Foreword by the Deputy Prime Minister

The Australian Government’s commitment to social inclusion is about building a stronger, fairer nation in which every Australian gets a fair go at the things which make for an active and fulfilling life. Despite our rising prosperity, too many Australians do not currently get those opportunities. They are held back by disadvantage that is sometimes extreme and often complex. Material hardship is still too widespread, but it can be compounded by lack of education and information, dysfunctional relationships and behaviour and the weakening of informal community support.

Failure to tackle these problems will not only leave many Australians in circumstances that we should not tolerate, but also impose a long term cost on all of us. That is why we established the Australian Social Inclusion Board in 2008, as part of a whole of government commitment to reducing disadvantage and building up the capabilities that allow the whole community to take advantage of the choices and opportunities that modern Australia is creating. The Board has been very active, advising on government policies as they are developed, consulting in the community and examining evidence and analysis about the nature and extent of social exclusion in our country.

Australia has been through a period of international economic crisis which threatened to deepen and broaden the problems of disadvantage dramatically. Through that crisis, the Government has focused on reducing the negative effects of a downturn and on making investments, such as in social housing and education infrastructure, to help meet the future needs of all Australians.

Alongside our response to the global crisis, the Government has taken some great strides in tackling disadvantage—lifting minimum standards for services and pensions, opening up new opportunities in education and employment and investing in infrastructure to strengthen communities around the nation.

As we look forward to recovery, many long term challenges remain. The goals we have set to close the gap with Indigenous Australians, reduce homelessness, improve the life-chances of children at risk and reform education, health and welfare so that all Australians can thrive will take sustained, long term effort. New pressures will emerge, and painstaking work will be needed to find out what works and how it can be sustained. A vital part of that effort will be rigorous public reporting and evaluation of our progress as a nation.

This first annual report by the Australian Social Inclusion Board sets an important standard. It lays out a clear and comprehensive framework for how we are faring and offers clear analysis of what drives exclusion and how we might tackle it.

I congratulate all the members of the Board and thank them for their ongoing work.

Julia Gillard
Deputy Prime Minister
and Minister for Social Inclusion
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Introduction from the Chair

The Australian Social Inclusion Board was formed in May 2008 with a brief to advise Government, consult with the community, and report on social inclusion in Australia.

In this first annual report, we have chosen to present a statistical view of the nature and extent of social inclusion in Australia today in order to provide a baseline against which to measure future progress. We have also included an outline of the Board’s work in the first 15 months of our establishment (Appendix C).

Social inclusion is about ensuring that everyone is able to participate fully in Australian society. It is about people having the necessary opportunities, capabilities and resources to enable them both to contribute to and share in the benefits of Australia’s success as a nation.

Including everyone is important because, as a nation, we strongly value fairness. Fairness has the potential to improve the well-being of everyone by:

- eliminating the threats to security and harmony that arise from excluding groups in our society;
- improving economic performance by allowing everyone to make a contribution; and
- enhancing pride in being a society which not only values fair treatment and opportunity, but actually works hard to achieve it.

Despite a period of prolonged economic growth, and by world standards considerable resilience in the face of the Global Financial Crisis, we remain a nation where achievement in education and individual health bear a strong relationship to socioeconomic status:

- Only 47% of people aged 20–24 years from the bottom 10% of the socio-economic ladder attain year 12, compared with 83% from the top 10%.
- 35% of people in the lowest income quintile report fair or poor health compared to only 7% in the highest income quintile.

In a fairer society the Board believes these social gradients would decrease.

This report is intended to guide consideration of approaches to achieving greater inclusion through a focus on:

- the multidimensional character of disadvantage (one source of disadvantage can often lead to disadvantages in other areas);
- the locational aspects of disadvantage (people with disadvantage often live near each other, sometimes exacerbating their disadvantage); and
- the entrenched and sometimes inter-generational aspects of disadvantage.

Disadvantage is often entrenched over generations. It is usually multi-dimensional and tends to concentrate in certain locations. This complexity requires responses that focus on:

- the linked nature of the services people need to achieve greater inclusion;
- the opportunity to work with communities as well as individuals; and
- the need to break cycles of disadvantage.

Segments of our society can suffer more from economic downturns, for example between June 2008 and June 2009, the proportion of the population aged 15 to 64 years who have paid work fell from 73.4 to 71.8%, a fall of 1.6 percentage points, whereas for lone parents, the fall was close to 5 percentage points, and for lone parents with their youngest child under 5 years, the fall was 8 points. This evidence indicates the need to provide more support to at-risk groups in our community if we are to achieve our goal of inclusion.

The Board intends to continue to report on progress in social inclusion and will continue to evolve the framework for measuring inclusion, so that we as a community can act on the basis of facts not just opinion.

I commend this publication to the general public, social commentators, politicians and policy makers, so that we can better discuss and plan our actions to improve social inclusion into the future.

Patricia Faulkner AO
Chair of the Australian Social Inclusion Board
December, 2009
Acknowledgements

This report draws on a wide range of data from a variety of sources. We are grateful to many people for their generosity of time and expertise in the development of the evidence base underpinning this report.

The Australian Social Inclusion Board

Patricia Faulkner AO, Chair
David Cappo AO, Vice Chair
Elleni Bereded-Samuel
Ngiaire Brown
Ron Edwards

John Falzon
Kerry Graham
Eddie McGuire AO
Tony Nicholson
Chris Sarra

Fiona Stanley AC
Tony Vinson AM
Linda White

The Board with the Prime Minister Kevin Rudd, Deputy Prime Minister and Minister for Social Inclusion Julia Gillard and Parliamentary Secretary Senator Stephens at the first Board meeting, May 2008
How are we faring?

This section draws out the story behind some of the detailed data presented in the ‘Indicators of Social Inclusion’ section, which provides baseline measures on 44 social inclusion indicators.

Multiple disadvantage

One of the key concepts in social inclusion is multiple disadvantage. People at risk of social exclusion often have a number of disadvantages, or complex interrelated problems. A relatively common constellation of disadvantages are: low income and assets; low skills; difficulties finding and keeping a job; housing stress and poor health.

Factors such as substance misuse, mental illness, disability, family violence, discrimination and homelessness (and combinations of these) can also contribute to and further entrench multiple disadvantages.

A small but significant number of Australians experience multiple disadvantages. Analysis of the most recent Australian Bureau of Statistics General Social Survey shows that approximately 5% of the Australian population aged between 18 and 64 years experience multiple disadvantages* which may impact adversely on their ability to participate in the community.

This analysis suggested that the people most likely to experience multiple disadvantages are:

- Public Renters: 41% of people renting from state or territory housing authorities had experienced multiple disadvantages, compared with 6% of private renters, 4.9% of owners without a mortgage and 1.5% of owners with a mortgage.
- One-person households and one-parent households: 13% of people living in one-person households and 13% of those in one-parent families experienced multiple disadvantages, compared to 2.1% of people in couple families with children.
- People in the 55–64 years age group: within the working age population, those aged 55 to 64 years were the most likely to experience multiple disadvantages compared to any other age group, with 13% experiencing at least three selected disadvantages.
- Women: women aged 18–64 years were more likely to have experienced multiple disadvantages (6.1%) than men in the same age bracket (4.0%).

Entrenched disadvantage

Multiple disadvantages become more serious problems when they affect people for an extended period. Although data gaps currently limit the amount of information we have on the length of time people experience particular types of disadvantage, figures are available on long-term joblessness and low income.

Individuals and their families can cycle in and out of joblessness. Some may only be jobless for a short period and suffer little disadvantage in the long-term. However, other people remain jobless for longer periods and find it very difficult to regain employment due to lost confidence, skills and employer stereotypes. Analysis of the Household Income and Labour Dynamics in Australia (HILDA) survey shows that of all people in a jobless household in 2001, 66% were in jobless households at the time of the survey one year later, while 50% were in a jobless household three years later, and 35% were in a jobless household five years later. This demonstrates that a fairly high proportion of people in jobless households remain in such households for long periods of time.

Earlier analysis of the HILDA survey showed that people in one-parent families and people with disability were particularly vulnerable to being in a jobless household for a prolonged period.

Intergenerational disadvantage, where children are at greater risk due to the disadvantage faced by their parents, is also an area of particular concern. Results from the 2008 National Assessment Program—Literacy and Numeracy
(NAPLAN) testing indicate that the outcomes of students were clearly related to the education and occupation of their parents. The higher the education level of the parents the better the student performed on average. In terms of occupation, a greater proportion of children with parents who were professionals reached the benchmarks compared with those who had not been in paid work.

As well as impacting on educational outcomes strong social gradients exist across a range of areas and often create further barriers to inclusion for disadvantaged groups. For example, people living in low income households:

- have poorer health, 35% of people in the lowest income quintile reported fair or poor health compared to 7% in the highest quintile
- are more likely to have difficulty accessing transport, 10% of people in the lowest income quintile compared to 1% in the highest quintile.
- are less likely to have access to the internet at home, 33% of people in the lowest income quintile compared to 85% in the highest quintile.
- are less likely to attend community events, 52% of people in the lowest income quintile compared to 75% in the highest quintile.

To address the root causes of disadvantage and to design preventative models that enrich the wellbeing of our communities, research is needed to examine why some people ‘break the cycle of disadvantage’ even though they were considered to be ‘at risk’, while others do not.

**Locations of Concentrated Disadvantage**

Mounting evidence, as demonstrated in Professor Tony Vinson’s *Dropping off the edge* report, shows that different kinds of disadvantage—lower incomes, poorer housing, poorer health, lower educational attainment, poorer social connectedness and community capacity, higher unemployment and higher crime rates—tend to coincide for individuals and families in a relatively small number of places, and that these concentrations of disadvantage tend to persist over time. The issues facing people living in locations of concentrated disadvantage can also be compounded by the characteristics of the places themselves, for example through poor local infrastructure.

- Key findings for locational disadvantage include:
  - In 2006, 83% of people aged 20 to 24 years had at least a Year 12 or Certificate II qualification. Among people living in the 20% most disadvantaged regions (census collection districts—using the Socioeconomic Index for Areas (SEIFA) Index for Relative Disadvantage), 72% of 20 to 24 year olds had completed Year 12 or a Certificate II compared with 92% of the population living in the 20% least disadvantaged regions.
  - Areas with lower socioeconomic status (as measured by SEIFA scores) had higher proportions of children that were developmentally vulnerable as assessed by the Australian Early Development Index (AEDI). In 2009, 17% of children living in the most socioeconomically disadvantaged areas were developmentally vulnerable on two or more AEDI domains, compared with 12% overall.
  - In 2006, less than half (49%) of people living in the most disadvantaged regions were employed, compared with 74% of those in the least disadvantaged regions.
  - In 2006, 72% of the population aged 18 years and over were involved in at least one community group, including social groups, community support groups and political and civic groups. While 60% of those living in the most disadvantaged regions participated in at least one group, 81% of those in the least disadvantaged regions participated in at least one group.

**A focus on priority groups**

The role of the Board is to provide advice to the Australian Government on all aspects of social inclusion and this report accordingly discusses the state of social inclusion in a broad sense. However, within this broad range of issues, the Board has been asked to focus on providing advice on three particular issues as a priority: locations of concentrated disadvantage, jobless families and children at greatest risk of long-term disadvantage.
In 2006, 16% of the population aged 18 years and over were able to have a say on issues important to them with family and friends only some, a little or none of the time. Twice the proportion of people living in the most disadvantaged regions reported that they were able to have a say only some, a little or none of the time, compared with people in the least disadvantaged regions (26% compared with 13% respectively).

Ideally, all of the data contained within this report would be broken down and reported on at an appropriate geographic level. Unfortunately, the degree of geographic disaggregation possible for most data is extremely limited. Establishing change over time is also further complicated by the lack of data able to track the movement of people between different locations and the subsequent impact on area level statistics.

The Australian Social Inclusion Board and the Social Inclusion Unit have developed a methodology for identifying small areas where there are concentrations of people likely to experience multiple and intertwined forms of disadvantage, and are therefore most likely to benefit from a more coordinated and integrated approach to service delivery.

The approach uses very fine scaled data to identify individual suburbs or a cluster of adjacent suburbs where there are high numbers of people living in an area characterised by multiple disadvantages using the SEIFA index. The section in this report on locational approaches provides more detail on the method and results, consideration of what improvement might look like, and data development issues.

**Jobless families and the vulnerable unemployed**

Employment is the main way people obtain the economic resources needed for day to day living, to support their family and to save for retirement. Being employed can also contribute to a person’s self-esteem as well as helping to provide important skills, a stable daily routine and a social network. Therefore, people who do not have employment can experience economic hardship, and, if jobless for long periods, can experience loss of connection with community and have more difficulty finding employment because of the loss of relevant skills over the time they have not worked4.

Being unemployed or unable to work does not only affect the individual. Depending on circumstances, families of people who are not in employment can also be affected, particularly if there is no other employed person in the family (a ‘jobless family’). This is because limited economic resources have to be stretched across family members which can sometimes cause tension. This tension may lead to poor mental health, divorce and family violence. There is also a concern that jobless families with dependent children may not be able to access all the resources they need to assist their children at important stages of development such as providing healthy foods, important educational tools and a working role model5. For children lacking such important resources and role models when developing, there is added concern that the long-term impact will be intergenerational joblessness6.

In June 2009, 619,000 children (15% of all children) were living in jobless families. Of all jobless families in June 2009, 67% were one-parent families and more than half of these one-parent families (56%) had at least one child under the age of five years. It is important to note that some children living in one-parent families may have another parent living elsewhere who was employed and providing them with financial support as well as acting as a role model for employment, however this is not always the case. Almost all jobless families with children under 15 years were in the lowest equivalised gross household income quintile (93% of couple families and 82% of one parent families).

Participation in formal training programs, higher education, or employment soon after finishing or leaving school is important for young people to avoid the risk of becoming unemployed for long periods of time, underemployed or marginally
Children at greatest risk of long-term disadvantage

‘Children at risk’ are those children who experience multiple disadvantages that affect their home environment, schooling experiences, health, and/or the welfare of their family and friends. Disadvantage in these areas can have long-term implications for the health, development and wellbeing of children, which can then carry on into their adult lives.

An adequate level of support in the early years—for instance, good health, early childhood education and a safe home environment—is widely recognised as having significant positive impacts in later life. In 2009, the AEDI† was completed nationwide. Information was collected on over 261,000 Australian children (97.5% of the estimated 5 year old population) in their first year of formal schooling. The national report provides a snapshot of young children’s health and development across Australia. Overall, 12% of children were found to be developmentally vulnerable on two or more of the five domains of children’s development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge. Indigenous children, children living in very remote parts of Australia or in the most socioeconomically disadvantaged areas have much greater rates of developmental vulnerability. Results have also been reported at the community level so that tailored initiatives can be developed in local areas to assist children found to be vulnerable.

Participating in schooling provides children with the skills and knowledge needed to gain satisfying employment and life-long learning opportunities. Across Australia, schooling is compulsory for children between the ages of 6 and 15 years, with some state and territory variations on starting and finishing ages. Even though almost all children do enrol and attend school between these ages, they achieve varying levels of literacy and numeracy skills development. In 2009, the National Assessment attached to the labour force. People living outside Australian capital cities, people who leave school early, young mothers and Indigenous Australians are all shown to be at higher risk of experiencing difficulties with transitioning from school to higher education and/or work.

The proportion of people between the ages of 15 and 24 years who are fully engaged in study and/or work (that is, are in full-time education or training, full-time work, or part-time education or training and part-time work) is an important indicator of future levels of employment and joblessness. In 2008, the ABS Survey of Education and Work found that 84% of people aged 15 to 24 years were fully engaged in education or training and/or work. Females were less likely to be fully engaged than males (81% and 87% respectively) and those aged 20 to 24 years were less likely to be fully engaged than those aged 15 to 19 years (81% and 88% respectively). According to the 2006 Census, non-Indigenous Australians aged 15 to 24 years were 1.6 times more likely to be fully engaged in education and/or work than Indigenous Australians.

As well as economic hardship, people who are unemployed or in jobless families are at a higher risk of experiencing a range of disadvantages associated with social exclusion. For example, in 2006:

- Around one-quarter of people living in jobless households with dependent children assessed their health as fair or poor compared with 16% of the total population;
- 13% of those who were unemployed said they did not have support outside their household in a time of crisis, compared to 7% in the general population;
- People who were living in jobless families with dependent children were more likely to report having difficulty accessing public and/or private transport (10%) than the general population (4%); and
- A high proportion of people living in one-parent jobless households (44%) and couple jobless households (45%) with children aged under 15 years reported having difficulty accessing services such as doctors, banks, Medicare, Centrelink and employment services, compared with the general population (22%).

† The AEDI aims to measure how young children are developing across diverse Australian communities based on physical health and well-being, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge.
children are not physically abused. In 2005, the ABS Personal Safety Survey reported that of all people over the age of 18 years who experienced violence in their current relationship, almost half (49%) said that they had children in their care at the time and 27% said that their children had witnessed the violence.

The Indigenous Australian population faces several challenges in terms of their social, economic and civic participation. One challenge is the fact that their population is very young, with 50% of the population under the age of 20 years and only 1.1 adults for every Indigenous Australian child compared with three in the non-Indigenous population. This means that there are a large number of Indigenous Australian children and youth who need to be supported by their family and the community if they are to remain in education long enough to be ready to enter the workforce. However, there are only a small number of adults to provide this support and many of them are suffering from the effects of a range of disadvantages.

There is also a very high proportion of births to teenage mothers in the Aboriginal and Torres Strait Islander population. In 2005, 22% of all Indigenous Australian mothers were aged less than 20 years, a rate of 48 per 1,000 women. Non-Indigenous mothers were less likely to be aged less than 20 years, with a rate of 9 per 1,000 women. The high number of young women with children means that these young women do not have the opportunity to finish their education and gain work experience before starting a family. This then has long-term implications for their ability to join the workforce at a later stage and may also impact on the support they can provide to their children.

There are also children with disability who are not specifically covered in the social inclusion indicator framework but are relevant to the discussion of children at risk of long-term disadvantage. In 2003, the ABS estimated that 8% of children aged 0 to 14 years had a disability and that 13% of all Australian families (with children 0 to 14 years) had at least one child with disability.
These families tended to have lower socioeconomic status, labour force participation and income than other families with young children. The ABS also found that about one in five (19%) one-parent families with children aged 0 to 14 years had a child with disability. One-parent families, where the parent had a disability, were also more than twice as likely to have a child with disability (32%) as those where the parent did not have a disability (15%). Children with disability living in one-parent families, and particularly where their parent also has a disability, are at particular risk of disadvantage and social exclusion.

Data development and looking forward
It is important to note that certain data limitations mean this report is not able to give a full account of social inclusion in Australia. No national collections of data exist for some indicators, and so in some cases we have relied on small scale studies which are useful but are not always representative of the experience of the nation as a whole. Data for some indicators are very old. More up to date figures will be available for many of these indicators for future reports as further data is released.

Some factors additional to the ones covered here will need to be considered before we can comprehensively measure the state of social inclusion in Australia. For example, further development of data on multiple and entrenched disadvantage is required.

A broader discussion of social gradients (whereby people from some population groups have poorer life outcomes and lower levels of participation in many aspects of society) will also be required. This report attempts to highlight some of the social gradients that exist. It is envisaged that future reporting will become more comprehensive as a data development strategy is undertaken to improve the availability of suitable data. Future reporting will assist in providing evidence of progress in social inclusion outcomes over time resulting from improved policies and programs as well as the changing economic and social environment.

Locational analyses in future reports will benefit from the availability of more integrated data sources. Currently there is only a very limited amount of data that can be broken down across areas small enough to identify areas of concentrated disadvantage. The SEIFA Index of Relative Disadvantage, which identifies areas of socioeconomic disadvantage in general terms—correlates quite highly to more specific measures of disadvantage. For this reason, SEIFA is a useful tool for identifying locations to focus our attention. However, it also has some shortcomings, notably that it includes some variables which are not direct measures of disadvantage in calculating the index. In future there is considerable scope to improve the range of data available and further inform locational approaches to addressing disadvantage.

When the Board published the Compendium of Social Inclusion Indicators in May 2009, one of the main themes in the feedback was that more discussion of the important link between discrimination and social exclusion was warranted. Given the importance of reducing discrimination in improving social inclusion, the Board recommends that the Government explore the scope to collect national data on perceptions of discrimination.
Social inclusion and discrimination

A common theme in the feedback received by the Board about its publication, A Compendium of Social Inclusion Indicators How’s Australia Faring? (2009), was the critical link between discrimination and social exclusion and the need to include experiences of discrimination as an indicator of social inclusion/exclusion.

Discrimination may take a number of forms. Race discrimination can be based on appearance, ethnicity, culture and faith. People may also feel discriminated against because of their age, a disability or their sexuality. Discrimination directly impacts on many groups that are already at particular risk of social exclusion, such as people from a refugee background and other vulnerable migrants, people from an Aboriginal or Torres Strait Islander background, and people with a disability or mental illness—and is likely to have indirect impacts on the other groups.

Discrimination can reduce people’s participation in a wide range of economic, social and community activities.

It can impact on almost all aspects of a person’s life as employment, income, local neighbourhood and community networks, social supports, access to services, health, and participation in community building activities can all be affected. Evidence suggests that in particular, race-based discrimination leads to ill health, reduced productivity, and reduced life expectancy. It also impacts negatively on families and family life and local communities, with serious social and economic costs.

There is currently no national data on the general population’s perceptions of discrimination or the impacts of discrimination. However, the Australian Human Rights Commission is currently a partner in the Constructing Regionally Appropriate Responses to Racism Project. One of the purposes of the project is to map experiences of racism at the local level across Australia.

The research conducted so far found that:

- around 20% of respondents had experienced forms of race–hate talk (verbal abuse, name-calling, racial slurs, etc),
- around 11% of respondents identified as having experienced race-based exclusion from social activities and/or their workplaces,
- 7% of respondents identified as having experienced unfair treatment, and
- 6% of respondents reported that they had experienced physical abuse or threats to their property based on their race and/or traditional dress.

The ABS collects information about discrimination in the National Aboriginal and Torres Strait Islander Social Survey. In 2002, 18% of Indigenous Australians reported experiencing discrimination as a personal stressor in the 12 months prior to the survey. Other research funded by the Scanlon Foundation and conducted by Monash University has found that one in ten respondents experienced discrimination on the grounds of ethnicity or religion during 2006–07. It also found that around 10% of respondents from non-English speaking backgrounds experienced discrimination on a continuing basis, that is, at least once per month.

