by consumers by Indigenous status for 2001 was not available at the time of publication. This information (table 13A.16B) can be found on the Review web page.

Nationally, in 2000, a proportion of the Indigenous population similar to that of the total population used employment services (1.18 per 1000 and 1.24 per 1000, respectively) (figure 13.21). In NSW, Queensland, SA and the NT, a higher proportion of the Indigenous population than of the total population used employment services; in all other jurisdictions, the proportion was lower.

Figure 13.21 Consumers of CSDA employment services per 1000 population, by Indigenous status, 2000^a

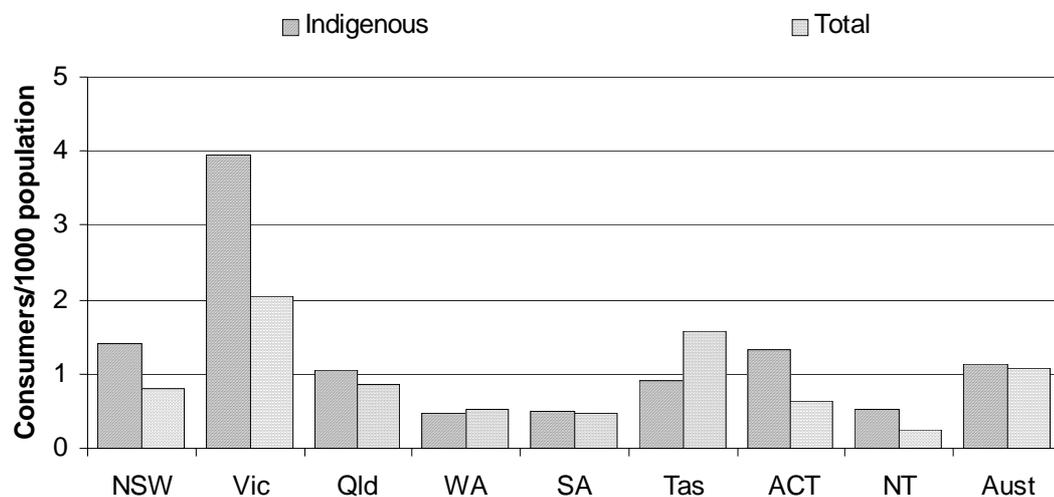


^a Consumer data are estimates. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. Data exclude 1373 consumers of employment services whose Indigenous origin was 'not known' or 'not stated'. Where Indigenous status was inconsistently recorded for the same consumer, the consumer was counted as an Indigenous Australian.

Source: AIHW (2001a); table 13A.16(B).

The Indigenous population using day activity services is reported for the first time this year. Nationally, in 2001, a proportion of the Indigenous population similar to that of the total population used day activity services (1.13 per 1000 and 1.08 per 1000 respectively). Notwithstanding this national result, a higher proportion of the Indigenous population than of the total population used day activity services in all jurisdictions except Tasmania and to a lesser extent in WA (figure 13.22).

Figure 13.22 Consumers of CSDA day activity services per 1000 population, by Indigenous status, 2001^a

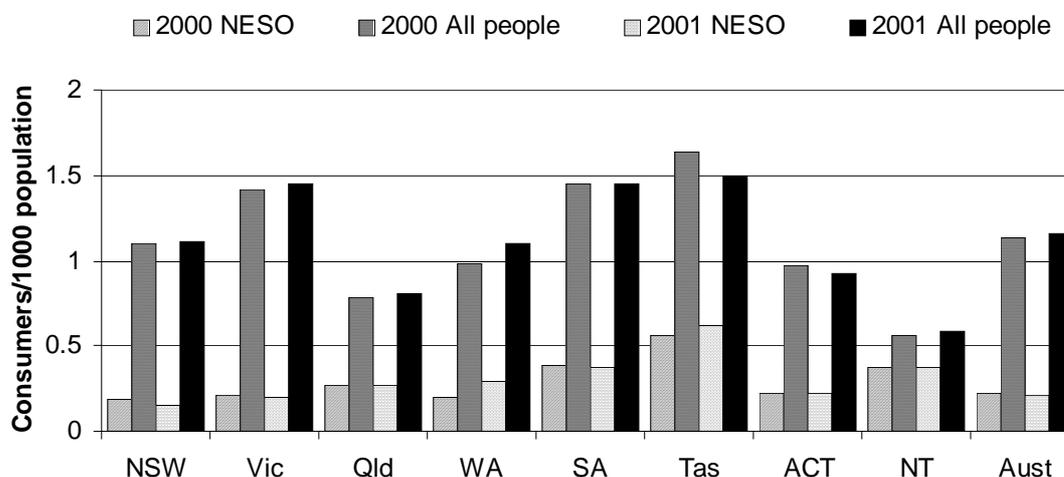


^a Data for Indigenous consumers are per 1000 Indigenous people. The Indigenous consumer data are divided by the Indigenous Australians data, multiplied by 1000. Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Where Indigenous status was inconsistently recorded for the same consumer, the consumer was counted as an Indigenous Australian. Totals may not be the sum of the components because individuals might have accessed services from more than one jurisdiction on the snapshot day. Data for all consumers exclude 372 consumers whose Indigenous origin was 'not known' or 'not stated'; therefore, totals may differ from other tables. Data for consumers of CSDA community access services exclude psychiatric services specifically identified by the jurisdiction. Data may have different inclusions for different jurisdictions, which may explain variability between jurisdictions. Data are therefore not strictly comparable.

Source: AIHW (2001a); table 13A.16(C).

Nationally, the proportion of people from non-English speaking origin who used accommodation support services was lower than the proportion of the general population who used these services for all jurisdictions in 2001 (0.21 per 1000 and 1.16 per 1000 respectively). The difference was largest in Victoria (0.20 per 1000 and 1.45 per 1000 respectively) and smallest in the NT (0.37 per 1000 and 0.58 per 1000 respectively) (figure 13.23).

Figure 13.23 Consumers of CSDA accommodation support services per 1000 population, by non-English speaking origin^a



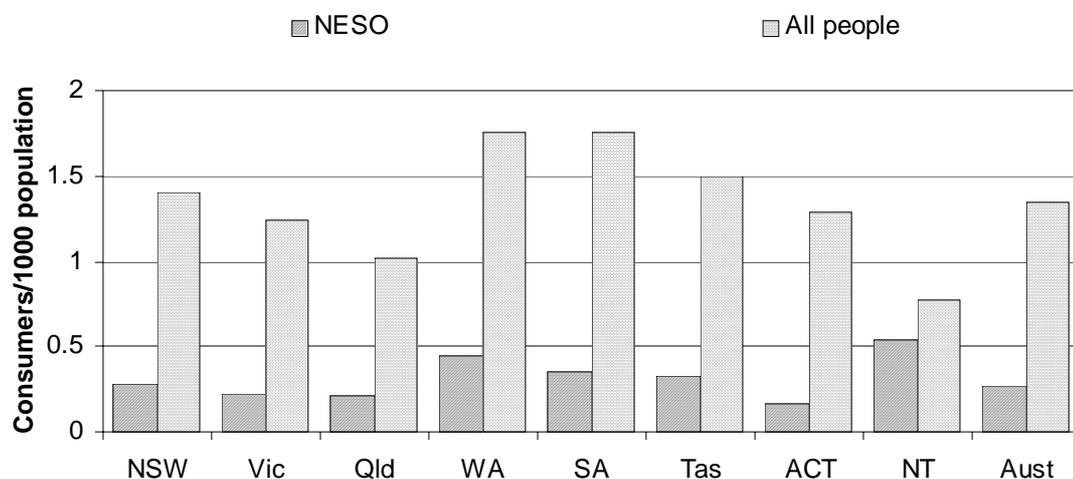
^a Data for consumers of non-English-speaking origin were based on consumer responses for country of birth other than Australia, New Zealand, Canada, United Kingdom, South Africa, Ireland or the United States. The State and Territory data on the non-English speaking origin population are derived from the corresponding ABS 1996 Census proportional distribution of population of States and Territories applied to the ABS national estimate of 2000 country of birth data. They exclude people whose non-English speaking origin was not stated or who were visitors to Australia from overseas. Data for all Australians exclude people whose birthplace was not stated or who were visitors to Australia from overseas. Consumer data are estimates. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. Where country of birth was inconsistently recorded for the same consumer, the consumer was counted as having a non-English-speaking origin on the basis of one such response. Data for all consumers exclude 754 consumers whose non-English speaking origin was 'not known' or 'not stated'; therefore, totals may differ from other sections of this Report. Services exclude psychiatric services specifically identified by the jurisdiction. Data for consumers of non-English speaking origin per 1000 people of non-English speaking origin, are the data on the non-English speaking origin consumers divided by the data on non-English speaking origin Australians, multiplied by 1000.

Source: AIHW (2001a); table 13A.17(A).

Information on the use of employment services by consumers from non-English speaking origin for 2001 was not available at the time of publication. This information (table 13A.17B) can be found on the Review web page.

Nationally, the proportion of people from non-English speaking origin who used employment services was lower (0.27 per 1000) than the proportion of the general population (1.34 per 1000) who used these services in 2000. This was the case for all jurisdictions. The difference was largest in SA (0.35 per 1000 and 1.75 per 1000 respectively) and smallest in the NT (0.54 per 1000 and 0.78 per 1000 respectively) (figure 13.24).

Figure 13.24 **Consumers of CSDA employment services per 1000 population, by non-English speaking origin, 2000^{a, b, c}**



^a Consumer data are estimates. A statistical linkage key was used to account for individuals who received more than one service on the snapshot day. Where English speaking origin was inconsistently recorded for the same consumer, the consumer was counted as having a non-English speaking origin. Data exclude 274 consumers of employment services whose non-English speaking origin was 'not known' or 'not stated'. ^b Data for all Australians exclude people whose birth place was not stated, or who were visitors to Australia from overseas. ^c Where data for consumers of non-English speaking origin were 'not known' or 'not stated', the consumer was counted as a non-English speaking origin consumer.

Source: AIHW (2000b); table 13A.17(B).

Efficiency

An indicator of efficiency is the level of government inputs per place (unit cost). Indicators include:

- the cost to government of providing institutional/large residential and community accommodation places;
- the level of government funding of non-government delivered institutional/large residential and community accommodation places;
- the level of government funding of non-government delivered open, supported, and open and supported employment services; and
- the proportion of total expenditure on disability services spent on administration expenditure.

Unit cost data for government delivered services for people with a disability does not yet include the user cost of capital.

Institutional/large residential accommodation support includes both large institutions and hostels. Community accommodation support includes smaller group homes. In recent years, there has been an ongoing process across States and Territories of de-institutionalisation of services for people with a disability. As a result, total government expenditure on institutional or large residential accommodation places has decreased, with a corresponding increase in expenditure on 'non-institutional' accommodation and care. In this Report, government expenditure on non-institutional community accommodation places includes expenditure on in-home support as well as group homes.

It is an objective of the Review to report comparable estimates of costs. Ideally, such comparisons would include the full range of costs to government. Where the full costs cannot be counted, costs are best estimated on a consistent basis.

Considerable effort has been made to document any differences in calculating the reported efficiency indicators. Some concerns remain over the comparability of the results, however, because jurisdictions use somewhat different methods of data collection (table 13.3). Expenditure estimates for all jurisdictions except SA and the NT are generally comparable because the estimates for all items are based on accrual accounting and include all major items in a consistent way. The expenditure data from SA and the NT are not strictly comparable and may understate the full accrued cost.

Table 13.3 Comparability of expenditure estimates for government delivered disability services, by items included, 2000-01

<i>Expenditure</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>
Superannuation included	✓	✓	✓	✓	x	✓	✓	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	..	Accrual	Accrual	Cash
Workers' compensation included	✓	✓	✓	x	✓	✓	✓	✓
Payroll tax included	✓	x	✓	x	x	✓	x	✓
Apportioned umbrella department costs included	✓	✓	✓	..	✓	✓	✓	✓
Basis of apportioning								
Departmental formula	✓	✓	x	..	✓	x	x	x
% of full time equivalent employees	x	x	✓	..	x	✓	✓	✓
Long service leave Entitlements	✓	✓	✓	✓	x	✓	✓	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	..	..	Accrual	Cash
Depreciation	✓	✓	✓	✓	x	x	x	x

.. Not applicable.

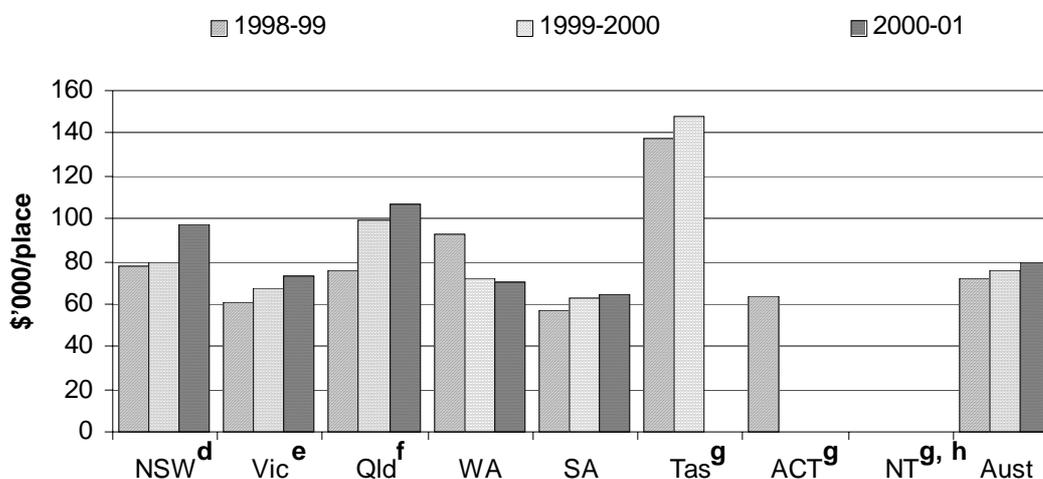
Source: State and Territory governments (unpublished).

Cost to government of government provided services

Cost per government provided institutional/large residential place

The average cost to government of providing institutional/large residential accommodation was \$79 725 per place in 2000-01. Across jurisdictions, the highest expenditure per place was in Queensland (\$106 503) and the lowest was in SA (\$64 181). Tasmania, the ACT and the NT governments did not provide institutional/large residential accommodation in 2001 (figure 13.25).

Figure 13.25 **Cost per government provided institutional/large residential place, 2000-01 dollars^{a, b, c}**



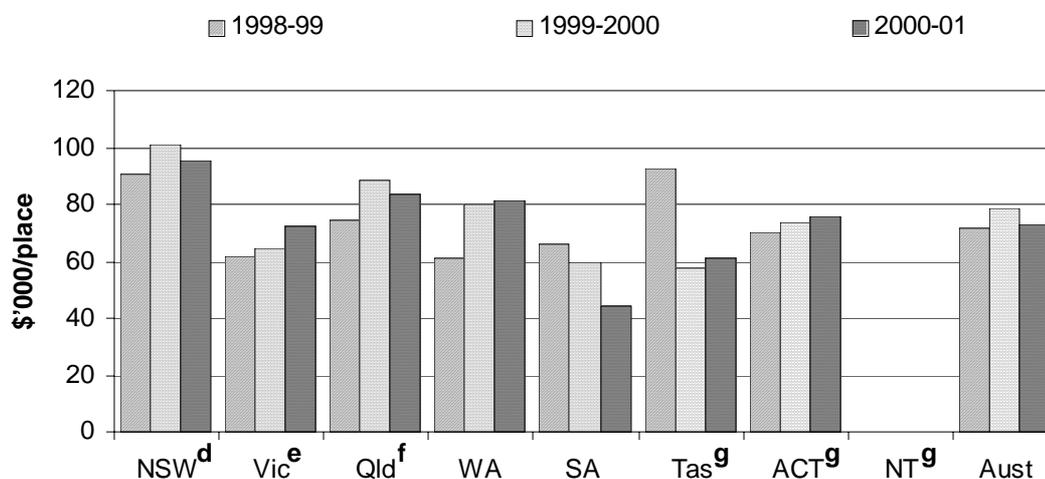
^a Based on total expenditure divided by the number of places on a snapshot day (rather than the average number of places during the year). ^b Change from 1998-99 reflects the refinement of the process, based on accrual accounting, used to allocate expenditure between institutions and community accommodation. ^c Data for non-government provided places reflect cost to government and not the full cost of providing accommodation places. Governments make a contribution towards non-government provided places. ^d Increased costs in NSW reflect devolution of expenditure on transitional accommodation and crisis support to people residing in institutions and being relocated. This will reduce as the relocation program accelerates. Increase represents a significant increase in funding from the NSW State Government on supported accommodation for individuals in crisis and people relocating from large residential services under the devolution program. ^e Data for Victoria are not comparable with previous reports, which used data from departmental administrative collections. ^f Increase in Queensland Government expenditure per government provided institutional/large residential place is a result of continued movement of people from institutions to appropriate community accommodation. ^g There were no government provided institutional or large residential accommodation services delivered in Tasmania (in 2000-01), the ACT (in 1999-2001) or the NT (in 1998-2001). ^h Average NT government cost per non-government community place is affected by the five quarter payments made in 2000-01 instead of the usual four quarters.

Source: State and Territory governments (unpublished); table 13A.19.

Cost per government provided community accommodation and care place

Nationally, the cost per government provided community accommodation and care place was \$73 324 in 2000-01. Across jurisdictions, the cost per place was highest in NSW (\$95 649) and lowest in SA (\$44 401). The NT did not provide government provided community accommodation and care places (figure 13.26).

Figure 13.26 **Cost per government provided community accommodation and care place, 2000-01 dollars^{a, b, c}**



^a Based on total expenditure divided by the number of places on a snapshot day (rather than the average number of places during the year). ^b Change from 1998-99 reflects the refinement of the process, based on accrual accounting, used to allocate expenditure between institutions and community accommodation. ^c Data for non-government provided places reflect cost to government and not the full cost of providing accommodation places. Government makes a contribution towards non-government provided places. ^d Increased costs in NSW reflect devolution of expenditure on transitional accommodation and crisis support to people residing in institutions and being relocated. This will reduce as the relocation program accelerates. Increase represents a significant increase in funding from the NSW State Government on supported accommodation for individuals in crisis and people relocating from large residential services under the devolution program. ^e Data for Victoria are not comparable with previous reports, which used data from departmental administrative collections. ^f Increase in Queensland Government expenditure per government provided institutional/large residential place is a result of continued movement of people from institutions to appropriate community accommodation. ^g There are no government provided community accommodation care and support services delivered in the NT. Average NT government cost per non-government community place is affected by the five quarter payments made in 2000-01 instead of the usual four quarters.

Source: State and Territory governments (unpublished); table 13A.19.

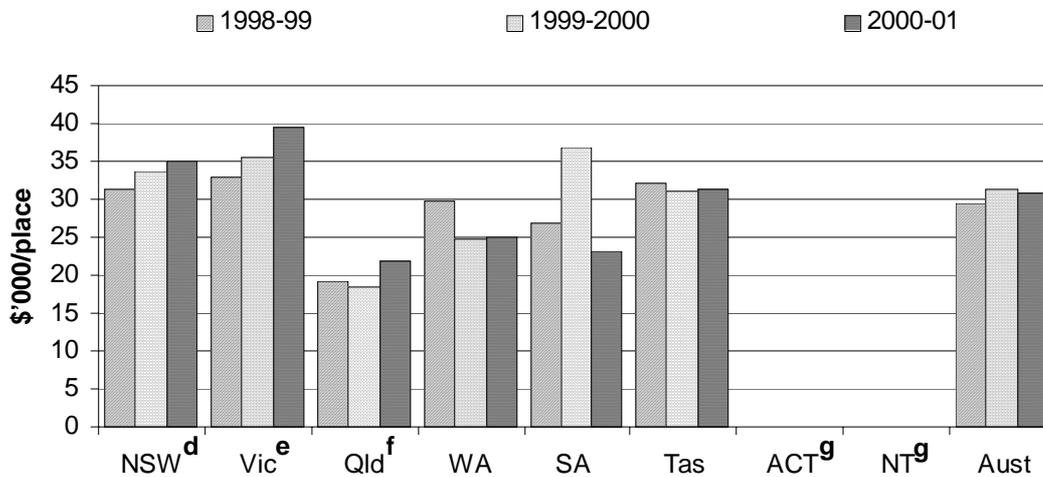
Government funding of non-government service providers

Governments do not always provide accommodation services; rather, governments may fund non-government service providers to deliver this service.

Government funding per non-government provided institutional/large residential place

Nationally, government funding per non-government delivered institutional/large residential accommodation place was \$30 701 in 2000-01. Across jurisdictions, government funding per place was highest in Victoria (\$39 517) and lowest in Queensland (\$21 743). There were no non-government or government providers of institutional/large residential accommodation in the ACT or the NT (figure 13.27).

Figure 13.27 **Government funding per non-government provided institutional/large residential place, 2000-01 dollars^{a, b, c}**



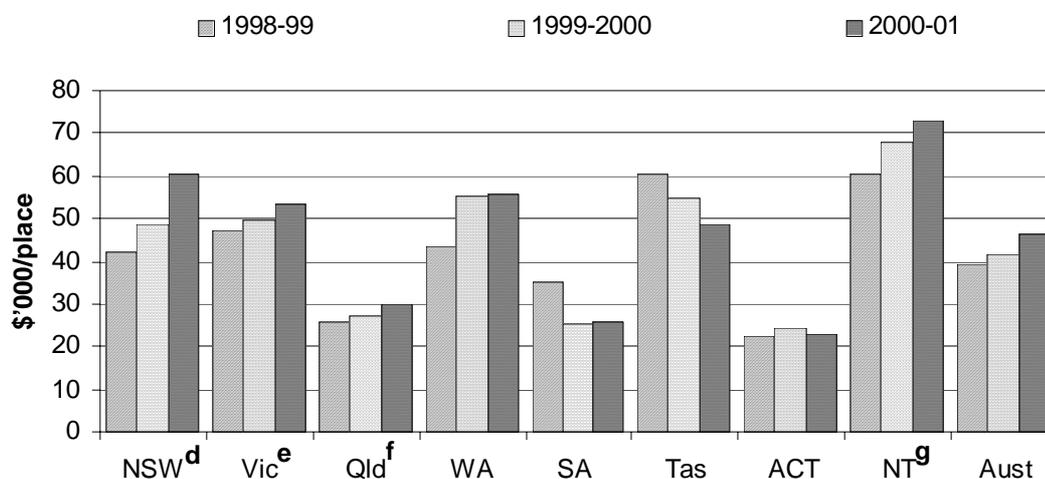
^a Based on total expenditure divided by the number of places on a snapshot day (rather than the average number of places during the year). ^b Change from 1998-99 reflects the refinement of the process, based on accrual accounting, used to allocate expenditure between institutions and community accommodation. ^c Data for non-government provided places reflect cost to government and not the full cost of providing accommodation places. Governments make a contribution towards non-government provided places. ^d Increased costs in NSW reflect devolution of expenditure on transitional accommodation and crisis support to people residing in institutions and being relocated. This will reduce as the relocation program accelerates. Increase represents a significant increase in funding from the NSW State Government on supported accommodation for individuals in crisis and people relocating from large residential services under the devolution program. ^e Data for Victoria are not comparable with previous reports, which used data from departmental administrative collections. ^f Increase in Queensland Government expenditure per government provided institutional/large residential place is a result of continued movement of people from institutions to appropriate community accommodation. ^g There are no non-government provided institutional or large residential accommodation services delivered in the ACT or the NT.

Source: State and Territory governments (unpublished); table 13A.19.

Government funding per non-government provided community accommodation and care place

Nationally, government funding per non-government provided community accommodation and care place was \$46 208 in 2000-01. Across jurisdictions, it ranged from \$72 800 per place in the NT to \$22 728 per place in the ACT (figure 13.28).

Figure 13.28 **Government funding per non-government provided community accommodation and care place, 2000-01 dollars^{a, b, c}**



^a Based on total expenditure divided by the number of places on a snapshot day (rather than the average number of places during the year). ^b Change from 1998-99 reflects the refinement of the process, based on accrual accounting, used to allocate expenditure between institutions and community accommodation. ^c Data for non-government provided places reflect cost to government and not the full cost of providing accommodation places. Governments make a contribution towards non-government provided places. ^d Increased costs in NSW reflect devolution of expenditure on transitional accommodation and crisis support to people residing in institutions and being relocated. This will reduce as the relocation program accelerates. Increase represents a significant increase in funding from the NSW State Government on supported accommodation for individuals in crisis and people relocating from large residential services under the devolution program. ^e Data for Victoria are not comparable with previous reports, which used data from departmental administrative collections. ^f Increase in Queensland Government expenditure per government provided institutional/large residential place is a result of continued movement of people from institutions to appropriate community accommodation. ^g Average NT Government cost per non-government community place is affected by the five quarter payments made in 2000-01 instead of the usual four quarters.

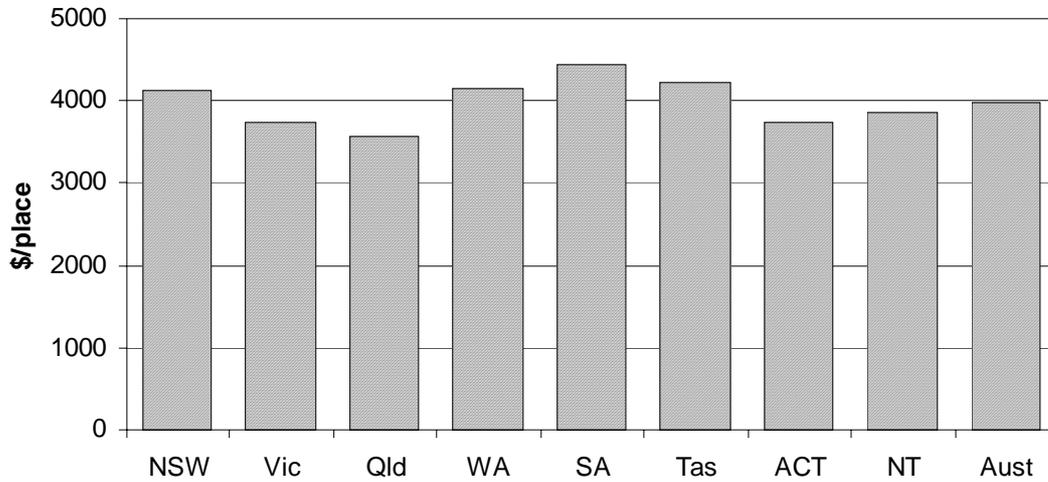
Source: State and Territory governments (unpublished); table 13A.19.

Government expenditure on employment services

Assistance with employment for people with a disability is the responsibility of the Commonwealth Government under the CSDA. Cost per place disaggregated by employment service for 1999-2000 was reported in the 2001 Report (table 13A.20A). Data for 2000-01 (table 13A.20B) can be found on the Review web page.

Cost per place disaggregated by jurisdiction for employment services in 1999-2000 is provided for the first time this year (figure 13.29). Cost per place for all employment service types (open program, supported program and open and supported program) was highest in SA (\$4447 per place) and lowest in Queensland (\$3562 per place). Data for 2000-01 cost per place (table 13A.20C) can be found on the Review web page.

Figure 13.29 Commonwealth expenditure per employment place by jurisdiction, 1999-2000^a



^a Based on the number of places during the whole year.

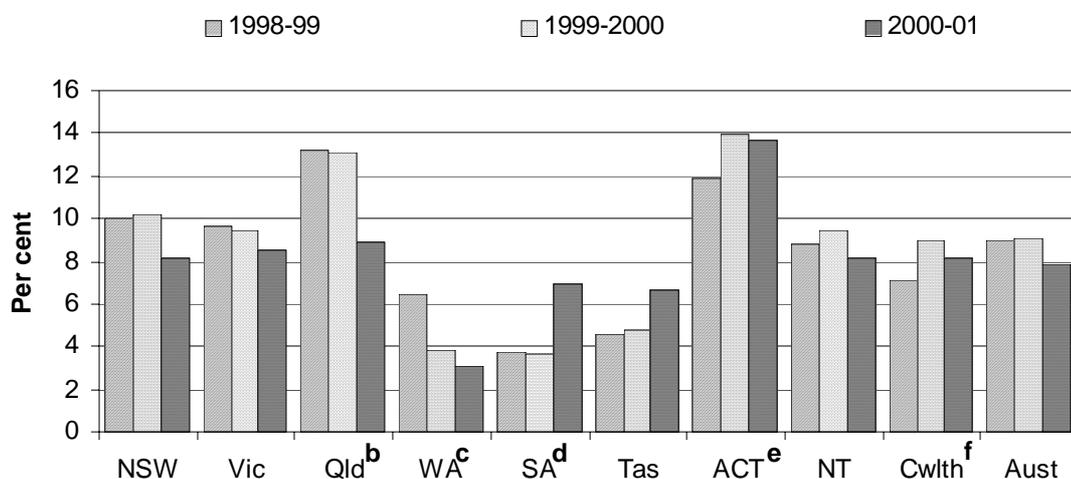
Source: DFACS (unpublished); table 13A.20(C).

Administrative efficiency

The proportion of total expenditure on administration is not yet comparable across jurisdictions because different methods are used to apportion administration costs. Administration cost data are useful, however, for indicating trends within jurisdictions over time.

The national average administrative cost as a proportion of total government expenditure on disability services fell from 9.1 per cent in 1999-2000 to 7.9 per cent in 2000-01. Across jurisdictions, the proportion increased between the two years for SA and Tasmania, and decreased for all other jurisdictions (figure 13.30).

Figure 13.30 **Administrative costs as a proportion of total expenditure on CSDA services^a**



^a See table 13.3 for an explanation of different methods of apportioning departmental costs. ^b Method for apportioning government administration expenditure in Queensland changed in 2000-01 as a result of improved financial reporting systems and with the establishment of Disability Services Queensland. ^c Decrease in WA administration expenditure reflects reduction in corporate services costs and elimination of costs associated with the implementation of the GST in 1999-2000. ^d Figures for SA include administration expenses (indirect service delivery costs) relating to all government agencies receiving funding from the department. Reports in previous years included only the Central Office and IDSC administrative costs. ^e Improved allocation of corporate overheads occurred again in 2000-01 within the government sector. The ACT has incurred additional one-off overhead costs in 2000-01 due to the Inquiry into Disability Services in the ACT. ^f Commonwealth administrative expenditure is an estimate only and is based on average staffing levels.

Source: State and Territory governments (unpublished); table 13A.4.

13.5 Future directions in performance reporting

In advance of the third CSDA, a new MDS is being established (box 13.6). Significant development and further refinement of performance indicators is planned in subsequent reports, largely arising from improved data expected to be available from the new CSDA MDS collection. It is anticipated, due to the implementation timetable, that the 2004 Report will include full-year data for 2002-03 captured through the redeveloped CSDA MDS collection.

Box 13.6 CSDA Minimum Data Set redevelopment

The second CSDA reflected significant changes in the nature of services and delivery methods, information needs and capabilities, suggesting a need for redeveloping the CSDA MDS collection. Accordingly, the National Disability Administrators and the Australian Institute of Health and Welfare (AIHW) are redeveloping the CSDA MDS collection. The AIHW is managing the establishment of the new CSDA MDS, in collaboration with Commonwealth, State and Territory governments, and non-government organisations.

It is anticipated that the new CSDA MDS, in specifying revised core data items for ongoing collection by all service providers funded under the CSDA, will:

- better meet critical data needs across the disability field, and be consistent with other major data developments such as the HACC MDS;
- integrate data collation with the operations of agencies and funding departments; and
- use statistical linkage keys to enable data from various sources to be related and collated without duplication of effort.

Consistent with the existing CSDA MDS, the new CSDA MDS will have an agreed set of nationally significant data items, and an agreed framework for collection and national collation. Data items will relate to accessibility, appropriateness, efficiency and effectiveness of services, with data collected on an ongoing basis, replacing the current 'snapshot day' census collection.

The CSDA MDS redevelopment project is planned to proceed in four phases over two years. The first and second phases are now complete (described below), including:

- the preparation of materials for discussion, workshops and testing in the field;
- the development of data principles and a data transmission strategy; and
- initial and then more comprehensive field testing, resulting in a revised set of data items.

A live pilot test has been scheduled for April 2002 (replacing the snapshot day census collection). The new CSDA MDS is expected to commence from July 2002.

Source: AIHW (2001b, 2001c, 2001d).

Improvements in performance reporting

Significant steps made in improving the comparability and scope of reporting in the 2002 Report were outlined earlier in this chapter. Notwithstanding these improvements, limitations remain in reporting against the current framework — in particular:

-
- there are gaps in reporting service quality (for example, client and carer satisfaction);
 - the availability of snapshot day data only, rather than whole-of-year data has an impact on the reliability of performance indicators; and
 - the scope of reporting is restricted to CSDA services.

The Review intends to address these limitations by:

- expanding reporting to cover non-CSDA services used by people with a disability;
- developing an indicator on quality assurance processes;
- reporting current, ongoing social participation data; and
- reporting additional disaggregated Indigenous data.

13.6 Jurisdictions' comments

This section provides comments from each jurisdiction on the services covered in this chapter and attachment 13A on the CD-ROM. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter. The information covers aspects such as age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (such as Indigenous and ethnic status).

Commonwealth Government comments

“ The Commonwealth welcomes the sixth Report on Government Services and the opportunity to comment on achievements in the delivery of specialist support services for people with disabilities. This Report reflects significant developments in the design and delivery of services for people with disabilities and the measurement capabilities of the efficiency and effectiveness of those services.

The most fundamental change to the design and delivery of services for people with disabilities is contained in the Australians Working Together strategy. Under the Australians Working Together strategy the Commonwealth will spend more than \$230 million over four years from 2001-02 providing a better deal for people with disabilities.

The Commonwealth also has a number of trials and research projects underway that place greater emphasis on recognising people's capacities, and provide the kind of individualised assistance they need to realise their potential. As part of a staged approach running to January 2005, the Commonwealth aims to provide a more effective assessment of need for people with disabilities, explore the private sector's capacity to deliver specified vocational rehabilitation services, and match funding to the assessed needs of individuals and their outcomes.

The 2000-01 and 2001-02 financial years saw the largest ever single injection of new funding for disability services to address unmet need in the areas of accommodation support and day services. The result of joint Commonwealth and State efforts has resulted in an additional \$510 million nationally to fund new disability services over the last two years of the current Commonwealth-State Disability Agreement — \$210 million in 2000-01 and more than \$300 million in 2001-02. This included an additional Commonwealth contribution of \$150 million.

On 4 August 2001, all jurisdictions committed themselves to a third CSDA to be implemented by June 2002. The redevelopment of the CSDA Minimum Data Set will be a key factor in supporting better, performance reporting and accountability — two particular priorities of the next agreement.

This Report precludes the results of the Commonwealth's 2001 Disability Census that comprises aggregate information on service outlets (employment, advocacy, print disability, information and, from 2000, respite services) and the consumers supported by employment services. Individual consumer records on 53 427 consumers were received in 2000 that represent the volume of clients seen throughout the whole 1999-2000 financial year. The size and timing of the Commonwealth Disability Census prevented presentation of the 2001 Census results in the 2002 Report. These data can be found on the Review web page. ”

New South Wales Government comments

“ New South Wales has commenced reformed service provision which aims to build individual and family capacity, strengthen communities and build partnerships with stakeholders.

The Boarding House Reform Strategy has addressed the needs of people with a disability who were not receiving appropriate support in the licensed boarding house sector. The Residents Relocation Program has resulted in the establishment of accommodation support, community based activities and social support systems for over 300 people with a range of disabilities.

New South Wales has increased funding in 2000-01 for Early Childhood Intervention services. These services provide crucial assistance to families with children (0–6 years) and enable planned transition to school. New South Wales has also introduced Local Support Coordination in 10 locations. This program aims at supporting people with disabilities, families and carers in identifying informal and formal support needs and methods of meeting need within the local community. It is expected that the Local Support Coordination program will be further expanded in 2001-02.

The Adult Training, Learning and Support (ATLAS) Review and Reform process continues and includes Post School Options (PSO) and Day Program Services. The reform aims to improve transition points and changes in peoples' lives, and build more effective pathways between school, work, other day and lifelong learning activities. A critical ingredient is ongoing negotiation with the Commonwealth about enhancing pathways between employment, education and lifestyle or community participation support for people with a disability.

The Service Access System (SAS) has provided a mechanism to ensure that people living with a disability and their families who are currently at risk in the community can access flexible support(s) in a coordinated and systematic manner. In the 2000-01 and 2001-02 budgets, an additional \$27.3 million recurrent and \$10 million one-off has been provided for flexible support options which are now processed through the Service Access System.

The CSDA Bilateral Project was implemented to deliver case management and brokerage to three selected groups: clients from Business Services; 99 school leavers; and others inappropriately placed in day programs, PSO or ATLAS services. The project is due to finish in June 2002.

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Victorian Government comments

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The information included in this chapter of the 2002 report continues progress towards nationally consistent and comparable data on disability services, building on recent advances which have been made through the efforts of the National Disability Administrators, the Disability Services Working Group, the Secretariat and others such as the AIHW to obtain objective and reliable performance information.

The Draft Victorian State DisAbility Plan, to be finalised in 2002, includes strategies that seek to improve the lifestyles of people with a disability including greater participation in the full range of community activities. The additional information in this report on social participation reflects current policy directions and provides feedback on the level of community participation for people with a disability across a range of activities.

The minimum data set continues to be an important source of information for a range of planning and policy development purposes. The redevelopment of the minimum data set for disability services being undertaken by the National Disability Administrators, in conjunction with the AIHW, is an exciting development that holds out the promise of better national data with an enhanced focus on client outcomes and effectiveness. Readers of this report may also be interested in obtaining the detailed reports produced annually by the Victorian Department of Human Services using these data.

Victoria, along with other jurisdictions, is particularly interested in collecting data that highlight service outcomes on an ongoing basis and using this information, in partnership with non-government organisations and other governments, to enhance service delivery. This is one of the objectives of Victoria's own information strategy for disability services. The strategy builds on past work establishing various information systems. The strategy is progressing the development of an integrated system to meet the information needs of a range of stakeholders including service providers, managers, planners and external agencies.

Notwithstanding improvements in nationally comparable information, like all reports of this kind, some cautionary notes regarding the interpretation of data are necessary. Victoria recognises that problems with data consistency and comparability still exist and that more work is required in some areas. A notable case in point relates to the apportionment of costs to service outputs and resulting efficiency measures. For example, the proportion of total expenditure spent on administration is not comparable across jurisdictions due to the different methods used to apportion administration costs in each jurisdiction. Readers should keep such differences in mind when interpreting data reported here.”

Queensland Government comments



Queensland supports the steps undertaken by the Productivity Commission, the AIHW, and Commonwealth, State and Territory governments to improve the comparability and scope of national reporting through this report and the redevelopment of the CSDA Minimum Data Set collection. However, users of this report should take care when interpreting the data as problems continue to exist with data consistency and comparability across jurisdictions. In addition, the chapter reports only on a very small proportion of the functions undertaken by the total disability sector.

During 2000-01, Disability Services Queensland (DSQ) continued to implement its information strategy. In 2001-02, community organisations funded through the CSDA will benefit from \$1 million in grants to assist them to obtain the IT infrastructure necessary to support client management and information systems; increase capabilities to meet DSQ and national reporting requirements; and improve methods of communication in line with developments in available technology.

DSQ is leading the following major reforms to achieve a coordinated and strategic approach to disability issues across government and within the disability sector:

- The Funding Reform Strategy will examine the viability of community organisations, ensure reliable and sustainable service delivery infrastructure, develop a funding framework to accurately forecast future demand, cost innovative and flexible models of support, and improve the funding programs framework for DSQ to ensure coherency and consistency.
- Queensland Government departments are implementing the key directions outlined in the *Queensland Government Strategic Framework for Disability 2000–2005* to meet the needs of people with a disability and their families.
- The *DSQ Strategic Plan 2001–2005* is building on work already undertaken to support people with a disability. It provides the foundation for enhanced accountability, openness, collaboration and leadership both within Queensland and nationally. It is consistent with the *Queensland Government Strategic Framework for Disability 2000–2005*.
- The *DSQ Business Plan 2000–02* is now in its second and final year and describes DSQ's financial commitment to the community sector through increased funds, as well as the funds it has used to increase DSQ's internal program infrastructure. In 2001-02, \$18.3M in Commonwealth and State funding has been allocated.
- DSQ is reviewing the *Disability Services Act 1992 (Qld)* and developing a Carers Recognition Act. The review aims to improve legislative guidance to DSQ, service providers and other community organisations. The intention of a Carers Recognition Act is to recognise carers' rights, needs and concerns, as well as their role in service delivery.



Western Australian Government comments

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Western Australia welcomes the extension of performance indicators to include social and community participation, which is a feature of this year's report. These indicators are important because they directly provide some measures of the social impact of disability, which is in line with the development of the International Classification of Functioning, Disability and Health (ICF).

Overall, Western Australia showed the highest social participation rates for people with moderate levels of disability in a range of community, cultural and leisure activities. These figures have been drawn from the Australian Bureau of Statistics Survey on Disability, Ageing and Carers, which covers all people with disabilities (not just consumers of specialist services). It is important to realise that these new indicators are substantially different from other indicators in that (a) they report on outcomes that are only partially influenced by disability services, and (b) the outcomes are more the result of 'indirect' and 'strategic' services, such as access improvement, community education and strategic planning.

Also for the first time, there are access indicators, including access to accommodation services in rural and remote areas. It will be more appropriate in future to report on access to non-accommodation services, particularly in the case of Western Australia where there is an emphasis on mobilising local community resources, which usually do not involve formal accommodation. Also, as pointed out in this Report, services in rural and remote areas are provided largely informally, and therefore are not easily identified.

While the performance indicators framework has been enhanced, there are still some anomalies, particularly concerning the reporting of the full range of services. Western Australia distinguishes between residential accommodation (hostels and group homes) and accommodation support services, which encompass a range of individualised, flexible support services. The data in this Report do not show how the decline in full time residential services over the past two years (table 13A.11) has been matched by a steady and concomitant increase in non-residential support services. Over the past five years these have trebled, increasing from 674 to 2255 people. Similarly, family support has increased from 1702 to 3062 people; and respite has increased from 1790 to 2597 people. This growth is in line with the extension of flexible, individualised funding options and the local area coordination system which now covers the whole of Western Australia.

Individualised services have also, however, led to some obscuring of boundaries between different categories of service. This is particularly apparent in the reporting of 'community access' (figure 13.17) and 'day activity' services (figure 13.22). Some of the variation here is also due to different service delivery structures and different reporting practices. These programmatic changes and definitional issues are likely to be clarified within the redevelopment of the Minimum Data Set.

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South Australian Government comments

“ South Australia supports the continuing improvements made to the national reporting of disability services data through re-development of the Minimum Data Set reporting arrangement, particularly the move to ‘whole-of-year’ data reporting by 2002.

Together with improved data reporting under the HACC Minimum Data Set, this will mean that disability service planning will be better informed by accurate and meaningful data. Some changes have been made this year in the ways in which the categories of community support are conceptualised, which mean agencies in the State categorise service types the same way.

In South Australia there is close coordination between CSDA funding and HACC funding, to ensure that they operate in complementary ways

In South Australia the Options Coordination agencies are, in effect, “lead agencies” that work with clients around their individual needs, both referring clients to service provider agencies and also purchasing assistance in a variety of flexible ways.

This year the Department of Human Services has launched a Disability Services Planning and Funding Framework for the period up until 2003. The framework identifies the present distribution of disability services in South Australia. There was considerable community consultation on the content of the framework document and there is broad agreement around the more important themes, including:

- agencies working together to solve problems for people with complex needs;
- the creation of community options for people currently residing in institutions;
- the development of common assessment tools to ensure benchmarking of support services for people in accommodation and day options;
- working closely with the aged care sector to develop appropriate service models for people with disabilities who are ageing; and
- clarifying the roles of the Department of Human Services as funder, and the Options Coordination Agencies as lead agencies working closely with individuals around their needs.

The ‘unmet needs’ funding received from the Commonwealth Government (\$4.045 million in 2000-01 and \$8.09 million in 2001-02) and from the State Government (\$6.05 million recurrent from 2000-01) has allowed the Department of Human Services to address considerable demand for services.

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Tasmanian Government Comments

“ Tasmania is pleased to note the improved layout and content of the disability chapter of the Report. The information presented is more structured and concise and overall much easier to read and understand.

The Report generally continues to improve and has developed more accurate and consistently comparable data. There are still however a number of areas where Tasmania has some concern regarding the potential misinterpretation of information and the fact that some data is still far from being comparable. One example of this has evolved from the changing nature of service provision towards more individualised options.

For instance the category of ‘community accommodation’ in the past has been very much aligned with, and interpreted as, a reflection of the cost of group home placements. With the increasing influence of individualised in-home support packages the average cost per place in this category has decreased. There is now no category that specifically tracks the cost of group home placements.

One solution may be to move group homes as a discrete category into ‘institutional accommodation’ broken down in terms of number of beds (that is, four to six). The MDS redevelopment is already looking at a split between large and small institutions, so group homes could be included with the categories reflecting large, medium and small institutions.

In terms of comparability of data the alternative methods of calculating administrative costs — that is, apportioned umbrella department administration costs versus proportion of FTE employees — result in those jurisdictions using the second method not having total control over the actual expenditure (and therefore efficiency) in this area. The actual indicator may be more a reflection of overall agency performance rather than efficiency in the disability program.

Tasmania has continued, over the past year to expand its Individual Options Program (IOP). The IOP was developed through the Amending Bilateral Agreement under the Commonwealth–State Disability Agreement (CSDA) (2000) which provides funding to address unmet need. The program provides funding through individualised support packages that enable people with disabilities and their carers to remain supported within their families and local communities. The type of support provided may include personal support, respite, day options and/or equipment. To date the program has received 443 applications, of which 345 have been deemed eligible under the guidelines. The average allocation per package is \$8500.

The sector reform process is now moving into its second phase concentrating on implementing funding equalisation initiatives, client assessment processes and the continued development of service protocols with other key programs and agencies.”

Australian Capital Territory Government comments

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A Board of Inquiry was appointed under the Inquiries Act to inquire into disability services in the ACT. It is expected that the board will report in November 2001. The inquiry received substantial input from all parts of the disability sector focusing primarily on accommodation support options and alternatives.

In addition to meeting the requirements of the Board of Inquiry, a number of projects have been implemented to address areas of unmet need in the ACT. These include Post School Options, additional therapy services for children with a disability, and a range of respite for aged carers of people with disabilities.

To improve the quality of services, consultation commenced in relation to the implementation of the Disability Service Improvement Scheme. The scheme will provide an independent service improvement and auditing mechanism for both government and non-government funded services, and will be underpinned by legislation.

The ACT Government has been working within a whole-of-government environment to improve access for people with disabilities. Projects such as Access to the City which looks at issues such as physical access, adaptable housing, and an information hot desk sees a number of agencies working with the disability sector to improve access to government services and facilities, business and more adaptable housing in the ACT.

The ACT has undertaken a review of the ACT Disability Services Strategic Plan 1999 in preparation for the development of a new strategic plan in 2002. The report from the Board of Inquiry into Disability Services in the ACT will inform future directions planning for disability services in the ACT.

The ACT is actively participating in the redevelopment and testing of the CSDA Minimum Data Set and acknowledges this as a tool to facilitate more consistent national data and more robust planning.

The ACT is pleased to report that the administrative overheads for the jurisdiction have decreased from the previous year and significant additional funding was allocated to services for people with disabilities.

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Northern Territory Government comments

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Current NT data must be interpreted with caution as small sample sizes have the potential to distort the NT's performance in comparison to larger jurisdictions. It should be noted that the population of people with a profound/severe disability in the NT is rapidly growing. In the period 1999–2003 the growth rate for the NT was projected to be 17.4 per cent compared to a national rate of 13.7 per cent.

Services delivery in rural and remote areas presents a constant challenge. Geographic isolation, lack of services, limited infrastructure and the high cost of remote living affects the ability of communities to sustain people with high support needs. Consequently, there is a high proportion of Indigenous people with disabilities in urban based accommodation. Given that HACC services are the primary source of support available to people with disabilities living in remote areas, linkages between the Disability Services and HACC programs in the NT remain strong.

The NT has the highest proportion of people with disabilities living with community based support, primarily because the NT has never provided large institutional accommodation. The NT has increased funding for respite and community support services to enhance the numbers of people in community based living. The Local Area Coordination Model together with the Individualised Funding approach implemented throughout the NT last year has also enhanced the range of community services for people with disabilities, their families and carers.

The 2000-01 unmet need funding round together with recent community consultations identified the priority service development areas throughout the NT — these include early childhood intervention, post school options, services for people with high support needs, respite care, remote area services, and accommodation. These priorities will inform the allocation of unmet needs funding available this fiscal year while being a principal influence upon future strategic planning and delivery of disability services across the NT.

The NT has consulted broadly with consumers, service providers, peak bodies families and advocates to identify with government the priorities in this jurisdiction. This consultation has highlighted for government the importance on focusing on more innovative and flexible service options particularly in rural and remote NT.

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13.7 Definitions

Table 13.4 Terms and indicators

<i>Term or indicator</i>	<i>Definition</i>
CSDA minimum data set	An agreed set of data items, and for each data item, an agreed definition, to be applicable across all CSDA services. It was developed by all jurisdictions working in cooperation with the AIHW (which collates and publishes national data from collections occurring annually in each jurisdiction).
Core activities as per the Australian Bureau of Statistics' Survey of Disability, Ageing and Carers	Self care — bathing or showering, dressing, eating, using the toilet, and managing incontinence; mobility — moving around at home and away from home, getting into or out of a bed or chair and using public transport; and communication — understanding and being understood by strangers, family and friends.
Disability	<p>A multidimensional experience that may involve effects on organs or body parts, and effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognised in the International Classification of Functioning, Disability and Health (ICF) final draft classification: body structure and function (and impairment thereof), activity (and activity restrictions) and participation (and participation restriction) (WHO 2001). The classification also recognises the role of physical and social environmental factors in affecting disability outcomes.</p> <p>The 1998 ABS Survey of Disability, Ageing and Carers defined 'disability' as the presence of one or more of 17 limitations, restrictions or impairments: restrictions or impairments that have lasted, or are likely to last, for a period of six months or more: loss of sight (even when wearing glasses or contact lenses); loss of hearing; speech difficulties in native languages; blackouts, fits or loss of consciousness; slowness at learning or understanding; incomplete use of arms or fingers; difficulty gripping or holding small objects; incomplete use of feet or legs; treatment of nerves or an emotional condition; restriction in physical activities or in doing physical work; disfigurement or deformity; long term effects of head injury, stroke or any other brain damage; a mental illness requiring help or supervision; treatment or medication for a long term condition or ailment that still results in a restriction; and any other long term condition resulting in a restriction.</p>
Employment	<p>Employment in relation to the labour force participation rate and the employment rate is defined (ABS 1999) as persons aged 15 years and over who during the reference week:</p> <ul style="list-style-type: none"> • worked for one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm; or • worked for one hour or more without pay in a family business or on a farm.
Impairment	Any loss or abnormality of psychological, physiological or anatomical structure or function.
Mild core activity restriction (as per the 1998 ABS Survey of Disability, Ageing and Carers)	Having no difficulty performing a core activity, but using aids or equipment as a result of a disability.

(Continued on next page)

Table 13.4 (Continued)

<i>Term or indicator</i>	<i>Definition</i>
Moderate core activity restriction (as per the 1998 ABS Survey of Disability, Ageing and Carers)	Not needing assistance but having difficulty performing a core activity.
Non-English speaking origin	People with a country of birth other than Australia, New Zealand, Canada, United Kingdom, South Africa, Ireland or the United States.
People using CSDA accommodation support services	People using one or more services corresponding to the following CSDA MDS service types on the snapshot day: 1.01 institution/large residential (more than 20 beds); 1.02 hostels; 1.03 group houses (no more than six people), 1.04 attendant care; 1.05 outreach support/other in-home support/drop-in support; 1.06 alternate family placements and 1.07 other accommodation.
People using CSDA community access services	People on the snapshot day using one or more services corresponding to the following CSDA MDS service types: 3.01 continuing education/independent living training/adult training centre; 3.02 post-school options/social and community support/community access; and 3.03 other community access and day programs.
People using CSDA community support services	People on the snapshot day using one or more services corresponding to the following CSDA MDS service types: 2.04 early childhood intervention; 2.05 recreation/holiday programs; 2.06 therapy (physiotherapy, occupational therapy, speech therapy); 2.07 family/individual case practice/management; 2.08 behaviour intervention/specialist intervention; 2.09 counselling: individual/ family/ group; 2.10 brokerage/direct funding; 2.11 mutual support/self help groups; 2.13 resource teams/ regional teams; and 2.14 other community support.
People using CSDA employment services	People on the snapshot day using one or more services corresponding to the following CSDA MDS service types: 5.01 open employment; 5.02 supported employment; and 5.03 combined open and supported employment.
People using CSDA respite services	People on the snapshot day using one or more services corresponding to the following CSDA MDS service types: 4.01 own home respite; 4.02 centre based/respite homes; 4.03 host family respite/peer support respite; and 4.04 other respite/flexible respite/combination.
Potential labour force	The population with the potential to require disability employment services. This is estimated as the 'potential population' (see following) aged 15–65 years with a severe or profound core activity restriction. Jurisdiction-specific potential labour force estimates include adjustment for labour force participation rates and the Indigenous population. Some performance indicators use these estimates as denominators.
Potential population	The population with the potential to require disability support services. The ABS' concept of 'severe or profound' core activity restriction, relating as it does to the need for assistance with everyday activities of self care, mobility and verbal communication, was argued to be the most relevant population figure for disability services. The relatively high standard errors in the prevalence rates for smaller jurisdictions, as well as the need to adjust for the Indigenous population, necessitated, however, the preparation of special estimates of the 'potential

(Continued on next page)

Table 13.4 (Continued)

Term or indicator	Definition
Primary carer	<p>population' for disability services. These estimates, prepared by the AIHW, were used in the performance indicators when population data were needed in the denominator. Briefly, the 1998 national age and sex specific rates of severe and profound core activity restriction for people aged under 65 years were applied to the current year age and sex structure of each jurisdiction in the current year to give an 'expected current estimate' of people with a severe or profound core activity restriction who were aged under 65 years in that jurisdiction. People of Indigenous status were given a weighting of 2 in these estimates, in recognition of their greater prevalence rates of disability and their relatively greater representation in CSDA services (AIHW 2000a).</p> <p>A person aged 15 years or more who provides the most informal care for the activities of self care, mobility or verbal communication. For the 1998 ABS Survey of Disability, Ageing and Carers, the recipient (including people with a disability and older people) chooses their principal carers from the main carers nominated for the activities of self care, mobility or verbal communication. A recipient can identify only one carer as the principal carer.</p>
Profound core activity restriction (as per the 1998 ABS Survey of Disability, Ageing and Carers)	Being unable to perform a core activity or always needing assistance.
Real expenditure	Actual expenditure (accrual) adjusted for changes in prices, using the GDP(E) price deflator, and expressed in terms of the base year (2000-01) dollars.
Schooling or employment restriction	<p><i>Schooling restriction:</i> as a result of disability, being unable to attend school; having to attend a special school; having to attend special classes at an ordinary school; needing at least one day a week off school on average; and/or having difficulty at school.</p> <p><i>Employment restriction:</i> as a result of disability, being permanently unable to work; being restricted in the type of work they can do; needing at least one day a week off work on average; being restricted in the number of hours they can work; requiring an employer to provide special equipment, modify the work environment or make special arrangements; needing to be given ongoing assistance or supervision; and/or finding it difficult to change jobs or to get a better job.</p>
Severe core activity restriction (as per the 1998 ABS Survey of Disability, Ageing and Carers)	Sometimes needing assistance to perform a core activity.
Specific restrictions (as per the 1998 ABS Survey of Disability, Ageing and Carers)	Core activity restrictions and/or schooling or employment restrictions.

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Table 13.4 (Continued)

<i>Term or indicator</i>	<i>Definition</i>
Accommodation clients receiving community based care or support	People using CSDA MDS service types 1.03–1.07 as a proportion of all people using CSDA accommodation services (excluding services provided to people with a psychiatric disability).
Administration expenditure as a proportion of total expenditure	The numerator — expenditure (accrual) by jurisdictions on administering the system as a whole (including the regional disability program administration, regional administration, the central program policy branch administration, the disability program administration and the disability program share of corporate administration costs under the umbrella department, but excluding administration expenditure on individual services) — divided by the denominator — total government expenditure on providing and funding services for people with a disability (including expenditure on both programs and administration, direct expenditures and grants to government service providers, and government grants to non-government service providers).
Cost per consumer of employment service	The numerator — Commonwealth grant and case based funding expenditure (accrual) on specialist disability employment services as defined by CSDA MDS service types 5.01 open, 5.02 supported, 5.03 combined open and supported — divided by the denominator — number of customers who received assistance during the financial year.
Cost per government provided community accommodation and care place	The numerator — government expenditure (accrual) on government delivered community accommodation and care as defined by CSDA MDS service types 1.03, 1.05, 1.06, and 1.07, and where the service has fewer than six clients — divided by the denominator — the number of places of this type on the snapshot day.
Cost per government provided institutional/large residential place	The numerator — government expenditure (accrual) on government delivered institutional/large residential accommodation and care, as defined by CSDA MDS service types 1.01 and 1.02, and where a service has six or more clients — divided by the denominator — the number of places of this type on the snapshot day.
Government funding per non-government provided community accommodation and care place	The numerator — government expenditure (accrual) on government delivered community accommodation and care as defined by CSDA MDS service types 1.03, 1.06, 1.06 and 1.07, and where the service has fewer than six clients (government contributions to non-government providers per place represents only a proportion of the total cost of providing a place, with this proportion varying among jurisdictions) — divided by the denominator — the number of places of this type on the snapshot day.
Government funding per non-government provided institutional/large residential place	The numerator — government funding (accrual) to non-government delivered institutional/large residential accommodation and care, as defined by CSDA MDS service types 1.01 and 1.02, and where the service has six or more clients (government per place contributions to non-government providers represent only a proportion of the total cost of providing a place, with this proportion varying among jurisdictions) — divided by the denominator — the number of places of this type on the snapshot day.

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Table 13.4 (Continued)

<i>Term or indicator</i>	<i>Definition</i>
Labour force participation rate for people with a disability	<p>The total number of people with a disability in the labour force (where the labour force includes employed and unemployed), divided by the total number of people with a disability aged 15 years and over and multiplied by 100.</p> <p>An <i>employed person</i> is a person aged 15 years or more, who in their main job during the remuneration period (reference week):</p> <ul style="list-style-type: none"> • worked one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (including employees, employers and self-employed persons); • worked one hour or more without pay in a family business, or on a farm (excluding persons undertaking other unpaid voluntary work); or • was an employer, employee or self employed person or unpaid family helper who had a job, business or farm, but was not at work. <p>An <i>unemployed person</i> is a person aged 15 years or more who was not employed during the enumeration period, but was looking for work.</p>
Labour force participation rate for the total population	Total number of people aged 15 years or more in the labour force (where the labour force that includes both employed and unemployed people) divided by the total number of people aged 15 years and over and multiplied by 100.
Proportion of people with a disability employed	Total number of people with a disability aged 15 years or more who are employed, divided by the total number of people with a disability aged 15 years or more in the labour force and multiplied by 100.
Proportion of people with a disability unemployed	Total number of people with a disability aged 15 years or more who are unemployed, divided by the total number of people with a disability aged 15 years or more in the labour force and multiplied by 100.
Proportion of the total population employed	Total number of people aged 15–64 years who are in the labour force and employed, divided by the total number of people aged 15–64 years in the labour force.
Proportion of the total population unemployed	Total number of people aged 15–64 years who are in the labour force but unemployed, divided by the total number of people aged 15–64 years in the labour force.

14 Children's services

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

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

A profile of children's services is presented in section 14.1. This provides a context for assessing the performance indicators presented later in the chapter. All jurisdictions have agreed to develop, and aim to report, comparable indicators, and a framework of performance indicators is outlined in section 14.2. The data are discussed in section 14.3 and future directions for performance reporting are discussed in section 14.4. The chapter concludes with jurisdictions' comments in section 14.5. Definitions of terms specific to children's services are found in section 14.6.

Supporting tables

Supporting tables for this chapter are provided on the CD-ROM enclosed with the Report. The files are provided in Microsoft Excel 97 format at `\Publications\Reports\2002\Attach14A.xls` or in Adobe PDF format at `\Publications\Reports\2002\Attach14A.pdf`.

Supporting tables are identified in references throughout this chapter by an 'A' suffix (for example, table 14A.3 is table 3 in the electronic files). They may be

subject to revision. The most up-to-date versions of these files can be found on the Review's web page (www.pc.gov.au/service/gsp/). Users without Internet access can contact the Secretariat to obtain up-to-date versions of these tables (see details on the inside front cover of the Report).

14.1 Profile of children's services

Service overview

Children's services include:

- *centre based long day care* — services aimed primarily at 0–5 year olds provided in a centre usually by a mix of qualified and other staff. Educational and recreational programs are provided based on the developmental needs, interests and experience of each child. Centres typically operate for at least eight hours per day on normal working days for a minimum of 48 weeks per year;
- *family day care* — services provided in the carer's own home. The care is largely aimed at 0–5 year olds, but primary school children may also receive care before and after school, and during school vacations. Central coordination units in all States and Territories organise and support a network of carers, often with the help of local governments;¹
- *occasional care* — services usually provided at a centre on an hourly or sessional basis for short periods of time or at irregular intervals specifically for parents who need time to attend appointments, take care of personal matters, undertake casual and part time employment, study or have temporary respite from full time parenting. These services provide developmental activities for children and are aimed primarily at 0–5 year olds. Centres providing these services usually employ qualified staff;
- *preschool* — services usually provided by a qualified teacher on a sessional basis in dedicated preschools. Preschool programs or curriculum may also be provided in long day care centres and other settings. These services are primarily aimed at children in the year before they commence full time schooling (that is, when children are 4 years old in all jurisdictions except WA where children are 5 years old), although in NSW, Queensland, WA, SA and the ACT younger children may also attend;

¹ All carers providing care in the carer's own home in WA are licensed and supported by the Department for Community Development but those who are not supported by coordination units are not represented in the figures in this chapter. New South Wales licenses home based carers who are not part of a family day care scheme and for whom data are not included in this chapter.

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- *outside school hours care* — services provided for school aged children (5–12 year olds) outside school hours during term and vacations. Care may be provided on student free days and when school finishes early; and
 - *other services* — government funded services to support children with additional needs or in particular situations (including children from an Indigenous background, children from non-English speaking backgrounds, children with a disability or of parents with a disability, and children living in remote and rural areas).

Roles and responsibilities

The Commonwealth, State and Territory governments have different but complementary roles in supporting children's services. Both levels of government provide funding for services, information and advice to parents and service providers, and help plan, set and maintain operating standards.

The Commonwealth Government's roles and responsibilities for child care include:

- assisting families to participate in the social and economic life of the community through the provision of child care services and payments;
- developing a quality assurance system for outside school hours care;
- planning the location of services in conjunction with other levels of government;
- providing information and advice to parents and providers about the availability of Commonwealth funded and some State and Territory funded services;
- helping to enhance the quality of child care by funding the National Childcare Accreditation Council to administer the Quality Improvement and Accreditation System for long day care centres and Family Day Care Quality Assurance for family day care schemes. These quality systems are mandatory for services eligible for government funding;
- providing information, support and training to service providers through funding to organisations; and
- providing operational and capital funding to some providers.

State and Territory governments' roles and responsibilities vary across jurisdictions and may include:

- providing operational and capital funding to non-government service providers;
- delivering some services directly (especially preschool services);
- developing new child care and preschool services;

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- licensing and setting standards for children's services providers;
 - monitoring and resourcing licensed and/or funded children's services providers;
 - providing information, support, training and development opportunities for providers;
 - assisting services in enhancing quality by providing curriculum and policy support and advice as well as training and development for management and staff;
 - planning to ensure the appropriate mix of services is available to meet the needs of the community;
 - providing information and advice to parents and others about operating standards and the availability of services; and
 - providing dispute resolution and complaints management processes.

The major differences in the roles of the different levels of government relate to the objectives of each for children's services. The primary focus of the Commonwealth Government is support for families through funding of children's services. The Commonwealth Government aims to provide this support through payments such as the Child Care Benefit. (The Child Care Benefit, which replaced Child Care Assistance and the Child Care Rebate from 1 July 2000, is payable to families using approved services or registered informal carers.)

State and Territory governments place a greater emphasis on providing educational and developmental opportunities for children, and on other forms of family support and service delivery, such as preschool services.

Quality of care

Both levels of government are active in maintaining the quality of care provided by children's services. The mechanisms used to maintain quality are accreditation, licensing, and performance standards and outcomes linked to funding. These are in addition to the provision of curriculum and policy support and advice, and the training and development of management and staff.

Licensing

State and Territory licensing requirements establish the foundations for quality of care by stipulating enforceable standards to support the health, safety and welfare of children in formal child care settings. Accreditation of services is built on this platform.

State and Territory governments are responsible for licensing children's services in their jurisdiction. This responsibility involves setting regulatory requirements and monitoring adherence to these standards. State and Territory governments also undertake a range of activities aimed at quality promotion — for example, publishing curriculum materials and other resources, and undertaking consumer education. The types of service covered by legislation vary across States and Territories, as do the standards that apply.

Licensed children's services may include centre based long day care, occasional care, preschools, family day care and outside school hours care. Commonwealth, State and Territory governments have developed national standards for centre based long day care, family day care and outside school hours care. Jurisdictions refer to these standards when writing regulations. The extent of implementation of these standards varies across Australia.

Accreditation

In 1994, the Commonwealth Government introduced the Quality Improvement and Accreditation System to improve the quality of Commonwealth funded centre based long day care services. Centre based long day care centres are required to participate in the system to remain as eligible centres for Child Care Benefit purposes (and previously for Child Care Assistance). From 1 July 2001, a quality assurance scheme for family day care was introduced by the Commonwealth. The Commonwealth Government is also developing quality assurance mechanisms for outside school hours care. In addition, SA and Victoria have implemented quality assurance or improvement systems for preschools, while some other jurisdictions are developing such systems.

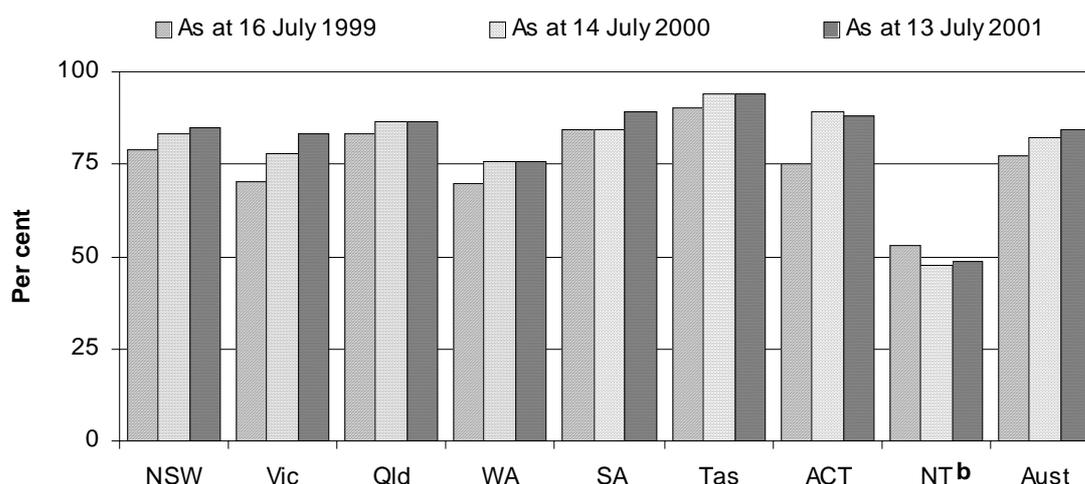
There were 4065 centres participating in the accreditation process in July 2001, holding a current accreditation decision (3751 centres), in self study, review or moderation, or awaiting an accreditation decision (152 centres) or unaccredited (162 centres) (table 14A.2). These represent all centre based long day care services receiving Child Care Benefit and the majority of all centre based long day care services operating in Australia.

Nationally, 80.7 per cent of centres with a current accreditation decision were accredited with three years between reviews as at 13 July 2001. Across jurisdictions, this proportion varied from 93.9 per cent in Tasmania to 46.5 per cent in the NT, and had increased over time in all jurisdictions (except the ACT, which had a small decrease) participating in the process (figure 14.1).

Nationally, a further 4.2 per cent of centres with current accreditation decisions were accredited with two years between reviews, 11.0 per cent were accredited with one year between reviews and 4.1 per cent were unaccredited (table 14A.2). Unaccredited centres must work towards gaining accreditation to retain their eligibility for the Child Care Benefit. The Commonwealth Government funds resource and advisory services across the country to assist centres participating in quality assurance systems.

Changes to the Quality Improvement and Accreditation System are planned for implementation in early 2002. The most significant change to the system will be the phasing out of one-, two- and three-years accreditation and the introduction of a standard period of two and a half years between reviews.

Figure 14.1 Proportion of centres with a current accreditation decision that were accredited with three years between reviews^a



^a Figures may change daily and are updated every six weeks following a Council meeting. ^b Results may be influenced by the relatively small number of services (43 as at 13 July 2001) participating in the process.

Source: table 14A.2.

Funding performance standards and outcomes

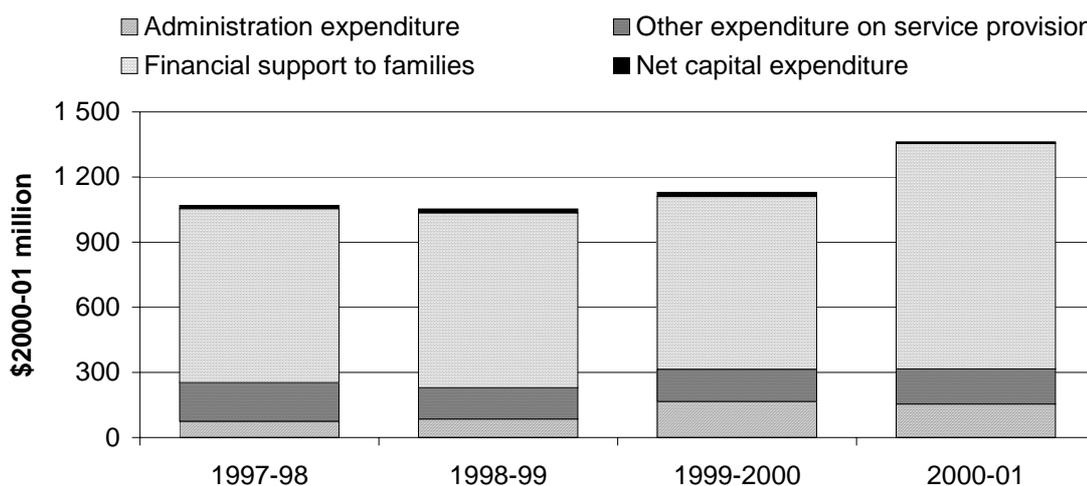
State and Territory governments impose varying requirements for funding children's services. These may include the requirements for the employment of higher qualified staff than required by licensing or minimum standards, self assessment of quality and a demonstration of the delivery of quality educational and recreational programs.

Funding

Commonwealth, State and Territory government expenditure on children's services amounted to approximately \$2.0 billion in 2000-01 (compared with \$1.7 billion in real terms in 1999-2000) (table 14A.4).

Commonwealth Government expenditure in 2000-01 accounted for approximately \$1.4 billion. The major component of this expenditure was financial support to families through assistance with fees, which accounted for 76.3 per cent (\$1039 million). Administration expenditure for national, State and Territory offices accounted for a further 11.3 per cent (\$154 million). Other expenditure on service provision and net capital expenditure accounted for the remaining 11.9 per cent (\$162 million) and 0.5 per cent (\$7 million) respectively (figure 14.2).

Figure 14.2 **Commonwealth Government real expenditure on children's services**



Source: table 14A.4.

State and Territory government expenditure accounted for approximately \$0.6 billion of total government expenditure on children's services in 2000-01. Recurrent expenditure on service provision comprised around 48.5 per cent (\$230.6 million) of State and Territory government expenditure. Administration, financial support to families and net capital expenditure accounted for 38.6 per cent (\$180.7 million), 7.9 per cent (\$36.8 million) and 4.2 per cent (\$19.8 million) respectively (table 14A.4). Expenditure on the provision of preschool services accounted for the largest proportion (around 81.6 per cent, or \$485.0 million, for those jurisdictions for which data are available) of total State and Territory government expenditure across all children's service types (tables 14A.18, 14A.27, 14A.36, 14A.45, 14A.54, 14A.63, 14A.72 and 14A.81).

The Commonwealth Government provides a small amount of funding to Queensland and WA directly for the preschool year (for more information, see AIHW 1997). The Commonwealth also provides supplementary funding for the preschool education of children from Indigenous backgrounds.

Size and scope

Child care services

The Commonwealth Government supported 457 800 child care places in 2000-01 providing care for 13.4 per cent of children aged 12 years and younger (tables 14A.1 and 14A.7). The majority of Commonwealth child care places were outside school hours care places (42.1 per cent), followed by centre based long day care places (41.8 per cent), family day care places (14.7 per cent), occasional care places (1.0 per cent) and other care places (0.4 per cent) (table 14A.7). Data on child care places provided by State and Territory governments were not collected for 2000-01, but State and Territory governments supported at least 194 000 preschool places in that year (tables 14A.28, 14A.37, 14A.46, 14A.55, 14A.64 and 14A.73).

Approximately 643 000 children (19 per cent of children aged 12 years and younger) had access to Commonwealth, State and Territory government funded and/or provided child care in 2000-01 (tables 14A.1, 14A.9, 14A.20, 14A.29, 14A.56, 14A.65, 14A.74 and 14A.83). Of these children, at least 428 000 were aged 5 years and younger. Changes to approaches to data collection and the exclusion of certain services funded by some jurisdictions reduce the comparability of these figures across jurisdictions (table 14.1).

Table 14.1 Proportion of children in the population attending Commonwealth, State and Territory government funded and/or provided child care, 2000-01 (per cent)

Age	NSW	Vic	Qld	WA ^a	SA	Tas	ACT	NT	Aust
0-5 years	39.6	19.4	28.4	17.1	19.7	25.6	29.7	16.3	28.1
0-12 years	24.8	14.3	19.7	11.5	15.9	17.1	21.4	11.9	18.9

^a Figures do not include attendance in family day care which is regulated and supported by the State but is not attached to Commonwealth funded schemes.

