1 Introduction

Australia's welfare 2007 is the Australian Institute of Health and Welfare's eighth biennial report in the series. When the first *Australia's welfare* was published in 1993, it mainly focused on welfare services and assistance in the five areas that were specified in the *Australian Institute of Health and Welfare Act 1987*, that is, aged care services, child care services, services for people with disabilities, housing assistance and child welfare. Over the 14 years' since the coverage of *Australia's welfare* has gradually expanded. Welfare, of course, is generally taken to be a much broader concept than is suggested by those five areas. An understanding of the socioeconomic conditions of the population is crucial to any appreciation of the role that welfare services play in providing assistance to those in need and in ameliorating the undesirable effects of social exclusion and inequality.

Welfare in its broadest sense refers to the wellbeing of people and society, which is affected by natural and economic conditions and also by a wide range of government and non-government social and economic programs. This range of programs includes not only those closely related to welfare, such as taxation, health, employment and education, but also less obviously linked ones such as transport, fiscal policies and even national security.

While this all-encompassing concept of welfare is accepted and forms dictionary definitions of the term (Oxford University Press 2002; The Macquarie Library 2005), few commentators or scholars in the welfare field would place equal emphasis on all aspects of welfare. Instead, they tend to focus on the aspects that are of particular interest to them. Income and wealth topics are the primary choice of many sociologists and welfare economists (Saunders 2002; Travers & Richardson 1993) while labour law and working conditions, including wages, are the choice of others (Castles 2001). Yet others focus on the system of welfare services and assistance that is designed to give direct services and assistance to those with particular forms of need (Dickey 1987; Jamrozik 2001).

The *Australia's welfare* series is concerned primarily with the system of welfare services and assistance (including specific targeted cash transfers) now operating in Australia, and the people who receive those services and assistance. In more recent volumes of *Australia's welfare*, a summary of indicators of wellbeing has been added to give context to the discussion on specific welfare service sectors.

A review of progress in welfare

The welfare function was added to the AIHW's charter in 1992, some 15 years ago. A great deal has changed in Australia since then. The years since 1992 have seen a period of increasing prosperity that has continued to the present day. The national economy has grown rapidly as has household disposable income. Median weekly equivalised disposable household income has increased by 34% in real terms between 1995–96 and 2005–06. Although incomes in Australian society are unequal, there is no clear trend indicating an increase or decrease of income inequality over the last decade (see Chapter 8).

The last 10 years have been marked by a strong growth in the labour force. The national unemployment rate fell from 8.3% to 4.5% between 1996–97 and 2006–07. Male labour force participation rates, which fell considerably throughout the 1990s, have shown signs of increase since 2003–04. Participation rates among females have grown over the last decade, albeit at a slower rate than previously. In 2006–07, the participation rate for males was 72% and 58% for females. Employment growth has been particularly strong in part-time work, although the number of full-time jobs has also risen. Part-time workers increased from 7% of male employees in 1996–97 to 15% in 2006–07, and from 38% to 45% of female employees over the same period (ABS 2007a).

Progress has also been recorded in the areas of education and training. The apparent retention rate from the start of secondary school to Year 12 rose from 71% to 75% over the period 1996–2006, following rapid growth throughout the 1980s and reaching a peak of 77% in 1992 (at a time of high unemployment and fewer job opportunities) (see Table A8.1). The education participation rate for people aged 15–19 years was 77%—an increase from 73% in 1996 (see Table 2.15). The proportion of people aged 15–64 years with a non-school qualification increased from 42% to 52% between 1996 and 2006 (ABS 2006a). In particular, this rise reflects the greater percentage of people with higher education qualifications.

The life expectancy of Australians is among the highest in the world, and continues to increase. In 2003–05, life expectancy at birth was 78.5 years for males and 83.3 years for females. Between 1988 and 2003, life expectancy at birth rose by 4.7 years for males and 3.3 years for females, while expected years of life with a severe or profound core activity limitation increased by 2.2 years and 2.3 years, respectively (see chapters 4 and 8).