Research conducted by Paradies, Harris and Anderson (2008) has indicated that race-based discrimination when accessing primary health care professionals may lead to some Aboriginal and Torres Strait Islander people not being diagnosed and treated for disease in its early stages, when treatment is most effective. This has major implications for Indigenous health as well as for costs on the health care when illness needs to be treated in its later stages.
Social Inclusion
Figure 1: Social inclusion conceptual framework—participation and resources

**Participation**

**Opportunity**
- The ability to participate, i.e. to:
  - Learn
  - Work
  - Engage
  - Have a voice

**Capability**
- Choice
- CapabilityOpportunity

**Resources**

**Individual resources**
- Health
- Life goals/aspirations
- Personal/lifeskills
- Work history/skills
- Educational qualifications
- Income/financial sources
- Social network
- Individual motivations & responsibility

**Family resources**
- Housing
- Home environment
- Family health
- Parental employment
- Family background

**Community resources**
- Infrastructure
- Transport
- Services
- Economic activity
- Environment/safety
- Culture/norms
- Community identification
- Social cohesion
- Communal problem solving
What is social inclusion?

Being socially included means that people have the resources, opportunities and capabilities they need to:

**Learn** (participate in education and training);  
**Work** (participate in employment, unpaid or voluntary work including family and carer responsibilities);  
**Engage** (connect with people, use local services and participate in local, cultural, civic and recreational activities); and  
**Have a voice** (influence decisions that affect them).

Figure 1 opposite shows the interaction between resources, opportunities and capabilities.

Resources refer to the skills and assets people have (or various types of capital, including human, social and economic capital) and can be viewed as relating mostly to individuals, families or communities, although with some continuing interactions between these three levels. Capabilities refer to an individual's ability (or agency) to use resources and opportunities to achieve the outcomes they wish. Opportunities refer to the environment (or structure) that enables individuals to use their capabilities and resources to achieve the outcomes they wish.

The system of resources and participation can be mutually reinforcing. Resources help to support capabilities and opportunities, allowing people to make choices about how they wish to participate in society. In turn, participation, such as in work, training or connecting with friends, can then help to build people’s resources such as work experience, qualifications or support networks, which assists further participation.

Gaps in resources, opportunities and capabilities can lead to people not fully participating in society. Problems can be exacerbated over time as low resources lead to low participation which in turn further reduces resources and participation (for example, people who become deskilled owing to unemployment). Such people can become socially excluded.

The idea of a person ‘having multiple disadvantages’ is a useful operational definition of social exclusion. Operational definitions take abstract conceptual definitions and make them practical. They are often imperfect, as in this case, since ‘having multiple disadvantages’ puts people at risk but does not necessarily lead them to being socially excluded.
Social inclusion principles—everyone’s job

With advice from the Australian Social Inclusion Board, the Australian Government has adopted principles to guide individuals, business and community organisations, and government on how to take a socially inclusive approach to their activities. These can be applied at many levels, from local to national. They include aspirations—what we want to achieve, and approaches—what we might do to get there*.

Aspirations
Reducing disadvantage
Making sure people in need benefit from access to good health, education and other services.

Increasing social, civic and economic participation
Helping everyone get the skills and support they need so they can work and connect with the community, even during hard times.

A greater voice, combined with greater responsibility
Governments and organisations giving people a say in what services they need and how they work, and people taking responsibility to make the best use of the opportunities available.

Approaches
Building on individual and community strengths
Making the most of people’s strengths, including the strengths of Aboriginal and Torres Strait Islander peoples and people from other cultures.

Building partnerships with key stakeholders
Governments, organisations and communities working together to get the best results for people in need.

Developing tailored services
Services working together in new and flexible ways to meet each person’s different needs.

Giving a high priority to early intervention and prevention
Heading off problems by understanding the root causes and intervening early.

Building joined-up services and whole of government(s) solutions
Getting different parts and different levels of government to work together in new and flexible ways to get better outcomes and services for people in need.

Using evidence and integrated data to inform policy
Finding out what programs and services work well and understanding why, so you can share good ideas, keep making improvements and put your effort into the things that work.

Using locational approaches
Working in places where there is a lot of disadvantage, to get to people most in need and to understand how different problems are connected.

Planning for sustainability
Doing things that will help people and communities deal better with problems in the future, as well as solving the problems they face now.

* The Board’s Summary of the Social Inclusion Principles provides further detail on these aspirations and approaches and is available online at www.socialinclusion.gov.au.
The monitoring and reporting framework for social inclusion

With advice from the Board, Commonwealth Government agencies have developed a national Monitoring and Reporting Framework for Social Inclusion (the Framework) to tell the distributional, multidimensional and longitudinal stories of social inclusion.

Development of the Framework involved consulting widely and researching methods of social inclusion measurement, including indicator frameworks used overseas or in other jurisdictions. Initial consultations with a group of leading academics, researchers, policy officers and statistical advisors highlighted options for the overall framework and the advantages and disadvantages of indicators for particular areas. The Board endorses the Framework and recommends it to government for reporting on the progress of social inclusion in Australia.

The Framework is grouped around resources, participation, plus multiple and entrenched disadvantage. The Framework includes headline and supplementary indicators and will be expanded to include strategic change indicators in future. It is intended to provide the baseline picture of social inclusion in Australia as well as being a framework for action, identifying the key areas where governments are working to achieve improvements in the high level outcomes.

Headline indicators are the high level, longer term indicators of outcomes of social inclusion. They are considered to be the most important outcomes in which to analyse trends over time to show whether there has been progress toward achieving social inclusion objectives. There is a relatively small number of headline indicators either to monitor important social inclusion issues or to identify particular vulnerable subgroups of the population. The headline indicators are supported by a set of supplementary indicators, which complement the headlines and provide a fuller picture of the domains. The strategic change indicators to be developed will show areas of government policy intervention which are expected to influence the headline indicators. They could be risk factors for social exclusion, or outputs of government programs aimed at addressing social exclusion. All of the indicators will have a clearly desirable direction of change and so will be able to show whether progress is being made.

While the headline and supplementary indicators of social inclusion will show how Australia is achieving on average at the aggregate level, it is important to disaggregate the indicators by demographic and population groups to show how the indicator is distributed across the population and especially for vulnerable population groups. Some population groups (such as jobless families) are identified by the headline indicators. For other population groups, issues will only be revealed once the indicators have been disaggregated and examined by social and demographic characteristics, such as people with disability or the long-term unemployed. Population subgroups that will be used for analysis and reporting, as appropriate, are:

- age groups
- sex
- Aboriginal and Torres Strait Islander Australians
- jobless households
- the long-term unemployed
- family composition
- people experiencing homelessness
- people with disability
- carers
- people with a migrant background (recent migrants and humanitarian/refugee entrants).

Analysis by location, including areas of low socioeconomic status (according to the ABS SEIFA) and remoteness, is also important to understand how social inclusion outcomes are distributed geographically in Australia. Data is not currently available for all of the indicators and hence they are not all reported in this publication. Similarly, for some indicators further data is required although related information has been reported.

The footnotes to the following table and Appendix D provide further information. The range of issues covered by the indicators is likely to become more comprehensive in future years as the data development strategy proceeds.

The indicators form an important part of strengthened reporting and accountability arrangements that will monitor progress being made in addressing social exclusion in Australia.
The monitoring and reporting framework—Headline and supplementary indicators of social inclusion

### Participation

<table>
<thead>
<tr>
<th>Domains</th>
<th>Headline indicators</th>
<th>Supplementary indicators</th>
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</thead>
</table>
| Work                         | Employment rate  
Employment / population ratio (main working age (15–64 years) & total population (15 years and over))  
Children in jobless families  
Children under 15 years in jobless families (where jobless relates to parents being jobless)  
Long-term income support recipient  
Long-term (12 months) and very long-term (2+ years) full-rate, non-education related, working-age income support payment recipients (including transfers between payments) as proportions of the population aged 15–64 years | Persistent jobless families with children  
Persons in jobless families with children, where the family has been jobless for 12 months or more  
Jobless households  
Persons living in jobless households  
Long-term unemployment  
Long-term unemployment rate |
| Learn                        | Young people not fully engaged in education or work  
Proportion of 15–24 year olds fully engaged in education and/or work  
Year 12 or equivalent attainment  
Proportion of 20–24 year olds attaining Year 12 or Certificate II |                                                                                                                                                      |
| Engage (social participation) | Contacted family/friends  
Proportion of people aged 18 years and over who contacted family/friends in past week  
Participation in community groups  
Proportion of people aged 18 years and over who were involved in a community group in the last 12 months | Got together socially with family/friends  
Proportion of people who got together socially with friends/relatives not living with them in past month (b)  
Voluntary work  
Proportion of people aged 18 years and over who undertook voluntary work in past 12 months  
Participation in community events  
Proportion of people aged 18 years and over who participated in a community event or activity in past 12 months (b) |
| Have a voice (political, civic, community participation) | Participation in citizen engagement activities  
Proportion of people aged 18 years and over who participated in selected citizen engagement activities in the last 12 months (b) |                                                                                                                                                      |

(a) Indicator not included in this report as conceptual and data development required. See Appendix D for more details.
(b) Related information only included in this report as further data required. See Appendix D for more details.
(c) Indicator not included in this report as further data required. See Appendix D for more details.
## Resources

<table>
<thead>
<tr>
<th>Domains</th>
<th>Headline indicators</th>
<th>Supplementary indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Material/ economic resources</strong></td>
<td>Low economic resources and financial stress/ material deprivation Composite measure of low economic resources (to be determined, based on low levels of income, wealth &amp; expenditure, &amp; deprivation) (a)</td>
<td>Low economic resources Proportion of people in households with low income &amp; wealth (bottom 3 deciles of both)</td>
</tr>
<tr>
<td></td>
<td>Persistent low economic resources Low economic resources (as defined above) for 2+ years (a minimum of three time points marking the beginning, middle and end of a two year period) (a)</td>
<td>Financial stress/material deprivation Proportion of population with five or more selected financial stress / deprivation items</td>
</tr>
<tr>
<td></td>
<td>Real change in income for low income households Change in average real equivalised disposable household income of 2nd and 3rd deciles</td>
<td>Relative income inequality Gini coefficient</td>
</tr>
<tr>
<td><strong>Health &amp; disability</strong></td>
<td>People with long-term health conditions affecting their ability to participate in employment Number and employment rate of people with disability (by level of severity) People with mental illness affecting their ability to participate in employment Number and employment rate of people with mental illness (by level of severity) Self-assessed health Proportion of population with fair or poor self-assessed health</td>
<td>Life expectancy Life expectancy (years) Subjective quality of life Proportion of population reporting overall satisfaction with their lives</td>
</tr>
<tr>
<td><strong>Education &amp; skills</strong></td>
<td>Literacy and numeracy Proportion of Year 9 students achieving literacy (reading &amp; writing) &amp; numeracy benchmarks</td>
<td>Poor spoken English Proportion of people aged five years and over who do not speak English well or at all</td>
</tr>
<tr>
<td></td>
<td>Adult literacy/ numeracy Proportion of 15–75 year olds with at least minimum standard of prose literacy and numeracy</td>
<td>Non-school qualifications Proportion of people aged 25–64 years with non-school qualifications</td>
</tr>
<tr>
<td></td>
<td>Early child development Proportion of children in first year of school assessed as “developmentally vulnerable” on two or more domains in Australian Early Development Index (b)</td>
<td></td>
</tr>
</tbody>
</table>

(a) Indicator not included in this report as conceptual and data development required. See Appendix D for more details.
(b) Related information only included in this report as further data required. See Appendix D for more details.
(c) Indicator not included in this report as further data required. See Appendix D for more details.
## Resources

<table>
<thead>
<tr>
<th>Domains</th>
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<th>Supplementary indicators</th>
</tr>
</thead>
</table>
| **Social resources**            | Support from family/friends in time of crisis  
Proportion of people aged 18 years and over who feel that they are able to get support in time of crisis from persons living outside household  
Autonomy—having a voice in the community  
Proportion of people aged 18 years and over who do not feel able to have a say in the community on issues that are important to them  
Access to Internet  
Proportion of people with access to the Internet on home computer | Autonomy—having a voice in family  
Proportion of people aged 18 years and over who do not feel able to have a say in their family on issues that are important to them |
| **Community & institutional resources** | Access to public or private transport  
Proportion of people aged 18 years and over who say they have difficulty accessing public or private transport  
Access to health service providers  
People deferring recommended treatment due to financial barriers (b) | Access to justice services  
Proportion of people aged 18 and over reporting difficulty accessing justice services (a)  
Access to service providers  
Proportion of people aged 18 years and over reporting difficulty accessing services, by type of service and private/public provider (e.g., aged care, child care, employment services) (b)  
Tolerance of diversity  
Acceptance of diverse cultures in local community (b) |
| **Housing**                      | Homelessness  
Proportion of population who are homeless (total and those experiencing primary homelessness (rough sleeping))  
Housing affordability  
Proportion of low income private renter households with housing costs exceeding 30% of household income | Housing affordability  
Number of affordable houses available to purchase per 10,000 low income households (c)  
Repeat homelessness  
Proportion of people experiencing repeat periods of homelessness (b) |
| **Personal safety**              | Feelings of safety  
Proportion of people aged 18 years and over who feel unsafe at home alone or in their local community at night (excluding family violence)  
Children at risk/child protection  
Children aged 0–17 years in substantiations of notifications received during (year) (number and rate per 1000) | Family violence  
Proportion of people experiencing family violence in past 12 months (b)  
Victim of personal crime  
Victims (aged 18 years and over) of selected personal crime  
Victim of household crime  
Victims (aged 18 years and over) of selected household crime |

(a) Indicator not included in this report as conceptual and data development required. See Appendix D for more details.
(b) Related information only included in this report as further data required. See Appendix D for more details.
(c) Indicator not included in this report as further data required. See Appendix D for more details.
## Multiple and entrenched disadvantage

<table>
<thead>
<tr>
<th>Domains</th>
<th>Headline indicators</th>
<th>Supplementary indicators</th>
</tr>
</thead>
</table>
| **Multiple & entrenched  disadvantage** | Multiple disadvantage  
Three or more of six selected areas of disadvantage (covering income, work, health, education, safety & support)  
Entrenched disadvantage  
Three or more disadvantages (as above) for two years or more \(^{(a)}\) | Indicators of multiple disadvantage will be developed appropriate to several life stages, including: children (early childhood and school age), youth, main working age & older persons \(^{(a)}\) |

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(a) Indicator not included in this report as conceptual and data development required. See Appendix D for more details.

(b) Related information only included in this report as further data required. See Appendix D for more details.

(c) Indicator not included in this report as further data required. See Appendix D for more details.
Indicators of Social Inclusion
How Australia is faring
Participation
Employment rate (employment to population ratio)

Key messages:
- The employment rate for both main working age (15–64 years) and total populations has generally been increasing, particularly for women.
- The impact of the downturn is evident in the 2008–09 estimates.

In 2008–09, on average, 79% of men and 67% of women of main working age (15–64 years) were employed. The employment rates for the total population aged 15 years and over were 69% for men and 56% for women.

Over the past decade, the employment rate for both the main working age population and the total population aged 15 and over has generally been increasing. Growth has been particularly strong for women in the total population, with the employment rate increasing from 60% in 1998–99 to 67% in 2008–09.

However, the impacts of the Global Financial Crisis are already being felt with employment rates falling by a percentage point for men in the working age population, and the total population, between 2007–08 and 2008–09.

In 2008–09, there was little difference between main working age employment rates in capital cities (73%) and the rest of the state (72%). However, the difference was greater for the total population aged 15 years and over (63% to 60%).

The employment rate of main working age people born overseas was 69%, about five percentage points lower than for Australian born people.

In 2008, the ABS estimated that just over half (54%) of the Aboriginal and Torres Strait Islander population aged 15 years and over were employed, much lower than the non-indigenous population (73%)\(^2\).

It should also be noted that along with falling employment rates, the underemployment rate has risen. Being underemployed means that people are working part-time but would like more hours. This includes people who are usually employed full-time but have been asked to work part-time due to insufficient work.

In August 2009, the ABS estimated that 7.9% of people in the labour force were underemployed, a sharp rise from the 5.9% low experienced in May 2008 and a higher proportion of women were classified as underemployed (9.7%) compared with men (6.4%).

* People living in the 10% of Census collection districts with the lowest SEIFA Index of Relative Disadvantage score.
In June 2009, 619,000 children under the age of 15 years were living in jobless families, which is 15% of all children of that age.

A jobless family is a family where either a lone parent, or both parents in a couple parent family, are unemployed and/or not in the labour force (not actively looking for work).

Between June 1998 and June 2008, the proportion of children under 15 years in jobless families decreased from 19% to 12%, and then rose sharply to 15% in June 2009. The long fall is likely to reflect the strong aggregate employment performance during the last decade and the recent increase reflects the impact of the Global Financial Crisis on employment in Australia.

The proportion of families with children under 15 years that were jobless was similar at 14% in June 2009.

Recent decreases in employment have affected population groups differently. Between June 2008 and June 2009, the proportion of the population aged 15 to 64 years who have paid work fell from 73.4 to 71.8%, a fall of 1.6 percentage points. But for lone parents the fall was close to 5 percentage points, and for lone parents with youngest child under 5 years, the fall was 8 percentage points.

Of all jobless families with children under 15 years in June 2009, 67% were one-parent families. In 87% of these families the lone parent was not actively looking for work. More than half (56%) of all one-parent jobless families had at least one child under the age of 5 years. This is a much higher proportion than in the general population of families with children under 15 years of age (46%).

About this indicator

Depending on individual circumstances, children living without employed parents or guardians may be at higher risk of financial hardship, and may be without role models of employment to follow. There may also be a risk that children in these families will grow up to be parents in jobless families themselves, creating ‘intergenerational transmission of joblessness’ that undermines both equality of outcomes and equality of opportunity.

There are many definitions of jobless families. The ABS statistics used above define a jobless family as a family with at least one child under the age of 15 years, where both of the parents or a lone parent, are either unemployed or not in the labour force. This measure therefore includes families where the parent/s have chosen not to work, are not actively seeking work, are not available to start work or are unable to work. There may be another person aged 15 years or over in the family who is employed (although this is not common).
Long-term recipients of full-rate income support payments

Key messages:
- At 30 June 2009, 9% of the population aged 15–64 years had been on a full-rate, non-education related income support payment for at least 12 months, with 8% for at least two years.
- Relatively high proportions of Aboriginal and Torres Strait Islander Australians and recent refugees were in receipt of income support for 12 months or more.

In June 2009, almost 1.3 million people aged 15–64 years (working age) had been on a full-rate, non-education related income support payment for at least 12 months. This comprised 9% of the population in this age group. At the same time, over 1.1 million people (8% of the working age population) had been on such payments for at least two years, indicating that the vast majority (89%) of people who were on income support for 12 months or more in June 2009 had been on such support for two years or more.

Of those aged 15–64 years who had been on income support for 12 months or more, 45% were in receipt of the Disability Support Pension (DSP), 16% received Newstart Allowance and 15% received Parenting Payment (Single). The pattern was similar for those who had been on an income support payment for at least two years with a slightly greater proportion receiving the DSP (49%) and slightly smaller proportion receiving Newstart Allowance (13%).

A higher proportion of women (10%) than men (7%) had been receiving income support for 12 months or more.

The proportion of people receiving income support for at least 12 months generally increases with age. For women, 14% of those aged 55–59 years and 24% of those aged 60–64 years had been receiving a full-rate income support payment for at least 12 months, while for men, the proportions were smaller (11% and 16% respectively).

Close to half (48%) of those in receipt of a payment for at least 12 months had a disability. The vast majority of these people were receiving DSP.

Almost one in three (30%) Aboriginal and Torres Strait Islander Australians had been on full-rate income support for at least 12 months, with relatively high proportions of Indigenous people in receipt of DSP, Parenting Payment (Single) and Newstart Allowance.

A relatively high proportion of recent migrants from a refugee background were in receipt of long-term income support. In the last five years,
Australia has settled approximately 65,500 humanitarian entrants (of all ages, not just those aged 15–64 years). Of all people who had been in receipt of income support for at least 12 months, 12,400 had been refugees within the last five years.

The pattern of allowances by age varies for men and women. For women aged 55–64 years, 19% were on long-term income support with 8% receiving the DSP and 8% the Age Pension or a closed off benefit type. For men in the same age group, 13% were on long-term income support with 10% receiving DSP and 2% Newstart Allowance. For younger women, 3% of those aged 25–54 years and 15–24 years were on long-term income support in receipt of Parenting Payment (Single).

Females: Proportion of population in receipt of selected working age income support for at least 12 months by age group, June 2009

Males: Proportion of population in receipt of selected working age income support for at least 12 months by age group, June 2009

Source: Centrelink administrative data
Although there is a headline indicator that specifically discusses children in jobless families, it is also important to examine other household types and entrenched joblessness to identify all those at risk of joblessness and social exclusion.

Data from the Household Income and Labour Dynamics in Australia (HILDA) survey shows that in 2006, 7% of all Australian non-retired households were regarded as jobless\(^*\).

Between 2001 and 2006 there was a decrease in the proportion of jobless households (from 11% to 7%). One-parent families had the highest jobless rate in 2006, but the rate fell sharply over the 2001 to 2006 period, from 33% to 24%. The proportion of people living in one person jobless households also decreased significantly, from 23% in 2001 to 12% in 2006. Over the same period, the proportion of people living in couple-only jobless households was low and fell from 8.2% in 2001 to 4.3% in 2006.

As HILDA is a longitudinal survey, it can follow respondents over time and provides information about how long families and households remain jobless (the persistence of joblessness). Between 2001 and 2006, 16% of all people under the age of 65 years, who were not living in ‘retired households’, were living in a jobless household in at least one of the HILDA surveys, and 10% were in jobless households at the time of interview in two or more of the survey years.

The proportion of children living in households experiencing persistent joblessness varied by their family composition. For example, of children living in couple family households, 11% were living in a jobless household at the time of interview in at least one year between 2001 and 2006 while 6% lived in a jobless household in two or more of the years. These were very low proportions in comparison with children living in one-parent family households where 63% of children were in jobless households at the time of interview in at least one year and 47% had lived in jobless households for two or more of the survey years.

These households may have moved in and out of joblessness over the five years between 2001 and 2006. However, the persistence of joblessness

\(^*\) The HILDA definition of a jobless household is a household where there are no people employed.
can be further measured by looking at those people who remain in jobless households at the time of interview over consecutive years. For example, of all people in a jobless household in 2001, 66% were in jobless households one year later, 50% were in a jobless household three years later and 35% were in a jobless household five years later. This demonstrates that a fairly high proportion of people in jobless households remain in such households for long periods of time.