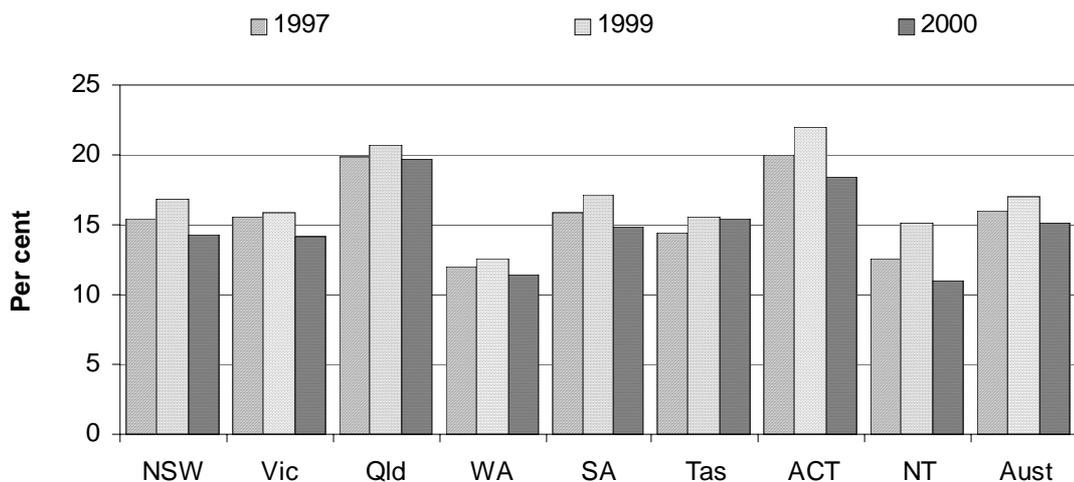
Sources: tables 14A.1, 14A.9, 14A.20, 14A.29, 14A.38, 14A.47, 14A.56, 14A.65, 14A.74 and 14A.83.

Approximately 514 700 Child Care Benefit eligible children aged 12 years and younger (15.1 per cent of all children in this age group) attended Commonwealth Government approved child care in August 2000. Across jurisdictions, the

proportion ranged from 19.7 per cent in Queensland to 10.9 per cent in the NT (figure 14.3). The majority (327 639 or 63.7 per cent) of those children were aged 5 years and younger. Thus, in August 2000, 21.5 per cent of children aged 5 years and younger attended Commonwealth funded and/or provided child care services (table 14A.9).

The average hours of attendance for Child Care Benefit eligible children in Child Care Benefit eligible services in August 2000 varied considerably across jurisdictions, for all service types. In that year, the average attendance per child at centre based long day care centres ranged from 32.8 hours per week in the NT to 16.3 hours per week in Tasmania, while the average attendance per child at occasional care services ranged from 10.4 hours per week in WA to 6.2 hours per week in the NT. The average attendance per child at vacation care ranged from 41.1 hours per week in the NT to 24.5 hours per week in Tasmania (table 14A.8).

Figure 14.3 **Proportion of children aged 0–12 years using Commonwealth approved child care services^{a, b, c, d}**



^a Children are defined as persons aged 12 years and younger. ^b Excludes children cared for in neighbourhood model services. ^c Includes children in other Territories. ^d Note that data for 1997 and 1999 are drawn from the Commonwealth Census of Child Care Services, while data for 2000 are drawn from Centrelink Administrative data. These data are not fully comparable over time and such comparisons need to be treated with care.

Source: table 14A.9.

Preschool services

Preschools provide a range of educational and developmental programs, generally on a sessional basis, to children in the year immediately before they commence full time schooling and also, in some jurisdictions, to younger children aged 3 years or under (aged 4 years or under in WA). The age from which children may attend

preschools varies across jurisdictions. Children in Victoria, Tasmania, the ACT and the NT are usually funded by government to attend preschool in the year before they commence schooling. Younger children in NSW, Queensland, WA, SA and the ACT may also access government funded preschool services.

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

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

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

At least 252 964 children attended State and Territory funded and/or provided preschool services in 2000-01. The majority (85.6 per cent, or 216 646 children) were to begin full time schooling the following year.

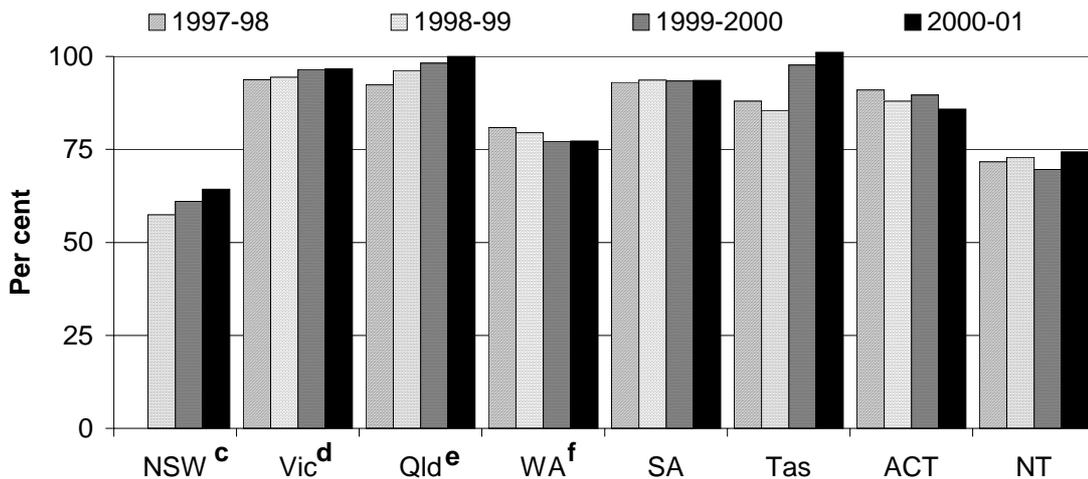
Some jurisdictions differ in their age criterion for access to preschool services; as a result, the following data need to be interpreted with caution. Approximately 83.7 per cent of children of 4 years of age (5 years of age in WA) in 2000-01 attended preschool in the year immediately before they commenced school. Across the jurisdictions for which 2000-01 data were available, this proportion ranged from about 100 per cent in Queensland and Tasmania to 64.3 per cent in NSW. There is some double counting of children in the figures, as evidenced by the results in Queensland and Tasmania (figure 14.4).

Younger children in NSW, Queensland, WA, SA and the ACT were able to attend funded preschool services in 2000-01. Approximately 36 318 younger children attended preschool services in that year, or around 23.2 per cent of children of 3 years of age (4 years of age in WA). The participation rate differed across jurisdictions, reflecting variation in policies on access to funded preschool services. The proportion of children of 3 years of age attending preschool services was 13.6 per cent in NSW, 21.9 per cent in Queensland, 25.5 per cent in SA (where

younger children may attend a pre-entry program for one term in the year before preschool) and 3.8 per cent in the ACT. The proportion of children of 4 years of age attending preschool services in WA was 35.6 per cent (tables 14A.1, 14A.20, 14A.29, 14A.38, 14A.47, 14A.56, 14A.65, 14A.74 and 14A.83).

All jurisdictions except NSW and Victoria supplied data on the average hours of attendance for government funded and/or provided preschool services in 2000-01. The average attendance of children in the year immediately before they commenced full time schooling ranged from 23.6 hours per week in WA to 10.4 hours per week in Tasmania (tables 14A.19, 14A.28, 14A.37, 14A.46, 14A.55, 14A.64, 14A.73 and 14A.82).

Figure 14.4 **Proportion of children in the population who attended State and Territory government funded and/or provided preschool services immediately before the commencement of full time schooling^{a, b}**



^a The denominator — the population of preschool aged children — is defined as persons aged 4 years in all States and Territories except WA, where preschool aged children are defined as persons aged 5 years. The data are sourced from the ABS. ^b Data for 1997-98 were for the calendar year ending 1997; data for 1998-99 were for the calendar year ending 1998. There is some double counting of children in all jurisdictions except SA and the ACT because they moved in and out of the preschool system throughout the year; as a result, the number of children in preschool exceeds the number of children in the target population. There is no double counting for SA and the ACT because a snapshot is used for each year's data collection (so children appear in only one preschool centre in one year at the time of the snapshot). ^c Data have used a revised method of calculating the number of children receiving child care and preschool services. This new method of calculation will provide clear trend data for each age group of child care and preschool. This includes estimates based on the rate of survey return for each year. NSW data are not comparable with data for other States and Territories. Data for 1997-98 are not comparable with data for future years. ^d Includes some children attending preschool services conducted in a centre based long day care centre. ^e Included non-government preschool data for the first time in 1997-98. ^f Excludes children attending non-government preschools.

Sources: tables 14A.1, 14A.20, 14A.29, 14A.38, 14A.47, 14A.56, 14A.65, 14A.74 and 14A.83.

Employment status of parents

Access to children's services differs according to the service type. The workforce status of parents is one factor that may influence children's access to services. Those services that were eligible for Child Care Benefit, for example, gave a high priority to children at risk and children of parents with work related child care needs. Occasional care gives priority to parents requiring care to meet other requirements (such as to attend appointments, to take care of personal matters or to have temporary respite from full time parenting).

According to the Australian Bureau of Statistics (ABS) Child Care Survey conducted in June 1999 (ABS 2000), 73 per cent of children (defined as children younger than 12 years of age) in child care in Australia in 1999 came from families with both parents in the workforce — down slightly from 74 per cent in 1996. Of those children attending preschools, 49 per cent came from families with both parents in the workforce — the same proportion as in 1996 (table 14A.12).

Across jurisdictions for which reliable data were available, the proportion of children in child care in 1999 with both parents in the workforce ranged from 77 per cent in SA to 69 per cent in NSW. The proportion of children attending preschool services with both parents in the workforce ranged from 54 per cent in Queensland to 40 per cent in SA out of the jurisdictions for which reliable data were available (table 14A.12). (Note, however, that the small sample size of the ABS Child Care Survey reduces the reliability of the estimates and may overstate the differences between jurisdictions.)

Services by management type

Children's services are managed by the government (State, Territory and local), community and private sectors. The management structure of services indicates the involvement of these various sectors in the direct delivery of children's services.

The data on the management type of child care, which are limited, need to be interpreted with care because the scope of the data collection varies across jurisdictions. Data available on the management type of preschool services in 2000-01, although more complete, also indicate considerable variation across jurisdictions (table 14.2).

Table 14.2 **Proportion of State and Territory licensed and/or registered children's services, by management type, 2000-01 (per cent)^a**

	NSW	Vic ^b	Qld	WA	SA	Tas ^c	ACT ^d	NTE
Child care								
Community managed ^f	34.8	96.7	30.0	61.7	45.3	55.3	84.4	100.0
Private	65.2	na	65.9	32.4	29.7	22.0	15.6	na
Employer sponsored	–	na	na	–	–	–	na	na
Government managed	–	3.3	4.0	5.8	25.0	22.7	–	na
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Preschool								
Community managed ^f	84.7	63.4	41.1	6.6	4.7	..	8.0	na
Private	15.3	21.7	na	na	–	21.4	–	na
Employer sponsored	na	na	na	na	–	na	na	na
Government managed	na	14.9	58.9	93.4	95.3	78.6	92.0	100.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

^a Excludes Commonwealth services. ^b Community managed services include not-for-profit occasional care provided by parents, churches, government and non-government schools, and private individuals. All government managed preschools in Victoria are managed by local government. ^c Preschools include funded non-government preschools ^d Includes licensed but not funded and/or provided 'other care'. ^e Preschool services are provided by the Department of Education directly, but a range of management functions are devolved to school councils and parent management committees. ^f Includes not-for-profit services managed by parents. **na** Not available. **..** Not applicable. – Nil or rounded to zero.

Sources: tables 14A.23, 14A.32, 14A.41, 14A.50, 14A.59, 14A.68, 14A.77 and 14A.86.

14.2 Framework of performance indicators

The framework of performance indicators is based on common objectives for children's services across Australia (box 14.1). The relative emphasis placed on each objective varies across jurisdictions.

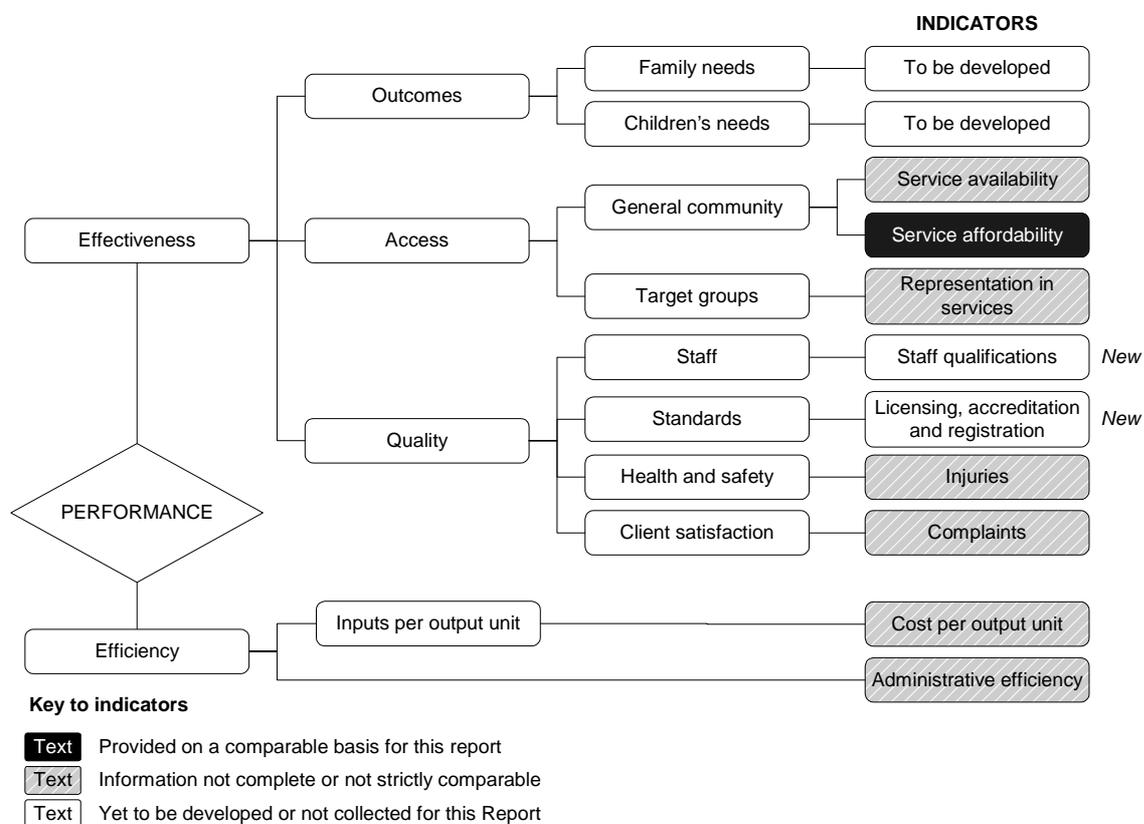
Box 14.1 Objectives for children's services

Children's services aim to:

- meet the care, education and development needs of children in a safe and nurturing environment;
- provide support for families in caring for their children; and
- provide these services in an equitable and efficient manner.

A performance indicator framework consistent with these objectives is summarised in figure 14.5.

Figure 14.5 Performance indicators for children’s services



New and refined indicators

The performance indicator framework has been restructured for the 2002 Report to ensure it remains consistent with agreed objectives for children’s services. Other improvements include the addition of two quality indicators — (1) staff qualifications and (2) licensing, accreditation and registration — although no data for these indicators are available for this Report. Further refinement to financial and non-financial data counting rules and the collection process is expected to contribute to improved comparability of data across jurisdictions in future reports.

14.3 Key performance indicator results

Different delivery contexts, locations and types of client may affect the effectiveness and efficiency of children’s services. Most of the data available for reporting in this chapter are not comparable across jurisdictions. Appendix A contains contextual information, which may assist in interpreting the performance indicators presented in this chapter.

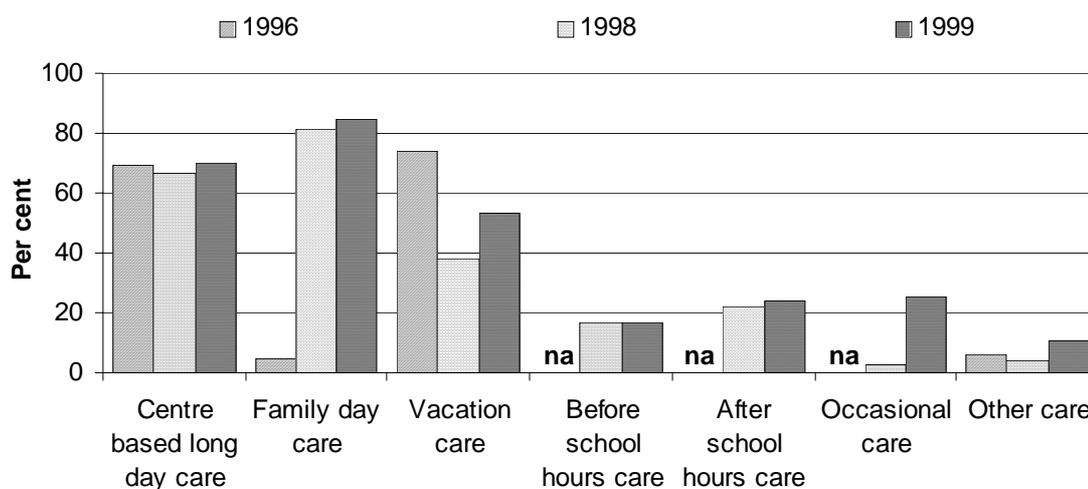
Effectiveness

Access of general community — service availability

An indicator of community access to children's services is the proportion of services offering non-standard hours of care. What constitutes non-standard hours varies across service types and a full explanation can be found in the definitions section in table 14.5.

Nationally, 97.9 per cent of family day care services provided non-standard hours of care in August 2000 (table 14A.13). Data on other services' non-standard hours of care were not available for August 2000; the May 1999 Commonwealth Census of Child Care Services (CCCCS) found, however, that centre based long day care had the next highest proportion at 69.8 per cent. (figure 14.6)

Figure 14.6 Proportion of Commonwealth approved child care services providing non-standard hours of care, by service type



na Not available.

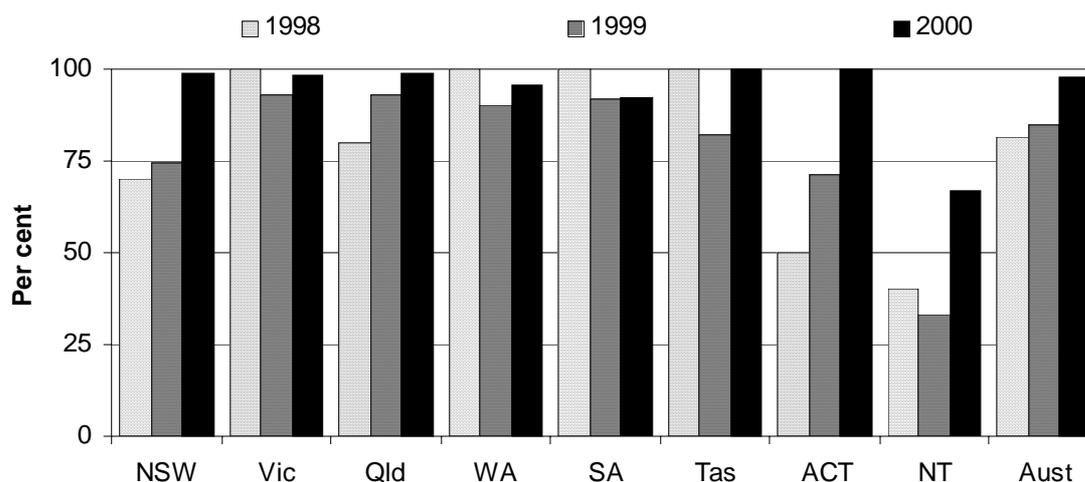
Source: table 14A.13.

Across jurisdictions, the proportion of family day care schemes offering non-standard hours increased between May 1999 and August 2000. More than 90 per cent of family day care schemes in all jurisdictions offered non-standard hours in August 2000 (figure 14.7).

Limited data were available on the proportion of services not included in the CCCCCS that were offering non-standard hours. Three jurisdictions were able to provide data on non-standard hours of preschool for 2000-01. The proportion of preschools offering non-standard hours was 66.4 per cent in SA (table 14A.60) and

60.6 per cent in NSW (table 14A.24). In SA, preschools are encouraged to offer back-to-back preschool services to assist parents, particularly in country regions where the need to travel long distances would make it impractical for children to attend preschool more frequently (see footnotes to table 14A.60).

Figure 14.7 Proportion of Commonwealth approved family day care services providing non-standard hours of care



Source: table 14A.13.

Access of general community — service affordability

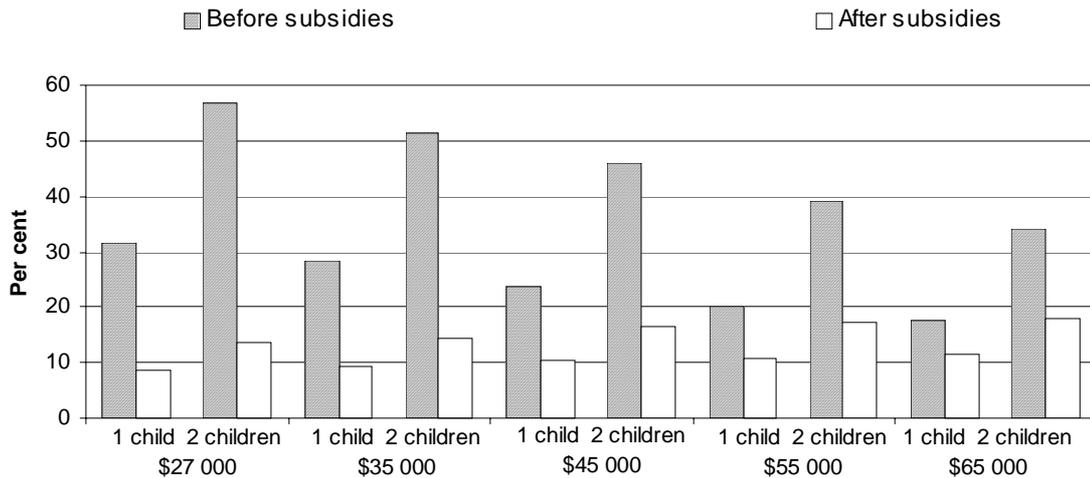
This indicator measures out-of-pocket child care costs as a proportion of weekly disposable income as at July 2001 before and after the payment of child care subsidies. Care need to be exercised when interpreting results because a variety of factors may influence fees.

Out-of-pocket costs are estimated for families with one child in care and families with two children in care, for five indicative levels of gross annual family income. Only data for centre based long day care and family day care services are available, with data for other service types expected to become available over time. The calculation is based on children attending full time care (equal to 50 hours per child per week) in centre based long day care and family day care as at August 2001.

After the payment of child care subsidies, out-of-pocket costs as a proportion of weekly family income increase with gross annual family income. Nationally, families with *one* child in full time centre based long day care at August 2001 and an annual gross family income of \$27 000 spent 8.6 per cent of their weekly disposable income on child care (compared with 31.8 per cent before payment of child care subsidies). By contrast, families with one child with an annual gross

family income of \$65 000 spent 11.4 per cent of their weekly disposable income on child care (compared with 17.4 per cent before payment of child care subsidies) (figure 14.8).

Figure 14.8 Out-of-pocket costs of child care for families with children in full time centre based long day care, as a proportion of weekly disposable income, by gross annual family incomes, 2001^{a, b}



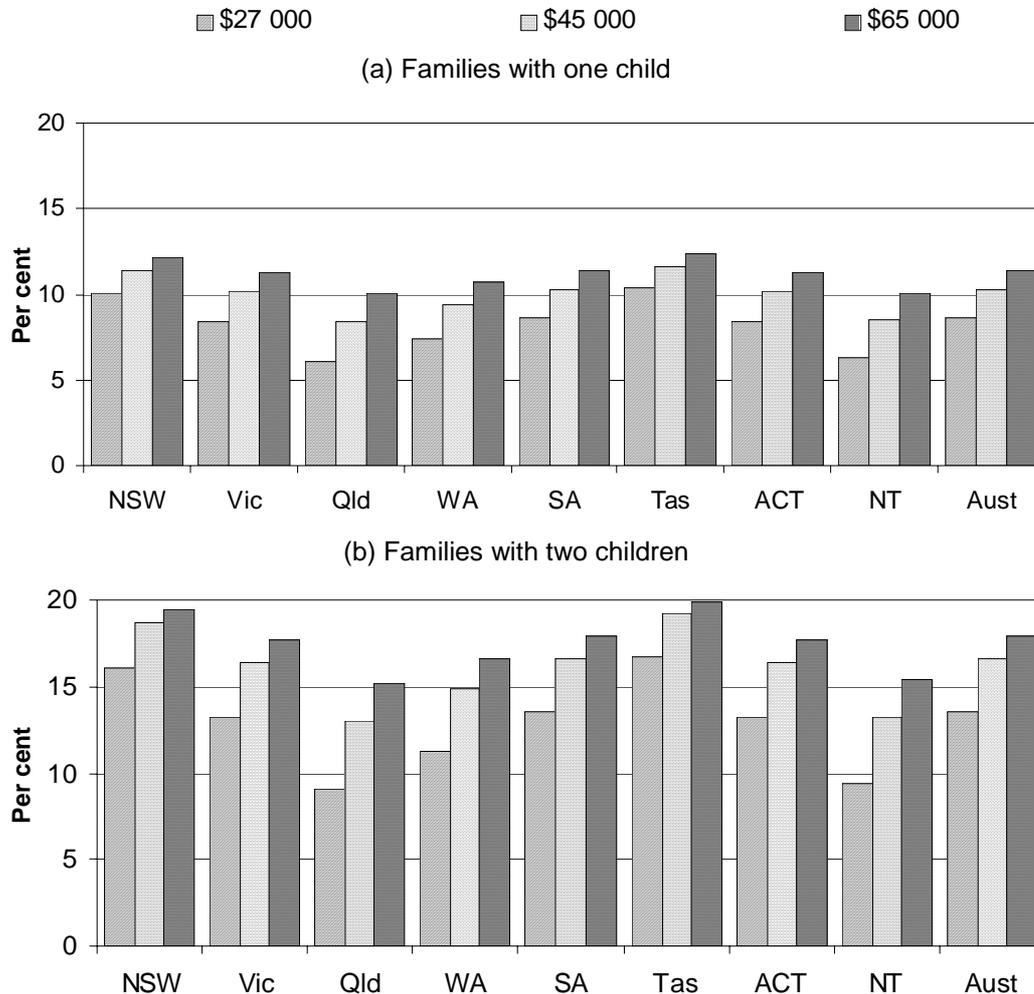
^a Disposable income calculations are based on 1 July 2001 tax and payment parameters. Calculations are modelled on dual-income couple families (60:40 income split) with one or two dependent children aged under 5 years. ^b Out-of-pocket cost calculations are based on August 2001 average fees.

Source: table 14A.14.

For families with *two* children in centre based full time long day care, the proportion of weekly disposable income spent on child care ranged from 17.9 per cent for those on annual incomes of \$65 000 (compared with 34.2 per cent before child care subsidies) to 13.5 per cent for those on annual incomes of \$27 000 (compared with 56.8 per cent before child care subsidies) (figure 14.8).

Across jurisdictions, out-of-pocket costs for centre based long day care for families with gross annual incomes of \$27 000 and *one* child in care ranged from 10.4 per cent of weekly disposable income in Tasmania to 6.1 per cent in Queensland. For families with disposable incomes of \$65 000, the proportion of weekly disposable income spent on child care ranged from 12.4 per cent in Tasmania to 10.0 per cent in Queensland (figure 14.9a).

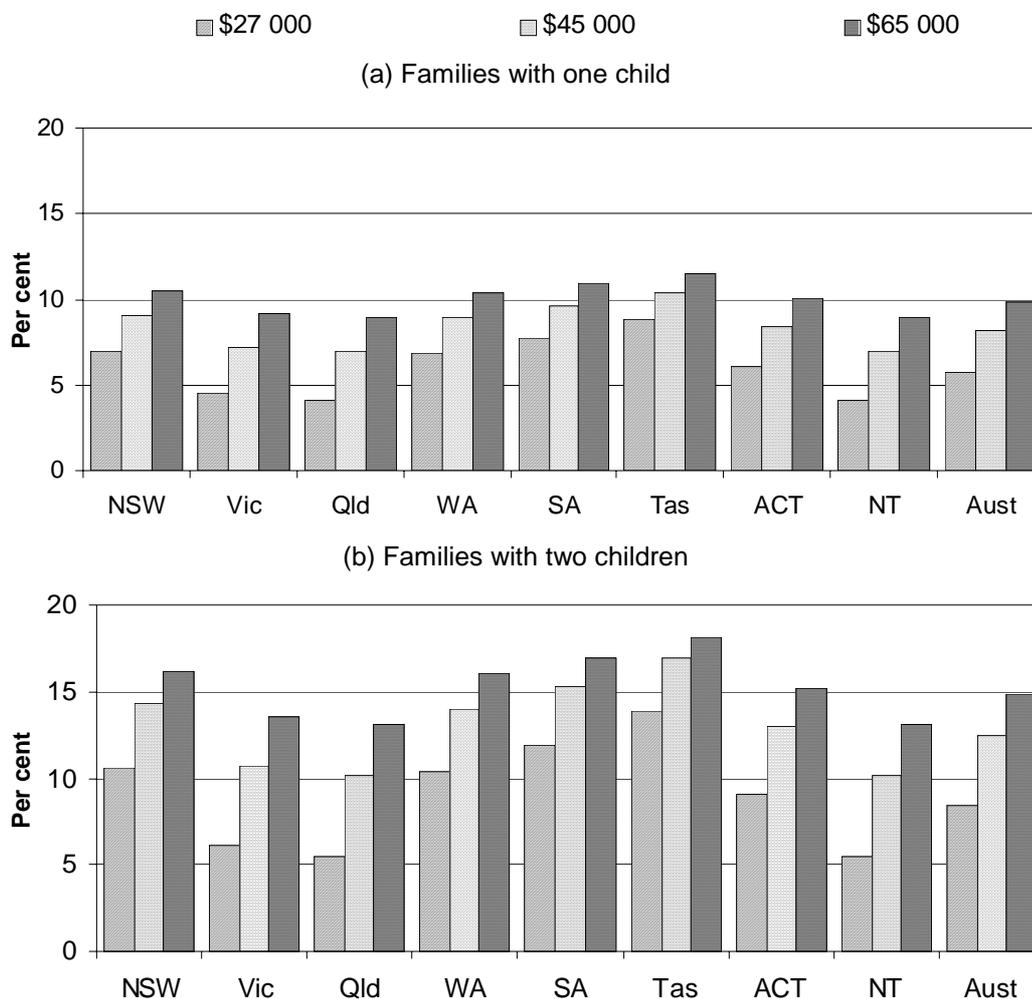
Figure 14.9 Out-of-pocket costs for centre based long day care (net of subsidies), as a proportion of weekly disposable income, by gross annual family income, 2001



Source: table 14A.14

For families with *two* children and an annual income of \$27 000, the out-of-pocket costs for centre based long day care ranged from 16.8 per cent of weekly disposable income in Tasmania to 9.0 per cent in Queensland. For families with two children and an annual income of \$65 000, the proportion of weekly disposable income spent on child care ranged from 19.9 per cent in Tasmania to 15.2 per cent in Queensland (figure 14.9b).

Figure 14.10 **Out-of-pocket costs for family day care (net of subsidies), as a proportion of weekly disposable income, by gross annual family income, 2001^{a, b}**



^a Disposable income calculations are based on 1 July 2001 tax and payment parameters. Calculations are modelled on dual-income couple families (60:40 income split) with one or two dependent children aged under 5 years. ^b Out-of-pocket cost calculations are based on August 2001 average fees.

Source: table 14A.15.

The out-of-pocket costs for family day care (net of subsidies) as a proportion of weekly disposable income for a family with an annual income of \$27 000 and *one* child in full time care in August 2001 ranged from 8.8 per cent in Tasmania to 4.1 per cent in Queensland and the NT. The corresponding proportion for families with *two* children ranged from 13.9 per cent in Tasmania to 5.5 per cent in Queensland and the NT (figure 14.10a).

The proportion of weekly disposable income spent on child care for a family with an annual income of \$65 000 and *one* child in full time family day care ranged from 11.5 per cent in Tasmania to 8.9 per cent in Queensland and the NT, while the

corresponding proportion for a family with the same income and *two* children ranged from 18.1 per cent in Tasmania to 13.1 per cent in Queensland and the NT (figure 14.1b).

Access of target groups — representation in services

Data for the representation of children from some special needs groups in Commonwealth approved child care services are available for 1997 and 1999 from the CCCCS, and for August 2000 from Centrelink administrative data. These two data sources are not directly comparable because there are differences in their collection method.² The variations are particularly distorting for ‘children from Indigenous backgrounds’, and for NT data. In addition, no data were available for ‘children from non-English speaking backgrounds’ or ‘children with a disability’.

The most recent comparable data for ‘children from Indigenous backgrounds’, ‘children from non-English speaking backgrounds’, and ‘children with a disability’ are from the CCCCS and are as at May 1999. The most recent data for ‘children from single parent families’, and ‘children from rural and remote areas’ are Centrelink administrative data, as at August 2000. The available data suggest that the proportion of these children in Commonwealth supported child care is sometimes substantially different across jurisdictions. This variation largely reflects variation in the representation of children from the special needs groups in the community (table 14.3).

The proportion of child care attendees from an Indigenous background in May 1999 ranged from 10.4 per cent in the NT (where the representation of Indigenous children in the population was 35.9 per cent) to 0.6 per cent in Victoria (where the representation in the population was 0.9 per cent). Nationally, the representation of children from Indigenous background among children accessing child care services was lower than this group’s overall representation in the community (table 14.3).

The representation of children from single parent families among attendees of government funded child care in August 2000 ranged from 31.5 per cent in WA (where their representation in the population was 15.4 per cent) to 24.8 per cent in the ACT (where their representation in the population was 15.4 per cent).

² Commonwealth Census of Child Care Services data are collected from Commonwealth approved child care services based on enumeration from services. The CCCCS includes all children attending Commonwealth Government funded services, and there will be double counting where a child attends more than one service. Centrelink administrative data are collected from customers when they claim the Child Care Benefit. As such, the data collection is restricted to customers eligible for the Child Care Benefit and there is no double counting where children attend more than one service because Centrelink’s assigns each child a unique reference number.

Nationally, the representation of children of single parents among children accessing child care was greater than this group's overall representation in the community (table 14.3).

Table 14.3 Proportion of children from special needs groups attending Commonwealth approved child care services (per cent)^a

<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>Australia</i>	
									<i>1999</i>	<i>2000</i>
Children from non-English speaking backgrounds (1999 data) ^{b, c}										
Representation:										
• in the services	15.3	12.2	6.2	7.7	6.0	2.2	10.6	7.5	10.7	na
• in the community ^d	11.5	11.0	4.0	4.7	6.1	0.9	9.5	5.7	8.5	8.5
Children from Indigenous backgrounds (1999 data)										
Representation:										
• in services	1.4	0.6	2.1	2.1	1.2	0.7	0.8	10.4	1.5	np
• in the community ^e	3.3	0.9	5.5	5.3	2.8	5.4	1.9	35.9	3.7	3.7
Children from a single parent family (2000 data) ^{f, g}										
Representation:										
• in services	26.1	27.9	30.0	31.5	29.1	26.9	24.8	np	18.9	28.2
• in the community ^e	15.9	14.4	16.7	15.4	16.9	16.9	15.4	18.9	15.7	15.7
Children with a disability (1999 data)										
Representation:										
• in services	2.3	2.2	1.9	1.9	3.9	2.2	1.6	1.5	2.3	na
• in the community ^h	6.6	6.6	8.3	10.3	9.6	7.1	na ⁱ	na ⁱ	7.6	7.6
From rural and remote areas (2000 data) ^{e, j}										
Representation:										
• in services	23.8	22.3	24.0	19.2	18.1	25.8	–	np	21.2	22.4
• in the community ^e	29.0	28.0	36.9	30.6	30.2	39.9	0.2	59.8	30.7	30.7

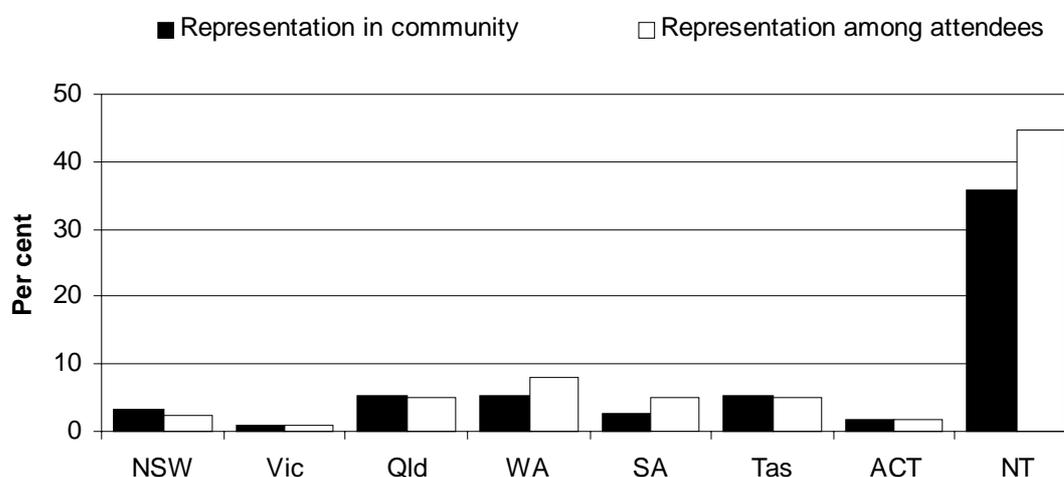
^a Data for 'children from Indigenous backgrounds', 'children from non-English speaking backgrounds', and 'children with a disability' are as at May 1999. Data for 'children from a single parent families', and 'children from rural and remote areas' are as at August 2000. ^b Includes vacation care, which overlapped outside school hours care. ^c Data collected from May 1999 Commonwealth Census of Child Care Services based on response by services. ^d Data relate to children aged 0–14 years and were obtained from the ABS 1999 Child Care Australia survey. Caution needs to be exercised in interpreting State and Territory results because they are subject to sampling errors (with that for Tasmania at 25–50 per cent). ^e Data relate to children aged 0–14 years at June 1996, and were obtained from the ABS 1996 Census of Population and Housing. ^f Data are as at August 2000 and were collected from Centrelink administrative data based on responses by parents. ^g No information on the number of children from single parent families was available for mobiles, occasional care neighbourhood models, occasional care, Aboriginal playgroups and vacation care. ^h Data relate to children aged 0–14 years at June 1998 and were obtained from the ABS 1998 Survey of Disability, Ageing and Carers. ⁱ Data on children with a disability were not available for publication. ^j Excludes occasional care neighbourhood models for which data were not available. – Nil or rounded to zero. na Not available. np Not published.

Source: table 14A.16.

The proportion of child care attendees from rural and remote areas in August 2000 ranged from 25.8 per cent in Tasmania (where their representation in the population was 39.9 per cent) to 18.1 per cent in SA (where their representation in the population was 30.2 per cent). The ACT does not have child care attendees from rural and remote areas. Across all jurisdictions, the representation of children from rural and remote areas among children accessing child care was lower than their overall representation in the community (table 14.3).

Data on the proportion of preschool attendees from the specified special needs groups are less extensive for all jurisdictions. All jurisdictions could provide data on Indigenous children attending preschools in 2000-01. Across all jurisdictions, the proportion of Indigenous children attending preschools in 2000-01 was broadly similar to their representation in the community. The proportion ranged from 44.6 per cent in the NT (where the representation of Indigenous children in the community was 35.9 per cent) to 0.8 per cent in Victoria (where their representation in the community was 0.9 per cent) (figure 14.11). The proportion of preschool attendees from Indigenous backgrounds varied across jurisdictions, but has been relatively constant within jurisdictions over time (figure 14.12).

Figure 14.11 Proportion of preschool attendees from Indigenous backgrounds, 2000-01^{a, b, c}



^a Comparisons between the representation of Indigenous children among attendees of preschool services and their representation in the community need to be treated with caution because there are definitional differences and differences in the base population. ^b Data were obtained from the 1996 ABS Census of Population and Housing. ^c Excludes younger children attending preschool and all children attending non-government preschools.

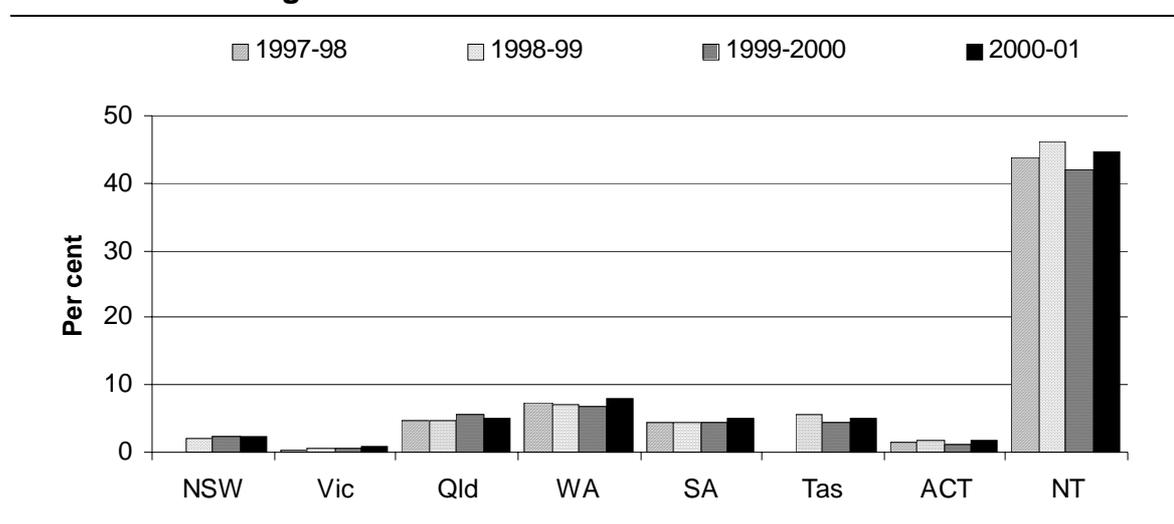
Sources: tables 14A.24, 14A.33, 14A.42, 14A.51, 14A.60, 14A.69, 14A.78 and 14A.87.

Data on the representation of other special needs groups among government funded preschool attendees are limited for 2000-01.

- Children from non-English speaking backgrounds represented 12.6 per cent of children attending preschool in Victoria, 9.2 per cent in the ACT, 8.9 per cent in SA and 5.2 per cent in NSW (tables 14A.24, 14A.33, 14A.60 and 14A.78).
- The proportion of preschool attendees from single parent families was 15.5 per cent in SA, 11.9 per cent in Victoria and 6.9 per cent in NSW (tables 14A.24, 14A.33 and 14A.60).
- Children with a disability represented 16.2 per cent of preschool attendees in SA, 5.9 per cent in the ACT, 5.6 per cent in NSW, 3.7 per cent in Victoria, 2.3 per cent in WA and 1.1 per cent in Queensland (tables 14A.24, 14A.33, 14A.42, 14A.51, 14A.60, 14A.69, 14A.78 and 14A.87).
- The proportion of preschool attendees from rural and remote areas was 61.2 per cent in Tasmania, 58.8 per cent in the NT, 34.0 per cent in WA, 32.7 per cent in SA, 32.4 per cent in Queensland, 22.7 per cent in NSW and 0.4 per cent in the ACT (tables 14A.24, 14A.33, 14A.42, 14A.51, 14A.60, 14A.69, 14A.78 and 14A.87).

The representation of these special target groups in the general community is provided in table 14.3.

Figure 14.12 **Proportion of preschool attendees from Indigenous backgrounds^{a, b}**



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

^b Queensland data for 1997-98 and 1998-99 relate to children attending community kindergartens and preschools associated with the Creche and Kindergarten Association.

Sources: tables 14A.24, 14A.33, 14A.42, 14A.51, 14A.60, 14A.69, 14A.78 and 14A.87.

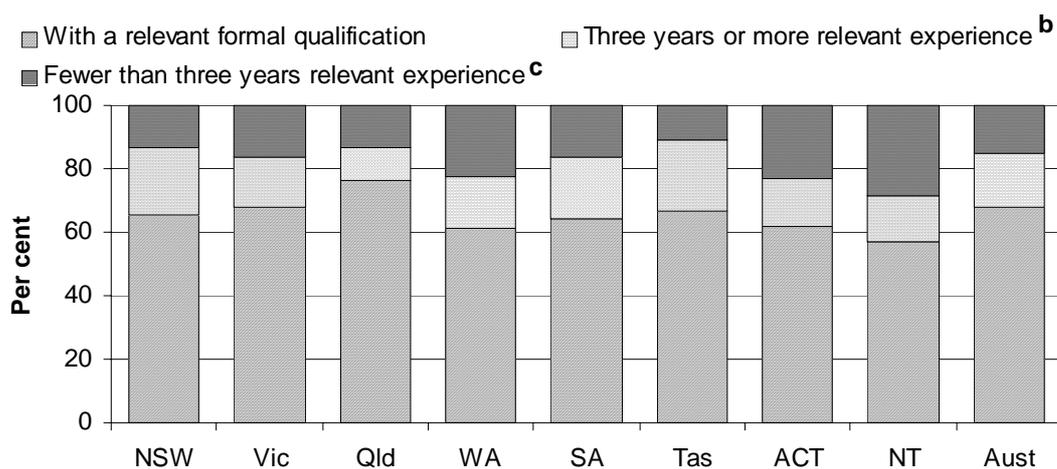
Quality

An important focus of Commonwealth, State and Territory governments is to set and maintain appropriate quality standards in child care and preschool services. Indicators of the quality of children's services are staff qualifications, the number of serious injuries, and the number of substantiated complaints per registered or licensed service, by service type. These data need to be treated with caution because there are differences in reporting among jurisdictions.

Staff — staff qualifications

The most recent data on the proportion of staff with formal qualifications (including those studying for qualifications) in Commonwealth funded and/or provided child care are provided by the May 1999 CCCCS. Nationally, 67.9 per cent of staff had formal qualifications in 1999. A further 16.9 per cent had no formal qualifications but three or more years of relevant experience. The remaining 15.2 per cent had no formal qualifications and less than three years full time experience. The proportion of staff with formal qualifications varied across jurisdictions, ranging from 76.1 per cent in Queensland to 57.1 per cent in the NT (figure 14.13). The number of staff with formal qualifications increased between 1997 and 1999 in all jurisdictions (table 14A.11).

Figure 14.13 **Paid primary contact staff employed by Commonwealth approved child care services, by qualification, May 1999^a**

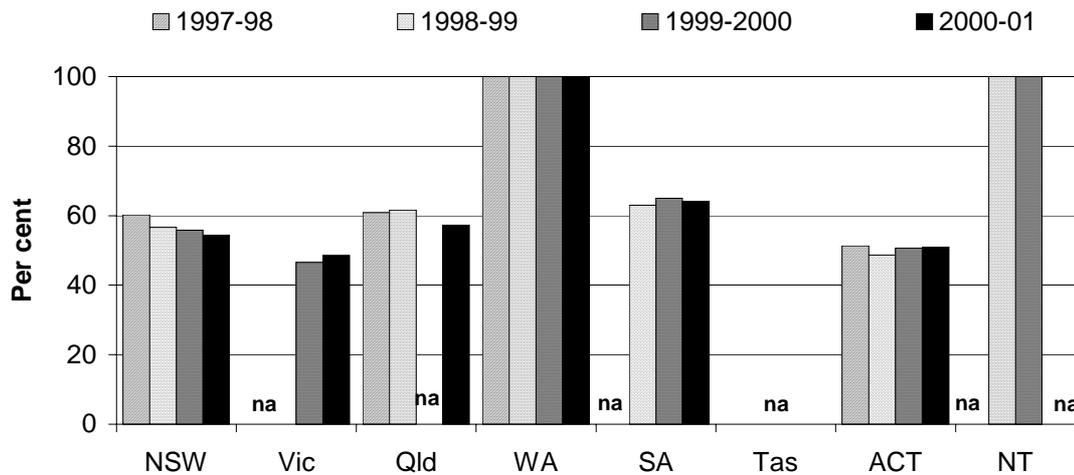


^a Excludes family day care, Aboriginal play groups and the occasional care neighbourhood model for which data are not available. ^b No relevant formal qualification but with the equivalent of three or more years of relevant experience. ^c No relevant formal qualification and fewer than three years relevant experience. Includes staff training for a qualification.

Source: table 14A.11.

Some data are available for preschool services receiving funding from State and Territory governments only. Across those jurisdictions for which 2000-01 data are available, the proportion of staff with formal qualifications in preschool services ranged from 64.1 per cent in SA to 48.6 per cent in Victoria (figure 14.14).

Figure 14.14 Proportion of paid primary contact staff employed by State/Territory funded and/or managed preschool service providers with a relevant formal qualification^a



^a All funded preschool services in Victoria, Queensland and WA must have at least two staff, one of whom must have a relevant formal qualification.

Sources: tables 14A.22, 14A.31, 14A.40, 14A.49, 14A.58, 14A.67, 14A.76 and 14A.85.

Health and safety — injuries

Data on the number of serious injuries and the number of serious injuries per registered or licensed service provider were limited for 2000-01. Although most jurisdictions were able to provide some information, the small numbers of incidents involved and differences in the data collection approaches by jurisdictions mean direct comparisons are problematic. Tables 14A.25, 14A.34, 14A.43, 14A.52, 14A.61, 14A.70, 14A.79 and 14A.88 provide a breakdown of the available information for each jurisdiction.

Client satisfaction — complaints

All jurisdictions except NSW³ provided data on the number of substantiated complaints and alleged breaches of regulations made to the State and Territory government regulatory bodies for 2000-01 (tables 14A.26, 14A.35, 14A.44, 14A.53, 14A.62, 14A.71, 14A.80 and 14A.89). The results for the substantiated complaints indicator need to be interpreted with caution. The limitations of this indicator include:

- the priority that some jurisdictions give to developing well-informed client groups as part of improving their service delivery (a limitation in that well-informed clients may be more likely to make a complaint than clients without access to this information);
- differences in the number of approved care providers or parent users per service in each service across States and Territories; and
- variation in complaints management systems across jurisdictions. In SA, for example, the department is the sole sponsor of family day care and deals with all complaints that otherwise may be managed at a scheme level in other States and Territories and, as such, may not be reported.

Efficiency

Differences in counting and reporting rules for financial data and in reported expenditure, partly due to different treatment of various expenditure items, may be reflected in differences in the indicator results across jurisdictions. Some information on the extent of the comparability of the expenditure is shown in table 14A.5.

Cost per output unit

A proxy indicator of efficiency is the level of government inputs per unit of output (unit cost). The indicator used here is government expenditure per hour of service. Data were sought from all governments on their expenditures by service type. Incomplete data and changes in collection method, however, make it difficult to compare expenditure across jurisdictions and over time. Unit cost data for children's services do not yet contain an estimate of user cost of capital.

³ NSW is developing a new information system in line with its new legislation. Data on substantiated complaints are expected to be available for future reports.

The most recent data available on Commonwealth Government recurrent expenditure by service type are for 1999-2000 and were provided in the 2001 Report (table 14.4). These data are available for each jurisdiction and are comparable across jurisdictions. Commonwealth Government recurrent expenditure per hour for centre based long day care services in 1999-2000 ranged from \$2.25 per hour in Queensland to \$1.31 per hour in the ACT. For family day care, such expenditure was higher in all jurisdictions except the NT compared with 1997-98 levels. Funding per hour of outside school hours care was lower in 1999-2000 than in 1997-98 in all jurisdictions. Commonwealth Government recurrent funding per hour of occasional care was not available for 1999-2000.

Table 14.4 Commonwealth Government real recurrent expenditure per hour of service (1999-2000 dollars)^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>
Centre based long day care								
1997-98	1.91	1.92	2.23	2.00	2.09	1.95	1.42	1.95
1999-2000	1.78	1.99	2.25	2.09	2.00	1.84	1.31	1.79
Family day care								
1997-98	2.35	2.55	2.57	2.84	2.98	2.72	2.39	2.37
1999-2000	2.57	2.79	2.79	3.12	3.89	2.94	2.49	1.82
Outside school hours care ^b								
1997-98	1.83	1.49	1.68	1.87	1.63	2.11	1.69	1.68
1999-2000	1.04	1.22	1.41	1.36	1.29	1.42	0.96	1.26
Occasional care								
1997-98	3.92	1.57	2.25	3.84	4.31	2.28	2.10	11.00
1999-2000	na	na	na	na	na	na	na	na

^a Excludes administration expenditure. ^b Data for 1999-2000, includes vacation care. For 1997-98, data have been revised to provide a consistent series and, therefore, are not comparable with figures reported in the 2000 Report.

Source: table 14A.17.

Administrative efficiency

Another measure of efficiency is administration and regulation expenditure as a proportion of total expenditure. This expenditure can include the costs of activities relating to the planning, policy development, resource management, quality assurance and regulation of children's services. The extent to which these costs are included in the data varies, and allocations of the costs of departmental overheads may also differ across jurisdictions. Thus, comparisons across jurisdictions and over time need to be made with caution.

Estimated administration costs accounted for 11.3 per cent of total Commonwealth Government expenditure on children's services in 2000-01 (table 14A.3). As discussed earlier, the roles of the Commonwealth, State and Territory governments differ in relation to the funding and delivery of children's services. In particular, State and Territory governments have an important role in licensing services and monitoring standards. For this reason, it is inappropriate to compare the administration and regulation costs of the Commonwealth Government with those of the State and Territory governments. Differences in State and Territory government licensing arrangements also limit the comparability of administration and regulation costs across States and Territories.

All jurisdictions provided some information on administrative expenditure. The definition of administrative expenditure varies across jurisdictions (see the footnote to the source tables). All jurisdictions except Victoria provided data on administration and regulation expenditure as a proportion of total government expenditure on child care in 2000-01.

- In NSW, administration and regulation costs represented 26.9 per cent of the total expenditure on child care (table 14A.18).
- In Queensland, administration and regulation costs (including administration expenditure for the outside school hours care activities for young people program which targets children of 13–15 years of age) represented 45.8 per cent of the total expenditure on child care (table 14A.36).
- In WA, administration and regulation costs represented 86.8 per cent of the total expenditure on child care. This figure includes expenditure on regulation and monitoring of providers (including non-scheme family day carers,); the provision of support, advice and training; planning; and the provision of information and advice to parents (table 14A.45).
- In SA, administration and regulation costs represented 3.4 per cent of the total expenditure on child care (table 14A.54).
- In Tasmania, administration and regulation costs (including umbrella departmental costs) represented 39.8 per cent of the total expenditure on child care (table 14A.63).
- In the ACT, administration and regulation costs represented 50.8 per cent of the total expenditure on child care (table 14A.72).
- In the NT, administration and regulation costs represented 31.8 per cent of the total expenditure on child care (table 14A.81). This figure includes expenditure on planning, research and policy development, the provision of support and advice, and regulation and monitoring of child care centres.

All jurisdictions except Victoria and Queensland also provided data on administration and regulation expenditure as a proportion of total government expenditure on preschool services in 2000-01.

- In NSW, administration and regulation costs represented 3.5 per cent of the total expenditure on preschools (table 14A.18).
- In WA, administration and regulation costs represented 92.7 per cent of the total expenditure on preschools (table 14A.45).
- In SA, administration and regulation costs represented 9.0 per cent of the total expenditure on preschools (table 14A.54).
- In Tasmania, administration and regulation costs represented 100.0 per cent of the total expenditure on preschools (table 14A.63). Tasmanian administration and regulation expenditure includes all salaries related to teachers, teacher aides and other direct support staff.
- In the ACT, administration and regulation costs represented 96.3 per cent of the total expenditure on preschools (table 14A.72). The ACT administration costs include all teachers' and assistants' salaries. In previous reports, these costs have been reported as 'other expenditure'.
- In the NT, administration and regulation costs represented 4.9 per cent of the total expenditure on preschools (table 14A.81).

All jurisdictions except Queensland provided data on administration and regulation expenditure as a proportion of total government expenditure on both child care and preschool services in 2000-01.

- In NSW, administration and regulation costs represented 10.7 per cent of total government expenditure (table 14A.18).
- In Victoria, administration and regulation costs represented 4.9 per cent of total government expenditure (table 14A.27).
- In WA, administration and regulation costs represented 92.5 per cent of total government expenditure (table 14A.45).
- In SA, administration and regulation costs represented 6.8 per cent of total government expenditure (table 14A.54).
- In Tasmania, administration and regulation costs represented 95.0 per cent of total government expenditure (table 14A.63). This expenditure includes all salaries related to teachers, teacher aides and other direct support staff for preschools.
- In the ACT, administration and regulation costs represented 86.6 per cent of total government expenditure (table 14A.72). The ACT administration costs include

all teachers' and assistants' salaries. In previous reports, these costs have been reported as 'other expenditure'.

- In the NT, administration and regulation costs represented 8.8 per cent of total government expenditure (table 14A.81).

14.4 Future directions in performance reporting

The Steering Committee is committed to ongoing improvement in the comparability, completeness and overall quality of reported data for all indicators included within the performance indicator framework.

Future indicator development

The Children's Services Working Group will continue to improve the appropriateness and completeness of the performance indicators framework. Indicator development beyond the 2002 Report will focus on developing:

- indicators to measure the extent to which family needs are met by children's services;
- indicators to measure the extent to which children's needs are met by children's services; and
- a more appropriate indicator of service affordability.

Options for reporting on service appropriateness in future Reports will also be investigated. While these areas have been identified as requiring further work, the improvements to the chapter and progress on performance reporting will not be limited to these indicators.

Improving reporting of existing indicators

Processes for refining definitions, estimating methods and counting rules are continuing. Further work is planned to improve the consistency and comparability of performance information across jurisdictions. Revisions of some data reduce data comparability across years. Similarly, changes in the children's services industry have required jurisdictions to revise collection methods, and these revisions also reduce data comparability across years and jurisdictions. It will take some time before all improvements are reflected in the chapter. The Working Group will also continue to explore options for reporting against the two quality indicators introduced in the 2002 Report.

Improving the completeness and comparability of data

National minimum data set

The National Community Services Information Management Group's (NCSIMG) Children's Services Data Working Group, under the auspices of the Community Services Ministers' Council, is developing a national minimum data set for children's services. When completed, this will provide a framework for the collection of a minimum set of nationally comparable data and assist the development of measurable performance indicators and descriptors.

The first stage of the national minimum data set is well advanced. The national minimum data set manual was submitted to the NCSIMG for information in November 2001. The next stage involves pilot testing of the framework, which is planned for early 2002.

Data collection

Consistency in the data collected by State and Territory governments is an important goal in terms of data comparability. The objective is to collect data in a sample week which is representative of a typical standard week in each State and Territory and does not include any public holidays. Although some State and Territory governments collect data on this basis, there is still scope for improving the comparability of data.

Data availability

The CCCCS is the most complete data set on child care and, as such, indicates the relative participation in child care across jurisdictions. The CCCCS is conducted biennially by the Commonwealth Department of Family and Community Services to collect information on the characteristics of users and providers of Commonwealth funded child care services. State and Territory governments may also support many of these services.

Prior to the 2001 census, information was collected on all Commonwealth funded services. The 2001 census was limited to a survey of family day care services and does not cover long day care, outside school hours care, vacation care and occasional care services. Further improvement in the reporting of comparable and appropriateness indicators of children's services performance is constrained by the lack of, and poor comparability of, data. The Commonwealth is committed to

providing comparable data for the 2003 Report and will be conducting a full census in May 2002.

14.5 Jurisdictions' comments

This section provides comments from each jurisdiction on the services covered in this chapter and attachment 14A on the CD-ROM. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter. The information covers aspects such as age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (such as Indigenous and ethnic status).

Commonwealth Government comments



The introduction of Child Care Benefit on 1 July 2000 significantly improved the affordability of child care for families and made assistance easier to access.

The implementation of Child Care Benefit, however, presented considerable challenges and this impacted on the capacity of the Department of Family and Community Services to provide comparable data. The department had intended to conduct a full census in May 2001. However, the introduction of Child Care Benefit placed considerable administrative demands on long day care, outside school hours care, vacation care and occasional care services and as a result a full census would have placed an unacceptable load on these services. The reduced census focused on fully automated family day care services (approximately 90 per cent of family day care services), and those services receiving direct funding from the Commonwealth eg. multifunctional children's services, mobiles and toy libraries, and Aboriginal playgroups and enrichment programs. The decision to reduce the number of services included in the 2001 census was supported by the child care sector.

As a result, 2001 data were predominantly sourced from Centrelink administrative data and this affects comparability of many items with data provided in previous years. In particular, data comparability is affected by the narrower scope of Centrelink administrative data, and different enumeration sources and collection processes when compared to Census data.

The department is intending to conduct a full census of Commonwealth approved child care services in May 2002. FaCS shares the concerns expressed by others that we need high quality data on child care and other early childhood services with better comparability of the data across all jurisdictions. Longer term data collection strategies will be examined early next year and will focus on addressing these concerns.

The Commonwealth is also continuing to work with all jurisdictions on developing a national minimum data set for children's services for the National Community Services Information Management Group. Pilot testing of the first stage of the data collection manual is expected to proceed early in 2002.



New South Wales Government comments



During Children's Week in October 2000, the NSW Minister for Community Services released the NSW Government's Early Childhood Services Policy.

The policy provides the directions for the NSW Government's involvement in children's services. The aim of the policy is to provide a focus on the importance of the early years of life through a system of good quality children's services that are responsive to the needs of children in the context of their families and the communities in which they live. This policy approach is based on the principles of quality and responsiveness and is founded on sound research evidence.

NSW does not view care (child care) and education (pre-school) as separate functions but as having a dynamic interrelationship that is not separable: children are continually learning and are simultaneously cared for. NSW licensing regulations require the employment of appropriately qualified teaching staff and all licensed early childhood centres are required to provide an education program tailored to each child's intellectual, physical, social and emotional development.

This approach means that the way children's services is described in this State is moving to a greater focus on activity and outcomes as child and family centres inter-linked with related health and child and family support systems, and away from the more traditional service type nomenclature that is used in other jurisdictions. As a result, comparison of performance information between NSW and other States is problematic. Mindful of this we continue to work within the processes of this collection so that the chapter can be more meaningful in terms of the Review's objectives.

Also during the year, the Minister for Community Services along with the Minister for Education and Training, launched the well acclaimed 'Literacies, communities and under 5's' resource for use by service staff and families. This resource was produced in partnership by the Departments of Community Services and Education and Training and the Universities of Western Sydney, Newcastle and Macquarie.



Victorian Government comments

“ Strong family and community networks nurture children, care for those in need and help people take up opportunities in economic and community life. Social health, social justice, encouraging active citizenship and the development of social capital are all linked to the capacity to access quality children’s services.

The Victorian Government is committed to supporting families in caring for their children in their early years by ensuring access to local, high quality children’s services. It is acknowledged that there are a variety of mechanisms, including regulatory frameworks, application of best practice standards and use of accreditation processes to improve the quality of care and provision of services for children and families.

The Department of Human Services (DHS) regulates and/or funds centre based children’s services. In 2001, work has commenced to determine the best way to establish and monitor core standards for family day care and out of school hours care utilising the National Standards. In addition a process is underway to enhance the *Children’s Services Act 1996* to provide for an explicit statement regarding the rights of the child.

Of the 2774 licensed children’s services, approximately 2065 locations receive State Government funding to provide children’s services, including preschool, occasional care and TAFE long day care services.

In order to assist community based long day care and outside school hours care services to provide quality child care programs in a safe and stimulating environment, the Victorian Government has also funded grants to undertake premises maintenance, purchase program equipment or fund professional development of staff. Additional funds have also been directed to community based long day care and occasional care services to meet upgraded premises requirements defined in the transition provision of the legislation.

During 2000-01 financial year a ‘Review of Issues that Impact on the Delivery of Preschool Services to Children and Their Families in Victoria’ was undertaken by an independent panel chaired by Mr Peter Kirby. The Victorian Government is considering the broad ranging recommendations and agrees that reform of preschool services in Victoria will take three to five years. In 2000-01 over \$20 million has been injected into the preschool program, with \$4 million to improve affordability for families, \$4 million to provide specific subsidies to families on low incomes and \$12 million to improve early childhood teacher salaries.

Victoria notes the substantial difficulties faced by the Productivity Commission in preparing this national report on children’s services with dated or incomplete data sets. There is considerable expectation that implementation of a national minimum data set will enhance the integrity and comparability of data for future reports.”

Queensland Government comments

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Through the implementation of the *Queensland Child Care Strategic Plan 2000–2005*, the Queensland Government continues to demonstrate its commitment to ensuring that Queensland children and families have access to a responsive, high quality and sustainable child care system.

A key initiative introduced in the 2000-01 financial year was the introduction of minimum safety requirements for ‘back yard’ care, where children are cared for on a regular basis in a home for reward (other than as part of a family day care scheme). In addition, consultations were undertaken with the child care sector to inform the development of a new regulatory framework to support the provision of sustainable, high quality child care services that are sufficiently flexible to respond to the diverse and changing needs of families.

In recognition of the value of qualified staff in child care services, the Queensland Government has negotiated a State-wide Training Strategy to improve the overall skill level of child care workers by providing a range of affordable and accessible training options for workers in child care services. In addition, an information technology CD-ROM training package has been developed to support access to training and enhance the use of technology. This training package, to be distributed to approximately 2000 child care services in Queensland, was developed in consultation with child care services and offers self paced beginner and intermediate IT training to child care workers.

The Child Care and Family Support Hub Strategy has been implemented in Queensland through the provision of funding to establish 12 hubs in a variety of locations throughout the State. This funding will assist services to deliver integrated child care and family support services in their communities and enhance access to existing and new services for families.

In addition, funding was provided for two child care and family support hubs in the Indigenous communities of Doomadgee and Aurukun. These hubs will offer a range of child care and family support services such as long day care, playgroup, family support, parent education, health and other specialist services and child protection services as well as providing a community meeting venue. The Aurukun service will be co-located with a State preschool, and also provide outside school hours care and vacation care.

The Queensland Government has also worked collaboratively with the sector to develop a draft Industry Plan that aims to strengthen the sector, improve service delivery and promote a positive image of both child care services and workers. A key strategy in the plan relates to promoting and undertaking research to map trends and inform the planning, development and implementation of policies, programs and services. This supports the commitment of the Queensland Government to use data and research to monitor performance and inform planning and decision making processes. This commitment includes collaborating with other jurisdictions to address the inconsistencies in current reporting arrangements and enhance the availability, integrity and comparability of data for future reports.

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Western Australian Government comments

“ The new Department for Community Development (formerly Family and Children’s Services) was established in 1 July 2001. The new department’s structure is currently under consideration.

The Department for Community Development will have an increased focus on community development and strengthening families. It will continue to be responsible for ensuring compliance to the Community Services (Child Care) Regulations 1988 for children 0–6 years and the new Regulations for Outside School Hours care once enacted.

The most recent amendments to the current Regulations were enacted in February 2001 and the Child Care Licensing Unit has been working with the sector to ensure there is an understanding of the changes.

The recommendations of the recent Review of the Child Care Licensing Unit have been implemented and the unit has been allocated additional resources including an increase in staffing levels.

From the beginning of 2001, the Department of Education provides four half days of kindergarten for all children who turn 4 by 30 June. This has resulted in a half cohort of children being unable to attend kindergarten until one year later. There has resulted in an increasing trend for self funded occasional child care services to be established around the State in response to demand from affected parents.

The expansion of the jointly funded Commonwealth State occasional child care services continues with a focus on remote Aboriginal communities using a community development framework.

Since the introduction of Child Care Benefit in July 2000, long day care centres have been experiencing increased demand, particularly for babies. Services throughout the State are fully utilised and waiting lists are being to emerge.

There is minimal interest from commercial operators in establishing services outside the metropolitan areas. Viability of services in small rural and remote communities continues to be problematic and the department continues to work with Family and Community Services to develop flexible models in the central wheatbelt.

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South Australian Government comments

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The Department for Education Training and Employment is responsible for children's services and schooling in South Australia. DETE operates government preschools that accommodate over 90 per cent of children in the year before school, sponsors an extensive State-wide family day care system, licenses and supports child care centres and provides occasional care on more than 60 preschool sites. DETE schools manage more than 70 per cent of all out of school hours and vacation care programs in the State. The South Australian *Children's Services Act* gives the Minister responsibility for broad functions including planning and coordination of children's services and informing parents. The Act makes the interests of the child the paramount consideration. Consultation on a new draft Bill that combines this Act with a new *Education Act* was finalised during this period.

The implementation of a new curriculum framework (the South Australian Curriculum Standards and Accountability Framework) for children from birth to 18 provides a new foundation for establishing and sustaining continuity across children's services and schooling. DETE has taken an inclusive approach to implementation of the new curriculum. Explicit strategies will underpin participation by child care centres and family day care providers as well as preschool and school staff who are employed by the department.

Integration of children's services and schooling across the birth to 8 ranges is a key policy direction for the department. The South Australian local management initiative — Partnerships 21 — has delivered greater flexibility and capacity to local preschools and schools which have volunteered to participate in the initiative. This has engendered a new range of leadership and management possibilities across schools and preschools and child care, including partnerships with child care centres and family day care providers.

Long term commitments to addressing child care needs in small country communities has continued. Child care needs and service delivery options are being explored in up to 18 small rural communities. A number of these new services will begin in 2002.

Anecdotal evidence indicates that demand for all forms of child care has grown during the reporting period, while out-of-pocket expenses for child care users have remained at national average levels. This expansion in demand has accentuated a shortage of trained child care staff as well as experienced unqualified workers. The state continues to provide operational support for a number of out of school hours services in disadvantaged metropolitan areas.

Participation rates by some special needs groups in Commonwealth approved child care services are lower than their proportion in the wider community. Participation rates in State operated services are superior, but there is scope for improvement across the full range of children's services.

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Tasmanian Government comments

“ Tasmania continues to be committed to the ongoing development of a child care sector which provides quality affordable. The Department of Education is currently responsible for 130 licensed services and 11 family day care schemes across the State. The Department of Education also directly provides all government preschools/kindergartens across the State and registers and funds non-government schools.

Two significant policy changes will see the number of licensed services more than double over the next few years. The first is the implementation of the new *Child Care Act 2001* which has received Royal Assent and will be proclaimed as soon as the accompanying documentation is ready. The new Act has extended licensing to encompass outside school hours care services and approved registration bodies such as nanny agencies. The second major policy change is the Government's requirement that children must be 4 years of age by 1 January for entry into kindergarten. This will apply to both government and non-government schools. Any school providing programs for children under 4 years of age will now be required to meet child care centre based licensing standards.

The Department of Education is continuing its commitment to the professionalism of staff in the child care industry through both a Mentorship and a Scholarship Program. The Mentorship Program provides funding for experienced, qualified staff to work closely with services particularly in areas of programming and financial management. The Scholarship Program provides scholarships to carers in the industry from both the centre based and home based sectors who wish to gain or further their formal qualifications. This has now been operating for three years and has proven to be very successful.

The Department of Education also remains committed to the rural sector through the provision of funding for the upgrading of buildings to meet licensing standards and in ensuring that staff have access to training programs through the Mentorship and Scholarship programs.

A new curriculum framework is being developed through extensive consultation with the school and child care sector. For the first time it will include a learning framework for the 'prior to school' years redefining the curriculum provided by government schools and colleges in Tasmania. Although not mandatory for the child care sector, the potential for a coordinated and integrated continuum of services from birth to school years, underpinned by consistent beliefs and approaches, has been well received.

Tasmania recognises that there are still a number of issues to resolve before comparability of performance is achieved between jurisdictions and remains committed to working with the Productivity Commission to produce data that is relevant, accurate and comparable.

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Australian Capital Territory Government comments

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The provision of quality children's services is an investment in the future, providing the foundation for children's learning and development. The ACT Government, through the Department of Education and Community Services, supports children's services to deliver quality programs that enhance children's development and cater for their diverse needs.

The Department of Education and Community Services, in partnership with parent communities is responsible for providing preschool services for all eligible children in the year immediately before their entry to school. The department is also responsible for licensing and monitoring children's services in the ACT to ensure that they meet the requirements of the *Children and Young People Act 1999*. These services include centre based children's services, school age care, family day care, independent preschools and playschools. Funding is also provided to assist with the provision of a range of children's services programs.

Major achievements during 2001 included the release of the *ACT Government Preschools Strategic Plan 2001–2003*, the release of the discussion paper, *Contours of Learning: A Guide for Children's Learning in the Early Years*, and the revision and publication of the *Conditions for Approvals in Principle and Licences* for centre based children's services, school age care and family day care.

The *ACT Government Preschools Strategic Plan 2001–2003* was developed following extensive community consultation. It seeks to build on the strengths of the ACT Government preschool system while taking into account the changes occurring for children and families in the ACT community. The four goals of the plan are to introduce a continuous quality improvement program, improve outcomes for all children attending government preschools, improve transitions between early childhood settings — home, child care and school — and develop a sustainable early childhood system.

Contours of Learning: A Guide for Children's Learning in the Early Years provides a platform to stimulate reflection, discussion and planning for early childhood educators working with children from birth to 8 years. The document aims to build a common language and shared understandings about what is significant in children's learning during the early years, with a focus on socialisation, literacy and numeracy, and the important family and community partnerships that are essential for children's learning in the early years.

With the introduction of the *Children and Young People Act 1999* in May 2000, the ACT centre based children's services, school age care and family day care *Conditions for Approvals in Principle and Licences* were fully revised and reprinted. The documents have also been published on the department's web site to ensure families and members of the community have full access to them.

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Northern Territory Government comments

“ Children’s services in the Northern Territory aim to support families in caring for their young children, as a fundamental component in the range of activities and services that enhance the capacity of individuals, families and communities to improve their wellbeing.

The Territory has a small (195 500) and young population dispersed across one-sixth of the national landmass. About 36 per cent of the 0–12 population are Indigenous children, some 75 per cent of whom live in small remote communities and townships. Diseconomies of scale, an environment ranging from desert to tropical climates, and the particular interests and needs of the population have resulted in unique approaches to providing children’s services in the Northern Territory. Due to this, comparability for reporting purposes continues to be difficult. For example, this report indicates a considerably lower participation level of Indigenous children in child care services; however, the data do not include participation in other services and activities such as innovative child care centres, playgroups and informal care services, preferred service models in a number of communities.

The NT continues to sustain relative affordability for centre based child care services across all income brackets. This is in part due to payment of an indexed operational subsidy of (currently) \$12.57 per child per week over 2 years of age and \$19.61 per child per week under 2 years of age.

The NT has the longest average hours of attendance at child care centre, occasional care and vacation care services, due in part to high full time employment levels in the NT relative to other jurisdictions. A low proportion of services offering non-standard hours of operation may be due to reduced travel to work times in the major urban areas. NT funding to family day care has improved non-standard hours access in this service type over the last 12 months.

In 2000-01, the focus of the program was on continuing to expand access to appropriate children’s services in remote Indigenous communities and tailoring services to better meet family needs. Program development activities included improving the supply of appropriately qualified staff, and strengthening collaboration and service delivery coordination among children’s education, health, disability and care services. This focus will continue over the next 12 months.”

