



Brotherhood
of St Laurence

Working for an Australia free of poverty

The Brotherhood's Social Barometer

The working years

October 2007

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The Brotherhood's Social Barometer: the working years

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1 Introduction

Australia's working age population is the engine room of the national economy. Our workers produce the goods and services that fuel our incomes and national wealth. They are responsible for two of the three Ps—participation and productivity—that, together with the size of the population, drive economic growth. Working people also pay the income taxes that support government spending on health and aged care, the social safety net and education.

The participation and productivity of the workforce will become increasingly important to the economy as the population ages. In 2007, about two-thirds of Australia's population—slightly more than 14 million people—are of working age (15–64 years). This is a historically high rate that will not be maintained. Over the next 40 years, the proportion of the population of working age will decline (to 60 per cent), and they will be called upon to support an increasing group of older people (Treasury 2007, pp. xx–xxi).

Australia will need to raise the quality of its potential pool of workers so that as many as possible are participating in the labour force and working productively. A report to the Council of Australian Governments recognised that '[e]nhancing workforce participation and productivity will require the development of the capabilities of the Australian people – our "human capital" ' (COAG 2006, p. 2). Our human capital is determined not only by our education and the relevant skills we bring to work, but also by our health: good health is the foundation of an active and productive working life.

Good health and education, and being in work, are critically important for individuals as well as the broader economy. Work plays an integral part in people's lives, providing a source of income and self-esteem. On the other side of the coin, unemployment can contribute to disadvantage across several dimensions of life, including ill health, a loss of skills, psychological distress and harm, social exclusion, housing stress and criminal behaviour.

In this third edition of its Social Barometer series, the Brotherhood of St Laurence examines the extent of disadvantage among Australia's working age population. We know that the last 15 years have been particularly good to most Australians. Sustained economic growth has delivered more jobs and larger salaries. Homeowners have seen the value of their properties skyrocket. The average Australian is more highly skilled and is living longer. Meanwhile, governments collect more taxation revenue than ever before. Unquestionably, we are a richer nation.

Yet too many people are missing out on sharing in our national prosperity. Around one million Australians remain unemployed or underemployed. Australia's educational attainment lags behind many culturally similar countries, and people with lower levels of education are much more likely to be unemployed or not participate in the labour market. At the same time, a number of pervasive health problems, including mental illness, affect the working age population.

Overcoming the social and economic disadvantages faced by people of working age is one of Australia's most urgent policy priorities. The challenge was recently identified by the Business Council of Australia (2007), which argued that to maintain economic growth and prosperity in a period of population ageing, Australia needs to provide greater opportunities for those with the lowest participation rates and those facing the toughest barriers. There is an equally powerful argument that, at a time of great economic strength, our governments should be taking action to assist the most disadvantaged members of the community to improve their capabilities and human capital, so they can share more equally in the nation's wealth and well-being.

The Brotherhood's Social Barometer

The Brotherhood of St Laurence is particularly concerned that Australia lacks agreed standards for understanding the extent of social disadvantage. We also see the need for social and economic policies that respond to the changing conditions in Australia, and in the global environment. Social demographics are changing and patterns of household formation differ considerably from those of the past. We now live in a knowledge-based economy with a more deregulated labour market, where it is difficult to participate without the relevant skills and where the nature of work has changed. People's working lives are less linear and involve a lot more changes and shifts in direction.

To inform the development of such policies we have established the Brotherhood's Social Barometer. It is a regular report that deals with the key phases in people's life cycle: the early years, the transition from school to work, periods in and out of work and finally, ageing and retirement. *The working years* is the third report in the Social Barometer series, following *Monitoring children's chances* (Scutella & Smyth 2005) and *Challenges facing Australian youth*, (Boese & Scutella 2006).

The Brotherhood's research has been influenced by international trends in poverty definition and measurement: the social inclusion approach of British and European social policy and Sen's 'capabilities' framework, originating in the international development literature. Both propose multidimensional measures of disadvantage and interestingly they deliver similar social indicators. These approaches, in particular Sen's, have also influenced the Melbourne Institute's work on poverty and the Cape York Institute's adaptation of the framework to the very different circumstances of Indigenous people (see Headey 2006; Cape York Institute 2005).

The Brotherhood has a long history of working with disadvantaged working age Australians. It offers a range of employment and financial services to the working age population and conducts research and advocacy with the aim of improving the opportunities faced by people in their prime working years. Examples of the research undertaken include evaluating innovative community based attempts to assist the long-term unemployed (Temby, Housakos & Ziguras 2004; Bedson 2007; Mestan & Scutella 2007) and measures to improve opportunities for jobseekers facing multiple personal barriers (Perkins 2005).

The third Social Barometer examines the extent of disadvantage among working age Australians aged 18 to 64. Due to difficulties in obtaining the relevant data, in practice the age group examined in most of the report is people aged 15 to 64 years. We recognise that differences within the population relate to many factors such as gender, ethnicity, socioeconomic status and location (metropolitan, rural) and we acknowledge that presented data is limited to some of these factors. Furthermore, the data presented concentrates on the national level, so the possible impact of different state policies (e.g. in education) is outside its scope.

Eight key dimensions of working age well-being

The barometer presents indicators of people's capabilities covering eight key dimensions of life (see Table 1.1). The choice of indicators is shaped by the availability of recent reliable data (especially those reflecting change over time) and by the relative importance of different factors in shaping our opportunities to lead full and rewarding lives.

Table 1.1 Indicators of disadvantage

Dimensions	Indicators of disadvantage		
Employment	Participation and employment	Unemployment	Under-utilisation
Education & training	Education outcomes	Labour force status	Lifelong learning
Economic resources	Income poverty	Distribution of wealth	Low income–low wealth households
Housing	Housing outcomes	Public housing availability	Homelessness
Physical health	Health outcomes	Risk behaviours	Obesity
Mental health	Mental health outcomes	Risk behaviours	Economic and social impacts
Physical safety	Workplace safety	Victims of crime	Perceptions of safety
Social participation	Social involvement	Access to transport	Access to technology

The barometer pays particular attention to the circumstances of Indigenous Australians and people with socioeconomically disadvantaged backgrounds.

Case studies

Several stories of working age people are included in the report. Pseudonyms are used to protect privacy. These stories highlight the multiple dimensions and complex effects of disadvantage on working age people.

Structure of this report

The experience of employment impacts extensively on personal and community well-being. Chapter 2 provides an overview of the employment outcomes of working age Australians and context for the remainder of the report.

Employment opportunities and outcomes are strongly influenced by a person's skills and qualifications. Indicators pointing to the formal education and training experience of working age Australians are presented in Chapter 3. For most people, employment is also the key driver of the economic resources available to meet basic needs and facilitate the pursuit of life goals and ambitions. The indicators presented in Chapter 4 paint a picture of the differences that exist within the working age population in access to economic resources. Chapter 5 presents indicators of one of the most basic needs of all people—housing.

People's capacity to participate in the workforce, and therefore their likely access to economic resources, will be shaped by their physical and mental health. The overall physical and mental health outcomes and patterns of behaviour that can contribute to poor health outcomes and related impacts are discussed in Chapters 6 and 7, respectively.