According to analysis conducted by Headey & Verick33 using HILDA data, between 2001 and 2003 approximately 24% of people aged 25 to 54 in one-parent families were living in jobless households over three surveys, compared with only 1.6% of people of the same age in couple families.

It was also found that a high proportion of people with disability aged 25 to 54 years were in jobless households for the full three years (28%) and that 9% of all children under the age of 15 lived in a jobless households for the three years.

People with disability are most likely to be living in jobless households for long periods of time

Proportion of people aged 25 to 54 years living in jobless households

Source: Headey, B and Verick, S. Jobless Households: longitudinal analysis of the persistence and determinants of joblessness using HILDA data for 2001–03, Melbourne Institute of Applied Economic and Social Research, the University of Melbourne, 2006
Long-term unemployment rate

Key message:

In September 2009, 101,900 people had been unemployed for at least one year, representing 0.9% of the labour force.

In September 2009, there were 664,700 unemployed people in the Australian population over the age of 15 years. People who were unemployed accounted for 5.8% of the labour force. The majority of unemployed people were unemployed for less than a year (85%).

Those who remain unemployed for at least a year (long-term unemployed) are at risk of becoming disconnected from the labour force and possibly socially excluded. In September 2009, there were 101,900 long-term unemployed people representing 0.9% of the labour force. The proportion of long-term unemployed people decreased between September 1999 (1.9%) and September 2008 (0.6%). However, due to the Global Financial Crisis, long-term unemployment rose to 0.9% in September 2009.

Of all people who were unemployed in September 2009, those aged 55–59 years were most likely to have been unemployed for more than a year (28%) compared with 11% of people aged 15–24 years.

In September 2009, 16% of all unemployed men had been unemployed for at least one year compared to 14% of women.

Of all long-term unemployed people, 43% had been unemployed for two years or more.
In 2008, the ABS Survey of Education and Work found that 84% of people aged 15 to 24 years were fully engaged in education or training and/or work. This was a slight increase from 2001 (82%).

Males were more likely to be fully engaged in education and/or work than females (87% and 81% respectively) and those aged 15 to 19 years were more likely to be fully engaged than those aged 20 to 24 years (88% and 81% respectively).

Of all people aged 15 to 19 years, 69% were studying full-time, while 17% were in full-time employment. A very small proportion (1.2%) were studying part-time and working part-time.

Of all people aged 20 to 24 years, 27% were engaged in full-time study while 51% were engaged in full-time employment and 21% were studying part-time and working part-time.

According to the 2006 Census, non-Indigenous Australians aged 15 to 24 years were 1.6 times more likely to be fully engaged in education and/or work than Indigenous Australians. Productivity Commission analysis found that between the 2001 and 2006 Censuses there was an increase in the proportion of Indigenous Australians who were engaged in education and/or work (regardless of full-time or part-time status). For males, the proportion of people who were engaged rose from 69% in 2001 to 75% in 2006. For females, the proportion of people who were engaged rose from 61% in 2001 to 66% in 2006.

About this indicator
Young people who spend extended periods of time outside the workforce and full-time education may miss out on important employment experiences and the development of important skills needed for work. This may lead to a decreased chance of finding employment in the future. It also may mean that these young people are less likely to be gaining opportunities to meet new people and form strong social networks at their school or work. Therefore, increasing the proportion of people aged 15 to 24 years who are in education or work, is likely to assist in increasing young peoples' resources and attachment to their community leading to improved social inclusion.

People who were regarded as ‘fully engaged’ in the analysis of the Survey of Education and Work were either in:
> full-time education and training, or
> full-time work, or
> part-time education and training, and part-time work.

The Council of Australian Governments (COAG), as part of the National Education Agreement, have used a similar indicator to assist in measuring progress towards their aim of increasing the number of young people making a successful transition from school to work and further study.

The Productivity Commission’s analysis of the Census defines engagement as people who are in education and/or employment, regardless of part-time status.

Key messages:
河水 84% of people aged 15 to 24 years were fully engaged in education and/or employment
河水 The proportion of Aboriginal and Torres Strait Islander Australians engaged in education and/or employment increased between 2001 and 2006
Proportion of people aged 20 to 24 years attaining Year 12 or Certificate II qualification

Key message:

The proportion of people aged 20 to 24 who attained at least a Year 12 or Certificate II qualification has increased from 79% in 2001 to 84% in 2008.

According to the ABS Survey of Education and Work, the proportion of people aged 20 to 24 who have completed Year 12 (or equivalent) or attained at Certificate II level or above has increased over recent years, rising from 79% in 2001 to 84% in 2008.

In 2008, a higher proportion of females had completed Year 12 or Certificate II or above (87%) than males (81%) and there was a greater percentage point increase in the proportion of females who had completed Year 12 since 2001 (6.7%) than males (3.6%).

People aged 20 to 24 years who were unemployed were less likely to have completed Year 12 or Certificate II or above than those who were employed (72% and 86% respectively).17

A higher proportion of people aged 20 to 24 who were born in non-English speaking countries had completed Year 12 or Certificate II (53%) than people born in other English speaking countries (84%) and people born in Australia (83%).18

The 2006 Census found that a much lower proportion of Aboriginal and Torres Strait Islander people aged 20 to 24 reported having completed Year 12* or Certificate II (47%) compared with non-Indigenous Australians of the same age (84%).19

The Census also shows that in 2006, of people aged 20 to 24 years who were living in areas of high socioeconomic disadvantage (bottom 20% of all collection districts with a SEIFA IRSD score), only 72% had completed at least Year 12 or Certificate II. This was much lower than the 92% of people who had completed at least Year 12 or Certificate II and were living in the least disadvantaged areas (top 20% of all areas with a SEIFA Index of Relative Socio-Economic Disadvantage (IRSD score))20.

A smaller proportion of 20 to 24 year olds completed Year 12 or attained a Certificate II in areas of high socioeconomic disadvantage compared with areas of least socioeconomic disadvantage.

Proportion of people aged 20 to 24 years who attained at least Year 12 or Certificate II, by the SEIFA IRSD, 2006

Source: ABS, Census of Population and Housing 2006, unpublished data

* All census data includes people aged 20–24 years who have completed Year 12 or Certificate II or above (includes “Certificate I or II not further defined” but excludes people with a “Certificate not further defined” and people whose level of non-school qualification could not be determined).

† See the glossary for a definition of how areas of high and low socioeconomic disadvantage are determined.

About this indicator

Participating in schooling and completing a Year 12 or Certificate II assists people to find employment, participate in community activities and improve their wellbeing. Therefore, it is an important indicator of social inclusion. Education provides a pathway out of disadvantage, particularly for people in low socioeconomic groups.

The data above is obtained from the ABS Surveys of Education and Work (2001 to 2008) and the 2006 Census of Population and Housing. Both data sources include people who have identified as having attained Year 12 or Certificate II or above.
Proportion of people who contacted family and friends in the past week

**Key messages:**
- About 96% Australians have contact with friends and family outside the household at least once a week.
- People not proficient in English and those with poor health were the least likely to have had contact with family and friends at least once a week.

According to the 2006 General Social Survey, 96% of Australians aged 18 years and over had contact with family or friends who did not live with them, at least once a week.

Men (95%) were less likely than women (97%) to have weekly contact with friends or family outside the home and people aged 45 to 54 years were less likely to have weekly contact than any other age group (94%).

Weekly contact with friends and family also differed with self-assessed health. Over 97% of people who had excellent health saw friends or family at least weekly compared with 92% of people with poor health.

Of people who were born overseas and not proficient in English, 88% saw friends and family at least weekly compared with 92% of those born in non-English speaking countries but proficient in English, and 97% of people born in Australia.

The proportion of unemployed people who had weekly contact with friends or family (94%) was lower than for employed people (97%). This difference was most likely due to the fact that the workplace provides opportunities to make friends and have meaningful social interactions.

However, it is interesting to note that in families where there was no employed person (‘jobless families’), those living in couple families with dependent children were less likely to have contact with friends or family at least weekly (92%) than jobless one-parent families with dependent children (96%). In fact, jobless one-parent families with dependent children were almost as likely to have had contact with friends and family as both one-parent families and couple families with dependent children where there was an employed person (97%).

People with a disability were slightly less likely to have contact with friends and family at least once a week (95%) than those without a disability (96%). Interestingly, people who had a disability that restricted their employment or schooling but did not restrict other daily activities were the least likely to have seen friends or family at least weekly (92%)†.

† For a definition of disability and the disability scale see the Glossary.
The proportion of people involved in a community group in the last 12 months

Key messages:

- Almost three-quarters of the population were involved in at least one community group in 2006.
- Community group participation decreases for people with poorer self-assessed health and increases with income.

In 2006, the ABS General Social Survey found that 63% of the Australian population aged 18 years and over were actively involved in a social group within their community in the previous 12 months. 33% were involved in community support groups and 19% were involved in civic and political groups. 72% of the population were involved in at least one group, either social, community support or civic and political.

The main sorts of groups people participated in were sport/physical recreation groups (34%), social clubs providing restaurants or bars (20%), and religious or spiritual groups (20%).

Participation in at least one community group remains relatively high for people aged up to about 75 years of age and then declines strongly. People of different ages participate in different types of community groups. For example, people aged 35 to 44 years were more likely to be involved in a community support group (42%) than any other age group and participation declines fairly strongly after that age. Participation in civic and political groups increased until people were aged between 45 and 54 years (24%) and then decreased again, while the proportion of people participating in social groups was high until the age of 75 and then declined fairly dramatically in the older age groups.

Women were slightly more likely than men to be involved in at least one community group (73% to 71%), although women were much more likely to be involved in a community support group (39% to 27%) and men were more likely to be involved in a civic or political group (20% compared with 17%).

People born in non-English speaking countries and not proficient in English were much less likely to be involved in at least one community group (53%) compared with those proficient in English (69%), those born in Australia (73%) and those born in other English speaking countries (75%). The differences were greatest for participation in community support groups, with those born in Australia were three times more likely to be involved in a community support group (36%).

About this indicator

Being involved in a community group provides networks, friendships and the feeling of being part of the community. It can also provide new skills.

The data discussed above is from the ABS 2006 General Social Survey. Social groups include sporting, arts, religious, craft or hobby, adult education, recreation or special interest groups, ethnic/multicultural clubs and social clubs providing restaurants or bars. Community support groups encompass service clubs, welfare/community organisations, groups related to education, parenting, health promotion and support, emergency services and international aid and development. Civic and political groups include trade unions, professional associations, political parties, environmental or animal welfare groups, human and civil rights groups, bodies corporate or tenants’ association and consumer organisations. Here we have used the term ‘community group’ to refer to any one of social group, community support group, or civic and political group.
than a person born overseas and not proficient in English (12%).

Participation in at least one community group decreased with self-assessed health. Less than half (49%) of those with poor self-assessed health were involved in at least one community group compared with 77% of those with excellent health. The same pattern was evident in each of the types of community groups.

Participation in at least one community group increased with income. Four in five (80%) people living in households in the top income* quintile (the top 20% of all household incomes) were involved in a community group compared to 61% in the bottom income quintile (the bottom 20% of all household incomes). Again, the same pattern was evident for each of the types of community groups, but the difference was greatest for civic and political groups.

People in inner regional areas were slightly more likely to be involved in at least one community group (74%) compared with those living in major cities (71%) or in other areas (72%).

Three quarters of employed people were involved in at least one community group compared to 68% of the unemployed and 65% of those not in the labour force.

60% of those living in the most disadvantaged regions participated in at least one community group, compared with 81% of those in the least disadvantaged regions†.

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* The income measure discussed here is gross weekly equivalised household income. For more information on equivalised household income, see the Glossary.

† Most disadvantaged regions refers to the 10% of Census collection districts with the lowest scores on the SEIFA Index of Relative Socioeconomic Disadvantage. Least disadvantaged regions refers to the 10% of Census collection districts with the highest scores on the same index.
Proportion of people who met socially with friends in the previous three months

Key messages:

- In 2006, a very high proportion (95%) of the Australian population aged 18 years and over had met socially with friends in the previous three months
- People with poor health or a profound disability were the least likely to have met socially with friends

In 2006, the ABS General Social Survey found that a very high proportion (95%) of Australians aged 18 years and over had met socially with friends who did not live with them in the three months prior to the survey.

People in older age groups were less likely to have met socially than people in younger age groups. For example, 98% of people aged 18 to 24 years had met socially with friends compared to 91% of people aged 65 years and over.

A lower proportion of people who reported their health as poor had met socially with friends (84%) compared with those who reported having very good health (98%). There was also a difference between the proportion of people who had a profound disability and had met socially with friends (86%) and those with a disability that did not restrict their daily activities (94%) and those without a disability (97%).

People living in jobless* couple families with dependent children were less likely to have met socially with friends (83%) than people living in jobless one-parent families with dependent children (93%) and people living in couple families with dependent children who were not jobless (97%). People living in jobless one-parent families with dependent children were only slightly less likely to have met socially with friends than people in one-parent families who were not jobless (93% and 96% respectively).

Almost all people living in households with high income (the top 20% of all household incomes)† had met socially with friends in the previous three months (99%). This was a much higher proportion than those living in households with low income (the bottom 20% of all households incomes) (89%).

* Jobless families are families where there was no employed person.
† The income discussed here is gross weekly equivalised household income, for more information on equivalised household income see the Glossary.
Proportion of people who undertook voluntary work in the past 12 months

Key messages:

- In 2006, just over one-third (35%) of the population participated in voluntary work
- Women, those aged 35 to 54 years, those who work part-time and those who have dependent children are the most likely to volunteer

In 2006, 35% of the population undertook voluntary work during the previous 12 months. Fundraising/sales was the most common type of voluntary work. Women (36%) were more likely to do voluntary work than men (32%) and people aged between 35 and 54 years were most likely to undertake voluntary work.

As with other social participation and engagement variables, the degree of volunteering decreased with income and self-assessed health status, but the differences between groups were not as strong as for some of the other indicators. Those born in non-English speaking countries were less likely to volunteer (26%) although there was a significant difference between those proficient in English (29%) and those who were not (13%).

People in regional and other areas (39%) were more likely to volunteer than those living in cities (32%).

Employed people (37%) were more likely to do voluntary work than those who were unemployed (26%) or retired (29%). Part-timers (44%) were more likely to do voluntary work than their full-time colleagues (34%). People in families with dependent children (45% in couples and 39% in one-parent families) were more likely to volunteer than those without children. This is not unexpected as parents are likely to be involved with school, sport and other activities with their children.

According to the 2002 National Aboriginal and Torres Strait Islander Social Survey, 28% of the Indigenous Australian population had participated in voluntary work in the 12 months prior to the survey.41

People aged 35 to 54 years are most likely to volunteer

Proportion of Australians who volunteer by age group, 2006

People in families with children are most likely to volunteer

Proportion of people who volunteer by household composition, 2006

About this indicator

The indicator provides information on support for and involvement in the wider community. Volunteering also allows people to develop friendships, networks and skills. A higher level of volunteering is likely to indicate greater community connectedness and social inclusion.

The ABS General Social Survey conducted in 2006 asked whether a person had undertaken voluntary work in the previous 12 months. The data excludes those people who were compelled to do voluntary work because of employment or study commitments, for example, Work for the Dole.
Proportion of people who participated in a community event or activity in the past six months

Key messages:

✦ In 2006, about two-thirds of the Australian population over the age of 18 years had attended a community event

✦ People who had poor self-assessed health and people born overseas who were not proficient in English were the least likely to have attended a community event

In 2006, the ABS General Social Survey found that 64% of people aged 18 years and over had attended a community event, such as a fete, show or festival, in the six months prior to the survey.

People over the age of 65 years were less likely to have attended a community event (50%) than people in younger age groups, particularly people aged 18 to 24 years (70%) and 35 to 44 years (71%).

People who were born overseas in non-English speaking countries were much less likely to have attended a community event (58%) than people born overseas in mainly English speaking countries (68%) and people born in Australia (66%). A particularly low proportion of people born overseas who were not proficient in English reported attending community events (42%).

People living in a jobless family* with dependent children were also much less likely to have attended a community event (57%) than those in families who were not jobless (74%). However, it is interesting to note that people in couple parent jobless families were less likely to have attended a community event (50%) than people who were living in one-parent jobless families (63%).

There was a large difference in the proportion of people who had attended a community event and the amount of income a household reported†. Only 52% of people living in households with low incomes (in the bottom 20% of all household incomes) had attended a community event compared with 75% of people with high household income (in the top 20% of all household incomes). Similarly, a low proportion of people who reported having poor health had attended a community event (40%) compared with people who reported their health as very good or excellent (70%).

About this indicator

Attendance at community events is a good indication of how welcome people feel in their community as well as how many people are involved in, or connected to community groups. Attendance at events like fetes, shows and festivals can bring the community together and foster social inclusion by raising funds for local charities, acknowledging the achievements of community groups, encouraging children to perform or display their learning, and raising awareness of community issues.

The data discussed above is from the ABS 2006 General Social Survey. The survey asked respondents if they had 'attended any events that bring people together such as fetes, shows, festivals or other community events', in the six months prior to the survey. Further data development will be needed to capture the proportion of people who attend a community event over a 12 month period.

* Jobless families are families where there was no employed person.
† The income discussed here is gross weekly equivalised household income, for more information on equivalised household income see the Glossary.
Participation in citizen engagement activities

Key message:

Just over half of Victorians participated in selected citizen engagement activities in 2007. There was higher engagement in country areas than in metropolitan areas.

This indicator requires further development as data for the whole of Australia is not currently available. However, Community Indicators Victoria (CIV) has developed a citizen engagement indicator as part of its Community Indicators Framework.

The citizen engagement indicator is derived from information collected in the 2007 CIV Survey of 24,000 Victorians.

The survey asked people whether they had done any of the following in the previous 12 months:
- attended a town meeting, public hearing or public affairs discussion group;
- met with, called or sent a letter to any local politician;
- joined a protest or demonstration; or
- signed a petition.

The indicator is based on ‘yes’ responses to any one of these.

In 2007, in Victoria, 54% of the population aged 18 years and over participated in selected citizen engagement activities in the previous 12 months. There was higher engagement in country areas (66%) compared to metropolitan areas (49%).

The CIV project estimated citizen engagement rates in each of Victoria’s Local Government Areas. Rates of citizen engagement ranged from 35% to 84%, indicating very large differences in the level of citizen engagement between local areas.

Women and men had similar rates of participation in citizen engagement activities (54% and 53% respectively) and engagement was highest among people who were 35–54 years old (59%) followed by those 55 and over (56%) and 18–34 year olds (46%). The same patterns were evident in both metropolitan and country Victoria.

Areas with high levels of citizen engagement also had a high proportion of people feeling part of the community, helping by volunteering, and had a high proportion of people with a high level of subjective wellbeing.

About this indicator

Citizen or community engagement is about involving the community in the decision making process and is critical in the successful development of acceptable policies and decisions in government, the private sector and the community.

Further data development is needed to produce national information for this indicator.
Indicators of Social Inclusion
How Australia is faring

Resources
Proportion of people in households with low income and low wealth

Key messages:

- In 2005–06, more than one in eight people lived in households with low income and low wealth.
- Half of people living in one-parent households had low income and low wealth.

In 2005–06, 13% of people (more than one in eight) lived in households that were in the bottom three deciles for both income and wealth*. This was fairly stable compared with 2003–04.43

Half of people living in one-parent households had low income and low wealth (50%). People living alone were more likely than average to have low income and low wealth (20%).

More than one-third (35%) of people living in households where no one had a job had low income and low wealth. Of people living in households where the reference person† (the head of the household) was unemployed, 72% had low income and low wealth, compared with 30% of households where the head was not in the labour force and 6% of those where the head was employed.

People living in households where the head was under 45 years of age were more likely than average to have low income and low wealth, particularly those where the head was aged under 25 years (30%).

Whether or not a person lived in a household where the head was born in Australia did not impact significantly on their risk of having low income and low wealth, although people in households where the head had arrived in Australia in the previous five years were more likely to have low income and low wealth (23%) than those who arrived prior to 2001 (12%).

About this indicator

Households which have both low income and low wealth are at risk of social exclusion because they have low economic resources to support their daily living. A combined measure of economic resources that includes both income and wealth is considered superior to each measure separately as a household with low income may have access to assets on which to draw.

The indicator is derived using the ABS Survey of Income and Housing conducted in 2005–06. The number of people living in households in the bottom three deciles of both equivalised disposable household income and equivalised household net worth is given as a proportion of all people.

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* Wealth in this publication refers to household net worth, that is the extent to which household assets (including own home, investment properties, business assets, superannuation and other financial assets) exceed liabilities (including mortgages, other loans and credit card debt).

† For explanation of the reference person in a survey, see the Glossary.
Proportion of people in households with high financial stress

Key message:

In 2003–04, about one in eight people lived in households in high financial stress, including more than 40% of people in one-parent families with children.

In 2003–04, 13% of the population were in households in high financial stress (that is, they reported five or more individual financial stress indicators—see About the Indicator for more detail). This was the same proportion as in 1998–99. Close to one-third of the people in these households were children aged 0 to 14 years in 2003–04.

In 2003–04, over 40% of those in one-parent families were in high financial stress, while 15% of people living alone aged under 35 years and 18% of those aged between 35 and 64 years had high financial stress. People in couple families with dependent children had rates of high financial stress close to the average (12%), while only about 5% of people in couple families without children and people living alone aged over 65 had high financial stress.

The proportion of people in financially stressed households decreased as the age of the household reference person (the head of the household) increased. Almost one-fifth (19%) of people in households headed by a 15–24 year old were in financial stress compared to 6% of those headed by a person aged 65 or over.

In households where the head was unemployed, 44% of people were in financial stress compared with 21% where the head was not in the labour force. Almost one-quarter (22%) of people in households where no one had a job were financially stressed. It should be noted, however, that having a job does not fully protect a household from high financial stress, as 9% of people in households where the head was employed were still experiencing high financial stress.

Not surprisingly, people in low income households (that is, the bottom income quintile or the lowest 20% of all household incomes adjusting for household composition) were more likely to be in financial stress (28%) than those in high income households (the top 20% of all household incomes) (1%).

About this indicator

While low income is one factor leading to social exclusion, ABS analysis has shown that having low income does not necessarily indicate high financial stress and that some higher income households also suffer financial stress. Understanding how many people are in high financial stress can give an indication of those most likely to be facing financial difficulties and provides a broader picture when examining the impact of resources on social exclusion.