In this general climate of increasing prosperity, it is important to consider whether this prosperity is shared equally by all and whether life has actually become better for most Australians, even if income inequality does not appear to have increased. Economic prosperity at the societal level is not a guarantee of wellbeing for all members of society; government services and assistance are essential components of the social fabric in ensuring the protection and support of vulnerable members of our society (such as people with disability, older people, children under care and protection orders). The various chapters of this report provide a picture of the state of Australia's welfare services, and their contribution to the wellbeing of many Australians.

Housing and homelessness

Australia has always had a high proportion of home ownership, which has been stable at around 70% since the 1960s (ABS 2007b). However, as house prices and the size of home loans (especially first home loans) have increased faster than income, it has become more difficult and takes longer to pay off home mortgages. Outright home ownership, without a mortgage, declined from around 40% in 2001 to less than 33% in 2006 (ABS 2007c). This decline is particularly marked among younger age groups (see Chapter 8). The proportion of households renting from government housing authorities decreased while the proportion of households renting privately increased, from less than 19% of all households in the mid-1990s to more than 21% in 2004 (ABS 2006b). Rents in the private market are generally higher than those set by state government authorities.

High housing costs can create financial stress for lower-income households. In 2003–2004, almost one in five lower-income households spent more than 30% of their gross income on housing, including 4% who spent more than 50%. This stress was most common for lower-

income households who rent privately. Of these, over half spent more than 30% of their gross income on housing, including almost one in ten who spent more than 50%. Almost one in three (31%) lower-income households with a mortgage spent more than 30% of their gross income on housing costs, including 10% who spent more than 50% (see Table 8.5).

To alleviate housing stress, in 2005–06, the value of assistance provided to private renters was over $2.0 billion. This comprised nearly $2.0 billion from the CRA program, and $72.6 million through Commonwealth State Housing Agreement private rent assistance. Also in 2005–06, the Australian, state and territory governments provided just over $1.3 billion for housing programs under the CSHA (Table A5.4), with public and community housing accounting for the majority of this funding. CSHA funding also includes assistance to home buyers and for crisis accommodation (see Chapter 5). The demand for public and community housing is such that the proportion of new tenants with special needs (including Indigenous households, households with a person with disability, principal tenant aged 24 years or under or 75 years or over) has continued to increase—from 48% to 60% for public housing and from 63% to 68% for community housing between 2003 and 2006 (see Table 5.20).

One might speculate that rising housing stress, crisis housing and homelessness are related, and that inability to find affordable housing is an important cause of homelessness. The estimated number of homeless people in the 1996 and 2001 population censuses was around 100,000. The equivalent estimate derived from the 2006 Population Census is not yet available, and it is not yet known whether this number has changed. It is known that the number of clients who received support under the national homelessness program—the Supported Accommodation Assistance Program (SAAP)—has increased from around 83,200 in 1996–97 to 106,500 in 2005–06, including 54,700 accompanying children aged under 18 years (see Chapter 6). This trend presumably reflects some combination of an increase in SAAP funding, enabling it to service a larger volume of clients, and an increase in people seeking assistance from the program. The rate of people who sought but were not provided with SAAP accommodation assistance (the turn-away rate) has not declined over the years—at 54% in 2004–05 (AIHW 2006a:8), in spite of the increase in the services provided through SAAP.

Perhaps counter-intuitively, neither housing shortages nor the cost of housing is the most common reason reported by individuals to explain their need for crisis housing and homelessness. According to data from the SAAP data collection, the most common main reasons given by people seeking assistance from SAAP agencies in 2005–06 were interpersonal relationships, including domestic violence, relationship breakdown and conflict, and the need for time-out from family (45% of support periods). Financial reasons were reported by 14% while accommodation difficulties (such as overcrowding, eviction or emergency accommodation ended) constituted 18%. Importantly, heath issues (such as mental health or drugs) were the reasons given by 10% of all seeking SAAP assistance (AIHW 2007a:40). This pattern has not changed substantially since the inception of the SAAP data collection in the mid-1990s.