The later chapters in the report, Chapters 8 and 9, look at physical safety and social participation. They present indicators relevant to employment outcomes and aspects of life outside work for Australia's working age population.

Finally, the conclusion draws out some key policy implications arising from the dimensions of disadvantage documented in the report.

2 Employment

The Williams family

The Williams family with four young children moved to live in a country town. Neither parent had completed secondary school and both had some problems with reading. The father was at first unemployed but then found work in a sawmill. He had worked full-time at the mill for a number of years, but was earning a very low wage. He said:

Even though I work hard and bring home a wage, it's not adequate for what I'd like to be able to provide for them as a parent. My pay's very inadequate.

He also worried about the dangers of the job and lack of maintenance of the mill.

The mother emphasised, 'We need that second job'. She had wanted to work but for a long time could not find a paid job although she had volunteered in an op shop for many years. She worked briefly part-time in a milk bar, but it closed and there were few options in the country town. A little later, she gained work in a supermarket.

Both parents now worked full-time shift work, so money was less of a problem, but their time together as a family was very limited. The mother worked 3 pm to 1 am at the supermarket on a rotating shift. The parents and the children saw little of each other. Neither parent worked on Christmas Day, but the mother worked all the other public holidays. The 15-year-old commented:

Mum works stupid hours, so has Dad lately, but that's all it really is, just dumb hours ... It's just their hours collide together and they never see each other and then Mum, we don't see her usually because she gets home around 2 o'clock [at night], and she'll want to sleep cos we get up early for school and then she's gone by the time we get back from school and so we don't see much of anyone except for weekends, but sometimes they work weekends. So we just have to do our own thing really.

Undertaking paid work is central to the well-being of most people of working age. Employment generates income, which is needed to purchase essential goods and services such as food, shelter and health care, as well as providing for greater recreational and leisure activities. Just as important are employment's intrinsic benefits. Having paid work contributes to a person's sense of identity and self-esteem; and many people define themselves in terms of their work, though as the Williams' experience shows, some working arrangements are far from ideal for families.

Sustained economic growth has provided most working-age Australians with greater opportunities to achieve better employment outcomes.

- The labour force participation rate (at 76 per cent of working age adults) is at an all-time high.
- Employment growth has been so strong that in mid-2007, the unemployment rate is at its lowest level in 32 years

However, not all working age Australians are sharing these good times:

- Although the unemployment rate is low, hundreds of thousands of people remain jobless.
- Unemployment remains concentrated in particular locations, and is particularly acute in public housing estates.
- The overall level of labour 'underutilisation' (10.6 per cent of the working age labour force) is far higher than the official unemployment rate suggests.

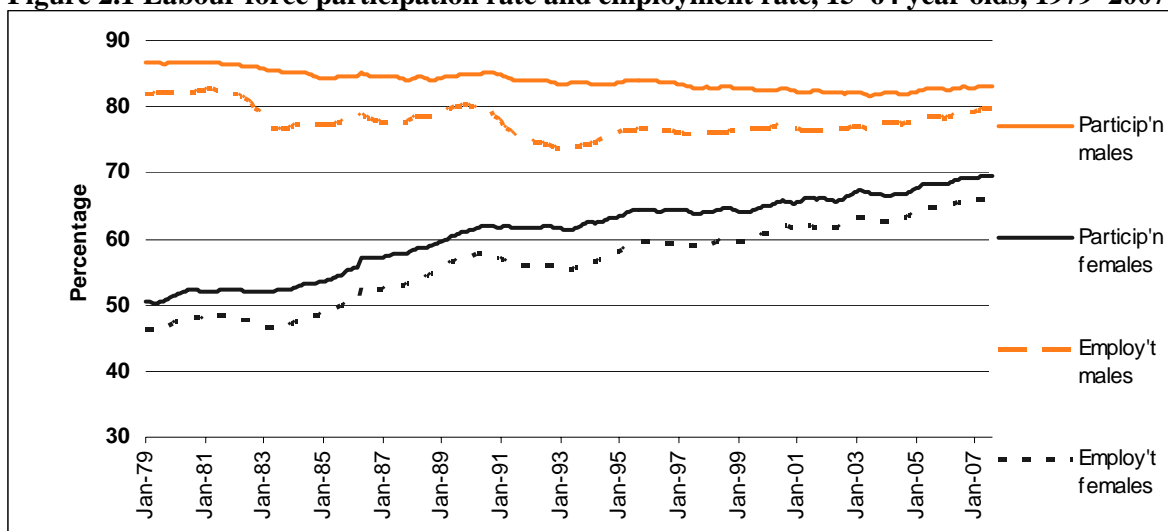
Participation and employment

In June 2007, 76 per cent of Australians aged 15–64 years were participating in the labour force. Of these, 95.6 per cent were employed, and 4.4 per cent were unemployed. Twenty-four per cent of working age people were not in the labour force.

The proportion of working age people participating in the workforce has been growing steadily for more than 30 years. This has been driven by the increasing participation rate of working age women. Figure 2.1 shows that since the late 1970s, the female working age participation rate has risen from 50 per cent to 70 per cent. Over the same period, the male working age participation rate has been in a slow decline, from 87 per cent to 83 per cent. Over the last four years, the male participation rate has recovered 1.5 percentage points—the most sustained rise in more than 30 years.

Figure 2.1 shows that the proportion of working age women who are employed has largely followed the female participation rate, while the male employment rate has fluctuated more with the economic cycle. The proportion of both men and women in work has been increasing since 1993.

Figure 2.1 Labour force participation rate and employment rate, 15–64 year olds, 1979–2007



Note: Both the participation rate and the employment rate are calculated as a percentage of the population aged 15–64 years.

Source: ABS 2007b, Table 18.

Indigenous Australians

The employment prospects for Indigenous Australians are generally lower than those for other Australians. Participation and employment rates are lower for Indigenous Australians in rural and remote area than in major cities. In 2006:

- the participation rate for Indigenous males was 69 per cent, compared with around 83 per cent for non-Indigenous males; and for Indigenous females was 54 per cent, compared with 69 per cent for non-Indigenous females.
- the employment rate for Indigenous males was 59 per cent, compared with 80 per cent for non-Indigenous males; and for Indigenous females was 46 per cent, while for non-Indigenous females it was 66 per cent (ABS 2006b, Table 4).

Unemployment

Unemployment in Australia has been decreasing, not only as a proportion of the labour force, but in absolute terms. Since 1993, the number of unemployed people has halved, to 466 000 in June 2007. This is the smallest number of people to be unemployed since June 1982 (when there were almost

4 million fewer people employed). In 2007, most unemployed people want full-time work—four out of five unemployed men and three out of five unemployed women. An equal number of men and women are unemployed. Worryingly, although unemployment is falling, it remains concentrated in particular locations (Vinson 2007). This is particularly the case in public housing estates (Wood et al. 2006).

Long-term unemployment

The impact of unemployment on an individual is often determined by its duration. Like the unemployment rate, the rate of long-term unemployment in Australia—defined as the proportion of unemployed who have been out of work for more than one year—has been in decline for almost 15 years. Table 2.1 shows that in 1993, following the last recession, 35 per cent of all unemployed Australians were long-term unemployed, and the long-term unemployed represented 3.8 per cent of the working age population. In June 2007, 15 per cent of unemployed persons (0.6 per cent of the working age population) were long-term unemployed. Fewer than 70 000 Australians are currently long-term unemployed.