In the 1998–99 and 2003–04 Household Expenditure Surveys, the ABS asked questions about cash flow problems and aspects of deprivation. High financial stress describes the proportion of people whose household reported an incidence of five or more individual financial stress indicators (out of a total of 15) in the previous 12 months. These included being unable to pay certain bills on time, whether they could not afford activities such as a night out once a fortnight, or a special meal once a week; or whether they had gone without food or heating because of a shortage of money.

* For explanation of the reference person in a survey, see the Glossary.
† For more information about income quintiles see the Glossary.
The average real disposable equivalised income of households in the 2nd and 3rd deciles of the income distribution increased over the 13 years to 2007–08 by 48%. Growth was particularly strong from 2002–03 onwards when incomes grew by up to 8% per year. Increasing real incomes for low income households implies that these households are improving their spending capacity.

However, the increase for low income households has been less than the increase in the average income for households in the middle quintile, which increased by 52% over the same time period. Similarly, the share of total income going to households in the 2nd and 3rd deciles fell slightly (10.8% in 1994–95 to 10.1% in 2007–08). This demonstrates that there is widening inequality between low income and middle income households.

In 2007–08, 31% of people in low income households had wages and salaries as their main source of income, while 55% received their main income from government pensions and allowances, and 14% had income coming from other sources such as unincorporated businesses.

Of all people living in one-parent families with dependent children, 34% were living in low income households. This was a high proportion compared with people living in couple families with dependent children (19%).

A high proportion of people living in couple only families, where at least one person was aged over 65 years, were in low income households (49%). Similarly, a high proportion of people living in households where there were no employed people (and there was at least one person who was actively looking for work) were also in low income households (37%).

Studies of income and expenditure have shown that households in the bottom income decile tend to have average expenditure levels that are comparable to those households with much higher income levels. This suggests that these households have access to economic resources such as wealth, or that the instance of low or negative income is temporary. It can therefore be concluded that many of the households in the lowest income decile are unlikely to be suffering extremely low levels of economic well-being. For this reason the ABS uses households in the second and third income deciles as a ‘more representative group’ of ‘low income households’ for analysis of their characteristics and changing economic circumstances.

* For a definition of equivalised income and income deciles see the Glossary.
Relative income inequality

Key message:

- Income inequality increased slightly between 1994–95 and 2007–08
- Australia’s level of income inequality is slightly higher than the OECD and EU averages

The Gini coefficient is widely used as a summary measure of income inequality. It takes a value between zero and one, with values closer to one indicating a more unequal income distribution.

Income inequality (for equivalised household disposable income) changed only slightly over the period 1994–95 to 2005–06 in Australia. However, there was an increase in inequality between 2005–06 and 2007–08. The ABS notes that the increase over the whole period was probably statistically significant.

Australia’s income inequality was slightly higher than the EU and OECD averages. In 2007–08, the Gini coefficient for Australia was 0.331 while in 2007 the EU average was 0.30047. The Gini coefficient for the OECD was estimated at 0.31 in the mid-2000s.

Other measures of income inequality such as the ratio of total income received by people in the top 20% of incomes compared to that received by people in the bottom 20% of incomes show that income inequality has remained fairly constant and similar to the EU average over the past decade.

![Graph showing income inequality has increased slightly over the past decade.](source: ABS, Household Income and Income Distribution, Australia, cat no. 6523.0, 2007–08)

About this indicator

Generally speaking, increasing income equality indicates progress to a more inclusive society. However, a single summary measure can mask changes in income inequality among different income groups, for example where both the rich and poor are improving their situation but middle income earners have a reduced income share.

To fully assess changes in income inequality it is important to look at the shape of the income distribution curve.

The Gini coefficient is estimated on equivalised household disposable income using the ABS income surveys from 1994–95 to 2007–08. The Gini coefficient is a widely used summary measure of income inequality. It is particularly useful for examining changes in income inequality over time. It assesses the full income distribution, unlike other indicators such as the ratio of the income share of the top quintile compared to the bottom quintile.

Estimates presented for 2007–08 are not directly comparable with estimates for previous cycles due to the improvements made to measuring incomes introduced in the 2007–08 cycle. Estimates for 2003–04 and 2005–06 have been recompiled to reflect the new measures of income, however not all components introduced are available to present the years on a comparable basis.
Key message:

 электро 

 \( \text{Less than half (49\%) of all people with disability aged between 15 and 64 years were employed in 2003, compared with 77\% of those without disability} \)

 \( \text{In 2006–07, 61\% of people using disability employment services found employment, but people with a physical or psychiatric disability as well as Aboriginal and Torres Strait Islander Australians and those born in non-English speaking countries have poorer outcomes} \)

 The most recent ABS Survey of Disability, Ageing, and Carers, conducted in 2003, found that one in five, or almost four million Australians, reported they had a disability. Disability is defined as any limitation, restriction or impairment which has lasted, or is likely to last, for at least six months and restricts everyday activities.

 Of people in the main working age population (between 15 and 64 years), 17\% (or 2.2 million people) reported having a disability. Less than half of the people with disability in this age group were employed (49\% or just over one million people), a relatively low proportion when compared with those who did not have a disability (77\%).

 Generally the proportion of people in employment decreases as the severity of core activity limitation increases. There are four levels of activity limitation: profound, severe, moderate and mild. These levels are related to whether a person needs assistance, has difficulty with, or uses aids/equipment to perform core activities such as self-care, mobility and communication. In 2003, only 13\% of those with a profound limitation were employed compared with 32\% of people with severe limitation, 44\% with moderate limitation and 47\% with mild limitation.

 Those employed with disability were more likely to work part-time than those without a disability (37\% and 29\% respectively) and over half (57\%) of all people with disability who were employed reported that they had an employment restriction, e.g. restricted work hours or special equipment but did not have any restrictions on their core activities.

 The 2006–07 Disability Services Census found that 82,800 people accessed disability employment services. A total of 50,500 people who used these services found employment through the services for some or all of 2006–07. This equates to 61\% of all people who used employment services.

 People with an intellectual disability were more likely to have been employed (84\%), whereas people with a physical disability and those with a psychiatric disability faced the greatest challenges in obtaining employment.

 Only 40\% of people with a physical disability and 47\% with a psychiatric disability found employment.

 People who had used disability employment services and were Aboriginal and Torres Strait Islander Australians or born in non-English speaking countries had poorer employment outcomes (46\% and 41\% respectively).

 As disabilities become more severe the proportion of people in employment decreases

 Proportion of people with disability who were employed by disability status, 2003

 %

 \[ \begin{array}{c}
 \text{Profound} & \text{Severe} & \text{Moderate} & \text{Mild} & \text{No reported disability} \\
 \hline
 0 & 20 & 40 & 60 & 80 \\
 \hline
 100 & & & & \\
 \end{array} \]

 Source: ABS, Survey of Disability, Ageing and Carers, cat. no. 4430.0, 2003

 Other indicators of social inclusion show that people with disability have more difficulty accessing transport and services (including employment services) than the general population. Accessing these services may influence a person’s ability to find and keep a job and therefore may also contribute to the lower proportion of people with moderate or mild activity limitation participating in the work force. It also illustrates the multiple disadvantages people with disability can encounter.
Number and employment rate of people with mental illness

Key message:

- In 2007, over three million people aged 16 to 64 years had symptoms of a mental disorder in the previous 12 months
- Just over half (55%) of those with a severe mental disorder were employed

The 2007 National Survey of Mental Health and Wellbeing found that 22% of people aged 16 to 64 years met criteria for common or high prevalence mental disorders (anxiety, affective and substance use disorders) in the previous 12 months.

Population groups with a relatively high proportion of people who had a mental disorder in the previous 12 months included people aged 16 to 34 years (26%), people living in one-parent households (34%), one-person (29%) households and people living in low income households.*

Experiencing mental illness can have an impact on people’s ability to work, particularly as the severity of a mental illness increases. In 2007, 70% of people with a mental disorder aged 16 to 64 years were employed (just over two million people), compared with 77% of people who did not have a mental disorder.

Employment varied significantly by the severity of the mental disorder. Of those with a mental disorder defined as ‘mild’, 78% of people were employed. The proportion of people who were employed with a ‘moderate’ disorder was 67%, while only 55% of those with a ‘severe’ disorder were employed†.

Data on low prevalence disorders, including schizophrenia and other psychotic disorders was not collected through the 2007 survey. The employment rate for these individuals is well documented as far lower with the 1997–98 survey of low prevalence mental disorders finding that 72% of people with psychotic illness were unemployed§.

About this indicator

Mental illness interferes with people’s lives in different ways and to different degrees. Sometimes it can make it difficult to obtain and maintain work, putting individuals at higher risk of socioeconomic disadvantage as well as losing connections with the networks and skills that can be built through work.

The data discussed above is from the 2007 Mental Health and Wellbeing Survey, a household survey of the Australian population conducted by the ABS. People described above as having a mental disorder met the diagnostic criteria for one of the more common or high prevalence mental disorders, namely anxiety, affective and substance use disorders in the 12 months prior to interview. Those described as not having a mental disorder were people who never met the criteria for diagnosis of a lifetime mental disorder, or met the criteria but did not have symptoms in the 12 months prior to interview.

For information regarding the definition of the different severity levels and how they were calculated, see the Glossary and/or the ABS publication National Survey of Mental Health and Wellbeing: Users’ Guide, cat. no. 4327.0, 2007.

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* Low income households are households with an equivalised weekly household income in the bottom 20% of all Australian households (the bottom quintile). For more information see the Glossary.

† For more information on the scale of severity for mental disorders see the Glossary.
Proportion of the population with fair or poor self-assessed health

Key message:
- Poor health is strongly related to age and low income
- People in jobless families and those born in non-English speaking countries are much more likely to have poorer health outcomes
- People with poor health are more likely to have difficulties accessing transport and service providers

According to the 2006 ABS General Social Survey, 16% of the population aged 18 years and over reported that their health was fair or poor. This was almost unchanged from 2002. Women were slightly more likely than men to report fair or poor health.

Self-assessed health declines markedly with age. For example, 7% of 18–24 year olds experienced fair or poor health compared with 27% of 65–74 year olds.

Conversely, self-assessed health improves strongly with income. Of those in the lowest income quintile (the bottom 20% of all gross weekly equivalised household incomes)*, 35% report fair or poor health compared with only 7% in the highest quintile (the top 20% of all incomes).

Poorer health outcomes are more likely in one-parent families (15%) compared with couple families (8%). Around one-quarter of people in jobless families report fair or poor health, as do 18% of unemployed people.

People born in non-English speaking countries were more likely than the general population to have fair or poor health. This is particularly marked if they are not proficient in spoken English (36%).

Aboriginal and Torres Strait Islander people were also more likely to have fair or poor self-assessed health. In 2008 (after adjusting for differences in age structure), Indigenous Australians aged 15 years and over were found to be almost twice as likely as non-Indigenous Australians to report their health as fair or poor.

People with poor health were much more likely than the general population to have difficulty with transport (18% compared with 4%) and with accessing service providers (41% compared with 22%).

About this indicator
There are high rates of physical and mental ill-health among groups most likely to suffer multiple disadvantages and be socially excluded. Poor health outcomes can result in poor labour market outcomes and affect family relationships, child development and other social outcomes. In addition, people who suffer from low levels of resources can have poor health. The reinforcing nature of these impacts can lead to entrenched disadvantage.

Self-assessed health status was collected as part of the ABS General Social Surveys collected in 2002 and 2006.

* For a definition of income quintiles see the Glossary.
Life expectancy

Key messages:
- Australia’s life expectancy is one of the highest in the world and has been increasing steadily
- The life expectancy of Aboriginal and Torres Strait Islander Australians is 10 to 12 years less than the non-Indigenous population

In 2007, life expectancy at birth of Australian women was 84 years, and for men it was 79 years. Australian life expectancy at birth has continued to increase, with an additional three years added in the decade from 1997 to 2007. Women tend to live longer than men but in recent years the gap between life expectancy for men and women has narrowed.

The ABS has produced experimental estimates of Aboriginal and Torres Strait Islander Australian life expectancy at birth for 2005–07. The life expectancy at birth of an Indigenous Australian boy born between 2005 and 2007 was 67 years. An Indigenous Australian girl born at the same time was expected to live 73 years. Australians have one of the longest life expectancies in the world. According to OECD data, in 2005 Australian men ranked 4th in terms of life expectancy at birth while women ranked 6th.

While life expectancy is likely to continue to improve in coming years, there is some debate about the potential for future gains. The Health Adjusted Life Expectancy is a measure that examines the number of disability and disease-free years a person is likely to experience. In 2003, this was estimated to be 75 years for women and 71 years for men. This means that women, on average, will spend nine years living with disability or disease and men will spend an average of eight years. The Health Adjusted Life Expectancy for both Australian men and women is one of the highest in the world.

About this indicator
Life expectancy at birth is a measure of how long someone born in a particular year might expect to live if mortality patterns for that year remained unchanged over their lifetime. It is one of the most widely used indicators of population health. It focuses on length of life rather than its quality, but provides a useful summary of the health of the population.

Health adjusted life expectancy (HALE) is a measure of population health. In contrast to conventional life expectancy, which considers all years as equal, to calculate HALE, years of life are weighted by health status. Traditional life expectancy and HALE figures can be compared to estimate the burden of ill health. The World Health Organization produces HALE estimates on an infrequent basis.
Subjective quality of life

Key message:

 Australians are on average very satisfied with their lives, particularly older people and youth.

The HILDA survey collects information on quality of life by asking respondents the following question, “All things considered, how satisfied are you with your life?” On a scale of 0 to 10, with 10 being the most satisfied, the average score remained fairly steady at about 8 over the period from 2001 to 2006. This indicates a relatively high level of life satisfaction and is consistent with international studies where Australia ranks highly on measures of life satisfaction57. Women were slightly more satisfied with their lives than men (7.9 and 7.8 respectively in 2006).

In 2006, men aged 35–44 years had the lowest life satisfaction (7.4). Both men and women between 25 and 54 years had scores below the average. The 2001 National Health Survey (NHS) measured quality of life in a different way but showed a similar pattern. However, the survey also showed that life satisfaction decreased after the age of 85 years58. The HILDA survey showed that people in couples were more satisfied with life than those who were single and people with resident children were less satisfied than those without resident children. The group with the lowest satisfaction was one-parent fathers (7.0). Unemployed people were much less satisfied with life (7.3) than those who were employed, but for those who were working, satisfaction decreased as hours worked increased (8.2 for less than 15 hours worked per week to 7.6 for 55+ hours worked for men).

People living in major cities (7.8) were marginally less satisfied with life compared with those living in regional (8.0) and remote areas (8.1).

According to the HILDA survey, life satisfaction increased slightly as income increased (7.8 for people in the bottom 20% of incomes compared to 8.0 for people in the top 20%). In the NHS, the same trend was evident with the differences more pronounced.

The NHS, again using a different measure, found that the proportion of people without non-school qualifications who were satisfied was lower (73%) than for those who had qualifications (78%) and that more than half (54%) of people with mental or behavioural problems were not satisfied with life.
Proportion of Year 9 students reaching the national minimum standards for literacy and numeracy

Key message:

- Overall, about 90% of students reached the national minimum standards for literacy and numeracy in 2009, but Aboriginal and Torres Strait Islander students and remote students did not do as well.
- Literacy and numeracy results are related to the education and occupation of parents.

In the 2009 National Assessment Program-Literacy and Numeracy (NAPLAN) testing, 92% of Year 9 students met the national minimum standard for reading, while 95% reached the numeracy standard and 88% reached the writing standard. In-depth analysis of the 2009 results is not yet available. However, results from the 2008 NAPLAN testing found that girls did better than boys in reading and writing while numeracy results were very similar. Students with a language background other than English (LBOTE) did slightly worse on the reading measure than the rest of the population but had similar writing and numeracy levels.

In 2008, the proportion of Aboriginal and Torres Strait Islander students reaching the standards was much lower than the rest of the population. For example, only 71% of Indigenous Australian Year 9 students reached the reading standard compared to 94% of non-Indigenous students. Similarly students living in very remote areas did not do as well as those in cities (51% of children living in very remote areas reached reading standards compared with 94% in metropolitan areas).

The outcomes of students were clearly related to the education and occupation of their parents. The higher the education level of the parents the better the student performed on average. In terms of occupation, a greater proportion of children reached the standards with parents who were professionals compared with those who had not been in paid work.

2008 was the first year that results were collected for Year 9 students and therefore changes over time cannot be reported. However, results for Year 7 students show slight improvements since the testing was first introduced in 2001, particularly for LBOTE and male students.

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Source: MCEETYA, National Summary Report: Achievement in Reading, Writing, Language Conventions and Numeracy 2008

About this indicator

National minimum standards are agreed minimum acceptable standards for aspects of literacy and numeracy at particular year levels below which students will have difficulty progressing satisfactorily at school. Standards represent the essential elements of literacy and numeracy and their attainment can have a major bearing on a person’s social inclusion.

In 2008, the Australian Government introduced annual standard national reporting against literacy and numeracy standards, or NAPLAN. Data from earlier years is available through the National Reports on Schooling in Australia but there is a break in the time series between the two data sources. In the future, the NAPLAN series will show changes in students’ collective performance over time using standardised assessments. At the time this report was compiled only national level NAPLAN results were available for 2009, more in-depth analysis of the results will be available in December 2009.
Proportion of people with at least a minimum standard of prose literacy and numeracy

Key messages:
- In 2006, 54% of people met the minimum standard of prose literacy needed for the demands of everyday life and work.
- Just under half (48%) of people had the numeracy skills required to effectively respond to mathematical demands in everyday life.

In 2006, the ABS Adult Literacy and Life Skills Survey found that 54% of Australians aged 15 to 74 years were able to understand and use information from various kinds of narrative texts, (e.g. newspapers, magazines and brochures), to respond to the mathematical demands of diverse situations. This standard is called the ‘minimum standard of prose literacy’. Between 1996 and 2006 there was an increase in the proportion of the population meeting the minimum standard of prose literacy (level 3 on the prose literacy scale), from 35% to 37%.

The survey also found that in 2006, 48% of people had numeracy skills at or above the required minimum to effectively manage and respond to mathematical demands in diverse situations. Younger age groups were more likely to have at least a minimum level of prose literacy and numeracy skills than older age groups. A slightly higher proportion of females reached the minimum or a higher level of prose literacy than males (56% females and 52% males) and the reverse was true for numeracy skills (42% females and 53% males).

Of people who were unemployed and looking for work, 40% had at least a minimum level of prose literacy skills compared with 60% of employed people. There was also a large difference in the proportion of people who were unemployed with at least a minimum level of numeracy skills (27%) compared with employed people (56%).

Of people whose first language was not English, a much lower proportion of people (36%) achieved at least a minimum level of prose literacy compared with the general population (54%). However, between 1996 and 2006 there was a statistically significant increase in the proportion of people who had recently arrived in Australia (in the five years prior to the Adult Literacy and Life Skills survey) who reached a minimum or higher level of prose literacy, from 22% in 1996 to 38% in 2006.

The proportion of people with level 3 or higher on the prose literacy and numeracy scales, by age, 2006

A higher proportion of employed people have minimum standards of literacy and numeracy skills than those who do not work.

The proportion of people with level 3 or higher on the prose literacy and numeracy scales, by labour force status, 2006

About this indicator
The ABS found that the technological innovation and labour force changes, as well as the application of new work practices, have led to major changes in the occupational composition of the Australian labour force. A high standard of literacy and numeracy skills are now often required for many occupations. High standards of literacy and numeracy skills are also increasingly being seen as important not only for employment but for an individual’s ability to participate fully in modern society.

Therefore, increasing the number of people with high levels of literacy and numeracy skills will assist more people to gain meaningful employment as well as helping them participate in other community activities.

Literacy and numeracy assessments have been used by the ABS to measure ‘prose literacy’ (the ability to understand and use information from various kinds of narrative texts, including texts from newspapers, magazines and brochures), as well as numeracy (the knowledge and skills required to effectively manage and respond to the mathematical demands of diverse situations). The assessment provides respondents with a level of literacy and numeracy skills between 1 and 5, with 5 being the lowest level of literacy and 5 being the highest. Level 3 is considered the ‘minimum required for individuals to meet the complex demands of everyday life and work in the emerging knowledge based economy’.
Children developmentally vulnerable on two or more domains in the Australian Early Development Index (AEDI)

Key message:

❖ In 2009, more than one in eight children in their first year of school were developmentally vulnerable on two or more AEDI domains
❖ A greater proportion of children living in the most socioeconomically disadvantaged communities were developmentally vulnerable

The AEDI is a national progress measure showing how well we are supporting our children’s development. The AEDI will help communities understand how their children are developing compared with children nationally and in other communities.

The AEDI was conducted nationally for the first time in 2009 and information was collected on over 261,000 Australian children (97.5% of the estimated 5 year old population) in their first year of formal schooling. While the national results show that the majority of Australia’s children are developing well, there are children who are entering full-time school who are developmentally vulnerable. In 2009, more than one in eight (12%) Australian children were developmentally vulnerable on two or more AEDI domains. The national results show that demographic factors have a significant impact on the development of Australian children. High proportions of children living in very remote Australia (31%) and in the most social-economically disadvantaged Australian communities (17%) were developmentally vulnerable on two or more AEDI domains.

Consistent with early childhood research, girls are more likely to be developmentally on track on the AEDI domains in comparison with boys. Over twice the proportion of boys are developmentally vulnerable on two or more domains (16%) compared with girls (7%).

The vast majority of Australian Indigenous children were on track on all the AEDI domains, with the exception of the language and cognitive skills (school-based) domain where more than half are developmentally vulnerable or at risk. Overall 29% of Australian Indigenous children are developmentally vulnerable on two or more of the AEDI domains.

Another group with a high rate of developmental vulnerability are children who speak a language other than English and are not proficient in English. Well over half (58%) of this group were developmentally vulnerable on two or more AEDI domains. Further results of the AEDI will be released in March 2010. Communities can use the AEDI results to develop tailored initiatives and evaluate their efforts to improve outcomes for children.

Communities in very remote areas of Australia and socioeconomically disadvantaged communities have greater proportions of children that are developmentally vulnerable on two or more AEDI domains

Proportion of children that are developmentally vulnerable on two or more AEDI domains by selected characteristics, 2009

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total</th>
<th>Living in very remote Australia</th>
<th>Indigenous</th>
<th>Socio-economically disadvantaged communities (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: A Snapshot of Early Childhood Development in Australia, AEDI National Report, 2009

For each AEDI domain, children living in the most socioeconomically disadvantaged areas are more likely to be developmentally vulnerable than those living in areas of least disadvantage

Proportion of children that are developmentally vulnerable by AEDI domains and socioeconomic status, 2009

<table>
<thead>
<tr>
<th>Domain</th>
<th>Total</th>
<th>Communication skills and general knowledge</th>
<th>Language and cognitive skills</th>
<th>Emotional maturity</th>
<th>Social competence</th>
<th>Physical health and wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: A Snapshot of Early Childhood Development in Australia, AEDI National Report, 2009

About this indicator

Investing in resources to support children in their early years brings long-term benefits to them and the whole community. Early childhood development outcomes are important markers of the welfare of children and can predict future health and human capital.