The importance of interpersonal relationships as a reason for seeking crisis and supported accommodation reflects the existence of considerable domestic violence in Australian society. While the level of violence seems to have declined in the last decade for women under 35 years of age, the Australian Bureau of Statistics (ABS) 2005 Survey of Personal Safety showed that 1% of adult men and 2% of adult women reported having experienced violence by their current partner, and 5% of adult men and 15% of adult men by a previous partner (see Chapter 8 of this report and ABS 2006c:20,21).

Children and young people

Like the changes in housing circumstances, the national picture of the wellbeing of children and young people is a mixed one. On the one hand, there is no doubt that increased prosperity has enabled parents to provide more to their children, for example in health care, education and recreation. A variety of government benefits and assistance is available to help families with children, including baby health care, parenting payments, family tax benefits, child care rebates and so on. On the other hand, although the health status of Australia's children is improving, there are still many areas of health behaviour that are of concern. And statistics suggest that a considerable number of children and young people are subject to violence and abuse (see Chapter 2).

The health of Australian children and young people is generally very good. Infant mortality has been on the decline for several decades, and rates have halved in the last two decades, declining to 5.0 deaths per 1,000 live births in 2005–06. However, there is potential for further improvement as these rates are still high compared with many OECD countries. For example, Iceland and Japan have mortality rates of 2.8 deaths per 1,000 live births (UNICEF 2006). Mortality from the age of 1 to the age of 19 is very low, and the chance of survival in 2003–05 was 99.5% for males and 99.7% for females (AIHW analysis of ABS 2003–2005 life tables: ABS 2006d). The relatively small number of deaths that occur between these ages are largely (54%) from external causes of injury and poisoning (1,794 deaths in 2003–2005). Almost two-thirds of these deaths from external causes were due to transport accidents and intentional self-harm. Over the last two decades death rates overall and those from external causes have more than halved for children and young people. However, these improvements may not be long-lasting, as some lifestyles and many health behaviours among all Australians, including children and young people, have not improved or have not improved fast enough. Obesity rates among young people (aged 15–24 years) increased between 2001 and 2004–05, from 3% to 5% of young people. Less than half of young people were meeting recommended physical activity guidelines, and daily vegetable and fruit consumption guidelines in 2004–05 (AIHW 2007b). A high proportion of young people engage in health risk behaviours that result in both short- and long-term health problems—in 2004 almost one-third drank alcohol that put them at risk or high risk of alcohol-related harm in the short term, almost one-quarter had used illicit drugs within the last 12 months, and around 17% were current smokers. Mental health is an area where the situation of young people appears to be worsening. The proportion of young people aged 18–24 years reporting high or very high levels of stress (as measured by the K-10 scale) increased from 7% to 12% between 1997 and 2004–05 for males, and from 13% to 19% for females (AIHW 2007b).

The welfare of children and young people is critically dependent on the family environment in which they are raised, and the Australian family has undergone rapid changes in recent decades. There are now more one-parent families (22% of all families with children), blended families (3%) and families with a step-parent (4%) than in the early 1990s. There are also a considerable number of grandparent families (1% of families with children) in which grandparents are raising their grandchildren (see Chapter 2).

In many families, both parents are in the workforce and/or in education. In such families, and in one-parent families where the lone parent works or studies, the care of children is shared between the parent(s) and child care providers, formal or informal. Parents also use child care services for reasons other than providing care while they are at work; formal and informal child care has become part of many Australians' daily lives. Almost half of Australian children aged less than 12 years used some form of child care and most children

had experienced some type of formal care before beginning full-time schooling— 84% of 4 year olds used either formal child care or were attending preschools in 2005. The use of informal child care has not changed greatly in the last decade; however, the use of formal child care has grown considerably. The affordability and accessibility of child care remain much debated topics. While the unmet demand for places in occasional care and family day care has decreased over the last decade that for long day care and other formal care has risen. Cost is an important factor for many instances where the needed child care was not used (16%) (see Chapter 2). Child care affordability (calculated in terms of ratio of cost to net income) had fallen in the 1990s but improved on the introduction in 2000 of the Child Care Benefit. However, the CPI (consumer price index) indexation of this benefit has not matched the increase in child care fees: affordability of child care gradually declined again between 2000 and 2004 (AIHW 2006b). From July 2006, the Australian Government introduced the 30% Child Care Tax Rebate, offering families a rebate of up to $4,000 per child per year (FAO 2007). The effects of this initiative on out-of-pocket child care expenses for families will need to be assessed in the years to come.