Table 2.1 Long-term unemployment statistics, 16–64 year olds, 1993 and 2007

Sample	June 1993	June 2007
Number of long-term unemployed	320 400	69 500
Long-term unemployed as proportion of total unemployed	35.1%	14.9%
Long-term unemployed as proportion of working age population	3.8%	0.6%

Source: ABS 2007c, Table 14B.

Beyond the unemployed

It would be misleading to focus solely on the official unemployment rate as an indicator of poor outcomes in the labour market. A large proportion of the workforce is underemployed: they say they want to work more hours than they currently have and are available to do so. Unlike unemployment, the rate of underemployment has remained relatively stable over the past decade, at around 5 per cent of the working age labour force. In September 2006, 540 000 people were underemployed—slightly more than the number who were unemployed (ABS 2007a). A majority of the underemployed would prefer to work full-time hours. On average, underemployed part-time workers would prefer to work an additional 14.4 hours per week.

A further group experiencing difficulty with employment is those people who are marginally attached to the labour force. They include:

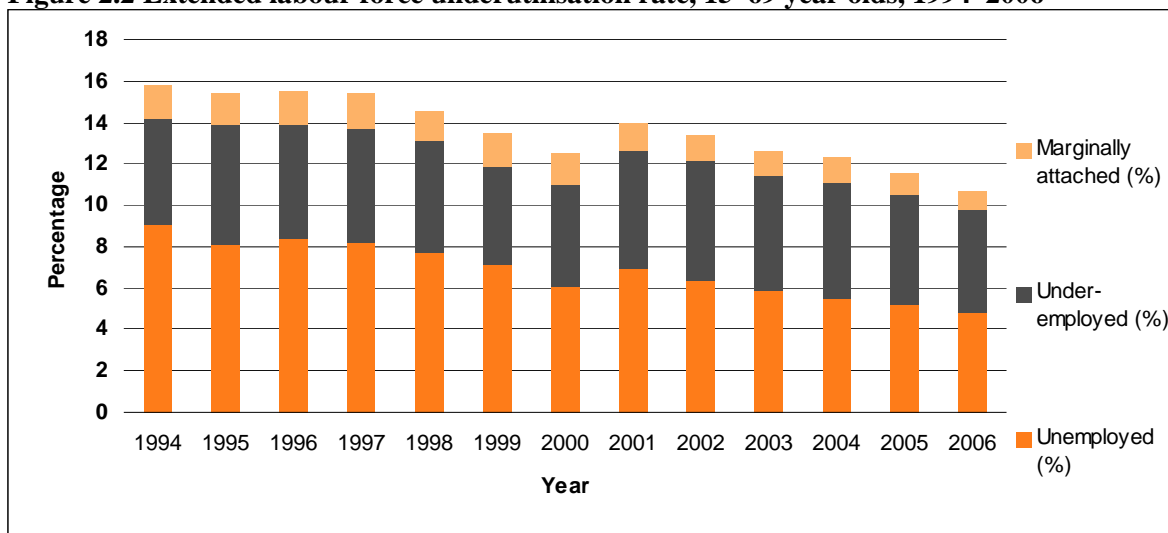
- discouraged job seekers—people who wanted to work and were available to start work within the next four weeks but were not actively looking for work because they believed they would not find a job
- people who were actively looking for work and available to start work within four weeks, but were not included in the official unemployment figures because they were not available in the reference week.

There were about 90 000 working age persons marginally attached to the labour force in 2006, representing 0.8 per cent of the workforce (extended to include the marginally attached). The number of discouraged job seekers fell from 106 000 in 2000 to 56 000 in 2006. It is likely that this partly reflects increased confidence among some job seekers about their work prospects, given the strength of the economy.

Underutilisation

It is possible to calculate an extended labour force 'underutilisation rate', taking into account the unemployed, underemployed and marginally attached. Figure 2.2 shows that more than 10.6 per cent of the working age labour force were underutilised in 2006, down from 15.6 per cent in 1994. This means that more than 1.1 million Australians of working age were not being fully utilised in the labour force in 2006, with more than half of these people not employed at all. This is a very different picture from that painted by the unemployment rate alone. While the underutilisation rate has been falling over time, it has not fallen nearly as steeply as the unemployment rate.

Figure 2.2 Extended labour force underutilisation rate, 15–69 year olds, 1994–2006



Note: Marginally attached workers include discouraged job seekers—people who wanted to work and were available to start work within the next four weeks but were not actively looking for work because they believed they would not find a job—and people who were actively looking for work, were not available in the reference week, but available to start work within 4 weeks.

Source: ABS 2007a, Table 1.

Another indicator of labour force underutilisation is the number of unutilised hours of labour available in the workforce. This can be estimated by considering the percentage of unemployed people who wish to work full-time and part-time, the average hours worked by full-time and part-time workers, and the average additional hours that underemployed persons would like to work each week. Based on these figures, it is estimated that in 2006, there were 29 million unutilised hours available from the working age population. This represented 8.2 per cent of the actual hours worked in the economy.

3 Education and training

Education and training are investments in human capital, which is one of the principal influences on Australia's economic growth and prosperity. For individuals, the skills they acquire affect their chances of getting and retaining a job that is fulfilling and financially rewarding. Opportunities for education and training affect personal well-being, and have flow-on effects in areas such as physical and mental health, housing, economic resources and social participation.

Research has found that people who miss out on formal education in the early phases of life have limited subsequent opportunities to re-engage with formal education, thus significantly limiting their employment opportunities. Attainment of higher education qualifications is associated with many advantages including better employment and pay prospects, better health and life expectancy and less chance of being involved in crime (OECD 2001, p.75).

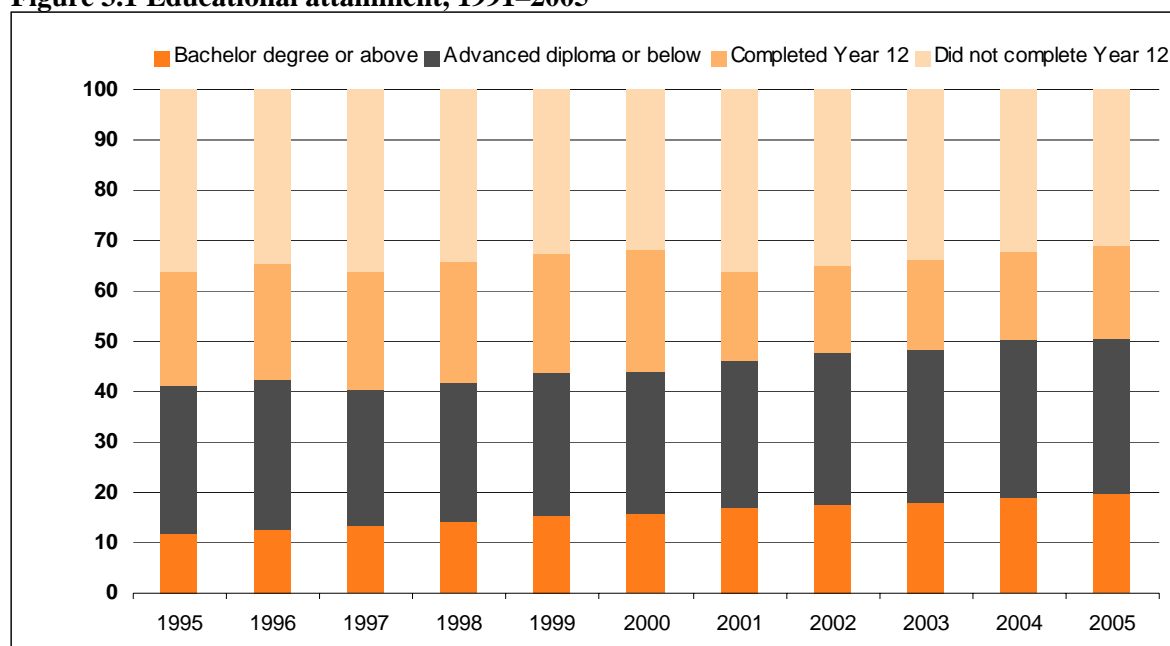
Research shows that:

- A divide is emerging within the working age population: while a growing number of Australians have a bachelor degree, a significant number of others lack any non-school qualification.
- A larger percentage of those with limited education are unemployed or not in the labour force than of those with higher qualifications.
- Indigenous Australians' high school completion rate is less than half that of non-Indigenous Australians.
- Indigenous Australians are much less likely to have post-secondary school education such as a university degree, a diploma or advanced vocational qualifications.

Education outcomes for working age Australians

The most significant change in education outcomes for working age Australians in the period 1995 to 2005 is the marked increase in the percentage with a bachelor degree or above, from 12 per cent to 20 per cent of the population (Figure 3.1).

Figure 3.1 Educational attainment, 1991–2005



Note: All attainments are post-school qualifications, except for 'did not complete school' which includes people who are still at school.

Source: ABS (various years) 4102.0, Table 2. Education: National Summary

Although the trend is for more people to complete at least year 12, in 2005 around 30 per cent of the population had not completed year 12. Almost half the working age population has no post-school qualification. This pattern of educational attainment is different from many culturally similar countries. For example, in 2004, 41 per cent of Australians aged 25 to 64 years had lower secondary education as their highest level of education, compared with the OECD average of 31 per cent.

Table 3.1 Educational attainment, population aged 25 to 64 years, selected OECD countries, 2004

Selected OECD country	Lower secondary education	Upper secondary education	Post-secondary education	Tertiary education	Total
<i>Australia</i>	<i>41</i>	<i>23</i>	<i>3</i>	<i>33</i>	<i>100</i>
Canada	15	28	9	48	100
Germany	30	53	7	20	100
New Zealand	23	39	10	28	100
United Kingdom	17	54		28	100
United States	11	49		39	100
OECD average	31	41	3	25	100

Source: OECD 2006, Table A1.1a

In most OECD countries, younger age groups are tending to have higher educational attainment. This is the experience in Australia. For example, in Australia in 2004, 77 per cent of the population aged 25 to 34 had completed year 12, compared with only 49 per cent of the population aged 55 to 64 years (OECD 2006, Table A1.2a.).

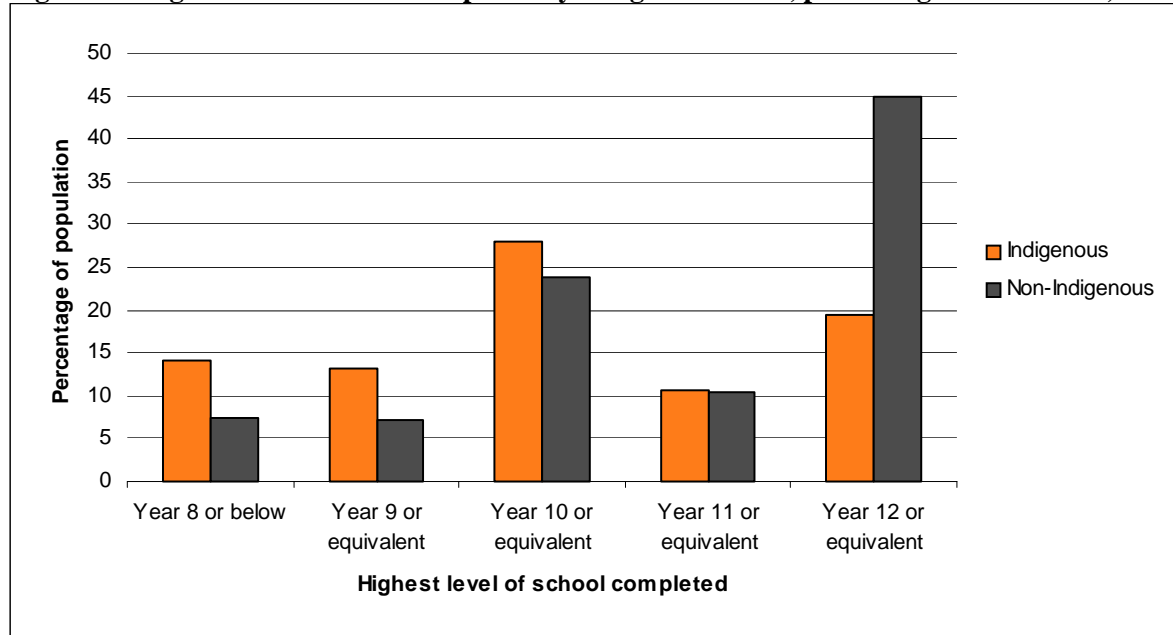
Indigenous Australians

Indigenous Australians have relatively low rates of educational participation and attainment compared with non-Indigenous Australians.

With respect to school education, despite an increasing retention rate for Indigenous students to both year 10 and year 12, a significant gap remains between educational participation for Indigenous and non-Indigenous students. For example, in 2006, 21 per cent of 15-year-old Indigenous students did not participate in education, compared with 5 per cent of non-Indigenous 15-year-olds. Indigenous students were far more likely to finish their formal schooling before year 12 than non-Indigenous students. In 2006, the retention rate for full-time students from year 10 to year 12 was 47 per cent for Indigenous students, which was significantly lower than the rate of 77 per cent for non-Indigenous students (Steering Committee for the Review of Government Service Provision (SCRGSP) 2007a, p. 3.24–27).

The low participation of Indigenous students in school education is reflected in measures of educational attainment. Considering the population aged 15 years and over, in 2006, 23 per cent of Indigenous Australians had completed year 12, which was half of the equivalent figure for non-Indigenous Australians (see Figure 3.2).

Figure 3.2 Highest level of school completed by Indigenous status, persons aged 15 and over, 2006



Note: Data excludes those who did not go to school at all or those who did not state their highest year of schooling. Source: ABS 2007e, *2006 Census tables: Australia*, Cat. no. 2068.0, Table i11.

Relatively low rates of education attainment are associated with low levels of literacy. In 1996, almost 98 per cent of Indigenous Australians reported speaking English as their first language, but 41–47 per cent of these were in the lowest literacy levels (ABS 1997e, p. 8).