14.6 Definitions

Table 14.5 Terms

<i>Term</i>	<i>Definition</i>
Administration expenditure	All expenditure by the departments responsible for the provision of 'licensing', 'advice', 'policy development', 'grants administration' and 'training' services. Responsible departments include those departments that are responsible for administering policy, funding and licensing/accreditation of child care and preschool services in each jurisdiction.
Approved preschool care	Preschool care that meets State and Territory government licensing requirements (where such requirements exist).
Centre based long day care	Care for children (usually aged 0–5 years) in a licensed child care centre that is open for a minimum of eight hours per day, five days per week, 48 weeks per year. These centres provide quality all day or part-time care for working families and the general community. Some centres provide care for limited numbers of primary school children before and after school, and during school holidays.
Child care	Care provided to a child by a person other than the child's parent or guardian. The main types of service are centre based long day care, family day care, outside school hour care (vacation, before/after school hours and 'pupil free days' care), occasional care and other care.
Children	All resident male and female Australians aged 12 years and younger as at 30 June of each year.
Children from Indigenous backgrounds	Children of Indigenous descent who identify as being Indigenous and are accepted as such by the community in which he or she lives.
Children from non-English speaking backgrounds	Children living in situations where the main language spoken is not English.
Children from single parent families	Dependent children who are resident in households of lone parent (either father or mother) families.
Children's services	All government funded and/or provided child care and preschool services (unless otherwise stated).
Counting rules	Prescribed standards, definitions and mathematical methods for determining descriptors and performance indicators for monitoring government services.
Expenditure on assets	Expenditure on the acquisition or enhancement of fixed assets, less trade-in values and/or receipts from the sale of replaced or otherwise disposed of items.
Disability related care	Care of children who have a developmental delay or disability (including intellectual, sensory or physical impairment) or parent(s) with a disability.

(Continued on next page)

Table 14.5 (Continued)

<i>Term</i>	<i>Definition</i>
Family day care	A network of experienced carers who provide care and developmental activities in their own homes for other people's children. A coordinating unit oversees each family day care scheme, which covers a number of carers in an area. The unit provides support and resources to the carers. Care is flexible and can be tailored to suit each family's needs, including outside normal working hours and, if needed, overnight care. The number of children per carer is restricted in some States by State licensing requirements.
Financial support to families	Any form of fee relief paid by governments to the users of children's services (for example, the Child Care Benefit).
Formal child care	Organised care provided by a person other than the child's parent or guardian usually outside of the child's home — for example, centre based long day care, family day care, outside school hours care, vacation care and occasional care (excluding babysitting).
Formal qualifications	Early childhood related teaching degree (three or four years), a child care certificate or associate diploma (two years) and/or other relevant qualifications (for example, a diploma or degree in child care [three years or more], primary teaching, other teaching, nursing [including mothercraft nursing], psychology and social work). Some jurisdictions do not recognise one-year certificates.
Full time equivalent staff numbers	A measure of the total level of staff resources used. A full time staff member is employed full-time and engaged solely on activities that fall within the scope of children's services covered in the chapter. The full time equivalent of part time staff is calculated on the basis of the proportion of time spent on activities within the scope of the data collection compared with that spent by a full time staff member solely occupied by the same activities.
Government funded or/and provided	All government financed services — that is, services that receive government contributions towards providing a specified service (including private services eligible for the Child Care Benefit) and/or services for which the government has primary responsibility for delivery.
Informal child care	Child care arrangements provided privately (for example, by friends, relatives, nannies) for which no government assistance (other than the Child Care Benefit) is provided. Such care is unregulated in most States and Territories.
Licensed services	Those services that comply with the relevant State or Territory licensing regulations. These regulations cover matters such as the number of children whom the service can care for, safety requirements and the required qualifications of carers.
Metropolitan areas	Defined as per the 1994 Human Services and Health and Department of Primary Industry and Energy publication <i>Rural, Remote and Metropolitan Areas Classification 1991 Census Edition</i> . In this publication, metropolitan areas are defined as areas that have an urban centre of 100 000 people or more. Jurisdictions were provided with a table indicating the classification assigned to 1996 statistical local areas. Jurisdictions used this table to establish the total number of rural and remote places receiving government funding.

(Continued on next page)

Table 14.5 (Continued)

<i>Term</i>	<i>Definition</i>
Non-standard hours of care	<p>Non-standard hours of care by service type are defined as:</p> <ul style="list-style-type: none"> • centre based long day care — services providing service for more than 10 hours per day on Monday to Friday and/or providing service on weekends; • preschool — services providing service for more than six hours per day; • family day care — services providing service for more than 10 hours per day on Monday to Friday and/or providing service overnight and/or on weekends; • vacation care — services providing service for more than 10 hours per day; • before school hours care — services providing service for more than 2 hours before school; • after school care — services providing service for more than three hours after school; • occasional care — services providing service for more than eight hours per day; and • other — services providing service for more than 10 hours per day.
Occasional care	<p>Services for parents who need short periods of care for children under school age. They can be used regularly or irregularly while parents shop or attend appointments, for respite from full time parenting, and to provide developmental opportunities for children. Some occasional care services also provide for casual or part time workers.</p>
Operational place	<p>A licensed place (where a licensing system exists, or in receipt of government funding where not licensed) able to accept children as at 30 June each year.</p>
Other care	<p>Child care designed to meet the needs of children in particular situations (including children from an Indigenous background, children from non-English speaking backgrounds, children with a disability or whose parents have a disability, and children living in remote and rural areas). These services include multifunctional services; multifunctional Aboriginal and Torres Strait Islander children's services; mobiles; and toy libraries.</p>
Other expenditure on service provision	<p>All recurrent expenditure on government funded and/or provided child care and preschool services. It also includes one-off, non-capital payments to peak agencies who support child care and preschool service providers.</p>
Outside school hours care	<p>Outside school hours care provides care for primary school children before and/or after school and, in some services, on 'pupil free days', during the school term. Some outside school hours care services also provide school holiday care or are linked to vacation care services, and provide for primary school children all year. These services are generally located on or near primary schools and offer recreational programs and activities along with time for rest and homework.</p>
Preschools	<p>Educational and developmental programs for children in the year or two before they begin full time school. Traditional preschool services are generally provided on a sessional basis (two to five sessions of 2.5–3 hours in length per week) in dedicated preschools during school terms only. Preschool programs can also be provided in a long day care centre by a qualified early childhood teacher.</p>

(Continued on next page)

Table 14.5 (Continued)

<i>Term</i>	<i>Definition</i>
Primary contact staff	Staff whose primary function is to provide care and/or preschool services to children.
Program support activities	Administration expenditure associated with the licensing of services that do not receive government funding.
Real expenditure	Actual expenditure adjusted for changes in prices. Adjustments were made using the GDP (E) price deflator, and expressed in terms of final year prices.
Recurrent expenditure	Expenditure that does not result in the creation or acquisition of fixed assets (new or secondhand). It consists mainly of expenditure on wages, salaries and supplements, purchases of goods and services, and the consumption of fixed capital (depreciation).
Rural and remote areas	Areas defined as per the 1994 Human Services and Health and Department of Primary Industry and Energy publication <i>Rural, Remote and Metropolitan Areas Classification 1991 Census Edition</i> . This publication assigned a measure of remoteness to each statistical local area in Australia. Jurisdictions were provided with a table showing the classification assigned to each statistical local area. Jurisdictions used this table to establish the total number of rural and remote places receiving government funding.
Serious injury	Injury requiring a visit to (or by) a doctor or hospitalisation.
Service	The 'type of service provided'. 'Preschool service', for example, is a package of educational and developmental services received by a child in the year or two before full time schooling. Preschool services may be provided by either a preschool service provider or a child care service provider.
Service type	The categories for which data were collected, namely: <ul style="list-style-type: none"> • long day care; • family day care; • vacation care; • before/after school care; • occasional care; • 'other' care; and • preschool services.
Substantiated complaint	An expression of concern about a child care or preschool service, made orally, in writing or in person, which constitutes a failure by the service to abide by the State or Territory legislation, regulations or conditions. This concern is investigated and subsequently considered to have substance by the regulatory body.
Vacation care	Care and developmental activities provided for school age children during school vacation periods.

Table 14.6 Indicators

<i>Indicator</i>	<i>Definition</i>
Proportion of services providing non-standard hours of care	The number of services providing non-standard hours of care divided by the total number of services, by service type.

(Continued on next page)

Table 14.6 (Continued)

<i>Indicator</i>	<i>Definition</i>
Proportion of special needs groups using services relative to their population proportions	The number of children from special needs groups using children's services divided by the total number of children using children's services. Results are presented separately for child care and preschool services, with special needs groups divided into children from a non-English speaking background, children from an Aboriginal or Torres Strait Islander background, children from single parent families, children with a disability, and children from remote or rural areas. These results were compared with these groups representation in the community.
Serious injuries sustained per registered or licensed service	The total number of serious injuries sustained by children divided by the total number of registered or licensed services.
Substantiated complaints per registered or licensed service	The number of substantiated complaints divided by the total number of registered or licensed services. Results are presented separately by service type. The proportion of substantiated complaints against which action was taken is also reported.
Out-of-pocket costs relative to family income for children's services	Modelling undertaken by the Department of Family and Community Services for families with one child and two children respectively in full time care (defined as 50 hours per week for each child) for a range of indicative annual incomes. Out-of-pocket costs are based on the average weekly fee for one child and two children in full time care, and are calculated as a proportion of weekly disposable income, after the payment of child care subsidies. The annual income levels used are: \$27 000, \$35 000, \$45 000, \$55 000 and \$65 000.
Government recurrent expenditure per hour of service	Total government recurrent funding on children's services divided by the total hours of care provided by services receiving government funding.
Administrative expenditure as a proportion of total government expenditure	Total government administrative expenditure divided by total government expenditure.

15 Protection and support services

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

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, that provide and refer clients to family support and other relevant services, and that intervene to protect children;
- *out-of-home care services*: care for children placed away from their parents for protective or other family welfare reasons; and
- *supported accommodation and assistance services*: services to assist young people, adults and families who are homeless or at imminent risk of becoming homeless.

A profile of child protection and out-of-home care services appears in section 15.1, followed by a brief discussion of recent policy developments in section 15.2. A framework of performance indicators is outlined in section 15.3 and data are discussed in section 15.4. Future directions in performance reporting are outlined in section 15.5.

A profile of accommodation and assistance services funded under the Supported Accommodation and Assistance Program (SAAP) appears in section 15.6, followed by a brief discussion of recent policy developments in section 15.7. A framework of performance indicators for these services is outlined in section 15.8 and data are discussed in section 15.9. Future directions in performance reporting are discussed in section 15.10.

Jurisdictions' comments on both child protection and out-of-home care services, and supported accommodation and assistance services are reported in section 15.11. Definitions of data descriptors and indicators are provided in section 15.12.

Major improvements for the 2002 Report include improved efficiency reporting for child protection and out-of-home care. There has also been continued refinement of the financial data counting rules to promote more comparable data.

Supporting tables

Supporting tables for chapter 15 are provided on the CD-ROM enclosed with the Report. The files are provided in Microsoft Excel 97 format as \Publications\Reports\2002\Attach15A.xls and in Adobe PDF format as \Publications\Reports\2002\Attach15A.pdf.

Supporting tables are identified in references throughout this chapter by an 'A' suffix (for example, table 15A.3 is table 3 in the electronic files). They may be subject to revision. The most up-to-date versions of these files can be found on the Review's web page (www.pc.gov.au/service/gsp/). Users without Internet access can contact the Secretariat to obtain up-to-date versions of these tables (see details on the inside front cover of the Report).

15.1 Profile of child protection and out-of-home care services

Service overview

Child protection services are provided to protect children and/or young people aged 0–17 years who are at risk of harm within their families, or whose families do not have the capacity to protect them. These services include:

- receiving and responding to reports of concern about children or young people, including investigation and assessment where appropriate;
- providing support services (directly or through referral) where harm or a risk of significant harm is identified, to strengthen the capacity of families to care safely for children;
- initiating intervention, including applying for a care and protection order through a court if necessary and placing children or young people in out-of-home care to secure their safety;
- ensuring the ongoing safety of children and young people by working with families to resolve protective concerns;

-
- working with families to reunite children (who were removed for safety reasons) with their parents as soon as possible; and
 - securing permanent alternative care when it is determined that a child is unable to be returned to the care of their parents and working with young people to identify alternative supported living arrangements where family reunification is not possible. (In NSW, restoration may occur in voluntary placements as well.)

Certain social and demographic factors are associated with involvement in the child protection system (box 15.1).

Box 15.1 Factors associated with involvement in child protection services

Factors associated with involvement in child protection services include social factors (such as social stresses, social isolation, poverty, unemployment, cultural expectations and norms, and poor housing) and lack of access to, or inability to access, support services.

A 1995 Victorian study found that families investigated as a result of a child concern report tended to be more likely than the wider community to:

- be renting (60 per cent compared with 23 per cent in the wider community);
- be on a pension or benefit (58 per cent compared with 26 per cent);
- be a single parent family (46 per cent compared with 17 per cent); and
- be more mobile (90 per cent of families had moved in the past five years compared with 42 per cent in the wider community).

Other major factors associated with substantiated child protection reports include a parent's disability, mental health, poor parenting skills and substance abuse.

Sources: AIHW (1997), DHS (1995).

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

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

Across jurisdictions, there has been a shift away from the use of facility based (or residential) care towards foster care and other forms of home based care including relative/kinship care. Family preservation services are increasingly seen as an alternative to the removal of the child from their home for child protection reasons (box 15.2).

Box 15.2 Family preservation services

Family preservation services are specialist services established in each jurisdiction that aim to:

- prevent the imminent separation of children from their primary caregivers as a result of child protection concerns; or
- reunify families where separation has already occurred.

In 2000-01, there were at least 25 family preservation programs and subprograms operating across Australia (five in NSW, three in Queensland, three in WA, 12 in SA and one each in Tasmania and the ACT). (Victoria was unable to provide data for 2000-01, but operated 18 programs in 1999-2000.)

The family preservation services differ from other types of child protection and family support services referred to in this chapter, in that they:

- are funded or established explicitly to prevent separation of, or to reunify, families;
- provide a range of services as part of an integrated strategy focusing on improving family functioning and skills, rather than providing a single type of service;
- are intensive in nature, averaging 8–10 hours of service provision per week for a specified short term period (usually less than six months); and
- generally receive referrals from a child protection service.

Family preservation services may use some or all of the following strategies: assessment and case planning; parent education and skill development; individual and family counselling; anger management; respite and emergency care; practical and financial support; mediation, brokerage and referral services; and problem solving training.

Expenditure data collected for the first time in this Report indicate that recurrent expenditure on family preservation services across all jurisdictions in 2000-01 was at least \$39.5 million (table 15A.1). Table 15A.21 provides additional information about families and children who were involved with family preservation services during 2000-01.

Source: AIHW (unpublished).

Roles and responsibilities

State and Territory governments fund child protection, out-of-home care, family preservation and other relevant services which may be delivered by the government or the non-government sector. State and Territory community services departments are responsible for investigating and assessing reports to the department, referring families to support services and intervening where necessary (including making court applications when an order is required to protect a child and placing children in out-of-home care). The non-government sector plays a significant role in the delivery of family support services in all jurisdictions.

Other areas of government also have a role in child protection and provide services for children who have come into contact with community services departments for protective reasons. Examples include:

- police services, which investigate serious allegations of child abuse and neglect, particularly criminal matters;
- courts, which decide whether a child will be placed on an order;
- education and child care services, which provide services for these children and also conduct mandatory reporting and protective behaviours education in some jurisdictions; and
- health services, which support the assessment of child protection matters and deliver therapeutic, counselling and other services.

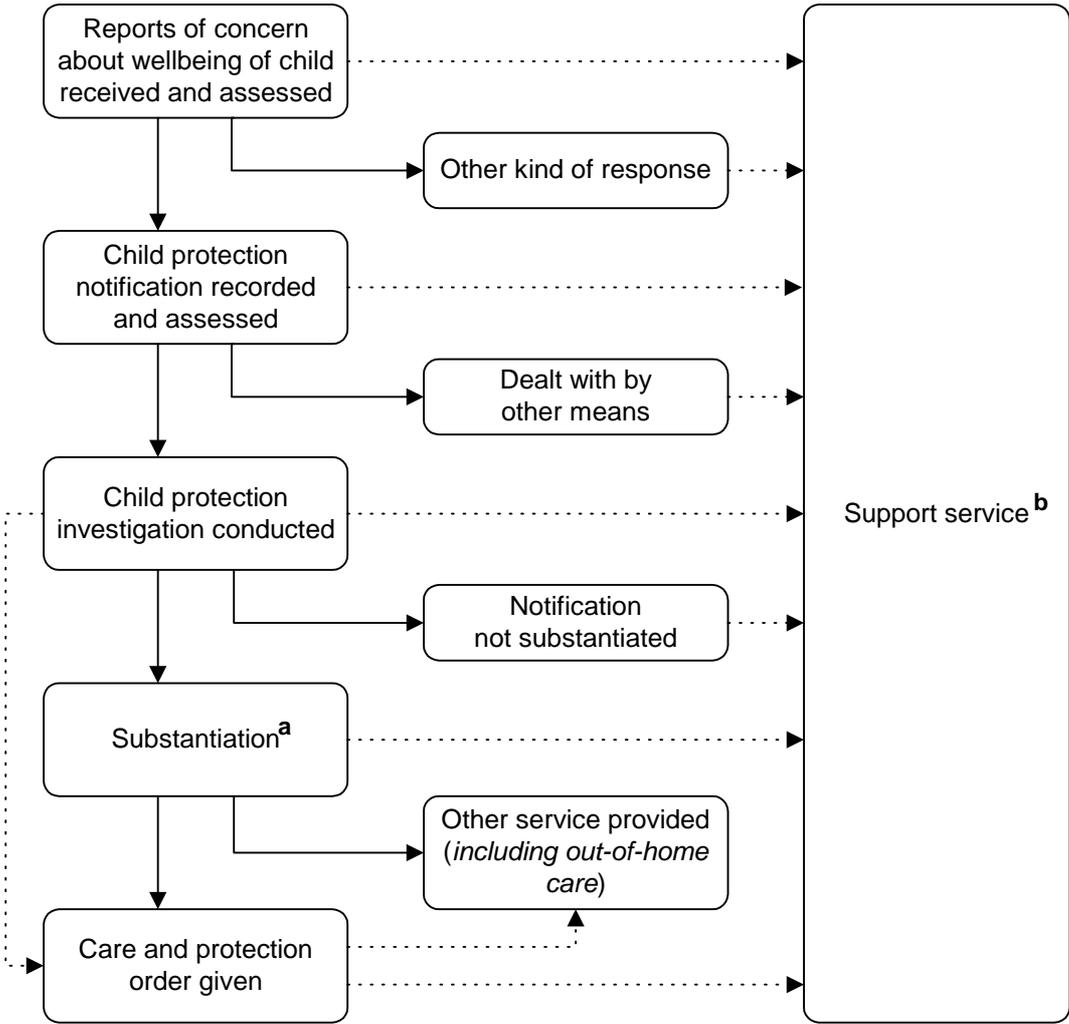
Size and scope

The child protection system

Child protection legislation, policies and practices vary among jurisdictions, but the broad processes in the child protection system are similar (figure 15.1). State and Territory community services departments are advised of concerns about the wellbeing of children through reports to the department. Reports may be made by people mandated to report (such as medical practitioners, police services, and school teachers and principals) or by other members of the community. These reports are then assessed and classified as child protection notifications, child concern reports or matters requiring some other kind of response. The most common sources of notification for finalised investigations in 1999-2000 were school personnel (16 per cent), police (15 per cent), parents and guardians (12 per cent), and friends and neighbours (11 per cent) (AIHW 2001).

Jurisdictions count notifications at different points in the response to a report, ranging from the point of initial contact with the source of the report to the end of a screening and decision making process. This means the number of notifications is not strictly comparable across jurisdictions.

Figure 15.1 **Child protection system**



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

^a Tasmania also uses the category 'child at risk' where the notification is not substantiated but there is reasonable ground for suspecting the existence of previous or future abuse, neglect or harm. This suspicion is a basis for continued departmental involvement. ^b Support services include family support or family preservation services provided by community service departments and referrals to other agencies.

Although notifications are defined differently across jurisdictions, around 86 812 children (8180 Indigenous children and 78 632 non-Indigenous children) were the subject of child protection notifications in 2000-01. Nationally, the rate of notifications per 1000 children aged 0–16 years was 19.5 (44.8 for Indigenous

children and 18.4 for non-Indigenous children).¹ Across jurisdictions, the rate of notifications per 1000 children was highest in Victoria (25.7) and lowest in Tasmania (2.7) (table 15A.8).

In NSW, Victoria, and the NT, notifications are caller defined; that is, if the person making the report believes a child is in need of protection, then the department classifies the report as a notification. As a result, the rates per 1000 children are highest in these jurisdictions.

New South Wales, Queensland, SA and the ACT screen each incoming report before deciding whether it will be designated and counted as a notification. This reduces the proportion of reports that become notifications. This Report does not record the number of reports that are screened out.

Western Australia and Tasmania also screen incoming reports and use a narrower definition of notification than that used by other jurisdictions. These States define only reports of suspected maltreatment as notifications; other reports of concern that would be counted as notifications in other jurisdictions are classified as child and family concern reports, for which the response is different from that for notifications of suspected maltreatment. Thus, the proportion of reports recorded as notifications is lower in WA and Tasmania than in other jurisdictions. This Report does not record the number of reports that are screened out.

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 obtains further information about the child and its family by checking information systems for any previous history, undertaking discussion/case planning with agencies and individuals, interviewing/sighting the child and 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 will determine whether the notification is substantiated or not substantiated (figure 15.1).

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

¹ Child protection services, care and protection orders and out-of-home care relate to children aged 0–17 years. Rates of children in notifications, investigations and substantiations, however, are calculated for children aged 0–16 years, given differences in jurisdictions' legislation, policies and practices regarding children aged 17 years.

likely to occur; in others, it is substantiated when the child has been harmed or is likely to be harmed, or when there is a combination of action and harm.²

Tasmania also has a 'child at risk' category. This applies when the notification is not substantiated, but when there are reasonable grounds for suspecting the possibility of previous or future harm, so further involvement of the community services department is considered to be warranted. If harm or risk of harm is substantiated, then action will be taken to protect the child if it is required (including court action if warranted). These cases may be substantiated in other jurisdictions.

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

In 2000-01, 23 449 children (3004 Indigenous children and 20 445 non-Indigenous children) were the subject of a substantiation. Nationally, the rate of children who were the subject of a substantiation per 1000 children aged 0–16 years was 5.3 (16.4 for Indigenous children and 4.8 for non-Indigenous children).³ Across jurisdictions, the rate of children who were the subject of a substantiation per 1000 children was highest in Queensland (7.4) and lowest in Tasmania (0.9) (table 15A.8).

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.

At 30 June 2001, 19 783 children (4146 Indigenous children and 15 637 non-Indigenous children) were on care and protection orders. Nationally, the rate of children on care and protection orders per 1000 children aged 0–17 years was 4.2 (21.6 for Indigenous children and 3.4 for non-Indigenous children).⁴ Across jurisdictions, the rate of children on orders per 1000 children was highest in NSW (5.1) and lowest in WA (2.5) (table 15A.8).

² In the past, the main focus of child protection legislation and policy was on the identification and investigation of narrowly defined incidents that were broadly grouped as types of abuse or neglect. Across all jurisdictions, the focus is shifting away from the actions of parents and guardians, towards the outcomes for the child, and the identification and investigation of actual harm to the child and the child's needs.

³ See footnote 1, page 795.

⁴ See footnote 1, page 795.

Out-of-home care is one of a range of services provided to families and children where there is a need to provide safe care for a child. The current emphasis in policy and practice is to maintain the child within the family if at all 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 their home, then placement with the wider family or community is sought where possible, particularly in the case of Indigenous children (AIHW 1999). Continued emphasis is being placed on improving case planning and case management processes, to facilitate the safe return home of children in out-of-home care and to maximise case workers' contact time with children and families.

Across Australia, 18 241 children (4073 Indigenous children and 14 168 non-Indigenous children) were in out-of-home care across Australia at 30 June 2001. Nationally, the number of children in out-of-home care per 1000 children aged 0–17 years was 3.9 (21.2 for Indigenous children and 3.1 for non-Indigenous children). Across jurisdictions, the rate of children in out-of-home care per 1000 children was highest in NSW (4.9) and lowest in the NT (2.7) (table 15A.11).

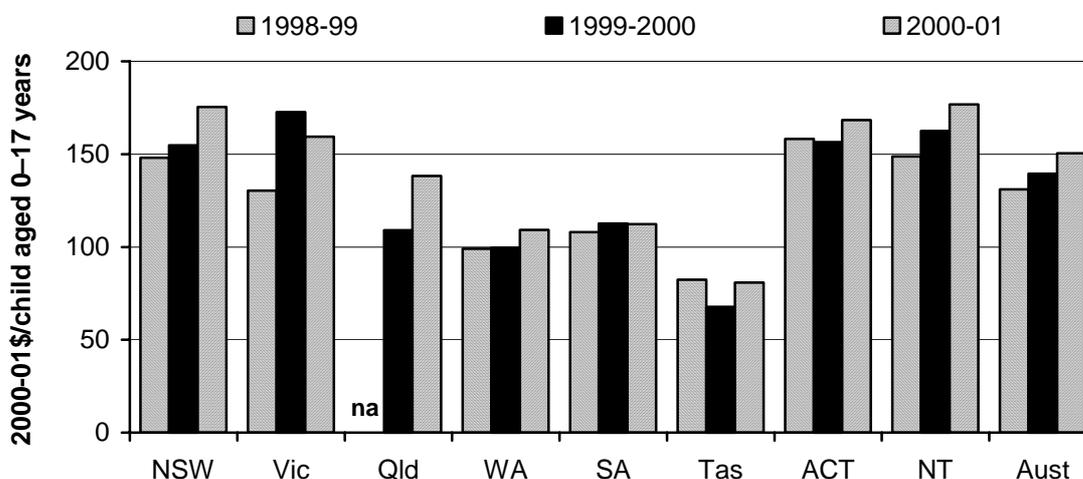
Funding

Recurrent expenditure on child protection and out-of-home care services was at least \$712.1 million across Australia in 2000-01 — a real increase of \$52.6 million (or 8.0 per cent) from the 1999-2000 expenditure. Nationally, out-of-home care services accounted for the majority (57.8 per cent, or \$411.3 million) of this expenditure. Some jurisdictions, however, have difficulty in separating expenditure on child protection from expenditure on out-of-home care services (table 15A.1).

Nationally, real recurrent expenditure per child aged 0–17 years was about \$150 in 2000-01. This varied across jurisdictions, from \$177 in the NT to \$81 in Tasmania (figure 15.2). Real recurrent expenditure on child protection and out-of-home care services per child aged 0–17 years increased in all jurisdictions except Victoria and SA between 1999-2000 and 2000-01.

It is an objective of the Review to report comparable estimates of costs. Ideally, the full range of costs to government would be determined on a comparable basis across jurisdictions. Where the full costs cannot be counted, costs should be estimated on a consistent basis across jurisdictions. In the area of child protection, however, there are differences across jurisdictions in the costs reported. (Table 15A.4 identifies the level of consistency across jurisdictions for a number of expenditure items.) The scope of child protection systems also varies across jurisdictions, and expenditure on some services may be included for some jurisdictions and not for others (see page 793 for a fuller discussion of the child protection system).

Figure 15.2 Real recurrent expenditure on child protection and out-of-home care services



Source: table 15A.1.

15.2 Policy developments in child protection and out-of-home care services

Most jurisdictions are implementing child protection reforms to enhance the safety of children and ensure children and families receive the types of service most likely to meet their needs. Several jurisdictions introduced or passed new legislation in 2000.

The Tasmanian *Children, Young Persons and their Families Act 1997* was proclaimed on 1 July 2000 and changes the focus of child protection by emphasising that the family has primary responsibility for care and protection of children. The Act promotes support for families in preference to the removal of children, encourages involvement of the wider family and community in making decisions about children, and introduces family group conferencing.

Substantial reform of child protection service delivery in Queensland commenced in 1999-2000 with the proclamation of the *Child Protection Act 1999* and implementation of the recommendations of the Forde Inquiry. The *Child Protection Regulation 2000*, the *Commission for Children and Young People Act 2000* and the *Children's Services Tribunal Act 2000* were completed and proclaimed. The Statement of Standards and Charter of Rights for Children in Care contained in the Act and the Department's Statement of Commitment with Foster Carers were operationalised. These policies reflect the emphasis of the new legislation on the

right of every child to protection from harm, and on meeting the needs of children and young people subject to statutory intervention in a quality care system.

New South Wales legislation that was partially proclaimed in December 2000 provides staff with greater flexibility in responding to a report of child abuse. It also shifts the focus to the children and young people most at risk, and emphasises a search for early solutions through cooperation by the Government and community agencies. The remaining sections of the NSW legislation are expected to be proclaimed in stages through until July 2002.

The ACT passed the *Children and Young People Act 1999* on 10 May 2000. The Act places an increased emphasis on family support and prevention services to assist children, young people and their families. The Act also articulates a strong set of guiding principles for decisions about the best interests of children.

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

The framework of performance indicators for child protection and out-of-home care services is based on shared government objectives (box 15.3).

Box 15.3 Objectives for child protection and out-of-home care services

The aims of child protection services are to:

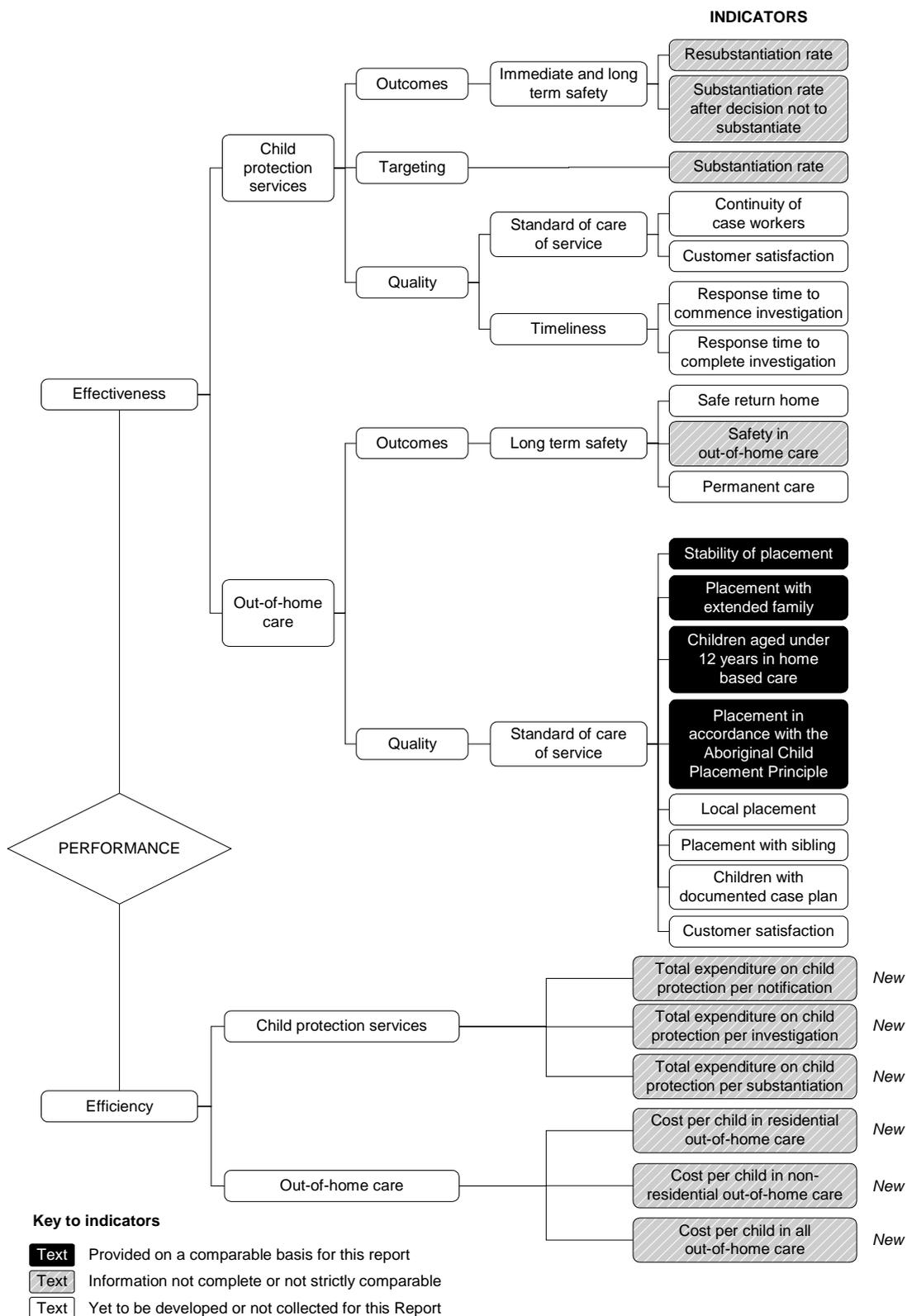
- protect children and young people at risk of harm within their family or in circumstances in which the family of the child or young person does not have the capacity to protect them; and
- assist families to protect children and young people.

The aim of out-of-home care services is to provide quality care for children and young people aged 17 years and under who cannot live with their parents for reasons of safety or family crisis.

Child protection and out-of-home care services should be provided in an efficient and effective manner.

The goal of child protection is to maintain the child within the family wherever this can be safely achieved. In some situations, however, it may be necessary to place the child in out-of-home care. The framework identifies key result areas that indicate the extent to which these broad objectives are met (figure 15.3).

Figure 15.3 Performance indicators for child protection and out-of-home care services



New and refined indicators

Major improvements for the 2002 Report include improved efficiency reporting for child protection and out-of-home care. For child protection, total expenditure on child protection is compared with the number of notifications, investigations and substantiations across jurisdictions. For out-of-home care, the actual expenditure on residential care is related to the number of children in residential care at 30 June, and the actual expenditure on non-residential care is related to the number of children in non-residential care at 30 June. Further refinement of these indicators is expected in future reports.

15.4 Key child protection and out-of-home care services performance indicator results

Different delivery contexts, locations and types of client may affect the effectiveness and efficiency of child protection services. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators.

Effectiveness: child protection services

Outcomes — resubstantiation

Child protection services aim to prevent the recurrence of abuse and neglect or harm to children. One way of observing whether this is achieved is to measure the number of children who were the subject of a resubstantiation. This indicator of service outcomes is important because it partly reveals the extent to which intervention by child protection services has succeeded in preventing further harm. Reported results, however, may be affected by factors that are beyond the control of child protection services, such as changes in the family situation (for example, illness, unemployment, a new partner).

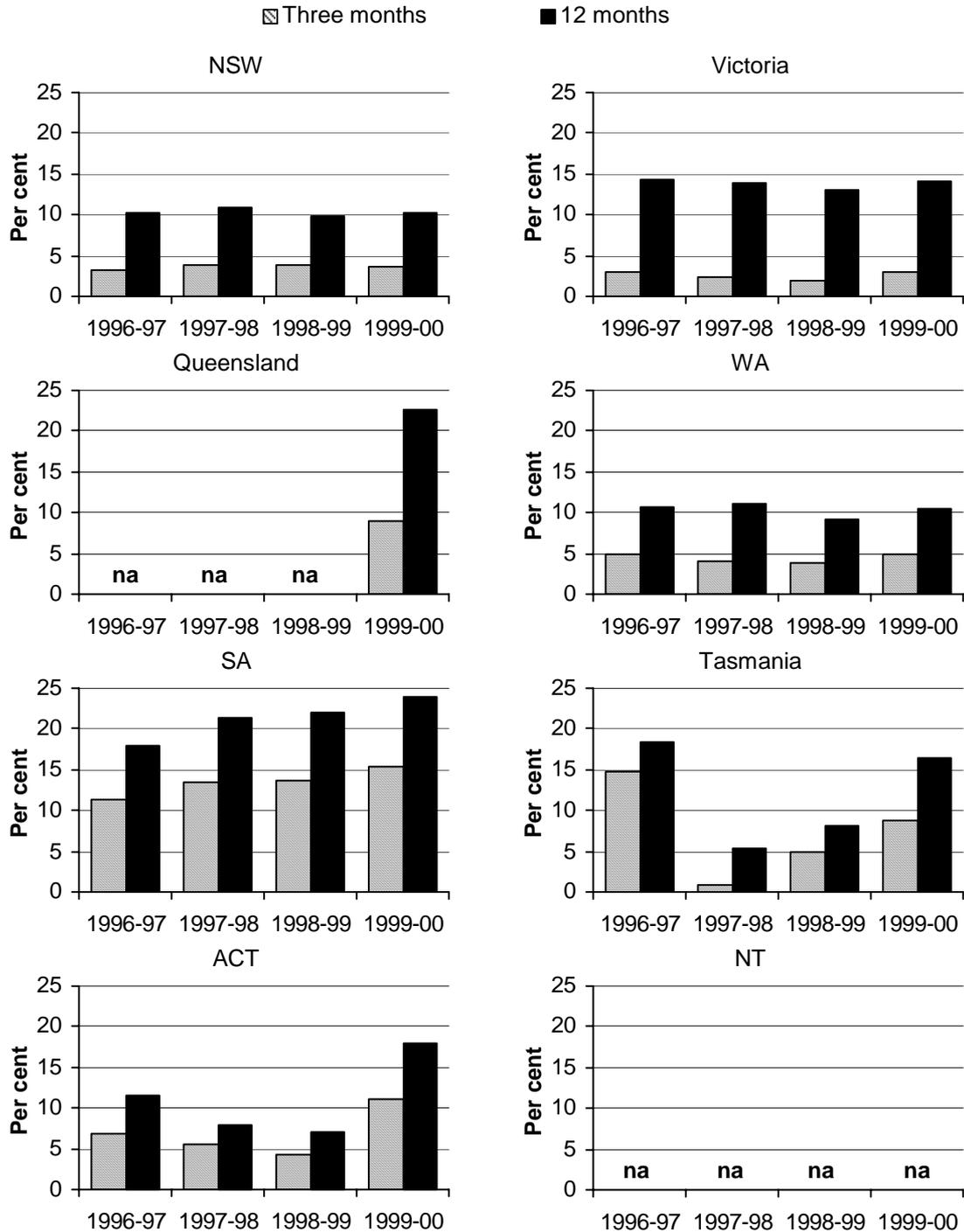
Resubstantiation is measured by counting the proportion of children who were the subject of a substantiation in the previous financial year (1999-2000 for this Report) and who were subsequently the subject of a further substantiation within the following three and/or 12 months.

Data that are comparable across jurisdictions were not available for this Report, but data are comparable *within* each jurisdiction over time (figure 15.4).

All jurisdictions except the NT were able to provide data on this indicator for 1999-2000.

- In NSW, the proportion of children who were the subject of a resubstantiation within three months after an initial substantiation in 1999-2000 was 3.6 per cent (a decline of 0.3 percentage points from 1998-99). The proportion of children who were the subject of a resubstantiation within 12 months was 10.2 per cent (an increase of 0.4 percentage points from 1998-99) (table 15A.29).
- In Victoria, the proportion of children who were the subject of a resubstantiation within three months after an initial substantiation in 1999-2000 was 2.9 per cent (an increase of 1.0 percentage point from 1998-99). The proportion of children who were the subject of a resubstantiation within 12 months was 14.0 per cent (an increase of 0.9 percentage points from 1998-99) (table 15A.45).
- In Queensland, the proportion of children who were the subject of a resubstantiation within three months after an initial substantiation in 1999-2000 was 9.0 per cent. The proportion of children who were the subject of a resubstantiation within 12 months was 22.6 per cent (table 15A.61). Data for previous years are not comparable.
- In WA, the proportion of children who were the subject of a resubstantiation within three months after an initial substantiation in 1999-2000 was 4.9 per cent (an increase of 1.1 percentage points from 1998-99). The proportion of children who were the subject of a resubstantiation within 12 months was 10.5 per cent (an increase of 1.4 percentage points from 1998-99) (table 15A.77).
- In SA, the proportion of children who were the subject of a resubstantiation within three months after an initial substantiation in 1999-2000 was 15.4 per cent (an increase of 1.7 percentage points from 1998-99). The proportion of children who were the subject of a resubstantiation within 12 months was 23.9 per cent (an increase of 1.9 percentage points from 1998-99) (table 15A.93).
- In Tasmania, the proportion of children who were the subject of a resubstantiation within three months after an initial substantiation in 1999-2000 was 8.9 per cent (an increase of 3.9 percentage points from 1998-99). The proportion of children who were the subject of a resubstantiation within 12 months was 16.5 per cent (an increase of 8.3 percentage points from 1998-99) (table 15A.109).

Figure 15.4 Proportion of children who were the subject of a substantiation during the previous year, who were the subject of a subsequent substantiation within three and 12 months^a



^a Data are not comparable across jurisdictions because definitions of substantiation vary significantly. Consequently, rates should not be compared across jurisdictions. **na** Not available.

Sources: tables 15A.29, 15A.45, 15A.61, 15A.77, 15A.93, 15A.109, 15A.125 and 15A.141.

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- In the ACT, the proportion of children who were the subject of a resubstantiation within three months after an initial substantiation in 1999-2000 was 11.1 per cent (an increase of 6.7 percentage points from 1998-99). The proportion of children who were the subject of a resubstantiation within 12 months was 17.9 per cent (an increase of 10.8 percentage points from 1998-99) (table 15A.125).

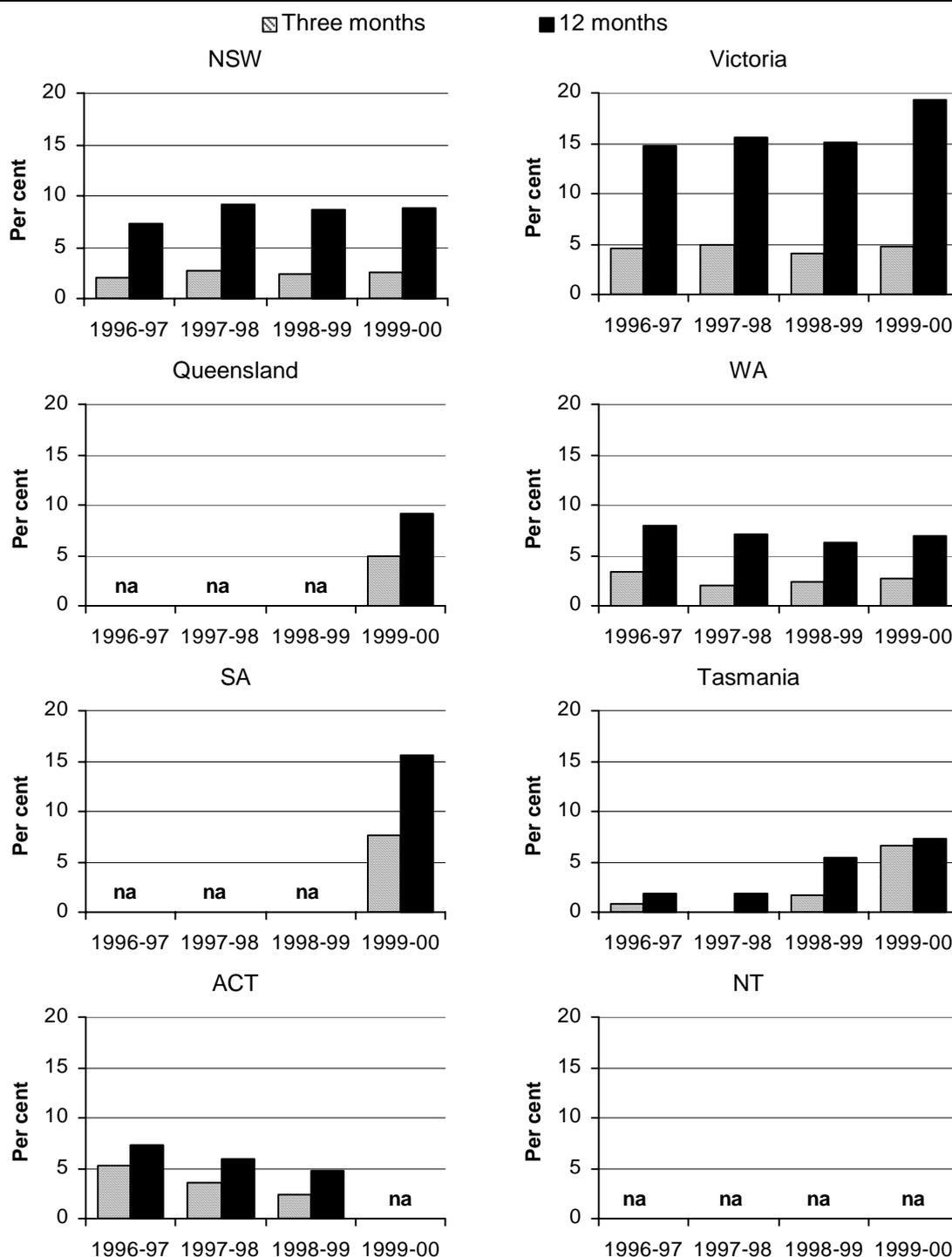
Outcomes — substantiation after decision not to substantiate

This indicator measures the proportion of children who were the subject of an investigation in the previous financial year which led to a decision not to substantiate, who were subsequently the subject of a substantiation within three and 12 months of the initial decision not to substantiate. This indicator is important because it partly reveals the extent to which an investigation has not succeeded in identifying the risk of harm to a child who is subsequently the subject of substantiated harm. It should be noted, however, that a demonstrable risk of harm might not have existed in the first instance. As such, reported results may be affected by factors that are beyond the control of child protection services, such as changes in the family situation (for example, illness, unemployment, a new partner).

Data that are comparable across jurisdictions were not available for this Report, but data are comparable *within* each jurisdiction over time (figure 15.5). All jurisdictions except the ACT and the NT were able to provide data for this indicator.

- In NSW, the proportion of children who were the subject of a decision not to substantiate in 1999-2000 and who were subsequently the subject of a substantiation within three months was 2.5 per cent (an increase of 0.2 percentage points from 1998-99). The proportion of children who were the subject of a decision not to substantiate in 1999-2000 and who were subsequently the subject of a substantiation within 12 months was 8.8 per cent (a slight increase of 0.1 percentage points from 1998-99) (table 15A.28).
- In Victoria, the proportion of children who were the subject of a decision not to substantiate in 1999-2000 and who were subsequently the subject of a substantiation within three months was 4.7 per cent (an increase of 0.7 percentage points from 1998-99). The proportion of children who were the subject of a decision not to substantiate in 1999-2000 and who were subsequently the subject of a substantiation within 12 months was 19.3 per cent (an increase of 4.2 percentage points from 1998-99) (table 15A.44).

Figure 15.5 Proportion of children who were the subject of an investigation and decision not to substantiate in the previous year, who were the subject of a subsequent substantiation within three and/or 12 months^a



^a Data are not comparable across jurisdictions because definitions of substantiation vary significantly. Consequently, rates should not be compared across jurisdictions. **na** Not available.

Sources: tables 15A.28, 15A.44, 15A.60, 15A.76, 15A.92, 15A.108, 15A.124 and 15A.140.

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- In Queensland, the proportion of children who were the subject of a decision not to substantiate in 1999-2000 and who were subsequently the subject of a substantiation within three months was 4.9 per cent. The proportion of children who were the subject of a decision not to substantiate in 1999-2000 and who were subsequently the subject of a substantiation within 12 months was 9.2 per cent (table 15A.60). Data for previous years are not comparable.
 - In WA, the proportion of children who were the subject of a decision not to substantiate in 1999-2000 and who were subsequently the subject of a substantiation within three months was 2.7 per cent (an increase of about 0.3 percentage points from 1998-99). The proportion of children who were the subject of a decision not to substantiate in 1999-2000 and who were subsequently the subject of a substantiation within 12 months was 6.9 per cent (an increase of 0.7 percentage points from 1998-99) (table 15A.76).
 - In SA, the proportion of children who were the subject of a decision not to substantiate in 1999-2000 and who were also subsequently the subject of a substantiation within three months was 7.7 per cent. The proportion of children who were the subject a decision not to substantiate 1999-2000 and who were also subsequently the subject of a substantiation within 12 months was 15.7 per cent (table 15A.92).
 - In Tasmania, the proportion of children who were the subject of a decision not to substantiate in 1999-2000 and who were subsequently the subject of a substantiation within three months was 6.6 per cent (an increase of 4.9 percentage points from 1998-99). The proportion of children who were the subject of a decision not to substantiate in 1999-2000 and who were subsequently the subject of a substantiation within 12 months was 7.4 per cent (an increase of 1.9 percentage points from 1998-99) (table 15A.108).

Targeting — substantiation rate

Targeting, like appropriateness, is conceptually difficult to measure. The substantiation rate (the proportion of finalised investigations that result in substantiation) attempts to measure the effectiveness of targeting of investigation, recognising the human and financial cost of investigation where no harm has occurred. Decisions on targeting must weigh up these costs of investigation with the cost of failing to investigate a case where harm has occurred. However, the substantiation rate provides information on only one aspect of targeting — that is, the proportion of investigations that substantiated harm. It provides no information on cases that were not investigated but for which an investigation would have substantiated harm.

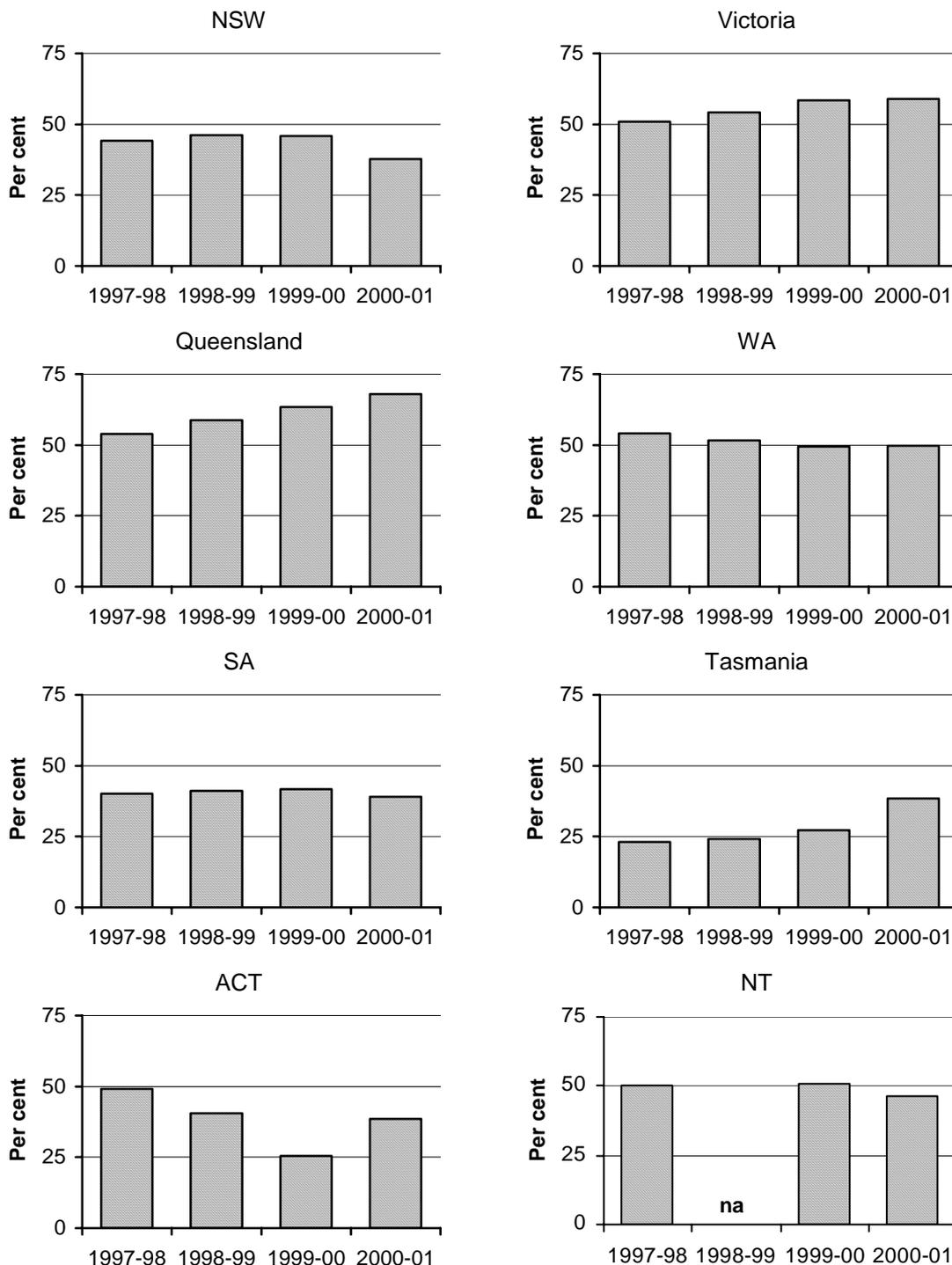
An increase in the substantiation rate may reflect changes in targeting strategies (that is, the same number of investigations with increased targeting of cases where harm has occurred) or more narrow targeting (that is, fewer investigations targeted at the highest priority cases). In the latter case, the benefits (both human and financial) from fewer investigations need to be weighed against the costs of harm having occurred in the 'lower risk' (as determined by the assessment process) cases that were not investigated.

Thus, differences in the substantiation rate across jurisdictions (when comparable data are available) and changes over time within jurisdictions should be used to prompt further analysis, rather than be considered as definitive performance information.

Data that are comparable across jurisdictions were not available for this Report because definitions of substantiation vary across jurisdictions, however, data are comparable *within* each jurisdiction over time unless otherwise stated (figure 15.6). Seven jurisdictions provided full data for the four years 1996-97 to 2000-01.

- In NSW, the substantiation rate was 37.7 per cent in 2000-01 — a decline of 8.3 percentage points from 1999-2000 (table 15A.24).
- In Victoria, the substantiation rate was 58.9 per cent in 2000-01 — an increase of 0.4 percentage points from 1999-2000 (table 15A.40).
- In Queensland, the substantiation rate was 68.0 per cent in 2000-01 — an increase of 4.5 percentage points from 1999-2000 (table 15A.56).
- In WA, the substantiation rate was 49.8 per cent in 2000-01 — an increase of 0.4 percentage points from 1999-2000 (table 15A.72).
- In SA, the substantiation rate was 39.0 per cent in 2000-01 — a decline of 2.7 percentage points from 1999-2000 (table 15A.88).
- In Tasmania, the substantiation rate was 38.4 per cent in 2000-01 — an increase of 11.2 percentage points from 1999-2000 (table 15A.104).
- In the ACT, the substantiation rate was 38.5 per cent in 2000-01 — an increase of 13.1 percentage points from 1999-2000 (table 15A.120).
- In the NT, the substantiation rate was 46.2 per cent in 2000-01 — a decline of 4.5 percentage points from 1998-99 (table 15A.136).

Figure 15.6 Proportion of finalised child protection investigations that were substantiated^{a, b}



^a Data are not comparable across jurisdictions because definitions of substantiation vary significantly. Consequently, rates should not be compared across jurisdictions. ^b From 1997-98, data also includes those notifications where it is possible to substantiate the presence of risk factors that place a child at risk of significant harm. **na** Not available.

Sources: tables 15A.24, 15A.40, 15A.56, 15A.72, 15A.88, 15A.104, 15A.120 and 15A.136.

Effectiveness: out-of-home care services

Client outcomes — safety in out-of-home care

One indicator of the effectiveness of out-of-home care is the safety of clients in care situations. Only Victoria, Queensland, WA, Tasmania and the ACT were able to provide data on the incidence of child protection substantiations in 2000-01 where the person believed responsible was either the carer or another person living in the household. The number of children in out-of-home care in 2000-01 who were the subject of such a substantiation ranged from 3.6 per cent in Queensland to 0.1 per cent in Victoria and Tasmania (table 15A.20). Data are not comparable across jurisdictions as a result of differences in policy and recording.

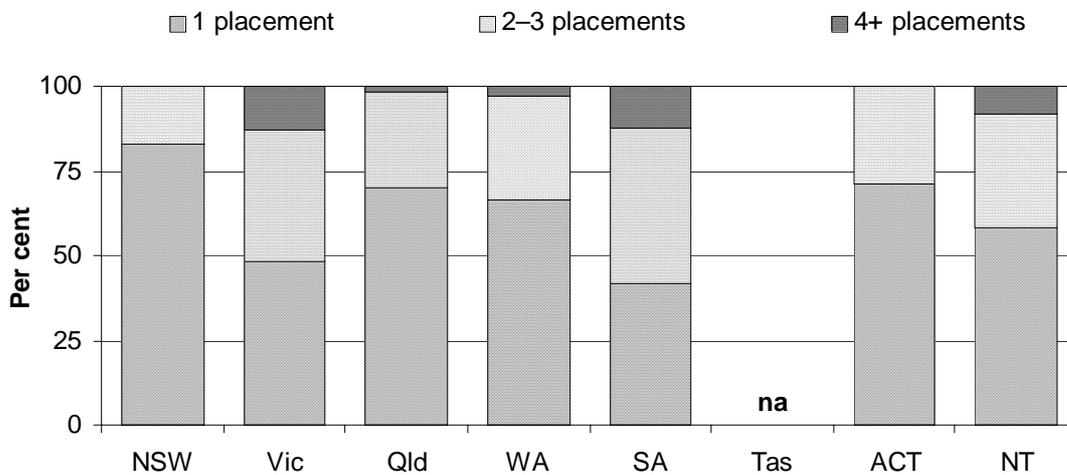
Service quality — stability of placement

Stability of placement for children placed away from their family for protective reasons is an important indicator of service quality, particularly for those children who require long term placements. Many children will have more than one placement for good reasons (for example, an initial placement followed by a longer term placement), however, further placements may in some cases indicate instability.

Data were collected on the number of *different* placements for children who had exited out-of-home care in 2000-01. Data were grouped according to the length of time in care (less than 12 months and 12 months or more). Reported placements are not restricted to placements made as a result of a referral from child protection. They also include voluntary placements for which a financial payment is made. For the jurisdictions able to provide data (except Victoria and SA), the majority of children exiting care after less than 12 months had had only one placement. The proportion of children having had only one placement ranged from 82.8 per cent in NSW to 41.9 per cent in SA (figure 15.7).

For the jurisdictions able to provide data, children who had been in out-of-home care longer tended to have more placements. The proportion of children exiting care in 2000-01 after 12 months or more who had experienced one placement ranged from 60.3 per cent for NSW to 13.6 per cent in the NT (figure 15.8).

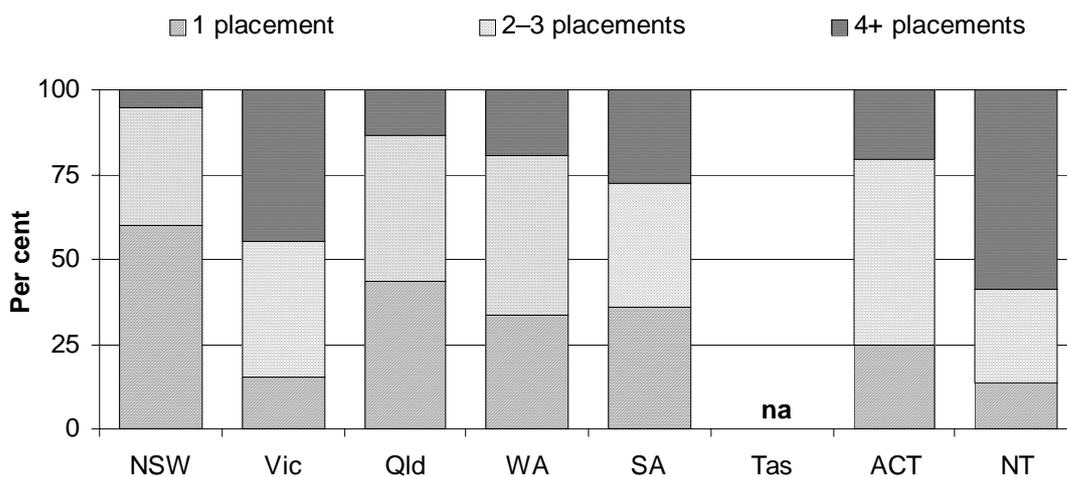
Figure 15.7 Children exiting care after less than 12 months, by number of different placements, 2000-01^{a, b}



^a Data refer to children exiting care in 2000-01. ^b Out-of-home care data are not the same for each State and Territory. Refer to footnotes in the source table for information about what each jurisdiction's data include. **na** Not available.

Source: table 15A.19.

Figure 15.8 Children exiting care after 12 months or more, by number of different care placements, 2000-01^{a, b}



^a Data refer to children exiting care in 2000-01. ^b Out-of-home care data are not the same for each State and Territory. Refer to footnotes in the source table for information about what each jurisdiction's data include. **na** Not available.

Source: table 15A.19.

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

The type of placement is another indicator of the quality of child placement. Placing children with their relatives or kin is generally preferred for children in out-of-home care. The proportion of children placed with relatives or kin at 30 June 2001 ranged from 55.0 per cent in NSW to 12.5 per cent in SA. The proportion of children placed with relatives or kin was greater for Indigenous children than for non-Indigenous children in all jurisdictions except Tasmania (figure 15.9).

Placing younger children in home based care is generally considered to be in their best interests, particularly for younger children. The proportion of children aged under 12 years who were placed in home based care at 30 June 2001 ranged from 99.9 per cent in SA to 88.1 per cent in Tasmania. In all jurisdictions except NSW and SA, the proportion of Indigenous children aged under 12 years placed in home based care was smaller than the proportion of non-Indigenous children (figure 15.10).

It is also desirable to place children locally so some elements of their life remain unchanged (for example, enabling the child to continue attendance at the same school). Data are not yet available for this indicator.

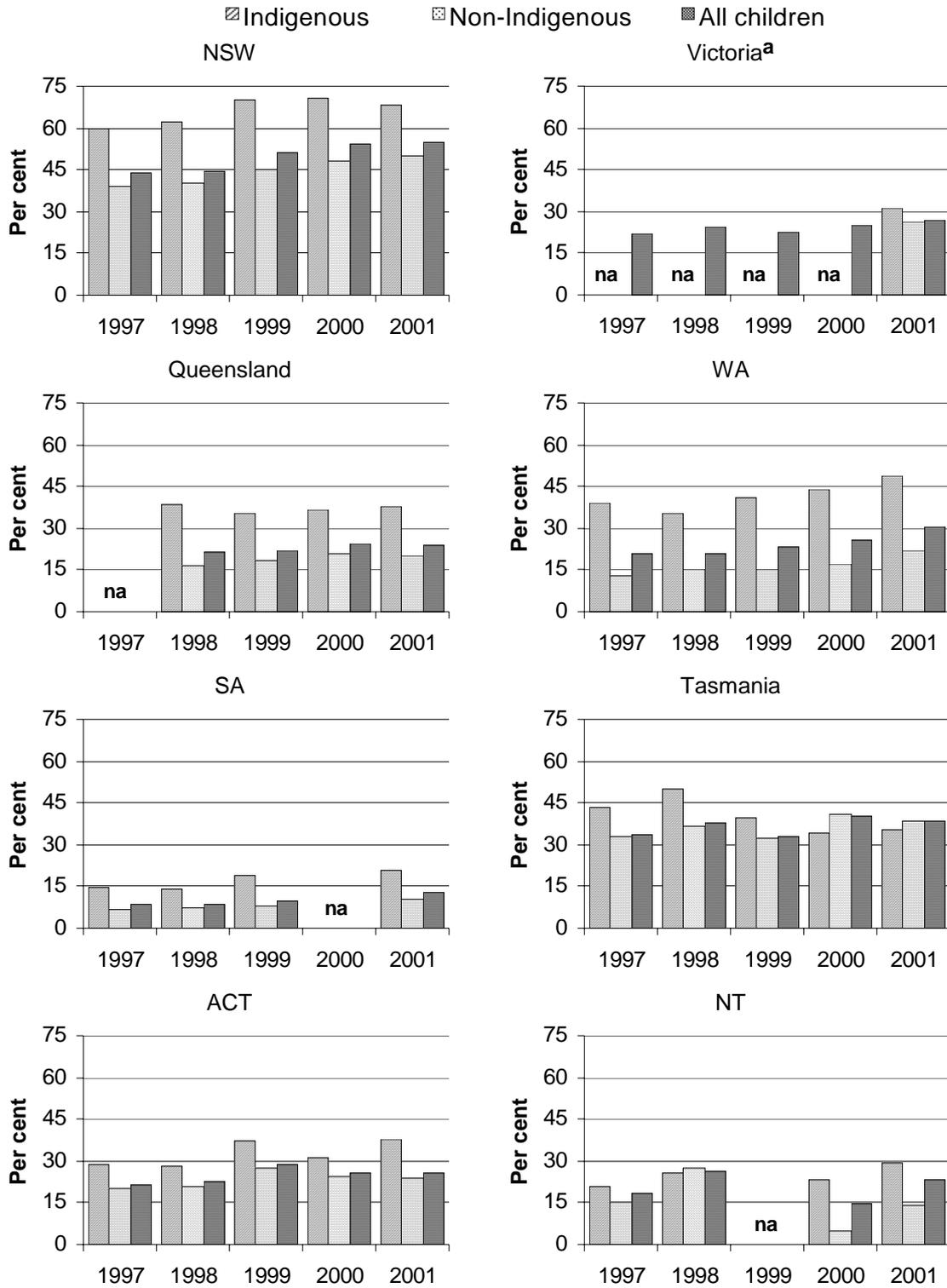
Service quality — placement in accordance with the Aboriginal Child Placement Principle

The Aboriginal Child Placement Principle outlines a preference for the placement of Indigenous children. The principle sets out the following hierarchy or placement preference:

- placement with the child's extended family (which includes Indigenous and non-Indigenous relatives/kin);
- placement within the child's Indigenous community; or
- placement with other Indigenous people (NLRC 1997).

All jurisdictions have adopted this principle either in legislation or policy. The following analysis includes all jurisdictions except Tasmania and the ACT, which each had less than 35 Indigenous children in care at 30 June 2001. The proportion of Indigenous children placed in accordance with the principle ranged from 86.6 per cent in NSW to 56.4 per cent in Victoria at 30 June 2001 (excluding Tasmania and the ACT) (figure 15.11).

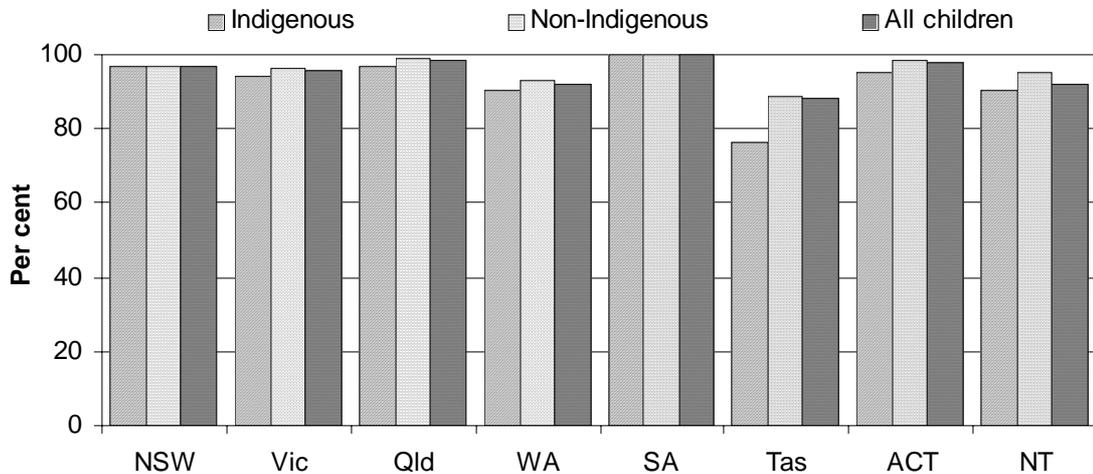
Figure 15.9 Proportion of children in out-of-home care placed with relatives/kin, by Indigenous status, at 30 June



^a Victoria was unable to provide data on Indigenous children. **na** Not available.

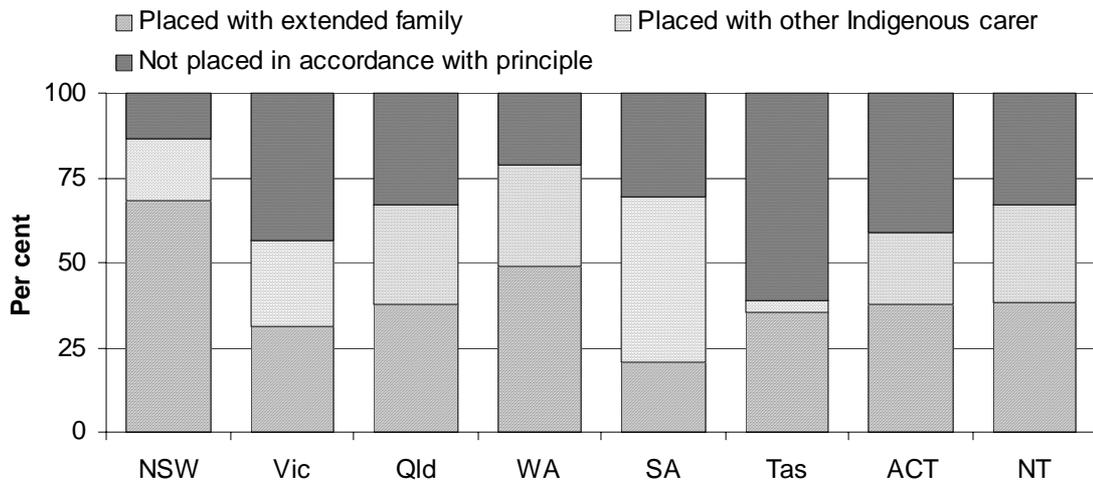
Sources: tables 15A.35, 15A.51, 15A.67, 15A.83, 15A.99, 15A.115, 15A.131 and 15A.147.

Figure 15.10 Proportion of children aged under 12 years in out-of-home care placed in home based care, by Indigenous status, 30 June 2001



Source: table 15A.18.

Figure 15.11 Placement of Indigenous children, 30 June 2001^{a, b, c}



^a Refer to footnotes in the source table for information about what the data include. ^b Includes Indigenous children in facility based care, independent living (including private board) and other living arrangements (including unknown living arrangements). ^c Note that data for Tasmania and the ACT relate to a small number of Indigenous children (31 and 29 respectively) in care at 30 June 2001.

Source: table 15A.17.

The most preferred placement option outlined under the aboriginal Child Placement Principle is placement with the child's extended family. The proportion of Indigenous children placed with extended family at 30 June 2001 ranged from 68.2 per cent in NSW to 20.7 per cent in SA (excluding Tasmania and the ACT). Placement with other Indigenous care providers (the child's Indigenous community

or other Indigenous people) also complies with principle. The proportion of Indigenous children placed with other Indigenous care providers ranged from 48.9 per cent in SA to 18.5 per cent in NSW (excluding Tasmania and the ACT, which each had less than 35 Indigenous children in care) (table 15A.17).

Efficiency

State and Territory governments have an interest in understanding the efficiency of the child protection systems they administer. This helps to identify the key cost drivers of a system and to provide valuable information for weighing the efficacy of various options for addressing child protection issues.

Challenges of efficiency report for child protection systems

Although the Review is committed to reporting comparable efficiency data, identifying and measuring comparable and meaningful unit cost indicators for child protection are problematic for a number of reasons. First, as outlined in section 15.1, the child protection systems in Australia have evolved under the auspice of State and Territory governments, thus the emphasis of the system and its processes vary among jurisdictions. Secondly, across most jurisdictions there is also an increasing but variable emphasis on tailoring services to meet the individual client's needs, including a greater focus on diversionary options (box 15.2). In addition, in many jurisdictions there is not an easy separation between child protection, out-of-home care and other support services for families; it is difficult to apportion costs consistently across these services. Finally, the State and Territory agencies responsible for child protection issues are typically encompassed within larger community services departments and it can be difficult to identify many of the costs associated with child protection in a discrete manner. (Table 15A.4 identifies the level of consistency across jurisdictions for expenditure data.)

The pathways project

The Protection and Support Working Group is developing a project to explore approaches for calculating comparable cost measures for child protection alternative support pathways that can be applied across all Australian jurisdictions (box 15.4). This project aims to provide a method to support the annual reporting of comparable cost data for the core set of alternate child protection pathways that can be applied across all Australian jurisdictions.

Box 15.4 Examples of pathways in the Victorian system

As an example of the possible pathways, children and young people notified to the Victorian Department of Human Services' child protection service may follow one of four pathways.

1. The child/young person is assessed at the point of notification as having wider family and/or social needs but not requiring intensive support or statutory intervention. They are referred to an appropriate family support service, counselling service or other secondary service.
2. The child/young person is assessed at notification or following investigation as requiring intensive support to prevent risk of significant harm. They are referred to an intensive family support service and other secondary services, possibly including intensive case management. They may be case managed by the department's child protection service for up to three months to ensure engagement with appropriate services.
3. The child/young person is determined by the court to be in need of protection and made the subject of a supervision order, possibly preceded by an interim protection order. Intensive case management in addition to specific support, rehabilitation and other services may be required, some on an involuntary basis.
4. The child/young person is removed from the original carers by a court order. Alternate care arrangements as well as case management, rehabilitation and family reunification services may be required. Long term shared care or long term support to parents may be required. Permanent separation from parents may result.

One pathway or a combination of pathways may be necessary to successfully meet the needs of an individual clients.

Source: Victorian DHS (unpublished).

Limitations of reported indicators

This Report includes proxy efficiency indicators for child protection and out-of-home care. The method and reliability of these indicators are markedly different.

Issues with child protection efficiency indicators

Three different indicators of child protection costs are provided. These indicators were calculated by dividing total expenditure on child protection by the number of notifications, investigations and substantiations and do not therefore indicate the cost per notification, investigation and substantiation. The three different indicators are therefore:

- **total expenditure on child protection** per notification;

-
- **total expenditure on child protection** per investigation; and
 - **total expenditure on child protection** per substantiation.

These indicators provide some insight into the cost of providing child protection services, but should not be added together. They need to be interpreted with care.