Participation in education among young people aged 15–19 years has been consistently around 76%–77% since 1998. Availability of work affects the level of educational participation; it is possible that the slight decline in apparent retention rates since the peak of 77% in 1992 and 1993 is related to the decrease in the level of unemployment in this period. Nevertheless, a considerable number of young people are neither studying nor working—8% of those aged 15–19 years in 2006.

There has been a steady increase in the numbers of children and young people (aged 17 years and under) who are abused, neglected or at risk of harm, or whose parents are unable to care for them. Data on child protection are collected from states and territories, and there have been changes in all states and territories in the administration of child welfare that affected the number of cases handled. Trends over time must therefore be interpreted with considerable caution. Between 2001–02 and 2005–06, the rate of children who were the subject of a child protection substantiation has increased from 5.3 per 1,000 children to 7.2 per 1,000. Since 2002, the number of children placed on care and protection orders and in out-of-home care increased by around one-third (see Chapter 2).

Ageing and disability

The long-term increase in life expectancy and the long-term fall in fertility have resulted in a rapid ageing of the population. Population ageing will become more rapid from 2010 when the baby-boom generation begins to reach age 65. As disability increases rapidly with age, the need for support also increases with age. In 2003, when the last Disability, Ageing and Carers Survey was conducted by the ABS, an estimated 23% of people aged 65 years or over reported severe or profound disability (always or sometimes requiring assistance with self-care, mobility or communication); 58% of those aged 85 years or over have this level of disability. These 2003 rates are not statistically different from the rates reported in the 1998 ABS Survey of Disability, Ageing and Carers.

It is clear that the increase in life expectancy has been a combination of increases in life with disability and life without disability. Analyses of disability patterns over the period from 1998 to 2003 show that 27% of gains in male life expectancy at age 65 (1.5 years for the period) were years with severe and profound disability (0.4 years) and the remaining 1.1 years were an increase in life without this level of disability. For females, 0.7 years of the gains in total life expectancy at age 65 (1.2 years) were years with this level of disability (58%) and the remaining 0.5 years were years without this level of disability (AIHW 2006c:3).

These statistics show that, as the population ages faster in years to come, there will be an increasing number of older Australians who require assistance and support (financial, non-financial or both). Chapter 3 documents the importance of the government Age Pension as a source of income for retired persons (75% of those over the qualifying age for the Age Pension receive either the Age Pension or the similar Department of Veterans' Affairs pension). This proportion is likely to decline as personal superannuation (the compulsory Superannuation Guarantee and voluntary superannuation schemes) increases its importance as a source of retirement income. Nevertheless, the Australian Government's second (2007) Intergenerational report has projected that the Australian Government's Age Pension payments will increase from an estimated 2.5% of GDP in 2006–07 to 4.4% in 2046–47 (Australian Government 2007), and its spending on aged care services will increase from 0.8% of GDP in 2006–07 to 2.0% in 2046–47. Aged care services are jointly funded by state and territory governments as well as the Australian Government (see Chapter 7), and their contributions have not been included in these projections. In the projections on spending on aged care services, the second Intergenerational report acknowledged that trends in disability rates have an important effect on the projections but, given the lack of evidence on the nature of those trends, the disability rates were kept unchanged in their projection model.