A direct consequence of low levels of educational attainment is that it limits opportunities for further education. However, as with school participation, the trend in recent years has been for more Indigenous people to enrol in post-secondary education. Indigenous people were more likely than non-Indigenous people to enrol in a Vocational Education and Training course, rather than a university course. In 2004–05:

- 11 per cent of Indigenous people were participating in post secondary education.
- 21 per cent of Indigenous people had attained qualification at certificate level 3 or above (SCRGSPa 2007, pp.3.34–35).

Education, training and labour force status

There is a strong relationship between a person's education and training attainment and labour force participation and outcomes. Higher qualifications are associated with high rates of labour force participation and low rates of unemployment. For example, in 2005, 88 per cent of people with a postgraduate degree were in the labour force and 86 per cent were employed, compared with 68 per cent of those without a non-school qualification participating in the labour force and 63 per cent employed (Table 3.2). For those working, earnings also rise with the level of qualification.

Table 3.2 Labour force status of those aged 15 to 64 by highest qualification, May 2005

Highest qualification	Labour force status			Total ^a
	Employed	Unemployed	Not in the labour force	
Postgraduate degree and graduate diploma/graduate certificate	86.3	1.9	11.8	100.0
Bachelor degree	84.8	2.1	13.2	100.0
Advanced diploma/diploma	81.3	2.4	16.4	100.0
Certificate III/IV	84.9	3.1	12.0	100.0
Certificate I/II ^b	72.2	4.7	22.8	100.0
Without a non-school qualification	63.0	5.0	32.0	100.0
Total	73.5	3.9	22.6	100.0

a May not add to 100 because of rounding.

b Includes certificates not further defined and level not determined.

Source: ABS 2006d, Table 11.

An individual's employment status is important for furthering their education and training. Of those who were employed in 2001, 82 per cent had participated in some form of training in the past 12 months, compared with only 47 per cent of those who were unemployed and 23 per cent of those who were marginally attached to the labour force.

Lifelong learning

The concept of lifelong learning was developed with the support of OECD, UNESCO and the Council of Europe. Lifelong learning has been defined as 'all purposeful learning activity, from the cradle to the grave, that aims to improve knowledge and competencies for all individuals who wish to participate in learning activities' (OECD 2004, p.1).

Life long learning is important for a number of reasons. First, there are no longer 'jobs for life'. People will have to retrain during their working lives. Individuals face the prospect of changing jobs and changing employers, of new technologies being introduced into workplaces and of organisational change. Second, globalisation and the knowledge economy have been associated with a decline in the number of low-skill, manual and repetitive jobs and the constant creation of new jobs. Third, in response to the new environment, employers want employees who are capable of learning new skills and working with new technologies. This usually requires generic skills such as communication, problem solving and ability to work in teams.

Researchers for the OECD report that:

Lifelong learning strategies promote equity by reducing barriers, so that opportunities for learning, which are currently accessible in full measure mainly by those who already have relatively high levels of education, are available to and taken up by all (OECD 2004, p. 5).

The working age population need to be able to engage in ongoing skill development throughout their working life. Those workers with low-level qualifications may face significant challenges in accessing and completing future training and skill development activities that will be a critical part of future labour market success.

The Australian Bureau of Statistics' website reports preliminary work was underway to develop measures of life long learning. However, this work is currently suspended, while broader policy work on the area continues.

4 Economic resources

The Brown family

The Browns, a couple with three children, have been a low-income family for many years because of lack of steady employment. They live in public housing. When interviewed, the father, a bricklayer, had been unemployed intermittently. The children were attending the local Catholic school.

The mother listed the costs of school fees, camps, swimming and a musical instrument, as difficult. She would also have like her daughter to go to dancing if not for the cost. Paying a bill at the vet was also a problem. The family could not afford a car, which made it hard for the children to join in activities with friends. The grandparents were close to the children and bought them clothes and shoes.

The mother was looking for employment. She had not worked for eight years, but her last job was telemarketing and she had done a hospitality course. She wanted to work but was discouraged by the cost of child care, as well as the difficulty of getting to work without a car and the lack of before-school supervision. She felt that working part-time might not be worth the other losses.

Access to economic resources helps to maintain access to good quality housing, services to support good physical and mental health, and education opportunities. This in turn supports individuals to be strongly engaged in the labour market, generating a consistent income stream. In addition, adequate income and assets are necessary to engage in recreational and leisure activities and to deal with unexpected emergencies. Without such resources, households like the Browns struggle to make ends meet. Limited economic resources increase the likelihood of financial stress, which may contribute to physical and mental health problems.

Chapter 3 discussed Australia's experience of long-term economic growth and the labour market characteristics of increasing participation and decreasing unemployment. Unfortunately, not all working age Australians are sharing these good times. While the unemployment rate is low, hundreds of thousands of people remain jobless. Hundreds of thousands more are employed but do not have enough work—underemployment is as prevalent as unemployment. Thus, not all households have experienced an increase in available economic resources and the full range of associated benefits.

There is evidence that:

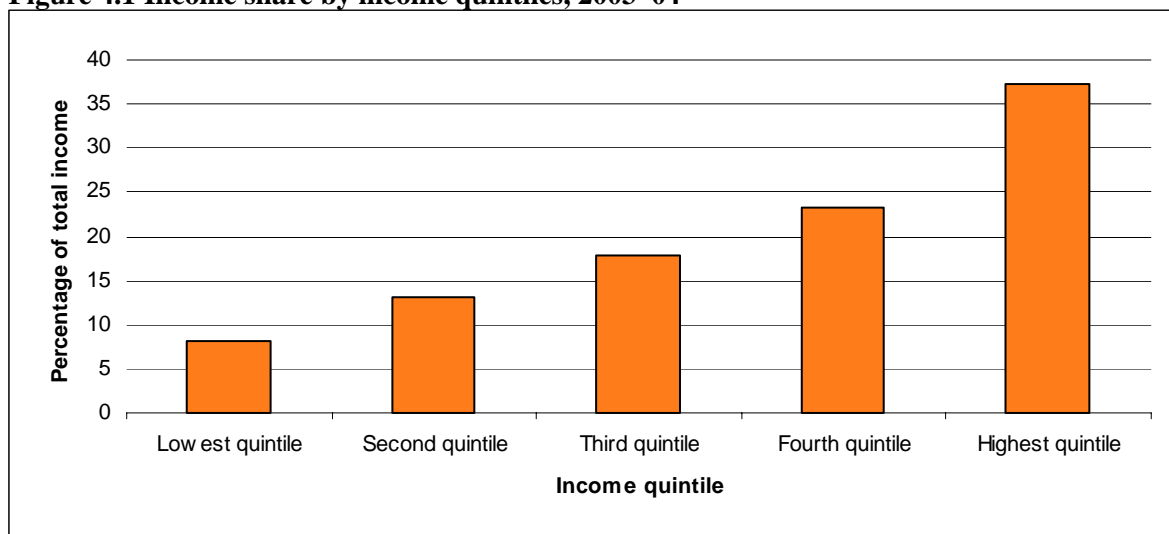
- The extent of relative poverty has been increasing over the last two decades in Australia as income distribution has become more unequal.
- Some 30 per cent of those in the lowest income quintile are unlikely to be able to raise \$2000 in a week for an emergency.
- Income poverty is more prevalent amongst some population groups, including Indigenous Australians and lone parents with dependent children.
- Wealth is distributed much more unevenly than income, with the net worth of the wealthiest Australians averaging 54 times the net worth of the poorest Australians (see Figure 2).
- In 2003–04, over 1 million Australian households reported both low income and low wealth (in the bottom 30 per cent on both indicators).