Issues with out-of-home care efficiency indicators

The out-of-home care proxy efficiency indicators look at the cost of placements in residential care, non-residential care and all residential care (the sum of the previous two). Some jurisdictions are unable to disaggregate their expenditure into residential and non-residential care. The number of children in each type of care are available for a snapshot day on 30 June each year. This allows three proxy efficiency indicators for out-of-home care to be derived:

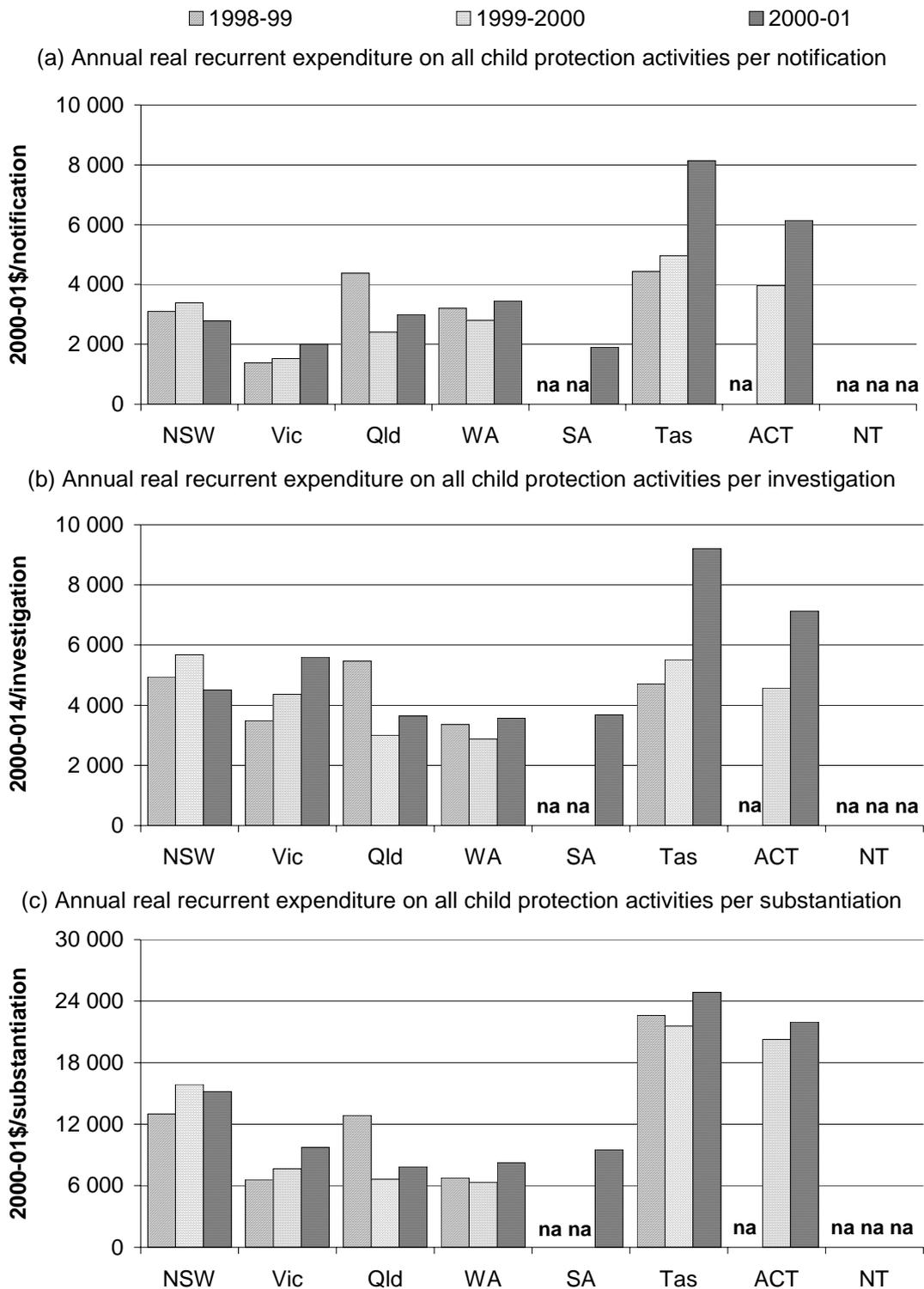
- annual expenditure on residential out-of-home care per child in residential care at 30 June;
- annual expenditure on non-residential out-of-home care per child in non-residential care at 30 June; and
- annual expenditure on all out-of-home care per child in all types of out-of-home care at 30 June.

Although more robust than the child protection indicators, these indicators still need to be treated with caution. Specifically, these measures do not represent the cost of providing out-of-home care to an individual child. Basing expenditure per child on the number of children in care at 30 June overstates the cost per child, because significantly more children are in care during a year than at a point in time. In addition, some children may have longer periods in care than others, which may lead the actual cost of providing out-of-home care to an individual child to be overstated by as much as 50 per cent.

Child protection efficiency indicator results

Total expenditure on child protection per notification in 2000-01 ranged from \$3452 in WA to \$1901 in SA (excluding Tasmania and the ACT) (figure 15.12a). Total expenditure on child protection per investigation in 2000-01 ranged from \$5601 in Victoria to \$3568 in WA (excluding Tasmania and the ACT) (figure 15.12b). Total expenditure on child protection per substantiation in 2000-01 ranged from \$15 203 in NSW to \$7854 in Queensland (excluding Tasmania and the ACT) (figure 15.12c).

Figure 15.12 **Child protection efficiency indicators^{a, b}**



^a Real expenditure based on ABS GDP price deflator 2000-01 = 100 (table A.19). ^b These data should not be interpreted as the 'cost per notification', 'cost per investigation' or 'cost per substantiation' because each is based on the total cost of all child protection activities. Differences across jurisdictions reflect the quantity of the three activities rather than a difference in unit costs.

Source: table 15A.2.

Tasmania and the ACT had significantly higher expenditure than that of the other jurisdictions for all indicators, which may relate to the fixed costs associated with maintaining a child protection system and the economies of scale available to other jurisdictions.

Out-of-home care efficiency indicator results

All jurisdictions except NSW, Tasmania and the NT were able to separate expenditure on out-of-home care into expenditure on residential care and expenditure on non-residential care.

For those jurisdictions that provided data, expenditure on residential care ranged from about \$190 897 per child in residential care at 30 June 2001 in WA to about \$73 302 in SA (figure 15.13a). (WA expenditure may be overstated because it includes corporate and policy costs and funding to the non-government agencies.) For those jurisdictions that provided data on non-residential care, expenditure ranged from about \$33 538 per child in non-residential care at 30 June 2001 in the ACT to \$11 634 in WA (figure 15.13b). Total expenditure on residential care per child in care at 30 June 2001 ranged from \$38 302 in the ACT to \$12 330 in Tasmania (figure 15.13c).

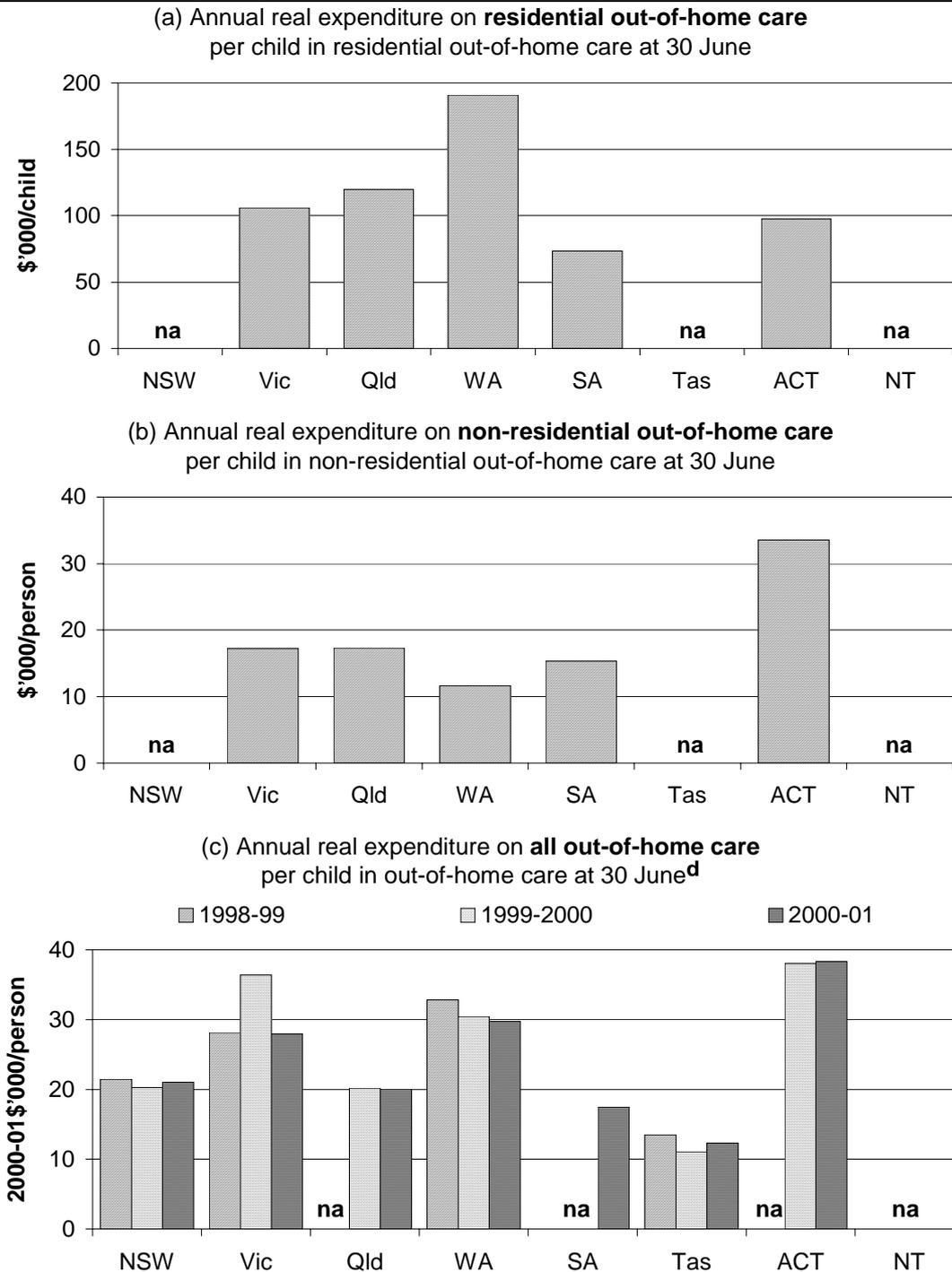
15.5 Future directions in child protection and out-of-home care services performance reporting

Using client surveys

Client views can be used to report on service delivery and to learn important information about how to improve services. National client surveys are used in a number of service areas in the Report, however, applying client survey principles to child protection services is not yet common practice in Australia or overseas (DHS 1998). The Victorian Department of Human Services (DHS) and the Queensland Department of Families are working cooperatively to develop client and family feedback surveys.

The Victorian DHS initiated a research project in 1999 to investigate, develop and pilot a survey method and tool. The overall goal of the Victorian Child Protection Client and Family Survey is to introduce client and family feedback as a systematic aspect of child protection case practice and planning processes, with the aim of

Figure 15.13 **Out-of-home care efficiency indicators^{a, b, c}**



^a Real expenditure based on ABS GDP price deflator 2000-01 = 100 (table A.19). ^b Queensland data for residential and non-residential out-of-home care are an estimated breakdown only. ^c Using the number of children in care at 30 June rather than the total number of children in care during the year leads to an overestimation of costs for WA of at least 50 per cent. ^d ACT data are affected by the higher subsidy levels for carers, higher SACS award costs in the ACT due to a more recently negotiated agreement, and the effect of a small number of children in care with special high support needs. **na** Not available.

Source: table 15A.3.

enhancing client outcomes. The intention is to seek feedback from young people and families on the impact of the service, on how well some of the fundamental practice principles are upheld, and on the ways in which the service was delivered.

The project has three stages. Stage one — the development of an appropriate method — was completed in July 1999 following an international literature review and major consultations with key stakeholders (clients, family members, child protection workers and managers, and external stakeholders). Stage two — development of the questionnaire and a pilot survey of 47 clients and 97 family members in four DHS regions — was completed in July 2000. The pilot confirmed that the survey tool was psychometrically sound.

Stage three — the Statewide implementation of the questionnaire — commenced on 26 March 2001 and involved surveying 450 11–17 years old clients and 450 family members, from the nine DHS regions. At the completion of this stage, an analysis of the survey findings will occur, the outcomes of which will guide and inform the review and refinement of child protection practice and policy. The report for stage three is planned to be available by early 2002.

The Queensland Child Protection Client and Carer Survey was commenced in 2000. The survey objective is to establish baseline data on satisfaction with the child protection system given the implementation of the *Child Protection Act 1999* and the establishment of a new approach of working with children, young people and families.

The client and carer views elicited by the survey will assist the Queensland Department of Families to improve the quality of services and provide qualitative data on satisfaction measures for strategic plans and other reporting. The survey has targeted the following populations:

- young people in the department's guardianship who are aged 13 years and over;
- parents of children and young people who are subject to casework interventions; and
- foster carers who have provided a placement in the previous 12 months.

A reference group for the survey was formed in July 2000 to oversee the project and to address the confidentiality, methodological and ethical issues associated with the project.

The project method was signed off by the reference group in December 2000, a pilot study was completed in February 2001, and the findings were used to develop the final questionnaires. State-wide surveying of clients and carers began in May

2001 and continued through to June 2001. Surveys were predominantly conducted over the telephone with some face-to-face interviews of Indigenous clients. The results of the survey will be finalised in 2001-02.

Improving the comparability of data

The National Child Protection and Support Services data working group (NCPASS) of the National Community Services Information Management Group (NCSIMG), has been reviewing the national framework for reporting on child protection and child concern reports. After consultations with States and Territories, a proposed new framework for national reporting on child protection and child concern matters has been developed. The proposed framework reflects the significant shift in child protection policy and practice that locates child protection as part of a broader framework of the safety and wellbeing of children. It focuses reporting on:

- the range of reports received in relation to the safety and wellbeing of children;
- the range of responses to such reports; and
- the outcomes of direct departmental contact with children and/or families.

While reflecting new concepts that underpin changes in policy and practice by most States and Territories in recent years, the framework will not require, for most jurisdictions, a significant shift in what is being reported nationally. The feasibility of the new framework is being assessed by States and Territories and by NCPASS. The outcomes of the review of the national framework will be reported to the NCSIMG.

Reporting on family preservation services

Jurisdictions provide a range of services to families and children where there are child protection concerns. This chapter reports on child protection and out-of-home care services only, but future reports are expected to report on other services aimed at protecting children (including casework services and family preservation services). For this Report, jurisdictions provided descriptive information relating to children and families using family preservation services, which appears in the supporting tables (table 15A.21). The nature of these services is described in box 15.3. Work will be done over the next two years to explore ways of collecting outcome information on a comparable national basis, to study how well this kind of service achieves the long term and short term safety objectives of child protection and out-of-home care services.

Family support services

There are strong links between child protection, crisis accommodation and family support services. Family support services are those that seek to benefit families by improving their capacity to care for children and/or strengthening family relationships. Coverage in this chapter may extend to family support services as data become available.

In 2000, a scoping study of family support services was commissioned by NCSIMG and funded by the Community Services Ministers' Advisory Council and the Commonwealth Department of Family and Community Services. The aim was to assess the scope of 'family support services' funded by State, Territory and Commonwealth community service departments, and to provide an overview of the current data collection efforts in relation to these services.

The study report, *Family Support Services in Australia 2000* (AIHW 2001), describes the programs that each jurisdiction funds or delivers in the area of family support services, as well as providing a broad description of the data collection systems in place or planned. Data systems varied from detailed unit record collections about activities, to six-month aggregates of information on key outputs and performance measures.

Preliminary work on developing a national minimum data set may be undertaken once the revision of the National Community Services Classification, which would include a nationally agreed classification for family support services, is completed.

15.6 Profile of supported accommodation and assistance

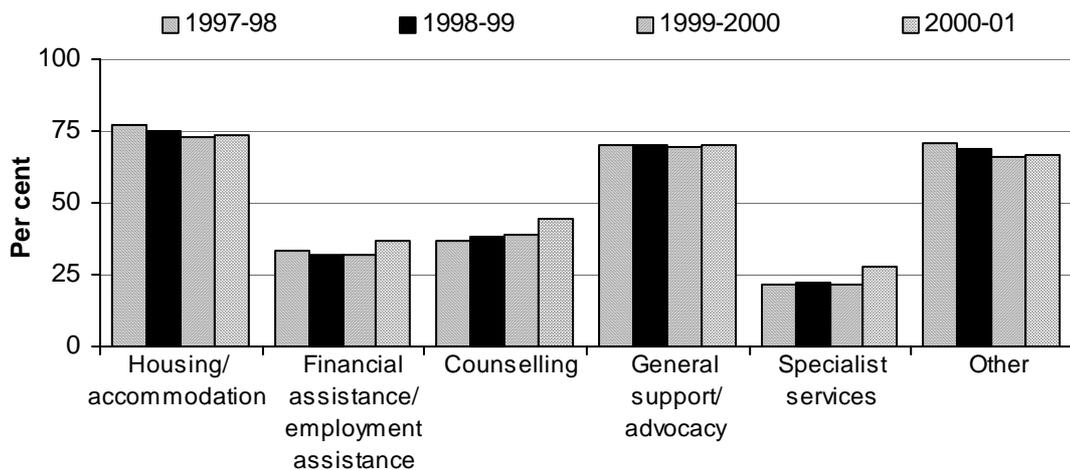
Service overview

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. Sections 15.6–15.10 report on services provided under the SAAP.

The primary focus of SAAP is to use a case management approach to support homeless people and victims of domestic violence. Through this process, clients are offered a range of services, including supported accommodation; counselling; advocacy; links to housing, health, education and employment services; outreach

support; brokerage; and meals services. Housing and accommodation services were provided in 73.8 per cent of support periods in 2000-01. General support and advocacy (provided in 70.4 per cent of support periods), counselling (44.6 per cent), financial and employment assistance (36.5 per cent) and specialist services (27.5 per cent) were also commonly provided (figure 15.14).

Figure 15.14 **Composition of SAAP support periods^{a, b}**



^a Agencies may provide more than one type of service as a part of a single support period, so services provided do not sum to 100 per cent. ^b Data for 2000-01 are preliminary.

Source: table 15A.152.

Size and scope

Support services funded by SAAP are provided by agencies to a range of groups, such as homeless families, single men, single women, young people, and women and children escaping domestic violence. At least 1222 agencies are funded under the SAAP program and most target principally one client group. Services were delivered in 2000-01 by agencies targeting:

- young people (38.6 per cent of agencies);
- women escaping domestic violence (22.5 per cent);
- single men (8.0 per cent);
- families (8.8 per cent); and
- single women (3.5 per cent).

Agencies targeting multiple client groups or providing general support accounted for 18.5 per cent of service providers in 2000-01 (table 15A.153).

Agencies also vary in their service delivery model. The most common models in 2000-01 were the provision of medium to long term supported accommodation (38.9 per cent of agencies) and the provision of crisis or short term supported accommodation (32.7 per cent). Agencies also provided services other than accommodation, such as outreach support (5.6 per cent of agencies), day support (2.0 per cent) and telephone information and referral (1.5 per cent). A further 13.4 per cent of agencies provided multiple services (table 15A.154).

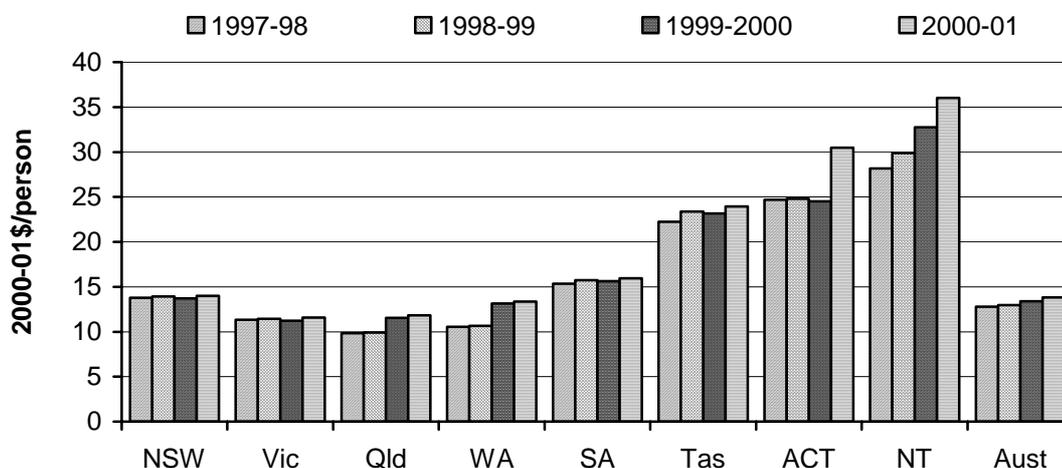
Roles and responsibilities

Primarily non-government agencies, with some local government participation, deliver SAAP services. The Commonwealth, State and Territory governments jointly fund SAAP, which was established in 1985 to consolidate a number of existing programs. The State and Territory governments have responsibility for the day-to-day management of SAAP, including distributing funding to SAAP funded agencies. Research, strategy, and other planning and development activities are coordinated at the national level by the National SAAP Coordination and Development Committee (which includes representatives of the Commonwealth Government and each State and Territory government).

Funding

Recurrent funding of SAAP services was \$268.5 million in 2000-01, of which the Commonwealth Government contributed 58.6 per cent and the States and Territories contributed 41.4 per cent (table 15A.155). Combined Commonwealth, State and Territory government funding for the period 1998-99 to 2000-01 remained relatively stable (in real terms) in all jurisdictions, except the ACT and the NT (in which funding increased as a result of the provision of additional award related funding) (table 15A.156). Recurrent SAAP funding per person in the total population ranged from \$36.04 in the NT to \$11.59 in Victoria in 2000-01 (figure 15.15).

Figure 15.15 Real recurrent SAAP funding per person in the residential population^{a, b, c}



^a Includes total recurrent allocations (including State and Territory level allocations for program administration). ^b The total population figure is not indicative of the demand for these services. ^c Real expenditure based on ABS GDP price deflator 2000-01 = 100 (table A.19).

Source: table 15A.157.

15.7 Policy developments in supported accommodation and assistance

The SAAP IV Agreement between the Commonwealth, States and Territories commenced on 1 July 2000 and will conclude on 30 June 2005. The agreement is underpinned by:

- the *Supported Accommodation Assistance Act 1994 (Cwlth)*;
- a Memorandum of Understanding, which sets out high level principles, strategic themes, a commitment to develop outcomes and measures of outcomes, roles and responsibilities, and arrangements for implementation. All signatories endorsed this memorandum on 8 April 1999; and
- bilateral agreements between the Commonwealth and each State and Territory government. These bilateral agreements establish State/Territory priorities within a multilateral policy and administrative framework, and establish outcomes for funding. All jurisdictions have signed bilateral agreements with the Commonwealth Government.

A National Strategic Plan for SAAP IV has been developed, approved and widely distributed. This plan is based on the Memorandum of Understanding and the

bilateral agreements, and represents the basis for national reporting on SAAP IV (box 15.5). The plan will be reflected in State and Territory planning, which will also respond to the needs and priorities of individual jurisdictions.

Box 15.5 Evaluation and reporting under SAAP IV

The Memorandum of Understanding requires the development of a National Strategic Plan which identifies the key principles, priorities, strategies, data, research and other project commitments of SAAP IV. The plan sets out a national evaluation and reporting framework that will comprise:

- an annual national program report that provides:
 - an analysis of achievements, including analysis against program outcomes and performance indicators; and
 - a commentary on, and identification of, areas for further development and attention in subsequent years;
- a mid-term review; and
- a final evaluation report to be completed 12 months before the end of the SAAP IV Agreement.

Outcomes and performance indicators form the accountability framework in bilateral agreements and are the basis for review, evaluation and national annual reporting.

An evaluation framework has been cooperatively developed as part of the National Strategic Plan and focuses on:

- client outcomes, particularly the extent to which SAAP demonstrates capacity to:
 - resolve crises;
 - re-establish family links where appropriate; and
 - re-establish a capacity of clients to live independently of SAAP;
- client satisfaction with aspects of service delivery, including quality, accessibility, appropriateness and achievement of outcomes;
- the extent to which the strategic themes, directions and administrative framework for SAAP IV are addressed and implemented; and
- measures of performance in relation to appropriateness, efficiency and effectiveness.

Source: SAAP IV Memorandum of Understanding.

15.8 Framework of supported accommodation and assistance performance indicators

Framework of performance indicators

The framework of performance indicators is based on SAAP objectives (box 15.6).

Box 15.6 Objectives for SAAP services

The overall aim of SAAP is to provide transitional supported accommodation and a range of related support services, in order to help people who are homeless or at imminent risk of homelessness to achieve the maximum possible degree of self-reliance and independence. Within this aim, the goals are to:

- resolve crises;
- re-establish family links where appropriate; and
- re-establish the capacity of clients to live independently of SAAP.

These services should be provided in an equitable and efficient manner.

The reporting framework for SAAP is shown in figure 15.16. Ongoing work to provide a more comprehensive set of performance indicators and to improve existing indicators and the data is discussed in section 15.10.

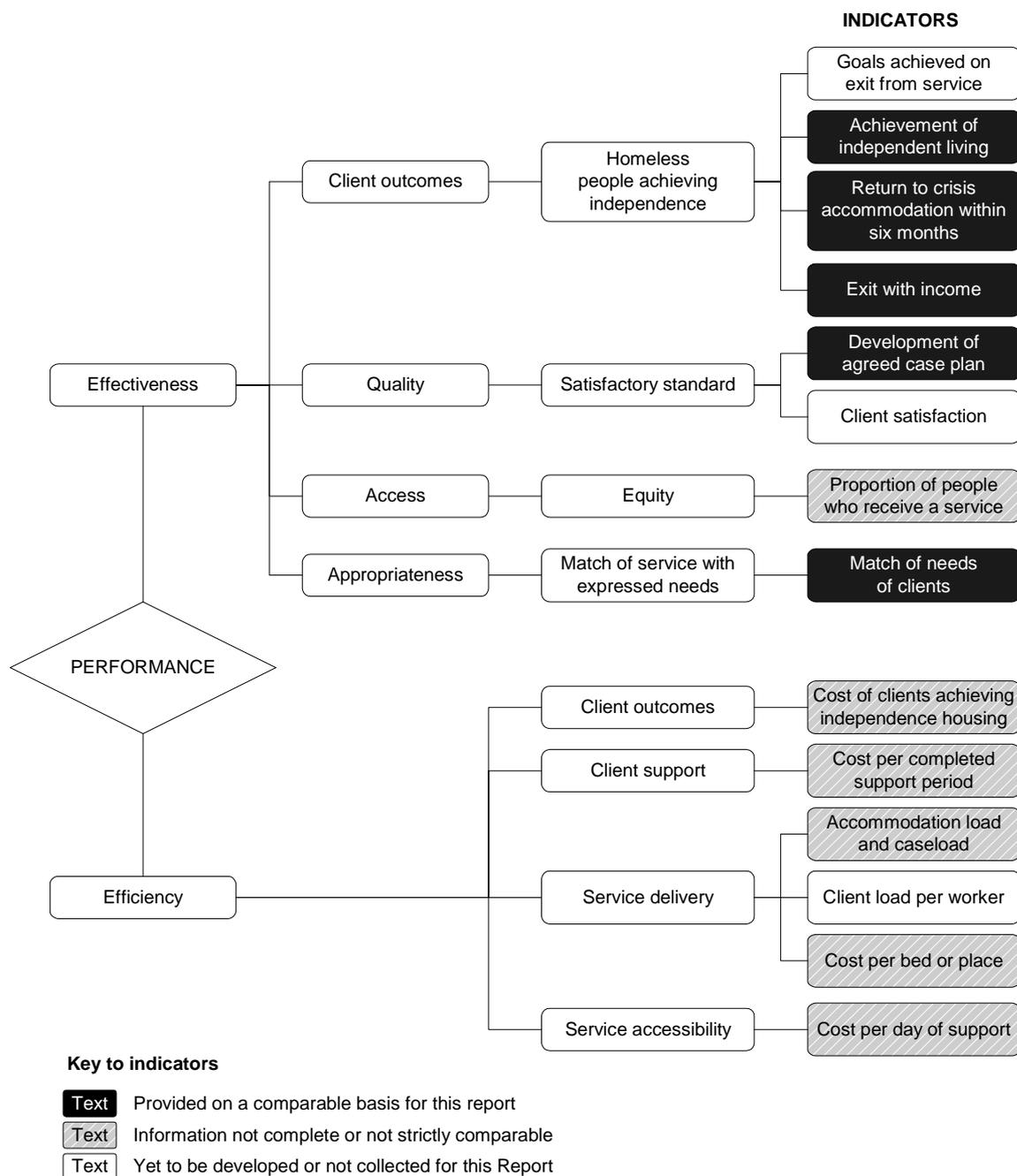
15.9 Key supported accommodation and assistance performance indicator results

Different delivery contexts, locations and types of client may affect the cost of supported accommodation and assistance services or the outcomes achieved. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter.

Client outcomes — achievement of independent living

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

Figure 15.16 Performance indicators for SAAP services



In all jurisdictions in 2000-01, most clients had ‘no substantive change’ in income source between entering and exiting the program (table 15.1). The majority of clients entering SAAP were receiving government benefits, and they were still receiving them when they exited SAAP support.

Table 15.1 Change in client's income source after SAAP support, 2000-01 (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>
Moved from no income to some income	3.4	3.1	2.3	2.6	3.0	1.6	3.1	2.0	2.9
Obtained own benefit/extra benefit/wages	1.9	1.6	1.7	1.2	1.5	1.0	1.4	2.2	1.6
Had no substantive change	86.0	89.3	86.9	91.8	88.8	91.1	86.2	90.6	88.4
Had no income before or after support	7.7	4.8	8.3	3.7	5.7	6.0	9.0	4.3	6.2
Moved from wage to government payments/ some income to no income	1.0	1.2	0.8	0.7	1.0	0.3	0.3	0.8	0.9
Total^c	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

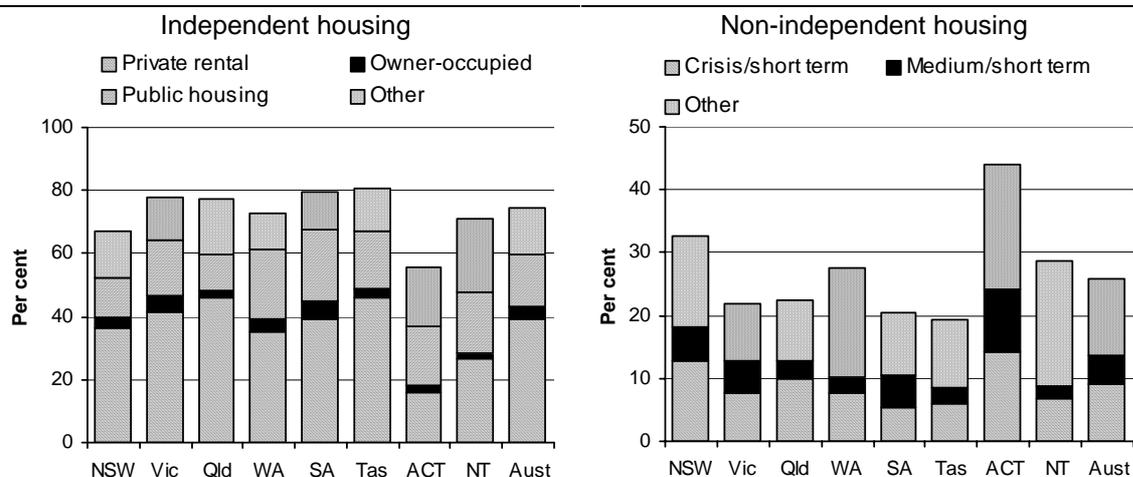
^a Excludes clients of high volume agencies (those accommodating 50 or more clients per night, telephone referral agencies, day centres, and information and referral centres) because income source after support was not collected. ^b Preliminary data. ^c Total may not equal 100 as a result of rounding errors.

Source: table 15A.158.

The proportion of clients in 2000-01 who had 'no substantive change' in income source ranged from about 91.8 per cent in WA to 86.0 per cent in NSW. Moving from having no income before receiving services, to obtaining some income or obtaining their own benefit, an extra benefit or a wage indicates greater client independence. The proportion of clients who moved from having no income support to obtaining some income ranged from **Error! Not a valid link.** per cent in NSW to **Error! Not a valid link.** per cent in Tasmania. The proportion of clients who obtained their own benefit or a wage ranged from **Error! Not a valid link.** per cent in the NT to **Error! Not a valid link.** per cent in Tasmania. The proportion of clients in 2000-01 who had no income before or after support ranged from **Error! Not a valid link.** per cent in the ACT to **Error! Not a valid link.** per cent in WA. Nationally, just under 1 per cent of clients exiting the program moved from having a wage to having a government payment, or from having some income to having no income (table 15.1).

The proportion of clients achieving independent living at the end of a support period indicates the independence of clients after program support. Nationally, 74.3 per cent of clients achieved independent housing at the end of a support period in 2000-01 (figure 15.17). Across jurisdictions, the proportion ranged from 80.6 per cent in Tasmania to 55.9 per cent in the ACT. Data are available for only one third of completed support periods, so may not be representative of the total SAAP population.

Figure 15.17 Accommodation type on exit from SAAP support, 2000-01^{a, b, c}



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

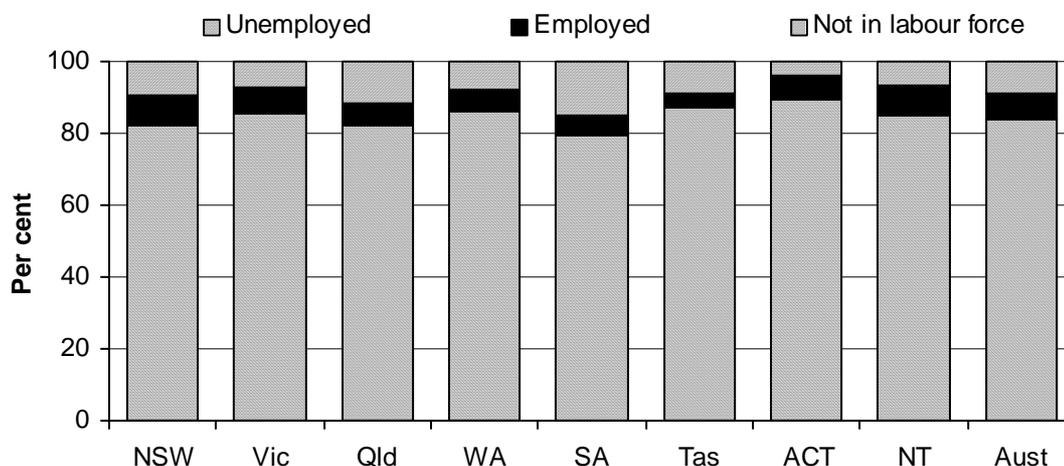
Source: table 15A.159.

By type of independent housing, 39.3 per cent of all clients in 2000-01 moved to private rental housing, 16.4 per cent entered public housing and 3.7 per cent moved to owner-occupied housing in 2000-01. The proportion of clients moving to private rental housing was highest in Queensland (46.2 per cent) and lowest in the ACT (15.9 per cent). The proportion of clients moving to public housing ranged from 22.4 per cent in SA to 11.3 per cent in Queensland (figure 15.17).

By type of non-independent housing, 13.6 per cent of all clients in 2000-01 continued to live in SAAP accommodation — 9.2 per cent in crisis or short term accommodation and 4.4 per cent in medium to long term accommodation. The proportion of clients remaining in SAAP accommodation was highest in the ACT (24.2 per cent) and lowest in Tasmania (8.5 per cent) (figure 15.17).

Employment is another indicator of clients' achievement of self reliance and independence. Nationally, 8.9 per cent of support periods in 2000-01 involved clients who were participating in the workforce before support, while 33.4 per cent of support periods involved clients who were unemployed (table 15A.160). Of the clients who were unemployed when entering the program, about 7.0 per cent were employed at the end of the support period (2.7 per cent full time, 1.4 per cent part time and 2.9 per cent on a casual basis), 83.9 per cent remained unemployed and 9.1 per cent were not in the labour force (figure 15.18). Across jurisdictions, the proportion of clients who achieved employment at the end of the support period ranged from 8.6 per cent in NSW to 3.6 per cent in Tasmania.

Figure 15.18 Change in the labour force status of clients after SAAP support, 2000-01^{a, b, c}



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

Source: table 15A.161.

The performance information above relates to relatively short term outcomes — that is, outcomes for clients immediately after their support period. Longer term outcomes are important but, as in most service areas, there are challenges in collecting information on these outcomes. The data collection for SAAP allows for the measurement of the number of clients and the number and types of service provided to clients (box 15.7).

An important longer term indicator of whether clients are achieving self reliance and independence is whether a client has needed to return to SAAP services. If a client received two or more support periods over the year, then they must have returned to the program but not necessarily to the same agency for a period of support during the year.

Nationally, 21.2 per cent of clients returned to SAAP services in 2000-01 after having exited the program less than 12 months earlier. Across jurisdictions, the proportion ranged from 24.4 per cent in WA to 18.2 per cent in SA (figure 15.19). However, it may be appropriate for some clients to receive more than one support period (moving from crisis to medium term accommodation, for example). One group that makes multiple use of SAAP comprises women and children escaping domestic violence. This is evident in the data for the NT, which has the highest return rate and also the highest number of Indigenous women clients, who tend to use SAAP services for short respite periods to escape family violence and then return to their community. There are also a number of SAAP clients with long term

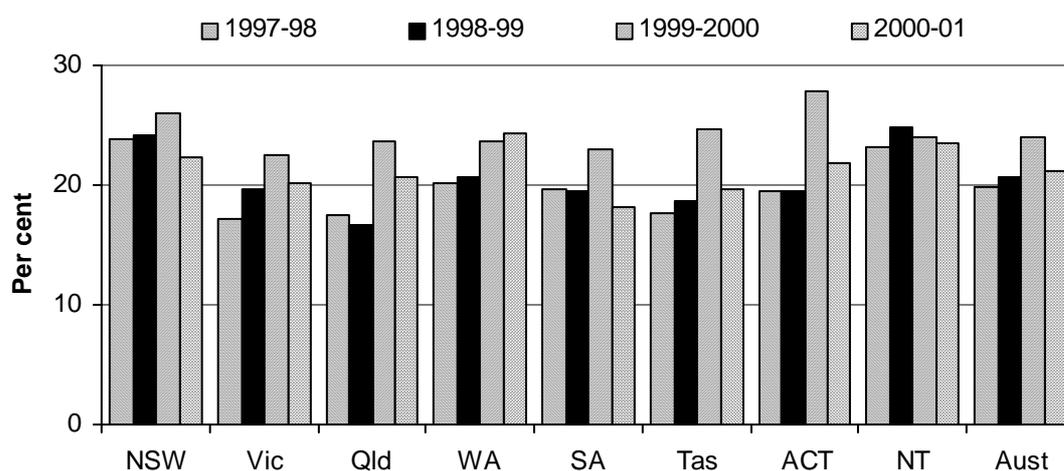
problems who may access SAAP services a number of times before being able to address their issues.

Box 15.7 Issues when analysing SAAP data

The following three important issues need to be considered in analysis of SAAP data.

- Informed consent is an essential component of the integrity of the data. The principle of client/consumer rights (which underpins informed consent) recognises that clients do not receive services under a mandatory order. They have the right to accept or reject the services offered, as they have the right to provide or not provide information while receiving SAAP services.
- Comprehensive information cannot be collected for all clients, such as casual clients and clients of high volume agencies (those accommodating 50 or more clients per night, telephone referral agencies, day centres, and information and referral centres).
- Clients consented to provide personal details for the SAAP client collection for 81.5 per cent of support periods in 2000-01. A weighting system has been developed to adjust for agency nonparticipation (94.1 per cent of agencies participated in the client collection) and non-consent.

Figure 15.19 Clients who returned to a SAAP service in 2000-01 and who had exited the program less than 12 months earlier^a



^a Data for 2000-01 are preliminary.

Source: table 15A.162.

A further medium term indicator of the achievement of self reliance and independence is when the client exits to independent housing and does not return to

SAAP within a specified period (in this case, six months). Given the data issues discussed above, current estimates may not be representative of all clients; for example, nationally, only approximately 46.1 per cent of clients provided information on their accommodation after exiting at least one support period over the year (table 15.2).

Table 15.2 Indicative estimates of clients exiting SAAP to independent housing and not returning within six months, 2000-01^{a, b}

<i>Unit</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>
Clients who provided information on accommodation after exit from support									
no.	9 900	13 400	6 200	5 000	3 000	1 700	1 100	1 600	42 000
As a proportion of total clients ^c									
%	41.1	51.0	36.7	54.9	43.5	51.5	61.1	57.1	46.1
Clients recorded as exiting to independent accommodation and not returning within six months									
no.	3 600	6 300	2 600	1 900	1 300	800	400	700	17 600
Indicative estimates of clients exiting to independent housing and not returning within six months ^d									
%	36.4	47.0	41.9	38.0	43.3	47.1	36.4	43.8	41.9

^a See notes to table 15A.163 for details of how the estimates were calculated. ^b Preliminary data. ^c Estimate based on estimated total number of clients for 1999-2000. ^d Clients recorded as exiting to independent accommodation and not returning within six months as a proportion of clients who provide information on accommodation on exit from support.

Source: table 15A.163.

It is possible to estimate the proportion of clients who exit to independent housing and do not return to SAAP within six months (based on the subset of clients who provide information on accommodation after exiting support). Given the potential for bias in the data, however, these estimates should not be used for definitive performance comparisons across jurisdictions. They may be used to prompt further analysis of the reasons for cross-jurisdictional differences.

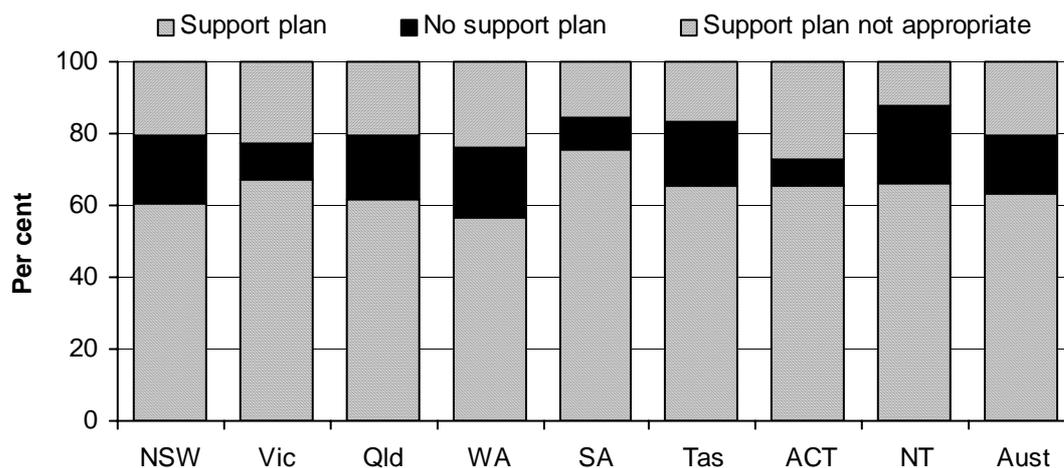
It is important to have data that are representative of all SAAP clients. Strategies are being implemented to improve the data quality progressively, including improving client consent rates and the collection of exit information. It is hoped that the data will eventually be robust enough to allow comparative performance assessment.

Quality — satisfactory standard

Reflecting an increased emphasis on case management, the existence of an agreed support plan is an indicator of service quality. However, an agreed support plan may be judged to be inappropriate for some support periods (such as when a support period is short term). Nationally, the case worker in 20.8 per cent of support periods in 2000-01 judged that a support plan was inappropriate. Across jurisdictions, this

proportion ranged from 27.3 per cent in the ACT to 12.4 per cent in the NT. There was an agreed support plan for 63.6 per cent of support periods nationally in 2000-01. Across jurisdictions, the proportion ranged from 75.4 per cent in SA to 56.5 per cent in WA (figure 15.20).

Figure 15.20 **Support periods, by existence of a support plan, 2000-01**^{a, b, c}



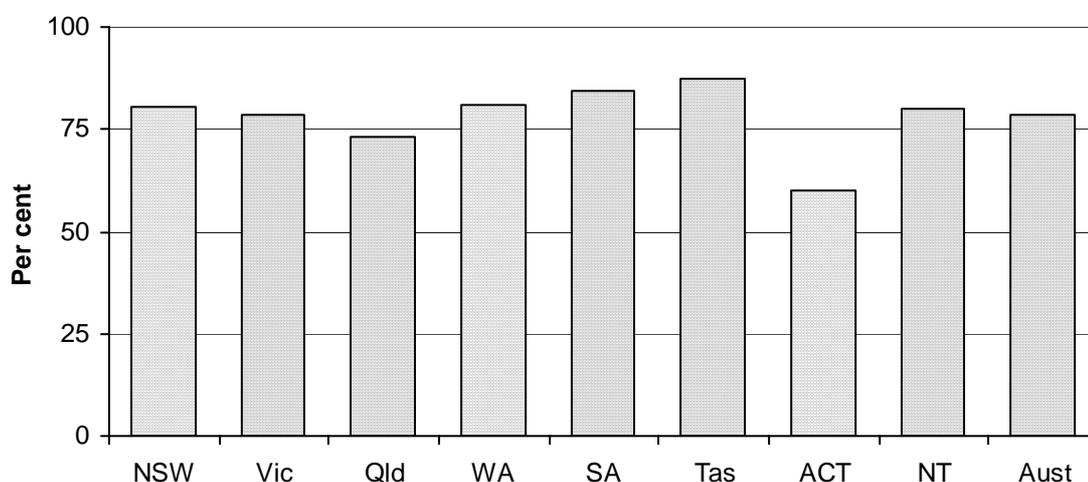
^a Excludes high volume records because not all items are included on high volume forms. ^b See notes to table 15A.164 for more detail. ^c Preliminary data.

Source: table 15A.164.

Access and equity — proportion of people who receive a service

The ability of services to assist those in need is an indicator of access. Data from a survey of SAAP agencies in the weeks 29 November–5 December 2000 and 9–15 May 2001 suggest that around 78.6 per cent of valid requests for SAAP services were provided with the assistance requested in that period. The proportion of valid requests for services that received the requested support ranged from 87.5 per cent in Tasmania to 60.0 per cent in the ACT. The estimates of unmet demand need to be interpreted with care because the two-week sample period over which data were collected might not be representative of the eventual success of clients accessing SAAP services over the full year. Also, different reporting practices are used in the Client Collection and Unmet Demand Collection, so the above percentages are indicative only (figure 15.21).

Figure 15.21 Proportion of valid requests for SAAP services that were provided with the requested support, 29 November–5 December 2000 and 9–15 May 2001^{a, b, c}



^a See table 15A.166 for an explanation of how the number of SAAP clients was estimated and for the definition of unmet demand. ^b Data on unmet demand needs to be interpreted with care for several reasons. First, a person can make a request on more than one occasion and to more than one SAAP agency. While double counting has been limited through the exclusion of those requests where the person had made a similar request to a SAAP agency within the collection period, this information might not always have been available to record; therefore, the total numbers do not represent actual people. Second, a number of people may receive ongoing support or accommodation from a SAAP agency at a later time, quite possibly soon after their initial request. As a result, this estimate may overstate the actual level of unmet demand. Third, a number of potential clients have their needs met by other means and do not return to a SAAP agency. Many factors influence the capacity of individual SAAP agencies to meet day-to-day demand for their services; it is not possible to identify a two-week period that is 'typical' for all SAAP agencies. ^c Preliminary data.

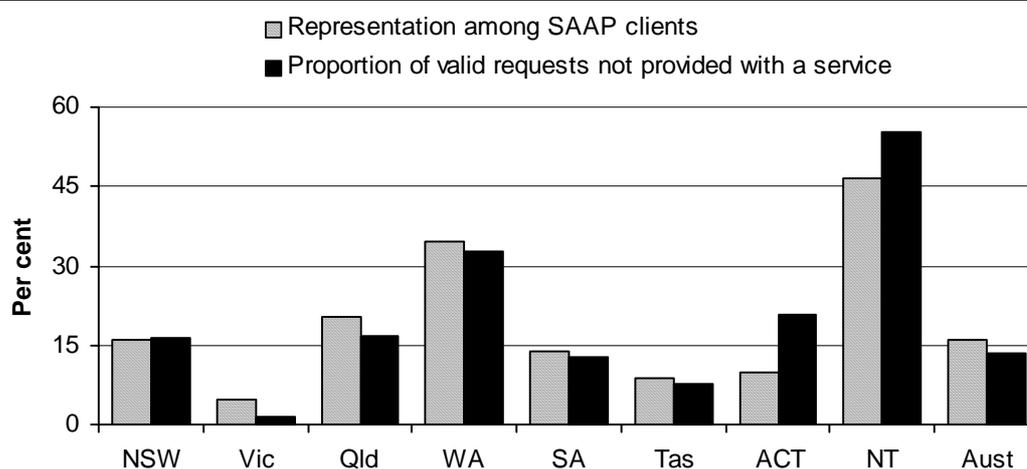
Source: table 15A.166.

Valid requests for SAAP services were not provided with the requested assistance in 2000-01 for a number of reasons, including lack of available accommodation (the main reason for 88.7 per cent of potential clients who were not provided with services), insufficient staff (3.3 per cent) and lack of facilities for special needs such as disability, culturally specific needs and other special needs (1.2 per cent) (table 15A.165).

The SAAP 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. Assessing the experience of target group using data from the unmet demand collection, however, is problematic. The client collection counts only clients, whereas the unmet demand collection records the cultural status of everyone in the group; no distinction is made between adults and accompanying children. Again, the client data and unmet demand data are not comparable.

Nationally, 13.4 per cent of valid requests that were not provided with a service in 2000-01 were from Indigenous groups, compared with 15.9 per cent of clients who were Indigenous. In all jurisdictions except the ACT and the NT (and to a much lesser extent, NSW), the proportion of valid requests from Indigenous groups not provided with a service was lower than the representation of Indigenous people among clients (figure 15.22). On average, the proportion of valid requests for SAAP service from non-English speaking backgrounds groups that were not provided with the assistance requested (6.3 per cent) was lower than the representation of clients from non-English speaking backgrounds among SAAP clients (10.5 per cent) (figure 15.23).

Figure 15.22 Indigenous people among SAAP clients and the proportion of valid requests for SAAP service from Indigenous groups not provided with the assistance requested, 2000-01^{a, b, c}



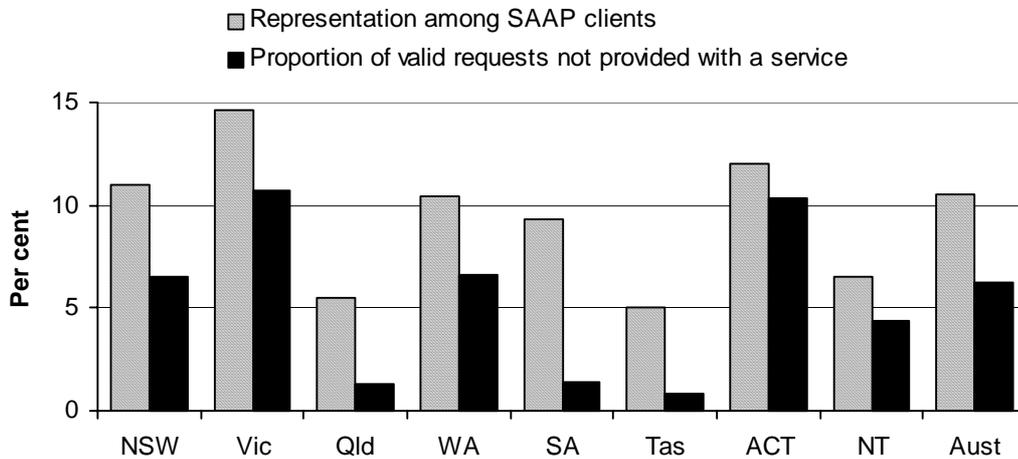
^a The number of people unable to be provided with a SAAP service was the 'unmet demand'. See notes to table 15A.167 for more detail. ^b Excludes people who refused offered assistance; those who made a similar request at a SAAP funded agency within the collection period (to limit double counting); and those whose request was not met because either the referral was inappropriate (wrong target group) or the service requested was not provided by the agency. ^c Preliminary data.

Source: table 15A.167.

Appropriateness — matching of service with expressed needs

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

Figure 15.23 People from non-English speaking backgrounds among SAAP clients and the proportion of valid requests for SAAP service from non-English speaking background groups not provided with the assistance requested, 2000-01^{a, b, c}



^a The number of people unable to be provided with a SAAP service was the 'unmet demand'. See notes to table 15A.168 for more detail. ^b Excludes people who refused offered assistance; those who made a similar request at a SAAP funded agency within the collection period (to limit double counting); and those whose request was not met because either the referral was inappropriate (wrong target group) or the service requested was not provided by the agency. ^c Preliminary data.

Source: table 15A.168.

The proportion of clients who received needed services or were referred to another agency for needed services was 93.2 per cent in 2000-01. Across jurisdictions, the proportion ranged from 96.4 per cent in the NT to 89.1 per cent in Victoria (figure 15.24).

Figure 15.24 SAAP clients, by met and unmet support needs, 2000-01^a

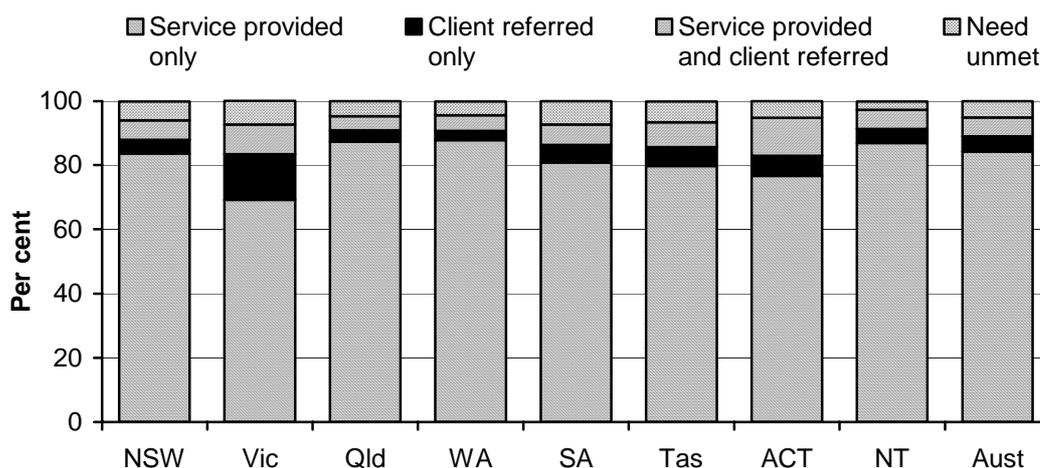


^a Preliminary data.

Source: table 15A.169.

Nationally, 94.9 per cent of Indigenous clients in 2000-01 either received needed SAAP services or were referred to another agency for these services — more than 1 percentage point higher than the proportion for all clients. Across jurisdictions, the proportion ranged from 97.3 per cent in the NT to 92.7 per cent in Victoria (figure 15.25).

Figure 15.25 Indigenous clients, by met and unmet support needs, 2000-01^a



^a Preliminary data.

Source: table 15A.170.

Just under 92.8 per cent of clients from a non-English speaking background in 2000-01 either received needed services or were referred to another agency. Across jurisdictions, the proportion ranged from 96.9 per cent in SA to 89.0 per cent in Victoria (figure 15.26).

Efficiency

A proxy indicator of efficiency is the level of government inputs per unit of output (unit cost). Across jurisdictions, there are varying treatments of expenditure items (for example, superannuation) and different counting and reporting rules in generating financial data. Efficiency indicator results may reflect these differences.

The unit cost analysis includes only expenditure by service delivery providers. Conceptually, unit cost indicators would include some of the administration costs borne by State and Territory departments in administering these services, but this is not yet possible. Unit cost data do not contain capital costs because capital funding for SAAP is provided under the Commonwealth State Housing Agreement through a special-purpose program (the Crisis Accommodation Program).

Figure 15.26 Clients from non-English speaking backgrounds, by met and unmet support needs, 2000-01^a

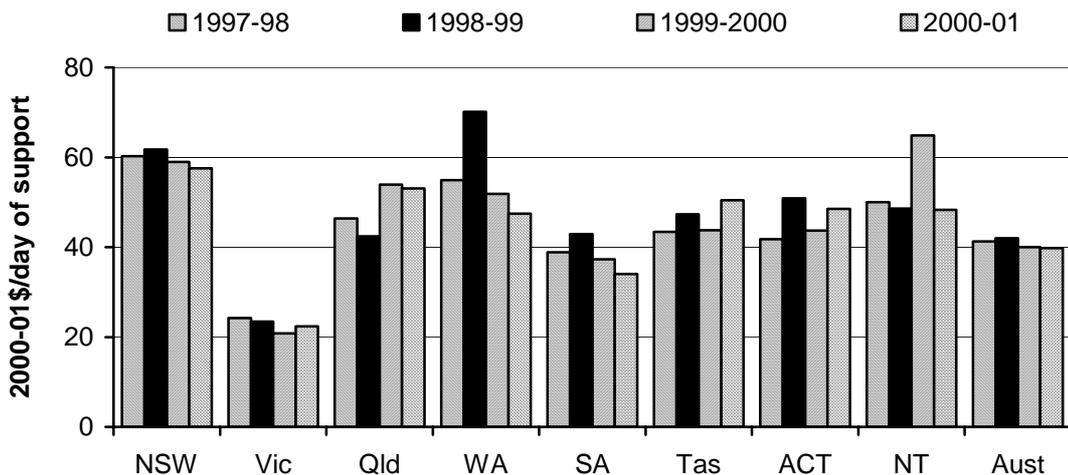


^a Preliminary data.

Source: table 15A.171.

The recurrent cost per day of support for SAAP clients receiving support and/or supported accommodation (excluding casual and potential clients, and accompanying children who receive services as clients in their own right) averaged \$39.81 in 2000-01. Across jurisdictions, the cost ranged from \$57.53 in NSW to \$22.35 in Victoria (figure 15.27).

Figure 15.27 Real recurrent cost per day of support for homeless clients^{a, b}

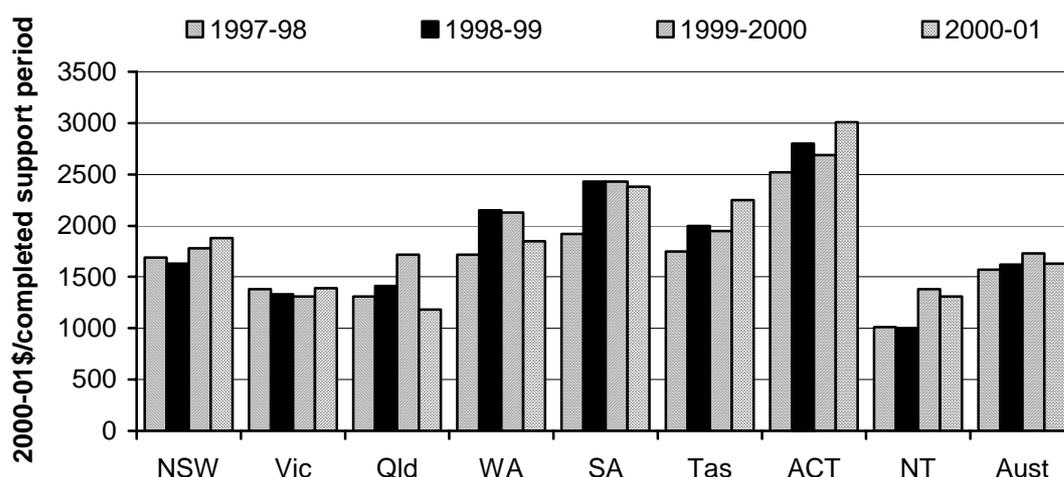


^a See notes to table 15A.172 for a description of the analysis. ^b Data for 2000-01 are preliminary.

Source: table 15A.172.

The recurrent cost per completed support period (excluding casual and potential clients, and accompanying children who receive services as clients in their own right) averaged \$1630 in 2000-01. Across jurisdictions, it ranged from \$3010 in the ACT to \$1180 in Queensland (figure 15.28).

Figure 15.28 Real recurrent cost per completed support period^{a, b}

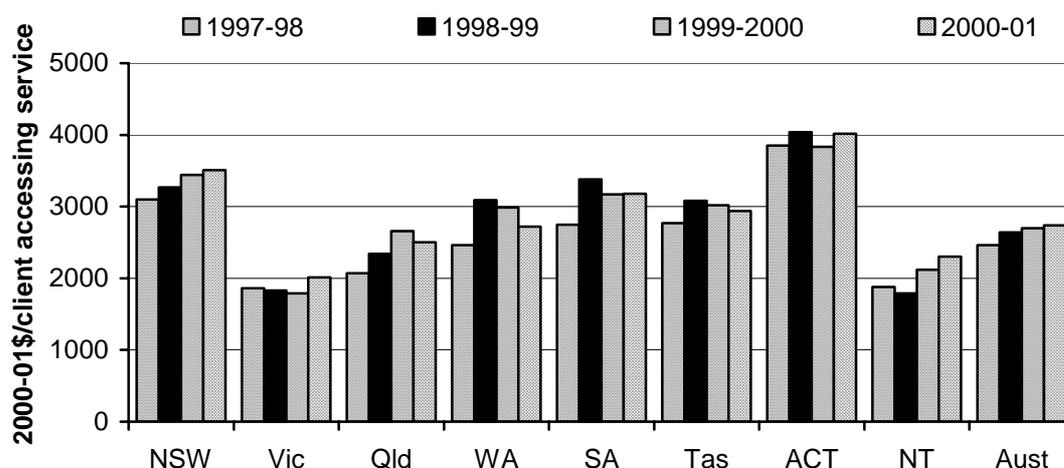


^a See notes to table 15A.173 for a description of the analysis. ^b Data for 2000-01 are preliminary.

Source: table 15A.173.

Nationally, the recurrent cost per client accessing SAAP services was \$2740 in 2000-01. This figure varied across jurisdictions, from \$4020 in the ACT to \$2010 in Victoria (figure 15.29).

Figure 15.29 Real recurrent cost per client accessing services^{a, b}

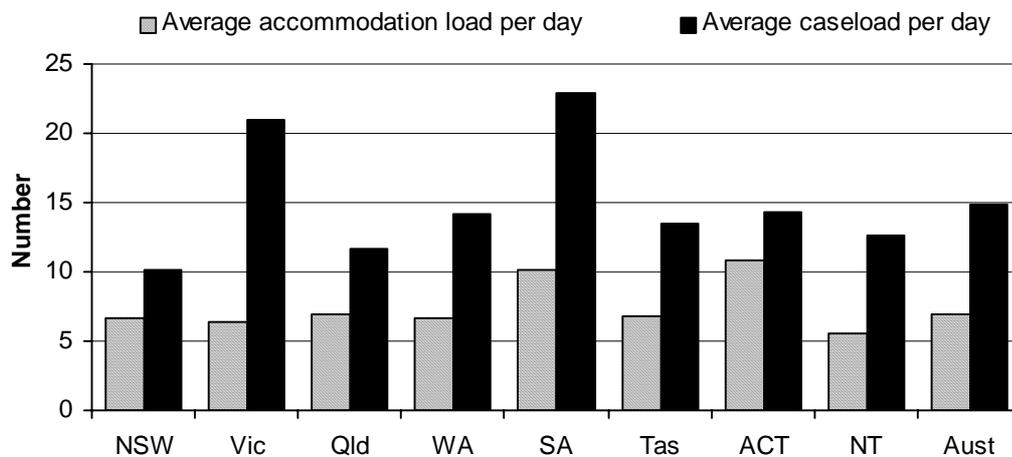


^a See notes to table 15A.174 for a description of the analysis. ^b Data for 2000-01 are preliminary.

Source: table 15A.174.

The average accommodation load is an indicator of the average number of people accommodated per day per agency. The average accommodation load in 2000-01 ranged from 10.8 in the ACT to 5.5 in the NT. The average caseload is an indicator of the average number of people being supported per day per agency. The average caseload in 2000-01 ranged from 22.9 in SA to 10.2 in NSW (figure 15.30). Differences in the average accommodation load and caseload may reflect differences in the average size of agencies across jurisdictions.

Figure 15.30 **Average accommodation load and caseload per day, 2000-01^{a, b}**



^a See notes to table 15A.175 for a description of how accommodation and caseload were estimated.

^b Preliminary data.

Source: table 15A.175.

15.10 Future directions in supported accommodation and assistance performance reporting

Measuring client satisfaction, client outcomes and clients with high and complex needs

Client satisfaction is an important indicator of quality. The national SAAP III evaluation involved some work on assessing client satisfaction. Further work on developing measures of client satisfaction within the SAAP population is being undertaken through an eight-month consultancy which commenced in September 2001. The consultancy will involve widespread consultations and developmental work supported by limited trialing of measures that are considered to be appropriate for SAAP clients. Also planned is a second project designed to trial the client satisfaction measures within a much larger group of agencies.

Research projects were completed during SAAP III on the measurement of client outcomes and on clients with high and complex needs. Further projects will be funded during 2001-02 to build on this earlier work, with a view to further developing and testing client outcome measures and to developing a method for collecting meaningful information on clients with high and complex needs.

Improving data and information collection

A comprehensive review of the information needs of SAAP government and non-government stakeholders was conducted during the period July–December 2000. An objective of the review was to ensure SAAP information needs under the SAAP IV Agreement could be met. The review produced a draft Information Management Plan (IMP) for SAAP IV. The SAAP National Coordination and Development Committee and implementation work is underway. The first stage of the implementation process involves defining the information needs of all stakeholders more precisely and then determining the best way in which to collect and use this information. This work is likely to lead to changes in the scope and nature of the SAAP national data collection. The movement to an information management paradigm will require changes at all levels and will involve progressive implementation over a number of years.

The implementation of the IMP will:

- place increased emphasis on electronic data capture;
- require increased support processes for SAAP agencies (including training, a help line and so on.) to increase data quality and maximise use of the data.

Electronic data capture within SAAP agencies currently occurs through the use of specially developed software (SMART — SAAP Management and Reporting Tool) provided free to SAAP agencies and supported through specially developed training and documentation and the provision of a hot line. Agencies are actively encouraged to submit their data via SMART rather than via paper forms.

The number of SAAP agencies using SMART steadily increased over the years. The increased take-up is probably due to the provision of additional training, increased publicity and information about the benefits of SMART, and to a broader understanding that the automatic encryption process incorporated into SMART provides significantly better security than that of paper forms. A further benefit in using SMART is that data quality is enhanced because the software's prompts and processes aid the user.

During the implementation of the IMP process, SMART will be maintained, enhanced and supported with increased training. The progressive move to an information management paradigm within SAAP may require new data capture processes, including new software, which may eventually involve the electronic transfer of information.

15.11 Jurisdictions' comments

This section provides comments from each jurisdiction on the services covered in this chapter and attachment 15A on the CD-ROM. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter. The information covers aspects such as age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (such as Indigenous and ethnic status).

Commonwealth Government comments

“ 2000-01 has marked the end of the first year of a new five-year Supported Accommodation Assistance Agreement (SAAP) between the Commonwealth and the States and Territories. This is the fourth set of SAAP Agreements (SAAP IV).

The Commonwealth announced that it would provide for SAAP IV over \$800 million. This represents an increase of over \$160 million or some 30 per cent over total Commonwealth funding for SAAP III Agreements.

Major work has been undertaken during the year to progress implementation of the performance framework agreed by the Commonwealth and States for SAAP IV. This work has included the funding of a major consultancy project on measurement of client outcomes and the implementation of the first phase of an Information Management Plan (IMP) for SAAP IV. The first phase of the IMP work has involved extensive consultations in order to ensure that the information needs of SAAP service providers, the two levels of government and other stakeholders are fully understood. The IMP will lead to improved data and research activities for SAAP.

Under the new SAAP bilateral agreements each jurisdiction is required to report by September each year on progress against the undertakings made in these agreements. The first of these performance reports has been received from each jurisdiction and the information is being used in the development of the first of the SAAP National Performance Reports due for publication each year under SAAP IV.

The work on implementation of the National Homelessness Strategy has been progressed during the year by the release of a comprehensive discussion paper (*Working Towards a National Homelessness Strategy*) by the Commonwealth Advisory Committee on Homelessness (CACH). Following the release of the paper the CACH conducted a series of consultative forums in all parts of the country. The results of the forums are currently being analysed and will be considered by CACH in December 2001 in order to provide advice to the Commonwealth Minister on the next steps in implementing a national strategy. A number of research and demonstration projects have also been funded during the year as part of the Strategy.

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New South Wales Government comments

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The new *Children and Young Persons (Care and Protection) Act 1998* was partly proclaimed in December 2000 — the remainder will be proclaimed in March and July 2002. The Act creates new responsibilities for the Department of Community Services (DoCS) and other Government agencies: in reducing the risk of harm to children and young people; providing for their care and support; and means greater involvement by Aboriginal families and communities in decision making regarding the care of Aboriginal children and young persons.

In order to support the new legislation a number of initiatives have been undertaken throughout child and family services:

- The DoCS Helpline ensures a consistent response to callers wishing to report a concern for a child or young person, by receiving and managing initial contacts from across NSW.
- New risk assessment tools and procedural guidelines have been developed to support DoCS staff working with children, young people and families.
- Strategies including alternate dispute resolution and obtaining Apprehended Violence Orders on behalf of children and young people have been introduced.
- Establishment of the Office of the Children’s Guardian to exercise the Minister’s parental responsibility for children and young people in out of home care; accredit designated agencies to provide out of home care; and protect the interests of children and young people.

An amendment to the Act is currently before the NSW Parliament to focus effort in child protection and out-of-home care on permanency planning for children and young people.

In 2002, DoCS will commence phased implementation of the Looking After Children framework, to promote a holistic approach to case management for children and young people in care and their families and carers.

NSW has embraced the SAAP IV strategic directions, focusing on negotiations on a service framework and area based implementation planning. The framework will inform revised service agreements with SAAP agencies, for all 400 projects by July 2004. The implementation planning will include service mapping and transition plans for the required shifts in approaches by each SAAP agency. This will identify opportunities to refocus some services to improve responses for clients, address service gaps and identify priorities for use of growth funds.

The NSW Government’s Partnerships Against Homelessness now coordinates the responses of 10 government agencies on homelessness including critical issues such as Indigenous and aged homelessness and developing a cross-agency strategy to house people sleeping in the streets in the inner city area.

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Victorian Government comments

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Child protection and supported placements

Victoria has continued to undergo a significant reform process during 2000-01. Partnerships with community service organisations and local communities have been built upon through a number of joint initiatives.

In the past 12 months there has been an extensive examination of the quality of service provided to children in residential care, and a report was released which documented the findings. This has led to the adoption of new minimum service standards, the development of regional service improvement plans and the implementation of an enhanced monitoring framework. Complementing this will be a learning and development strategy that supports staff in residential care facilities. Increased funding was also made available to improve the infrastructure, service quality and to ensure the ongoing viability of agencies.

A wide ranging examination of child protection and supported placements was commenced in 2000-01. This examination has helped guide the development of a long term integrated strategy for the management of demand for child protection and placement services, including an examination of alternative service delivery models. A major focus of this strategy is to reduce the demand for tertiary welfare services by strengthening family support and other services.

Information from the regional service improvement plans, the soon-to-be-released client and family survey, and the demand management project will be used to guide future improvements in child protection, supported placements and support services for families.

Supported Accommodation and Assistance Program (SAAP)

The Victorian Homelessness Strategy (VHS), established by the Premier in July 2000, will provide a framework for Victoria's ongoing development of its homelessness system. The VHS has undertaken extensive sector and consumer consultations. Issues raised will inform the development of the VHS Action Plan.

During 2001, a project commenced to develop an assessment and referral framework and related processes to enable people experiencing, or at risk of homelessness, to immediately access the most appropriate assistance. The project focused on clients seeking access to assistance provided through SAAP and the Transitional Housing Manager Program.

The State Government has allocated additional State-only recurrent funds totalling \$14.8 million over four years to homelessness assistance. This has enabled allocation of an additional \$700 000 per year to expansion of transitional support and, from 2001-02, a major expansion of crisis support and accommodation in Victoria (increasing capacity from 650 to 830 places per night).”

Queensland Government comments

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The Department of Families has continued the implementation of responses to recommendations arising from the Commission of Inquiry into Abuse of Children in Queensland Institutions (Forde Inquiry). These include initiatives such as:

- increasing the number of direct service delivery and support staff, bringing the total to 169 additional staff employed since the Forde Inquiry. This will rise to over 250 by 2002-03;
- enhancing the capacity and number of community based child protection and family support services, including Aboriginal and Torres Strait Islander child and family services;
- implementation of a client complaint system; and
- improving responses to children and young people in alternative care and past residents of Queensland institutions.

Legislative reform continued with the proclamation of the Child Protection Regulation 2000 and further extension of the advocacy powers of the Commission for Children and Young People through the Commission for *Children and Young People Act 2000*. Reform of administrative appeals process for clients of the department continued with the proclamation of the *Children Services Tribunal Act 2000*.

A major project to reform the child protection service system commenced in June 2000. The reform, which is consistent with change occurring in other jurisdictions in Australia and overseas, includes the piloting of new tools and procedures to enhance child protection practice in a manner supported by contemporary research.

Supported Accommodation Assistance Program (SAAP)

Following the signing of the SAAP IV Bilateral Agreement with the Commonwealth in October 2000, Commonwealth funds of \$2.178 million were approved to improve service access and responses to high needs groups across Queensland.

In 2000-01 funds were allocated to assist SAAP services with critical viability issues and to establish new services for homeless people in public spaces, single women's crisis accommodation in inner Brisbane, and an Indigenous service targeting women and children in Townsville. Funds were also allocated for crisis/medium term accommodation for young people in five regional locations. Recurrent funds were approved for 147 services to implement the Crisis Assistance and Supported Housing (CASH) Award, including an additional \$500 000 in the 2000-01 State Budget.

A training forum for Indigenous SAAP service providers was held in May 2001. Access and Equity Strategy and Practice Guidelines were distributed to assist with support of people from culturally and linguistically diverse backgrounds. Queensland hosted a national government officers' forum with a focus on improving the interface between the child protection, juvenile justice and homelessness service systems for young people under 16 years.

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Western Australian Government comments

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Child protection

The joint response initiative between the WA Police and the Department for Community Development for the investigation of child abuse is now operating successfully throughout the metropolitan area and the State to improve services and outcomes for children. A tripartite agreement has been reached between police, Princess Margaret Hospital and the department to further improve the joint response for investigation of child abuse cases. Preliminary work has also begun on video recording of children's interviews in preparation for a pilot project at PMH.

Supported placements

The Department for Community Development is conducting a high level review of its care for children services, provided directly and funded in the not-for-profit sector, to ensure they continue to meet the changing needs of the community and are based on the most recent research and examples of best practice.

The department has provided funding to the CREATE Foundation to establish a service in WA to provide mentoring for young people in care and who have left care and a voice for children and young people at a policy and systems level.

The pilot Foster Care Recruitment Service is currently being reviewed to determine future directions for the service. The department is progressively implementing the Looking After Children system State-wide, and a model for evaluation is being developed. Inter-agency planning for children with disabilities who are in care is a focus this year to ensure their needs are being met.

Supported Accommodation Assistance Program (SAAP)

In June 2001 the Western Australian Minister for Family and Children's Services (now Department for Community Development) signed a Bilateral Agreement with the Commonwealth Minister for Family and Community Services to continue the program in Western Australia until 2005.

During 2000-01 the SAAP Service Standards were revised by a steering committee, which included sector representation. Implementation will take place in early 2002.

Phase two of the SAAP Interdepartmental Protocols Project was completed in June 2001. At 30 June 2001 this project has developed protocols between SAAP services and agencies working in the areas of housing, drug and alcohol, mental health, community services and Centrelink. Work is ongoing in relation to immigration and multicultural affairs. Phase three of the project will begin in 2001-02 focusing on the areas of justice and police and in the training of services to facilitate the implementation of existing protocols.