The pressure on aged care services from an ageing population is also shown in the usage of residential aged care (both residential and community-based) as discussed in Chapter 3. The ratio of residential care places to the target population (aged 70 years or over) has increased steadily since 2002, reflecting the increase in allocation of new places after 2002. However, the increasing ageing of the older population has meant the average age of admission into residential aged care has risen. In 1988–89, 64% of admissions were aged 80 years and over; this has risen to 70% in 2005–06. Corresponding to this, the level of frailty of permanent residents has steadily increased—68% of all permanent residents in 2006 were in high care compared with 61% in 2000, and there were 23% with the highest level of dependency in 2006 compared with 14% in 2000. Community-based aged care has expanded, more rapidly than residential aged care. The use of care packages that provide care management services and are viewed as alternatives to residential aged care (Community Aged Care Packages and Extended Aged Care at Home places) has increased even faster, by 48% from 2001 to 2006. However, there is still evidence of a degree of unmet demand for community care, particularly home maintenance, household chores, transport, and cognitive or emotional tasks (see Table 3.22).

There is similar pressure on the provision of formal disability services. Funding under the Commonwealth State/Territory Disability Agreement (CSTDA) has increased gradually each year to $3.95 billion in 2005–06, and the number of users of disability services funded under this agreement has increased 16% over the past 2 years, to 217,000 in 2005–06 (see Chapter 4). In spite of these increases, there is still a high level of unmet demand for CSTDA. In 2005 about 29,200 Australians were estimated to have an unmet demand for such services, 82% of which related to accommodation and respite care services (AIHW 2007c). Another indication of the level of need for accommodation services for younger people with disability is the 6,500 people (aged under 65 years) who were accommodated in residential aged care homes in 2005–06 (AIHW 2007d).

Voluntary carers provide much of the care for older people and people with disability. Around 2.6 million carers in 2003 provided assistance to people with disability or older people. The imputed value of voluntary care (including child care) was $41.2 billion in 2005–06, more than twice the spending by governments on all welfare services (see Chapter 7). Given the pressure from the unmet demand for services, there is no expectation

that the role of voluntary care will diminish in the future, even with a projected increase in direct government services. There is a continuing need to recognise the stress that may come from caring, and to support informal carers, in particular carers who have a disability themselves, those who have competing demands such as workforce participation or responsibility for the care of young children, ageing parents who are caring for adult children with disabilities, and young people who are caring for family members with disability. The importance of informal care has received significant policy attention in recent years, and this is an important theme in this volume of *Australia's welfare*.

The wellbeing of Aboriginal and Torres Strait Islander peoples

This year, 2007, is the 40th anniversary of the 1967 Referendum that gave the Commonwealth the power to make laws for Aboriginal and Torres Strait Islander people and to ensure that they were counted in the population census.

To acknowledge this, this report includes in each chapter information describing the situation of Indigenous people, where possible. It is clear from these descriptions and from the biennial ABS and AIHW reports on the heath and welfare of Aboriginal and Torres Strait Islander people (ABS & AIHW 2005; ABS & AIHW 2003) that in many areas of their lives, Indigenous Australians are very much disadvantaged compared with non-Indigenous Australians.

Life expectancy at birth as estimated by the ABS is about 17 years below that of non-Indigenous people. The prevalence of obesity is much higher for Indigenous males and females at all ages, increasing the risk of obesity-related diseases. Perinatal and infant mortality is also much higher, with rates 2–3 times as high as for non-Indigenous children. Similarly, the prevalence of chronic diseases such as coronary heart disease, diabetes and kidney disease is considerably higher (ABS & AIHW 2005; ABS 2006e).

The apparent retention rate for Aboriginal and Torres Strait Islander students (40%) was just over half that of non-Indigenous students (76%) in 2006, and Indigenous students were substantially less likely than the overall population of students to meet the national benchmarks in reading, writing and numeracy. This may have contributed to the much lower labour force participation rate among the Indigenous population—59% compared with 78% for the non-Indigenous population after adjusting for age differences (see chapters 2 and 8).

The rates of Indigenous children and young people under the various forms of child protection are also considerably higher than those of other Australian children and young people (5–7 times as high) (AIHW 2007e). The rate of young Indigenous people under juvenile justice supervision is even higher, at 15 times that of non-Indigenous young people in 2005–06 (see Chapter 2).