Income poverty in Australia

Overall, Australians are becoming richer as the economy enters into its 17th year of consecutive positive growth. Gross household income increased by 47 per cent between 1997 and 2005. National gross domestic product increased by 28 per cent in the same period. Average weekly earnings for all employees are about \$850 per week in 2007 (ABS 2006e).

However, income remains unevenly distributed across the population. Figure 4.1 shows that in 2003–04, the highest income quintile earned 37 per cent of the total income, while the lowest quintile only had 8 per cent. The second and third quintiles combined only earned 31 per cent (ABS 2005a, Table 1).

Figure 4.1 Income share by income quintiles, 2003–04

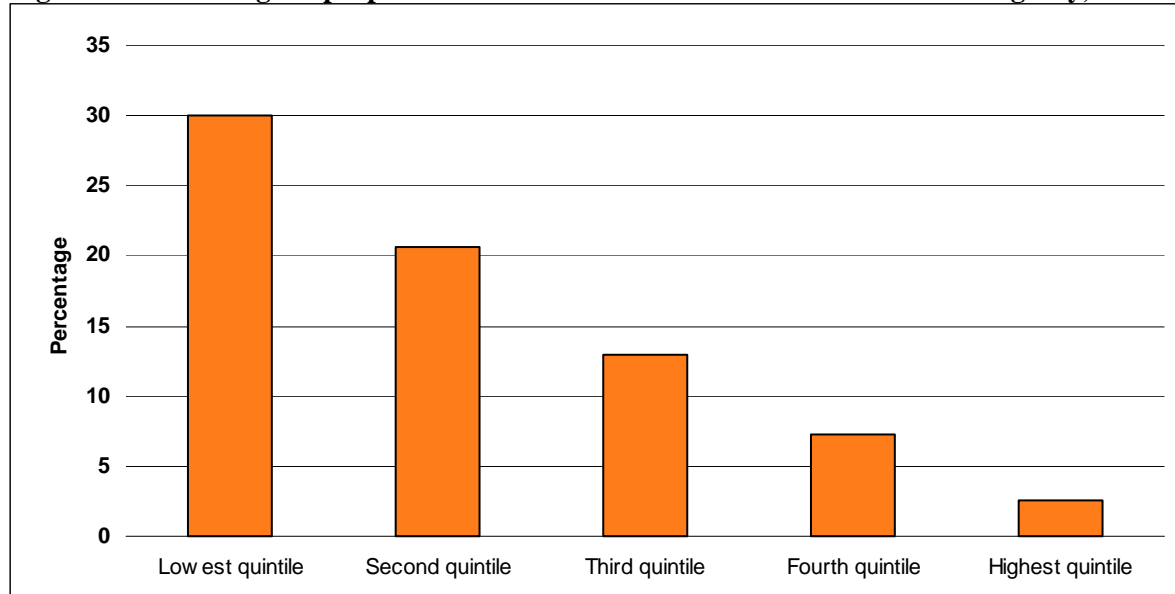


Source: ABS 2005a, Table 1

Whilst the incidence of absolute poverty in Australia may be low, the extent of relative poverty has been increasing over the last two decades (Wilkins 2007). Research by the Melbourne Institute estimates that in 2001–03, 12.9 per cent of the population lived in poverty (that is, on incomes below 50% of median household income) (Wilkins 2007, p.11). This represents a 15 per cent increase in the proportion of people living in poverty from 1981–82. Wilkins notes that the increase in relative poverty was caused by the failure of low paid workers' incomes to keep pace with median incomes, rather than a decline in real incomes.

People's economic resources impact on their well-being in a number of ways. One indicator is their capacity to deal with unexpected financial emergencies—for example, are they able to access financial assistance from their network of friends and family for an urgent need? Figure 4.2 shows that 30 per cent of those in the lower income quintile were unlikely to be able to raise \$2000 within a week for an emergency. (The equivalent figures for low income–low wealth households are discussed below).

Figure 4.2 Percentage of people unable to raise \$2000 within a week for an emergency, 2006

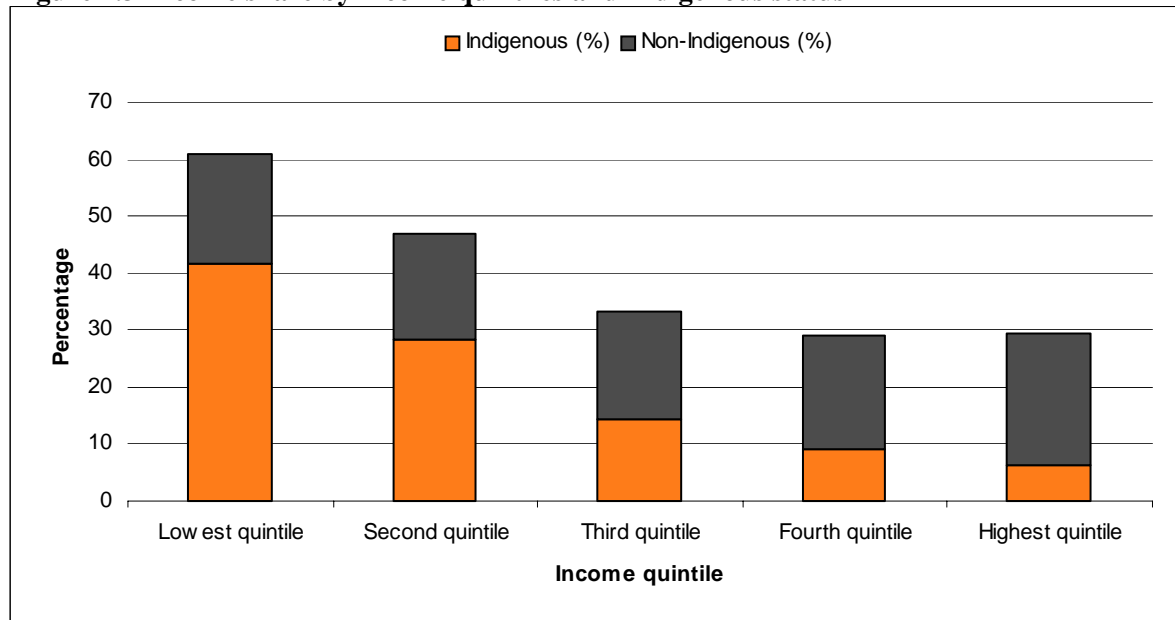


Source: ABS 2006f, p. 76

Indigenous population

Income poverty is particularly pronounced for the Indigenous population. The gross household income for Indigenous people is only 59 per cent of that of non-Indigenous adults in 2002, indicating significant inequality in access to economic resources. Figure 4.3 shows that a larger proportion of Indigenous Australians (42 per cent) are in the bottom two income quintiles, compared with 19 per cent of non-Indigenous Australians. This is consistent with the labour market disadvantage faced by Indigenous Australians, as discussed in Chapter 2.