Family Safety Services are being established in six remote Aboriginal communities in the Kimberley and Pilbara region. The project is being implemented using a community development approach, which empowers the communities to identify their own needs and develop appropriate services.

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South Australian Government comments

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Child protection

South Australia's differential response system has improved outcomes for children and families and has lessened the investigatory focus of response. The centralised intake process has increased the consistency in intake, with the Aboriginal team providing culturally sensitive assessments. Inter-agency collaboration concerning children assessed to be in danger has been strengthened through joint family and youth services, police and child protection services training. Reports concerning children where family need is assessed to be the primary concern are not investigated, but rather family support services are provided by government and non-government service providers. Family and youth service interventions are targeted to children who are at risk of further harm. This is achieved by supporting families to provide safe, nurturing care for their children, and making application for Youth Court care and protection orders only in those situations where children's safety cannot be assured within the immediate or extended family. The practice knowledge developed through the Aboriginal Families Project at Port Augusta, engaging families with highly complex issues and supporting their solutions, is being transferred to other sites.

Supported placements

Supported placement provision in SA is designed to ensure a continuum of placement outcomes from primary support to families (family preservation and reunification services); supplementing the care provided by birth families (respite and short term care provision) to providing care outside of the family for children and young people who can no longer remain with their birth family (long term placements: foster, relative or congregate care).

The Department of Human Services has commissioned a review into South Australia's Alternative Care System, the final report for which will be released in February 2002 for implementation in the 2002-03 financial year. Review findings will inform new directions in management, review and monitoring of the alternative care program, as well as the development of a range of alternative care and support services to meet current and future placement needs of children, young people and their families.

Supported Accommodation Assistance Program (SAAP)

The SA Homeless Plan *More Than A Place To Live* will guide the implementation of SAAP IV. The plan places homelessness in a broader human services framework through building on the opportunity in SA for integrated cross-portfolio responses. Current strategic planning priorities include vulnerable adults in the inner city and family homelessness. In line with these, significant new initiatives include an inner city stabilisation facility to respond to substance abuse problems; a frail aged facility; expanded assertive outreach capacity; and a central telephone referral and assessment point for families.

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Tasmanian Government comments

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Child protection — care and protection services

An ongoing process of implementation of the *Children, Young Persons and Their Families Act 1997* continues. The aim is to promote early intervention and prevention with appropriate family supportive strategies being used in preference to statutory legal intervention, which requires greater integration of the various services required, those provided directly by government and those provided by the community sector, to respond effectively to the needs of vulnerable families with complex and multiple needs. Significant advances in changing the practice paradigm to one where children, young people and families have more direct involvement in proceedings and decision making have also occurred. The Tasmanian model of family group conferencing, using independent facilitators from the community, the setting up of advisory and consultative councils for children and young people through the Office of the Commissioner for Children, and the establishment of a branch of the CREATE Foundation have all contributed to widening the care and protection system.

Supported placements — out of home care

Considerable progress has been made in out-of-home care, most notably the development of a clear strategic framework for out-of-home care services in Tasmania following the review undertaken in the previous year. This draws on evidence based models and fashions a continuum of care model appropriate for the needs of the Tasmanian community. It reduces the risk of marginalisation to the out-of-home care system by establishing strong link with preventative, more universal services, such as the family support and SAAP program areas and recognises both the changing role of carers and the growing importance of kinship care as the preferred option for many children at risk. To provide a more rigorous practice framework for inclusive outcome oriented case management of children in care, a commitment has been made to commence the introduction of Looking After Children (LAC) in Tasmania in the year 2001-02.

Supported Accommodation Assistance Program (SAAP) services

A major restructure of SAAP services in Tasmania aims to improve the outcomes for homeless people through an increased emphasis on early intervention; increased diversity and flexibility of assistance; the development of more effective pathways to stable accommodation through better linked services; and enhanced management and administration arrangements. This will be achieved in partnership with community based service providers. The Minister for Health and Human Services launched a policy document *The Integrated Continuum of Support*. This is a blue print for SAAP in Tasmania and describes a number of reforms aimed at improved services to homeless people and those at risk of homelessness. These reforms include the reallocation of resources between service types and geographic locations and the establishment of regional networks.

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Australian Capital Territory Government comments

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Child protection and supported placements

A critical task over the past year has been the continued implementation of the new *Children and Young People Act 1999* which commenced on 10 May 2000. The Act reflects an increased emphasis on family support and prevention services to assist children, young people and their families. The Act also recognises the importance of foster carers for the first time.

There has been ongoing bedding down of reforms in the substitute care sector. Major reform includes the introduction of the Looking After Children (LAC) system of guided practice right across the government and non-government sectors.

An Indigenous unit has been established to work directly with families and to provide a consultancy to other staff on Indigenous matters.

A major new initiative that bridges the gap between protection and support is the ACT Schools as Communities (SAC) Program. SAC uses a model of prevention and early intervention to provide support services from the non-stigmatising base of the local school. The program includes a team of community outreach professionals working across the educational, health, community services and business sectors. It seeks to make schools accessible sites for the provision of community services and to ensure that children and their families receive more effective case coordination. The project is based on the premise that cross sectoral partnerships, community development and active outreach services are critical in maintaining the safety and wellbeing of children and their families.

Supported Accommodation Assistance Program

The high cost of service provision in the ACT may be explained by the low proportion of clients achieving independent living following SAAP support periods. Factors that are contributing to this include: continuing to have the lowest vacancy rate in Australia in the private rental market, decreasing numbers of public housing properties and the highest percentage of SAAP clients with no income and the lowest percentage obtaining an income.

During 2000-01 the ACT departments of Health, Housing and Community Care (DHHCC) and Education and Community Services (DECS) commenced a review of its largest service. The review will ensure that in the longer term, SAAP clients are supported to obtain and maintain appropriate alternative long term accommodation and there are improved outcomes for clients and decreasing cost of completed support periods.

The ACT is undertaking several projects to enhance its service purchasing decisions. These include collaborative projects on costings, improved data and quality standards.

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Northern Territory Government comments



The Family and Children's Services Program (FACS) of the Department of Health and Community Services is responsible for child protection and out of home care services, and the administration of the Supported Accommodation Assistance Program.

Child protection and supported placements

A series of child protection reforms were introduced during the year with the aims of:

- improving the quality and consistency of decision making at intake, by way of the adoption of new screening tools;
- introduction of a risk assessment framework for casework practice;
- introduction of case auditing and an overhaul of existing quality assurance arrangements; and,
- enhancing the marketing of the service, including installation of a toll free reporting phone line and new information and promotion materials for consumers.

Out-of-home placements are primarily provided by registered foster parents across the Territory. Group home placements are funded for children and young people unable to be placed in foster care. FACS purchases recruitment and support services from the two Aboriginal and Islander Child Care agencies to provide Indigenous foster and facility based care for indigenous children.

Supported Accommodation Assistance Program

At 30 June 2001 there were 34 service outlets funded under SAAP in the NT. Services are located in the five main population centres, and provide assistance to a range of clients, including a significant proportion of Indigenous clients, many of whom are from rural and remote areas.

The high proportion of Indigenous SAAP clients in the NT (45 per cent) compared with the national average (16 per cent) presents particular challenges for the program. The Northern Territory Aboriginal Family Violence Strategy has recently been evaluated. The evaluation report makes clear that family violence can be dealt with in a community development context and in terms of an immediate crisis response as well as through intervention and prevention measures. An action plan based on these principles is being developed. When planning the way in which SAAP IV growth funding should be distributed, the NT took into account the need to fund culturally appropriate and Indigenous-specific services.



15.12 Definitions

Child protection services

Table 15.3 Terms

<i>Term</i>	<i>Definition</i>
Care and protection orders	<p>Legal orders or administrative/voluntary arrangements involving the community services department, issued in respect of an individual child who is deemed to be in need of care and/or protection. Community services department involvement may include:</p> <ul style="list-style-type: none"> • total responsibility for the welfare of the child (for example, guardianship); • responsibility to oversee the actions of the person or authority caring for the child; and • responsibility to provide or arrange accommodation or to report or give consideration to the child's welfare. <p>The order may have been from a court, children's panel, Minister of the Crown, authorised community services department officer or similar tribunal or officer.</p> <p>Care and protection orders are categorised as:</p> <ul style="list-style-type: none"> • finalised guardianship and finalised custody orders sought through a court; • finalised supervision and other finalised court orders which give the department some responsibility for the child's welfare (excluding interim orders); • interim and temporary orders (including orders that are not finalised); and • administrative or voluntary arrangements with the community services department, for the purpose of child protection. <p>Children are counted only once, even if they are on more than one care and protection order.</p>
Child	A person aged 0–17 years.
Child at risk	A child for whom no abuse or neglect can be substantiated but there are reasonable grounds to suspect the possibility of prior or future abuse or neglect, and for whom it is considered that continued departmental involvement is warranted.
Child concern reports	Reports to community services departments regarding concerns about a child, as distinct from notifications of child abuse and neglect. The distinction between the two differs across and within jurisdictions.
Indigenous person	Person of Aboriginal and/or Torres Strait Islander descent, who identifies as an Aboriginal and/or Torres Strait Islander and is accepted as such by the community with which they are associated.
Investigation	An investigation of child abuse and neglect which involves identifying harm or risk of harm to the child, determining an outcome and assessing protective needs. It includes the interviewing or sighting of the subject child where it is practicable to do so.

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Table 15.3 (Continued)

<i>Term</i>	<i>Definition</i>
Investigation finalised	Where an investigation is completed and an outcome is recorded by 31 August.
Investigation not finalised	Where an investigation is commenced but an outcome is not recorded by 31 August.
Notification	Contact with an authorised department by persons or other bodies making allegations of child abuse or neglect or harm to a child.
Substantiation	Notification for which an investigation concludes that there is reasonable cause to believe that the child had been, was being, or is likely to be abused, neglected or otherwise harmed. It does not necessarily require sufficient evidence for a successful prosecution and does not imply that treatment or case management is, or is to be, provided.

Out-of-home care

Table 15.4 Terms

<i>Term</i>	<i>Definition</i>
Child	A person aged 0–17 years.
Exited out-of-home care	Where a child does not return to care within two months.
Family based care	Home based care (see placement types).
Family group homes	Residential child care single dwelling establishments which have as their main purpose the provision of substitute care to children. They are typically run like family homes, with a limited number of children who eat together as a family group and are cared for around-the-clock by resident substitute parents.
Foster care	Care of a child who is living apart from their natural or adoptive parents in a private household, by one or more adults who act as 'foster parents' and are paid a regular allowance for the child's support by a government authority or non-government organisation. The authorised department or non-government organisation provides continuing supervision or support while the child remains in the care of 'foster parents'.
Foster parent	Any person who is being paid a foster allowance (or such a person's spouse) by a government or non-government organisation for the care of a child (excluding children in family group homes).
Guardian	Any person who has the legal and ongoing care and responsibility for the protection of a child.
Indigenous person	Person of Aboriginal or Torres Strait Islander descent, who identifies as being an Aboriginal or Torres Strait Islander and is accepted as such by the community with which they are associated. If Indigenous status is unknown, then a person is considered to be non-Indigenous.

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Table 15.4 (Continued)

<i>Term</i>	<i>Definition</i>
Nonrespite care	Out-of-home care for children for child protection reasons.
Other relative	Grandparent, aunt, uncle or cousin, whether the relationship is half, full, step or through adoption and can be traced through or to a person whose parents were not married to each other at the time of the child's birth. This category includes members of Aboriginal communities who are accepted by that community as being related to the child.
Out-of-home care	Overnight care, including placement with relatives (other than parents) where government makes a financial payment. It includes children in legal and voluntary placements (that is, children on and not on a legal order) but excludes placements made in disability services, psychiatric services, juvenile justice facilities or overnight child care services.
Placement types	Four main categories: <ul style="list-style-type: none"> • facility based care (placement in a residential building where the purpose is to provide placement for children and where there are paid staff, including placements in family group homes); • home based care (placement in the home of a carer who is reimbursed for expenses for the care of the child). There are three subcategories of home based care — foster care/community care, relative/kinship care and other; • independent living (including private board); and • other (including unknown).
Relatives/kin	Family members other than parents or a person well known to the child and/or family (based on a pre-existing relationship).
Respite care	Out-of-home care on a temporary basis for reasons other than child protection — for example, when parents are ill. It excludes emergency care provided to children who are removed from their homes for protective reasons.

Table 15.5 Descriptors

<i>Descriptor</i>	<i>Definition</i>
Children in out-of-home care during the year	The total number of children who are in at least one out-of-home care placement at any time during the year. A child who is in more than one placement is counted only once.
Length of time in continuous out-of-home care	The length of time for which a child is in out-of-home care on a continuous basis. A return home of less than seven days is not considered to break the continuity of placement.
Safety in out-of-home care	The proportion of children in out-of-home care who were the subject of a child protection substantiation and the person believed responsible was living in the household (or was a worker in a residential care facility).

Table 15.6 Out-of-home care effectiveness indicators

<i>Indicator</i>	<i>Definition</i>
Stability of placement	<p>Numbers of placements for children who have exited out-of-home care and do not return within two months. Placements do not include respite or temporary placements lasting less than seven days. Placements are counted separately where there is:</p> <ul style="list-style-type: none"> • a change in the placement type — for example, from a home based to a facility based placement; or • within placement type, a change in venue, for example, and a change from one home based placement to a different home based placement. <p>A particular placement is counted only once, so a return to a previous placement is another placement.</p>

Supported accommodation and assistance

Table 15.7 Terms

<i>Term</i>	<i>Definition</i>
Accommodation	Crisis or short term accommodation, medium to long term accommodation, and other SAAP funded accommodation (which comprises accommodation at hostels, motels and hotels, accommodation in caravans, community placements and other SAAP funded arrangements).
Agency	The body or establishment with which the State or Territory government or its representative agrees to provide a SAAP service. The legal entity has to be incorporated. Funding from the State or Territory government could be allocated directly (that is, from the government department) or indirectly (that is, from the auspice of the agency). The SAAP service could be provided at the agency's location or through an outlet at a different location.
Casual client	A person who is in contact with a SAAP agency and receives one-off assistance for a period of generally not more than one hour, and who does not establish an ongoing relationship with an agency.
Client	A person who receives supported accommodation or support
Crisis or short term supported accommodation	Supported accommodation for periods of generally not more than three months (short term) and for persons needing immediate short term accommodation (crisis).
Cross-target/multiple/general services	SAAP services targeted at more than one primary client group category — for example, SAAP services for single persons regardless of their gender.
Day support	Support only on a walk-in basis — for example, an agency that provides a drop-in centre, showering facilities and a meals service at the location of the SAAP agency.

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Table 15.7 (Continued)

<i>Term</i>	<i>Definition</i>
Homeless person	<p>A person who does not have access to safe, secure and adequate housing. A person is considered to not have access to such housing if the only housing to which the person has access:</p> <ul style="list-style-type: none"> • is damaged, or is likely to damage, the person's health; or • threatens the person's safety; or • marginalises the person through failing to provide access to adequate personal amenities or the economic and social supports that a home normally affords; or • places the person in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing; or • is of unsecured tenure. <p>A person is also considered homeless if they are living in accommodation provided by a SAAP agency or some other form of emergency accommodation.</p>
Indigenous person	<p>Person who is of Aboriginal and/or Torres Strait Island descent, who identifies as being an Aboriginal and/or Torres Strait Islander, and who is accepted as such by the community with which they are associated.</p>
Medium to long term supported accommodation	<p>Supported accommodation for periods over three months. Medium term is around three to six months and long term is longer than six months.</p>
Multiple service delivery model	<p>SAAP agencies that use more than one service delivery model to provide SAAP services — for example, crisis or short term accommodation and support, as well as day support (that is, the provision of meals).</p>
Non-English speaking background services	<p>Services that are targeted at persons whose first language is not English.</p>
Non-recurrent funds	<p>SAAP funds received for non-recurrent purposes, such as funds for research, a special one-off project or replacement of capital items (for example, furniture, motor vehicles).</p>
Non-SAAP accommodation places	<p>Accommodation places in the form of permanent beds (owned or managed by the agency) that use funds other than SAAP funds.</p>
One-off assistance	<p>Assistance provided to a person who is not a client, such as the provision of a meal, a shower, transport, money, clothing, telephone advice, information or a referral.</p>
Ongoing support period	<p>A support period for which, at the end of the reporting period, no support end-date and no after-support information are provided.</p>
Other special characteristics	<p>Primary or secondary characteristics that are not included in those of a service's primary client or group or in other categories of the secondary client group — for example, a service specifically targeted at homeless persons with a disability.</p>
Outlet	<p>A premise owned/managed/leased by an agency at which SAAP services are delivered. It excludes accommodation purchased using SAAP funds (for example, at a motel).</p>

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Table 15.7 (Continued)

<i>Term</i>	<i>Definition</i>
Outreach support services	Services that exist to provide support and other related assistance specifically to homeless people. These people may be isolated and able to receive services and support from a range of options that enhance flexibility for the client (for example, advocacy, life skills, counselling). Generalist support and accommodation services may also provide outreach support in the form of follow-up to clients where they are housed. In this context, support is provided 'off site'.
Providers	Agencies that supply support and accommodation services
Real expenditure	Actual expenditure adjusted for changes in prices. Adjustments are made using the GDP(E) price deflator and expressed in terms of final year prices.
Recurrent funding	Funding provided by the Commonwealth and State and Territory governments to cover operating costs, salaries and rent.
Referral	When a SAAP agency contacts another agency and that agency accepts the person concerned for an appointment or interview. A referral is not provided if the person is not accepted for an appointment or interview.
SAAP service	Supported accommodation, support or one-off assistance, that is provided by a SAAP agency and intended to be used by homeless persons.
Service delivery model	The mode or manner in which a service is provided through an agency. The modes of service delivery could be described as crisis or short term accommodation and support; medium to long term accommodation and support; day support; outreach support; telephone information and referral or agency support. An agency may deliver its services through one or more of these means of delivery.
Service provider	Worker or volunteer employed and/or engaged by a SAAP agency, who either directly provides a SAAP service or in some way contributes to the provision of a SAAP service. It includes persons such as administrative staff of an agency, whether paid or not paid.
Single men services	Services provided for males who present to the SAAP agency without a partner or children.
Single women services	Services provided for females who presented to the SAAP agency without a partner or children.
Support	SAAP services, other than supported accommodation, that are provided to assist homeless people or persons at imminent risk of becoming homeless, to achieve the maximum possible degree of self reliance and independence. Support is ongoing and provided as part of a client relationship between the SAAP agency and the homeless person.
Support period	The period that commences when a SAAP client establishes or re-establishes (after the cessation of a previous support period) an ongoing relationship with a SAAP agency. The support period ends when: <ul style="list-style-type: none"> • support ceases because the SAAP client terminates the relationship with the SAAP agency; or • support ceases because the SAAP agency terminates the relationship with the SAAP client; or

(Continued on next page)

Table 15.7 (Continued)

<i>Term</i>	<i>Definition</i>
Supported accommodation	<ul style="list-style-type: none"> • no support is provided to the SAAP client for a period of three months. A support period is to relevant to the provision of supported accommodation or support, not the provision of one-off assistance. <p>Accommodation provided by a SAAP agency in conjunction with support. The accommodation component of supported accommodation is provided in the form of beds in particular locations or accommodation purchased using SAAP funds (for example, at a motel). Agencies that provide accommodation without providing support are considered to provide supported accommodation.</p>
Telephone information and referral	Support delivered via telephone without face-to-face contact. Support provided may include information and/or referral.
Total funding	Funding for allocation to agencies (not available at the individual client group level) for training, equipment and other administration costs.
Unmet demand	A homeless person who seeks supported accommodation or support, but is not provided with that supported accommodation or support. The person may receive one-off assistance.
Women escaping domestic violence services	Services specifically designed to assist women and women accompanied by their children, who are homeless or at imminent risk of becoming homeless as a result of violence and/or abuse.
Youth/young people services	Services provided for persons who are independent, and above the school-leaving age for the State or Territory concerned, and who present to the SAAP agency unaccompanied by a parent/guardian.

Table 15.8 Indicators

<i>Indicator</i>	<i>Definition</i>
Accommodation load (of agencies)	The number of accommodation days divided by the number of days the agency is operational during the reporting period, where the number of accommodation days equals the sum of accommodation days for all clients of an agency who are supported during the reporting period. The average accommodation load is the mean value of all agencies' accommodation loads. Support periods without valid accommodation dates are assigned the inter-quartile modal duration of accommodation for agencies of the same service delivery model in the same jurisdiction.
Caseload (of agencies)	The number of support days divided by the number of days the agency is operational during the reporting period, where the number of support days equals the sum of support days for all clients of the agency who are supported during the reporting period. The average caseload is the mean value of all agencies' caseloads. Support periods without valid support dates are assigned the inter-quartile modal duration of support for agencies of the same service delivery model in the same jurisdiction.

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. Commonwealth, State and Territory governments share responsibility for housing assistance. Direct assistance includes public and community housing, home purchase and home ownership assistance, Indigenous housing, State and Territory rental assistance (such as State and Territory provided bond loans, assistance with rent payments and advance rent payments, relocation expenses and other one-off grants) and Commonwealth Rent Assistance (CRA).

This chapter focuses on the performance of governments in providing public, Indigenous and community housing under the Commonwealth State Housing Agreement (CSHA) (box 16.1) and CRA.

Close links exist between public and community housing services and other government programs and support services discussed elsewhere in the Report. These include:

- 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); and
- health services delivered by Commonwealth, State and Territory governments and community organisations to promote independent living, including disability services (chapter 13), mental health services (chapter 7) and aged care services (for example, the Home and Community Care Program; chapter 12).

A negotiated four-year CSHA came into effect on 1 July 1999. A new performance framework for reporting under the CSHA was developed to reflect the national objectives of the agreement, to improve the quality of national performance information and to recognise the need for balanced reporting at the national and bilateral levels. Performance reporting for public and community housing based on the new national framework was presented for the first time in the 2001 Report.

Box 16.1 **Commonwealth State Housing Agreement (CSHA)**

The CSHA is an agreement made under the *Housing Assistance Act 1996* between the Commonwealth, State and Territory governments 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.

A new four-year agreement came into effect on 1 July 1999 and includes, for the first time, bilateral agreements between the Commonwealth and each State and Territory government, as well as an overarching multilateral agreement. Bilateral agreements are intended to provide greater flexibility for States and Territories to respond to their particular housing needs.

Funding arrangements

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

Roles and responsibilities

Under the CSHA, the Commonwealth 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 Commonwealth objectives to be achieved under the agreement; and
- 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 Commonwealth, State and Territory objectives and that best meet the circumstances of the State or Territory;
- developing, implementing and managing services and programs to deliver agreed outcomes; and
- reporting on a basis that enables performance assessment by the Commonwealth, State or Territory, based on agreed performance indicators.

Source: CSHA (1999).

A profile of housing and housing assistance is presented in section 16.1, followed by a brief discussion of recent policy developments in section 16.2. Together, these provide the context for assessing the performance indicators presented later in the chapter. All jurisdictions have agreed to develop and report comparable indicators, and a framework of performance indicators is outlined in section 16.3. The data are discussed in section 16.4 and future directions for performance reporting are discussed in 16.5. The chapter concludes with jurisdictions' comments in section 16.6 and definitions in section 16.7.

The 2002 Report includes for the first time performance reporting on the Aboriginal Rental Housing Program (ARHP) based on the new national framework. This program provides government owned housing to Indigenous Australians.

Additional performance reporting for CRA has been included this year, with more information reported on the accessibility of CRA to special needs groups. Some time series data are also presented for public and community housing where definitions have not changed.

The data manuals and data reports for public and community housing and the ARHP are available from the Australian Institute of Health and Welfare and may be accessed via the Institute's web site at www.aihw.gov.au (AIHW 2001a, 2001b and 2001c).

Housing services not covered

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

- the Crisis Accommodation Program under the CSHA, which provides capital funding for accommodation for homeless people;
- home purchase assistance and private rental assistance provided under the CSHA;
- community managed Indigenous housing;
- the Aboriginal and Torres Strait Islander Commission (ATSIC)/Army Community Assistance Program, which provides new housing and improved infrastructure to Indigenous communities;
- non-CSHA programs, including those provided by the Commonwealth Department of Family and Community Services (DFaCS), the Department of Veterans' Affairs (DVA) and ATSIC;
- CRA paid by the DVA or the Department of Education, Training and Youth Affairs (DETYA);

-
- Indigenous housing and infrastructure assistance provided by ATSIC, State and Territory governments, land councils and Indigenous community organisations; and
 - community housing not funded under the CSHA.

Supporting tables

Supporting tables for chapter 16 are provided on the CD-ROM enclosed with the Report. The files are provided in Microsoft Excel 97 format as \Publications\Reports\2002\Attach16A.xls and in Adobe PDF format as \Publications\Reports\2002\Attach16A.pdf.

Supporting tables are identified in references throughout this chapter by an 'A' suffix (for example, table 16A.3 is table 3 in the electronic files). Supporting tables may be subject to revision. The most up-to-date versions of these files can be found on the Review's web page (www.pc.gov.au/gsp/). Users without Internet access can contact the Secretariat to obtain up-to-date versions of these tables (see the details on the inside front cover of the Report).

16.1 Profile of housing and housing assistance

Service overview

The 1996 Australian Bureau of Statistics (ABS) Population Census identified 6.5 million private households in Australia, where 'household' is classified as a person living alone or as a group of related or unrelated people who usually reside and eat together. Of these households, 69.0 per cent owned or were purchasing their own home, 20.3 per cent rented in the private sector, 5.3 per cent were in public rental accommodation and 0.5 per cent lived in community housing, with 4.9 per cent residing in other tenure types (table 16A.49).

The composition of Australian households is changing. There is an increasing number of smaller households, including a rising number of single person households. The proportion of single person Australian households increased from 13.6 per cent to 22.8 per cent between 1971 and 1996, while the proportion of households with four or more people fell from 42.0 per cent to 28.2 per cent over the same period (AIHW 1999b).

Why government provides housing assistance

Australia's private housing stock houses the majority of the population. Most Australian households are able to access accommodation either through owner occupation or by renting from a private landlord. Many households, however, face problems in acquiring or accessing suitable private accommodation for reasons of cost, discrimination, availability or adequacy. The price of rental dwellings can be prohibitive for lower income families. Further, stock may not be available in the private rental market for households with special accommodation needs. Housing assistance from Commonwealth, State and Territory governments can help these households.

Roles and responsibilities

Various levels of government have different roles and responsibilities in housing and housing assistance:

- the Commonwealth Government provides CRA and shares responsibility with State and Territory governments for housing assistance provided under the CSHA (box 16.1). The Commonwealth also influences the housing market through other direct and indirect means, including taxation and home purchase assistance;
- State and Territory governments deliver and manage housing assistance provided under the CSHA, such as public housing, community housing, Indigenous rental housing, private rental assistance and home purchase assistance. Some State and Territory governments also contribute to the delivery of housing assistance within their jurisdictions 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; and
- local governments implement planning regulations and are sometimes involved in providing community housing.

Funding

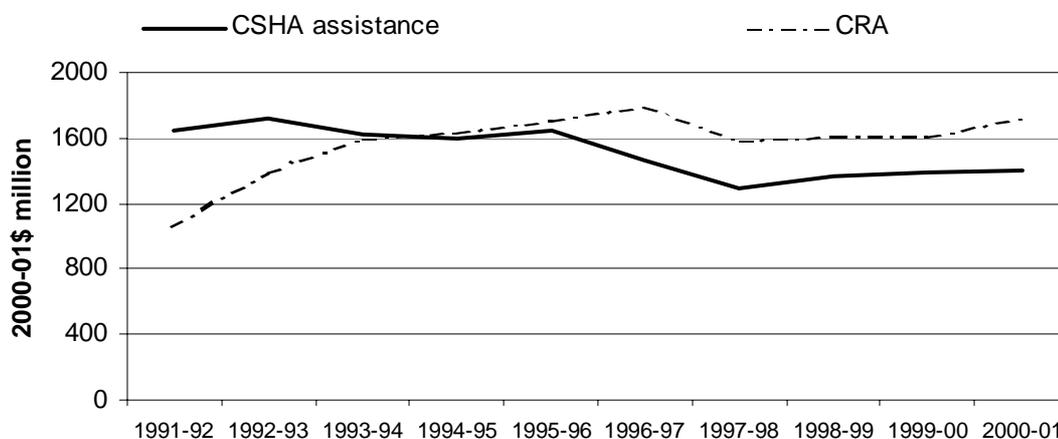
The Commonwealth Government provided over \$1.7 billion for CRA in 2000-01. The Commonwealth, State and Territory governments also provided over \$1.4 billion (contributing about 74 per cent and 26 per cent respectively) for housing programs under the CSHA in 2000-01. Public and community housing accounted for the majority of CSHA funding in 2000-01 (CSHA 1999).

Commonwealth Rent Assistance expenditure increased by approximately 61.8 per cent in real terms between 1991-92 and 2000-01, while expenditure on CSHA assistance declined by approximately 14.7 per cent over the same period (figure 16.1). Increased expenditure on CRA in 2000-01 was primarily the result of an increase in the maximum rate of CRA of 11.7 per cent over the year, including an 8.0 per cent real increase as compensation for the goods and services tax (GST) and a 1.0 per cent increase in the average number of customers each fortnight. Also contained in CSHA expenditure in 2000-01 was \$89.7 million of GST compensation paid to State and Territory governments (table 16A.56).

Given the capital-intensive nature of public housing, in addition to annual funding, assistance is provided through the use of approximately \$38 billion of housing stock owned by housing authorities (1999-2000 State and Territory financial statements). Reduced funding in any given year may not necessarily result in a decline in the level of housing stock provided for that year, although it may affect levels of maintenance and the ability to reconfigure stock, and may eventually result in fewer dwelling constructions or acquisitions.

Nationally, total government recurrent expenditure on public housing per person in the population in 2000-01 was approximately \$72.40. State and Territory recurrent expenditure on public housing per person in the population ranged from \$219.56 in the ACT to \$39.29 in Victoria in 2000-01. Including capital costs, total government expenditure on public housing per person in the population ranged from \$601.06 in the ACT to \$158.77 in Queensland. Average national total government expenditure on public housing per person in the population in 2000-01 was \$232.35 (table 16A.64).

Figure 16.1 Real government expenditure on CSHA assistance and CRA^{a, b, c}



^a Care needs to be taken in interpreting data because CRA is a demand-driven recurrent expenditure program, whereas CSHA expenditure includes a component for capital investment that has resulted in around \$38 billion of public housing assets that are continually used for housing assistance. ^b CSHA data are not comparable to data published before the 2001 Report. The data for 1991-92 to 1995-96 have been adjusted to enable comparability (see source document for further explanation). The data for 1996-97 are different from data published in some earlier years. Commonwealth CSHA expenditure differed from Commonwealth budgetary allocations for the three years from 1996-97 to 1998-99. Commonwealth allocations were \$1068 million in 1996-97, \$975 million in 1997-98 and \$967 million in 1998-99. Commonwealth expenditure was \$926 million in 1996-97, \$825 million in 1997-98 and \$898 million in 1998-99. This difference arose because some States and Territories chose CSHA funds as the source to offset their State Fiscal Contributions to the Commonwealth Government's debt reduction program, which was agreed at the 1996 Premiers' Conference. State Fiscal Contributions deducted from the CSHA allocations totalled approximately \$142 million in 1996-97, \$150 million in 1997-98 and \$70 million in 1998-99. For administrative simplicity, Queensland chose to meet its whole State Fiscal Contribution liability from CSHA funds, but subsequently directed other State funds to housing. Data include all CSHA expenditure. ^c Increased expenditure on CRA in 2000-01 was primarily the result of an increase in the maximum rate of CRA of 11.7 per cent over the year, including an 8.0 per cent real increase as compensation for the GST and a 1.0 per cent increase in the average number of customers each fortnight. CSHA expenditure in 2000-01 also contained \$89.7 million of GST compensation paid to State and Territory governments.

Source: CSHA (1999), DFACS (1999, 2000a, 2000b, 2001) and table 16A.56.

Size and scope

Housing assistance is provided in various forms, and models for delivering assistance can vary both within and between jurisdictions. The main forms of assistance are outlined in box 16.2.

Box 16.2 Forms of housing assistance

Forms of CSHA housing assistance include:

- *public housing*: dwellings owned (or leased) and managed by State and Territory housing authorities to provide affordable rental accommodation. The CSHA is the main source of funding for public housing;
- *community housing*: rental housing provided for low to moderate income or special needs households managed by community based organisations which are at least partly subsidised by government. Community housing models vary across jurisdictions;
- *Aboriginal housing*: includes public rental housing targeted at Indigenous households and houses which are owned by Indigenous community housing organisations and community councils in urban, rural and remote areas. In addition to funding under the CSHA, Aboriginal housing is funded through the Community Housing Infrastructure Program administered by ATSIC. State and Territory governments also provide funding from their own resources;
- *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 the SAAP. Sources of government funding include the Crisis Accommodation Program of the CSHA, which provides funding for accommodation, and SAAP funding for live-in staff, counselling and other support services;
- *home purchase assistance*: assistance provided by State and Territory governments to low to moderate income households to help with first home purchases or mortgage repayments; and
- *private rental assistance*: assistance provided 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.

The chapter also reports on:

Commonwealth Rent Assistance: a non-taxable income support supplement paid by the Commonwealth Government to income support recipients or people who receive more than the base rate of Family Tax Benefit Part A who rent in the private rental market.

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

This chapter focuses on four forms of assistance: public housing, community housing, the ARHP and CRA. Commonwealth Rent Assistance is available only to people receiving income support payments or more than the base rate of Family Tax

Benefit Part A and is paid as a supplement to their other payments. Eligibility and assistance levels differ for each form of assistance. Eligibility for public and community housing tends to be consistent across jurisdictions. Eligibility for public and community housing is income tested but, unlike CRA, not limited to those receiving an income support payment or more than the base rate of Family Tax Benefit Part A. Access to public and community housing is restricted by the amount of housing stock available.

The level of assistance provided in public and community housing depends on the income of the household and the rental value of the property. Rent rebates are set to achieve an affordability outcome for low income tenants where tenants pay the lower of market rent or a maximum 25 per cent of their assessable income in rent. The amount of rent paid for a private rental dwelling represents the basis of CRA payments. Income supplements paid under CRA are set subject to a minimum rent threshold and cannot exceed a maximum rate, with both the minimum rent threshold and maximum rate varying according to family structure. Unlike public and community housing, affordability outcomes for households receiving CRA will vary with the rental value of the property and with the amount of private income and benefits the households receive.

Public housing

Public housing comprises those dwellings owned (or leased) and managed by State and Territory housing authorities. The CSHA is the main source of funding for public housing, which is also the largest program under the CSHA. A total of 346 000 households lived in public housing at 30 June 2001.

Public housing is available to people on low incomes and those with special needs. Although people with a disability represent 17 per cent of the total population aged between 15–64 years, 39 per cent of public housing tenants of this age group in 1998 were people with a disability (ABS 1999a, AIHW 1999b).¹

Commonwealth Government pensions and allowances are the main source of income for the majority of households in public housing. The ABS estimated that approximately 80 per cent of households renting from a State or Territory housing authority in 1997-98 relied on pensions and allowances as their principal source of income (ABS 1999a).

Public housing rents are generally set at market levels and rebates are granted to low income earners (so tenants should pay no more than 25 per cent of their

¹ Disability is defined as any restriction or lack of ability (resulting from an impairment) to perform an action in the manner or within the range considered normal for a human being.

assessable income in rent), in order to provide affordable housing to people on low incomes. The proportion of total households residing in public housing ranged from 14.3 per cent in the NT to 3.4 per cent in Victoria in 1996 (table 16A.52). Information on the proportion of income paid in rent by public housing tenants is contained in table 16A.57.

Community housing

Community housing is generally managed by not-for-profit organisations and/or local government, which perform asset and tenancy management functions. The primary objective of community housing is to increase social capital by encouraging local communities to take a more active role in planning and managing appropriate and affordable transitional and long term rental accommodation. Community housing also aims to provide a choice of housing location, physical type and management arrangements. Some forms of community housing also allow tenants to participate in the management of their housing.

Community housing aims to achieve links between housing and services that are best managed at the community level, including disability services and home and community care. Notwithstanding their common objectives, community housing programs vary within and across jurisdictions in their administration and types of accommodation (box 16.3).

Funding for community housing is typically either fully or partly provided by governments to not-for-profit organisations or local government. Commonwealth funding for community housing amounted to 6.2 per cent (or \$64.0 million) of total CSHA funding provided by the Commonwealth in 2000-01. There were approximately 25 900 CSHA community housing dwellings in Australia at June 2001, or about 6.7 per cent of the total public and community housing stock supported under the CSHA (table 16A.15).

The community sector has played a small but increasingly important role in the provision of housing assistance within most jurisdictions. Less than 1 per cent of households in each State and Territory in 1996 lived in community housing, except in the NT (4.6 per cent) (table 16A.54).

The focus of this chapter is on community housing stock funded wholly or partly through the CSHA. However, a 1998 mapping study estimated that approximately 15 000 community housing dwellings (or 38 per cent of total community housing dwellings) across Australia at 30 June 1998 were funded and delivered through other means (AIHW 1999a). There is also likely to be additional community housing stock not identified through the study.

Box 16.3 **Models of community housing**

Community housing models vary across jurisdictions in terms of their scale, organisational structure, financing arrangements and the extent to which the community or government has management responsibility and ownership of the housing stock. Table 16A.53 lists the relevant community housing programs in each jurisdiction.

Some community housing models are:

- *regional or local housing associations*: the associations provide property and tenancy management services and community groups provide support services to tenants;
- *headleasing*: housing authorities or private landlords own the housing stock, which is managed by community groups;
- *joint ventures and housing partnerships*: a range of church, welfare, local government agencies and other organisations provide resources in cooperation with State and Territory government organisations;
- *housing cooperatives*: the cooperatives are responsible for tenant management and maintenance, while government, a central finance company or individual cooperatives own the housing stock;
- *community management and ownership*: not-for-profit or community housing associations both own and manage housing;
- *local government housing associations*: the associations provide low cost housing within a particular municipality, are closely involved in policy, planning, funding and/or monitoring roles and may directly manage the housing stock; and
- *equity share rental housing*: housing cooperatives wholly own the housing stock and lease it to tenants (who are shareholders in the cooperative and therefore have the rights and responsibilities of cooperative management).

Source: State and Territory governments (unpublished).

Aboriginal Rental Housing Program

Reporting on the ARHP is included for the first time in the 2002 Report. The framework for reporting on the ARHP is based on that used for public and community housing, although the appropriateness of some indicators is the subject of ongoing discussion. The ARHP data collection provides information on the provision of rental housing owned and managed by the State or Territory government and allocated to Indigenous households only. This includes dwellings managed by government Indigenous housing agencies for allocation to Indigenous tenants.

The ARHP is only one of a number of programs designed to provide housing assistance to Indigenous people. Indigenous Australians may also be eligible for assistance under Indigenous community managed housing (where tenancy management functions are carried out by community agencies) and the mainstream public and community housing programs, CRA, and other government housing programs (both Indigenous-specific and mainstream).

The ACT does not receive funding or administer any programs under the ARHP, while in the NT, ARHP funding is directed at community managed Indigenous housing. The NT government is unable to differentiate between the various funding sources because of its commitment under the CSHA Bilateral Agreement to specifically 'pool' all funds earmarked for Indigenous housing and associated infrastructure in the NT. The ACT and the NT therefore are not included in the ARHP data collection.

Commonwealth Rent Assistance

Commonwealth Rent Assistance is a non-taxable supplementary payment to help with the additional cost of private rental housing. It is available to recipients of income support payments, including those who receive more than the base rate of Family Tax Benefit Part A and who pay private rent above minimum thresholds. Private rent includes rent paid under both formal tenancy agreements and informal arrangements, such as board and lodgings paid to a family member. It also includes mooring and site fees (for boats and caravans) and payments for retirement village services. Community housing tenants may also be eligible for CRA.

Commonwealth Rent Assistance is paid at a rate of 75 cents for every dollar above the threshold until a maximum rate is reached. The maximum rates and thresholds vary according to a client's family situation and to their number of children (table 16.1). For single people without children, the maximum rate also varies according to whether accommodation is shared with others. Rent thresholds and maximum rates are indexed twice a year (March and September) to reflect changes in the consumer price index.

Table 16.1 Eligibility and payment scales for CRA (dollars/fortnight)^a

<i>Personal circumstances</i>	<i>Minimum rent to be eligible for CRA</i>	<i>Minimum rent to be eligible for maximum CRA</i>	<i>Maximum CRA</i>	<i>Average CRA paid^b</i>
Single, no children	78.00	195.33	88.00	65.00
Single, no children, sharer	78.00	156.27	58.70	48.00
Single, 1 or 2 children	102.62	240.01	103.04	77.00
Single, 3 or more children	102.62	257.93	116.48	91.00
Partnered, no children	127.00	237.40	82.80	66.00
Partnered, 1 or 2 children	151.90	289.29	103.04	76.00
Partnered, 3 or more children	151.90	307.21	116.48	86.00
Partnered, illness separated, no children	78.00	195.33	88.00	77.00
Partnered, temporarily separated, no children	78.00	188.40	82.80	84.00

^a Maximum rates and thresholds payable at 20 March 2001. ^b At March 2001.

Source: DFACS (unpublished).

As a national payment, CRA seeks to ensure clients who have the same household characteristics and who pay the same amount of rent (where that rent is below the threshold for maximum assistance) receive the same amount of assistance wherever they live. The maximum rate of assistance is received by 57 per cent of CRA recipients. This outcome and the national payment objective of CRA result in little variation in the average level of assistance across locations (table 16A.48) even though rents vary considerably by location (table 16A.51). At 30 June 2001, the average payment across Australia was \$66.03 per fortnight (or approximately \$1717 per year). On a capital city/rest of State or Territory basis, Sydney had the highest average CRA payment (\$70.78 per fortnight) at 30 June 2001. The lowest average CRA payment (\$59.63 per fortnight) was in other Australian Territories, comprising Jervis Bay, Christmas Island and Cocos (Keeling) Island. Excluding these Territories, the lowest average CRA payment (\$63.35 per fortnight) was in non-capital city Victoria (table 16A.48).

There were 976 333 income units — where an income unit is defined as either a single person or a couple with or without dependents² — receiving CRA at 30 June 2001 (table 16.2).

² Children over 16 years of age are not regarded as dependent unless they are full time secondary students aged under 18 years and do not receive social security payments.

Table 16.2 Income units receiving CRA by income unit type, 30 June 2001^{a, b}

<i>Benefit type</i>	<i>Income units</i>	<i>Proportion of CRA recipients</i>	<i>Indigenous income units</i>	<i>Proportion of Indigenous CRA recipients</i>
	no.	%	no.	%
Single, no children	380 572	39.0	6 761	33.3
Single, no children, sharer	149 836	15.3	2 448	12.1
Single, 1 or 2 children	185 348	19.0	5 616	27.7
Single, 3 or more children	34 570	3.5	1 829	9.0
Partnered, no children	74 304	7.6	662	3.3
Partnered, 1 or 2 children	102 965	10.5	1 624	8.0
Partnered, 3 or more children	43 866	4.5	1 194	5.9
Partnered, illness separated, no children	1 921	0.2	26	0.1
Partnered, temporarily separated, no children	182	–	7	–
Unknown income unit	2 769	0.3	117	0.6
Total	976 333	100.0	20 284	100.0

^a Data are for CRA recipients who were clients of DFACS only. Data exclude those paid rent assistance by, or on behalf of, the DVA or DEYTA. Components may not sum to 100 per cent as a result of rounding. ^b An income unit is the basic unit used to determine eligibility for social security payments. Income units are analogous to family units with the distinction that non-dependent children and other adults living in the same household are treated as separate income units. Children are regarded as dependent until 16 years of age. Children aged 16–18 years may also be regarded as dependent if they are full time students, wholly or substantially dependent on another person and not in receipt of an income support payment. – Nil or rounded to zero.

Source: DFACS (unpublished).

The mix of clients by payment type reflects the fact that the proportion of social security recipients receiving CRA decreases with age. Approximately 48 per cent of income units aged 25–27 years received CRA in 2001, but this proportion declined to 37 per cent at age 34 years, 28 per cent at age 48 years, 20 per cent at age 59 years and less than 12 per cent at age 65 years or more. Clients aged under 25 years are less likely to receive CRA because single Youth Allowance clients without children must be entitled to the away-from-home rate to qualify for CRA. In most cases this means they have to live away from home for study or training.

Survey of CRA recipients

In July 1998, DFACS commissioned a national survey of CRA recipients with the aim of obtaining data on the housing consumption and social and economic circumstances of CRA recipients. The data collected in the survey enabled a more detailed social and housing profile of CRA recipients. A report on the key findings was published by DFACS in April 2001 and is available on the DFACS website at www.facs.gov.au (Wulff and Rees 1999).

At September–October 1998, the family situation of the majority of respondents indicated that 55.3 per cent were single with no dependants, 23.5 per cent were couples with or without children and 21.2 per cent were single with dependants. Approximately 79.8 per cent of respondents lived ‘independently’ (that is, the recipient is primarily responsible for housing costs) while 20.2 per cent lived in someone else’s house (includes those residing with parents or relatives and boarders or lodgers).

Recipients of CRA locate in different parts of metropolitan areas based on their lifecycle stage. The majority of CRA recipients were satisfied with both the condition and size of their dwelling, with satisfaction with dwelling condition ranging from 74 per cent for those living in someone else’s house to 55 per cent for couples with children. A more comprehensive summary was reported in the 2001 Report (SCRCSSP 2001a).

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. 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, which may help in interpreting the performance indicators presented in this chapter. State and Territory governments have provided some additional information on the key operating parameters characterising housing assistance provision in their jurisdictions.

Public housing

- *Eligibility criteria for access to public housing.* Definitions of income and assets, and income and asset limits for access to public housing, vary across jurisdictions. At June 2001, income limits for a single person ranged from \$499 a week in SA to \$315 a week in Tasmania. In most cases, jurisdictions require that applicants are Australian citizens or permanent residents and do not own or part-own residential property. ‘Other’ asset limits for a single person household ranged from \$219 250 in SA (with the same definition as the Centrelink asset test threshold at 30 June 2001 for a single person who does not own their own home) to \$40 000 in the ACT (including cash and convertible assets but excluding household and personal effects). There are no ‘other’ asset limits in

NSW and Queensland, although NSW assesses liquid assets as part of a household's weekly income when determining eligibility. The minimum age for eligibility also differs — 18 years in Queensland and WA; 16 years in Tasmania and the ACT; 15 years in Victoria; and no set minimum age in NSW, SA and the NT. Applicants under the age of 18 in NSW, however, must demonstrate living skills to be eligible for housing. All jurisdictions require eligible applicants to be resident in the respective State or Territory.

- *Management of the waiting list.* All State and Territory governments have at least a two-segment waiting list ('priority' and 'wait turn'). Victoria, SA and the ACT have implemented more complex segmented waiting lists to categorise levels of priority, while Tasmania seeks to categorise levels of need. Segments are defined differently across jurisdictions, but generally reflect urgent need/homelessness and inability to access appropriate private market accommodation.
- *Term of tenure.* Most jurisdictions provide security of tenure after an initial probationary period. In Victoria, new tenants after November 1997 have their eligibility reviewed after five years. Tenants aged 65 years and over have lifetime tenure. In SA, tenants who applied after February 1998 and were housed after September 1999, who exceed set income limits over three consecutive years and who do not meet a needs test, are encouraged into home ownership. Those who do not take up this option are able to remain in public housing but are charged a rent premium on top of the market rent they would otherwise pay. The ACT has introduced limited tenure with five year reviews for tenancies commenced after 1 January 2001. In the NT, tenants are offered an initial three or six month probationary lease (depending on the circumstances). Those successfully completing a six month lease are then offered a two year lease, followed by a five year lease. At the end of each lease period, ineligible tenants are required to find alternative housing.
- *Rebated rent setting.* Rebated rents in all jurisdictions are based on the majority of households paying no more than 25 per cent of their assessable income in rent (the income-to-rent ratio). In recent years, NSW, Victoria, Queensland, WA and the ACT have introduced an income-to-rent ratio of 25 per cent for new tenants and the NT has introduced a ratio of 23 per cent. In SA, the income-to-rent ratio ranges from 19.5 per cent (18.5 per cent in country regions) up to 25 per cent. In 1999-2000, the income-to-rent ratio for tenants receiving a Centrelink Family Allowance was lower in most jurisdictions (ranging from 15 to 10 per cent). Definitions of assessable income vary across jurisdictions.
- *Rebated tenants.* The proportion of public housing tenants in receipt of a rebated rent in 2001 was 89.6 per cent in NSW, 88.9 per cent in Victoria, 91.4 per cent

in Queensland, 83.3 per cent in WA³, 83.8 per cent in SA, 88.7 per cent in Tasmania, 75.4 per cent in the ACT and 87.8 per cent in the NT. Nationally, 89.1 per cent of public housing tenants received a rebate.

- *Priority access.* The proportion of public rental allocations made on the basis of greatest need is shown in section 16.4.
- *Remote area concentrations.* The proportion of public housing in remote areas, based on the Rural Remote Classification System (known as RRMA), was below 2.0 per cent in NSW, Victoria, SA and Tasmania and was 3.8 per cent in Queensland, 12.1 per cent in WA and 30.8 per cent in the NT. There are no remote areas in the ACT. Nationally, 2.4 per cent of public housing was located in remote areas (table 16A.1). The proportions calculated exclude properties where details on the location are unavailable.
- *Rural area concentrations.* The proportion of public housing in rural (as distinct from remote) areas, based on RRMA classifications, was 17.9 per cent in NSW, 27.5 per cent in Victoria, 26.0 per cent in Queensland, 16.1 per cent in WA, 23.2 per cent in SA, 52.5 per cent in Tasmania, 0.1 per cent in the ACT and 1.3 per cent in the NT. Nationally, 21.8 per cent of public housing was located in rural (as distinct from remote) areas (table 16A.1). The proportions calculated exclude properties where details on the location are unavailable.

Community housing

- *Eligibility.* Eligibility for community housing is generally consistent with eligibility requirements for public housing in each jurisdiction.
- *Waiting list management.* In most jurisdictions there is no requirement for community housing organisations to segment waiting lists. In March 2000, SA introduced a segmented waiting list for community housing consistent with the segmented waiting list in place for public housing. Victoria has also introduced a segmented waiting list.
- *Proportion of community housing dwellings.* The proportion of community housing dwellings to total public and community housing dwellings at June 2001 was approximately 6.5 per cent in NSW, 12.0 per cent in Victoria, 7.4 per cent in Queensland, 6.3 per cent in SA, 1.9 per cent in Tasmania, 3.4 per cent in the ACT and 2.1 per cent in the NT. Data for WA are unavailable. Nationally,

³ The 83.3 per cent figure for WA has been calculated differently to those for other jurisdictions. With the introduction of the Valuer General's Office Market Rent System in WA, a decision was made to increase rent paid by full rent payers by no more than 7.5 per cent a year. As a consequence, a number of full rent payers now show as receiving a subsidy. The rent charged in these circumstances will increase each year until market rent is reached. If the proportion of rebated tenants in WA was calculated the same way as for other jurisdictions, the proportion would be 96.7 per cent.

community housing dwellings represented approximately 6.7 per cent of total public and community housing dwellings.

- *Remote area concentrations.* The proportion of community housing in remote areas was none (or negligible, at less than 2 per cent) in NSW, Victoria, SA and Tasmania, 13.7 per cent in Queensland, 11.2 per cent in WA and 10.0 per cent in the NT. There are no remote areas in the ACT. Nationally, 3.8 per cent of community housing was located in remote areas. These results may be affected by survey nonresponse. The proportions calculated exclude properties where details on the location are unavailable.
- *Rural area concentrations.* The proportion of community housing in rural (as distinct from remote) areas was 30.1 per cent in NSW, 22.6 per cent in Victoria, 44.3 per cent in Queensland, 22.4 per cent in WA, 11.7 per cent in SA, 95.2 per cent in Tasmania and 32.3 per cent in the NT. There was no community housing located in rural areas in the ACT. Nationally, 27.1 per cent of community housing was located in rural (as distinct from remote) areas (table 16A.15). These results may be affected by survey nonresponse; for example, the relatively low rate of return of survey forms by large providers in southern Tasmania is likely to overstate the proportion of providers in rural areas in Tasmania. The proportions calculated exclude properties where details on the location are unavailable.

Aboriginal Rental Housing Program⁴

- *Eligibility criteria for access to ARHP housing.* Once an applicant is confirmed as being Indigenous, eligibility for ARHP housing is consistent with eligibility requirements for public housing in NSW, SA and Tasmania, although applications outside the guidelines may be considered in Tasmania where extenuating circumstances exist. In Queensland, there are no income or age eligibility limits on ARHP housing as the program is aimed at addressing discrimination and a history of social disadvantage, and discrimination can occur regardless of income or age. Provided other eligibility criteria are met, applications from people living interstate and newly arrived interstate applicants are accepted, with waiting times commencing from the date applications are received. Applicants with previous debts to the Queensland Department of Housing are eligible to be placed on waiting lists for housing although housing is

⁴ The ACT does not receive funding or administer any programs under the ARHP. In the NT, ARHP funding is directed at community managed Indigenous housing. All Indigenous housing programs in the NT are community managed and administered and specific management issues, such as eligibility and waiting lists, are the responsibility of approximately 130 Indigenous housing organisations. The approaches of these organisations may differ significantly depending on the size of the organisations, socioeconomic circumstances of particular communities and cultural considerations.

not generally allocated until the debt is repaid, except in extenuating circumstances or where more than 75 per cent of the debt has been paid under agreed terms.

- *Management of the waiting list.* Management of waiting lists varies across jurisdictions for ARHP housing. In Queensland, ARHP housing is provided on a ‘wait turn’ basis, with provision for a small number of applicants to be housed ahead of turn in very urgent circumstances. Priority allocations are to represent no more than 10 per cent of annual allocations. South Australia has divided the ARHP housing waiting list into four categories, with ‘category one’ reflecting those in most urgent need of housing and ‘category four’ reflecting the least urgent housing need. In Tasmania, while the Housing Assessment System developed for public rental housing may be used as a guide, applications for ARHP housing are not subject to the allocation of points to determine overall housing need or relative priority. Assessments are undertaken by Aboriginal Customer Service Officers who consider an applicant’s claim against criteria such as ill health, medical requirements, and the affordability and adequacy of current housing. Priority may be given to applicants with children and applicants who may have their educational or employment opportunities enhanced by the provision of housing. Priority is determined and properties allocated by regional Aboriginal housing committees.
- *Term of tenure.* In Queensland, security of tenure is dependent on ARHP tenants meeting their responsibilities under the *Residential Tenancies Act (Qld)* (which involves paying their rent, maintaining the property and keeping the peace of the neighbourhood). In SA, security of tenure is the same as that for public housing. In Tasmania, tenants are signed either to a fixed term lease or to a lease of no fixed term, depending on their previous housing history. Tenure arrangements may be reviewed if, following family breakdown or death, a non-Indigenous person is the remaining tenant in an ARHP home.
- *Remote area concentrations.* ARHP dwellings⁵ are more likely to be located in rural or remote areas than public or community housing dwellings. The proportion of the ARHP dwellings located in remote areas was 6.6 per cent in NSW, 3.0 per cent in Victoria, 31.7 per cent in Queensland, 48.5 per cent in WA and 8.1 per cent in SA. No ARHP housing was located in remote areas of Tasmania. Nationally, 20.4 per cent of ARHP dwellings were located in remote

⁵ Aboriginal Rental Housing Program dwellings are defined as those rental housing dwellings owned and managed by government and allocated only to Indigenous Australians. These may be funded from ARHP funding or general grants. This specifically excludes community Indigenous housing stock managed by community agencies, even where purchased using ARHP funds (AIHW 2001c).

areas (table 16A.25). The proportions calculated exclude properties where details on the location are unavailable.

- *Rural area concentrations.* Across jurisdictions, the proportion of ARHP dwellings located in rural (as distinct from remote) areas was 51.8 per cent in NSW, 59.1 per cent in Victoria, 42.0 per cent in Queensland, 21.3 per cent in WA, 30.5 per cent in SA and 60.6 per cent in Tasmania. Nationally, 41.2 per cent of the ARHP dwellings were located in rural (as distinct from remote) areas (table 16A.25). The proportions calculated exclude properties where details on the location are unavailable.

Private rental markets

- *Capital city vacancy rates.* Vacancy rates in the private rental market at June 2001 ranged from 8.5 per cent in Darwin to 2.4 per cent in Hobart and Canberra. Tight private rental markets (vacancy rates below 3.0 per cent) were evident in Hobart and Canberra (table 16A.50).
- *Capital city median rents.* Median rents for three bedroom houses at June 2001 were highest in Darwin at \$240 per week and lowest in Hobart at \$160 per week. For two bedroom flats or units, median rents ranged from \$265 per week in Sydney to \$125 per week in Hobart (table 16A.51).

16.2 Policy developments in housing assistance

Housing ministers' Indigenous strategy to 2010

Following the Housing Ministers' Conference in May 2001, the Commonwealth, State and Territory housing ministers and the Commonwealth Minister for Reconciliation and Aboriginal and Torres Strait Islander Affairs affirmed their commitment to improving housing and environmental health outcomes for Indigenous Australians. Ministers agreed to further strengthen the role of the Indigenous community housing sector in providing housing.

Ministers agreed to work towards a number of desired outcomes for Indigenous housing:

- better housing that meets agreed standards and is appropriate to the needs of Indigenous Australians;
- better housing services that are well managed and sustainable;
- growth in the number of houses to address the backlog of Indigenous housing need and to deal with the emerging needs of a growing Indigenous population;

-
- greater involvement of Indigenous people in government planning, decision making and delivery of services;
 - greater effectiveness, efficiency and coordination of services, including a 'whole of government' approach with greater coordination of housing and housing related services; and
 - improved performance linked to accountability.

The full statement *Building a Better Future: Indigenous Housing to 2010* is available on the DFaCS web site at www.facs.gov.au.

One implementation strategy agreed to by Housing ministers to achieve the desired outcomes was the implementation of the Agreement on National Indigenous Housing Information (AIHW 2000). This included development of a data collection to support national performance indicators and a national minimum data set and reporting systems to facilitate performance appraisal at the national, State and Territory, regional and local levels. Implementation of the agreement should improve the ability of the housing sector to provide national performance reporting and is expected to lead to improvements in performance reporting for Indigenous housing in future reports (Housing Ministers 2001).

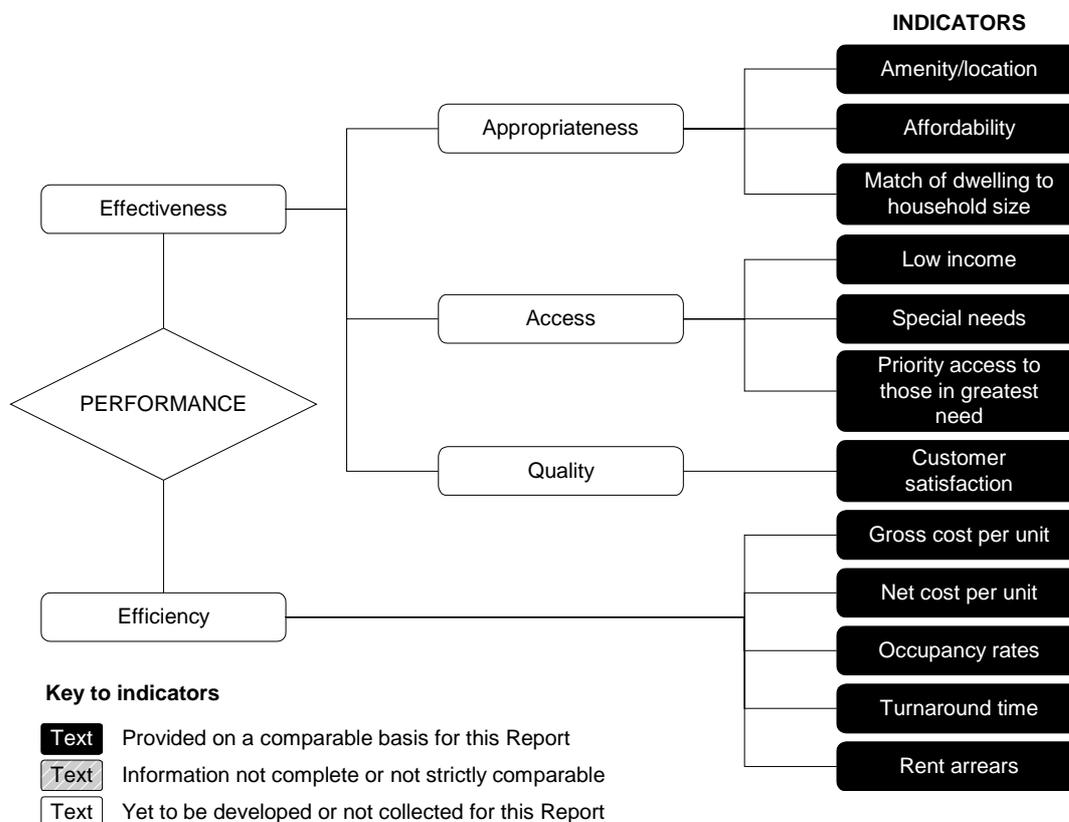
Renegotiation of the CSHA

The current CSHA is due to expire in 2003 and funding arrangements for housing assistance beyond this time are expected to be negotiated in 2002. The outcome of these negotiations may affect reporting in future years.

16.3 Framework of performance indicators

The framework of performance indicators for public and community housing and the ARHP in this chapter is based on the performance indicator framework developed for the 1999 CSHA (figures 16.2, 16.3 and 16.4). The CSHA framework reflects the Agreement's national objectives as outlined in a number of guiding principles (CSHA 1999).

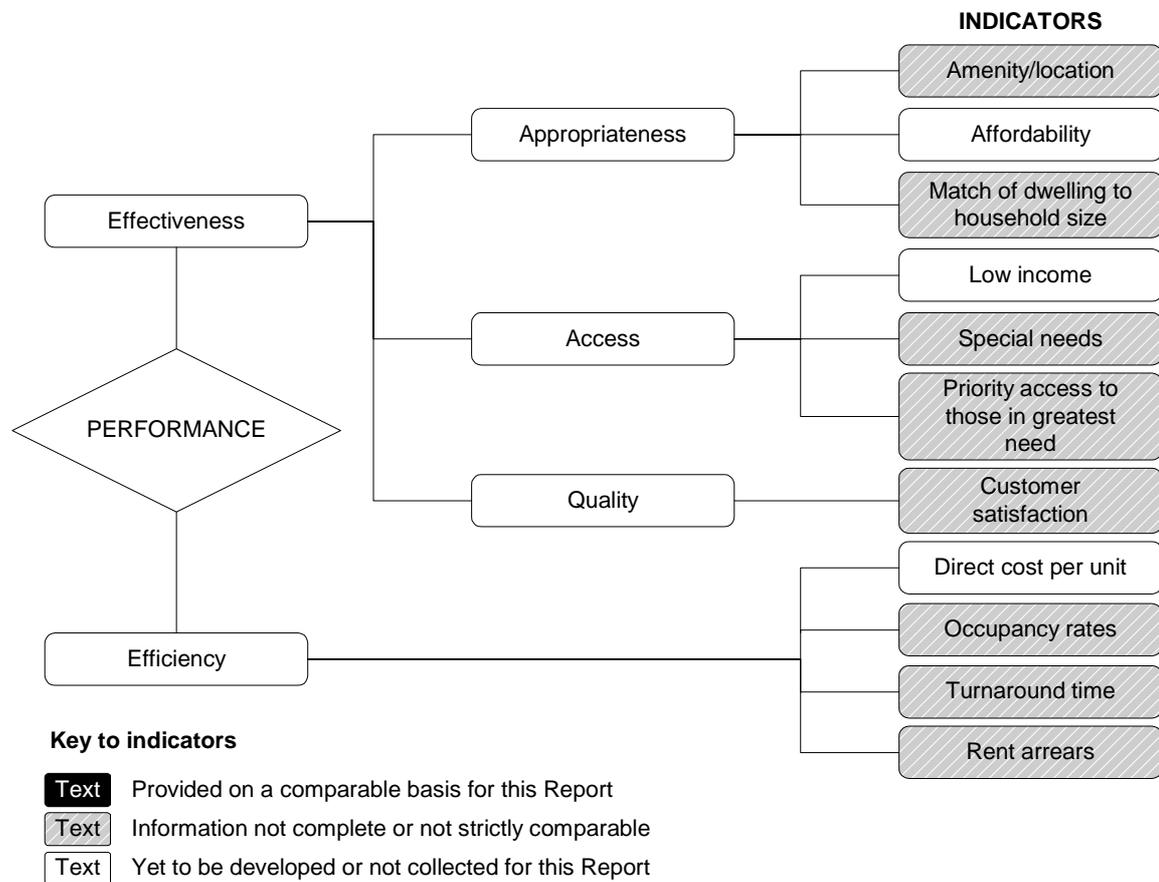
Figure 16.2 Performance indicators for public housing



The objectives for public and community housing services are similar. Both services aim to help eligible people obtain housing that is affordable, secure and appropriate to their needs. However, the delivery method for community housing differs from that for public housing: community organisations and sometimes local government deliver community housing, while State and Territory governments deliver public housing.

Performance indicator data are reported against the new public housing and community housing frameworks for the second time this year, with some minor changes to the specifications of some indicators to provide greater clarity between indicators and to simplify some community housing indicators. Some additional information on affordability, and moderate overcrowding and underuse can be found in tables 16A.57, 16A.58 and 16A.59, and 16A.60, 16A.61 and 16A.62 respectively.

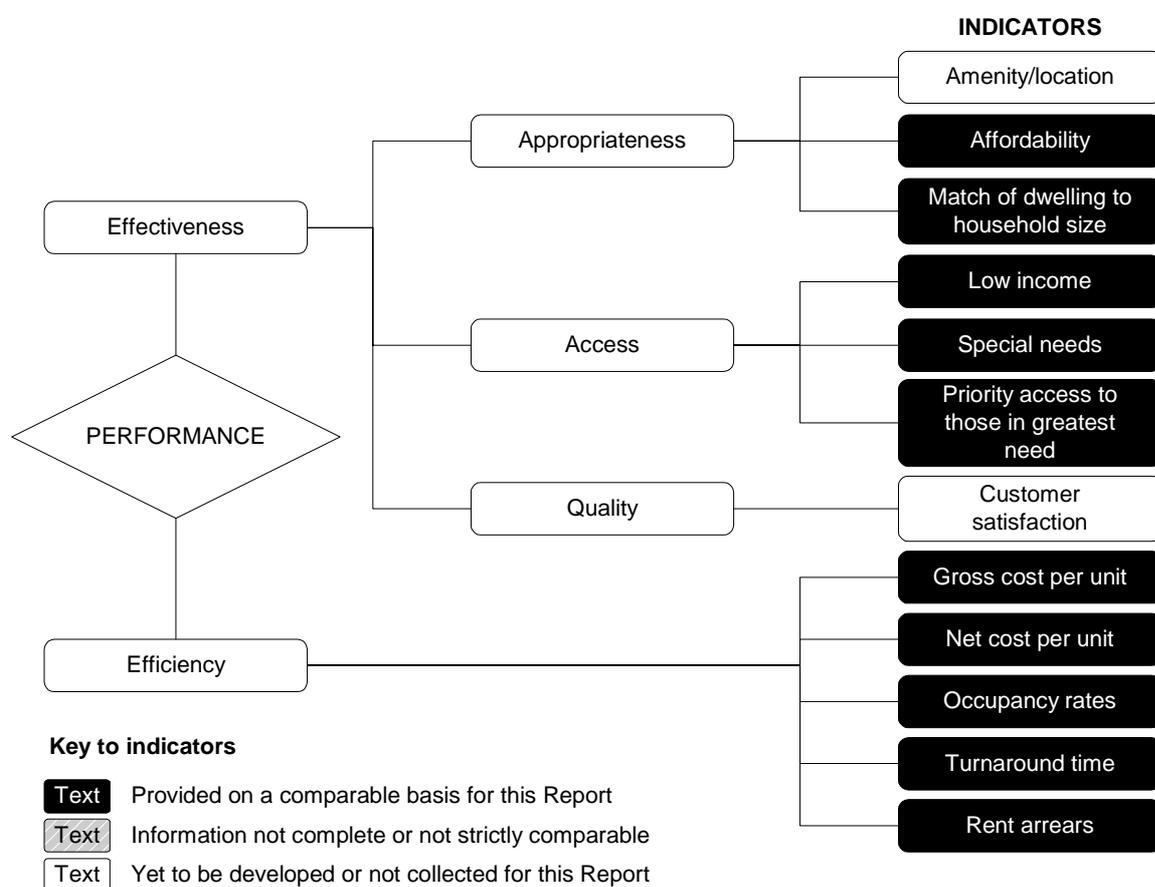
Figure 16.3 Performance indicators for community housing



As for other services, performance reporting this year is assessed in terms of effectiveness and efficiency. Comparable public housing data are presented for the full range of effectiveness and efficiency indicators in the performance measurement framework (figure 16.2).

It has not been possible to obtain nationally comparable performance information for community housing (figure 16.3) because current data standards and data collection capacity do not allow nationally comparable performance information to be reported in the community housing sector. Jurisdictions operate a variety of funding and asset management models (box 16.3) and they are not always managed by State or Territory housing authorities.

Figure 16.4 Performance indicators for the Aboriginal Rental Housing Program

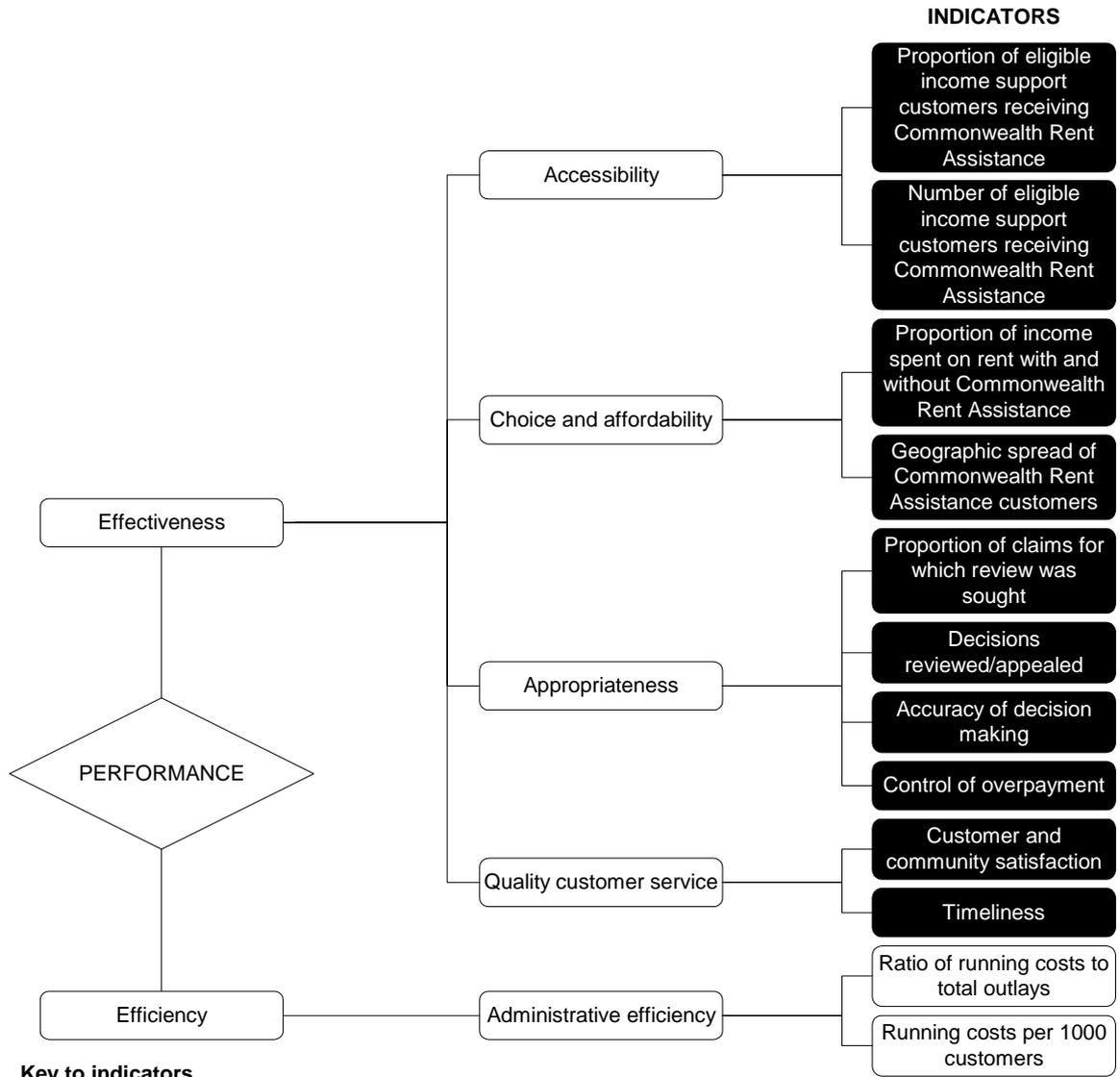


Performance reporting on the ARHP is included for the first time this year. The performance indicator framework for the ARHP is cognisant of the Agreement on National Indigenous Housing Information (figure 16.4) and uses the same framework as that used for reporting on public and community housing. It is not appropriate to make direct comparisons between the performance of public housing and the ARHP as a number of definitions differ. For example, the special needs indicator for public housing includes Indigenous households in the definition of ‘special needs’ households. To use this definition for the ARHP would result in 100 per cent of ARHP households being regarded as having ‘special needs’. The ARHP uses a more appropriate definition of ‘special need’. More information on the differences between public housing and the ARHP are discussed in section 16.4.

The performance indicators for CRA differ from those for public, community and ARHP housing because they have different objectives and delivery methods. The performance indicator framework for CRA (figure 16.5) is based on the objective

outlined in box 16.4. Definitions for all indicators are provided in tables 16.19 and 16.20.

Figure 16.5 Performance indicators for Commonwealth Rent Assistance



Key to indicators

- Text** Provided on a comparable basis for this Report
- Text** Information not complete or not strictly comparable
- Text** Yet to be developed or not collected for this Report

Box 16.4 Objective of Commonwealth Rent Assistance

The objective of CRA is to provide income support recipients and low income families in the private rental market with additional financial assistance in recognition of the housing costs they face (Newman 1998). This assistance should be provided in an equitable and efficient manner. In addition to housing effects and objectives, CRA is also governed by other objectives applying to the primary income support payment.

Data are for CRA recipients who are clients of DFACS only. Data exclude those paid rental assistance by, or on behalf of, the DVA or DETYA. Comparable data are presented for all effectiveness indicators within the performance measurement framework. As data are not available, it is not possible to report on the efficiency indicators in this Report.

Ongoing work to provide a more comprehensive set of performance indicators and to improve existing indicators and the data, is discussed in section 16.5.

16.4 Key performance indicator results

Public housing

Different delivery contexts, locations and types of client may affect the performance of public housing reported in this chapter. The adoption of the new performance indicator framework is expected to lead to improvements in the comparability and usefulness of public housing indicators. Care needs to be taken in interpreting performance indicator results and the qualifications presented with the data need to be considered. Some descriptive information on public housing can be found in table 16A.1.