The AEDI is a population measure of children’s development as they enter school. It is an adapted version of the Canadian Early Development Instrument developed in response to communities’ increasing interest in knowing how their children were developing. The AEDI was collected nationally for the first time in 2009.

The AEDI measures five areas of early childhood development from information collected through a teacher-completed checklist: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills (school-based); and communication skills and general knowledge.

The AEDI provides communities around Australia with information about how local children have developed by the time they start school across the five areas of early childhood development.
Proportion of people, over the age of five years, who do not speak English well or at all

Key messages:
- In 2006, 3% of the total population aged five years and over could not speak English well or at all.
- Of all people aged 65 years and over who spoke another language at home, over one-third (38%) could not speak English well or at all.

In the 2006 Census, 17% of the total population over the age of five years reported speaking another language other than English. Of those who spoke another language 16% stated that they could not speak English well or at all. These people represented 3% of the total Australian population aged five years and over.

Of those who spoke another language, the older age groups were less likely to speak English well or at all. For example, over one-third (38%) of people aged 65 years and over could not speak English well or at all, compared to 7% of people aged 5 to 24 years. Females aged 65 years and over were more likely to have difficulty with spoken English (43%) than males of the same age (32%). However, there was no difference between the proportion of males and females aged 5 to 24 years who did not speak English well or at all (7%).

There was also little difference in the proportion of people who could not speak English well or at all based on their year of arrival in Australia. 19% of those who migrated to Australia after 2001 had difficulty speaking English compared with 20% of those who migrated to Australia in 2001 or before.

However, there was a large difference in the proportion of people aged 15 to 64 years who did not speak English well or at all and were employed, compared with people who were proficient in English. In 2006, only 36% of all people who did not speak English well or at all were employed, compared with 65% who spoke another language but also spoke English very well or well and 73% of people who only spoke English. Of the Indigenous Australian population who spoke another language and were aged 5 years and over, 15% reported not being able to speak English well or at all. This was very similar to the non-Indigenous population who spoke another language (16%). However, the proportion of Indigenous Australians who could not speak English well or at all, increased the further away they lived from an urban centre.

A greater proportion of older people are more likely to have difficulty speaking English than younger people.

The proportion of people who cannot speak English well or at all of all people who speak a language other than English at home, by age and sex, 2006

Source: ABS, Census of Population and Housing, Census Tables, cat. no. 2068.0, 2006.

About this indicator

Being unable to communicate to others because of language barriers can cause isolation from the community and restrict people’s level of participation in employment and community activities. Improving language skills for people with a migrant background can increase their ability to become part of the wider Australian community and find meaningful employment.

The 2006 Census asked people if they spoke a language other than English at home. If they answered ‘yes’ they were then asked about how well they spoke English. Only those who reported an answer to these questions were included in the analysis above. It should be noted that English language proficiency is self-assessed in the Census and the census questionnaire may be completed by any member of the family.
Proportion of people aged 25 to 64 years with non-school qualifications

Key messages:
- The proportion of people aged 25 to 64 years with a non-school qualification increased by over 30% since 1990, reaching 61% in 2008.
- Between 1996 and 2006 the proportion of Aboriginal and Torres Strait Islander Australians with a non-school qualification almost doubled.

In 2008, the ABS Survey of Education and Work found that 61% of Australians aged 25 to 64 years had a non-school qualification. This was a significant increase from 46% in 1990. This increase was mainly due to a higher proportion of people obtaining a Bachelor Degree or higher. In 1990, only 10% of people had a Bachelor Degree or higher and by 2008 it had increased to 26%.

The proportion of people aged 15–64 years with non-school qualifications varies by age, sex, country of birth, labour force status and area of residence.

Men are slightly more likely than women to have non-school qualifications (55% compared with 53%) while a greater proportion of people born overseas have non-school qualifications (59%) compared with those born in Australia.

In 2008, the proportion of the population with non-school qualifications peaked at the 25–34 years age group, with two-thirds of this group having such a qualification, falling to 51% of those aged 55–64 years.

Not surprisingly, lower proportions of people who were unemployed (40%) and not in the labour force (35%) had non-school qualifications compared with people who were employed (60%).

In terms of geographic location, according to the 2006 Census, the further away from an urban centre a person lived the less likely they were to have a non-school qualification. For example, 57% of people aged 25–64 years living in major cities had a non-school qualification compared with 50% in inner regional areas, 45% in outer regional areas, 43% in remote areas and 36% in very remote areas.

The low proportion of people aged 25–64 years with non-school qualifications in remote and very remote areas was partly due to the higher proportion of Aboriginal and Torres Strait Islander Australians living in these areas and their lower educational attainment. In 2006, only 15% of Indigenous Australians living in very remote areas had a non-school qualification compared to almost half (48%) of the non-Indigenous population in very remote areas. Despite this disparity, in 2006, the proportion of Indigenous Australians with a non-school qualification was almost double what it was in 1996 (15% in 1996 to 29% in 2006).

About this indicator
Higher levels of education and training can assist people in developing knowledge and skills that can be used to improve personal living standards as well as those of their local community. For an individual, educational attainment can assist in finding and developing a rewarding and long-term career. For the wider community, having a knowledgeable and well educated population/workforce is vital for supporting economic development, improving living conditions and community networks and therefore improving social inclusion.

Non-school qualifications are those awarded for educational attainments other than those of pre-primary, primary or secondary education.

Non-school qualifications include: Postgraduate Degree, Master Degree level, Graduate Diploma and Graduate Certificate, Bachelor Degree, Advanced Diploma and Diploma level, and Certificate I, II, III & IV levels.
Able to get support in time of crisis from people living outside the household

Key messages:

家喻户I% of the population had someone to turn to in time of crisis, generally family or friends

People with low income, the unemployed, disabled people, those with poor health, the aged, and people not proficient in English reported having lower levels of support in a time of crisis. Many of these groups are those most in need of assistance.

In 2006, 93% of the population was able to get support in time of crisis from people living outside their household. This was very similar to 2002. Men were less likely to have support than women, and lone parents were less likely to have support than other family types.

The main sources of support were family and friends, with fairly large proportions turning to neighbours or workmates. About one in eight people turn to community, charity or religious organisations. Those with an attachment to the workforce are more able to rely on their work colleagues.

The difference between population groups for this indicator is not as large as for some others, indicating that most people have someone to rely on in a time of crisis. However, for several groups, at least 10% of people were not able to get support and many of these people were the ones that need support the most. The proportion of people able to get support decreases somewhat with age. Of those in the 65 to 74 year age group, one in ten did not feel they had someone to go to in a time of crisis.

Other groups where there was a relatively high proportion (greater than 10%) of people who did not have support were unemployed people (13%), those born in a non-English speaking country, particularly those who are not proficient in spoken English (24%), people in jobless households (11%) and those with poor health (15%).

The proportion of people able to rely on someone outside their household in a time of crisis also decreased with income. 97% of people in the top income quintile (the top 20% of all equivalised gross household incomes) had support, compared with 87% of the bottom quintile (the bottom 20% of all equivalised gross household incomes). People with high incomes were more likely to rely on a workmate (probably reflecting the fact that they are more likely to have a job) but are also more likely to have friends and family they can turn to.

In 2008, 89% of Indigenous Australians reported they had support in time of crisis.

Support increases with income

The proportion of people who reported having someone to turn to in a time of crisis by income and source of support, 2008

People not proficient in English have lower levels of support

The proportion of people who reported having someone to turn to in a time of crisis by country of birth and English proficiency, 2008

About this indicator

Intervention and assistance at major turning points in a person’s life, such as losing a job or divorce, is shown to reduce the chance of slipping into disadvantage. Support can help families and communities to function through difficult times. Having someone to turn to is an important part of social inclusion.

The proportion of people who do not feel that they were able to get support in time of crisis from people living outside the households was collected as part of the ABS General Social Surveys conducted in 2002 and 2006.

* For more information about income quintiles see the Glossary.
† People could report more than one source of support
Proportion of people who do not feel able to have a say in the community on issues that are important to them

Key message:

Almost half of the Australian population aged 18 years and over found it difficult to have a say in their community about issues important to them.

In 2006 the ABS General Social Survey found that 23% of the Australian population aged 18 years and over felt that they were unable to have a say within their community at any time on issues that were important to them. Another 23% of people felt they were only able to have a say a little of the time. This meant that almost half of the Australian population (46%) found it difficult to have a say in their community.

Difficulty in having a say in the community was fairly similar for all age groups. Just over 51% of people aged 18 to 24 years felt they could have a say a little or none of the time compared with 44% of those aged 55–64 years.

People born overseas who were not proficient in English had particular difficulty having a say on community issues (70%) compared with people born overseas who were proficient in English (49%) and people born in Australia (45%) or born overseas in other English speaking countries (44%).

A high proportion of people living in one-parent families with dependent children found it difficult to have a say about things in their community that affected them (52%). This proportion was slightly higher for people living in one-parent families with dependent children where no person was employed (63%).

Finding it difficult to have a say also increased as people’s self-assessed health became worse. 61% of those who assessed their health as poor found it difficult to have a say in their community compared with 37% of those who assessed their health as excellent. The difference was particularly marked when comparing those who felt that they had no say in their community at all. 43% of those with poor self-assessed health felt they could not have any say in their community at all compared with 18% of those with excellent health.

In 2008, 50% of Indigenous Australians were only able to have a say in their community a little or none of the time.

Proportion of people who feel they can have a say a little or none of the time by age, 2006

Proportion of people who feel they can have a say either a little of the time or none of the time, by self-assessed health, 2006

About this indicator

A person’s feelings regarding their ability to have a say in community issues that are important to them can be an indicator of how well people feel their opinions are valued or it may reflect their perceptions of the availability of opportunities to have a say.

The data discussed above is from the ABS 2006 General Social Survey. The survey asked ‘How often do you feel you are able to have a say within the general community, on issues that are important to you?’ The respondents could choose all, most, some, a little, or none of the time as their answer.

People discussed above as finding it difficult to have a say were those who responded that they could have a say a little, or none of the time.
Access to the Internet on a home computer

Key message:

In 2007–08, two-thirds (67%) of Australian households had access to the Internet at home, a large increase from just 16% in 1998.

According to the ABS Household Use of Information Technology surveys, access to the Internet in Australian households has increased greatly over recent years, rising from 16% in 1998 to 67% in 2007–08.

Certain socioeconomic characteristics of households influence the rate of Internet access. For example, in 2006–07, when the overall rate of access was 64%, only 33% of low income households (those in the bottom 20% of all household equivalised incomes*) had access to the Internet compared with 85% of high income households (those in the top 20% of all household equivalised incomes).

Internet access also varied by remoteness. In 2006–07, households in major cities were more likely to have Internet access at home (67%) compared with those in regional areas (57%).

Households with children were more likely to have an Internet connection. In 2006–07, 81% of households with children under 15 years had access to the Internet while only 57% of households without children had access.

According to the 2006 Census, access to the Internet at home for non-Indigenous Australian households was considerably higher than that of Indigenous households (64% and 43% respectively).

As with the overall population, Internet access rates for Indigenous households decreased with increasing remoteness. While over half of Indigenous households living in major cities (53%) had Internet access in their homes, this dropped to around 13% for those living in very remote areas.

The Census also showed that people who did not speak English well or at all were less likely to have an Internet connection at home than people who stated they spoke English well or very well (53% and 72% respectively).

About this indicator

Internet access at home is becoming more important for people to connect and communicate with others in their community and to find information about services. Therefore, understanding the levels of access to the Internet at home for different groups can be important for policy development and communication.

Information about whether a household has an Internet connection at home has been collected by the ABS on an annual basis, currently in the Household Use of Information Technology survey. While the total rate of access is available for 2007–08, information about access by population groups is only published for 2006–07. From 2008–09, the data will only be collected every two years. The Census of Population and Housing also collects information about access to the Internet at home and can provide more information on some small population groups, such as Indigenous Australians and those not proficient in English.

* For more information about equivalised income and income quintiles see the Glossary.
People who do not feel able to have a say in their family on issues that are important to them

Key message:
- In 2006, 16% of Australians found it difficult to have a say among family and friends on important issues
- A high proportion of people in jobless families and people who were not proficient in English found it difficult to have a say

In 2006, the ABS General Social Survey found that 16% of people aged 18 years and over felt they were only able to have a say among family or friends on issues important to them some, a little, or none of the time.

Finding it difficult to have a say tended to increase with age, although differences were not great, except for those aged 85 years and over. In this group 23% of people found it difficult to have a say among family and friends on important issues compared with 14% of those aged 25 to 34 years, who were the least likely to have difficulty.

Just under one-third (32%) of people living in jobless* one-parent families with dependent children found it difficult to have a say among friends and family. This was a very high proportion compared with people living in one-parent families with dependent children who were not jobless (18%). Similarly, people living in jobless couple families with dependent children were also more likely to find it difficult to have a say (26%) than people in couple families that were not jobless (14%).

A high proportion of people born overseas in non-English speaking countries found it difficult to have a say among family and friends (24%) compared with those born in Australia (15%) and those born in other English speaking countries (13%). Of those who were born in non-English speaking countries, people who were not proficient in English were most likely to find it difficult to have a say (30%).

Interestingly, there was also a high proportion of people with disability that restricted their employment or schooling (but did not restrict other daily activities), who reported finding it difficult to have a say among friends and family (29%). This group of people were also less likely to have seen friends and family at least weekly.

Of those living in the most disadvantaged regions, 26% were only able to have a say with family and friends some, a little, or none of the time compared with 13% of those in the least disadvantaged regions†.

People with disability are more likely to find it difficult to have a say among friends and family

Proportion of people able to have a say among friends/family only some, a little, or none of the time by disability status, 2006

<table>
<thead>
<tr>
<th>Disability status</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profound</td>
<td>35</td>
</tr>
<tr>
<td>Severe</td>
<td>25</td>
</tr>
<tr>
<td>Moderate</td>
<td>20</td>
</tr>
<tr>
<td>Mild</td>
<td>15</td>
</tr>
<tr>
<td>Severe restriction</td>
<td>10</td>
</tr>
<tr>
<td>Moderate restriction</td>
<td>5</td>
</tr>
<tr>
<td>No restriction</td>
<td>0</td>
</tr>
<tr>
<td>No disability</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: ABS General Social Survey, 2006, unpublished data

† Jobless families are families where there was no employed person.
† Most disadvantaged regions refers to the 10% of collection districts with the lowest scores on the SEIFA Index of Relative Socioeconomic disadvantage. Least disadvantaged regions refers to the 10% of collection districts with the highest scores on the same index.
Difficulty accessing public or private transport

Key message:
- People with low income, in one-parent families, with a disability or poor health, those not proficient in English, the unemployed and the aged are more likely to have transport difficulties than the general population.

In 2006, the ABS General Social Survey found that 4.3% of the population could not or often had difficulty getting to places. People living in remote areas were more likely to have difficulty accessing transport (6%) compared with those in major cities and inner regional areas (4%).

Other groups with high proportions of people reporting that they had difficulties accessing transport were those aged 75–84 years (10%) and 85+ (17%), people in one-parent families (8%), those not proficient in English (11%), people with disability that have core activity restrictions (12%), the unemployed (10%) and jobless families (10%).

As with a number of other social and community indicators, there was a strong relationship between transport difficulty and income. 10% of those in the lowest quintile (the bottom 20% of all incomes) were not able to, or often had difficulties with transport compared with about 1% in the top quintile (the top 20% of all incomes). Similarly, difficulties with transport rose as health declined. 18% of those with poor self-assessed health reported having difficulty with transport compared with only 2% of people with excellent or very good health.

In 2002, 12% of Aboriginal and Torres Strait Islander peoples reported that they could not or often had difficulty, getting to the places they needed, compared with only 4% of non-Indigenous Australians. The proportion reporting such difficulty was higher in remote areas (16%) than in non-remote areas (10%). In 2004–05, transport/distance was reported as the main reason why Indigenous Australians did not visit a dentist (11%), doctor (14%), other health professional (8%) or hospital (19%) in the previous 12 months when needed. Proportions of Indigenous Australians for whom transport/distance was the main reason for not visiting a health service were higher for those in remote areas, for children aged 0 to 14 years and for females. Persons with poorer health were more likely to report difficulty getting to the places needed.

People with low incomes have more difficulty accessing transport

The proportion of people who had difficulty accessing transport by income quintiles, 2006

- The highest quintile has a high relative standard error.

Difficulty with transport rises as health status falls

The proportion of people who had difficulty accessing transport by self-assessed health, 2006

- Source: ABS, General Social Survey, cat. no. 4159.0, 2006
- Note the highest quintile has a high relative standard error.
Proportion of population with appropriate access to general practitioners, dental and other primary healthcare professionals

Key message:
| In 2004–05, over 20% of Aboriginal and Torres Strait Islander Australians needed to go to a dentist but did not

Data to measure access to health care professionals is currently under development for the general population as part of the Council of Australian Governments (COAG) National Health Care Agreement.

However, the Australian Institute of Health and Welfare (AIHW) Aboriginal and Torres Strait Islander Health Performance Framework 2008 Report provides detail on access to health professionals in the Indigenous Australian population. In this report, analysis of the National Aboriginal and Torres Strait Islander Health Survey found that approximately 21% of Indigenous Australians reported they needed to go to a dentist in the previous 12 months but did not, 15% needed to go to a doctor, and 8% needed to go to an ‘other healthcare professional’ but did not.

The cost of going to the dentist or ‘other healthcare professional’ was the most common reason for not going when needed (29% dentist, 28% other health professional). Dentist waiting times or unavailability at the time needed was also a common issue (22%). Difficulty accessing transport or the distance needed to travel to see a doctor was an issue for 14% of people needing to see a doctor but not going.

It is interesting to note that Indigenous Australians in non-remote areas were more likely to report that they needed to, but did not, access a dentist, doctor or other health professional, than Indigenous people in remote areas of Australia.

Although further data development is needed to determine levels of access to healthcare professionals in the general population, AIHW has reported on related indicators such as, the number of general practitioners (GPs) per 100,000 people. The number of GPs is important as they are often the first point of contact for health services. Between 2002–03 and 2006–07, the overall number of full-time equivalent GPs per 100,000 people increased from 84 to 86 per 100,000.

There was a large increase in the number of GPs per 100,000 people in rural and remote regions (from 73.1 to 78.0 per 100,000) compared with urban areas (from 88.9 to 89.4 per 100,000). The increase in the number of GPs in rural areas indicates that although there are still less GPs available in rural areas, gains are being made.

About this indicator
Having access to the right healthcare professionals when needed means that individuals and families can remain healthy and participate actively in the community and at work.

The COAG National Healthcare Agreement aims to provide all Australians with timely access to quality healthcare services based on their needs, not their ability to pay, and regardless of where they live in the country.
Work to measure this outcome is underway with the AIHW playing a lead role in developing and consolidating data collection in this area.

Source: AIHW, Aboriginal and Torres Strait Islander health performance framework report, cat. no. IHW 22, 2008
The proportion of people reporting difficulty accessing services

**Key messages:**
- In 2006, 22% of Australians reported having difficulty accessing service providers, such as doctors, banks, Medicare, Centrelink and employment services.
- A high proportion of people in jobless couple family households found accessing services difficult (45%) compared with other couple family households (23%).

In the 2006 ABS General Social Survey, 22% of Australians reported having difficulty accessing service providers, such as doctors, banks, Medicare, Centrelink and employment services.

Just over 14% had difficulty accessing Government services while just under 14% had difficulty accessing private services.

The main reason provided by people for having difficulty accessing services was because there were inadequate services in their local area (10%). Other reasons included difficulty with transport or distance to services (6.8%) and the cost of services (5.8%).

Compared with the general population, a high proportion of people living in one-parent households with dependent children had difficulty accessing services (34%). However, people living in one-parent jobless households with children aged under 15 years, were even more likely to have difficulty (44%). This was also the case for jobless households where there were couples with children under 15 years (45%).

A high proportion of people aged 18 to 64 years with a core activity restriction also reported having difficulty accessing services (39%).

For those without a disability or poor health, difficulty accessing services decreased with age. For example, 19% of people aged 18 to 64 years, who had no disability or health concerns, reported having difficulty compared with only 10% of people aged 65 and over.

Service access was more likely to be an issue for those living outside major cities. Only 18% of people in major cities reported difficulties compared to 28% in inner regional areas and 39% in other areas which includes outer regional and remote locations.

It is interesting to note that proficiency in spoken English did not greatly influence the ability to access services. 22% of those who were not proficient in spoken English reported difficulty compared with 24% of those who were born in Australia and 21% of people who were born in other mainly English speaking countries.

**People in jobless households were more likely to have difficulty accessing services**

Proportion of people who had difficulty accessing services by employment status of households and family composition, 2006

**People find it harder to access services the further they live from major cities**

Proportion of people who had difficulty accessing services by remoteness area, 2006

About this indicator
Access to services affects people’s ability to participate in society.

The ABS General Social Survey collects information about the difficulty people have accessing services in general and whether the services were provided by government or the private sector. However, the survey does not specifically record which type of service people had difficulty accessing e.g. child care, employment services, or health services. Data development will need to take place to fully satisfy this indicator.
Local community tolerance of diversity

Key message:

Most (89%) of Victorians agree that it is good for society to be made up of people from different cultures.

The Australian population is made up of many cultures. According to the 2006 Census around 22% of the Australian population were born overseas and another 25% of Australians were born in Australia but one or both of their parents were born overseas. The acceptance of cultural diversity is important for building inclusive local communities in Australia.

At present there is little data available at a national level about local community tolerance of diversity. However, in 2007 the Community Indicators Victoria project (CIV) conducted a survey that asked respondents “to what extent do you agree or disagree that it is a good thing for a society to be made up of people from different cultures?”

The results of this survey showed that most Victorians either agreed or strongly agreed that it is a good thing for a society to be made up of people from different cultures (89%). Slightly more women agreed to this question than men (91% and 88% respectively). People in younger age groups were more likely to agree than those in older age groups. For example, 93% of people aged 18 to 34 years thought it was a good thing for a society to be made up of people from different cultures, compared with 89% of people aged 35 to 54 years and 86% aged 55 years and over.