Figure 4.3 Income share by income quintiles and Indigenous status



Source: ABS 2004b, p. 28

Indigenous Australians are also much more likely than non-Indigenous people to be adversely affected by an unexpected expense. In 2002, 54 per cent of Indigenous Australians in non-remote areas were unable to raise \$2000 within a week for an emergency, compared with 14 per cent of non-Indigenous Australians. In remote areas, this figure was 73 per cent (Hunter 2006).

Other groups

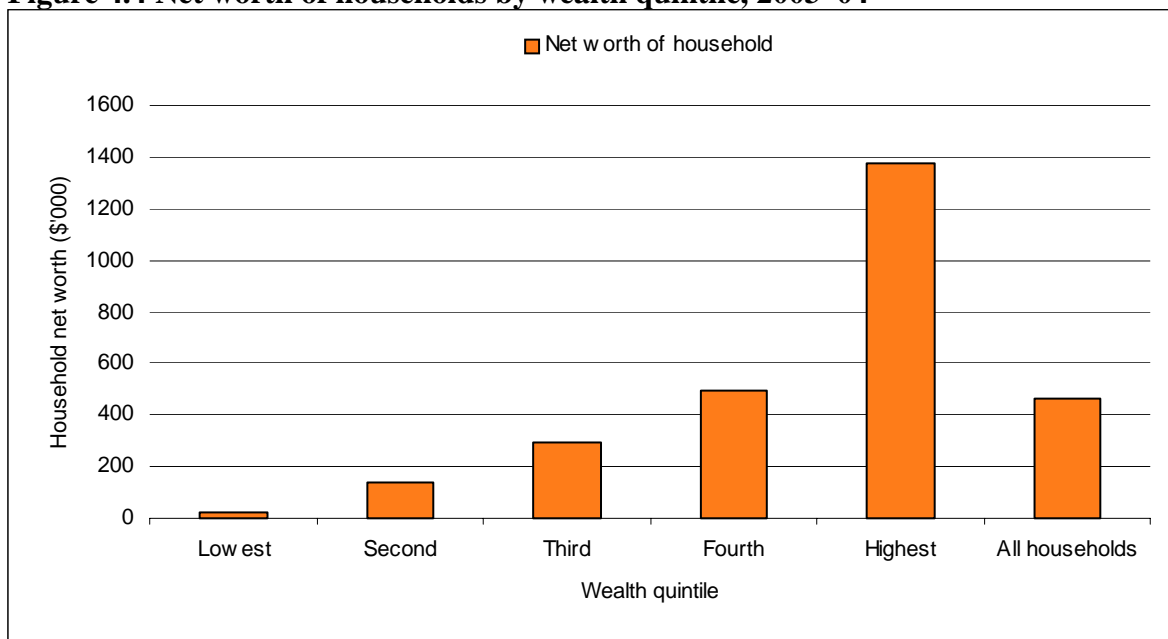
Income poverty is also more prevalent amongst households with a lone parent. In 2004, the mean weekly earnings of a lone parent with dependent children were only 73 per cent of those of all households (ABS 2006e). A major factor contributing to this difference is that lone parents are more likely to be in casual or part-time employment as they need to look after their children.

People with disabilities also tend to have less access to economic resources than others. This is related to their labour force experience. As a group, people with disabilities have a much lower labour force participation rate (53 per cent) than people without disabilities (80 per cent). In addition, people with disabilities in the labour force experience higher rates of unemployment than those without a disability (ABS 2004a, p.26).

Distribution of wealth

The average net worth of Australian households in 2003-04 was \$467 000. However, wealth, like income, is unevenly distributed. In 2003-04, the average net worth of households in the highest wealth quintile was \$1.3 million, compared with \$24 000 for the lowest quintile. In other words, the net worth of the wealthiest Australians averaged 54 times the net worth of the poorest Australians (Figure 4.4).

Figure 4.4 Net worth of households by wealth quintile, 2003-04



Source: ABS 2006l, Household wealth and wealth distribution, Australia, Cat. no. 6554.0, Table 6.

As wealth takes time to accumulate, older working age people tend to be wealthier than younger people. The average net worth of households whose primary income earner is aged 15-24 is \$68 000, whereas for households with a primary income earner aged 55-64 it is \$632 000 (ABS, 2006l, Table 20).

Low income and low wealth

For a person or a household, low income does not automatically mean low wealth or vice versa. It is possible to be low income-high wealth, when assets are high, or high income-low wealth. However, in 2003-04, over 1 million Australian households reported *both* low income (the lowest three deciles for income) *and* low wealth (the lowest three deciles for wealth). There were 1.8 million people aged 15 years and over in low income-low wealth households. These households have very low rates of employment: on average, they included 0.4 employed persons, compared

with 1.4 employed persons in all other households. Over three-quarters of these households relied on government pensions and allowances as their principal source of income (ABS 2007g, pp.1–3).

The relatively high levels of financial stress associated with living in a low income–low wealth household are evident on many measures. For example:

- 11.8 per cent of people in low income–low wealth households reported going without meals, compared with 1.8 per cent of other households.
- 37.8 per cent of people low income–low wealth households reported that they could not pay electricity, gas or telephone bills on time, compared with 11.5 per cent of all other households.
- While 30 per cent of people in the lowest income quintile did not believe they could raise \$2000 in a week for an emergency, the equivalent figure for low income–low wealth households is 52 per cent (ABS 2007g, p. 5).

5 Housing

The Long family

Some 18 years ago, a young refugee couple with one child arrived from south-east Asia and moved into a high-rise flat in an inner city public housing estate. They felt the flat was adequate but struggled to pay the rent. The father was working as a machine operator. The mother liked the area because it was close to relatives, doctors, shops, schools and public transport; but she was afraid to go out at night and the lift in the 20-storey block of flats was often out of order.

The father subsequently lost his job and had difficulty finding further employment. Over the years another six children were born, so two adults and seven children were squashed into the three-bedroom flat. The mother was keen to move to a house, but also worried that if they moved she could not afford a washing machine and drier and could not wash for the family as she could in the laundry in the flats. After 10 years, the family eventually moved to a public rental house (with four bedrooms instead of three) in a northern suburb. Here they were quite isolated from their friends and relatives who could have provided assistance and child care so the mother, who had never had paid employment, could learn to use a sewing machine and then could work at home. She now felt she preferred the inner suburb where she could walk to shops, instead of having to catch the bus.

Adequate housing is an internationally recognised human right. In the context of community expectations, many Australians consider home ownership to be 'the great Australian dream'. Recent evidence suggests that an increasing proportion of people have mortgages so they can realise this dream. Housing costs are a significant component of a household budget. People with lower household incomes tend to devote a higher proportion of their income to housing costs than do those in high-income households.

The extreme form of inadequate housing is homelessness¹. Without a place to live in security, peace and dignity, homeless Australians are likely to experience worsening mental health, reduced employment opportunities, discrimination and social exclusion (Jones 2005). Homeless people may lack access to basic needs such as food and clothing and are vulnerable to a multitude of dangers including exploitation and violence.