Effectiveness

Appropriateness

This chapter reports three measures of appropriateness. The first is the match of rental dwellings to household size. Data are provided on the match of households to different size dwellings using a proxy occupancy standard based on the size of the dwelling and household structure (table 16.3).

Table 16.3 Proxy occupancy standard for appropriate sized dwelling by household structure

<i>Household structure</i>	<i>Bedrooms required</i>
Single adult only	1
Couple with no children	2
Sole parent or couple with 1 child	2
Sole parent or couple with 2 or 3 children	3
Sole parent or couple with 4+ children	4

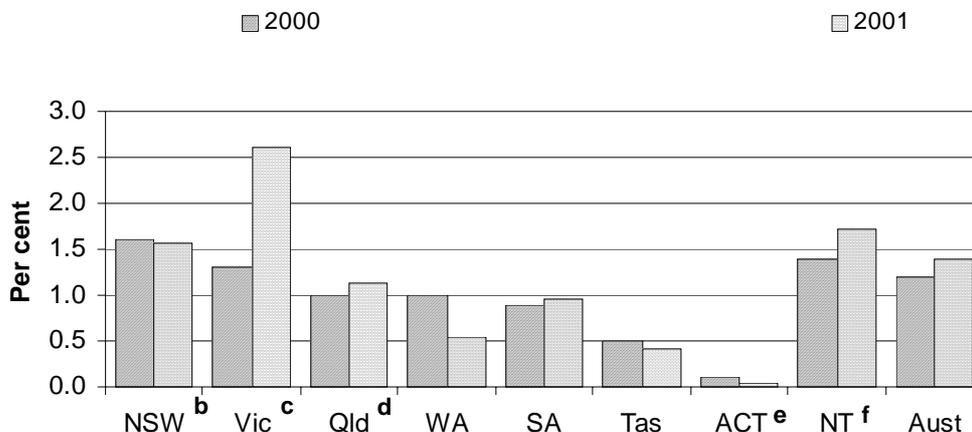
Source: AIHW (2001a).

Overcrowding is deemed to have occurred where two or more additional bedrooms are required to satisfy the proxy occupancy standard. The occupancy standards in table 16.3 may differ from the specific criteria used by State and Territory housing authorities to match households to dwelling types, affecting interpretation of this indicator.

Victoria had the highest proportion of overcrowded dwellings at June 2001, while the ACT had the lowest proportion. Overcrowded dwellings represented 1.4 per cent of public housing dwellings nationally (figure 16.6). More information on overcrowding can be found in table 16A.62.

The second measure of the appropriateness of public housing assistance is provided by surveying tenants about the amenity and location of their dwellings. The precision of survey estimates will depend on the survey sample size and the sample estimate. Larger sample sizes result in higher precision, as do larger sample estimates (for example, if 90 per cent of surveyed respondents chose an answer, there would be less uncertainty about the actual population's views than if 50 per cent of respondents had chosen it).

Figure 16.6 Proportion of households in public housing with overcrowding at 30 June^a



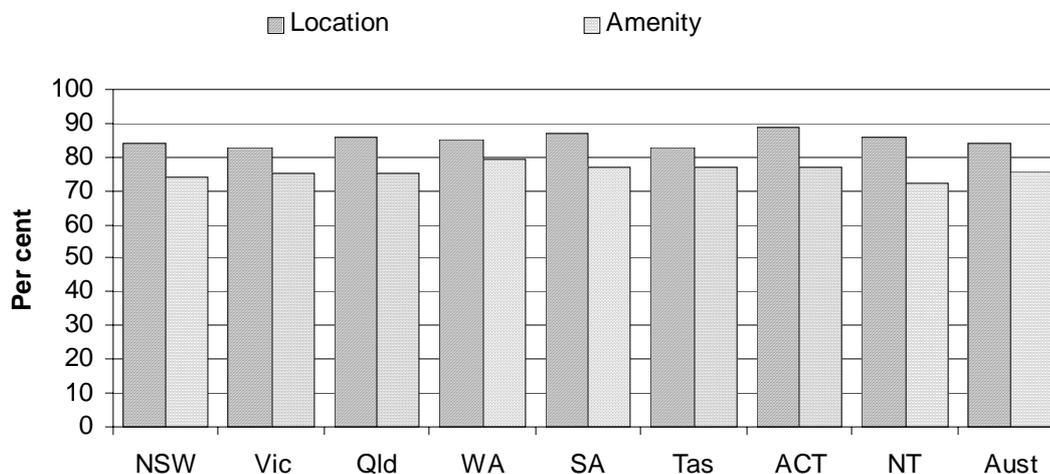
^a Includes rebated and non-rebated tenants where household composition is known. ^b Data for 2000 include data on extended family members which were not previously available. Counts for previous years are overestimates. For 2000-01, there are eight households with no household composition information. ^c Internal data show an increase of 0.1 per cent from 2000 to 2001 using consistent methodology. Victoria has serious concerns about the credibility and validity of this data item and performance indicator. ^d A more precise identification of multiple income group households was performed in 2000 relative to previous years. ^e In 2001 data exclude households where the relationship of household members was unknown (for example, a three tenant household where it is not known if the household consists of a couple and a single person, or three single people). ^f Data for 2001 exclude 189 multiple family households (3.3 per cent of households).

Source: table 16A.2.

Care needs to be taken in interpreting small differences in results. Further information on the sampling method is provided in attachment 16A. Appendix A outlines a method that can be used to test whether the difference between two sample proportions is statistically significant. This test may be required to assess the significance of differences between the survey estimates reported here.

The timing of the 2001 tenant survey has meant data are unable to be updated and results for 2000 are being reported again this year. There was little difference across jurisdictions in the proportion of tenants satisfied with the location or amenity of their dwelling in 2000 (figure 16.7).

Figure 16.7 Proportion of tenants satisfied with location or amenity aspects of their dwelling 2000^a



^a Care needs to be taken in interpreting small differences in the results that are affected by sample and estimate size.

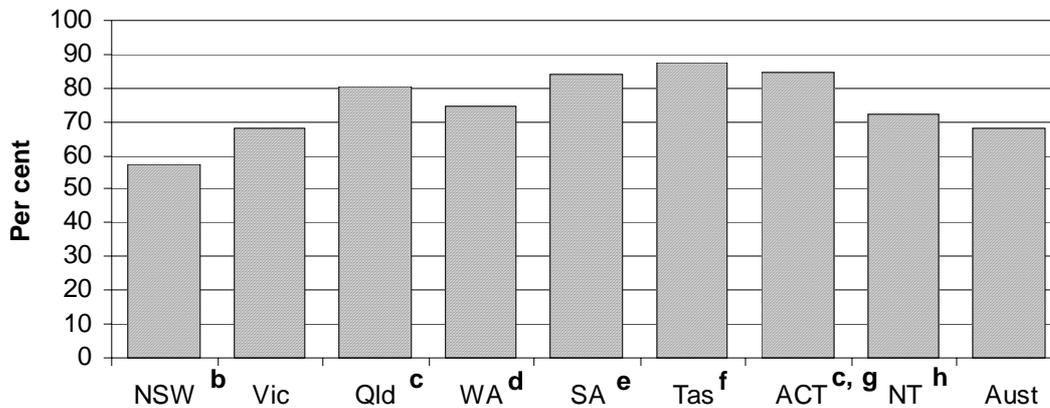
Source: tables 16A.13 and 16A.14.

These overall satisfaction results were obtained by surveying tenants about a number of aspects regarding the location and amenity of their dwellings. Tenants were asked whether particular aspects were important to them and, if so, whether they felt their needs were met. More information on this indicator can be found in tables 16A.13 and 16A.14. Information on tenant assessments of the condition of public housing stock can be found in table 16A.63.

The third measure of appropriateness is affordability, which measures the rent charged to tenants as a proportion of the market rent for each dwelling, adjusted for CRA. The rent charged in 2000-01 as a proportion of the market rate for each dwelling (adjusted for CRA) ranged from 87.7 per cent in Tasmania to 57.3 per cent in NSW (figure 16.8).

More information on affordability, measured as the proportion of household income spent on housing costs, can be found at table 16A.57.

Figure 16.8 Rent charged as a proportion of market rent, adjusted for CRA, 30 June 2001^a



^a Calculation of CRA entitlements is based on an estimate of the actual entitlements that a low income household would receive if they were in the private rental sector. In the 2001 Report, the calculation was based on an estimate of the average CRA payment for each State or Territory. ^b Market rents are the valuations applied to each property. The large increase during the year resulted from the Department's three-yearly rent review. The previous year's figure was based on the 1998 value. Information relating to CRA for rebated tenants only. Available data exclude information on relationships other than those to the household head. It is assumed that all children under 16 years are sons or daughters of the household head. ^c Market rents have not been globally adjusted to reflect the current market for a number of years, resulting in a reduced proportion of households paying less than market rent and a corresponding increase in the proportion of those paying market rent as a result of consumer price index rent rises. Consequently, the overall market rent value listed here would be somewhat less than the true value. ^d Excludes 1934 multiple family households (representing 6 per cent of households). ^e The decrease in total rents charged and market rent values is partly due to 1999-2000 data being based on rents for the week of 7 July 2000 rather than 30 June 2000. Market rents increased on 1 July 2000 and therefore 1999-2000 rents were overstated. Excludes 3113 multiple family households (representing 6.5 per cent of households). ^f Data for 2000-01 exclude the ARHP which was included in 1999-2000 data. Excludes 1261 multiple family households (represents 10 per cent of households). ^g In 2000-01, data exclude households where the relationship of household members was unknown (for example, a three tenant household where it is not known if the household consists of a couple and a single person, or three single people). ^h Includes only single family households (representing 96.7 per cent of households). Excludes 189 households.

Source: table 16A.7.

Access

Three performance indicators measure access to public housing assistance for those in need. The first measures the 'low income' and 'special needs (but not low income)' status of households receiving public housing assistance (table 16.4). There are two household income measures for the purpose of this indicator:

- 'low income A' households—those in public housing where all members of the household have incomes at or below the maximum pension rate (pension rates

have been selected for calculating this indicator because they are higher than allowance rates); and

- ‘low income B’ households—those in public housing that receive an income equivalent to that at which minimum government income support benefits are received.

Households with incomes below these levels are included in the measure, although they may not necessarily receive income support benefits.

The proportion of new tenancies allocated to ‘low income A’ households ranged in 2001-01 from 94.1 per cent in NSW to 49.1 per cent in WA. The proportion of new tenancies allocated to ‘low income A’ or ‘special needs (not low income)’ households varied from 97.3 per cent in NSW to 67.7 per cent in WA (table 16.4). Results for WA are affected by the use of gross household income rather than assessable income.

Table 16.4 Low income and special needs households as a proportion of all new households, 30 June 2001 (per cent)^a

NSW	Vic ^b	Qld	WA ^c	SA ^d	Tas ^e	ACT ^f	NT ^g	Aust ^h
<i>New ‘low income A’ households as proportion of all new households</i>								
94.1	90.8	90.0	49.1	89.3	84.6	nr	83.6	86.6
<i>New ‘low income A’ households or special needs (not low income households) as proportion of all new householdsⁱ</i>								
97.3	93.8	93.4	67.7	94.6	85.9	nr	nr	91.6

^a The introduction of a national ‘special needs’ definition has influenced changes in jurisdiction results. ^b Only includes single family households. Households with zero or missing income are also excluded. ^c The change in results this year is influenced by the use of gross household income and not assessable income. Only includes single family households, representing 94 per cent of households. Excludes 1934 multiple family households. ^d Excludes new allocations for 2000-01 who left public housing prior to 30 June 2001. Includes only single family households which represent 93.5 per cent of households. Excludes 3113 multiple family households. ^e Income and household composition calculated as at tenancy start date. Income source not taken into account and based on gross income only. ^f Data were available for only 4.3 per cent of households allocated housing and were therefore not reported (94.1 per cent and 100.0 per cent respectively were calculated for the indicators). ^g Excludes multiple family households. ^h While the ACT provided a complete data set, they were excluded from the national average due to data problems. ⁱ Data for the NT were not reported due to data problems (180 per cent was calculated for the indicator). This result is excluded from the national average. **nr** Not reported.

Source: table 16A.3.

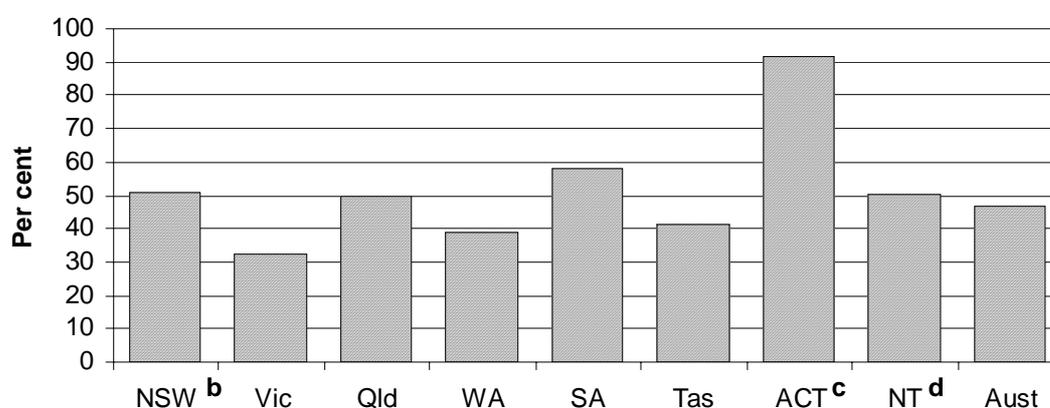
More information on ‘low income B’ households is contained in table 16A.3.

The second access indicator measures the proportion of new tenancies allocated to households with special needs. Special needs households are those that either have a household member with a disability, a principal tenant aged either 24 years or under or 75 years or more, or a household defined as being Indigenous. The specifications for this indicator have changed since the 2001 Report to improve consistency across

jurisdictions. In the 2001 data collection, each jurisdiction defined 'special needs' differently.

The proportion of new tenancies allocated to 'special needs' households in 2000-01 varied from 91.5 per cent in the ACT to 32.4 per cent in Victoria (figure 16.9).

Figure 16.9 **Proportion of new tenancies allocated to households with special needs, 2000-01^a**



^a The introduction of a national 'special needs' definition has influenced changes in jurisdiction results.

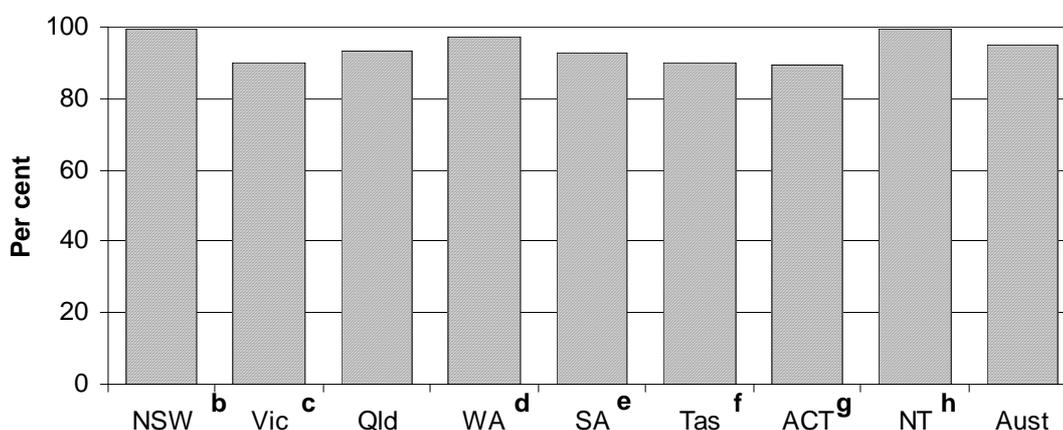
^b There are 80 new households without 'special needs' information. ^c Data represent only 36 per cent of households allocated housing. Special needs information is unknown for the remainder of households.

^d Special needs details are only recorded where they are known to exist. No record is kept if a household does not have special needs. Inclusion of all new households in the calculation (regardless of whether special needs status is known) means proportion could be understated. Excludes households with a disability as the NT data do not include a disability indicator.

Source: table 16A.5.

The proportion of all households that pay less than market rent or that were special needs households paying market rent in 2000-01 ranged from 99.5 per cent in NSW to 89.4 per cent in the ACT (figure 16.10).

Figure 16.10 Households that pay less than market rent or that are special needs households paying market rent as a proportion of all households, 30 June 2001^a



^a The introduction of a national 'special needs' definition has influenced changes in jurisdiction results. ^b There are 80 new households without 'special needs' information. ^c Low income information includes only single family households. Households with zero or missing income are also excluded. ^d The change in results this year is influenced by the use of gross household income and not assessable income. Includes only single family households, representing 94 per cent of households. There were 1934 multiple family households excluded. ^e Low income information excludes new allocations for 2000-01 who left public housing prior to 30 June 2001. Includes only single family households which represent 93.5 per cent of households. There were 3113 multiple family households excluded. Households with zero or missing income are also excluded. ^f Income and household composition calculated as at tenancy start date. Income source not taken into account and based on gross income only. ^g Data for low income details were available for only 4.3 per cent of households. Data on 'special needs' represent only 36 per cent of all households allocated housing. Special needs information is unknown for the remainder of households. ^h Special needs details are only recorded where they are known to exist. No record is kept if a household does not have special needs. Inclusion of all new households in calculation (regardless of whether special needs status is known) means proportion could be understated. Excludes households with a disability as the NT data do not include a disability indicator. Multiple family households were excluded.

Source: table 16A.4.

The third indicator of access measures the priority of access given to those in greatest need. 'Greatest need' households are defined as low income households that at the time of allocation were either homeless, in housing inappropriate to their needs, in housing that was adversely affecting their health or placing their life and safety at risk, or that had very high rental housing costs.

Table 16.5 shows the proportion of all new allocations that are allocated to applicants with 'greatest need' for applicants spending various time periods on the waiting list. Data are provided for tenants waiting for periods from under three months to more than two years. These numbers are not cumulative. The proportion of new allocations to those in greatest need varied for the year ending 30 June 2001, from 82.2 per cent in Tasmania to 4.7 per cent in Queensland (table 16.5).

Table 16.5 **Greatest need allocations as a proportion of all new allocations, 2000-01 (per cent)^a**

	NSW ^b	Vic ^c	Qld ^d	WA ^{c, e}	SA ^c	Tas ^f	ACT	NT	Aust
Total for year ending 30 June 2001	41.5	49.3	4.7	16.0	48.6	82.2	65.7	16.0	35.9
Proportion of greatest need allocations to new allocations with time to allocation:									
Under 3 months	79.6	68.0	8.6	25.1	59.8	82.8	83.4	34.9	58.9
3 < 6 months	64.9	48.8	5.4	31.9	66.3	83.2	65.5	30.8	46.3
6 months to < 1 year	41.6	44.3	4.8	14.3	57.8	71.6	37.3	5.1	27.8
1 < 2 years	19.0	16.8	2.3	3.1	19.5	76.5	4.3	6.0	10.1
2+ years	2.9	1.3	1.2	1.9	0.9	100.0	–	2.0	2.1

^a The waiting list time was clarified for the 2002 collection and refers to the time the applicant was eligible for 'greatest need' assistance to the date assistance commenced. If an applicant transfers between waiting list categories, only the time spent on the waiting list from when the applicant met the 'greatest need' definition was counted. The introduction of a national 'greatest need' definition this year has influenced changes in jurisdiction results. ^b Excludes those households paying very high rental housing costs due to data availability. Records with missing waiting time information are included in the total but could not be assigned into a breakdown group. ^c Households with missing application date or date housed or with application date after tenancy start were excluded. ^d The Queensland definition of those in 'greatest need' is those who are 'priority A' on the waiting list. This is an underestimation of the true 'greatest need' figure as the priority A flag is rarely used in low waiting time areas as a result of its administrative encumbrance. ^e Five new priority levels were introduced on 8 January 2001 (domestic violence, emergency housing, homelessness and medical and support needs) to improve data capacity. ^f Data for 1999-2000 reflect allocations to Category 1 applicants only. This year data report circumstances of applicants assisted against the greatest need national standard (not categories on waiting lists). The Tasmanian Housing Assessment System collects data about circumstances of applicants allowing reporting against the national standard (while most jurisdictions reported against category on waiting list, not housing circumstances). – Nil or rounded to zero.

Source: table 16A.6.

Quality

The quality of public housing is reported by surveying tenants about their overall satisfaction with housing provided. Satisfaction with the location and amenity aspects of public housing is reported under the appropriateness indicator (figure 16.7). The satisfaction outcomes for location and amenity influence the general satisfaction of public housing tenants. A more comprehensive discussion of customer satisfaction results is provided in the *National Social Housing Survey with Public Housing, November 2000* (Donovan Research 2000).

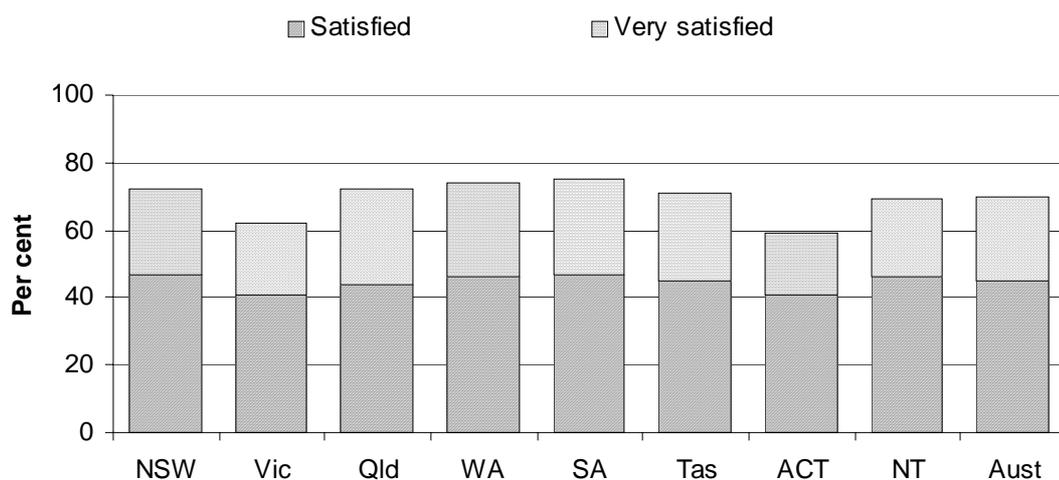
The timing of the 2001 tenant survey has meant data are unable to be updated and results for 2000 are being reported again this year.

- Nationally, 70 per cent of tenants were either satisfied or very satisfied with the housing provided. This proportion varied from 75 per cent in SA to 59 per cent in the ACT. This proportion increased in five jurisdictions between 1999 and 2000 and decreased in two. The largest changes occurred in WA, where the

proportion increased by 7 percentage points and Victoria, where the proportion decreased by 7 percentage points.

- The proportion of public housing tenants surveyed who were very satisfied with the housing provided was the same as or above the national average in NSW, Queensland, WA, SA and Tasmania in 2000 (figure 16.11).

Figure 16.11 **Tenant satisfaction, 2000^{a, b}**



^a Care needs to be taken in interpreting small differences in the results that are affected by sample and estimate size (see table 16A.12 for details of the sample size). ^b Calculated as simple numerical averages due to a lack of raw data.

Source: table 16A.12.

Efficiency

Four performance indicators measure the efficiency of public housing provision. The first is cost per unit of public housing. The costs incurred by jurisdictions in providing public housing include:

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

The extent to which these unit costs are complete and comparable is summarised in box 16.5.

Box 16.5 Comparability of cost estimates

It is an objective of the Review to report comparable estimates of costs. Ideally, the full range of costs to government is counted on a comparable basis. Where the full costs cannot be counted, costs should be estimated on a consistent basis.

The Steering Committee has done work in four areas to improve the comparability of costs across government and private providers.

- Superannuation costs are included in cost estimates for housing services. This ensures comparability across jurisdictions. The SCRCSSP (1998) recommended costing superannuation on an accrual actuarial basis. There is an ongoing process to determine whether superannuation costs have been included in the costs of housing services on this basis.
- Depreciation costs are included in estimates of maintenance and depreciation costs per dwelling for both community and public housing. This year the Report documents differences in how depreciation is measured (table 16A.55).
- The user cost of capital is reported separately for public and community housing. The user cost of capital represents the opportunity cost to government of the funds tied up in housing assets. Excluding this cost lowers the reported costs per dwelling. Comparability will be improved by adding the reported user cost of capital to costs and ensuring debt servicing costs and State and Territory based capital asset charges are deducted from estimates of administration and operating costs per dwelling.
- Payroll tax is payable by government public and community housing authorities in all jurisdictions. The SCRCSSP (1999) recommended that no additional treatment was necessary to improve the cost comparability of the sector.

The Steering Committee will undertake further work in areas where the comparability of cost data has not been achieved (for example, as a result of differences in the apportionment of overheads across services and jurisdictions).

Sources: SCRCSSP (1998 and 1999).

Some cost data are either more complete or collected on a more consistent basis than other cost data. Consequently, care needs to be taken in interpreting the total cost of delivering public housing. Administration costs and operating costs, for example, may not capture all costs incurred by government, so could understate the total costs of public housing.

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). The user cost of capital makes explicit the opportunity cost of using the

funds to deliver services rather than investing them elsewhere or using them to retire debt.

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; and
- treated inconsistently (that is, it is included in the costs of services delivered by many non-government service providers, but effectively costed at zero for most budget sector agencies).

The indicative user cost of capital for land per public housing dwelling was highest in the ACT (\$6249) and lowest in SA (\$2063) in 2000-01 for those jurisdictions where data were available. The full indicative cost of capital per dwelling ranged from \$10 383 in the ACT to \$4488 in Tasmania. These data were collected using a new method for the 2002 Report and consequently are not comparable to data in the 2001 Report (table 16.6).

Cost per dwelling is broken down into gross cost to government (administration and operating costs plus capital costs) and the net cost to government (which nets out rents received from tenants). This year, interest payments have been subtracted from other capital costs (that is, depreciation and indicative user cost of capital) to obtain the total capital cost, and full gross and net cost to government, rendering these data not comparable with previous reports. Interest payments are included in recurrent costs and reported capital costs must be reduced by the amount of interest payments to avoid double counting of capital costs once the indicative user cost of capital is included. Previously, it has not been possible to avoid this double counting. Asset data used to calculate the user cost of capital were collected in a different manner this year and therefore user cost of capital data are not comparable to those in previous reports.

The net cost to government per dwelling in 2000-01 ranged from \$12 255 in the ACT to \$5393 in SA. Some jurisdictions had difficulty separating costs for public housing from those for other housing assistance activities, so care needs to be taken in interpreting these results (table 16.6).

Table 16.6 Costs per dwelling, 2000-01 (dollars)^a

	NSW	Vic	Qld ^b	WA	SA	Tas ^c	ACT ^d	NTE ^e	Aust
Total recurrent costs	3 851	2 906	3 772	3 931	4 166	6 206	5 751	6 827	3 918
Depreciation	1 367	1 263	1 461	1 159	746	911	907	1 135	1 218
Indicative user cost of capital									
– land ^f	4 795	3 470	2 756	3 424	2 063	na	6 249	3 609	3 599
– other assets ^f	5 379	5 069	3 715	4 058	2 677	na	4 134	4 540	4 328
– total assets	10 174	8 539	6 471	7 483	4 740	4 488	10 383	8 149	7 927
Interest payments ^g	474	–	325	623	889	931	545	2 281	489
Total capital costs	11 068	9 802	7 609	8 019	4 596	4 468	10 744	7 003	8 655
Full gross costs	14 919	12 708	11 380	11 950	8 762	10 675	16 495	13 830	12 573
Rent collected from tenants	3 417	3 542	3 394	3 228	3 369	3 090	4 240	4 259	3 441
Full net costs	11 502	9 166	7 986	8 722	5 393	7 584	12 255	9 570	9 132

^a Asset data used to calculate indicative user cost of capital were collected differently this year, so data are not directly comparable to that in previous reports. Issues surrounding the comparability of capital cost data are discussed in the Steering Committee research paper, *Asset Measurement in the Costing of Government Services* (SCRCSSP 2001b). ^b Dwellings are defined as the 'unit of accommodation to which a rental agreement can be made' and dwelling numbers here will exceed figures based on discreet dwelling structures. ^c Data for 2000-01 exclude direct costs of the ARHP. These costs were included in the 1999-2000 data. ^d There has been no netting off of income against expenditure, except for the calculation of the profit or loss on the disposal of real property assets. As ACT Housing made a net profit last year, this has no impact on the expenditure figure. Includes corporate costs such as the executive, finance and information technology areas, plus costs of reporting to external organisations, ministerial advice and other services to government. Excludes the written down value of properties sold, demolished or transferred during the year. Costs attributable to the management of Community Organisations Rental Housing Assistance Program properties are excluded this year, but were included last year. ^e It is not possible to extract some costs not directly relevant to the provision of public housing so the cost per dwelling is overstated. ^f It has not been possible for Tasmania to separate the indicative user cost of capital for land. ^g Interest payments are included in total recurrent costs, but they must be excluded from total capital costs and full gross and full net costs to avoid double counting of capital costs once indicative user cost of capital is included. In previous reports, it has not been possible to avoid this double counting, and as a result, data are not comparable to those in previous reports. **na** Not available. – Nil or rounded to zero.

Source: table 16A.11.

Care needs to be taken in comparing the full gross costs of public housing because there may be double counting for some jurisdictions. The user cost of capital is intended to capture all the costs of funding assets used to produce the services, but some of these costs (apart from interest payments) may already be included in reported operating costs.

This Report includes a user cost of capital, where possible, as part of the costs to government of each service. User cost of capital is calculated by applying a jurisdictional cost of capital rate to the value of government assets (see chapter 2 for details of the determination of a cost of capital rate). The costs of capital for land and other assets are shown separately to allow users to consider any differences in land values among jurisdictions when assessing the results (table 16.6).

The Steering Committee accepts that asset valuation data are imperfect. It also recognises that the treatment of costs has not fully recognised the cost of public capital used by departments to deliver services; that is, capital has generally been considered ‘free’. This can result in 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 imperfect costing is preferable to not costing government capital.

In 2001, the Steering Committee completed a research project to assess the impact of asset measurement factors (such as depreciation and asset valuation methods) on the comparability of cost data in the Report. The results of this study are summarised in chapter 2. A brief summary of the results relating to housing is featured in box 16.6.

Box 16.6 Asset measurement in the costing of government services

Costs associated with non-current physical assets (such as depreciation and the user cost of capital) are potentially important components of the total costs of many services delivered by government agencies. Differences in the techniques for measuring non-current physical assets (such as valuation methods) may reduce the comparability of cost estimates across jurisdictions. In response to concerns regarding data comparability, the Steering Committee initiated a study: *Asset Measurement in the Costing of Government Services* (SCRCSSP 2001b). The aim of the study was to examine the extent to which differences in asset measurement techniques applied by participating agencies affect the comparability of reported unit costs.

The relative capital intensity associated with the provision of public housing increases the potential for differences in asset measurement techniques to have a material impact on total unit costs. The results of this study suggest, however, that the adoption under the CSHA of a uniform accounting framework has largely avoided this. The results are discussed in more detail in chapter 2.

Source: SCRCSSP (2001b).

The second indicator of efficiency measures the proportion of the housing stock occupied by households. The proportion of public rental stock occupied at 30 June 2001 was broadly similar across jurisdictions. The national average occupancy rate was 96.6 per cent (table 16.7).

The third indicator of efficiency — turnaround time — indicates the speed with which jurisdictions rent housing stock after it has been vacated or acquired. The length of time taken to rent untenanted stock affects allocations of public housing, waiting times, the length of waiting lists and rent forgone. All jurisdictions aim to minimise turnaround times.

Table 16.7 Housing stock occupancy rates at 30 June (per cent)

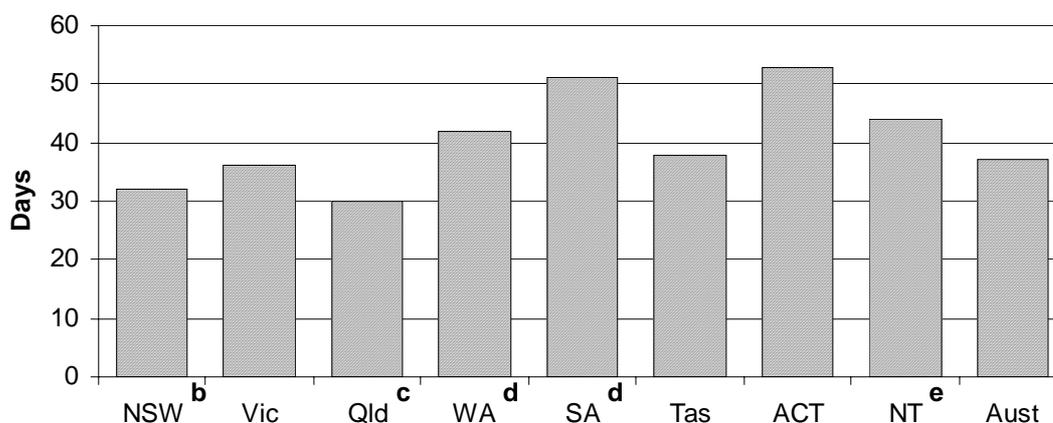
	NSW	Vic	Qld ^a	WA	SA	Tas	ACT	NT ^b	Aust
<i>Proportion of public housing dwellings occupied</i>									
2000	97.5	95.0	96.8	94.3	94.0	95.0	96.1	97.1	96.0
2001	98.2	96.2	96.6	95.6	94.4	94.3	95.7	95.2	96.6

^a Dwellings are defined as the 'unit of accommodation to which a rental agreement can be made' and dwelling numbers here will exceed figures based on discreet dwelling structures. ^b For 2000, data include dwellings leased under industry housing programs that revert to general public housing stock when unoccupied.

Source: table 16A.8.

The average number of days for vacant stock to be allocated in 2000-01 varied from 53 days in the ACT to 30 days in Queensland (figure 16.12). (Vacant stock includes stock vacated by tenants and newly constructed or acquired stock.) This indicator may be affected by changes in maintenance programs and some jurisdictions may have difficulty in excluding stock upgrades.

Figure 16.12 Average turnaround times, 2000-01^a



^a Excludes dwellings undergoing major redevelopment. This year, the indicator measures the number of times a dwelling was vacated and subsequently retenanted. Last year, the indicator measured the number of dwellings vacated and subsequently retenanted. ^b Excludes 938 properties with obvious date errors and 66 properties with a void status prior to 30 June 1999 as the data are considered erroneous. ^c The data source for this item has changed from 1999-2000. It is derived from tenancy information and does not distinguish between the different types of vacancy, nor does it contain information about the lead time for new dwellings to be occupied. Calculations using alternative data sources indicate that data limitations have only a minimal impact on the performance indicator. ^d Includes time vacant due to redevelopment. ^e Change in figure reported this year is a result of incorrect reporting of this data item in 1999-2000.

Source: table 16A.10.

The fourth efficiency indicator — total rent collected as a proportion of the rent charged — indicates the extent to which rent in arrears represents a financial burden to housing authorities. Differences in recognition policies, write-off practices, the

treatment of disputed amounts and the treatment of payment arrangements may affect the comparability of this indicator's reported results.

Rent collected as a proportion of the rent charged in 2000-01 varied from 101.4 per cent in WA and Tasmania to 97.4 per cent in the NT (table 16.8). Payment arrangements for rent in some jurisdictions mean that the rent collected over a 12 month period may be higher than rent charged over that period.

Table 16.8 Total rent collected as a proportion of total rent charged (per cent)^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas^b</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
1999-2000	99.7	100.4	97.1	102.6	100.1	103.8	96.8	98.2	99.8
2000-01	100.0	99.6	99.4	101.4	98.6	101.4	98.2	97.4	99.7

^a Payment arrangements for rent in some jurisdictions mean that rent collected over a 12 month period may be higher than rent charged over that period. ^b Data for 2000-01 exclude the Aboriginal Rental Housing Program. These data were included in 1999-2000.

Source: table 16A.9.

Community housing

Community housing data have three sources:

- administration data, collected by the State or Territory government body with responsibility for administering the community housing program in the jurisdiction;
- survey data, collected from the community organisations (providers) that manage the service delivery; and
- survey data, collected via the national social housing survey.

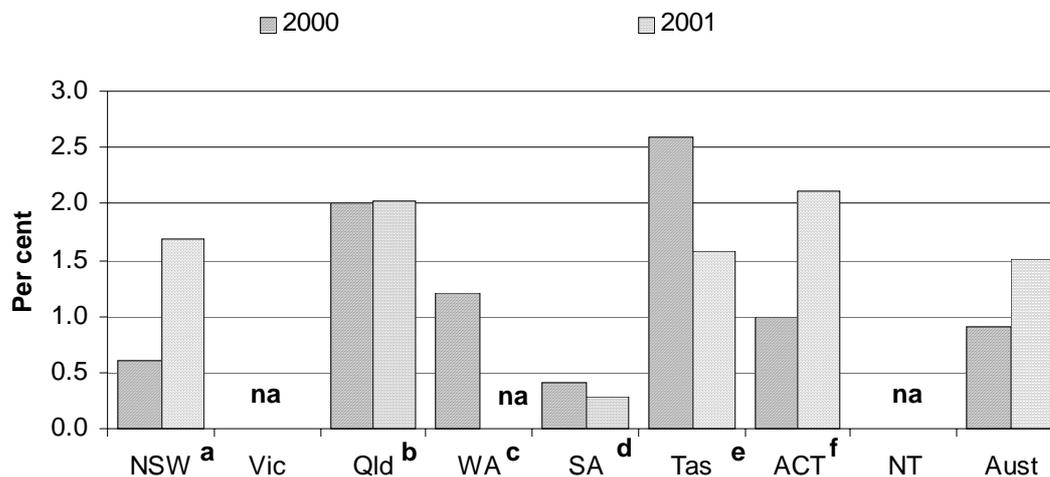
This chapter provides data on eight of the 11 performance indicators in the community housing framework. Satisfactory data were unavailable for reporting against the affordability, low income and direct cost per unit indicators. Community housing data are generally obtained by surveying community providers and can be influenced by survey response rates. This means care needs to be taken in making comparisons over time using community housing data. Some descriptive data on community housing are contained in table 16A.15. A list of State and Territory programs included in the community housing data collected is contained in table 16A.53.

Effectiveness

Appropriateness

This chapter reports two measures of appropriateness for community housing. As with public housing, the first is indicated by the match of rental dwellings to household size. For those jurisdictions able to provide data, Queensland and the ACT had the highest proportion of overcrowded dwellings (2.1 per cent) at 30 June 2001, while SA had the lowest (0.3 per cent) (figure 16.13). More information on overcrowding for community housing can be found in table 16A.60.

Figure 16.13 Overcrowding in community housing dwellings at 30 June



^a Data for 1999-2000 are based on full survey of 209 providers with response rate of 86 per cent. Data for 2000-01 are based on survey of 196 providers with 89 per cent response rate. ^b Data for 1999-2000 are from a mailout to 328 providers with a response rate of 59 per cent. Data for 2000-01 are from a mailout to 332 providers with a response rate of 60 per cent. ^c Data for 1999-2000 are mostly from a survey with a 25 per cent response rate but include some administrative data. Data not available for 2000-01. ^d Data for 1999-2000 are obtained from survey based on 2906 properties for which data available. The response rate to the survey was 97 per cent. In 2000-01, 94 per cent of household level surveys were returned and 87 per cent of waiting list surveys were returned. ^e Data for 1999-2000 are obtained from survey of 73 providers with a response rate of 25 per cent. Few survey forms were returned fully completed. Data for 2000-01 are based on survey of 73 providers with 16 per cent response rate. This figure represents responses from 104 households. The Housing Tasmania administrative data figure for number of dwellings is 260. ^f Data for 1999-2000 are from survey of 320 properties (out of total of 360) with 98 per cent response rate. Excludes crisis accommodation and privately leased properties. Not all community housing properties included. Survey includes 98 boarding house units. Data for 2000-01 represent 87 per cent of community housing in the ACT. This excludes 49 dwellings managed by 12 community housing organisations including three targeted providers. **na** Not available.

Source: table 16A.16.

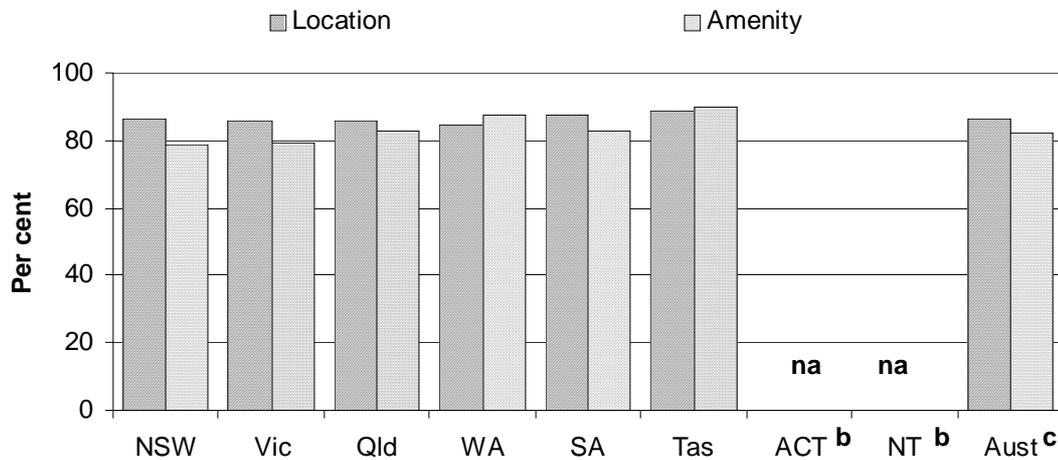
The second measure of the appropriateness of community housing assistance is provided by surveying tenants about the amenity and location of their dwellings (figure 16.14). As with public housing, the precision of survey estimates will

depend on the survey sample size and the sample estimate. Larger sample sizes result in higher precision, as do larger sample estimates; for example if 90 per cent of surveyed respondents chose an answer, there would be less uncertainty about the actual population's views than if 50 per cent of respondents chose it.

Care needs to be taken in interpreting small differences in results which are affected by sample and estimate size. Further information on the sampling method is provided in attachment 16A. Appendix A outlines a method that can be used to test whether the difference between two sample proportions is statistically significant. This test may be required to assess the significance of differences between the survey estimates reported here.

The proportion of tenants satisfied with the location of their dwelling did not differ significantly across jurisdictions. The proportion of tenants satisfied with the amenity of their dwelling ranged from 90.0 per cent in Tasmania to 78.8 per cent in NSW. Satisfaction levels were above average in Queensland, WA, SA and Tasmania (figure 16.14).

Figure 16.14 **Proportion of tenants satisfied with location or amenity aspects of their dwelling, 2001^a**



^a Care needs to be taken in interpreting small differences in the results that are affected by sample and estimate size (see attachment 16A for details of the sample size). ^b Data suppressed as a result of high relative standard errors but included in national total. ^c National total is an unweighted average. **na** Not available.

Source: table 16A.17 and 16A.18.

These overall satisfaction results were obtained by surveying tenants about a number of aspects of the location and amenity of their dwellings. Tenants were asked whether particular aspects were important to them and if so, whether they felt

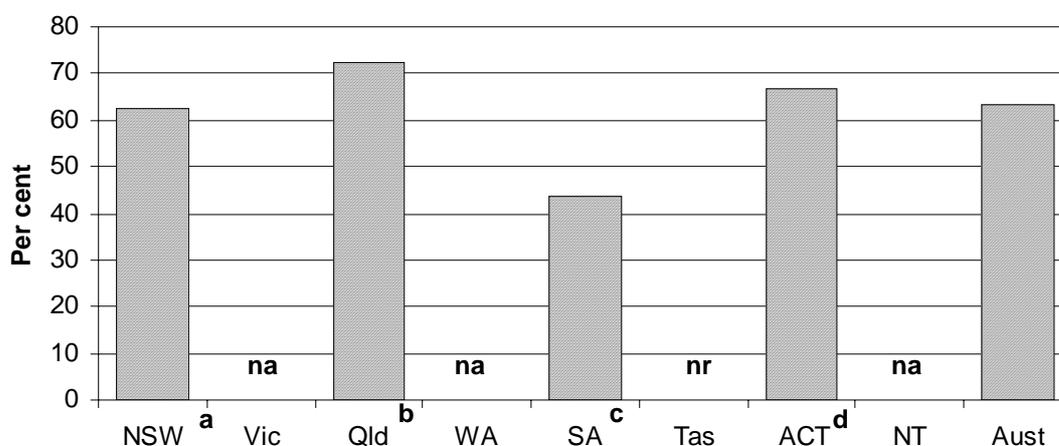
their needs were met. More information on this indicator can be found in tables 16A.17 and 16A.18.

Access

This chapter reports two measures of access to community housing assistance for those in need. The first of these measures is the proportion of new tenancies allocated to households with special needs. Special needs households are those that either have a household member with a disability, a principal tenant aged either 24 years or under or 75 years or more, or a household defined as being Indigenous.

The proportion of new tenancies allocated to ‘special needs’ households in 2000-01 varies for those jurisdictions able to provide data, from 72.5 per cent in Queensland to 43.8 per cent in SA (figure 16.15).

Figure 16.15 Proportion of new tenancies allocated to households with special needs, 2000-01



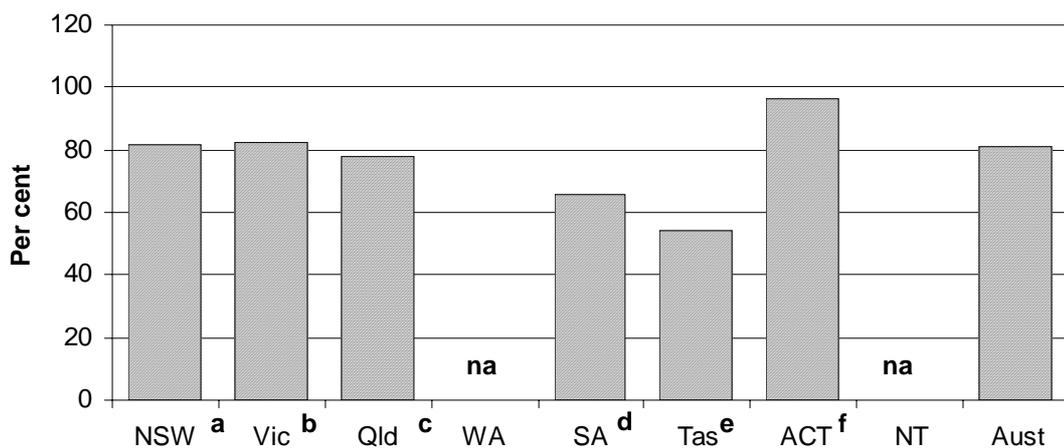
^a Data based on survey of 196 providers with 89 per cent response rate. Special needs includes Indigenous households, households with a disability, households with older or young principal tenants, non-English speaking background households, households with support needs and other categories nominated by providers. ^b Data from mailout to 332 providers with a response rate of 60 per cent. Reduction in figure reported is a result of the adoption of the national standard. ^c Based on survey data with 94 per cent of household level surveys returned and 87 per cent of waiting list surveys returned. Increase in figure is a result of improved data returns containing information about waiting list applicants. ^d Data represent 87 per cent of community housing in the ACT. This excludes 49 dwellings managed by 12 community housing organisations, including three targeted providers. **na** Not available. **nr** Not reported.

Source: table 16A.19.

The second indicator of access measures the proportion of new dwellings allocated to those in greatest need. ‘Greatest need’ households are defined as low income households that at the time of allocation were either homeless, in housing

inappropriate to their needs, in housing that was adversely affecting their health or placing their life and safety at risk, or those with very high rental housing costs. For those jurisdictions able to supply data, this proportion varied from 96.1 per cent in the ACT to 54.3 per cent in Tasmania (figure 16.16).

Figure 16.16 **Greatest need allocations as a proportion of all new allocations, 2000-01**



^a Data based on survey of 196 providers with 89 per cent response rate. ^b This is the first year Common Equity Housing Cooperatives (1554 properties) have been included in this collection. ^c Data from mailout to 332 providers with a response rate of 60 per cent. ^d Based on survey data with 94 per cent of household level surveys returned and 87 per cent of waiting list surveys returned. ^e Data based on survey of 73 providers with 16 per cent response rate. This figure represents responses from 104 households. The Housing Tasmania administrative data figure for number of dwellings is 260. ^f Data represent 87 per cent of community housing in the ACT. This excludes 49 dwellings managed by 12 community housing organisations, including three targeted providers. **na** Not available.

Source: table 16A.20.

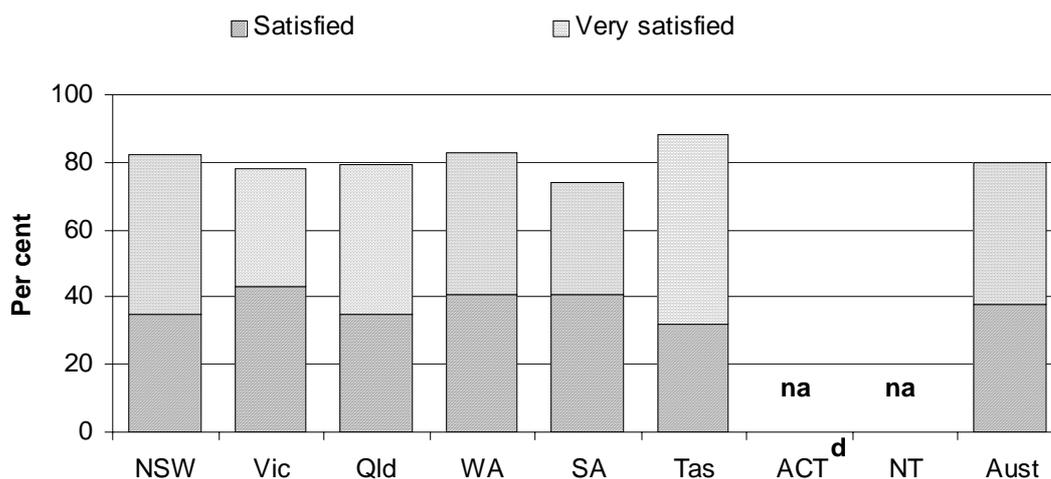
Quality

The quality of community housing is reported by surveying tenants about their overall satisfaction with their housing. Satisfaction with the location and amenity aspects of community housing is reported under the appropriateness indicator (figure 16.14). The satisfaction outcomes for these areas influence the general satisfaction of community housing tenants.

Nationally, 80 per cent of tenants were satisfied or very satisfied with their community housing dwellings and the services provided by their community housing organisation (including benefits derived from living in community housing and involvement in the organisation). For jurisdictions for which robust survey data were available, this proportion ranged from 88 per cent in Tasmania to 74 per cent

in SA. The proportion of community tenants who were satisfied or very satisfied was above the national average in NSW, WA and Tasmania (figure 16.17). The proportion of community housing tenants who were very satisfied was above the national average in NSW, Queensland and Tasmania (table 16A.21).

Figure 16.17 **Tenant satisfaction, 2001**^{a, b, c}



^a Care needs to be undertaken in interpreting small differences in the results that are affected by sample and estimate size (see attachment 16A for details of the sample size). ^b Categories do not add to 100 per cent because nonresponses and neutral responses are not included. ^c Comparisons may be influenced by a range of factors beyond quality of service, such as age profile of tenants. ^d Data suppressed as a result of high relative standard errors but included in national total. **na** Not available.

Source: table 16A.21.

Efficiency

This chapter reports three measures of efficiency for community housing. The first is the proportion of community housing occupied, which, at 30 June 2001 for those jurisdictions able to provide data, ranged from 100.0 per cent in the NT to 90.4 per cent in Tasmania (table 16.9).

The second efficiency measure is turnaround time, or the speed with which jurisdictions rent housing stock after it has been vacated or acquired. The average number of days for vacant stock to be allocated in 2000-01 varied for those jurisdictions able to provide data, from 55 days in Tasmania to 18 days in NSW (figure 16.18). This indicator may be affected by changes in maintenance programs and some jurisdictions may have difficulty excluding stock upgrades.

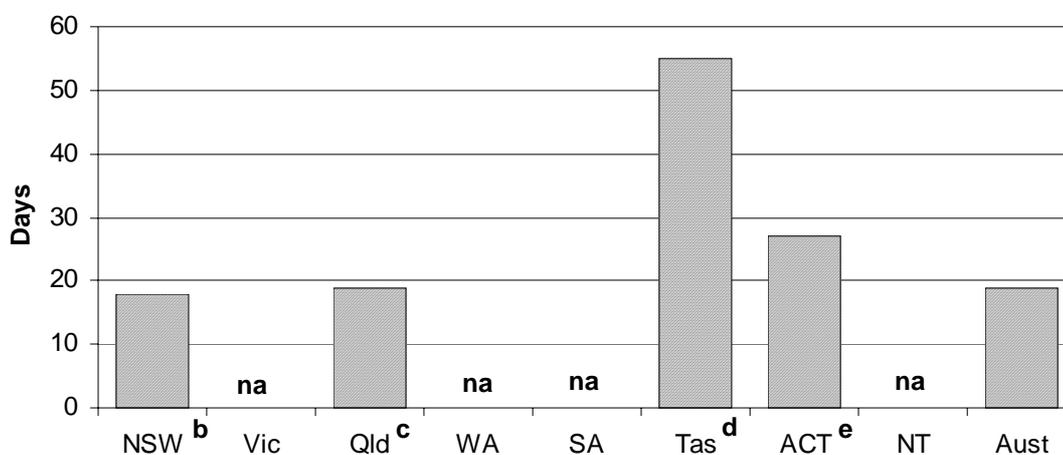
Table 16.9 Community housing occupancy rates at 30 June (per cent)

	NSW ^a	Vic ^b	Qld ^c	WA ^d	SA ^e	Tas ^f	ACT ^g	NT ^h	Aust
2000	98.5	95.0	94.3	99.9	94.7	96.2	89.1	na	96.6
2001	97.9	94.6	95.8	na	94.7	90.4	94.3	100.0	95.9

^a Data for 2000 from full survey of all 209 providers with a response rate of 86 per cent. Data for 2001 based on survey of 196 providers with 89 per cent response rate. ^b Data for 2000 exclude information on the Common Equity Rental Cooperatives. Based on administrative data. Data for 2001 include information on the Common Equity Rental Cooperatives. ^c Data for 2000 from mailout to 328 providers with a response rate of 59 per cent. Data for 2001 from mailout to 332 providers with a response rate of 60 per cent. ^d Data for 2000 mostly from a survey with a 25 per cent response rate but includes some administrative data. ^e Data for 2000 obtained from survey, based on 2906 properties for which data are available. The response rate to the survey was 97 per cent. Data for 2001 based on survey data with 94 per cent of household level surveys returned and 87 per cent of waiting list surveys returned. ^f Data for 2000 from survey of 73 providers with a response rate of 25 per cent. Few survey forms were returned fully completed. Data for 2001 based on survey of 73 providers with 16 per cent response rate. This figure represents responses from 104 households. The Housing Tasmania administrative data figure for number of dwellings is 260. ^g Data for 2000 from survey of 320 properties (out of total of 360) with 98 per cent response rate. Excludes crisis accommodation and privately leased properties. Not all community housing properties included. Survey includes 98 boarding house units. Data for 2001 represent 87 per cent of community housing in the ACT. This excludes 49 dwellings managed by 12 community housing organisations, including three targeted providers. ^h It is estimated that dwellings are fully occupied as a majority of organisations turn away people seeking accommodation. **na** Not available.

Source: table 16A.23.

Figure 16.18 Average turnaround times, 2000-01^a



^a Excludes dwellings undergoing major redevelopment this year. ^b Data based on survey of 196 providers with 89 per cent response rate. ^c Data from mailout to 332 providers with a response rate of 60 per cent. ^d Data based on survey of 73 providers with 16 per cent response rate. This figure represents responses from 104 households. The Housing Tasmania administrative data figure for number of dwellings is 260. ^e Data represent 87 per cent of community housing in the ACT. This excludes 49 dwellings managed by 12 community housing organisations, including three targeted providers. Includes 154 dwellings which are boarding house units. **na** Not available.

Source: table 16A.24.

The third measure of efficiency for community housing is the proportion of rent in arrears indicator. There was little variation in the rent collected as a proportion of

rent charged across jurisdictions at 30 June 2001 (table 16.10). As with public housing, payment arrangements for rent in some jurisdictions means that the rent collected over a 12 month period may be higher than rent charged over that period.

Table 16.10 Total rent collected as a proportion of total rent charged (per cent)^a

	NSW ^b	Vic ^c	Qld ^d	WA	SA	Tas ^e	ACT ^f	NT	Aust
1999-2000	100.3	na	97.1	100.4	na	98.8	100.7	na	99.4
2000-01	92.5	98.5	97.5	na	na	99.0	96.7	na	94.9

^a Payment arrangements for rent in some jurisdictions mean that rent collected over a 12 month period may be higher than rent charged over that period. ^b Data for 1999-2000 are from full survey of all 209 providers with a response rate of 86 per cent. Data for 2000-01 are based on survey of 196 providers with 89 per cent response rate. ^c Rent policy varies across programs. Rent information available only for Office of Housing owned or leased properties. Information on Common Equity Rental Cooperative properties and joint venture properties not available. Obtained from Office of Housing financial statements. ^d Data for 1999-2000 are from a mailout to 328 providers with a response rate of 59 per cent. Data for 2000-01 are from a mailout to 332 providers with a response rate of 60 per cent. ^e Data for 1999-2000 are from survey of 73 providers with a response rate of 25 per cent. Few survey forms were returned fully completed. Data for 2000-01 are based on survey of 73 providers with 16 per cent response rate. This figure represents responses from 104 households. The Housing Tasmania administrative data figure for number of dwellings is 260. Two respondents did not provide data for this indicator. ^f Data for 1999-2000 are from survey of 320 properties (out of total of 360) with 98 per cent response rate. Excludes crisis accommodation and privately leased properties. Not all community housing properties included. Survey includes 98 boarding house units. Data for 2000-01 represent 87 per cent of community housing in the ACT. This excludes 49 dwellings managed by 12 community housing organisations, including three targeted providers. **na** Not available.

Source: table 16A.22.

Aboriginal Rental Housing Program

Different delivery contexts, locations and types of client may affect the performance reported in this section. Care needs to be taken in interpreting performance indicator results and the qualifications presented with the data need to be considered. There may also have been some difficulties in separating Indigenous housing data from public housing data. Some descriptive data on the ARHP are included in table 16A.25.

As stated earlier, the ACT does not receive funding or administer any programs under the ARHP, while in the NT, ARHP funding is directed at community managed Indigenous housing. The NT Government is unable to differentiate between the various funding sources as a result of its commitment under the CSHA Bilateral Agreement to specifically 'pool' all funds earmarked for Indigenous housing and associated infrastructure in the NT. Consequently, the ACT and the NT are not included in the ARHP data collection. While Queensland administers a separate Aboriginal and Torres Strait Islander Housing Program, this includes both ARHP funds and untied CSHA funds, and there is no separate reporting against the ARHP component of the programs funds.

As discussed in section 16.1, ARHP dwellings are more likely to be located in rural or remote areas than public or community housing dwellings. Nationally, 20.4 per cent of ARHP dwellings were located in remote areas and 41.2 per cent of ARHP dwellings were located in rural (as distinct from remote) areas (table 16A.25).

Effectiveness

Appropriateness

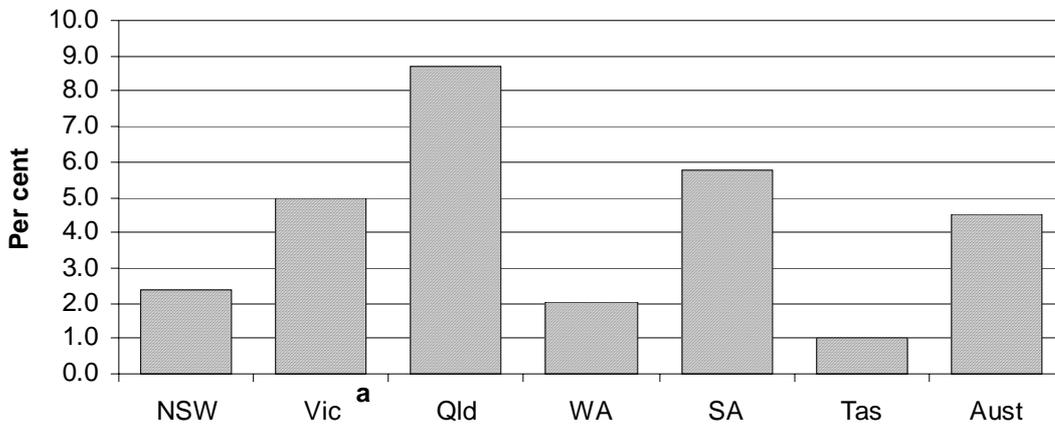
This chapter reports two measures of appropriateness for the ARHP. As with public and community housing, the first is indicated by the match of rental dwellings to household size. Queensland had the highest proportion of overcrowded dwellings at June 2001 (8.7 per cent), while Tasmania had the lowest (1.0 per cent) (figure 16.19).

Care needs to be taken in comparing performance with regard to overcrowding between public housing and the ARHP. There are two major factors that potentially result in a higher incidence of overcrowding in ARHP dwellings relative to public housing dwellings:

- differences in Indigenous housing arrangements; for example, several generations living in one house or the possibility of visitors having ‘right of access’ in some circumstances (Pholeros, Rainow and Torzillo 1993); and
- the influence of climate and culture (in rural areas people may live outside houses rather than inside) (Pholeros *et al.* 1993).

More information on overcrowding for the ARHP can be found in table 16A.61.

Figure 16.19 **Proportion of ARHP households with overcrowding,
30 June 2001**



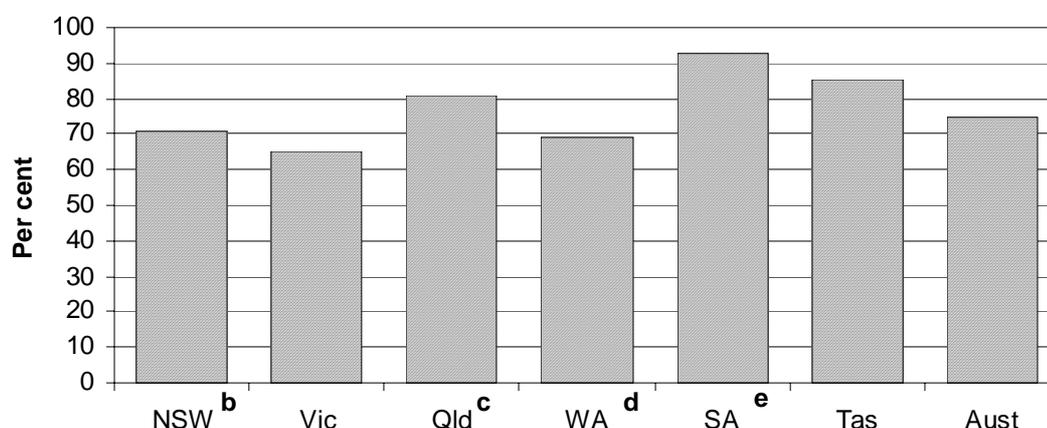
^a Internal data show an increase of 0.1 per cent from 1999-2000 to 2000-01 using consistent methodology. Victoria has serious concerns about the credibility and validity of this data item and performance indicator.

Source: table 16A.26.

The second measure of appropriateness is affordability, which measures the rent charged to tenants as a proportion of the market rent for each dwelling, adjusted for CRA. Variations in the definition of market rent will influence the results for this indicator.

The rent charged in 2000-01 as a proportion of the market rent for each dwelling (adjusted for CRA) for those jurisdictions able to provide data, ranged from 92.5 per cent in SA to 65.4 per cent in Victoria (figure 16.20). More information on the proportion of income paid in rent by ARHP tenants can be found in table 16A.59.

Figure 16.20 Rent charged for ARHP dwellings as a proportion of market rent, adjusted for CRA, 30 June 2001^a



^a Calculation of CRA entitlements has been based on an estimate of the actual entitlements that a low income household would receive if they were in the private rental sector. Last year's calculation was based on an estimate of the average CRA payment for each State and Territory. ^b For CRA information, no data are available on relationships other than those to the household head. It is assumed that all children under 16 years are sons or daughters of the household head. ^c Market rents for dwellings have not been globally adjusted to reflect the current market for a number of years. This has led to a gradual reduction in the proportion of households paying less than market rent, and a corresponding increase in the proportion paying market rent as a result of income increases. Consequently, the overall market rent value would also be somewhat less than the true value. ^d Only includes single family households, representing 89.7 per cent of households. Excludes 237 multiple family households. ^e The decrease in total rents charged and market rent values is partly due to 1999-2000 data being based on rents for the week of 7 July 2000 rather than 30 June 2000. Market rents increased on 1 July 2000 and therefore 1999-2000 rents were overstated.

Source: table 16A.31.

Access

Three performance indicators measure access to ARHP assistance for those in need. The first measures the low income and special needs (but not low income) status of households receiving ARHP assistance (table 16.11).

As with public housing, there are two household income measures for the purpose of this indicator:

- 'low income A' households — those in ARHP housing where all members of the household have incomes at or below the maximum pension rate (pension rates have been selected for calculating this indicator because they are higher than allowance rates); and
- 'low income B' households — those in ARHP housing that receive an income equivalent to that at which minimum government income support benefits are received.

Households with incomes below these levels are included in the measure, although they may not necessarily receive income support benefits.

The proportion of new tenancies allocated to 'low income A' households varied in 2000-01 from 91.3 per cent in NSW to 26.5 per cent in WA. The proportion of new tenancies allocated to 'low income A' or 'special needs (not low income)' households varied from 97.9 per cent in SA to 48.8 per cent in WA (table 16.11).

Table 16.11 Low income and special needs households as proportion of all new ARHP households, 30 June 2001 (per cent)^a

	NSW	Vic	Qld ^b	WA ^c	SA ^d	Tas	Aust
<i>New 'low income A' households as proportion of all new households</i>	91.3	80.0	81.4	26.5	88.9	76.8	72.8
<i>New 'low income A' households or special needs (not low income) households as proportion of all new households</i>	96.9	83.3	87.0	48.8	97.9	81.7	81.9

^a The introduction of a national definition of 'special needs' has influenced changes in jurisdiction results from last year. ^b Market rents have not been globally adjusted to reflect the current market for a number of years, leading to a reduced proportion of households paying less than market rent and a corresponding increase in the proportion of those paying market rent. ^c Only includes single family households. Excludes 237 multiple family households (or 51.9 per cent of households allocated housing). ^d Excludes new 2000-01 allocations that left ARHP housing prior to 30 June 2001.

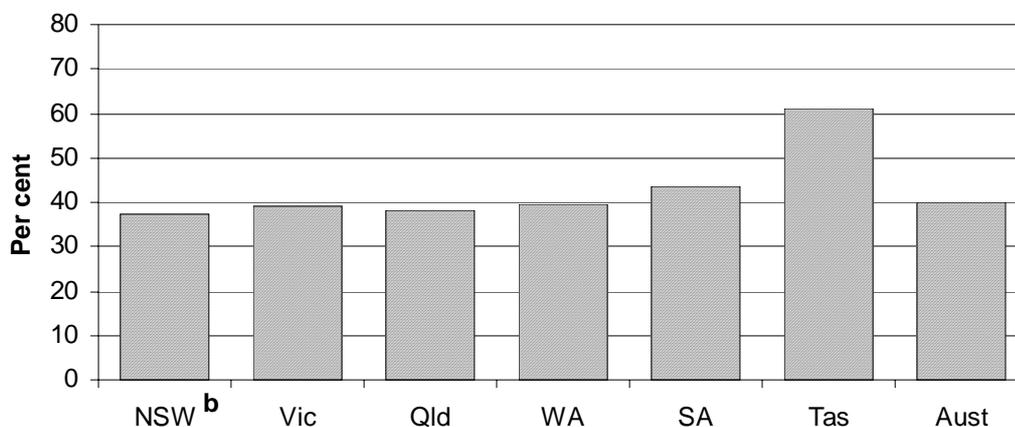
Source: table 16A.27.

Information on 'low income B' households is in table 16A.27.

The second indicator of access measures the proportion of new tenancies allocated to households with special needs. Special needs households are those that either have a household member with a disability or a principal tenant aged either 24 years or under or 50 years or more. The proportion of new tenancies allocated to 'special needs' households in 2000-01 varied from 61.0 per cent in Tasmania to 37.5 per cent in NSW (figure 16.21).

It is not appropriate to use this indicator to make comparisons between the performance of public housing and the ARHP. The special needs indicator for public housing includes Indigenous households in the definition of 'special needs' households. To use this definition for ARHP would result in 100 per cent of ARHP households being regarded as having 'special needs'. The ARHP uses a definition of 'special need' more appropriate to the program.

Figure 16.21 **Proportion of new ARHP tenancies allocated to households with special needs, 2000-01^a**



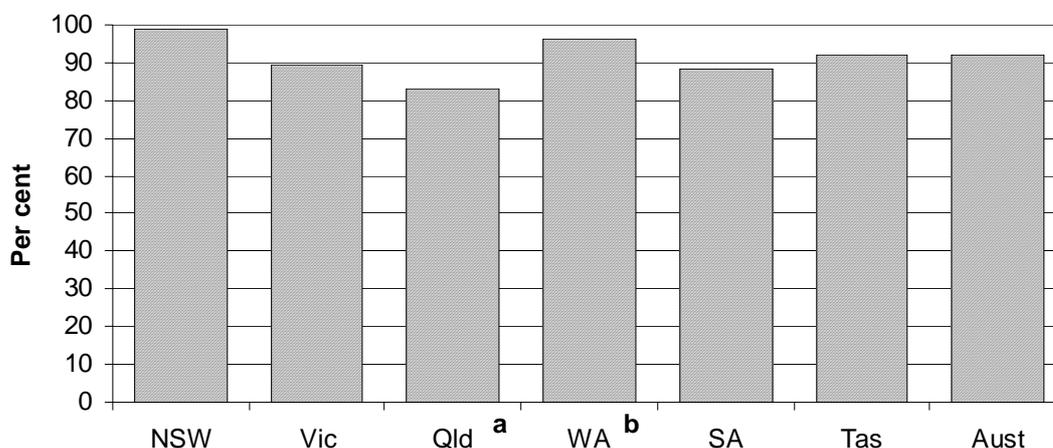
^a The introduction of a national definition of 'special needs' has influenced changes in jurisdiction results from last year. ^b There are 25 new households without special needs information.

Source: table 16A.29.

The proportion of all households that pay less than market rent or that are special needs households paying market rent in 2000-01 ranged from 99.0 per cent in NSW to 83.0 per cent in Queensland (figure 16.22).

The third indicator of access measures the priority of access given to those in greatest need. 'Greatest need' households are defined as low income households that at the time of allocation were either homeless, in housing inappropriate to their needs, in housing that was adversely affecting their health or placing their life and safety at risk, or that had very high rental housing costs.

Figure 16.22 Households that pay less than market rent or that are special needs households paying market rent as a proportion of all ARHP households, 30 June 2001



^a Market rents have not been globally adjusted to reflect the current market for a number of years, leading to a reduced proportion of households paying less than market rent and a corresponding increase in the proportion of those paying market rent as a result of consumer price index rent rises. Consequently, the overall market rent value as listed here would be somewhat less than the true value. ^b Only includes single family households. Excludes 237 multiple family households (or 51.9 per cent of households allocated housing).

Source: table 16A.28.

The proportion of new allocations to those in greatest need varied for the year ending 30 June 2001, from 52.4 per cent in SA to 1.4 per cent in Queensland (table 16.12). Table 16.12 shows the proportion of new allocations to applicants with greatest need for applicants spending various time periods on the waiting list. Data are provided for tenants waiting for periods from under three months to more than two years. These numbers are not cumulative.

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

Table 16.12 **Greatest need allocations as a proportion of all new ARHP allocations, 2000-01 (per cent)^a**

	<i>NSW^b</i>	<i>Vic^c</i>	<i>Qld^d</i>	<i>WA^{c, e}</i>	<i>SA^c</i>	<i>Tas^f</i>	<i>Aust</i>
Total for year ending 30 June 2000	23.5	9.4	1.4	21.2	52.4	na	21.0
Proportion of greatest need allocations to new allocations with time to allocation:							
Under 3 months	58.5	11.5	2.8	27.5	63.0	na	36.3
3 < 6 months	14.8	13.3	–	28.2	64.7	na	22.9
6 months to < 1 year	8.2	20.0	–	24.3	42.3	na	15.2
1 < 2 years	–	–	1.2	10.1	36.0	na	6.6
2+ years	0.8	–	1.5	1.8	14.8	na	2.3

^a The introduction of a national definition of 'greatest need' has influenced changes in jurisdiction results. The waiting list time was clarified for this year's collection and refers to the time the applicant was eligible for 'greatest need' assistance to the date assistance commenced. If an applicant transfers between waiting list categories, only the time spent on the waiting list from when the applicant met the 'greatest need' definition was counted. ^b Included are some records with missing information on waiting times that could not be assigned into a breakdown group. ^c Households with missing application date or date housed or an application date greater than tenancy start were excluded. ^d The Queensland definition of those in 'greatest need' is those who are priority A on the waiting list. This is an underestimation of the true 'greatest need' figure as the priority A flag is rarely used in low waiting time areas as a result of its administrative encumbrance. ^e Five new priority levels were introduced on 8 January 2001 (domestic violence, emergency housing, homelessness, medical and support needs), which improved data capacity. ^f There is no determination of 'greatest need' in the allocation of ARHP properties and therefore no data are available. **na** Not available. – Nil or rounded to zero.

Source: table 16A.30.

Quality

The quality of housing provided under the ARHP is measured by surveying tenants about their overall satisfaction with housing provided. Survey data for the ARHP is unavailable for this year's Report, although WA and SA did undertake such surveys.

Efficiency

Four performance indicators measure the efficiency of the provision of housing under the ARHP. The first is cost per unit of ARHP housing. The costs incurred by jurisdictions in providing housing include:

- administration costs (the cost of the administration offices of the property manager and tenancy manager);

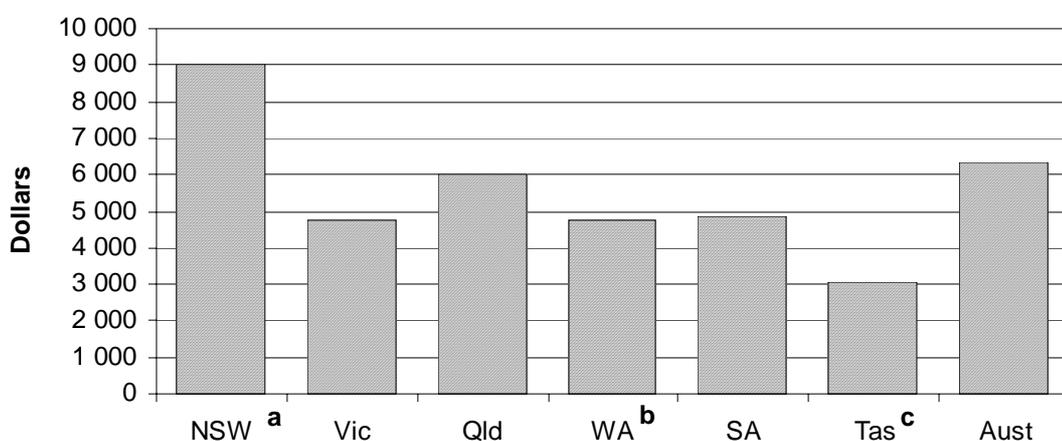
-
- operating costs (the costs of maintaining the operation of the dwelling, including repairs and maintenance, rates, the costs of disposals, market rent paid and interest expenses);
 - depreciation costs; and
 - the user cost of capital (the cost of the funds tied up in the capital used to provide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

Depreciation costs and the user cost of capital (capital costs) were unavailable for reporting on the ARHP. The cost per dwelling shown in figure 16.23 represents gross recurrent expenditure (that is, administration and operating costs) per ARHP dwelling. Rent received from tenants has not been deducted.