There was also a slight difference between the proportion of Victorians living in metropolitan and country Victoria who agreed it was a good thing for a society to be made up of people from different cultures (91% and 86% respectively). This difference was seen for all age groups as well as for men and women. However, these results do not mean that all people living in country areas are less likely than those living in cities to agree that it is a good thing for a society to be made up of people from different cultures. Studies have shown that tolerance of other cultures can be very different depending on the history and cultural make-up of the area.

About this indicator:

Studies conducted for the Global Peace Index have found that the more tolerant and accepting a community is, the more peaceful it is. This has positive economic and social flow-on effects and also assists the community to deal with shocks or crises as co-operation, inclusiveness and trust are easier to build. A high level of community tolerance of diversity is also likely to mean that people from migrant backgrounds feel more accepted by their communities.

Data development is needed to capture information about community tolerance of diversity, including diversity in areas such as culture, sexual preference, physical and mental ability and gender. Research will be needed to develop the most appropriate method of data collection.

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Young people in Victorian metropolitan areas are most likely to agree that it is a good thing for a society to be made up of people from different cultures.

The proportion of people in Victoria who agree that it is a good thing for a society to be made up of people from different cultures, by sex and age, 2007.

The proportion of people living in metropolitan and country Victoria who agree that it is a good thing for a society to be made up of people from different cultures, by sex and age, 2007.

Source: Community Indicators Victoria (CIV), Community Indicators Victoria Survey 2007, www.communityindicators.net.au
The proportion of the population who are homeless

**Key message:**
> In both 2001 and 2006, approximately 53 in every 10,000 people were homeless in Australia

Analysis conducted by Chamberlain and MacKenzie\(^7\) found that there were approximately 105,000 people who were homeless at the time of the 2006 Census. This represented about 53 people who were homeless for every 10,000 people in the Australian population, a similar rate to that found in 2001.

Of the homeless population in 2006, 45% were staying with family and friends, 21% were in boarding houses, 19% were in the Supported Accommodation Assistance Program (SAAP) and 16% were sleeping in improvised dwellings.

Homelessness can affect all types of households. The majority of households that were homeless were single people (76%), 14% were couple only families and 10% were couple families with children. Even though families with children only made up 10% of all homeless households, they actually represented one-quarter (26%) of the homeless population.

The homeless population in 2006 was quite young, with more than half (58%) of the homeless population aged under 35 years and 12% were aged under 12 years.

Between 2001 and 2006, there have been some changes in the characteristics of the homeless population, even though the rate of homelessness was stable over the period. For example, the number of homeless youth aged 12 to 18 years (living on their own) decreased by 21%. However, over the same period, the number of homeless people in families with children increased by 17% and there was also a 10% increase in the number of homeless adults without children.

The Indigenous Australian population were over-represented in the homeless population. On Census night 2006, 2.4% of the Australian population identified themselves as Indigenous. However, 9% of the homeless population were Indigenous.
Lower income private renters with housing costs exceeding 30% of household income

Key messages:

✦ The proportion of lower income private renters in housing stress has decreased in recent years
✦ Lower income people aged 65 years and over spend the greatest proportion of their income on housing

In 2005–06, 49% of lower income private renter households paid more than 30% of their household income on housing costs (that is, they were in housing stress). This was a decrease from 2000–01 when 59% of these households paid more than 30% of their income on housing.

However, the proportion of all lower income households in housing stress increased during the same time period, rising from 19% to 21%. The rise may be due largely to an increase in the number of lower income mortgagees with high housing costs.

On average, in 2005–06, lower income private renters spent $193 per week or 29% of their gross income on housing. This was a large proportion of their income compared with all private renters who spent 19% (or $223) of their income on housing.

Of lower income private renters, people over 65 years living alone spent 42% of their gross income on housing while people in a couple spent 37% and people under 35 years living alone spent 36%. However, it should be noted that older people only made up 9% of all lower income private renters.

Lower income households are defined here as those containing the 30% of people with equivalised disposable household income between the 10th and 40th percentiles. People experiencing housing stress are those with lower income who spend 30% or more of their gross household income on housing costs.

The indicator focuses on private renters because housing costs are usually capped for low income public renters.

The Government provides Rent Assistance (RA) as a rent subsidy for private renters in receipt of income support. The ABS treats RA as a component of income, rather than a direct offset to the cost of renting, and because of this the numbers are likely to overstate the extent of housing stress.

About this indicator

A home provides people not just with shelter from the elements, but with facilities for cooking and self-care, privacy, and a secure base to enable the establishment of a daily routine. Those with stable housing are then able to focus on employment, building relationships and contributing to their local community. Affordable housing is, therefore, an important element for enabling social inclusion.

Lower income households are defined here as those containing the 30% of people with equivalised disposable household income between the 10th and 40th percentiles. People experiencing housing stress are those with lower income who spend 30% or more of their gross household income on housing costs.

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Proportion of people experiencing repeat periods of homelessness

Key message:

In 2007–08, non-Indigenous Australian born males and males born in other English speaking countries were most likely to repeatedly use SAAP services.

Two aims of the COAG National Partnership Agreement on Homelessness are that fewer people will become homeless and of those who do become homeless, fewer people will become homeless more than once.

More data development is needed to estimate how many people experience repeat periods of homelessness. However, the Australian Institute of Health and Welfare can provide data about the number of ‘support periods’ used by Supported Accommodation Assistance Program (SAAP) clients over a 12 month period. People accessing the SAAP program do not represent the entire homeless population but this dataset does provide important information about repeat homelessness while other data sources are being developed.

In 2007–08, the SAAP National Data Collection Annual Report estimated that there were 125,600 clients who were provided with support. The majority of clients (73%) had only one period of support during the year. However, the average number of support periods per client was 1.8, indicating that some of those with multiple support periods used the service a large number of times.

In 2007–08, there were also 76,900 children who accompanied SAAP clients (accompanying children). Most (82%) accompanying children had only one period of support and the average number of support periods per child was 1.4.

The SAAP National Data Collection Annual Report found that males averaged slightly more support periods than females, regardless of their age (1.9 males and 1.7 females).

The highest repeat usage of services was by male clients aged 45–65 years and clients aged 25–44 years (2.0 support periods). For females the highest repeat clients were those aged 15–19 years and those aged 24–44 years (1.7 support periods).

Repeat service usage also varied slightly according to cultural and linguistic backgrounds. Australian-born clients (not including Indigenous Australian clients) and those born overseas in predominantly English-speaking countries had the highest number of support periods, both averaging 1.8. Aboriginal and Torres Strait Islander clients averaged 1.7 support periods, while clients from predominantly non-English-speaking countries had an average of 1.6 support periods.

About this indicator

Repeated periods of homelessness indicate a greater degree of social exclusion than single occurrences.

A ‘support period’ refers to an occasion of support provided to a SAAP client. Support may involve the provision of supported accommodation and/or a range of other services.

A support period commences when a client begins to receive support from a SAAP agency, and finishes when the relationship between the client and the agency ends.

For more information about SAAP see the Glossary.
Proportion of people who feel unsafe alone at home or in their local community at night

Key messages:

⊙ In 2006, 7% of Australians aged 18 years and over felt unsafe or very unsafe alone at home after dark
⊙ Almost a third of people in one-parent families felt unsafe walking alone at night in their local area

In 2006, the ABS General Social Survey found that 7% of Australians aged 18 years and over felt unsafe or very unsafe at home alone after dark and 18% felt unsafe or very unsafe walking alone in their local area after dark. A high proportion of women reported feeling unsafe walking alone after dark (27%) compared with men (9%). They were also much more likely to report feeling unsafe at home alone after dark (11% females and 2% males).

People in one-parent families with dependent children were almost twice as likely to report feeling unsafe walking alone after dark (33%) as those living in couple families (18%) and they were also more likely to report feeling unsafe at home alone after dark (10%) as people in couple families (6%).

Groups that are apprehensive about their safety walking about at night are generally dispersed throughout the community. However, one group with an especially high degree of concern is more geographically concentrated in state/territory housing authority properties. 17% of public renters reported feeling unsafe at home alone after dark and 32% felt unsafe walking alone in their local area.

People born overseas who were not proficient in spoken English were also more likely to feel unsafe at home alone after dark (18%), especially when compared with people who were born overseas but were proficient in spoken English (9%). However, those not proficient in spoken English were slightly less likely to report feeling unsafe walking alone in their local area at night (19%) than people who were born overseas and were proficient in spoken English (21%).

People in one-parent families and those renting from state or territory housing authorities were most likely to feel unsafe walking alone at night. The proportion of people feeling unsafe when at home alone or walking alone in their local community at night, by personal characteristics, 2006

![Chart showing proportion of people feeling unsafe at home alone after dark and in their local area, by personal characteristics]

Source: ABS, General Social Survey, cat. no. 4159.0, 2006

About this indicator

A person’s feeling of safety can play an important part in their decision to participate in activities in their local community as well as their ability to access and utilise community services.

The ABS General Social Survey collects information from respondents over the age of 18 about their feelings of safety. Specifically, it collects information about how safe respondents feel when they are at home alone after dark and when they are walking alone at night after dark. This data provides a good basis for understanding which groups feel unsafe in their local communities.
The Australian Institute of Health and Welfare (AIHW) reports on the child protection substantiation rates in all states and territories. In 2007–08 the AIHW reported that overall the trend has been that substantiated child protection notifications have been rising nationally. However, in 2007–08 the number of substantiated notifications did decrease for the first time in ten years.

The rates of substantiated child protection notifications vary greatly between states and territories, at least partly due to different child protection procedures and policies. In 2007–08, they ranged from 2.9 per 1,000 children in Western Australia to 11.9 per 1,000 children in the Northern Territory.

The rates of substantiated child protection notifications decreased with the age of the child in all states and territories. For example, in 2007–08, children under the age of one year were at least 2.3 times as likely to be subject to a child protection substantiation as children aged 10 to 14 years.

Aboriginal and Torres Strait Islander children were more than six times as likely to have a child protection notification substantiated than a non-Indigenous child. It was also more likely that child protection substantiations for Indigenous children involved neglect compared with non-Indigenous children. For example, in Western Australia, 52% of protection substantiations involving Indigenous children were related to neglect compared with 36% for non-Indigenous children.

About this indicator
Child abuse and neglect can have a long lasting impact on both physical and mental health. It can lead to children being placed into other care arrangements and losing their connections with family and community.

Child protection substantiations are cases where child protection notifications, received by child protection departments, have been investigated and found that there is reasonable cause to believe that the child has been, or was likely to be abused or neglected or otherwise harmed.

For detail and issues related to the data collection and the child protection process, see the AIHW publication Child Protection Australia 2007–08, cat. no. CWS 33, 2009.
Proportion of people experiencing family violence in the past 12 months

Key messages:

In 2005, 0.9% (68,100) of men and 2.1% (160,100) of women had experienced partner violence in their current relationship.

Half (49%) of all people experiencing current partner violence had children in their care and 27% said their children had witnessed the violence.

The ABS Personal Safety Survey collects information about the proportion of people who have experienced partner violence, either in their current relationship or in their previous relationships.

In 2005, the survey found that of people aged 18 years and over, 0.9% (68,100) of men and 2.1% (160,100) of women had experienced partner violence in their current relationship.

Of all those who experienced violence by a current partner, almost half (49%) said that they had children in their care at the time and an estimated 27% said that their children had witnessed the violence.

Women were more likely to experience partner violence than men. According to an ABS Australian Social Trends article, in the 12 months prior to the Personal Safety Survey, women aged 25 to 34 years were most likely to have experienced partner violence from a current or former partner (2.8%) compared with other age groups. Australian born women were also more likely to have experienced partner violence (1.7%) than women born overseas (1%).

A high proportion of women who reported experiencing abuse before the age of 15 years also reported experiencing partner violence in the 12 months prior to the survey (3.5%).

Women who had experienced partner violence were more likely to have also experienced violence from someone else they knew (8.2% compared with 1.5% of women overall).

About this indicator

Violence within the home affects the physical and mental health of those who experience it as well as the family members who witness it. Domestic violence increases the need for services such as crisis accommodation and decreases participation in work and community activities. It can also cause major family disruption resulting in relationship break ups and families having to move from their communities.

Family and domestic violence is difficult to measure and data development is needed to fully capture the extent and impact of such violence. The ABS has recently developed a Conceptual Framework for Family and Domestic Violence and the results of the next survey on Crime and Safety are due to be released in February 2010.

Violence is any incident involving the occurrence, attempt or threat of either physical or sexual assault. For further definitions see the Glossary.
Victims of selected personal crime

Key messages:

- In 2005, 5.3% of the population aged 15 years and over were victims of at least one selected personal crime.
- Almost one-third (31%) of personal assaults occurred in the home and 26% occurred in a place of work or study.

In 2005, the ABS Crime and Safety Survey found that of the population aged 15 years and over, approximately 841,500 people were victims of one or more selected personal crimes in the 12 months prior to the survey. This equated to an overall personal victimisation prevalence rate of 5.3%, which was a slight increase compared with 1998 (4.8%).

Selected personal crimes included people who were robbed, assaulted and/or sexually assaulted. In the 12 months prior to the 2005 survey, 0.4% people aged 15 years and over were victims of at least one robbery and 4.8% people were victims of at least one assault. Of the population aged 18 years and over, 0.3% of people were victims of at least one sexual assault.

People in younger age groups were more likely to experience a robbery and/or be assaulted than people in older age groups. For example, 10% of people aged 15 to 19 years had been a victim of assault compared with 1% of people aged 65 years and over.

The majority of robbery victims were male (75%). However, males were only slightly more likely (54%) to be a victim of an assault than females (46%).

People who were unemployed were more likely to be a victim of assault (9.8%) than people who were employed (5.5%) and people born in Australia were more likely to be robbed (0.4%) and/or assaulted (5.3%) than those born overseas (0.2% robbed and 3.4% assaulted).

Robberies were most likely to occur in the street or in an open area (36%) while assaults were most likely to occur in the home (31%) or in a place of work/study (26%).

Males were most likely to be the offenders of both robberies (79%) and assaults (78%) and people aged under 18 years accounted for 19% of robbery offenders and 14% of assault offenders.

The likelihood of being assaulted decreases with age

The victimisation prevalence rate for assaults by age group, 2005

Source: ABS, Crime and Safety Survey, cat. no. 4509.0, 2005

About this indicator

Being the victim of a personal crime can have lasting impacts on a person’s feelings of safety in their community, home, or place of work, and in some cases also causes physical, financial and emotional suffering. The fear of crime can also impact the wider community as people restrict their lives to avoid the chance of falling victim to a crime and are therefore less likely to participate in community activities.83

The victimisation prevalence rate referred to above is the number of the relevant population that have been a victim of a given offence at least once in the 12 months prior to the survey, expressed as a proportion of the total relevant population. For further definitions see the Glossary.

Note: All questionnaires in the Crime and Safety Survey included additional questions about sexual assault, to be answered by people aged 18 years and over. The questionnaires were voluntary for all people. Due to the low response rates for sexual assault only very limited data is available for 2005.
Victims of selected household crime

Key message:
- In 2005, 6.2% of all households experienced a break-in, an attempted break-in and/or had a car stolen
- Between 2002 and 2005 there was a decrease in the rate of all selected household crimes

In 2005, the ABS Crime and Safety Survey found that 6.2% of households (488,200) were victims of at least one selected household crime in the 12 months prior to the survey. Selected household crimes consist of break-ins, or attempted break-ins, to a home, garage or shed, and/or the theft of a motor vehicle.

There was a higher proportion of households that were victims of at least one actual break-in (3.3%) than households that were victim to at least one attempted break-in (2.6%). A small proportion of households (1.0%) had at least one motor vehicle stolen.

Between 2002 and 2005 there was a decrease in the rate of all these selected household crimes. The proportion of households that were victims of a break-in decreased from 4.7% in 2002 to 3.3% in 2005, as did the proportion of attempted break-ins (3.4% in 2002 and 2.6% in 2005). Theft of motor vehicles from households decreased from 1.8% in 2002 to 1.0% in 2005.

The majority of households that were victims of a break-in were only broken into once (80%). However, 14% were broken into twice and 6% were broken into three times or more.

Homes being rented were more likely to be broken into, or to experience an attempted break-in (7.8%) than homes that were owned or being purchased (4.7%). Households that had lived in their homes for less than a year were also more likely to have had their homes broken into (4.1%) than households that had been living in their home for five years or more (2.9%).

The risk of break-in also varied by the number of residents in a household, with lone-person households more likely to experience a break-in (4%) than two-person households (2.9%).
Indicators of Social Inclusion
How Australia is faring
Multiple Disadvantage
The proportion of people aged 18 to 64 years experiencing three or more of six selected areas of disadvantage

Key messages:

- In 2006, 5% of people aged 18 to 64 years could be considered multiply disadvantaged as they reported experiencing at least three of six selected disadvantages (covering income, work, health, education, safety and support).
- Women, lone parents, people living alone and public renters were all more likely to have experienced multiple disadvantages than other population groups.

Analysis of the ABS General Social Survey found that in 2006, 33% of people aged 18–64 years (or main working age population) were experiencing disadvantage in at least one of six selected economic, social or personal areas.

The most commonly reported disadvantage was in the personal sphere, where 13% of the main working age population assessed their health as fair or poor. A similar proportion (12%) was living in a household with no person employed. About 10% of people aged over 20 years reported not having completed Year 10 at school. About 7% had low income and some level of financial stress, while 7% did not feel safe at home alone after dark and 6% were not able to get support in times of crisis from people living outside the household.

While 20% of the population aged 18–64 years reported experiencing disadvantage in one of the selected areas, 8% of people reported experiencing two selected disadvantages and just over 5% reported experiencing three or more of the six selected disadvantages.

Within the working age population, those aged 55 to 64 years were the most likely to experience multiple disadvantage (at least three selected disadvantages) (11%) compared with any other age group.

Women aged 18–64 years were also more likely to have experienced multiple disadvantages (6.1%) than men of the same age (4.0%).

People in couple families with children were much less likely to experience multiple disadvantages (2.1%) than people living in lone person households (13%) and one-parent families (13%). It should also be noted that a large proportion of people renting from state or territory housing authorities (public renters) had experienced multiple disadvantages (41%) compared with private renters (6.0%), owners without a mortgage (4.9%) and owners with a mortgage (1.5%).
About this indicator

Different aspects of disadvantage often occur together. For example, poor education is often associated with poor employment outcomes and poor employment outcomes are often associated with low income. People who experience multiple disadvantages can be at greater risk of social exclusion because their needs are more complex and it is harder for individuals and families to fully participate in Australian society.

The data presented above are based on analysis conducted by the Social Inclusion Unit in the Department of Prime Minister and Cabinet, using the 2006 ABS General Social Survey to estimate multiple disadvantage based on six factors across three domains:

Economic
Income—persons in the bottom three deciles of equivalised household disposable income who felt they would not be able to raise $2,000 within a week for something important.
Joblessness—persons who lived in a household where no person was employed.

Personal
Health—persons with a self-assessed health status of fair or poor.
Education—persons aged 20 or over who had not completed Year 10 or higher at school.

Social
Safety—persons who felt unsafe or very unsafe at home alone after dark.
Support—persons who were not able to get support in times of crisis from persons living outside the household.

Although the above information does provide insight into the proportion of people who experience multiple disadvantages, further conceptual and data development is needed to develop appropriate indicators of multiple disadvantage for selected population lifecycle groups and to gauge the number of people who have been experiencing multiple disadvantage over long periods of time.
Locational Approaches
LOCATIONAL APPROACHES
Why focus on locations?

For a small number of Australians social and economic disadvantage is apparent and enduring. Mounting evidence, as demonstrated in Professor Tony Vinson’s *Dropping off the edge* (2007) report, shows that different kinds of disadvantage tend to coincide for individuals and families in a relatively small number of particular places, and that these concentrations of disadvantage tend to persist over time. The issues facing people living in locations of concentrated disadvantage—lower incomes, poorer housing, poorer health, lower education attainment, higher unemployment and higher crime rates—can be compounded by the characteristics of the places themselves, for example through poor local infrastructure.

Government agencies, both Commonwealth and state, deliver a broad range of programs to improve the economic, social and community wellbeing of Australians. In broad terms, most provide support to people to address their experience of a single form of disadvantage, and some use location as a way to target resources to those considered most disadvantaged along that dimension. While these approaches work well for most people, they can lack the intensity, flexibility and breadth to help those facing multiple and intertwined barriers to social and economic participation. Opportunities for addressing the connections between different kinds of disadvantage, for tailoring a service to suit local families, neighbourhoods and communities, and for leveraging investments and partnerships can be lost under such an approach.

As part of the social inclusion agenda, the Government has committed to developing approaches that provide more integrated and flexible support in locations of concentrated disadvantage. These locational approaches are not intended to replace the importance of efficient and effective mainstream services and ensuring they work better for everyone, especially the most disadvantaged. Rather, they provide a complementary approach acknowledging that where concentrations of disadvantage exist there are additional risks of problems becoming entrenched but also considerable scope for working in new ways to help address potential barriers to inclusion.

While it is widely accepted that people can shape places and places can shape people, there is only limited understanding of these interactions. The dynamic nature of the relationship between people and place has important implications for efforts to monitor and evaluate the success of locational approaches. These issues are further complicated by the limited availability of systematically collected data that is able to establish and monitor these interactions.

Ideally, all of the data contained within this report would be broken down and reported by an appropriate geographic unit. Unfortunately, the degree of geographic disaggregation possible for most data is extremely limited. Being able to establish change over time is also further complicated by the lack of data available to track the movement of people between different locations and the subsequent impact on area level statistics.
Identifying locations of concentrated and multiple disadvantages

The success of approaches designed to address disadvantage concentrated in particular places will depend partly on the process used for identifying communities most in need. For example, as part of the $650m Jobs Fund, the Australian Government has appointed Local Employment Coordinators across 20 regions hardest hit by the global recession. These regions have been selected on the basis of a range of labour market indicators, that in combination highlight an increased likelihood of the region experiencing disadvantage now or in the future as a result of the global economic recession.

The role of Local Employment Coordinators is described as including:

- identifying employment opportunities and providing support to workers who have lost their job;
- working closely with local councils, businesses, chambers of commerce, unions and community organisations to maximise employment and training opportunities resulting from the Government’s stimulus package; and
- working towards developing apprenticeship opportunities and promoting the skills these communities will need in the future to place them in the best possible position to take up opportunities once the economy recovers.

The Australian Social Inclusion Board and the Social Inclusion Unit have developed a methodology for identifying small areas where there are concentrations of people likely to experience multiple and intertwined forms of disadvantage, and are therefore most likely to benefit from a more coordinated and integrated approach to service delivery.