While the disadvantages of Indigenous people are reasonably well documented, the important questions that need to be asked are whether Indigenous wellbeing has improved or is improving, and whether the gap between Indigenous and non-Indigenous Australians is narrowing. These questions cannot be answered easily because there are no time series data of sufficient quality and consistency to show real trends. However, the most recent biennial report by the ABS and AIHW (2005) on the health and welfare of Aboriginal and Torres Strait Islander people reported that there have been important improvements in some areas, although the gap has remained wide.

Education: Between 1996 and 2004 there were steady increases in primary and secondary school enrolments and in retention rates for Indigenous Australians. The proportion of Indigenous people aged 25–64 years with a non-school qualification also increased, from 20% in 1994 to 32% in 2002.

Employment: Between 1994 and 2002 the unemployment rate fell from 24% to 13%, and the proportion in mainstream employment rose from 31% to 38% among Indigenous people aged 18–64 years.

Housing: Between 1994 and 2006 there was an increase in Indigenous households (that is households with Indigenous residents) that were outright owners or mortgagees of their home—from 26% to 36% (See Chapter 5 of this report and ABS & AIHW 2005).

Health: Analysis of relatively good data from Western Australia and the Northern Territory has shown that there have been declines in Indigenous mortality in these two areas. Infant mortality in Western Australia fell from 25.0 to 16.1 deaths per 1,000 births between 1980–84 and 1998–2001 (Freemantle et al. 2006). In the Northern Territory, Indigenous mortality for those aged 5 years and over has fallen slowly over the period 1967 to 2001 and more rapidly for those under 5 years of age (CIPHER 2006). A study of Indigenous mortality from key chronic diseases in the Northern Territory suggests that from the 1990s the previous pattern of increasing rates of mortality is slowing and in some cases beginning to fall (Thomas et al. 2006).

The 2005 report on Indigenous disadvantage by the Steering Committee for the Review of Government Service Provision also reported mixed results. The report noted that many of the indicators showed little or no movement and that a large gap between Indigenous people and the rest of the population is apparent in all of the indicators, including those where there has been some improvement (SCRGSP 2005).

Some data issues

Data on Australia's wellbeing and welfare services have improved since 1993 when the first volume of *Australia's welfare* was published. National surveys, such as the large-scale ones conducted by the ABS, have covered more areas of concern than before, and some repeat surveys have resulted in time series data being available to monitor changes over time. The number and volume of data sets in each of the welfare services and assistance areas have also increased. The monitoring of performance in the delivery of services in each of the welfare areas can now be better supported by existing data. The national information infrastructure and associated committees which underpin many of these improvements in national community services and housing data are described in Appendix A: The national information infrastructure.

However, as demonstrated in the various chapters in this report, there is a great deal of interconnectedness between welfare issues and service programs. For example, interpersonal relationship problems, including domestic violence, are common factors contributing to homelessness, the need for crisis and long-term housing, and child protection. Residential aged care is affected by the provision of community care and vice versa, and they are both related to health and disability. Public housing programs as well as disability accommodation services offer housing to people with disability. A person's welfare needs are often met by services provided in more than one welfare sector, and there is an emphasis on the need to adopt a whole-of-government approach to providing welfare and health services. The understanding of cross-sectoral issues requires data

collection systems that can provide good quality and consistent information across service program boundaries as well as within one program. Linked data sets can assist person-centred policy making and service delivery.

The need for linked data sets has to be balanced against the need to protect the privacy of individuals on whom records are kept, and this is a priority of the *National community services information strategic plan 2005–2009* (AIHW 2005a). Different data collections have introduced different linkage strategies but there is a move to promote the use of a common statistical linkage key across a number of community service sectors. A common linkage key is already in use in data collections relating to the aged care sector, the disability sector, the SAAP program and juvenile justice. The same statistical linkage key is being promoted for use in other sectors such as alcohol and drug services, mental health services and child protection.

Improved statistical linkage capabilities among program-based datasets can help to reveal patterns of service use or pathways of clients through the different welfare sectors. The next volumes of *Australia's welfare* will be able to use such data to report more comprehensively on the use of welfare services over the life course of clients, and on the intersecting use of welfare services by clients, giving an increasingly person-centred, rather than program-centred, view of welfare in Australia.

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