The gross cost per ARHP dwelling (excluding capital costs) for those jurisdictions able to provide data, ranged from \$8990 in NSW to \$3044 in Tasmania (figure 16.23).

As with other indicators, it is not appropriate to compare the gross cost per ARHP dwelling with the recurrent cost per dwelling for public housing (which would be the public housing equivalent of this indicator). There is greater scope for economies of scale regarding administration costs with public housing as the overall program is much larger. Aboriginal Rental Housing Program dwellings are also more highly concentrated in rural and remote areas and the cost of providing housing assistance is greater in these areas. The need to construct culturally appropriate housing (possibly requiring a higher standard of amenities such as communal cooking, laundry and toilet facilities) may also affect the cost per dwelling. Finally, different cost structures may apply to the programs. For example, construction of dwellings under the ARHP may involve a skills development element to allow for training of apprentices in rural areas.

Figure 16.23 **Gross cost per ARHP dwelling (excluding capital costs), 2000-01**



^a Costs increased as a result of the backlog of repairs and maintenance on Aboriginal Housing Office stock under several programs continuing until 2003-04. High costs for repairs and maintenance have been influenced by revised scheduled rates and the GST. ^b The increase in costs results from a rise in general rental costs, implementation of a tenant support initiative and more accurate apportionment of administrative costs between public housing and the ARHP. ^c In 1999-2000, reported in public housing data as ARHP and public housing costing figures could not be separately identified.

Source: table 16.35.

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 could understate the total costs of housing provision.

The second indicator of efficiency measures the proportion of the housing stock (including untenable dwellings) occupied by households. There was little variation across jurisdictions in the proportion of ARHP stock occupied at 30 June 2001, which averaged 95.8 per cent nationally (table 16.13).

Table 16.13 **ARHP stock occupancy rates, 30 June 2001**

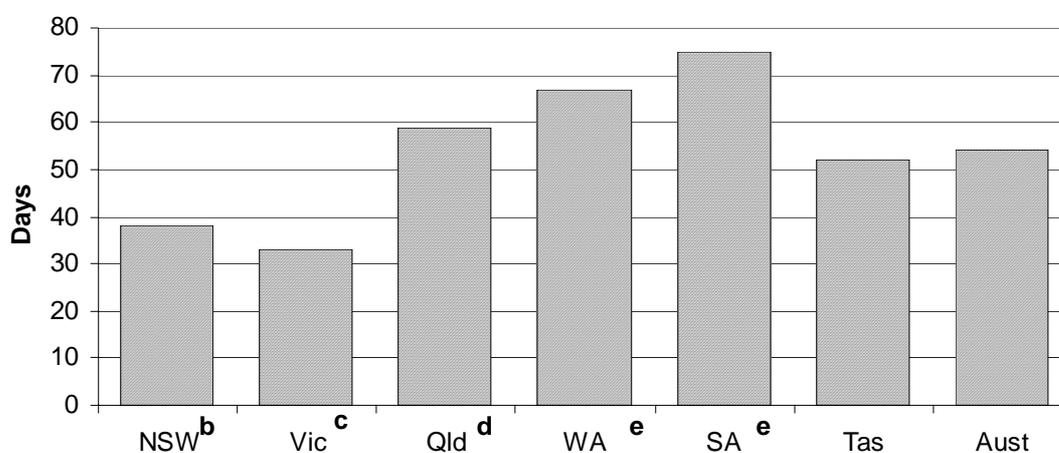
NSW	Vic	Qld	WA	SA	Tas	Aust
98.0	95.4	94.0	96.0	94.3	93.1	95.8

Source: table 16A.32.

The third indicator — turnaround time — indicates the speed with which jurisdictions rent housing stock after it has been vacated or acquired. The length of time taken to rent untenanted stock affects allocations of ARHP housing, waiting times, the length of waiting lists and rent forgone. All jurisdictions aim to minimise turnaround times.

The average number of days for vacant stock to be allocated in 2000-01 varied from 75 days in SA to 33 days in Victoria (figure 16.24). (Vacant stock includes stock vacated by tenants and newly constructed or acquired stock.) This indicator may be affected by changes in maintenance programs and some jurisdictions may have difficulty excluding stock upgrades. Cultural factors may influence the turnaround time for ARHP 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).

Figure 16.24 Average ARHP turnaround times, 2000-01^a



^a Excludes dwellings undergoing major redevelopment. This year, the indicator measures the number of times a dwelling was vacated and subsequently retented. Last year, the indicator measured the number of dwellings vacated and subsequently retented. ^b Excludes 50 void properties with obvious date errors. ^c Improved asset management has influenced the decrease in this result as the amount of time a dwelling remains off line is minimised. ^d Calculated according to the definition. The data item is derived from tenancy information and does not distinguish between different vacancy types or contain information about the lead time of new dwellings to be occupied. Calculations using alternative data sources indicate that data limitations have only a minimal impact on the performance indicator. ^e Includes time vacant due to redevelopment.

Source: table 16A.34.

The fourth efficiency indicator — total rent collected as a proportion of the rent charged — measures whether unpaid rent represents a financial burden to housing authorities. Differences in recognition policies, write-off practices, the treatment of disputed amounts and the treatment of payment arrangements may affect the comparability of this indicator's reported results.

Rent collected as a proportion of the rent charged in 2000-01 varied from 101.1 per cent in WA to 94.8 per cent in Tasmania (table 16.14). Payment arrangements for rent in some jurisdictions mean that the rent collected over a 12 month period may be higher than rent charged over that period.

Table 16.14 Total rent collected for ARHP dwellings as a proportion of total rent charged (per cent), 2000-01^a

<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA^b</i>	<i>SA</i>	<i>Tas</i>	<i>Aust</i>
99.3	99.5	99.1	101.1	95.0	94.8	98.8

^a Payment arrangements for rent in some jurisdictions mean that rent collected over a 12 month period may be higher than rent charged over that period. ^b These figures increased in 2000-01 as water consumption costs were retrospectively deducted from rent paid during 1999-2000. This deduction covered more than one year. While this deduction occurred for 2000-01, it only related to the one year.

Source: table 16A.33.

Commonwealth Rent Assistance

Data for CRA recipients are for clients of DFACS only and are for the year to 30 June 2001. Data exclude those recipients paid rental assistance by, or on behalf of, the DVA or DETYA. Data are collected centrally by Centrelink and DFACS. Information on CRA recipients by benefit type is provided in table 16.15. Additional data are provided on Indigenous recipients for the first time this year.

Data are also provided for the first time this year on the geographic location of CRA recipients. Overall, 68.9 per cent of CRA recipients were located in metropolitan areas, 29.3 per cent were in rural (as distinct from remote) areas and 1.8 per cent were in remote areas (table 16A.39). Of Indigenous CRA recipients, 41.8 per cent were located in metropolitan areas, 46.4 per cent in rural (as distinct from remote) areas and 11.6 were in remote areas (table 16A.40).

Table 16.15 Income units receiving CRA by benefit type, 30 June 2001^a

<i>Benefit type</i>	<i>Income units^b</i>	<i>Proportion of CRA recipients</i>		<i>Proportion of Indigenous CRA recipients</i>	
		<i>no.</i>	<i>%</i>	<i>no.</i>	<i>%</i>
Newstart	227 204		23.3	6 938	34.2
Parenting Payment, single	193 359		19.8	6 609	32.6
Disability Support Pension	161 833		16.6	2 848	14.0
Age Pension	153 454		15.7	643	3.2
Youth Allowance	91 212		9.3	1 190	5.9
Family Tax Benefit	84 098		8.6	1 156	5.7
Parenting Payment, partnered	29 266		3.0	485	2.4
Other qualifying payments	35 907		3.7	415	2.0
Total	976 333		100.0	20 284	100.0

^a Data are for CRA recipients who were clients of DFACS only. Data exclude those paid rental assistance by, or on behalf of, the DVA or DETYA. Components may not sum to 100 per cent as a result of rounding. ^b An income unit is the basic unit used to determine eligibility for social security payments. Income units are analogous to family units with the distinction that non-dependent children and other adults living in the same household are treated as separate income units. Children are regarded as dependent until 16 years of age. Children aged 16–18 years may also be regarded as dependent if they are full time students, wholly or substantially dependent on another person and not in receipt of an income support payment.

Source: DFACS (unpublished).

Effectiveness

Access

Access to CRA is measured by the proportion of eligible income support recipients receiving the payment. This indicator also provides information on Indigenous recipients.

Commonwealth Rent Assistance is automatically paid once eligibility has been established. Important eligibility requirements are the receipt of an income support payment or more than the base rate of Family Tax Benefit Part A, and liability to pay rent. The only eligible clients who are not paid are those affected by recording errors or program errors.

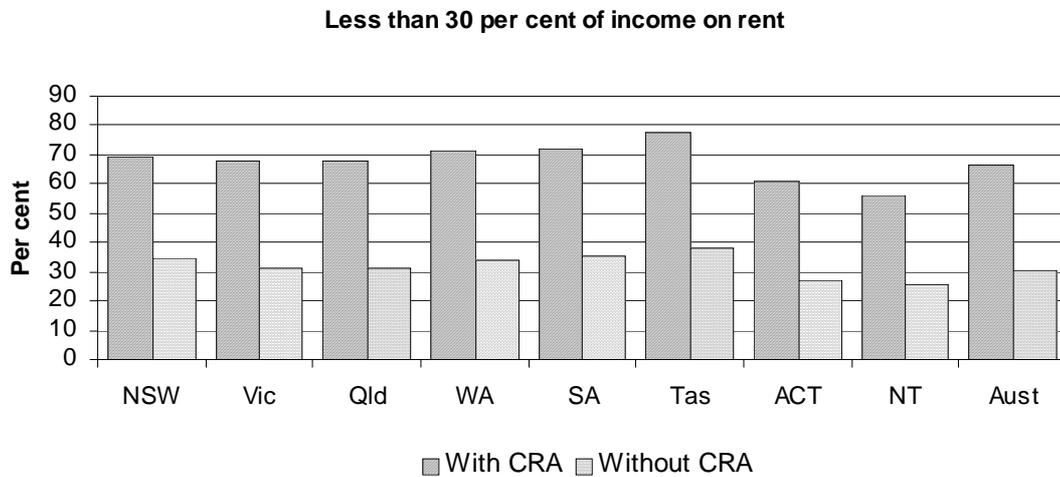
Over 976 000 income units (where income units are analogous to family units with the distinction that non-dependent children and other adults living in the same household are treated as separate income units) across Australia were receiving CRA at 30 June 2001, of whom approximately 2.1 per cent self identified as Indigenous. Nationally, the proportion of income units receiving CRA who identified as Indigenous was virtually identical to Indigenous representation in the overall community. The NT had the highest proportion of self identified Indigenous

people receiving the payment (13.2 per cent) in 2001, while Victoria had the lowest proportion (0.5 per cent) (table 16.16).

Choice and affordability

The affordability measure provides information on the proportion of recipients who spend more than 30 and 50 per cent of their income on rent with and without CRA, disaggregated by Indigenous and rural and remote status. Nationally, if CRA were not payable, 30.8 per cent of those income units currently receiving CRA would have spent less than 30 per cent of income on rent at 30 June 2001. Across jurisdictions, this proportion ranged from 37.8 per cent in Tasmania to 25.7 per cent in the NT. Including CRA (thereby reducing the rent paid by the amount of the assistance), the national proportion of income units who spent less than 30 per cent of income on rent increased to 66.6 per cent at 30 June 2001. Across jurisdictions, this proportion ranged from 77.8 per cent in Tasmania to 56.4 per cent in the NT (figure 16.25).

Figure 16.25 Recipients by proportion of income spent on rent with and without CRA, 30 June 2001



Source: table 16A.42.

Table 16.16 Income units receiving CRA by Indigenous status and geographic location, 30 June 2001

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Non-Indigenous</i>										
Individual recipients	no.	318 738	203 922	236 373	81 083	66 486	23 006	8 290	5 572	956 049
In capital city	no.	174 645	146 193	101 489	62 384	51 958	10 207	8 290	4 114	559 280
In rest of State	no.	144 093	57 729	134 884	18 699	14 528	12 799	0	1 458	396 769
Share of all recipients	%	97.9	99.5	96.9	97.5	98.7	97.7	98.7	86.8	97.9
Non-Indigenous population, as a proportion of total population ^a	%	98.2	99.5	96.7	96.8	98.4	96.5	98.9	71.7	97.8
<i>Indigenous</i>										
Individual recipients	no.	6 922	1 047	7 612	2 049	899	532	105	847	20 284
In capital city	no.	1 698	552	2 217	1 029	542	189	105	511	6 843
In rest of State	no.	5 224	495	5 395	1 020	357	343	0	336	13 441
Share of all recipients	%	2.1	0.5	3.1	2.5	1.3	2.3	1.3	13.2	2.1
Indigenous population, as a proportion of total population ^a	%	1.8	0.5	3.3	3.2	1.6	3.5	1.1	28.3	2.2
Total individual recipients	no.	325 660	204 969	243 985	83 132	67 385	23 538	8 395	6 419	976 333

^a Based on low series population projections (ABS 1999b).

Source: DFACS (unpublished).

Similarly, if CRA was not payable, 71.7 per cent of income units across Australia would have spent less than 50 per cent of income on rent at 30 June 2001. Accounting for CRA payments, this proportion increases to 90.9 per cent (table 16A.42).

For the first time this year, data are also available on the proportion of income spent on rent with and without CRA by Indigenous Australians and Australians living in rural and remote areas. Nationally, if CRA was not payable, only 39.9 per cent of those Indigenous income units currently receiving CRA would have spent less than 30 per cent of income on rent at 30 June 2001. Across jurisdictions, this proportion ranged from 43.9 per cent in NSW to 31.5 per cent in the NT. Accounting for CRA payments (thereby reducing the rent paid by the amount of the assistance), the national proportion of Indigenous income units who spent less than 30 per cent of income on rent at 30 June 2001 increases to 74.7 per cent. Across jurisdictions, this proportion ranged from 78.7 per cent in NSW to 60.1 per cent in the NT (figure 16.26).

Figure 16.26 Indigenous recipients by proportion of income spent on rent with and without CRA, 30 June 2001



Source: table 16A.43.

Similarly, if CRA was not payable, 78.9 per cent of Indigenous income units across Australia would have spent less than 50 per cent of income on rent at 30 June 2001. Accounting for CRA payments, this increases to 94.4 per cent (table 16A.43).

Almost half of all postal areas contained between 70–150 income units receiving CRA per 1000 private dwellings at 30 June 2001. The majority of postal areas (70.8 per cent) contained fewer than 150 income units receiving the payment per

1000 private dwellings. Only 0.9 per cent of postal areas did not include any income units receiving the payment (table 16.17).

Table 16.17 Geographic spread of income units receiving CRA, 30 June 2001

	<i>no.</i>	<i>%</i>
Postal areas not containing CRA income units ^{a, b}	21	0.9
Postal areas containing CRA income units ^{a, c}		
< 70	558	23.5
70–150	1 101	46.4
151–200	387	16.3
201–250	142	6.0
251–300	82	3.5
300+	82	3.5
Total number of postal areas in 1996 Census	2 373	100.0

^a Postal areas in the 1996 Census. ^b One third of the private dwellings in this group were at the Macquarie University, the Williams RAAF Base and the World Trade Centre. ^c Number of income units per 1000 private dwellings.

Source: DFACS (unpublished).

Information on the average CRA entitlement across locations is contained in table 16A.48.

Appropriateness

This chapter reports on four indicators of appropriateness relating to the review process for decisions about CRA availability:

- the proportion of claims for which review is sought;
- the proportion of decisions reviewed or appealed;
- the accuracy of the decision making; and
- control of overpayments.

There is a formal review process for decisions related to the payment of CRA. Clients who are dissatisfied with a decision are encouraged to discuss the matter with the original decision maker before taking the matter further, although this is not a necessary step. Authorised review officers conduct a quick and informal internal review of the decision. Generally, customers who are dissatisfied with the authorised review officer's decision can appeal to the Social Security Appeals Tribunal. The Tribunal is an independent body with decision making powers. Either the customer or DFACS can seek a further review of tribunal decisions by the Administrative Appeals Tribunal.

A total of 183 people appealed to an authorised review officer in 2000-01, representing approximately 0.02 per cent of people receiving CRA. Approximately 55.7 per cent of finalised appeals to an authorised review officer and 58.3 per cent of finalised appeals to the Social Security Appeals Tribunal led to the original decision being affirmed. In the case of the Administrative Appeals Tribunal, there were no finalised appeals leading to the original decision being set aside or varied (table 16.18).

Table 16.18 Outcome of all CRA appeals finalised in 2000-01^a

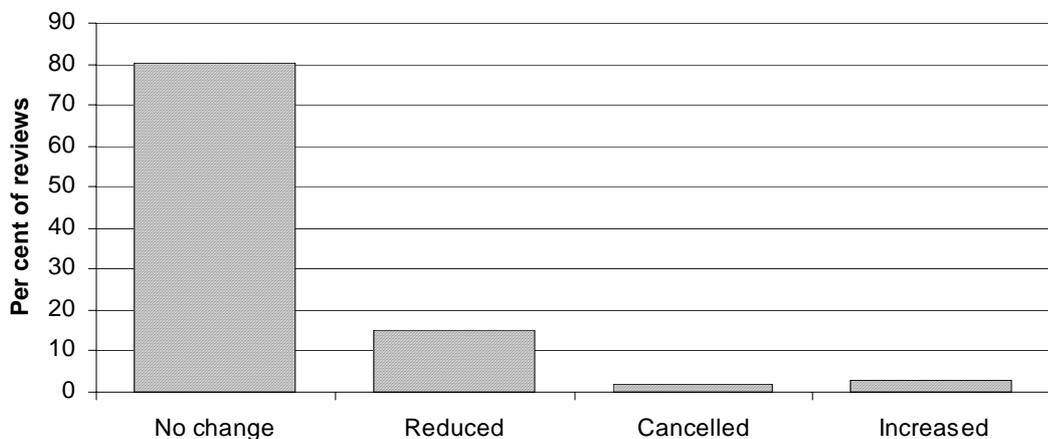
<i>Outcome</i>	<i>Appeals to ARO</i>		<i>Appeals to SSAT</i>		<i>Appeals to AAT</i>	
	no.	%	no.	%	no.	%
Original decision affirmed	102	55.7	14	58.3	1	16.7
Original decision set aside	54	29.5	6	25.0	–	–
Original decision varied	23	12.6	1	4.2	–	–
Appeal withdrawn/dismitted	4	2.2	3	12.5	5	83.3
Total finalised	183	100.0	24	100.0	6	100.0

^a ARO = Authorised Review Officer; SSAT = Social Security Appeals Tribunal; AAT = Administrative Appeals Tribunal. – Nil or rounded to zero.

Source: DFACS (unpublished).

Centrelink relies on risk based review activities to control overpayment, some of which are targeted at CRA. In total, Centrelink conducted 91 068 risk based reviews relating to CRA in 2000-01. Commonwealth Rent Assistance was cancelled in 1.9 per cent of cases, reduced in 14.9 per cent of cases and increased in 3.0 per cent of cases. For the vast majority (80.2 per cent), there was no change (figure 16.27).

Figure 16.27 CRA payments adjustments resulting from a risk based review, 2000-01



Source: table 16A.46.

Quality of customer service

Twice a year, Centrelink engages external consultants to conduct quantitative research to gauge customer satisfaction with its performance and community perceptions of its image. The surveys are not specific to CRA but may broadly indicate the views of CRA recipients. The latest information is for November 2000 and includes the following findings:

- 76 per cent of clients were satisfied with the overall quality of Centrelink's people, services and information;
- 79 per cent of clients were satisfied with services delivered in person; and
- 75 per cent of clients were satisfied with services delivered over the telephone.

Data on the timeliness with which CRA applications are finalised are contained in table 16A.47.

Efficiency

It has not been possible to report the efficiency indicators for CRA this year as data are not available.

16.5 Future directions in performance reporting

Reporting of CRA

A draft revised performance measurement framework has been developed for proposed inclusion in the 2003 Report.

Further developing indicators and data

As the housing chapter data are already extensive, much of the work being undertaken is around filling the gaps in the data and improving reliability and comparability across jurisdictions.

The definitions used for the CSHA data collection are based on the National Housing Assistance Data Dictionary. It is anticipated that the National Housing Assistance Data Dictionary Version 2 will be finalised by the end of 2001. Version 2 will incorporate an expanded range of definitions, including definitions for both the private rent assistance and community housing CSHA data collections.

It is expected that use of the data dictionary will help to improve the uniformity and comparability of data across jurisdictions.

National standards for the CSHA have been developed for identifying applicants with special needs and applicants in greatest need of housing. These national standards will be trialled in the 2000-01 data collection. The national standards used in this collection will be reviewed to finalise changes to the national standards for future data collections.

Items for inclusion in a national community housing data repository will be trialled in 2000-01. The repository involves the collection and consolidation of community housing data into a nationally consistent data set. The data repository is intended to improve the reliability and comparability of national housing data. The range of items for inclusion in the trial will vary across jurisdictions. Although national compliance to a community housing data repository is still some time away, the inclusion of trial items for 2000-01 will assist this process.

16.6 Jurisdictions' comments

This section provides comments from each jurisdiction on the services covered in this chapter. Appendix A contains detailed statistics and short profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter. The information covers aspects such as age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (such as Indigenous and ethnic status).

Commonwealth Government comments

“ The Commonwealth negotiated a new and more comprehensive performance reporting framework with the States and Territories, under the 1999 CSHA. The *Report on Government Services* covers the core of national performance information, but reporting under the CSHA goes beyond this and includes in depth evaluation, much of it qualitative rather than quantitative, of specific initiatives at the jurisdiction level. The format of the *Housing Assistance Act Annual Report* is being modified to reflect this change in approach.

Rent Assistance performance information is reported separately from public and community housing performance information. Additional information has been provided this year on indigenous CRA recipients and rural remote locations. The maximum rate of CRA increased by 11.7 per cent over the year 2000-01, including an 8 per cent real increase in compensation for taxation reform.

The performance information framework used in this Report is better suited to the direct service provision rather than financial assistance. For this reason, new performance indicators have been developed for proposed inclusion next year, to improve reporting within this constraint. In addition, the indicators need to be interpreted with some caution as Rent Assistance is paid as a supplement to other income support payments, which have their own objectives.

Rent assistance is provided as a financial supplement and has the flexibility to cope with changing demand and provide customers with more choice about where they live and the quality of their housing. This choice can involve a trade-off with the consumer's after-housing income. Therefore, it is important to recognise that the rent assistance program has no specific benchmark for affordability. The adoption of an affordability benchmark would fail to recognise the element of choice exercised by customers who place a higher value on housing than others in comparable circumstances.

Only one source of funding for Indigenous-specific housing is reported on in this chapter. In addition to the \$91 million provided by the Commonwealth under the Aboriginal Rental Housing Program, ATSIC provides around \$120 million through the Community Housing and Infrastructure Program for housing activities, and in 2000-01, the States and Territories contributed \$100 million to Indigenous-specific housing.

The relevance of mainstream public housing performance indicators to Indigenous-specific housing programs needs to be considered. Some indicators are useful, such as crowding, costs and need. However, key performance indicators should include housing management and maintenance, housing management skills development and surrogate measures for health improvements, such as housing functionality and condition. Performance reporting associated with the implementation of the Housing Ministers' statement of future directions, *Building a Better Future: Indigenous Housing to 2010* will provide a more complete picture. Each jurisdiction will report annually to Housing Ministers on progress in implementing the objectives and strategies of the document.”

New South Wales Government comments

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House prices and rents in Sydney and coastal NSW continue to increase, and remain significantly higher on average than any other part of Australia, a fact supported by the data showing that average Commonwealth Rent Assistance payments for Sydney are the highest in Australia. At the same time there has been a continuing loss of low cost rental stock and alternative sources of affordable accommodation, such as boarding houses.

Demand for housing assistance remains high. However the performance indicators for effectiveness and efficiency for 2001-02 show that NSW has continued a steady improvement in meeting this demand.

Both the NSW Department of Housing and the Aboriginal Housing Office (AHO) have continued to address the backlog of maintenance work to bring all of their Government-owned stock up to acceptable standards. Considerable progress was made in 2000-01 towards completing a condition audit of the Department's and AHO's dwellings, providing a clearer information base on which to plan for eliminating the backlog. The condition audit was due for completion early in 2001-02. In the Department of Housing, the priority on improving the physical standard of dwellings has been complemented by a program of community renewal work on housing estates, the establishment of a dedicated Community Renewal Unit in the Department and the development of an Estates Strategy.

In addition, the Department achieved improved outcomes in targetting public housing to people with low incomes and/or special needs, higher occupancy rates and improved rent collection performance in 2001-02.

The NSW Government remains committed to supporting and expanding both community and Aboriginal housing as viable alternatives to public housing. The first national reporting on the Aboriginal Rental Housing Program (which, being restricted to housing provision in rural and remote areas, represents only a part of overall Indigenous housing programs managed by the Aboriginal Housing Office in NSW) indicates that NSW is performing well in comparison with average data for Australia overall in delivering the ARHP effectively and efficiently, with relatively low overcrowding, high targetting to low income and special needs households, and higher than average allocations to those in greatest need in the ARHP.

In community housing, the tenant satisfaction survey indicated that NSW achieved above-average proportions of tenants who were satisfied or very satisfied with the quality of their housing. NSW also achieved the lowest turnaround time (18 days) for renting vacant stock.

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Victorian Government comments

“ The housing market in Melbourne experienced strong increases in property prices and private rentals, which placed pressure on low income households. Tight conditions in affordable private rental markets led to a lower level of exits from public housing, and consequently a lower level of new allocations. Responsiveness for greatest needs allocations was, however, improved.

Victoria expanded social housing but at a very modest rate. This expansion was despite an environment of continued real decline in CSHA receipts (excluding GST compensation). While fewer properties were added than in previous years, total social housing stock numbers in Victoria grew by 566 properties to 74 774 public rental and community housing properties.

Continued growth, however, will rely on innovation and partnerships which build on the Victorian Government's commitment of \$94.5 million additional funding for social housing over three years. Fifty partnership projects have now been announced as part of this initiative. When fully implemented, the Victorian government injection of funds over and above the CSHA will enable 800 more units to be brought into the social housing system than would have been possible with CSHA funds alone.

In the year 2000-01, expenditure on property improvements and upgrades increased by nearly 30 per cent to \$150 million and this is expected to continue at this level and be supplemented by expenditure on redevelopments. This strategy aims to improve living conditions on older estates, particularly high rise estates in inner Melbourne and older estates in regional centres in Victoria.

Victoria's performance on most CSHA performance indicators is good. Recurrent costs per public rental dwelling are significantly lower than all other jurisdictions. This provides scope for the quality of services to be assessed and improved. Together with improvements to stock condition, this action can be expected to lift performance in other important areas eg tenant satisfaction.

Victoria is still seeing the effects of previous policies of tightly targetted assistance and as a result, there are pressures on tenancy management costs and some estates are facing social issues. Initiatives to improve services to tenants and help bring about more successful tenancies are being developed. In addition, policy reviews are continuing, with a view to improving access and equity in the system. Major redevelopment projects in inner Melbourne and regional Victoria have commenced. Neighbourhood renewal projects in the Latrobe Valley and Wendouree West will be the first of a number of housing initiatives to from part of a wider thrust to build cohesive communities and reduce inequalities.

A Victorian Homelessness Strategy Working Report, *Building Solutions for Individuals and Families Who Experience Homelessness*, was released during the year. Pilot projects for people being released from prison, or juvenile justice facilities and homeless people with a serious mental health issue will proceed.”

Queensland Government comments

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The Queensland Department of Housing is committed to ensuring that all Queenslanders have access to safe, secure, appropriate and affordable housing in diverse, cohesive and sustainable communities. This commitment identifies a broader role for the Department in Queensland's housing system, and a shift towards diversifying the products we offer and the way we deliver and manage them.

Our commitment to improving people's lives through housing has seen some significant achievements during the past financial year. In particular, foundations have been laid to support our endeavor to seek innovative solutions to housing through increasing the range of affordable housing options. For example, State Cabinet has endorsed the Affordable Housing in Sustainable Communities Strategic Plan. This plan sets out actions to:

- improve and enhance existing forms of government housing assistance;
- identify and engage new stakeholders, mechanisms and resources; and
- develop initiatives to influence and improve the functioning of the housing system as a whole.

The Department is also improving people's lives in rural and remote communities through the relocation of surplus housing stock in Central Queensland mining towns to other high demand rural and remote areas. The provision of housing in these regions results in community stability and provides an injection into the community's economy which in turn contributes to the town's continuing survival.

Another innovative solution to gain in-principle endorsement was the creation of the Brisbane Housing Company. This not-for-profit company will be designed to deliver social housing to lower-income households in Brisbane and is expected to begin operations in 2002-03.

The Department is working with central agencies to develop a framework to analyse its products and services and align them with housing need. The expectation is that the Department will be in a better position to determine where resources should be directed, balancing scarce resources, housing need and appropriate housing solutions.

The Department has initiated discussions with other agencies to identify practical ways within existing programs to address homelessness. The result will be improved program operations which overcome existing unintended consequences, which may result in homelessness in some situations.

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Western Australian Government comments

“ The end of the financial year saw the end of the Ministry of Housing, which from 1 July 2001 became the Department of Housing and Works.

Home ownership remains a high priority for Western Australia. The Department of Housing and Works assists people on low to moderate incomes to realise their dream of home ownership through safe, affordable loan schemes. During the year these schemes helped 4377 households with home finance, providing 1035 loans for building new homes and 3342 to buy established homes. The effect of these loan approvals is an injection of \$407 million into the State's housing industry to create and maintain employment for Western Australians.

Homelessness emerged as an issue during the year and the Department responded in a significant way by providing a helpline backed up by bricks and mortar. After six weeks of operation, 460 calls had been received and 130 people housed in public housing.

Cooperation with other agencies continued during the year to assist tenants experiencing difficulty in managing their tenancies. During the year about \$1 million was spent on the Special Housing Assistance Program, with eight agencies receiving funding for 11 programs to assist families throughout the State. Issues that affect tenancies include non-payment of rent, property standards and anti-social behaviour. Many tenancies are saved by these partnership arrangements with community support agencies. Work also continued with the State Department for Community Development to provide family support programs to people whose tenancies may be in jeopardy. These programs combine to reduce the number of failed tenancies and the need to seek emergency relief from government or community-based agencies.

To achieve its objective in providing low cost, high quality rental accommodation, the Department regularly consults with housing industry groups such as the Housing Industry Association and the Master Builders' Association, and professional associations such as the Royal Australian Institute of Architects. During 2000-01, 1406 accommodation units were completed or purchased in the combined Departments' main rental, Community Housing and Aboriginal Housing programs.”

South Australian Government comments

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South Australia has a significant public housing sector, which provides housing for approximately 10 per cent of SA households. The community housing sector provides housing for less than 1 per cent of households although it is experiencing steady growth as part of a strategy to increase diversity, increase housing choice and improve the flexibility and responsiveness of the range of housing options which are available.

Although the Aboriginal Housing Authority (AHA) was formally established in October 1998, it became fully operational during 2000-01. This was the result of all AHA assets, staff and programs being transferred from the South Australian Housing Trust (SAHT) in February 2000. The AHA has seen growth in its housing provision programs, the public rental program, and the Community Housing Program (formerly the Rural and Remote Housing Program). This has been achieved by a range of initiatives including purchases from the open market, a new build and major upgrade program and the transfer of 30 properties per year from the SAHT in accordance with a three-year agreement.

A considerable proportion of public and Indigenous housing stock in South Australia was developed during the 1950s and 1960s with a focus on providing small three bedroom houses on large blocks for working families. Much of this ageing stock is located on the urban fringe and in regional communities and often does not meet contemporary needs. During the year there was a continued focus on asset management strategies aimed at reducing concentrations of social disadvantage through urban regeneration, home renovation, new build, sales and transfers to community and Aboriginal housing.

A new program called 'Better Neighbourhoods' was in the initial stages of development during the year. This program aims to replace ageing low amenity dwellings in higher demand areas with new, more appropriate housing stock.

The first full year of operation of the new housing policies that target housing assistance to those in greatest need was 2000-01. The new eligibility and wait list management arrangements have been successfully introduced and these have significantly increased allocations to those in the highest need categories. A similar arrangement is in place in community housing.

To ensure the ongoing attainment of successful tenancies, sustainable communities and service integration, the structure of public housing regional offices has been realigned to provide a greater focus on linking services and supports to customers with high and/or complex needs. Additionally, a range of pilot projects with a focus on sustaining tenancies and service integration became fully operational in 2000-01.

Overall, the effectiveness of housing assistance programs in SA continues to improve. They are achieving both high levels of customer satisfaction and good levels of efficiency.

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Tasmanian Government comments

“ The provision of social housing in Tasmania aims to contribute to improving health and wellbeing outcomes for people on low incomes, recognising the role that affordable, appropriately located housing plays in enabling tenants to access social and economic opportunities, and the support networks they need. Activity during 2000-01 continued to support strategic realignment of the portfolio to be more responsive to the need of an increasingly diverse client base, and emphasised community capacity building in areas where there is a high density of public rental housing.

During the year, Housing Tasmania implemented a range of capital and policy responses to achieve community and Agency outcomes. These are reflected in the development of a Youth Housing Strategy, the purchase and construction of homes for people with a disability or limited mobility, revised Domestic Violence policy, and the sales incentive program 'Streets Ahead', specifically designed to assist low-income earners to achieve home ownership. Housing Tasmania has also worked in partnership with other divisions of the Department of Health and Human Services, to improve housing outcomes through the integration of SAAP and Housing Assessment System processes.

Building on the success of programs such as Clarendonvale Connect, Ravenswood Walk Tall and Bridgewater/Gagebrook Urban Renewal Program, capacity building activities have commenced in Shorewell in the State's north west. The success of these programs has also fostered opportunities in areas of lower public housing density. Initiatives such as 'Eating with Friends' have encouraged people living alone to meet and interact with others, and Fire Expos held around the State have encouraged the participation of local communities.

Local development teams were implemented in each service area and continue to promote opportunities for community housing, partnerships and local solutions to local issues. The transfer of homes to the Red Shield Housing Association also continued during the year, with the target expected to be achieved by December 2001.

Progressing the State Government commitment to Indigenous self-determination, Housing Tasmania appointed an Aboriginal Housing Manager to work toward establishment of an Aboriginal Housing Unit, an Aboriginal Housing Authority, and development of an Aboriginal Housing bilateral agreement. It is anticipated that in excess of 330 homes funded under the Aboriginal Rental Housing Program will be transferred to the Housing Authority.”

Australian Capital Territory Government comments

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The ACT has a relatively high proportion of public housing stock compared with other jurisdictions (10 per cent compared to 5 per cent nationally). Because of this and the relatively small population base (310 800), total government expenditure in the ACT was \$601 per person, compared with \$232 per person nationally. However, this significant investment in public housing affects the efficiency performance indicator, cost per unit of public housing, through its impact on the indicative user cost of capital. The higher total user cost of capital in the ACT (\$10 383) compared with the national average (\$7927) also reflects the high cost of land in the ACT.

Much of the public housing stock in the ACT is in poor condition, with many large flat complexes being over 40 years old. Accordingly, the rejuvenation and restructuring of the ACT's public housing stock continued to be a high priority in 2000-01. The restructuring process will take some years to complete, given the size of the portfolio and the condition of much of the stock. The redevelopment and upgrading processes have, in the past, been partly funded from the proceeds of asset sales. As a result, there has been a reduction in stock levels. The use of this source of funding is a consequence of the continued decline in funding under the 1999 CSHA, as well as of internalising the cost of rental rebates.

Public housing in the ACT is increasingly targeted and as a result there has been an increase in the number of tenants and applicants with complex needs. Approximately 66 per cent of all allocations were to those in the greatest need category, compared to a 36 per cent national average. This was, in part, due to the implementation of a segmented waiting list on 1 January 2001. Other pricing, tenure and eligibility reforms were also implemented on this date. The increasing number of vulnerable public housing tenants will receive improved case management through the introduction of Specialist Tenancy Managers and will be better integrated with their communities through a recently announced Linkages program.

The community housing sector in the ACT is relatively small, but expanding. A current review of Community Housing is looking at financing options, sector development, and tenancy, property and regulatory issues.

The ACT does not receive any ARHP funding. However, the ACT Government is working with ATSIC and the Commonwealth Government to develop a Trilateral Agreement on Indigenous Housing to improve housing outcomes for Indigenous people in the ACT. A viability study exploring Indigenous housing options is currently underway.

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Northern Territory Government comments

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Targets set in April 1998 with the introduction of Housing 2003 (a five-year revitalisation program) have largely been achieved. There have also been many accomplishments against the strategies and objectives of the Commonwealth State Housing Bilateral Agreement 1999–2003. These include:

- review and amendment of the priority housing policy;
- review of the appeals mechanism;
- construction of seniors' villages at Coconut Grove and Tambling Terrace;
- wait times continue to reduce in most areas;
- number of ineligible tenants in public housing further reduced;
- commencement of a revised bond assistance scheme with wider eligibility criteria and more generous assistance levels; and
- consultative forums with the community progressing work on key priorities.

The NT has seen a pleasing improvement in overall tenant satisfaction in the National Social Housing Survey with Public Housing demonstrating effectiveness of changes introduced and improvement in the services provided.

The NT Government delivers housing assistance to Indigenous people through its partnership with the Indigenous Housing Authority of the Northern Territory (IHANT). Information in this Report does not include the NT Government's commitment to the provision of housing and related infrastructure to Indigenous communities.

All Indigenous specific housing programs in the NT are community managed and administered. On 30 June 2001, approximately 130 Indigenous housing organisations were managing 5 820 permanent dwellings for 46 750 Indigenous people in 700 discrete Indigenous communities.

Under this framework, in 2000-01, ARHP contributed 46 per cent of IHANT's funding. Using a needs model as a basis for allocations under its Construction Program, IHANT allocates funds to the seven ATSIC Regional Councils in the Territory, who in turn make allocations to those communities most in need. During 2000-01 the IHANT Construction Program oversaw the construction (or major refurbishment) of 181 houses, thereby better housing 1450 people.

Other than Indigenous community delivered housing, the community housing sector is extremely small in the NT. The NT's emphasis for community housing is to continue to encourage the development of flexible housing provider models, particularly targeting the provision of specific, unmet housing needs.

The Northern Territory Government is committed to positioning housing services and assistance as part of the human services network.

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16.7 Definitions

Public, community and ARHP housing

Table 16.19 Terms

<i>Term</i>	<i>Definition</i>
Administration costs	Costs incurred for direct salaries; payroll and other taxes; superannuation; compensation; accrued leave; training; accommodation; vehicles; marketing; information systems; printing; stationery; postage; telephone expenses; uniforms; travel expenses; office expenses; office equipment; collection fees; management fees; rent; grants and subsidies; expenditure incurred by other government agencies on behalf of the public housing agency; contracted public housing management services; and overheads (corporate services/unallocated expenses). Accrual data are used wherever possible.
Affordability	The level of housing affordability within the public housing (or community housing) sectors, measured as the rent charged as a proportion of the market rent for each dwelling (adjusted for Commonwealth Rent Assistance).
Amenity/location	The amenity of public rental housing stock, measured as the percentage of tenants expressing different degrees of satisfaction in relation to the amenity and location of their dwelling.
Appropriate	The size of a dwelling, or the number of bedrooms a household is deemed to require based on the number of adults and children residing in it, as determined by the proxy occupancy standard (table 16.3).
Assessable income	The income used in the assessment of eligibility for public housing rebate assistance. For the purposes of this Report, assessable income includes Commonwealth Rent Assistance (if applicable) and rent contributions from non-tenant, adult household members. Actual definition may vary across jurisdictions.
Community housing rental dwelling	Includes properties covered by the Commonwealth State Housing Agreement. Excludes properties for which the tenancy management functions are undertaken and administered under the Public Rental Housing Program, the Aboriginal Rental Housing Program or transitional/emergency accommodation for people who are homeless and in crisis (Crisis Accommodation Program).
Customer satisfaction	The percentage of customers expressing different degrees of satisfaction in relation to various service aspects of their dwelling.
Depreciation costs (as per the Australian Accounting Standards 13–17)	Depreciation calculated on a straight-line basis at a rate that realistically represents the useful life of the asset.
Direct costs	Total administration costs and costs of maintaining the operation of dwellings.
Disability (as per the ABS Survey of Disability Ageing and Carers)	Any restriction or lack of ability (resulting from an impairment) to perform an action in the manner or within the range considered normal for a human being.

(Continued on next page)

Table 16.19 (Continued)

<i>Term</i>	<i>Definition</i>
Dwelling	A structure or a discrete space within a structure intended for people to live in or where a person or group of people live. Thus, a structure that people actually live in is a dwelling regardless of its intended purpose, but a vacant structure is only a dwelling if intended for human residence. A dwelling may include one or more rooms used as an office or workshop, provided the dwelling is in residential use.
Greatest need	Applicants with one or more of the following characteristics: <ul style="list-style-type: none"> • homelessness; • exiting a crisis service; • under a case management plan; or • classified as priority one on waiting list.
Household	A group of people who usually reside and eat together. Operationally, a household is defined as either: <ul style="list-style-type: none"> • a one-person household—a person who makes provision for their own food or essentials for living without combining with any other person to form part of a multi-person household; or • a multi-person household—a group of two or more people, living within the same dwelling, who make common provision for food and other essentials for living. The people in the group may pool their incomes and have a common budget to a greater or lesser extent; they may be related or unrelated or a combination.
Income unit	One person or a group of related people within a household who share command over income. The allowable relationships in the definition of income unit are restricted to marriage (registered or <i>de facto</i>) and parent and dependent child who usually reside in the same household. Operationally, an income unit is: <ul style="list-style-type: none"> • a married couple (registered or <i>de facto</i>) or sole parent, and dependent children only; or • married couple only (registered or <i>de facto</i>) with no dependent children present; or • a person in a private dwelling who is not related to any other household member either by marriage (registered or <i>de facto</i>) or by a parent/dependent child relationship. (Defined differently for CRA).
Indigenous household	A household with one or more members (including children) who identify as Aboriginal and/or Torres Strait Islanders.
Low income household	A household whose members are assessed as having a low income according to the following definitions. Households are assigned an income status based on total household gross income and the composition of the household. <ul style="list-style-type: none"> • 'low income A' households are those in public housing for which all household members have incomes at or below the maximum pension rate. • 'low income B' households are those in public housing that receive an income at a level equivalent to that at which minimum government income support benefits are received (at the pensioner rate).

(Continued on next page)

Table 16.19 (Continued)

<i>Term</i>	<i>Definition</i>
Maintenance costs	Costs incurred to maintain the value of the asset or to restore an asset to its original condition. The definition includes: day-to-day maintenance reflecting general wear and tear; cyclical maintenance, performed as part of a planned maintenance program; and other maintenance, such as repairs as a result of vandalism.
Market rent	Aggregate market rent that would be collected if the public rental housing properties were available in the private market.
Match of dwelling and household size	The percentage of dwellings where dwelling size is inappropriate, calculated as the percentage of occupied public (or community) dwellings with overcrowding based on the following definition of <i>overcrowding</i> : two or more additional bedrooms are required to satisfy the proxy occupancy standard. To derive the number of households in this category, every household is assigned a proxy occupancy status based on the size of the dwelling — that is, the number of bedrooms; the number of adults; the number of children; and the family relationships of household members.
New household	Households allocated from the waiting list (excluding transfers).
Occupancy rate	The use of rental housing stock as measured by the occupancy rate of the stock, where 'occupied' is defined as tenantable dwellings occupied by tenants who have a public housing tenancy agreement with the relevant State housing authority.
Occupied dwelling	Tenantable dwellings occupied by tenants who have a public or community housing tenancy agreement with the relevant State housing authority.
Overcrowding	Where two or more additional bedrooms are required to meet the proxy occupancy standard.
Priority access to those in greatest need	The proportion of new allocations to those in greatest need in the following timeframes: <ul style="list-style-type: none"> • under three months; • three months to under six months; • six months to under one year; • one year to less than two years; • two years or more; and • total.
Proportion of income paid in rent	A measure of housing affordability within the public housing (or community housing) sectors, calculated as the percentage of assessable household income spent on housing costs — that is, the number of rebated public rental households (or community housing households) paying X per cent of assessable income on rent at 30 June, divided by the total number of rebated public rental households (or community housing households) occupying public (or community) housing, multiplied by 100. 'X' is defined as: <ul style="list-style-type: none"> • 0–20 per cent; • 21–25 per cent; • 26–30 per cent; or • greater than or equal to 31 per cent. Previously reported as a performance indicator.

(Continued on next page)

Table 16.19 (Continued)

<i>Term</i>	<i>Definition</i>
Proxy occupancy standard	The standard used to determine overcrowding/underuse. The standard used in the public and community housing collections is based on the Canadian model. (For further discussion on measuring household bedroom requirements, see Foard, <i>et al.</i> 1994).
Public rental dwelling	Includes only public rental properties covered by the Commonwealth–State Housing Agreement. Excludes properties administered under Community Rental Housing, the Aboriginal Rental Housing Program or transitional/emergency accommodation for people who are homeless and in crisis (Crisis Accommodation Program—CAP).
Relocated household	Households, either rebated or market renters, who relocate (transfer) from one public or community rental dwelling to another public or community rental dwelling.
Rent arrears	Total rent actually collected as a percentage of total rent charged.
Rent charged	The amount in dollars that households are charged based on the actual rents they are expected to pay. The rents charged to tenants may or may not have been received.
Rent collected	The actual rent received from tenants.
Special needs household	A household that has a member(s) with a disability, a principal tenant aged either 24 years or under or 75 years or more (50 years or more for the ARHP) or, except for the ARHP, a household defined as being Indigenous.
Special needs but not low income	Where a household member(s) has a special need but the household income is assessed as not being 'low income' according to a household income cut-off value.
Tenantable dwelling	Dwellings where maintenance has been completed, whether occupied or unoccupied at 30 June 2000. All occupied dwellings are tenantable.
Tenant or tenant household	The usual members of a household occupying a public or community rental housing dwelling where there is a tenancy agreement with the housing authority. A tenant household either receives rebated assistance or pays the market rent as determined by the agency.
Total gross household income	The value of gross weekly income from all sources (before deductions for income tax, superannuation etc.) for all household members expressed as dollars per week. The main components of gross income are current usual wages and salary, income derived from self employment, government pensions, benefits and allowances, and other income comprising investments and other regular income.
Turnaround time	The time taken to use vacant stock.
Underutilisation	Where there are two or more bedrooms additional to the number required in the dwelling to satisfy the proxy occupancy standard.
Untenantable dwelling	Dwellings not currently occupied by a tenant where maintenance has been either deferred or not completed at 30 June.
Waiting list applicant	A household that has applied for public or community rental housing assistance and is deemed eligible but has not yet received the assistance. Includes current public housing tenants who are applicants for assistance other than that currently received (for example, transfer applicants).

(Continued on next page)

Table 16.19 (Continued)

<i>Term</i>	<i>Definition</i>
Waiting list — total number of households on waiting list	<p>The total number of applicants on the tenant manager/agency's waiting list at 30 June. The waiting list population refers to applicants who at 30 June are:</p> <ul style="list-style-type: none"> • still residing in the State or Territory of application; • still eligible for public housing; and • still wish to pursue their application. <p>Potential applicants still awaiting eligibility assessment at 30 June are excluded.</p>

Source: AIHW (2001a, 2001b, 2001c).

Commonwealth Rent Assistance

Table 16.20 Terms

<i>Term</i>	<i>Definition</i>
Accuracy of decision making	Centrelink procedure and accuracy check results for each of the main relevant payment types (Family Allowance and other income support payments). Although it does not relate directly to the program, CRA is included in the accuracy check. The results should therefore be indicative of the accuracy of decisions about CRA. Separate figures are provided for new claims and reviews. Data exclude procedural errors that do not affect payments, as indicated by the checking officer.
ARO	Administrative review officer.
Control of overpayment	The number of reviews conducted targeted at CRA and their outcomes — that is, the number and value of any increases in assistance, decreases in assistance and overpayments detected. Although the reviews are targeted at CRA, they may also result in variations to the primary payment.
Customer and community satisfaction surveys	Surveys not specific to CRA that may be broadly indicative of the views of CRA recipients. This measure provides information about overall customer satisfaction with service delivery, customer service centre staff and call centre staff (the Centrelink telephone service).
Decisions reviewed/appealed	Number of CRA appeals to authorised review officers (the Social Security Appeals Tribunal and the Administrative Appeals Tribunal). Numbers relate to all cases finalised in the last financial year and show whether the decisions are favourable to the individual customer.
Eligible income support clients	Clients in receipt of an income support payment or more than the minimum rate of family allowance. Commonwealth Rent Assistance is automatically paid once eligibility is established. The only eligible clients who are not paid are those affected by Centrelink errors in recording information or by program errors.
Geographic spread of CRA customers	A point-in-time indicator comparing the number of income units receiving CRA within a particular postcode with the number of private dwellings in that postcode (obtained from the 1996 Census).

(Continued on next page)

Table 16.20 (Continued)

<i>Term</i>	<i>Definition</i>
Income units	The basic units used to determine eligibility for social security payments. Income units are analogous to family units with the distinction that non-dependent children and other adults living in the same household are treated as separate income units. Children are regarded as dependent until 16 years of age. Children aged 16–18 years may also be regarded as dependent if they are full time students, wholly or substantially dependent on another person and not in receipt of an income support payment. (Defined differently for public and community housing).
Number of eligible income support customers receiving CRA	A point-in-time indicator, supplied for both individuals and income units. Individuals are counted as receiving Commonwealth Rent Assistance (CRA) if they are recorded as a current customer at the date data is extracted from the system and as having been paid CRA in the preceding fortnight. Income units are counted if either member of a couple meets that condition. In a small number of cases, a person may have ceased to be eligible for CRA at the extract date (for example, because they stopped paying rent) but are still counted if CRA was paid in the last fortnight.
Proportion of claims for which review was sought	The number of customers seeking a review by an administrative review officer as a proportion of the number of customers receiving CRA. The number of customers receiving CRA is used as a proxy for the number of claimants. There is no formal claim for CRA, and all details needed to determine eligibility are recorded for all customers. Consequently, it is not possible to identify persons who have sought assistance, but were unsuccessful. Therefore, the number of customers receiving CRA may be the most appropriate proxy for claimants.
Proportion of income spent on rent with and without CRA	A point-in-time indicator, measuring the proportion of income units spending less than (a) 30 per cent, and (b) 50 per cent of their income on rent, both with and without CRA. The proportion of income spent on rent is calculated as follows: <ul style="list-style-type: none"> • with CRA: rent minus CRA/total income from all sources, excluding CRA; or • without CRA: rent/total income from all sources, excluding CRA.
Ratio of running costs to total outlays for the CRA program	Total running costs for the CRA program as a proportion of total outlays.
Rent	Amounts payable as a condition of occupancy of a person's home. Includes site fees for a caravan, mooring fees and payment for services provided in a retirement village. Rent encompasses not only a formal tenancy agreement, but also informal agreements between family members, including the payment of board or board and lodgings. Where a person pays board and lodgings and is unable to separately identify the amount paid for lodgings, two-thirds of the payment is deemed to be for rent. There is no requirement that rent be paid; a person whose rent is in arrears may remain eligible for assistance provided Centrelink is satisfied that the liability is genuine.
Running costs per 1000 CRA customers	Total running costs for the CRA program per 1000 CRA customers.

(Continued on next page)

Table 16.20 (Continued)

<i>Term</i>	<i>Definition</i>
Timeliness	<p>The timeliness of new claim processing for primary payments (Family Allowance and other income support payments). A substantial proportion of new claimants will be eligible for CRA. These measures will provide some indication of the timeliness for CRA.</p> <p>For each payment type, a standard has been agreed with Centrelink that a specified proportion of claims will be finalised within an agreed period; for example, 80 per cent of Age Pension claims are to be finalised within 28 days of receipt. For each of the main payment types, details will be provided of both the agreed timeliness standard and the actual performance achieved over the full financial year. This information will be supplemented by a table showing the cumulative proportion of claims finalised by the number of weeks since lodgement.</p>
Total income from all sources	<p>Income received by the customer or partner, excluding income received by a dependent. Includes regular social security payments and any maintenance and other private income taken into account for income testing purposes. Excludes:</p> <ul style="list-style-type: none">• one-time payments;• arrears payments;• advances;• Employment or Education Entry Payments;• Mobility Allowance;• Maternity Allowance; and• Child Care Assistance Rebate. <p>In most cases, private income reflects the person's current circumstances. Taxable income for a past financial year, or an estimate of taxable income for the current financial year, is used where the income unit receives more than the minimum rate of family allowance but no other income support payment.</p>

Source: DFACS (unpublished).

A Statistical appendix

A.1 Introduction

The aim of this appendix is to provide contextual information to aid the interpretation of performance indicators used in the Report. The inclusion of the appendix is partly a response to requests by Report users. A number of respondents to a feedback survey conducted in 1998 noted that more needs to be reported on the differences between jurisdictions and how they affect the interpretation placed on data (SRCSSP 1998). Most of the chapters of the Report use the population data from table A.1 for descriptive information (such as expenditure per person in the population) or performance indicators (such as participation rates for vocational education and training). Financial data (which are expressed in real dollars in the chapters) for all services (except health, and vocational education and training) are deflated by the gross domestic product deflator data from table A.18. The data source for most tables is the Australian Bureau of Statistics (ABS).

The appendix comprises four elements:

- a breakdown of Australia's population by age and sex, as at 30 June 2000 (A.2);
- descriptions of the broad characteristics of each jurisdiction (A.3–A.10);
- a set of source tables to assist comparison of performance across jurisdictions (available on the companion CD-ROM) (A.11); and
- a description of the statistical concepts used in the Report (A.12).

The descriptions of jurisdictions (based on data in the source tables) include the characteristics of age, gender, cultural heritage (such as Indigenous status and place of birth), population distribution, household structures and location, and level of income support. For some characteristics, the discussion is based on the same indicator across jurisdictions (for example, the proportion of Indigenous Australians in the population). For other characteristics, the discussion draws on noteworthy differences (for example, differences from the national level).

A.2 A breakdown of Australia's population

Table A.1 Estimated residential population by age and sex, 30 June 2000^a

	<i>Unit</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^b</i>
<i>Number of people by sex and age</i>										
Females										
0–4 years	'000	210.3	146.7	117.6	61.4	45.2	14.9	10.3	8.5	615.0
5–9 years	'000	216.8	157.7	125.5	64.6	48.2	16.4	10.5	8.4	648.2
10–14 years	'000	214.9	156.6	123.9	67.2	48.8	16.8	10.7	7.6	646.7
15–19 years	'000	216.9	160.3	127.7	67.4	49.9	17.1	11.5	7.1	658.1
20–24 years	'000	219.7	169.1	125.3	68.5	48.0	14.5	13.1	7.8	665.9
25–29 years	'000	249.5	185.7	136.6	71.5	51.3	15.6	13.1	9.3	732.7
30–34 years	'000	238.4	183.8	130.5	69.7	52.5	16.1	12.2	8.9	712.1
35–39 years	'000	251.9	186.9	139.9	74.3	57.4	18.1	12.4	8.1	749.2
40–44 years	'000	242.2	179.8	134.1	72.8	57.1	18.1	12.4	7.1	723.7
45–49 years	'000	223.3	167.1	124.6	67.9	53.9	16.9	12.1	6.2	672.1
50–54 years	'000	204.5	153.2	114.9	59.1	50.4	15.6	10.8	5.0	613.6
55–59 years	'000	160.4	117.4	88.1	43.9	39.0	12.2	7.3	3.1	471.6
60–64 years	'000	134.0	99.2	69.3	35.7	33.0	10.5	5.2	1.8	388.7
65–69 years	'000	120.4	89.4	59.7	30.6	30.1	9.4	4.1	1.2	344.9
70 and over	'000	345.7	254.2	165.0	80.6	92.3	26.6	10.4	2.0	976.8
80 and over	'000	127.0	93.4	60.6	29.9	34.6	10.0	3.5	0.6	359.7
Total^c	'000	3 248.9	2 407.0	1 782.6	935.2	757.0	238.8	156.1	92.1	9 619.2
Males										
0–4 years	'000	220.9	156.0	123.3	65.2	47.3	15.7	10.5	9.1	648.1
5–9 years	'000	228.3	166.3	132.1	68.4	50.5	17.3	11.0	9.1	683.1
10–14 years	'000	225.5	163.9	131.0	71.0	51.5	17.6	11.1	8.2	680.0
15–19 years	'000	228.0	166.5	134.9	71.0	52.2	17.6	12.7	7.6	690.7
20–24 years	'000	227.7	176.8	129.5	72.2	50.6	15.1	14.3	9.0	695.2
25–29 years	'000	249.1	187.9	137.9	75.3	53.6	14.9	13.1	10.5	742.3
30–34 years	'000	238.2	180.9	129.9	71.3	53.5	15.1	11.8	9.5	710.4
35–39 years	'000	254.3	184.9	137.1	75.3	57.0	17.4	12.0	9.0	747.1
40–44 years	'000	243.5	177.4	133.4	73.7	56.2	17.7	11.6	8.0	721.6
45–49 years	'000	224.5	163.2	126.0	68.8	52.7	16.7	11.4	7.0	670.6
50–54 years	'000	211.9	153.2	119.7	63.2	50.3	15.8	11.1	6.2	631.5
55–59 years	'000	165.3	118.9	92.7	46.9	38.9	12.5	7.4	4.2	486.9
60–64 years	'000	134.6	97.6	72.6	36.8	31.9	10.3	5.3	2.5	391.7
65–69 years	'000	114.7	84.1	58.8	29.8	28.2	9.0	4.1	1.5	330.0
70 and over	'000	248.0	181.2	125.0	59.9	66.1	19.0	7.4	2.0	708.5
80 and over	'000	68.1	50.4	35.1	16.3	18.7	5.3	1.9	0.5	196.2
Total^c	'000	3 214.6	2 358.9	1 783.7	948.6	740.6	231.5	154.8	103.3	9 537.8

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Table A.1 (Continued)

	<i>Unit</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^b</i>
Persons										
0–4 years	'000	431.2	302.7	240.9	126.6	92.5	30.6	20.8	17.6	1 263.1
5–9 years	'000	445.1	323.9	257.7	133.0	98.7	33.7	21.5	17.5	1 331.4
10–14 years	'000	440.4	320.5	254.9	138.3	100.3	34.4	21.8	15.8	1 326.7
15–19 years	'000	444.9	326.8	262.6	138.4	102.1	34.7	24.3	14.7	1 348.8
20–24 years	'000	447.4	345.9	254.8	140.6	98.6	29.5	27.4	16.8	1 361.1
25–29 years	'000	498.7	373.6	274.5	146.8	104.9	30.5	26.1	19.8	1 475.1
30–34 years	'000	476.6	364.7	260.3	141.0	106.0	31.2	24.0	18.4	1 422.5
35–39 years	'000	506.2	371.8	277.0	149.6	114.4	35.4	24.5	17.1	1 496.3
40–44 years	'000	485.6	357.2	267.5	146.5	113.3	35.8	24.1	15.0	1 445.3
45–49 years	'000	447.8	330.3	250.7	136.7	106.6	33.6	23.5	13.2	1 342.6
50–54 years	'000	416.4	306.5	234.6	122.3	100.7	31.3	21.9	11.1	1 245.1
55–59 years	'000	325.7	236.3	180.8	90.8	77.9	24.7	14.7	7.3	958.5
60–64 years	'000	268.6	196.9	141.9	72.4	65.0	20.8	10.4	4.4	780.4
65–69 years	'000	235.2	173.5	118.5	60.4	58.3	18.4	8.1	2.7	675.0
70 and over	'000	593.6	435.3	289.9	140.5	158.5	45.6	17.7	4.1	1 685.3
80 and over	'000	195.1	143.8	95.7	46.2	53.3	15.3	5.3	1.1	555.9
Total^c	'000	6 463.5	4 765.93	566.4 1	883.9 1	497.6	470.4	310.8	195.5	19 157.0
<i>Share of jurisdiction population by sex and age</i>										
Females										
0–4 years	%	6.5	6.1	6.6	6.6	6.0	6.3	6.6	9.2	6.4
5–9 years	%	6.7	6.6	7.0	6.9	6.4	6.9	6.7	9.1	6.7
10–14 years	%	6.6	6.5	6.9	7.2	6.4	7.0	6.8	8.3	6.7
15–19 years	%	6.7	6.7	7.2	7.2	6.6	7.2	7.4	7.7	6.8
20–24 years	%	6.8	7.0	7.0	7.3	6.3	6.1	8.4	8.5	6.9
25–29 years	%	7.7	7.7	7.7	7.6	6.8	6.5	8.4	10.1	7.6
30–34 years	%	7.3	7.6	7.3	7.5	6.9	6.7	7.8	9.6	7.4
35–39 years	%	7.8	7.8	7.8	7.9	7.6	7.6	8.0	8.8	7.8
40–44 years	%	7.5	7.5	7.5	7.8	7.5	7.6	8.0	7.7	7.5
45–49 years	%	6.9	6.9	7.0	7.3	7.1	7.1	7.7	6.7	7.0
50–54 years	%	6.3	6.4	6.4	6.3	6.7	6.5	7.0	5.4	6.4
55–59 years	%	4.9	4.9	4.9	4.7	5.2	5.1	4.7	3.4	4.9
60–64 years	%	4.1	4.1	3.9	3.8	4.4	4.4	3.3	2.0	4.0
65–69 years	%	3.7	3.7	3.3	3.3	4.0	3.9	2.6	1.3	3.6
70 and over	%	10.6	10.6	9.3	8.6	12.2	11.1	6.7	2.2	10.2
80 and over	%	3.9	3.9	3.4	3.2	4.6	4.2	2.2	0.7	3.7
Total^c	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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Table A.1 (Continued)

	<i>Unit</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^b</i>
Males										
0–4 years	%	6.9	6.6	6.9	6.9	6.4	6.8	6.8	8.8	6.8
5–9 years	%	7.1	7.0	7.4	7.2	6.8	7.5	7.1	8.8	7.2
10–14 years	%	7.0	6.9	7.3	7.5	7.0	7.6	7.2	7.9	7.1
15–19 years	%	7.1	7.1	7.6	7.5	7.0	7.6	8.2	7.4	7.2
20–24 years	%	7.1	7.5	7.3	7.6	6.8	6.5	9.3	8.7	7.3
25–29 years	%	7.8	8.0	7.7	7.9	7.2	6.4	8.4	10.1	7.8
30–34 years	%	7.4	7.7	7.3	7.5	7.2	6.5	7.6	9.2	7.4
35–39 years	%	7.9	7.8	7.7	7.9	7.7	7.5	7.8	8.7	7.8
40–44 years	%	7.6	7.5	7.5	7.8	7.6	7.6	7.5	7.7	7.6
45–49 years	%	7.0	6.9	7.1	7.3	7.1	7.2	7.4	6.8	7.0
50–54 years	%	6.6	6.5	6.7	6.7	6.8	6.8	7.2	6.0	6.6
55–59 years	%	5.1	5.0	5.2	4.9	5.3	5.4	4.8	4.1	5.1
60–64 years	%	4.2	4.1	4.1	3.9	4.3	4.5	3.4	2.4	4.1
65–69 years	%	3.6	3.6	3.3	3.1	3.8	3.9	2.6	1.4	3.5
70 and over	%	7.7	7.7	7.0	6.3	8.9	8.2	4.7	2.0	7.4
80 and over	%	2.1	2.1	2.0	1.7	2.5	2.3	1.2	0.4	2.1
Total^c	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Persons										
0–4 years	%	6.7	6.4	6.8	6.7	6.2	6.5	6.7	9.0	6.6
5–9 years	%	6.9	6.8	7.2	7.1	6.6	7.2	6.9	8.9	6.9
10–14 years	%	6.8	6.7	7.1	7.3	6.7	7.3	7.0	8.1	6.9
15–19 years	%	6.9	6.9	7.4	7.3	6.8	7.4	7.8	7.5	7.0
20–24 years	%	6.9	7.3	7.1	7.5	6.6	6.3	8.8	8.6	7.1
25–29 years	%	7.7	7.8	7.7	7.8	7.0	6.5	8.4	10.1	7.7
30–34 years	%	7.4	7.7	7.3	7.5	7.1	6.6	7.7	9.4	7.4
35–39 years	%	7.8	7.8	7.8	7.9	7.6	7.5	7.9	8.8	7.8
40–44 years	%	7.5	7.5	7.5	7.8	7.6	7.6	7.7	7.7	7.5
45–49 years	%	6.9	6.9	7.0	7.3	7.1	7.1	7.5	6.8	7.0
50–54 years	%	6.4	6.4	6.6	6.5	6.7	6.7	7.1	5.7	6.5
55–59 years	%	5.0	5.0	5.1	4.8	5.2	5.3	4.7	3.8	5.0
60–64 years	%	4.2	4.1	4.0	3.8	4.3	4.4	3.4	2.2	4.1
65–69 years	%	3.6	3.6	3.3	3.2	3.9	3.9	2.6	1.4	3.5
70 and over	%	9.2	9.1	8.1	7.5	10.6	9.7	5.7	2.1	8.8
80 and over	%	3.0	3.0	2.7	2.5	3.6	3.3	1.7	0.6	2.9
Total^c	%	100.0								

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Table A.1 (Continued)

	<i>Unit</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^b</i>
<i>Average annual growth rate by sex and age, 30 June 1993 to 30 June 2000</i>										
Females										
0–4 years	%	–0.3	–0.9	0.3	–	–0.9	–1.8	–1.1	0.1	–0.4
5–9 years	%	0.5	0.4	1.5	0.2	–0.3	–1.0	–0.7	1.5	0.5
10–14 years	%	0.5	0.5	0.9	1.1	–0.1	–0.8	–0.7	0.9	0.5
15–19 years	%	0.7	0.5	1.3	1.4	0.4	0.3	–0.9	1.4	0.8
20–24 years	%	–0.9	–1.0	–0.7	0.3	–1.9	–2.5	–1.8	–0.7	–0.9
25–29 years	%	1.4	0.7	1.9	1.4	–0.7	–0.9	0.6	1.2	1.1
30–34 years	%	–0.6	–0.1	0.1	–0.2	–1.7	–2.5	–0.9	1.0	–0.4
35–39 years	%	1.0	0.9	1.9	1.0	0.1	–0.4	–0.3	1.6	1.0
40–44 years	%	1.4	1.2	2.0	1.6	0.7	0.7	–0.3	1.7	1.4
45–49 years	%	1.5	1.6	2.2	2.7	1.1	1.2	0.9	2.9	1.7
50–54 years	%	4.0	4.2	5.2	5.0	4.3	3.7	5.6	6.2	4.4
55–59 years	%	2.5	2.4	4.3	3.2	2.3	2.3	4.5	6.3	2.9
60–64 years	%	0.8	0.9	2.2	2.0	0.6	0.9	3.0	3.7	1.2
65–69 years	%	–0.8	–0.5	0.3	0.7	–1.3	–0.3	0.6	3.1	–0.4
70 and over	%	2.0	2.1	2.7	2.5	1.9	1.7	3.9	4.5	2.2
80 and over	%	2.8	2.5	3.6	2.8	2.8	3.1	5.3	7.5	2.9
Total^c	%	0.9	0.9	1.6	1.4	0.3	–	0.4	1.6	1.0
Males										
0–4 years	%	–0.3	–0.8	0.2	0.1	–1.0	–1.8	–1.2	0.3	–0.4
5–9 years	%	0.6	0.5	1.4	0.3	–0.4	–0.8	–0.5	1.5	0.6
10–14 years	%	0.4	0.5	0.8	1.0	–	–0.7	–0.8	1.3	0.5
15–19 years	%	0.8	0.3	1.5	1.3	0.3	0.1	–	1.0	0.8
20–24 years	%	–0.9	–0.6	–0.6	0.4	–1.8	–2.3	–0.8	0.8	–0.7
25–29 years	%	1.3	1.1	1.8	1.8	–0.4	–1.1	0.8	2.3	1.2
30–34 years	%	–0.8	–0.2	0.2	–0.1	–1.4	–2.8	–1.1	0.9	–0.5
35–39 years	%	1.1	0.9	1.7	1.2	0.1	–0.7	–0.1	1.8	1.0
40–44 years	%	1.4	1.3	1.7	1.5	0.6	0.3	–0.6	1.5	1.3
45–49 years	%	1.1	1.1	1.7	1.8	0.7	0.7	–0.1	2.0	1.2
50–54 years	%	3.9	3.8	4.9	4.9	4.0	3.3	5.2	4.8	4.2
55–59 years	%	2.8	2.5	4.3	3.6	2.5	2.6	3.8	6.0	3.1
60–64 years	%	1.1	0.9	2.7	2.2	0.3	0.8	3.2	4.8	1.4
65–69 years	%	–0.4	–0.2	0.6	0.8	–1.3	–0.2	1.8	2.3	–0.1
70 and over	%	2.8	2.9	3.3	3.2	2.7	2.2	4.6	6.4	2.9
80 and over	%	3.9	3.3	4.4	2.9	3.8	2.9	6.3	7.1	3.7
Total^c	%	0.9	0.9	1.6	1.5	0.3	–0.1	0.5	1.8	1.0

(Continued on next page)

Table A.1 (Continued)

	<i>Unit</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^b</i>
Persons										
0–4 years	%	–0.3	–0.8	0.3	–	–1.0	–1.8	–1.1	0.2	–0.4
5–9 years	%	0.5	0.5	1.4	0.3	–0.3	–0.9	–0.6	1.5	0.5
10–14 years	%	0.5	0.5	0.8	1.0	–0.1	–0.7	–0.7	1.1	0.5
15–19 years	%	0.8	0.4	1.4	1.3	0.3	0.2	–0.5	1.2	0.8
20–24 years	%	–0.9	–0.8	–0.7	0.4	–1.8	–2.4	–1.3	0.1	–0.8
25–29 years	%	1.3	0.9	1.8	1.6	–0.5	–1.0	0.7	1.8	1.1
30–34 years	%	–0.7	–0.2	0.1	–0.2	–1.6	–2.6	–1.0	0.9	–0.5
35–39 years	%	1.1	0.9	1.8	1.1	0.1	–0.5	–0.2	1.7	1.0
40–44 years	%	1.4	1.2	1.8	1.6	0.7	0.5	–0.4	1.6	1.3
45–49 years	%	1.3	1.3	1.9	2.3	0.9	0.9	0.4	2.4	1.5
50–54 years	%	3.9	4.0	5.0	5.0	4.1	3.5	5.4	5.4	4.3
55–59 years	%	2.7	2.5	4.3	3.4	2.4	2.5	4.2	6.1	3.0
60–64 years	%	1.0	0.9	2.4	2.1	0.5	0.9	3.1	4.3	1.3
65–69 years	%	–0.6	–0.3	0.4	0.8	–1.3	–0.3	1.2	2.7	–0.3
70 and over	%	2.3	2.4	2.9	2.8	2.2	1.9	4.2	5.4	2.5
80 and over	%	3.2	2.8	3.9	2.9	3.1	3.0	5.6	7.4	3.2
Total^c	%	0.9	0.9	1.6	1.5	0.3	–0.1	0.4	1.7	1.0

^a Totals may not add as a result of rounding. ^b Includes other Territories ^c The population totals for States and Territories and Australia (which are based on ABS estimates for June 2000) differ from the respective totals in tables A.2, A.3 and A.4 (which are based on August 1996 ABS Census of Population and Housing data). The estimated data were adjusted for interstate visitors on census night. The descriptors and indicators in the chapters of the Report use population data from this table. – Nil or rounded to zero.

Source: ABS (2001a).

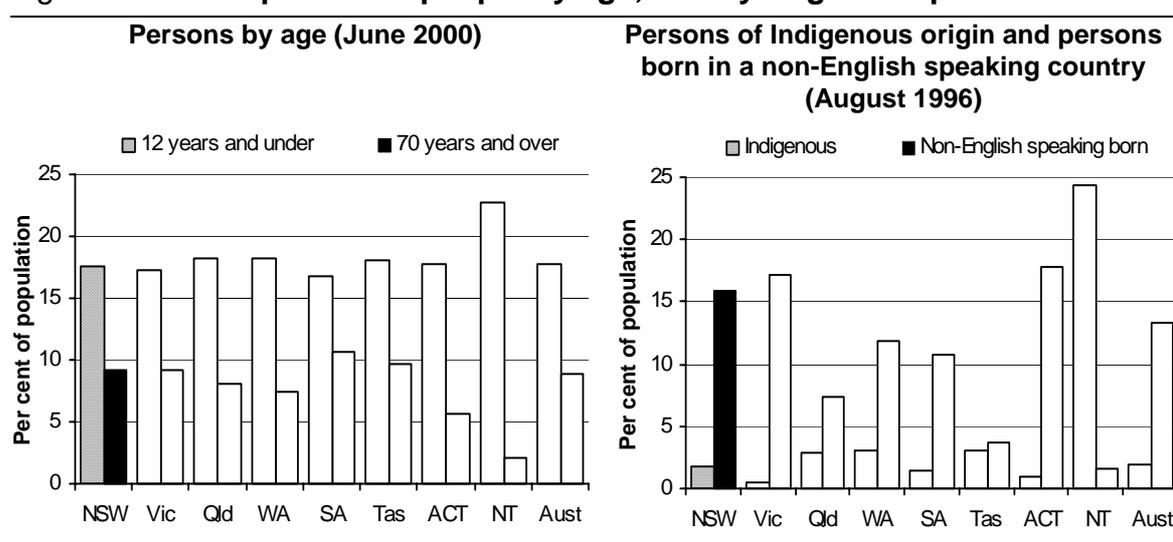
A.3 Profile of New South Wales



At June 2000, NSW represented 33.7 per cent of Australia's population. The proportion of the NSW population aged 70 years and over was 9.2 per cent compared with the Australian average of 8.8 per cent. The proportion aged under 12 years was 17.7 per cent compared with the national average of 17.7 per cent (figure A.1). The average annual increase in the number of people aged 70 years and over was 2.3 per cent in the seven years to 1999-2000 compared with 2.5 per cent for all of Australia (table A.1).