This methodology complements the analysis of larger labour market regions and can help identify potential ‘hot spots’ of concentrated disadvantage within the 20 priority regions. The importance of being able to target these smaller areas of concentrated disadvantage within the priority regions is highlighted by the fact that together the 20 regions cover approximately 40% of the total Australian population. It is important to note that the approach presented here is not intended as a definitive assessment, but rather as first step to be used in conjunction with the knowledge and experience of the local community to help shape work across the priority regions.

The approach

The approach uses very finely scaled data to identify individual suburbs or a cluster of adjacent suburbs where there are a high number of people living in an area characterized by multiple disadvantages. More specifically the approach identifies suburbs or clusters of suburbs where more than 2,000 people (and 3,000 for major capital cities) live in one of the most disadvantaged 5% of Census Collection Districts (CDs) based on the 2006 ABS SEIFA index of relative disadvantage. The ABS SEIFA index of relative disadvantage is a widely used and accepted measure of disadvantage. Limitations of the SEIFA index and options to help overcome these are discussed in the future direction and data development section.

Unlike most SEIFA based analyses, this methodology does not use an average score for an area, but instead uses an aggregate count of people meeting a set threshold of relative disadvantage. The major reason for this approach
is to avoid potential problems associated with averaging that can mask significant pockets of disadvantage due the highly variable population and composition of suburbs. That is, the approach suggested here specifically targets the most disadvantaged end of the spectrum. For example, consider two hypothetical suburbs, A and B. Suburb A has a total population of 300 people and 150 of these are highly disadvantaged. Suburb B on the other hand has a total population of 30,000 people and 5,000 of these are highly disadvantaged. The average disadvantage score for suburb A will indicate higher disadvantage than suburb B even though suburb B contains more than 30 times the number of disadvantaged individuals. Using counts based on smaller areas within a suburb help overcome the problem of comparing areas with vastly different populations and the averaging affect that can occur in larger and more heterogeneous suburbs.

Locations of concentrated disadvantage within priority employment regions

The following maps and tables provide an overview of how broad socioeconomic conditions vary across smaller areas within the priority employment regions. By using a finer geographic scale, this data enables investigation of potential ‘hot spots’ within regions. However, it is important to note that data at this scale is only available through the Census of Population and Housing, last collected in 2006. When used in conjunction with more up to date regional information, this fine scaled data provides an important insight into the distribution of disadvantage across regions.

Using the South Eastern Melbourne region as an example, Map 1 highlights all suburbs that contained people living in one of the most disadvantaged 5% of CDs based on the 2006 SEIFA index of relative disadvantage. Those suburbs that either individually or as a cluster had over 3,000 people living in one of the most disadvantaged 5% of CDs are highlighted by the dashed red circles.

As highlighted in table 1, these 10 suburbs account for 95% of all people in the region that lived in one of the most disadvantaged 5% of CDs based on SEIFA, but only approximately 24% of the total regional population of over 650,000 people. Information across a small number of socioeconomic indicators further illustrates how disadvantageous factors often become more concentrated when focusing down on smaller areas (Table 1). For example, if we look at the average unemployment rate in the Local Government Area (LGA) of Casey, it is slightly below the regional average. However, the suburb of Doveton located in Casey, had an unemployment rate nearly twice as high as both the regional and LGA average.
Map 1—Concentrated disadvantage within the South Eastern Melbourne region
<table>
<thead>
<tr>
<th>Region/LGA/Suburb</th>
<th>Population</th>
<th>Estimated annual population change (2001–2006)</th>
<th>Population living in one of the most disadvantaged 5% of Collection Districts (SEIFA 2006)</th>
<th>Median age</th>
<th>Median household income (weekly)</th>
<th>Proportion of total dwellings government or community housing</th>
<th>Families with children Under 15 years</th>
<th>Unemployment rate</th>
<th>No post school qualifications (proportion of population over 15)</th>
<th>Proportion of employed persons in predominately low skill occupations</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Eastern Melbourne</td>
<td>650,021</td>
<td>2.3</td>
<td>26,993</td>
<td>35</td>
<td>996</td>
<td>4.3</td>
<td>2.8</td>
<td>74,866</td>
<td>21.7</td>
<td>6.0</td>
</tr>
<tr>
<td>Greater Dandenong (C)</td>
<td>125,520</td>
<td>0.4</td>
<td>18,266</td>
<td>36</td>
<td>770</td>
<td>13.1</td>
<td>4.3</td>
<td>13,012</td>
<td>25.4</td>
<td>9.4</td>
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<td>4.3</td>
<td>13,012</td>
<td>25.4</td>
<td>9.4</td>
</tr>
<tr>
<td>Springvale</td>
<td>18,429</td>
<td>0.4</td>
<td>6,385</td>
<td>37</td>
<td>695</td>
<td>214</td>
<td>1.8</td>
<td>1,878</td>
<td>274</td>
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<tr>
<td>Dandenong</td>
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<td>4,942</td>
<td>36</td>
<td>626</td>
<td>13.0</td>
<td>6.0</td>
<td>1,617</td>
<td>26.7</td>
<td>12.4</td>
</tr>
<tr>
<td>Dandenong South</td>
<td>4,866</td>
<td>-0.2</td>
<td>4,149</td>
<td>31</td>
<td>673</td>
<td>16.6</td>
<td>6.3</td>
<td>534</td>
<td>23.4</td>
<td>12.4</td>
</tr>
<tr>
<td>Dandenong North</td>
<td>21,956</td>
<td>-0.4</td>
<td>1,218</td>
<td>37</td>
<td>895</td>
<td>8.0</td>
<td>5.8</td>
<td>2,226</td>
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<tr>
<td>Noble Park</td>
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<td>5.2</td>
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<td>Bangholme</td>
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<td>554</td>
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<td>-1.0</td>
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<td>37</td>
<td>620</td>
<td>16.1</td>
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<td>50.3</td>
<td>13.0</td>
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<td>Carrum Downs</td>
<td>17,214</td>
<td>2.7</td>
<td>565</td>
<td>33</td>
<td>1,014</td>
<td>1.2</td>
<td>3.2</td>
<td>2,216</td>
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<td>5.8</td>
</tr>
<tr>
<td>Frankston</td>
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<td>466</td>
<td>38</td>
<td>776</td>
<td>1.0</td>
<td>4.4</td>
<td>3,351</td>
<td>376</td>
<td>7.8</td>
</tr>
<tr>
<td>Casey (C)</td>
<td>214,959</td>
<td>4.2</td>
<td>3,951</td>
<td>32</td>
<td>1,097</td>
<td>2.7</td>
<td>2.3</td>
<td>28,070</td>
<td>19.2</td>
<td>5.4</td>
</tr>
<tr>
<td>Doveton</td>
<td>7,657</td>
<td>-1.0</td>
<td>3,142</td>
<td>36</td>
<td>649</td>
<td>7.8</td>
<td>11.0</td>
<td>848</td>
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<tr>
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<td>466</td>
<td>34</td>
<td>865</td>
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<td>4.6</td>
<td>1,709</td>
<td>34.1</td>
<td>6.8</td>
</tr>
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<td>343</td>
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<td>2.3</td>
<td>3,453</td>
<td>19.4</td>
<td>5.3</td>
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<td>Cardina (S)</td>
<td>5,115</td>
<td>4.5</td>
<td>592</td>
<td>35</td>
<td>1,078</td>
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<td>Kingston (C)</td>
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<td>3.3</td>
<td>2.1</td>
<td>13,622</td>
<td>17.6</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Source: 2001 and 2006 ABS Census of Population and Housing
In many respects, identifying locations of concentrated disadvantage at a point in time is a simpler task than establishing what constitutes improvement and how it can be measured over time. On the surface it seems reasonable to suggest improvement could be gauged by either change in key statistics or by the extent that a location continues to show a concentration of disadvantage. While both of these measures can be useful, they are complicated by the relatively high rate of population mobility across the country. Between 2001 and 2006, just over 40% of the population of people over the age of five years changed address. In effect, this means that when examining change over time in some geographic location the data could relate to a very different group of people. Where the ultimate goal of adopting a locational approach is to improve outcomes for people, understanding more about how many people have moved out of, or in to a location and the reasons why is crucial. For example, consider a suburb that contained a population of 2,000 people in 2001 that were considered highly disadvantaged. By 2006, a large housing development was built in the suburb that saw an additional 2,000 less disadvantaged individuals move into the area. In this case, 2006 area level statistics would appear to improve even if circumstances had not improved for any of the highly disadvantaged individuals. Despite this apparent improvement, the extent that this represented a positive outcome in terms of enhancing social inclusion for the most disadvantaged people in that suburb is questionable. On the other hand, consider a location that had a population of 4,000 highly disadvantaged individuals in 2001. If in 2006 this area still had 4,000 highly disadvantaged individuals, it would be easy to conclude that no improvement had occurred. If a locational program had been operating in this area, it would be tempting to say it had no measurable impact on people in that location. Yet consider what this might mean if data showed only 50% of the population in 2006 lived in the same suburb in 2001. Without knowing the outcomes for those that moved, it would be very difficult to determine if the program was making a difference. Indeed, it could be that people moved to pursue new opportunities and subsequent availability of low cost private or public housing meant a new group of highly disadvantaged people moved in. In this instance, mobility into and out of the location could mask any potential positive impact at the individual level. Even if this was the case for a proportion of those that moved a very different conclusion about progress is likely. Three key questions can help guide a more detailed approach to understanding the impact of any locational approaches, namely:

- To what extent is concentrated disadvantage present in the same locations over time?
- To what extent are the same people present in these locations over time?
- What do we know about the characteristics of people who move into, out of, or stay in disadvantaged locations?

In essence, these questions try to disentangle the links between outcomes at the person level and those at the area level.

**Examples of exploring change in highly disadvantaged locations using available data**

The following example draws on one of the locations identified through the methodology outlined earlier in this chapter to explore how well currently available data can help show change across disadvantaged locations.

The example uses data from both the 2001 and 2006 SEIFA indices of relative disadvantage to determine the estimated change in the number of people living in one of the most disadvantaged 5% of CDs in the suburb (based on the approach outlined earlier in this chapter). These figures are then compared with information about where people who lived in that suburb in 2001 lived in 2006*.

In 2001, the suburb of Dandenong in Victoria had 4,000 people living in one of the most disadvantaged 5% of CDs based on the 2001 SEIFA index of relative disadvantage, from a total population of approximately 16,700 people. In 2006, Dandenong had approximately the same total population of 16,700. However, almost 5,000 of these people lived in another suburban location in 2006. This means almost 40% of the population of the suburb that appeared in the 2006 SEIFA index had moved out of the area. Without knowing the outcomes for those that moved, it is very difficult to determine whether there was any improvement in the area in terms of social inclusion for the most disadvantaged people. Without knowing the characteristics of those that moved in comparison to those that moved out, it is also difficult to determine whether the area is still highly disadvantaged in 2006. In many respects, identifying locations of concentrated disadvantage at a point in time is a simpler task than establishing what constitutes improvement and how it can be measured over time. On the surface it seems reasonable to suggest improvement could be gauged by either change in key statistics or by the extent that a location continues to show a concentration of disadvantage.

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in one of the most disadvantaged 5% of CDs based on the 2006 SEIFA index. While this is indicative of increasing disadvantage across parts of the suburb, it is interesting to note that only 31% of the people living in one of the most disadvantaged 5% of CDs in 2006 lived at the same address in 2001 (with 24% living overseas and another 16% in a different statistical local area in 2001*).

Map 2 shows that despite boundary changes between 2001 and 2006 the most disadvantaged areas within the suburb of Dandenong were very similar and also corresponded closely to the areas with the highest mobility. With quite a high level of mobility, particularly amongst the most disadvantaged parts of the suburb, drawing conclusions about outcomes for individuals across the five year period becomes more difficult (that is, quite a large proportion of the data relates to different individuals).

This simple example aims to show how a better understanding of the dynamics between people and places could play an important part in monitoring the progress of locational approaches to addressing disadvantage.

At present, however, there are serious limitations around the data available to more fully explore and understand much of the dynamic nature of locational disadvantage.

* A further 11% lived at a different address within the same Statistical Local Area, but it is not possible to determine if this was in the same suburb. The remaining persons did not provide sufficient address details.
The approach outlined in this chapter draws on current data about locational disadvantage that is available nationally and for very small geographic areas. However, typically as the geographic detail of data increases the richness and specificity of data items is reduced. While the SEIFA index of relative disadvantage does correlate quite highly with a wide range of more detailed or specific measures of disadvantage, there is considerable scope to improve the range and temporal consistency of data available to help inform locational approaches to addressing disadvantage. A number of options for future data development to help overcome some of the current limitations relating to identifying and monitoring locational disadvantage are briefly discussed below, including:

- integration of census and administrative data sources;
- better linking individual level data across censuses;
- ensuring more consistency and comparability in geographic units over time; and
- consideration of absolute standards or benchmarks for assessing disadvantage rather than relying solely on relative measures.

**Integration of census and administrative data sources**

Data collected as part of the ABS Census of Population and Housing is a valuable source of information on various aspects of disadvantage. As it collects information from the vast majority of the Australian population and is available for very small geographic units, it represents a reliable and consistent source of data on locational disadvantage. Yet these same characteristics also pose limitations, most notably in terms of the time between census collections and constraints around the type and volume of data that can reasonably be collected.

Commonwealth and state/territory governments have a long history in providing programs and services aimed at specific aspects of disadvantage. As a result, they often collect a range of very detailed information about disadvantage. The potential of these data was demonstrated by Professor Tony Vinson’s report *Dropping off the edge* which combined census and administrative data sources to explore areas of multiple disadvantage. The use of this richer set of data enabled Vinson to use indicators that represented direct manifestations of disadvantage, as opposed to indicators that simply reflect some unmeasured element of disadvantage (as is the case with some indicators in SEIFA). This administrative data also enabled examination of a much wider range of disadvantageous factors such as child neglect, health, crime and community cohesion.

As highlighted by Vinson (2007), while this data is potentially very powerful, it is often collected about slightly different topics, in slightly different ways, and using different geographic units across jurisdictions. Development of more standardized and systematic collection of administrative data, and enhanced data sharing arrangements would greatly increase the ability to integrate different data sources and build a more detailed understanding of locational disadvantaged.

**Better linking individual level data across censuses**

The availability of detailed geographic data is of paramount importance in helping to identify and monitor locational disadvantage. Nevertheless, the ultimate aim of any locational approach is to improve outcomes for people, highlighting the need to understand the interactions between people and place. Population mobility and the limited information about these movements represent an important barrier to building this understanding. The Census of Population and Housing provides a snapshot of the proportion of a population that moved across a five-year period between census collections, but currently these data cannot be linked at the individual level across different collections. That is, while we can know how many people stayed at the same address during one five-year period, we cannot link across different collections to figure out if these people were also at the same address ten years ago and so on. Similarly, this means we are not able to consider how various indicators
of disadvantage might relate to patterns of mobility for people moving to or from highly disadvantaged locations over longer time periods. The Census Data Enhancement Project 2006, undertaken by the ABS in 2006–2007, trialled the ability to link data across different census collections using a 5% sample from the 2006 Census. The project found that it would be feasible to create a Statistical Longitudinal Census Dataset that could help monitor patterns in individual experiences over time and therefore help track the effectiveness of policy. This project has considerable potential to help improve longitudinal data in future, although the extent to which any small area geographic analysis would be possible using the new dataset is unclear and is likely to be limited.

**Ensuring more consistency and comparability in geographic units over time**

The redefining of geographic boundaries across census periods (known as the Australian Standard Geographic Classification) has also been a barrier to the ability of census data to help inform longitudinal trends at the small area level. In the past, it has not been possible to completely align successive versions of these boundaries. While there are processes that can be used to approximate alignment, these require a certain level of expertise in the use of Geographic Information Systems.

This not only has implications for comparability of census data but also for the integration and alignment of administrative data sources. The cost and time involved in updating systems for collecting and storing administrative data often mean they use out of date boundaries.

The latest version of the Australian Standard Geographic classification is due for implementation in the 2011 census and will overcome many of these problems through use of a special unit called a Mesh Block. Mesh Blocks will form the building blocks for all subsequent boundaries. While boundaries need to change over time to reflect changes in the distribution of the population, mesh blocks will be added together or broken apart as part of any future changes to ensure simpler alignment to previous boundaries. Address geocoding (a process where address information is transformed to a point on a map based on the latitude and longitude coordinates of the address) is also increasingly being used in some jurisdictions for administrative data and will enable much greater flexibility in aligning data across different boundaries.

**Consideration of absolute standards or benchmarks for assessing disadvantage**

Relative measure of disadvantage, such as the SEIFA index and that used by Vinson (2007), provide an important insight into how areas compare to one another at a point in time. They can also be used to investigate how stable these relative positions are over time. That is, it allows consideration of whether it is continually the same areas that are relatively disadvantaged. While these insights are important, they cannot directly identify, in concrete terms, how the actual characteristics of an area (or people in an area) have changed.

There is considerable debate around the use of absolute or relative measures of disadvantage. However, some assessment against a set of baseline figures will be essential to effectively evaluate the impact of locational approaches (even if these are just an item by item break down of individual components of composite measures). For example, relative changes of a composite index could easily hide important changes on key indicators that might be an important step towards overcoming various aspects of disadvantage. Currently the availability of data to determine absolute measures of change is subject to the same limitations as outlined previously in this chapter.

Information about absolute change across a range of disadvantageous factors is essential to help understand the processes that will lead to improved outcomes, and may ultimately provide an understanding about critical thresholds for certain factors rather than a sole reliance on relative measures. This data should be collected as part of monitoring and evaluation activities of any locational approaches.
Appendices
Appendix A—Terms of Reference for the Australian Social Inclusion Board

The Australian Social Inclusion Board will:

- Provide advice and information to the Minister for Social Inclusion on how to improve social inclusion across the country.
- Consult widely and provide views and input on various aspects of social inclusion including how to measure disadvantage and social exclusion, how to increase economic and social participation, and how communities can be engaged with social inclusion matters.
- Report annually on progress on social inclusion to the Minister for Social Inclusion.
- Provide advice on specific matters referred to it by the Minister for Social Inclusion.
Appendix B—Membership of the Australian Social Inclusion Board

Patricia Faulkner AO (Chair)

Patricia Faulkner leads KPMG’s National Healthcare practice, advising both State and Federal Government agencies. She is also Chair of the Board of the Peter Mac Cancer Centre and Chair of Jesuit Social Services. From 2000 to 2007, Patricia was the Secretary of the Department of Human Services in Victoria. She has held various board appointments over the years including member of the Melbourne International Arts Festival. Patricia held senior and chief executive roles in the Victorian Government during the 1980s and early 1990s, including as Director of Consumer Affairs, Director of Occupational Health and Safety, and Director of Employment. In 1995–96, she chaired the Economic Planning Advisory Commission inquiry into the Future of Childcare in Australia.

Monsignor David Cappo (Vice Chair)

Monsignor David Cappo is a Catholic Priest and social policy leader. A qualified social worker, Monsignor Cappo is Vicar General of the Archdiocese of Adelaide—a role that also makes him deputy to the Archbishop. When Premier Mike Rann came to power in 2002, he established the State’s first Social Inclusion Board and appointed Monsignor Cappo as Chair—a role he continues to hold. In May 2006, Monsignor was appointed Commissioner for Social Inclusion to further strengthen his ability to influence and implement social policy across the South Australian Government. Through these roles, he has spearheaded social policy reform for the State to address a range of pressing social issues including school retention, homelessness, youth offending and mental health. Monsignor Cappo was made an Officer in the Order of Australia in the 2007 Australia Day Honours. Monsignor is an Independent Adviser for the Executive Committee of State Cabinet and also is a member of the Economic Development Board of South Australia. A former National Director of the Australian Catholic Social Welfare Commission, he has—and continues to make—major contributions to national social policy development.

Ms Elleni Bereded-Samuel

Ms Elleni Bereded-Samuel was born in Ethiopia. She has focused her life’s work on strengthening education, training and employment for culturally and linguistically diverse communities in Australia. Elleni is now the Community Engagement Coordinator at Victoria University. Her dynamic leadership has resulted in new solutions for community to access and participate in society. She has brokered partnerships with international and local community organisations, as well as local, State and Federal government departments. Elleni is the first African Commissioner for the Victorian Multicultural Commission. She is on the Board of Directors of the Royal Women’s Hospital and chairs the Community and SBS Community Advisory Committees.
Dr Ngiare Brown

Dr Ngiare Brown is an Aboriginal woman from the south coast of NSW and one of the first half-dozen identified Aboriginal medical graduates in Australia. She has a clinical background in acute care and primary health, as well as experience in medical education, policy and research. Her past positions include Indigenous Health Advisor to the Federal AMA and Foundation CEO of the Australian Indigenous Doctors’ Association. Ngiare is currently undertaking doctoral studies in human rights, human rights law and public health and holds joint placements in the Child Health Division at the Menzies School of Health Research and the Telethon Institute for Child Health Research.

Dr Ron Edwards

Dr Ron Edwards is a founding board member of the Graham (Polly) Farmer Foundation supporting Indigenous youth. He was awarded a Doctorate in Education (UWA 2006) which investigated the factors that can promote social inclusion within society, particularly in an educational context. Ron has been actively involved in programs that seek to enhance social inclusion amongst Indigenous, homeless and disabled people, as well as in the establishment of low fee Anglican schools where he has been on the Council of the Anglican Schools Commission since 1994. He has an active involvement in the seafood industry and is Chairman of Seafood Experience Australia, a seafood promotion company. He was a Member of the House of Representatives from 1983–1993 and now works as a project consultant in the private sector.

Dr John Falzon

Dr John Falzon, a sociologist working in the area of social justice and social change, is Chief Executive Officer of the St Vincent de Paul Society National Council. He has written and spoken widely on the structural causes of marginalisation and inequality in Australia and has long been involved in advocacy campaigns for a fairer and more inclusive Australia, especially in regard to welfare legislation, housing justice, homelessness and poverty. John has worked in academia, in research and advocacy with civil society organisations, and in community development in large public housing estates.
Ms Kerry Graham

Ms Kerry Graham has committed herself to addressing the disadvantage and exclusion experienced by parts of our community. She has worked with Indigenous Australians, children and young people, as well as homeless, mentally unwell and dually diagnosed people. Her experience includes working as a solicitor with Aboriginal Legal Services and she was the founding lawyer of the NSW Youth Drug and Alcohol Court for which she received the National Children’s and Youth Law Centre award. Kerry is the CEO of the Inspire Foundation, a national non-profit organisation which creates opportunities for young people.