In 1996, 1.7 per cent of NSW' population were Indigenous. This was slightly below the total Australian representation rate (2.0 per cent). In 1996, people born in Australia accounted for 74.5 per cent of Australia's population, while in NSW people born in Australia accounted for 73.3 per cent of the population. The proportion of NSW' population born in non-English speaking countries was 15.8 per cent. This was higher than the Australia-wide proportion (13.3 per cent) (figure A.1).

Figure A.1 Proportion of people by age, and by origin and place of birth



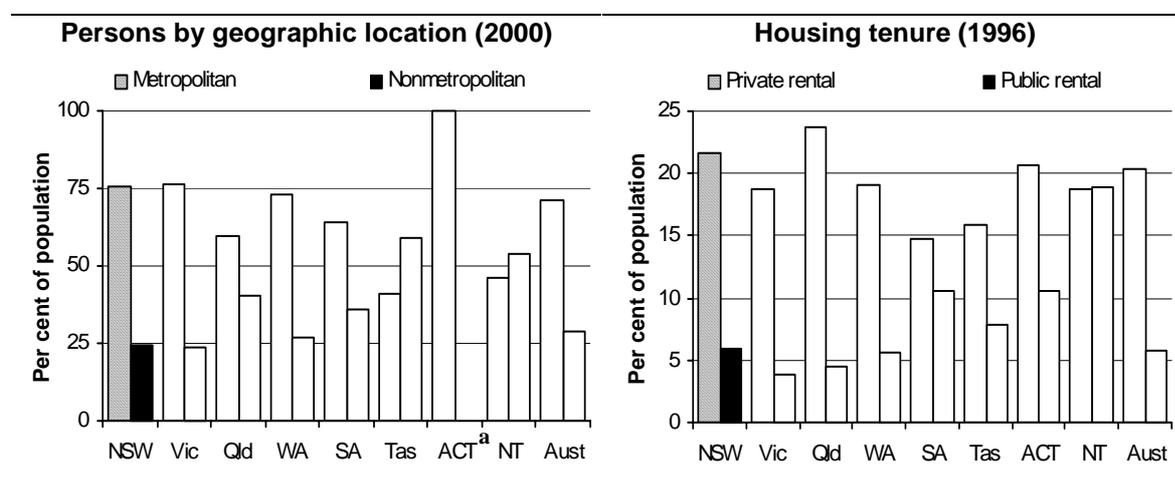
Sources: tables A.1, A.3 and A.5.

In 1996, the proportion of all Australian families located in NSW was 33.6 per cent. The majority of these families were couples (83.6 per cent). The average family size in NSW was 3.1 people, which was the same as the national average. Of all NSW

couples with dependants, 57.9 per cent were couples where both members of the couple were employed. This proportion was higher than the national average of 56.3 per cent (table A.7).

In June 2000, 75.9 per cent of NSW' population resided in metropolitan areas; this proportion was higher than the national average (70.9 per cent). The proportion who lived in nonmetropolitan areas (24.1 per cent) was lower than the national average (29.1 per cent) (figure A.2). In 1996, the proportion of people in NSW who owned a home (67.7 per cent) was lower than the national average (69.0 per cent) (table A.8), with the break-up between private and public rental illustrated in figure A.2.

Figure A.2 Proportion of people by geographic location and housing tenure



^a There were no people in the rural and remote classification.

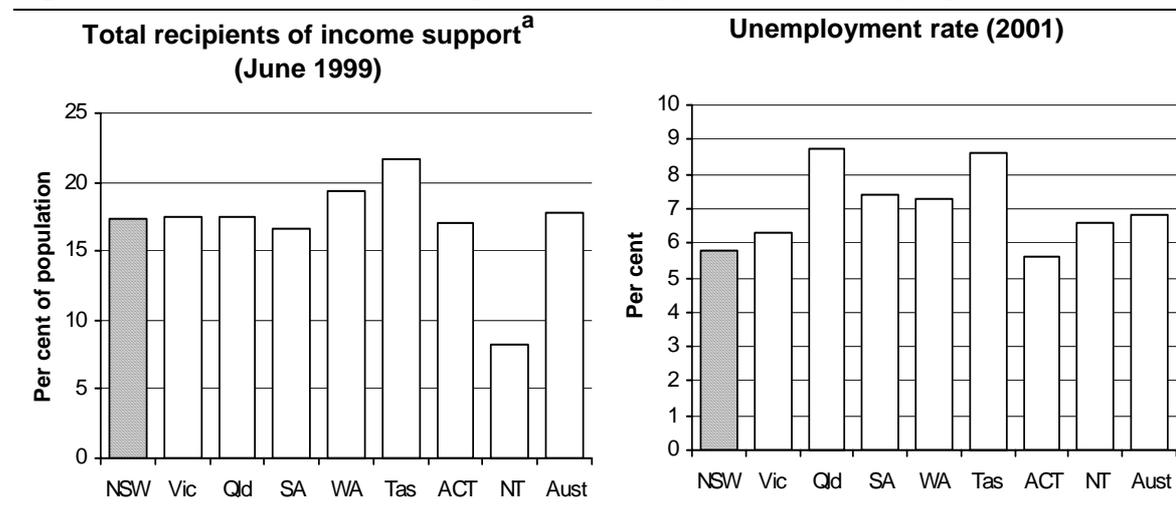
Sources: tables A.6 and A.8.

In 1999, 17.5 per cent of people in NSW received some form of income support, compared with 17.9 per cent of the Australian population (figure A.3). This can be broken down further, with 3.5 per cent in receipt of some form of labour market allowance (the national average was 3.8 per cent), 9.1 per cent receiving an age pension (the national average was 9.0 per cent), 3.0 per cent receiving a disability support pension (the national average was 3.0 per cent) and 2.0 per cent receiving a sole parent pension (the national average was 2.0 per cent) (table A.10).

The average quarterly rate of unemployment in NSW at June 2001 was 5.8 per cent compared with the national average of 6.8 per cent (figure A.3). The workforce participation rate for NSW during 2001 was 62.5 per cent compared with the national rate of 63.8 per cent (table A.16).

During 1999-2000, the real gross state product for NSW was 35.7 per cent of the gross national product and reflected a 3.7 per cent growth compared with the previous year's (table A.17).

Figure A.3 **Persons receiving income support and unemployment rate**



^a Aged pensioners, unemployment allowees, disability support pensioners and sole parent pensioners.

Sources: tables A.10 and A.14.

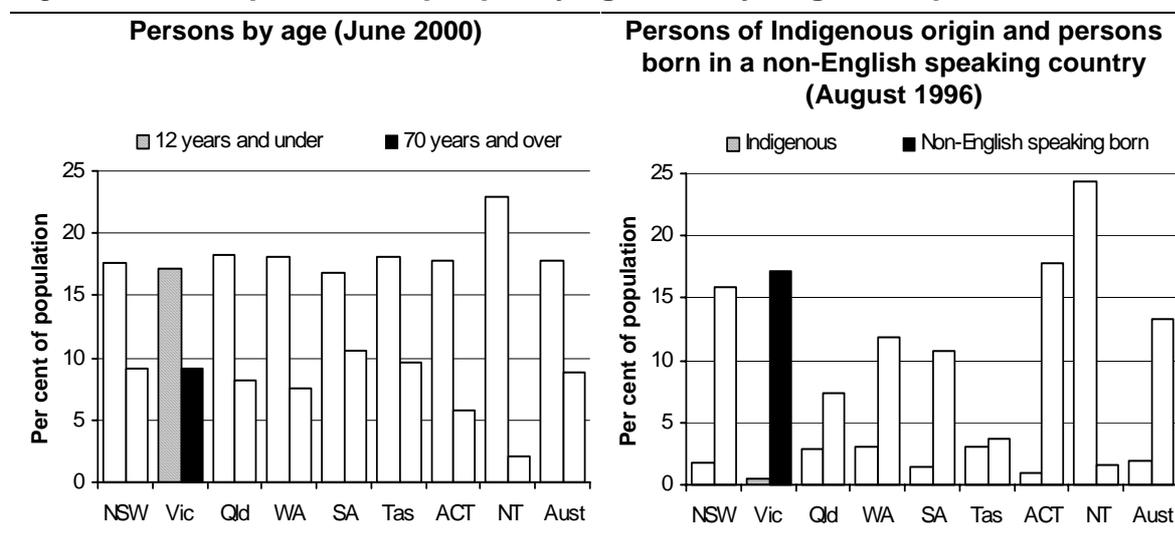
A.4 Profile of Victoria



At June 2000, Victoria represented 24.9 per cent of Australia's population. The proportion of the Victorian population aged 70 years and over was 9.1 per cent compared with the Australian average of 8.8 per cent. The proportion aged under 12 years was 17.2 per cent compared with the national average of 17.7 per cent (figure A.4). The average annual increase in the number of people aged 70 years and over was 2.4 per cent in the seven years to 1999-2000 compared with 2.5 per cent for all of Australia (table A.1).

In 1996, 0.5 per cent of Victoria's population were Indigenous. This was below the total Australian representation rate (2.0 per cent). In 1996, people born in Australia accounted for 74.5 per cent of Australia's population, while in Victoria people born in Australia accounted for 72.8 per cent of the population. The proportion of Victoria's population born in non-English speaking countries was 17.1 per cent. This was higher than the Australia-wide proportion (13.3 per cent) (figure A.4).

Figure A.4 Population of people by age, and by origin and place of birth



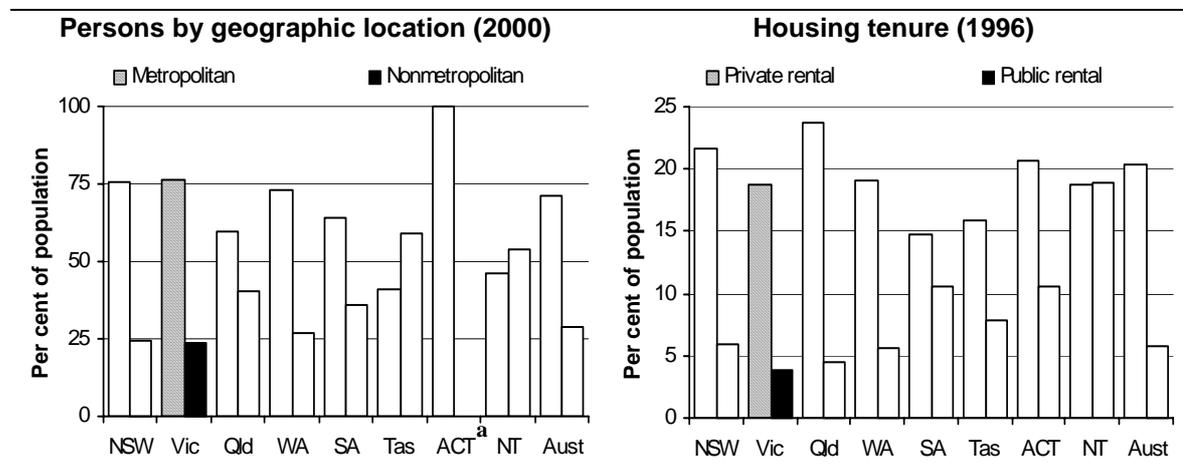
Sources: tables A.1, A.3 and A.5.

In 1996, the proportion of all Australian families located in Victoria was 25.0 per cent. The majority of these families were couples (83.4 per cent). The average family size in Victoria was 3.1 people, which was the same as the national average. Of all Victorian couples with dependants, 56.4 per cent were couples

where both members of the couple were employed. This proportion was slightly higher than the national average of 56.3 per cent (table A.7).

In June 2000, 76.0 per cent of Victoria's population resided in metropolitan areas; this proportion was higher than the national average (70.9 per cent). The proportion who lived in nonmetropolitan areas (24.0 per cent) was lower than the national average (29.1 per cent) (figure A.5). In 1996, the proportion of people in Victoria who owned a home (73.6 per cent) was higher than the national average (69.0 per cent) (table A.8), with the break-up between private and public rental illustrated in figure A.5.

Figure A.5 Proportion of people by geographic location and housing tenure



^a There were no people in the rural and remote classification.

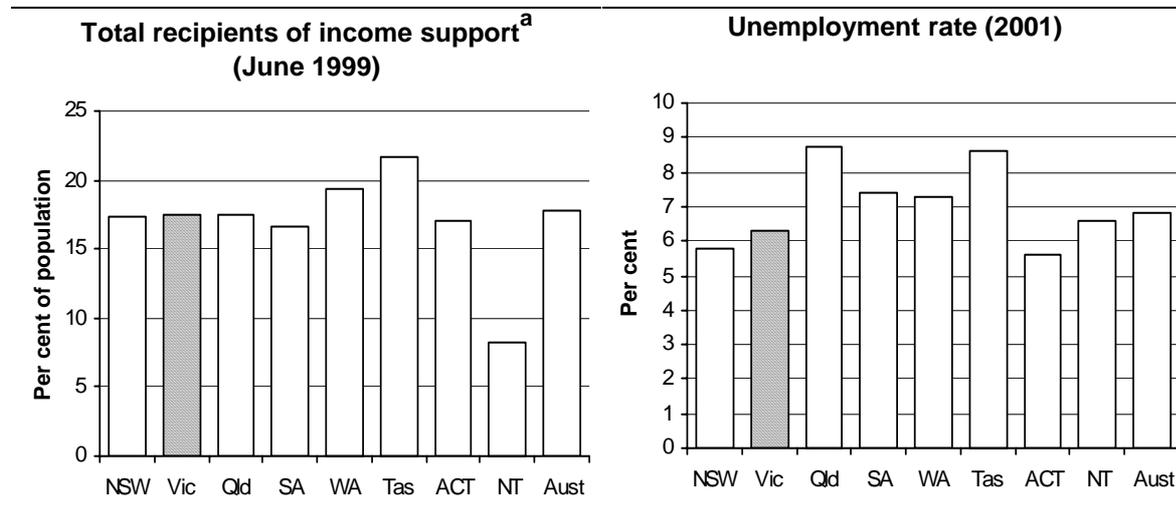
Sources: tables A.6 and A.8.

In 1999, 17.6 per cent of people in Victoria received some form of income support, compared with 17.9 per cent of the Australian population (figure A.6). This can be broken down further, with 3.6 per cent in receipt of some form of labour market allowance (the national average was 3.8 per cent), 9.3 per cent receiving an age pension (the national average was 9.0 per cent), 2.9 per cent receiving a disability support pension (the national average was 3.0 per cent) and 1.8 per cent receiving a sole parent pension (the national average was 2.0 per cent) (table A.10).

The average quarterly rate of unemployment in Victoria at June 2001 was 6.3 per cent compared with the national average of 6.8 per cent (figure A.6). The workforce participation rate for Victoria during 2001 was 63.8 per cent which was the same as the national rate (table A.16).

During 1999-2000, the real gross state product for Victoria was 25.4 per cent of the gross national product and reflected a 4.6 per cent growth compared with the previous year's (table A.17).

Figure A.6 **Persons receiving income support and unemployment rate**



^a Aged pensioners, unemployment allowees, disability support pensioners and sole parent pensioners.

Sources: tables A.10 and A.14.

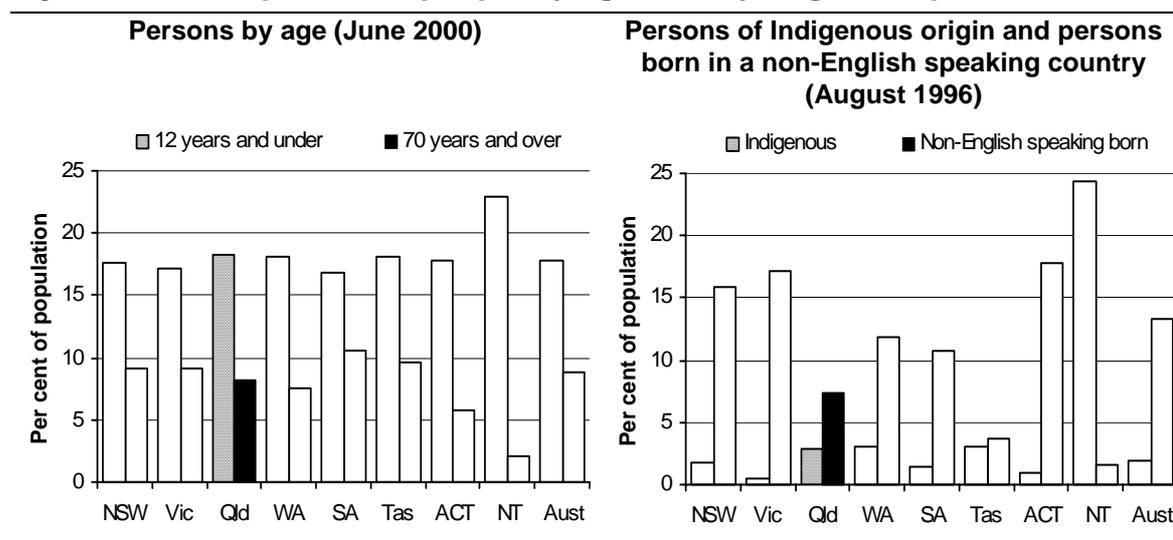
A.5 Profile of Queensland



At June 2000, Queensland represented 18.6 per cent of Australia's population. The proportion of the Queensland population aged 70 years and over was 8.1 per cent compared with the Australian average of 8.8 per cent. The proportion aged under 12 years was 18.3 per cent compared with the national average of 17.7 per cent (figure A.7). The average annual increase in the number of people aged 70 years and over was 2.9 per cent in the seven years to 1999-2000 compared with 2.5 per cent for all of Australia (table A.1).

In 1996, 2.9 per cent of Queensland's population were Indigenous. This was above the total Australian representation rate (2.0 per cent). In 1996, people born in Australia accounted for 74.5 per cent of Australia's population, while in Queensland people born in Australia accounted for 79.6 per cent of the population. The proportion of Queensland's population born in non-English speaking countries was 7.3 per cent. This was lower than the Australia-wide proportion (13.3 per cent) (figure A.7).

Figure A.7 Proportion of people by age, and by origin and place of birth



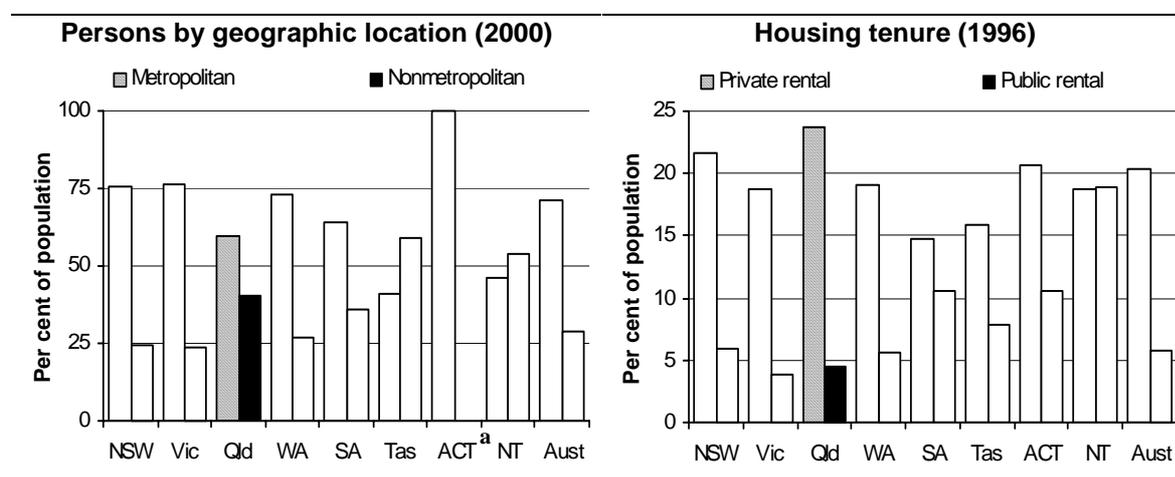
Sources: tables A.1, A.3 and A.5.

In 1996, the proportion of all Australian families located in Queensland was 18.7 per cent. The majority of these families were couples (83.2 per cent). The average family size in Queensland was 3.0 people, which was slightly below the

national average (3.1). Of all Queensland couples with dependants, 53.9 per cent were couples where both members of the couple were employed. This proportion was lower than the national average of 56.3 per cent (table A.7).

In June 2000, 59.4 per cent of Queensland's population resided in metropolitan areas; this proportion was lower than the national average (70.9 per cent). The proportion who lived in nonmetropolitan areas (40.6 per cent) was higher than the national average (29.1 per cent) (figure A.8). In 1996, the proportion of people in Queensland who owned a home (65.9 per cent) was lower than the national average (69.0 per cent) (table A.8), with the break-up between private and public rental illustrated in figure A.8.

Figure A.8 Proportion of people by geographic location and housing tenure



^a There were no people in the rural and remote classification.

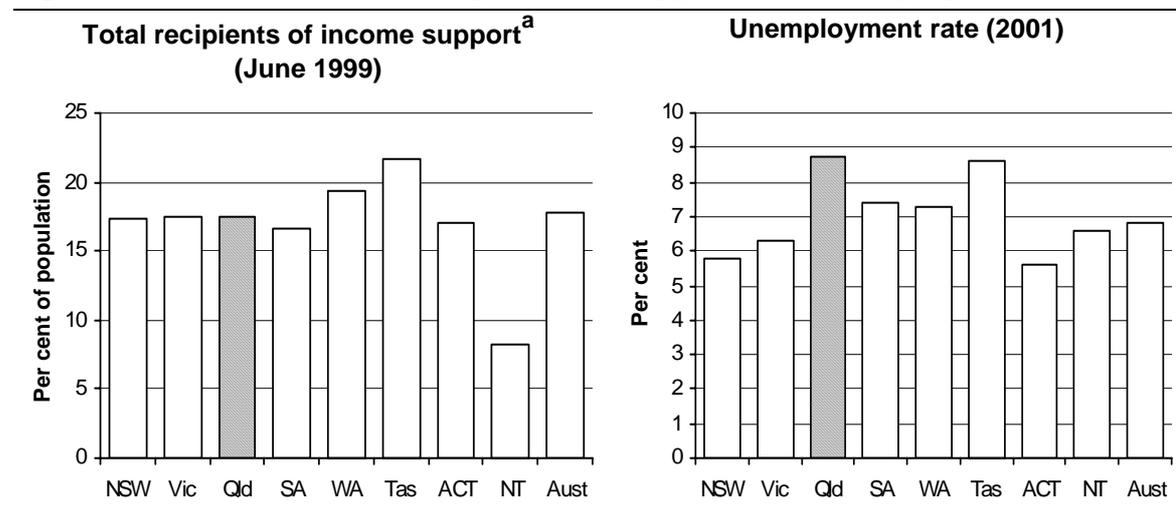
Sources: tables A.6 and A.8.

In 1999, 17.8 per cent of people in Queensland received some form of income support, compared with 17.9 per cent of the Australian population (figure A.9). This can be broken down further, with 4.3 per cent in receipt of some form of labour market allowance (the national average was 3.8 per cent), 8.1 per cent receiving an age pension (the national average was 9.0 per cent), 3.0 per cent receiving a disability support pension (the national average was 3.0 per cent) and 2.3 per cent receiving a sole parent pension (the national average was 2.0 per cent) (table A.10).

The average quarterly trend of unemployment in Queensland at June 2001 was 8.7 per cent compared with the national average of 6.8 per cent (figure A.9). The workforce participation rate for Queensland during 2001 was 65.2 per cent compared with the national rate of 63.8 per cent (table A.16).

During 1999-2000, the real gross state product for Queensland was 16.7 per cent of the gross national product and reflected a 6.3 per cent growth compared with the previous year's (table A.17).

Figure A.9 **Persons receiving income support and unemployment rate**



^a Aged pensioners, unemployment allowees, disability support pensioners and sole parent pensioners.
Sources: tables A.10 and A.14.

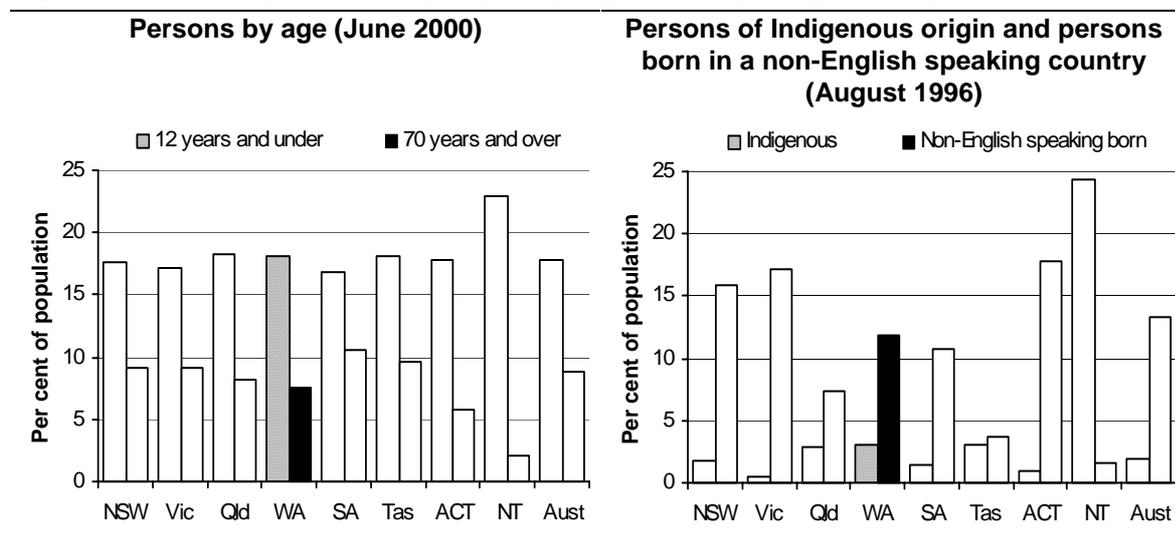
A.6 Profile of Western Australia



At June 2000, WA represented 9.8 per cent of Australia's population. The proportion of the WA population aged 70 years and over was 7.5 per cent compared with the Australian average of 8.8 per cent. The proportion aged under 12 years was 18.2 per cent compared with the national average of 17.7 per cent (figure A.10). The average annual increase in the number of people aged 70 years and over was 2.8 per cent in the seven years to 1999-2000 compared with 2.5 per cent for all of Australia (table A.1).

In 1996, 3.0 per cent of WA's population were Indigenous. This was higher than the total Australian representation rate (2.0 per cent). In 1996, people born in Australia accounted for 74.5 per cent of Australia's population, while in WA people born in Australia accounted for 68.8 per cent of the population. The proportion of WA's population born in non-English speaking countries was 11.9 per cent. This was lower than the Australia-wide proportion (13.3 per cent) (figure A.10).

Figure A.10 Proportion of people by age, and by origin and place of birth



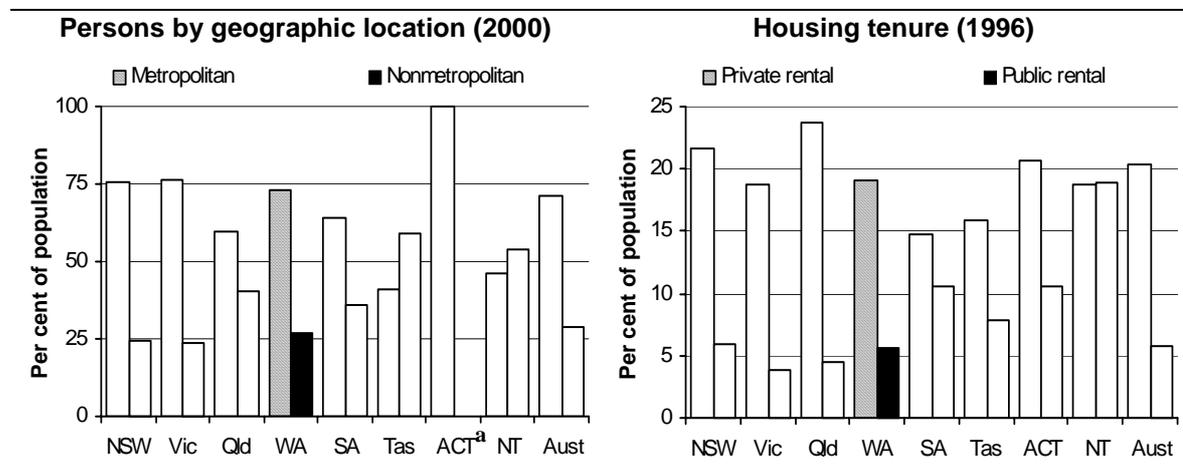
Sources: tables A.1, A.3 and A.5.

In 1996, the proportion of all Australian families located in WA was 9.7 per cent. The majority of these families were couples (83.7 per cent). The average family size in WA was 3.1 people, which was the same as the national average. Of all WA couples with dependants, 56.6 per cent were couples where both members of the

couple were employed. This proportion was higher than the national average of 56.3 per cent (table A.7).

In June 2000, 73.3 per cent of WA's population resided in metropolitan areas; this proportion was higher than the national average (70.9 per cent). The proportion who lived in nonmetropolitan areas (26.7 per cent) was lower than the national average (29.1 per cent) (figure A.11). In 1996, the proportion of people in WA who owned a home (69.3 per cent) was higher than the national average (69.0 per cent) (table A.8), with the break-up between private and public rental illustrated in figure A.11.

Figure A.11 **Proportion of people by geographic location and housing tenure**



^a There were no people in the rural and remote classification.

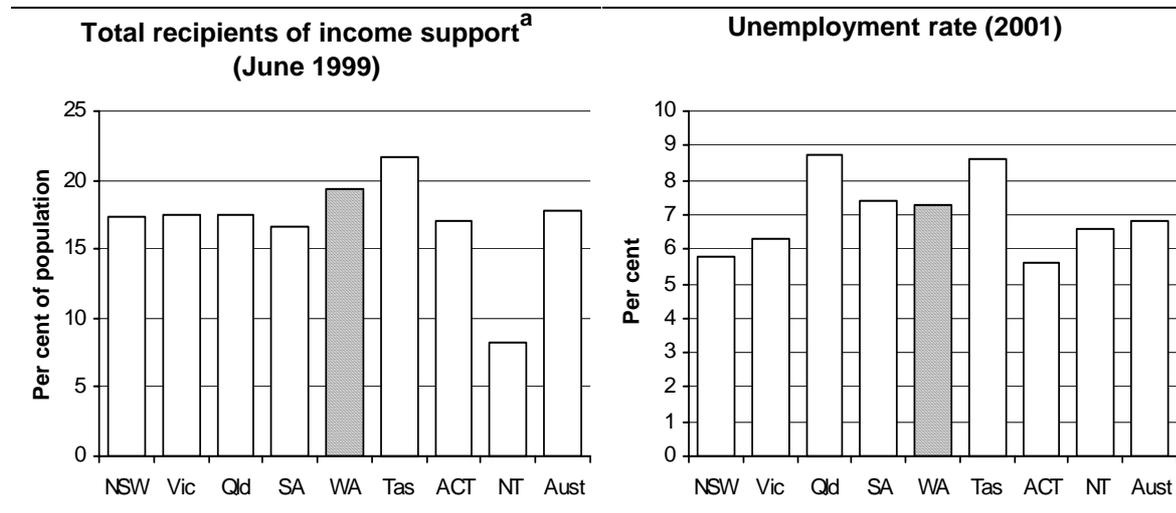
Sources: tables A.6 and A.8.

In 1999, 15.5 per cent of people in WA received some form of income support, compared with 17.9 per cent of the Australian population (figure A.12). This can be broken down further with 3.4 per cent in receipt of some form of labour market allowance (the national average was 3.8 per cent), 7.5 per cent receiving an age pension (the national average was 9.0 per cent), 2.6 per cent receiving a disability support pension (the national average was 3.0 per cent) and 2.1 per cent receiving a sole parent pension (the national average was 2.0 per cent) (table A.10).

The average quarterly rate of unemployment in WA at June 2001 was 7.3 per cent compared with the national average of 6.8 per cent (figure A.12). The workforce participation rate for WA during 2001 was 67.1 per cent compared with the national rate of 63.8 per cent (table A.16).

During 1999-2000, the real gross state product for WA was 10.7 per cent of the gross national product and reflected a 4.6 per cent growth compared with the previous year's (table A.17).

Figure A.12 **Persons receiving income support and unemployment rate**



^a Aged pensioners, unemployment allowees, disability support pensioners and sole parent pensioners.
Sources: tables A.10 and A.14.

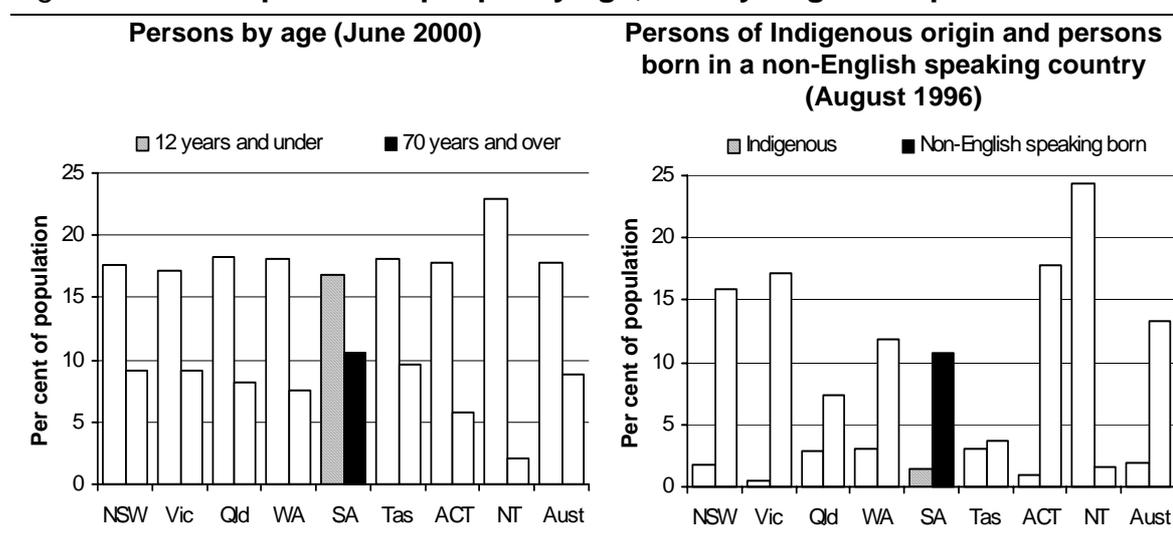
A.7 Profile of South Australia



At June 2000, SA represented 7.8 per cent of Australia's population. The proportion of the SA population aged 70 years and over was 10.6 per cent compared with the Australian average of 8.8 per cent. The proportion aged under 12 years was 16.8 per cent compared with the national average of 17.7 per cent (figure A.13). The average annual increase in the number of people aged 70 years and over was 2.2 per cent in the seven years to 1999-2000 compared with 2.5 per cent for all of Australia (table A.1).

In 1996, 1.4 per cent of SA's population were Indigenous. This was below the total Australian representation rate (2.0 per cent). In 1996, people born in Australia accounted for 74.5 per cent of Australia's population, while in SA people born in Australia accounted for 75.8 per cent of the population. The proportion of SA's population born in non-English speaking countries was 10.7 per cent. This was lower than the Australia-wide proportion (13.3 per cent) (figure A.13).

Figure A.13 Proportion of people by age, and by origin and place of birth



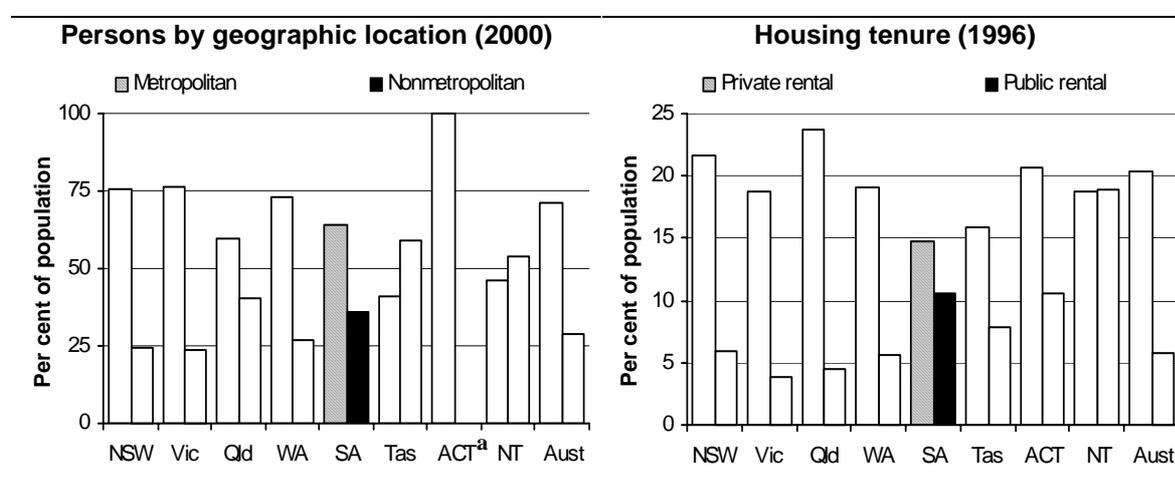
Sources: tables A.1, A.3 and A.5.

In 1996, the proportion of all Australian families located in SA was 8.1 per cent. The majority of these families were couples (83.2 per cent). The average family size in SA was 2.9 people, which was smaller than the national average (3.1). Of all SA couples with dependants, 52.1 per cent were couples where both members of the

couple were employed. This proportion was lower than the national average of 56.3 per cent (table A.7).

In June 2000, 64.3 per cent of SA's population resided in metropolitan areas; this proportion was lower than the national average (70.9 per cent). The proportion who lived in nonmetropolitan areas (35.7 per cent) was higher than the national average (29.1 per cent) (figure A.14). In 1996, the proportion of people in SA who owned a home (69.9 per cent) was higher than the national average (69.0 per cent) (table A.8), with the break-up between private and public rental illustrated in figure A.14.

Figure A.14 Proportion of people by geographic location and housing tenure



^a There were no people in the rural and remote classification.

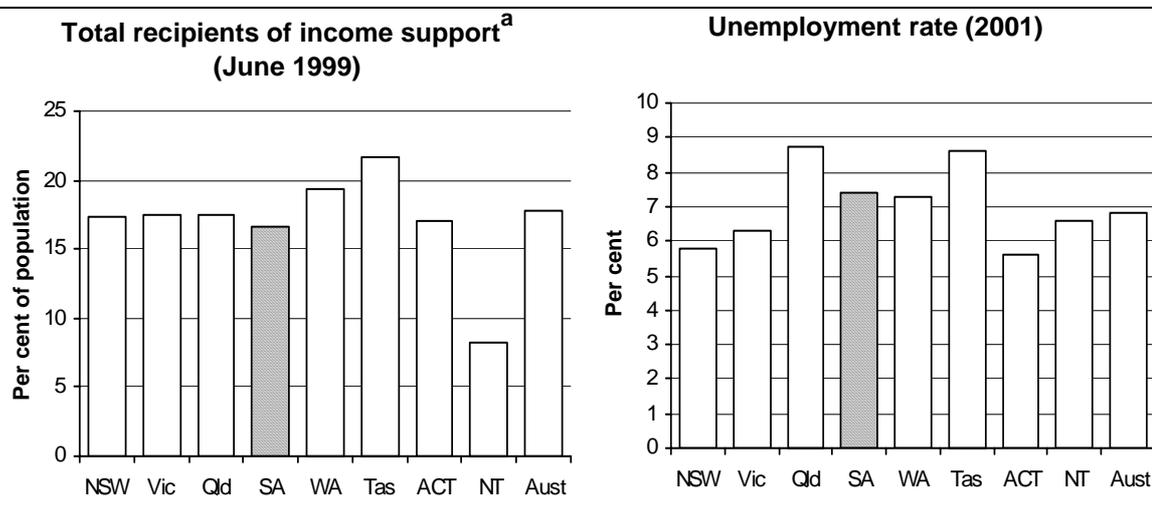
Sources: tables A.6 and A.8.

In 1999, 21.0 per cent of people in SA received some form of income support, compared with 17.9 per cent of the Australian population (figure A.15). This can be broken down further with 4.2 per cent in receipt of some form of labour market allowance (the national average was 3.8 per cent), 11.0 per cent receiving an age pension (the national average was 9.0 per cent), 3.7 per cent receiving a disability support pension (the national average was 3.0 per cent) and 2.1 per cent receiving a sole parent pension (the national average was 2.0 per cent) (table A.10).

The average quarterly rate of unemployment in SA at June 2001 was 7.4 per cent compared with the national average of 6.8 per cent (figure A.15). The workforce participation rate for SA during 2001 was 60.2 per cent compared with the national rate of 63.8 per cent (table A.16).

During 1999-2000, the real gross state product for SA was 6.7 per cent of the gross national product and reflected a 3.5 per cent growth compared with the previous year's (table A.17).

Figure A.15 **Persons receiving income support and unemployment rate**



^a Aged pensioners, unemployment allowees, disability support pensioners and sole parent pensioners.

Sources: tables A.10 and A.14.

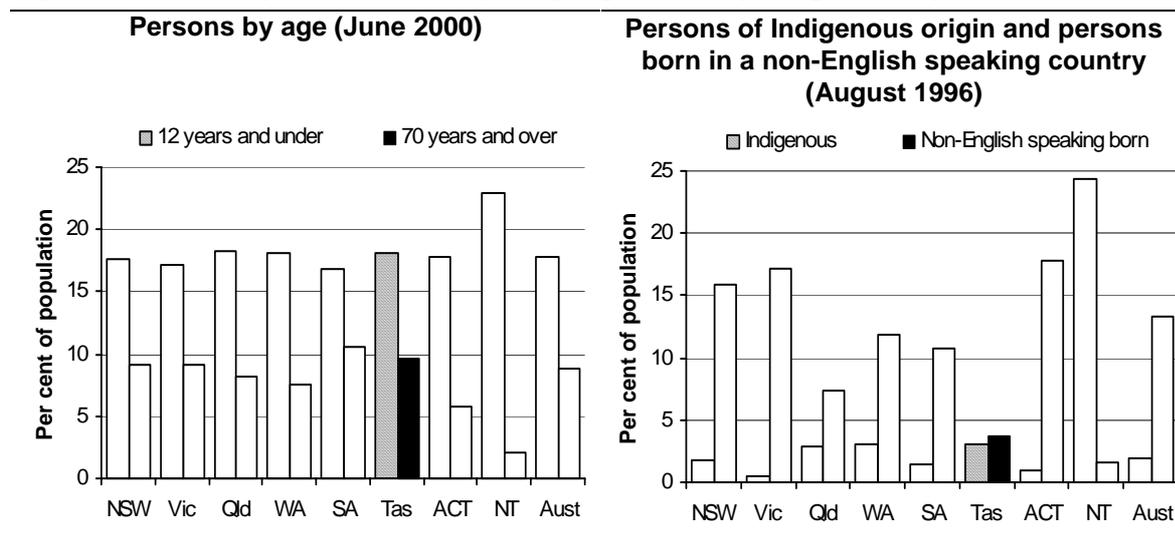
A.8 Profile of Tasmania



At June 2000, Tasmania represented 2.5 per cent of Australia's population. The proportion of the Tasmania population aged 70 years and over was 9.7 per cent compared with the Australian average of 8.8 per cent. The proportion aged under 12 years was 18.0 per cent compared with the national average of 17.7 per cent (figure A.16). The average annual increase in the number of people aged 70 years and over was 1.9 per cent in the seven years to 1999-2000 compared with 2.5 per cent for all of Australia (table A.1).

In 1996, 3.1 per cent of Tasmania's population were Indigenous. This was higher than the total Australian representation rate (2.0 per cent). In 1996, people born in Australia accounted for 74.5 per cent of Australia's population, while in Tasmania people born in Australia accounted for 86.3 per cent of the population. The proportion of Tasmania's population born in non-English speaking countries was 3.7 per cent. This was lower than the Australia-wide proportion (13.3 per cent) (figure A.16).

Figure A.16 Proportion of people by age, and by origin and place of birth



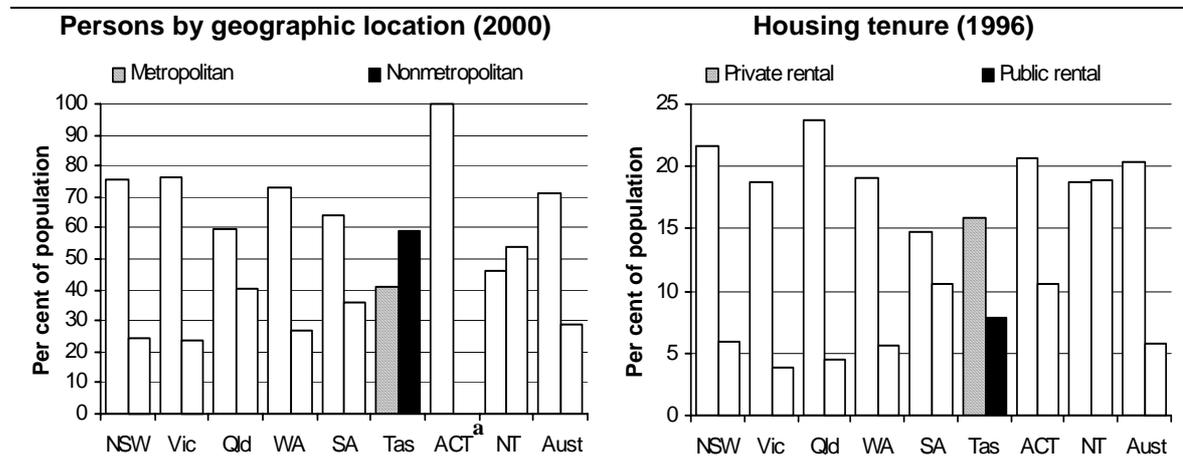
Sources: tables A.1, A.3 and A.5.

In 1996, the proportion of all Australian families located in Tasmania was 2.6 per cent. The majority of these families were couples (83.2 per cent). The average family size in Tasmania was 3.0 people, which was slightly lower than the

national average (3.1 per cent). Of all Tasmanian couples with dependants, 52.5 per cent were couples where both members of the couple were employed. This proportion was lower than the national average of 56.3 per cent (table A.7).

In June 2000, 41.3 per cent of Tasmania's population resided in metropolitan areas; this proportion was lower than the national average (70.9 per cent). The proportion who lived in nonmetropolitan areas (58.7 per cent) was higher than the national average (29.1 per cent) (figure A.17). In 1996, the proportion of people in Tasmania who owned a home (71.8 per cent) was higher than the national average (69.0 per cent) (table A.8), with the break-up between private and public rental illustrated in figure A.17.

Figure A.17 **Proportion of people by geographic location and housing tenure**



^a There were no people in the rural and remote classification.

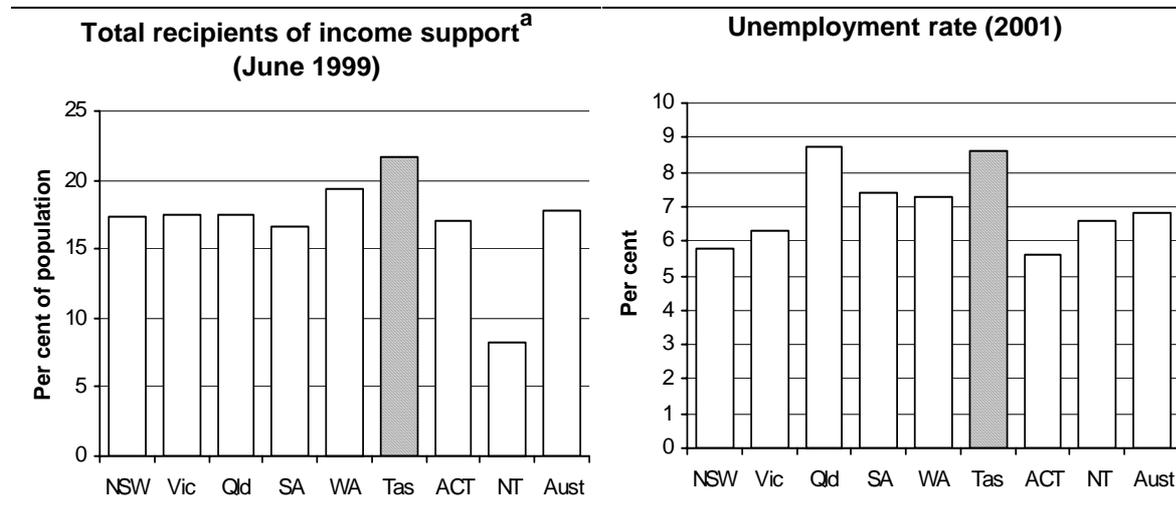
Sources: tables A.6 and A.8.

In 1999, 21.7 per cent of people in Tasmania received some form of income support, compared with 17.9 per cent of the Australian population (figure A.18). This can be broken down further with 5.2 per cent in receipt of some form of labour market allowance (the national average was 3.8 per cent), 9.8 per cent receiving an age pension (the national average was 9.0 per cent), 4.3 per cent receiving a disability support pension (the national average was 3.0 per cent) and 2.4 per cent receiving a sole parent pension (the national average was 2.0 per cent) (table A.10).

The average quarterly rate of unemployment in Tasmania at June 2001 was 8.7 per cent compared with the national average of 6.8 per cent (figure A.18). The workforce participation rate for Tasmania during 2001 was 58.5 per cent compared with the national rate of 63.8 per cent (table A.16).

During 1999-2000, the real gross state product for Tasmania was 1.8 per cent of the gross national product and reflected a 1.1 per cent growth compared with the previous year's (table A.17).

Figure A.18 **Persons receiving income support and unemployment rate**



^a Aged pensioners, unemployment allowees, disability support pensioners and sole parent pensioners.

Sources: tables A.10 and A.14.

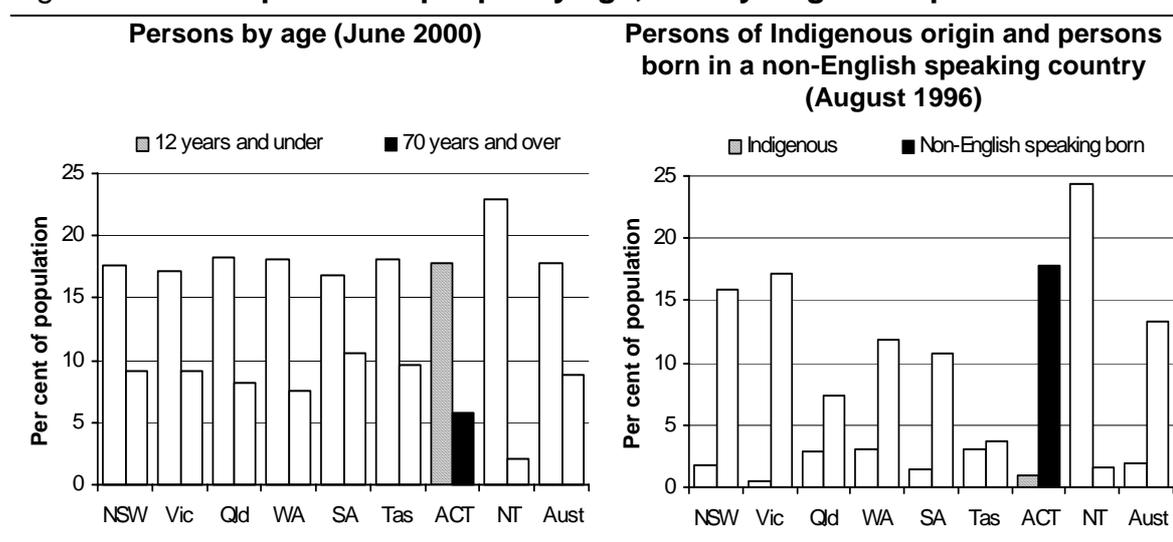
A.9 Profile of the Australian Capital Territory



At June 2000, the ACT represented 1.6 per cent of Australia's population. The proportion of the ACT population aged 70 years and over was 5.7 per cent compared with the Australian average of 8.8 per cent. The proportion aged under 12 years was 17.8 per cent compared with the national average of 17.7 per cent (figure A.19). The average annual increase in the number of people aged 70 years and over was 4.2 per cent in the seven years to 1999-2000 compared with 2.5 per cent for all of Australia (table A.1).

In 1996, 1.0 per cent of the ACT's population were Indigenous. This was lower than the total Australian representation rate (2.0 per cent). In 1996, people born in Australia accounted for 74.5 per cent of Australia's population, while in the ACT people born in Australia accounted for 74.7 per cent of the population. The proportion of the ACT's population born in non-English speaking countries was 17.8 per cent. This was higher than the Australia-wide proportion (13.3 per cent) (figure A.19).

Figure A.19 Proportion of people by age, and by origin and place of birth



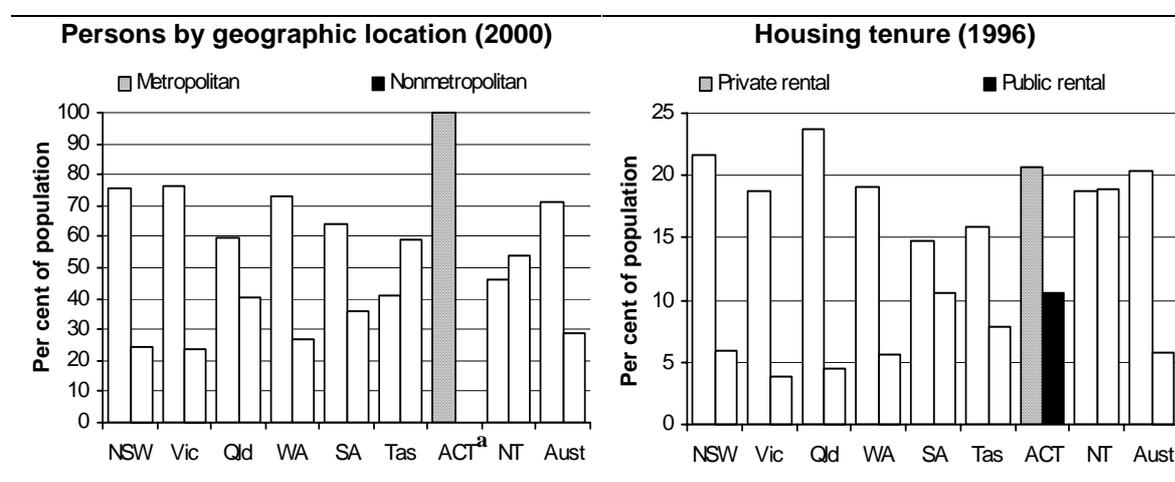
Sources: tables A.1, A.3 and A.5.

In 1996, the proportion of all Australian families located in ACT was 1.6 per cent. The majority of these families were couples (80.0 per cent). The average family size in the ACT was 3.0 people, which was slightly smaller than the national average

(3.1 per cent). Of all ACT couples with dependants, 72.7 per cent were couples where both members of the couple were employed. This proportion was higher than the national average of 56.3 per cent (table A.7).

In June 2000, 100.0 per cent of the ACT's population resided in metropolitan areas; this proportion was higher than the national average (70.9 per cent) (figure A.20). In 1996, the proportion of people in the ACT who owned a home (65.7 per cent) was lower than the national average (69.0 per cent) (table A.8), with the break-up between private and public rental illustrated in figure A.20.

Figure A.20 Proportion of people by geographic location and housing tenure



^a There were no people in the rural and remote classification.

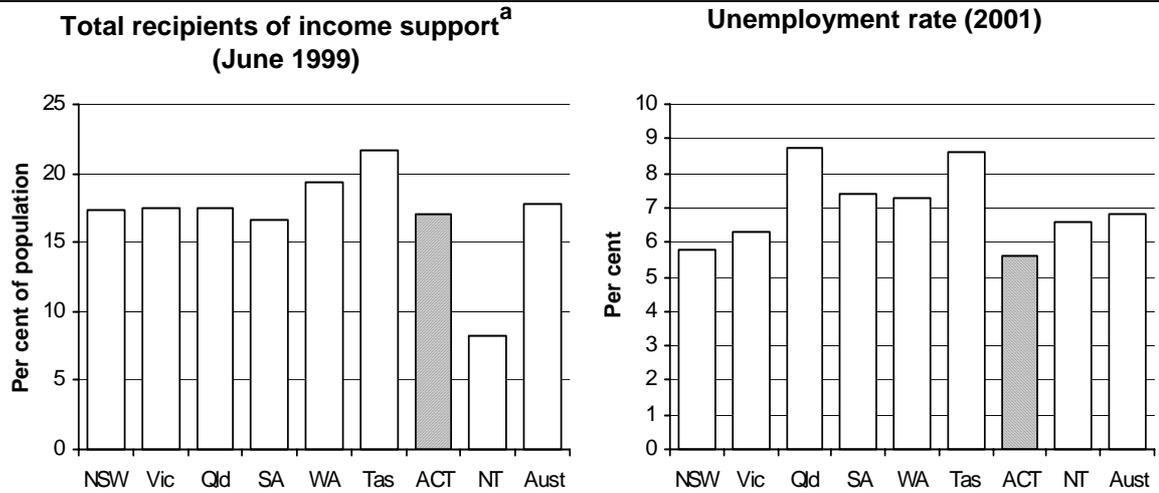
Sources: tables A.6 and A.8.

In 1999, 10.8 per cent of people in the ACT received some form of income support, compared with 17.9 per cent of the Australian population (figure A.21). This can be broken down further with 2.7 per cent in receipt of some form of labour market allowance (the national average was 3.8 per cent), 4.6 per cent receiving an age pension (the national average was 9.0 per cent), 1.8 per cent receiving a disability support pension (the national average was 3.0 per cent) and 1.7 per cent receiving a sole parent pension (the national average was 2.0 per cent) (table A.10).

The average quarterly rate of unemployment in the ACT at June 2001 was 5.5 per cent compared with the national average of 6.8 per cent (figure A.21). The workforce participation rate for the ACT during 2001 was 72.5 per cent compared with the national rate of 63.8 per cent (table A.16).

During 1999-2000, the real gross state product for the ACT was 2.0 per cent of the gross national product and reflected a 4.9 per cent growth compared with the previous year's (table A.17).

Figure A.21 Persons receiving income support and unemployment rate



^a Aged pensioners, unemployment allowees, disability support pensioners and sole parent pensioners.

Sources: tables A.10 and A.14.

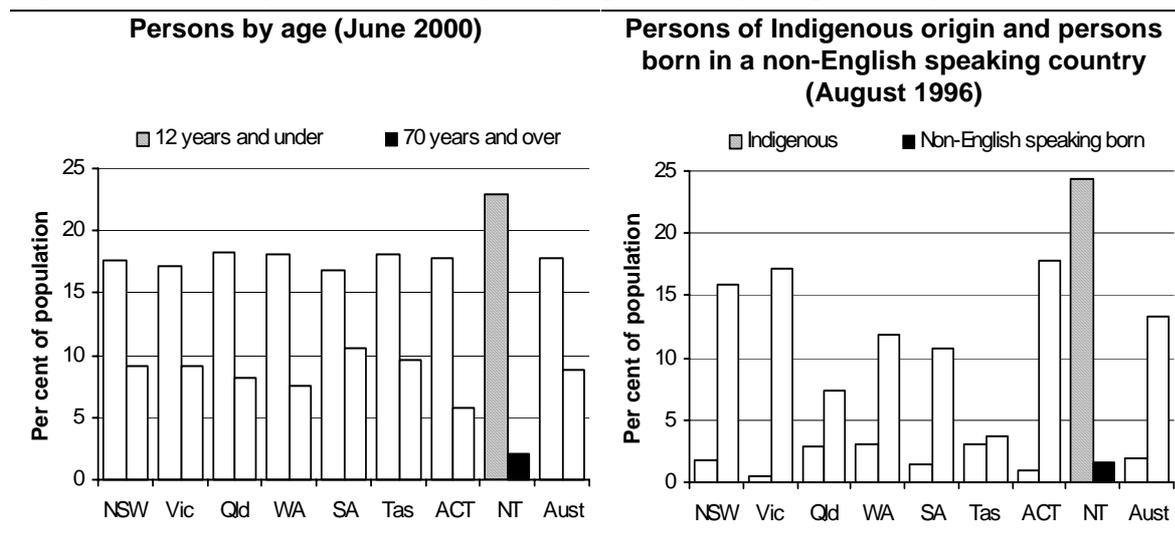
A.10 Profile of the Northern Territory



At June 2000, the NT represented 1.0 per cent of Australia's population. The proportion of the NT population aged 70 years and over was 2.1 per cent compared with the Australian average of 8.8 per cent. The proportion aged under 12 years was 22.9 per cent compared with the national average of 17.7 per cent (figure A.22). The average annual increase in the number of people aged 70 years and over was 5.4 per cent in the seven years to 1999-2000 compared with 2.5 per cent for all of Australia (table A.1).

In 1996, 24.3 per cent of the NT's population were Indigenous. This was higher than the total Australian representation rate (2.0 per cent). In 1996, people born in Australia accounted for 74.5 per cent of Australia's population, while in the NT people born in Australia accounted for 78.8 per cent of the population. The proportion of the NT's population born in non-English speaking countries was 1.6 per cent. This was lower than the Australia-wide proportion (13.3 per cent) (figure A.22).

Figure A.22 Proportion of people by age, and by origin and place of birth



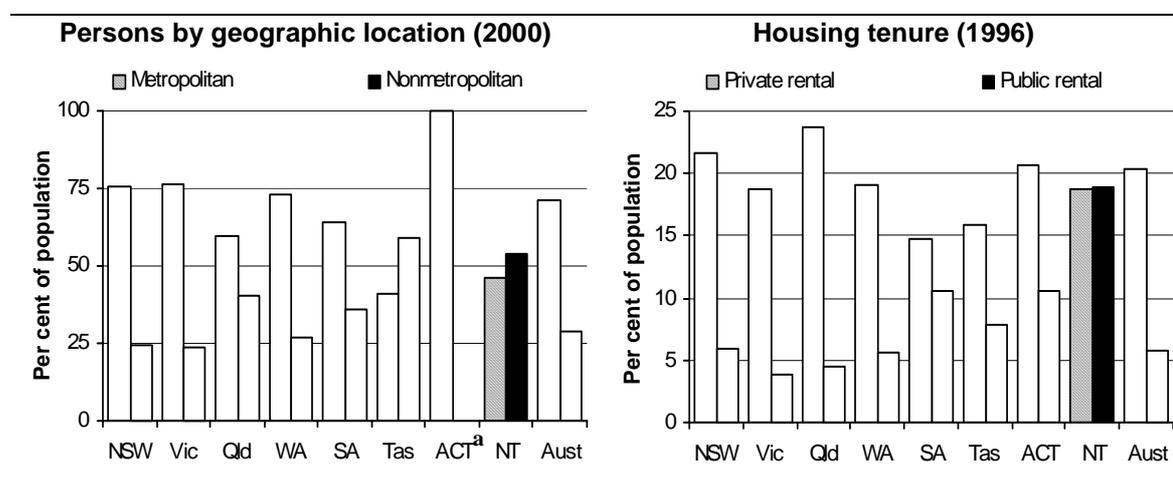
Sources: tables A.1, A.3 and A.5.

In 1996, the proportion of all Australian families located in the NT was 0.7 per cent. The majority of these families were couples (80.6 per cent). The average family size in NT was 3.2 people, which was slightly larger than the national average

(3.1 per cent). Of all NT couples with dependants, 61.7 per cent were couples where both members of the couple were employed. This proportion was higher than the national average of 56.3 per cent (table A.7).

In June 2000, 46.1 per cent of the NT's population resided in metropolitan areas; this proportion was lower than the national average (70.9 per cent). The proportion who lived in nonmetropolitan areas (53.9 per cent) was higher than the national average (29.1 per cent) (figure A.23). In 1996, the proportion of people in the NT who owned a home (45.1 per cent) was lower than the national average (69.0 per cent) (table A.8), with the break-up between private and public rental illustrated in figure A.23.

Figure A.23 **Proportion of people by geographic location and housing tenure**



^a There were no people in the rural and remote classification.

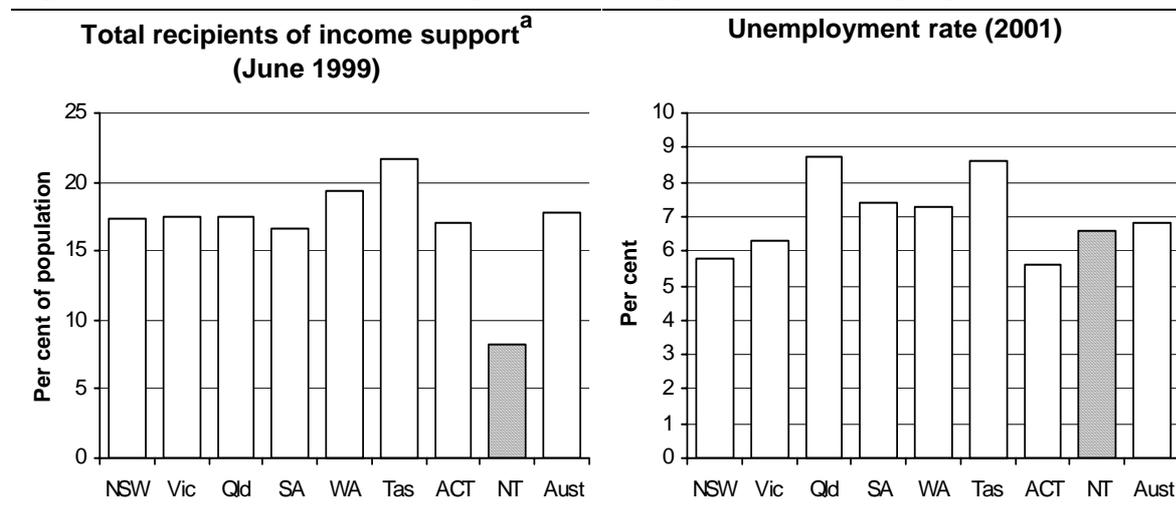
Sources: tables A.6 and A.8.

In 1999, 13.2 per cent of people in the NT received some form of income support, compared with 17.9 per cent of the Australian population (figure A.24). This can be broken down further with 5.6 per cent in receipt of some form of labour market allowance (the national average was 3.8 per cent), 2.7 per cent receiving an age pension (the national average was 9.0 per cent), 2.3 per cent receiving a disability support pension (the national average was 3.0 per cent) and 2.5 per cent receiving a sole parent pension (the national average was 2.0 per cent) (table A.10).

The average quarterly rate of unemployment in the NT at June 2001 was 6.6 per cent compared with the national average of 6.8 per cent (figure A.24). The workforce participation rate for the NT during 2001 was 72.6 per cent compared with the national rate of 63.8 per cent (table A.16).

During 1999-2000, the real gross state product for the NT was 1.0 per cent of the gross national product and reflected no growth compared with the previous year's (table A.17).

Figure A.24 **Persons receiving income support and unemployment rate**



^a Aged pensioners, unemployment allowees, disability support pensioners and sole parent pensioners.

Sources: tables A.10 and A.14.

A.11 List of source tables

The source tables for appendix A are provided on the CD-ROM enclosed with the Report. The files are provided in Microsoft Excel 97 format as `\Publications\Reports\2002\Attach_stat_app.xls` and in Adobe PDF format as `\Publications\Reports\2002\Attach_stat_app.pdf`

Supporting tables are identified in references throughout this chapter by an 'A' suffix (for example, table A.3 is table 3 in the electronic files). They may be subject to revision. The most up-to-date versions of these files can be found on the Review web page (www.pc.gov.au/gsp). Users without Internet access can contact the Secretariat to obtain up-to-date versions of the tables (see details on the inside front cover of the Report).

Table A.1	Persons, by age, 1999-2000
Table A.2	Estimated residential population, by calendar and financial year, 1995-2001
Table A.3	Estimated residential population, by Indigenous status, 1996
Table A.4	Projections of the Indigenous population, 1997–2001
Table A.5	Estimated residential population, by country of birth, 1996
Table A.6	Estimated residential population, by geographic location, 2000
Table A.7	Household structure, 2000
Table A.8	Proportion of households, by housing type, 1996
Table A.9	Persons aged 15 years and over, by weekly individual income, 1996
Table A.10	Income support, 1999
Table A.11	Persons with a disability, 1998
Table A.12	Persons, by age of leaving school, 1996
Table A.13	Persons aged 15 years and over, by highest level of post-school educational qualification, 1996
Table A.14	Unemployment rate, 1992–2001
Table A.15	Employed persons, 1991–2001
Table A.16	Workforce participation rate, 1992–2001
Table A.17	Real gross State product, 1992–2000
Table A.18	Gross domestic product deflators, 1984–2001

A.12 Statistical concepts used in the Report

Reliability of estimates

Outcome and quality indicators are reported from client and community perception surveys for a number of services covered in this Report. Police services use the ABS Population Survey Monitor, for example, to obtain an indication of the level of satisfaction within the community for the services that police agencies provide.

The presence of sampling error — that is, the error that occurs by chance because the data were only obtained from a sample and not the entire population — implies that the reported responses may not be indicative of the true responses. This section describes in detail some of the issues for drawing inferences from survey data (ABS 1999).

Standard error

The standard error (SE) is one measure of the variability that occurs as a result of surveying a sample of the population. There are two chances in three (67 per cent) that a survey estimate is within one standard error of the figure that would have been obtained if the population had been included, and about nineteen chances in twenty (95 per cent) that it is within approximately two standard errors. The true value of x lies within:

$$x-1.96 SE(x) \quad \text{and} \quad x+1.96 SE(x)$$

where x is the estimate (for example, the number of persons responding either 'satisfied' or 'very satisfied'). The standard error of an estimate can be obtained from either the tables reporting the estimates and relative standard errors or the relative standard error tables produced at the end of each of the relevant attachments. Linear interpolation needs to be used to calculate the standard errors of estimates falling between the sizes of estimates listed in these tables.

Relative standard error

The standard error can be expressed as a proportion of the estimate — known as the relative standard error (RSE). The relative standard error is determined by dividing the standard error of the estimate $SE(x)$ by the estimate x and expressing it as a percentage. That is:

$$RSE(x) = \frac{SE(x)}{x}$$

If 4.3 million persons in NSW were estimated to be satisfied with a service, and the standard error is approximately $\pm 34,100$ persons, for example, then the $RSE(x)$ would be equal to 0.0078, or 0.78 per cent. The relative standard error is a useful measure in that it provides an immediate indication of the percentage errors likely to have occurred as a result of sampling.

Proportions and percentages formed from the ratio of two estimates are also subject to sampling error, for example, as when estimating the proportion of a population that is ‘satisfied’ or ‘very satisfied’ with a service. The size of the error depends on the accuracy of both the numerator (the estimated number of persons responding ‘satisfied’ or ‘very satisfied’) and the denominator (the estimated size of the population). The formula of a proportion is:

$$RSE\left(\frac{x_1}{X}\right) = \sqrt{[RSE(x_1)]^2 - [RSE(X)]^2}$$

where x_1 is estimated as the number of persons from jurisdiction x responding ‘satisfied’ or ‘very satisfied’ and X is estimated population of jurisdiction x .

Testing for statistical differences

The chance that an estimate falls within a certain range of the true value is known as the *confidence* of the estimate. For any particular survey, there is a tradeoff between the confidence of the estimate and the range of error (in terms of standard errors) attached to the estimate. The appropriate level of reliability chosen depends on the purpose of obtaining the estimate. The lower the level of confidence required, the more precise the estimate will be.

Confidence intervals — that is, the value ranges within which estimates are likely to fall — can be used to test whether the reported proportions between two jurisdictions are different. When comparing proportions, if the confidence intervals for the jurisdictions overlap, then there can be little confidence that the estimated proportions differ from each other.

Imagine, for example, that 60 per cent of NSW clients report being ‘satisfied’ or ‘very satisfied’ with a service, and that 58 per cent of Queensland clients report being ‘satisfied’ or ‘very satisfied’. The 95 per cent confidence interval for NSW is estimated to be ± 3.2 per cent and that for Queensland is estimated to be ± 1.5 per cent. This implies a 56.8–62.3 per cent confidence interval for NSW clients and a 56.5–59.5 per cent confidence range for Queensland clients. The two ranges

overlap, so there is little confidence at the 95 per cent level that there is a difference between them.

Mathematically, the estimated response will lie within the 95 per cent confidence interval:

$$\left(\frac{x_1}{X} - \frac{y_1}{Y}\right) - 1.96\sqrt{RSE(x_1/X)\frac{x_1}{X} + RSE(y_1/Y)\frac{y_1}{Y}} \quad \text{and}$$

$$\left(\frac{x_1}{X} - \frac{y_1}{Y}\right) + 1.96\sqrt{RSE(x_1/X)\frac{x_1}{X} + RSE(y_1/Y)\frac{y_1}{Y}}$$

where x_1 , X , y_1 and Y represent the estimated number of respondents and estimated populations of jurisdictions x and y respectively. If none of the values in this interval is zero, then it is possible to conclude that the difference between jurisdiction x 's response and jurisdiction y 's response is statistically significant.

Growth rates

Average annual growth rates

As data in the Report covers different periods (for example, population growth, inflation and expenditure changes), average annual averages have been used to facilitate more meaningful comparisons.

The formula for calculating an average annual growth rate is:

$$\{[(\text{end period value}/\text{start period value})^{(1/t)} - 1] * 100\}$$

where t equals the count of the number of periods.

Summing and taking averages of growth rates

Total growth rate

The formula for calculating a total growth rate from annual growth rates is:

$$r_T = \prod_i (1+r_i) - 1$$

that is, the total growth over the period (r_T) is found by taking the product of each of the $(1+r_i)$'s and deducting 1.

If, for example, your sample range of growth rates are:

1995-96 to 1996-97	6 per cent
1996-97 to 1997-98	6 per cent
1997-98 to 1998-99	8 per cent

then the total growth over the period 1995-96 to 1998-99 can be calculated as:

$$r_T = [\prod (1+r)_i] * 100 = [(1.06) * (1.06) * (1.08) - 1] * 100 = [1.213488 - 1] * 100$$

or 21.3 per cent.

Average growth rates

The formula for the average of growth rates is:

$$r_A = \{ [\prod_i (1+r)_i]^{(1/t)} - 1 \} * 100$$

This involves finding first the total growth over the period before finding the average. Note that t is the count of growth rates that you are averaging, not the years. For example:

$$r_A = \{ [(1.06 * 1.06 * 1.08)^{(1/3)} - 1] * 100 \}$$

$$= \{ [(1.213488)^{(1/3)} - 1] * 100 \}$$

$$= [(1.066625) - 1] * 100$$

$$= 6.66 \text{ per cent.}$$

While an arithmetic average can be calculated ($[6+6+8]/3=6.66$) quickly and easily, there are several reasons that geometric means are preferred.

- The arithmetic mean is only reasonably accurate for small growth rates (because it ignores the compounding effect). Take for example annual growth rates of 20, 30 and 40 per cent. Their arithmetic mean is 30 $(20+30+40)/3=30$, but their geometric mean is 29.7.
- The geometric mean uses the same formula as that used to calculate average annual growth rates.

GDP deflators

The table containing GDP deflators for the 1984–2001 period can be found in table A.18 on the CD-ROM. The general formula used to rebase GDP deflators is as follows:

New index for year t = $100 * (\text{current index for year } t / \text{current index for the year that will be new base}).$

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