Mr Eddie McGuire

Mr Eddie McGuire is host of some of Australia’s most popular television shows. Eddie became President of the Collingwood football club in October 1998. He also established and is Chairman of the Trevor Barker Foundation and works for many other charitable organisations, including the Brainstorm Appeal, the Alfred Hospital Foundation, the Leukaemia Research Fund, the Burnet Research Institute, and the Alannah and Madeline Foundation.

Mr Tony Nicholson

Mr Tony Nicholson has dedicated almost 28 years to improving conditions for those living on or close to the edges of society. A feature of his work has been his ability to collaborate with colleague social justice organisations, governments and business to achieve reform in public policy and service delivery to the benefit of disadvantaged Australians. Tony spent 14 years as Chief Executive Officer of Hanover Welfare Services, a Melbourne-based organisation in the field of homelessness. Tony is currently Executive Director of the Brotherhood of St Laurence in Melbourne, an agency at the forefront of knowledge development and practice of a genuinely Australian approach to social inclusion.

Dr Chris Sarra

Chris experienced first-hand many of the issues faced by Indigenous students throughout their schooling. Chris has had an extensive and noted career in education, with a focus on the pursuit of improved outcomes for Indigenous children. In the late 1990s, he took on the challenges of Indigenous education as the principal of Cherbourg State School in Queensland. Under his leadership, the school became nationally acclaimed for its pursuit of the Strong and Smart philosophy. Chris is now the Executive Director of the Indigenous Education Leadership Institute.
Professor Fiona Stanley

Professor Fiona Stanley is the Founding Director of the Telethon Institute for Child Health Research, Chair of the Australian Research Alliance for Children and Youth, and Professor, School of Paediatrics and Child Health, at the University of Western Australia. Fiona has spent her career researching the causes of major childhood illnesses and strategies to enhance health and well-being in populations. She sits on the Prime Minister’s Science, Engineering and Innovation Council, as well as the Australian Statistics Advisory Council. For her research on behalf of Australia’s children, she was named Australian of the Year in 2003 and in 2006 she was made a UNICEF Australia Ambassador for Early Childhood Development.

Professor Tony Vinson

Emeritus Professor (UNSW) and Honorary Professor (University of Sydney) Tony Vinson has worked with disadvantaged communities to strengthen the problem solving capacities of individuals and groups. Since the mid-1960s, he has researched the priority needs of communities and has taught social workers and trainee doctors how to work effectively with them. Tony has extensive experience researching social disadvantage, which culminated in his book Dropping Off the Edge (2007), on the distribution of social disadvantage in Australia. He has direct involvement in community development projects, was Chair of the Independent Inquiry into NSW Public Education in 2002, a Foundation Director of the NSW Bureau of Crime Statistics in the 1970s, and one-time Head of the NSW Department of Corrective Services.

Ms Linda White

Ms Linda White is the Assistant National Secretary of the Australian Services Union, the largest union working in the social and community services sector. Linda is also a solicitor, the Vice President of the Australian Council of Trade Unions, a director of Legalsuper, the Royal Botanic Gardens Melbourne and the Community Services and Health Industry Skills Council (CSHISC), and a member of the ALP National Executive. Ms White chairs the CSHISC Steering Committee for the Review of the Community Services Training Package. Her work at the ASU includes responsibility for the union’s national strategy in the private sector and the social and community services sector.
Appendix C—Work of the Board
May 2008 to November 2009

In accordance with its terms of reference, the Australian Social Inclusion Board has:

Provided advice and evidence to Ministers on issues related to social inclusion, including:
- Input to the Government’s Principles of Social Inclusion
- Advice on Effective services for children at risk of long-term disadvantage
- Advice on elements of socially inclusive employment services (which are being trialled by the Department of Education, Employment and Workplace Relations)
- Advice on the NT Emergency Response and suspension of the Racial Discrimination Act 1975
- Input to the framework for measurement of social inclusion outcomes
- A submission to the Review of Indigenous Employment Programs and Community Development Employment Projects
- Input to the Homelessness Green and White Papers
- Input to the National Mental Health and Disability Employment Strategy
- Input to the Henry Tax Review
- Response to the Health & Hospitals Reform Commission report
- Response to the COAG National Early Childhood Strategy
- Advice on the use of conditions associated with government payments and services.

Consulted widely and provided advice on how best to measure disadvantage, to increase participation and on how to build inclusive, resilient communities:
- Board meetings held at nine locations around Australia, primarily in disadvantaged localities. Board members met with community representatives to discuss issues they are facing in addressing social exclusion
- The Board’s advice on measuring social inclusion was used in the development of the government measurement and reporting strategy for social inclusion
- Feedback from a wide range of people and organisations has contributed to the development of the Board’s reports and its views on the need for data development (e.g. the need for data on discrimination as discussed earlier in this report)
- The Board’s advice on how best to measure locational disadvantage was utilised by the Government to identify disadvantaged areas within the Jobs Fund priority employment regions
- The Board’s advice on the prevalence of concentrations of multiple disadvantages is helping to inform the development of the government’s social inclusion strategy
- The Board published a brochure, Building inclusive and resilient communities, which was distributed to local government representatives at the June 2009 Australian Council of Local Governments’ meeting
- Board members undertook a series of consultations with the mental health and disability sector and provided advice to Government on the findings of these consultations
- The Board hosted a Chairs of Commonwealth advisory bodies meeting in Canberra to discuss shared issues and ways of working
- In July 2009, the Board released its publication of A Compendium of Social Inclusion Indicators: How’s Australia faring?
Reported annually on progress on social inclusion

> The first annual report, Social Inclusion in Australia: How Australia is faring, is due for release in January 2010.

As outlined above, the Board has provided advice on a range of specific matters referred to it by the Minister for Social Inclusion, most notably including

> jobless families with children;
> children at greatest risk of long-term disadvantage;
> locational disadvantage; and
> measuring social inclusion.

In addition, the Board has

> responded to over 300 items of correspondence covering a wide range of issues; and

> members have participated in numerous meetings and conferences to discuss aspects of social inclusion.

Social inclusion publications mentioned above are available at the Government’s social inclusion website www.socialinclusion.gov.au.
### Appendix D—Indicators requiring further data development or collection

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social participation</td>
<td>Proportion of people who got together socially with friends/relatives not living with them in the past month</td>
<td>Further data required. This report uses last three months.</td>
</tr>
<tr>
<td>Political, civic, community participation</td>
<td>Proportion of the population that participated in selected citizen engagement activities in the last 12 months</td>
<td>Further data required. This report uses data from Community Indicators Victoria survey.</td>
</tr>
<tr>
<td>Political, civic, community participation</td>
<td>Proportion of people 18 years and over who participated in a community event or activity in the past 12 months</td>
<td>Further data required. This report uses last six months.</td>
</tr>
<tr>
<td>Material/economic resources</td>
<td>Composite measure of low economic resources</td>
<td>Conceptual and data development required. Not included in this report.</td>
</tr>
<tr>
<td>Material/economic resources</td>
<td>Low economic resources for two or more years</td>
<td>Conceptual and data development required. Not included in this report.</td>
</tr>
<tr>
<td>Education and skills</td>
<td>Proportion of children in first year of school assessed as ‘developmentally vulnerable’ on two or more domains in Australian Education Development Index (AEDI)</td>
<td>Further data required. This report uses data from a small number of communities; national data being collected in 2009.</td>
</tr>
<tr>
<td>Community and institutional resources</td>
<td>Proportion of population with appropriate access to general practitioners, dental and other primary healthcare professionals</td>
<td>Further data required. This report uses information from the National Aboriginal and Torres Strait Islander Health Survey and AIHW information on access to GPs. Data development underway by AIHW as part of COAG reporting.</td>
</tr>
<tr>
<td>Community and institutional resources</td>
<td>Proportion of people aged 18 and over reporting difficulty accessing justice services</td>
<td>Conceptual and data development required. Not included in this report.</td>
</tr>
<tr>
<td>Community and institutional resources</td>
<td>The proportion of people reporting difficulty accessing services by the type of service and public/private provider</td>
<td>Data development and collection required to capture type of service.</td>
</tr>
<tr>
<td>Community and institutional resources</td>
<td>Local community tolerance of diversity</td>
<td>Further data required. This report uses data from Community Indicators Victoria survey.</td>
</tr>
<tr>
<td>Domain</td>
<td>Indicator</td>
<td>Comments</td>
</tr>
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<td>------------------------------------</td>
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</tr>
<tr>
<td>Housing</td>
<td>Number of affordable houses available to purchase per 10,000 low income households</td>
<td>Further data required. Data development underway as part of COAG reporting. Not included in this report.</td>
</tr>
<tr>
<td>Housing</td>
<td>Proportion of people experiencing repeat periods of homelessness</td>
<td>Further data required. This report uses AIHW SAAP data; further data development required.</td>
</tr>
<tr>
<td>Personal safety</td>
<td>Proportion of people experiencing family violence in the past 12 months</td>
<td>Further data required. This report uses people experiencing partner violence.</td>
</tr>
<tr>
<td>Multiple &amp; entrenched disadvantage</td>
<td>Indicators of multiple disadvantage developed appropriate to several life stages, including: children (early childhood and school age), youth, main working age &amp; older people</td>
<td>Conceptual and data development required for other life stages. This report includes an indicator of multiple disadvantages for main working age people.</td>
</tr>
<tr>
<td>Multiple &amp; entrenched disadvantage</td>
<td>Three or more disadvantages for two years or more</td>
<td>Conceptual and data development required. Not included in this report.</td>
</tr>
</tbody>
</table>
Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
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<tr>
<td>AEDI</td>
<td>Australian Early Development Index</td>
</tr>
<tr>
<td>ASGC</td>
<td>Australian Standard Geographic Classification</td>
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<tr>
<td>AUST</td>
<td>Australia</td>
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<tr>
<td>CDs</td>
<td>Census Collection Districts</td>
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<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
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<tr>
<td>DEEWR</td>
<td>Department of Education, Employment and Workplace Relations</td>
</tr>
<tr>
<td>DSP</td>
<td>Disability Support Pension</td>
</tr>
<tr>
<td>HALE</td>
<td>Health adjusted life expectancy</td>
</tr>
<tr>
<td>HILDA</td>
<td>Household, Income and Labour Dynamics in Australia Survey</td>
</tr>
<tr>
<td>ICD</td>
<td>International Classification of Diseases and Related Health Problems</td>
</tr>
<tr>
<td>IRSD</td>
<td>Index of Relative Socio-Economic Disadvantage, ABS SEIFA</td>
</tr>
<tr>
<td>LBOTE</td>
<td>Language background other than English</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Area</td>
</tr>
<tr>
<td>NAPLAN</td>
<td>National Assessment Program—Literacy and Numeracy</td>
</tr>
<tr>
<td>NSW</td>
<td>New South Wales</td>
</tr>
<tr>
<td>NT</td>
<td>Northern Territory</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>PM&amp;C</td>
<td>Department of the Prime Minister and Cabinet</td>
</tr>
<tr>
<td>Qld</td>
<td>Queensland</td>
</tr>
<tr>
<td>SA</td>
<td>South Australia</td>
</tr>
<tr>
<td>SAAP</td>
<td>Supported Accommodation Assistance Program</td>
</tr>
<tr>
<td>SEIFA</td>
<td>Socio-Economic Index for Areas</td>
</tr>
<tr>
<td>Tas</td>
<td>Tasmania</td>
</tr>
<tr>
<td>Vic</td>
<td>Victoria</td>
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<tr>
<td>WA</td>
<td>Western Australia</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Glossary

Assault—An incident, other than a robbery, where the respondent was physically attacked or threatened with force or violence.

Core activity limitation—There are four levels of activity limitation: profound, severe, moderate and mild. These levels are related to whether a person needs assistance, has difficulty with, or uses aids/equipment to perform core activities such as self-care, mobility and communication.

Child substantiation of notification rates—Substantiations of notifications received in a given year refer to child protection notifications made to relevant authorities during the year ended 30 June, which were investigated and the investigation was finalised by 31 August, and it was concluded that there was reasonable cause to believe that the child had been, was being or was likely to be abused or neglected or otherwise harmed.

Disability—Any limitation, restriction or impairment which has lasted, or is likely to last, for at least six months and restricts everyday activities.

Equivalised Gross Household Income—Gross household income adjusted using an equivalence scale. For a lone person household it is equal to gross household income. For a household comprising more than one person, it is an indicator of the gross household income that would need to be received by a lone person household to enjoy the same level of economic wellbeing as the household in question. Some indicators report disposable rather than gross income, as noted in the indicator discussions.

Homelessness—Homelessness can be defined in many different ways and does not only refer to people who do not have shelter. When conducting the Census the ABS use a cultural definition of homelessness for enumeration. This definition distinguishes between primary, secondary and tertiary categories of homelessness.

Primary homelessness includes all people without conventional accommodation, such as people living on the streets, sleeping in parks, or using cars for temporary shelter.

Secondary homelessness includes people who move frequently from one form of temporary shelter to another, including all people staying in emergency or transitional accommodation provided under the Supported Accommodation Assistance Program (SAAP), people residing temporarily with other households because they have no accommodation of their own and people staying in boarding houses on a short-term basis.

Tertiary homelessness refers to people who live in boarding houses on a medium to long-term basis. They are homeless because their accommodation situation is below the minimum community standard of a small self-contained flat.

Income Quintiles—Groupings that result from ranking all households in the population in ascending order according to their household income and then dividing the population into five equal groups, each comprising 20% of the estimated population.

Income Deciles—Groupings that result from ranking all households in the population in ascending order according to their household income and then dividing the population into 10 equal groups, each comprising 10% of the estimated population.

Indigenous Australians—means Aboriginal and Torres Strait Islander peoples, and is used as an abbreviated term to describe Aboriginal and Torres Strait Islander Australians.

Joblessness—Unemployment and non-employment are the two main measures in analysing joblessness. In ABS surveys, unemployed persons are those aged 15 years and over who were not employed during the reference week, had actively looked for work at any time in the four weeks up to the reference week, and were available for work in the reference week. Non-employment is a broader measure. As well as those who are unemployed, it also includes those who were not employed and did not meet the criteria to be unemployed (and may not even want a job). These people are classed as not in the labour force and this group can include retired people and people primarily caring for children or other family members at home.

Jobless families—A number of different definitions of joblessness are used in this report depending upon the data source.

ABS labour force analysis of jobless families includes couple families where both parents are either unemployed or not in the labour force and one-parent families where the sole parent is unemployed or not in the labour force. Other people in the household over the age of 15 years may be employed (although this is not common).

The ABS General Social Survey defines a jobless family as one in which no usual resident aged 15 years or over is currently employed.

HILDA data uses the same definition as the General Social Survey, however, it also excludes households where all the members of the household (other than dependent children) have retired.
The Headey and Verick study (2006) based on HILDA data used a definition of a 'jobless household' as one where no household member had worked for 26 or more weeks during the preceding financial year.

Labour force—the total number of people who are either employed or unemployed.

Long-term unemployment—a period (duration) of unemployment lasting 12 months or more. Duration of unemployment is the length of the incomplete spell of unemployment of a currently unemployed person. The duration is calculated from the time a person either last worked in any job for two weeks or more, or began actively looking for work (whichever is the more recent).

Low income households—in this report, mostly refers to households with an equivalised gross household income in the bottom 20% of all Australian households (the bottom income quintile). In some indicators refers to households in the second and third deciles of equivalised income as noted in the discussion. (Some households in the bottom income decile have disproportionately high levels of consumption expenditure and/or wealth relative to their incomes and so households in the second and third deciles better represent those with low consumption possibilities.)

Mental disorder and mental illness—According to the World Health Organisation (WHO) ICD–10 Classification of Mental and Behavioural Disorders, a disorder is 'the existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions'. People discussed in this report with a mental health disorder met the criteria for diagnosis of a lifetime mental disorder and had symptoms in the 12 months prior to interview.

Within the mental health sector, the term mental disorder is used when discussing indicators that draw on specific data sources on prevalence of mental disorders. The term mental illness is used in general discussions. This terminology has been adopted for this report.

Mental disorder—severity scale—Severity was measured using the World Mental Health Survey Initiative severity measure (modified for recent changes in the survey instrument). For each individual with a 12–month mental disorder the measure summarises the impact of all the mental disorders experienced in the previous 12 months into a mild, moderate or severe category:

- To be classified as severe, in addition to having a 12–month mental disorder, one of the following must have occurred in the previous 12 months: an episode of mania, attempted suicide, or experienced severe role impairment on at least two domains of the disorder specific Sheehan Disability Scales or overall functional impairment at a level equivalent to a Global Assessment of Functioning score of 50 or less.
- A classification as moderate requires a 12–month mental disorder and moderate role impairment in one domain on the Sheehan Disability Scales.
- The remaining people with a 12–month mental disorder were categorised as mild.


Motor vehicle theft—An incident where a motor vehicle was stolen from any member of a household. It includes privately owned motor vehicles as well as business/company vehicles used exclusively by members of the household.

Non-school qualifications—are those awarded for educational attainments other than those of pre-primary, primary or secondary education. Non-school qualifications include: Postgraduate Degree, Master Degree level, Graduate Diploma and Graduate certificate, Bachelor Degree, Advanced Diploma and Diploma level, and Certificate I, II, III & IV levels. For further information see the Australian Standard Classification of Education, cat. no. 1272.0.

Not in the labour force—Refers to people who did not actively seek work or were not available for work as well as those who have chosen not to work, including parents caring for one or more children.

Reference person—in the ABS Survey of Income and Housing the reference person for each household is chosen by applying, to all household members aged 15 years and over, the selection criteria below, in the order listed, until a single appropriate reference person is identified:

- one of the partners in a registered or de facto marriage, with dependent children
- one of the partners in a registered or de facto marriage, without dependent children
- a lone parent with dependent children
- the person with the highest income
- the eldest person.

For example, in a household containing a lone parent with a non-dependent child, the one with the higher income will become the reference person. However, if both individuals have the same income, the elder will become the reference person.

Remoteness Area (RA)—A structure of the Australian Standard Geographical Classification, covering the whole of Australia. It is intended to classify areas sharing common characteristics of remoteness into broad geographical regions (Remoteness Areas). The remoteness of a point is measured by its physical distance by road to the nearest urban centre. As remoteness is measured nationally, not all
Remoteness Areas are represented in each state or territory. There are six RAs in the structure: Major Cities of Australia, Inner Regional Australia, Outer Regional Australia, Remote Australia, Very Remote Australia, and Migratory Australia. The Remoteness Area names used in this article are abbreviated versions of these official terms, with ‘Australia’ omitted. For further information see Statistical Geography Volume 1—Australian Standard Geographical Classification (ASGC), cat. no. 1216.0, 2006.

It should be noted that ABS Census data discussing Remote and Very Remote areas in this report are based on Census counts and not the Estimated Resident Population. This means that the population discussed in this report is actually lower than the estimated real population as some people were not able to be counted on Census night. However, the Census counts discussed do provide reliable information on the characteristics of the population in these areas.

Robbery—An incident where someone stole (or tried to steal) property from a respondent by physically attacking them or threatening them with force or violence.

Sexual assault—An incident of a sexual nature involving physical contact, including rape, attempted rape, indecent assault, and assault with the intent to sexually assault. Sexual harassment (that did not lead to sexual assault) is excluded from this definition.

Socioeconomic Index for Areas (SEIFA)—A geographical indicator developed by the ABS which summarises many different socioeconomic aspects of people living in areas, which shows how disadvantaged an area is compared with other areas in Australia. The Index of Relative Socioeconomic Disadvantage (IRSD) is one of four SEIFA indexes. IRSD relates to disadvantage based on Census variables such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Supported Accommodation Assistance Program (SAAP)—Provides transitional supported accommodation and related support services to assist people who are homeless or at risk of becoming homeless. States and Territories are responsible for managing the program, while services are provided largely by independent agencies. Support may involve the provision of accommodation as well as a range of other services.

Underemployed workers—In the ABS Monthly Labour Force Survey underemployed workers are employed persons aged 15 years and over who want, and are available for, more hours of work than they currently have. They comprise:

- persons employed part-time who want to work more hours and are available to start work with more hours, or
- persons employed full-time who worked part-time hours in the reference week for economic reasons (such as being stood down or insufficient work being available).

It is assumed that these people wanted to work full-time in the reference week and would have been available to do so.

Violence—Any incident involving the occurrence, attempt or threat of either physical or sexual assault. Physical assault involves the use of physical force with the intent to harm or frighten. An attempt or threat to inflict physical harm is included only if a person believes it is likely to be carried out. Sexual assault includes acts of a sexual nature carried out against a person’s will through the use of physical force, intimidation or coercion, or any attempts to do this.

Partner violence is any incident involving the occurrence, attempt or threat of either physical or sexual assault which was perpetrated by a current and/or previous partner, and which occurred since the age of 15 years.

Current partner includes both married and de facto relationships. If the incident occurred while the person was dating a person they later partnered, the perpetrator was classified as boyfriend/girlfriend or ‘date’.

Working age—Many people participate in the labour market beyond the age of 65 years and the Government recognises the need to maximise workforce participation among older Australians to offset the impacts of population ageing. However, for a number of indicators it is important to examine the situation for people who are of ‘main working age’. In this report, main working age has been defined as people aged 15–64 years and in some cases 18–64 years depending upon the data source.
Endnotes


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7. ABS, Australian Social Trends 2006: Education & Work: Young People at Risk in the Transition From Education to Work, cat. no. 4102.0, 2005

8. ABS, Education and Work, additional data cube, cat. no. 6227.0, May 2008


13. AIHW, Child protection Australia 2007–08, Child welfare series, no. 45, cat. no. CWS33, 2009

14. ABS, Personal Safety, Australia, 2005, cat. no. 4906.0, 2006


18. ABS, Australian Social Trends 2008: Families with a young child with a disability, cat. no. 4102.0, 2008


22. ABS, National Aboriginal and Torres Strait Islander Social Survey 2002, cat. no. 4714.0 p39, 2004


25. ABS, National Aboriginal and Torres Strait Islander Social Survey 2008, cat. no. 4714.0, 2009


31. DIAC, unpublished data, 2009
33. Headey, B and Verick, S Jobless Households: longitudinal analysis of the persistence and determinants of joblessness using HILDA data for 2001–03, Melbourne Institute of Applied Economic and Social Research, the University of Melbourne, 2006
41. ABS, National Aboriginal and Torres Strait Islander Social Survey 2002, cat. no. 4714.0, 2004
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44. McColl, B, Pietsch, L & Gatenby, J Household income, living standards and financial stress, in ABS, Australian Economic Indicators, cat. no. 1350.0, June 2001
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