Adequate housing is more than just shelter. People can also experience problems in overcrowded, unsafe or unhygienic housing—or may face a tough choice between having more space and being close to services, as the Longs did. Increasing housing costs over recent years have meant that access to affordable housing is very difficult for people on low incomes.

Research shows that:

- In 2003–04, 30 per cent of Australians in the lowest income quintile were paying more than 30 per cent of their gross household income for housing costs.
- Almost 58,000 Australians aged 19–64 years were homeless on Census night in 2001.
- Indigenous Australians are more likely to experience homelessness, live in poorer housing conditions and to live in public housing, than other Australians.
- The percentage of public housing applications which were successful fell from 22 per cent in 1999 to 14 per cent in 2005.

¹ In Australia, a cultural definition of homelessness (see Chamberlain & MacKenzie 2003) is generally used. It identifies three categories of homelessness: primary homelessness (the same as literal homelessness or 'rooflessness'); secondary homelessness (staying in any form of temporary accommodation, with no secure housing elsewhere); and tertiary homelessness (long-term occupancy of single rooms in private boarding houses).

Housing outcomes for working age Australians

From 1994–95 to 2003–04, the proportion of people living in their own home remained relatively constant at around 71 per cent. However, the proportion who owned their home with a mortgage increased from 30 per cent to 35 per cent. In 2003–04, there was a slightly higher proportion of people in rental accommodation (28 per cent) than in 1994–95 (Figure 5.2).

Table 5.1 Household tenure and landlord type, 1994–95 and 2003–04

Tenure and landlord type	1994–1995 %	2003–2004 %
Owner without a mortgage	41.8	34.9
Owner with a mortgage	29.6	35.1
Renter		
State/territory housing authority	5.5	4.9
Private landlord	18.4	21.2
<i>Total renters</i> ^a	25.7	27.6
All households ^b	100.0	100.0

a Includes other landlord type. b Includes other tenure type.

Source: ABS 2006j, Table 3.

The lifecycle trend in housing is evident in Table 5.2. The proportion of people renting declines with age: around three-quarters of people aged 15 to 24 years lived in rental accommodation, predominantly renting privately, while among those aged 55–64 only 16 per cent of people were living in rental accommodation. Across all working age groups, between 3 and 5 per cent of people live in public housing. Of some concern is research suggesting that the number of public housing dwellings in Australia has decreased between 2001 and 2006 from 359 000 to around 341 500 (AIHW 2007a, p.103).

Even at young working ages, a significant proportion of younger Australians had arranged to purchase their homes. Around 20 per cent of people aged 15 to 24 years lived in a house they owned (with or without a mortgage). The majority of those aged 15 to 54 still had a mortgage. Only among those aged 55 to 64 did more than half of the group own their home without a mortgage.

Table 5.2 Household tenure and landlord type, by age group, 2003–04

Tenure and landlord type	15–24 %	25–34 %	35–44 %	45–54 %	55–64 %
Owner without a mortgage	2.4 ^c	5.0	13.4	31.4	58.6
Owner with a mortgage	18.3	45.0	54.4	47.4	23.9
Renter					
State/territory housing authority	4.4	3.3	4.9	4.6	4.9
Private landlord	68.4	41.1	23.5	14.0	9.3
<i>Total renters</i> ^a	75.6	46.6	30.0	19.7	15.5
All households ^b	100.0	100.0	100.0	100.0	100.0

a Includes landlord type. b Includes tenure type.

c Estimate has relative standard error of 25% to 50% and should be used with caution.

Source: ABS 2006j, Table 9.

For more than three-quarters of Australians, housing costs represent 25 per cent or less of their gross income. In 2003–04, however, more than 15 per cent of Australians were paying in excess of 30 per cent of gross household income as housing costs (ABS 2006j, Table 3). The corresponding figures are almost 30 per cent of people living in the lowest equivalised disposable household income quintile, and less than 8 per cent of households in the highest income quintile (Table 5.3).

Table 5.3 Housing costs as a proportion of gross income, by equivalised disposable household income quintile, 2003–04

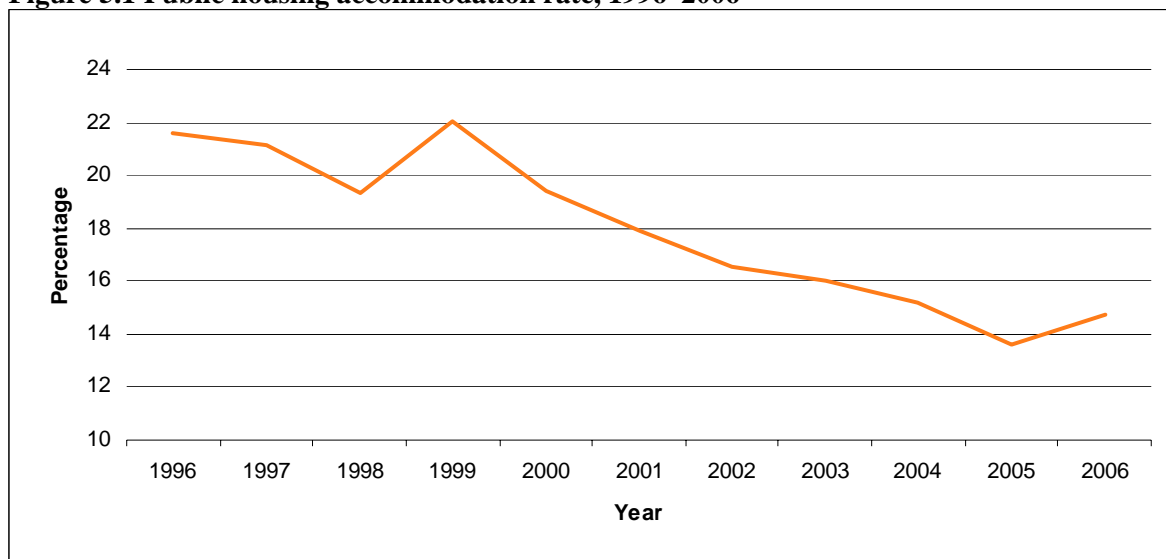
Housing costs as a proportion of gross income	Equivalised disposable household income quintile ^a				
	Lowest %	Second %	Third %	Fourth %	Highest %
25% or less	65.7	76.2	80.5	82.7	87.7
More than 25% to 30%	5.0	8.0	7.8	6.8	5.0
More than 30% to 50%	14.6	12.6	9.8	8.7	6.2
More than 50% ^b	14.7	3.2	1.9	1.8	1.2
All households	100.0	100.0	100.0	100.0	100.0

a See paragraphs 35 to 40 of the explanatory notes.

b Includes households with nil or negative total income. Source: ABS 2006j, Table 11

Public housing availability

Public housing availability appears to be worsening. This is highlighted in Figure 5.2 which shows that the percentage of successful public housing applications fell from 22 per cent in 1999 to 14 per cent in 2005. There was a slight recovery in 2006 but the accommodation rate remained low compared with earlier years.

Figure 5.1 Public housing accommodation rate, 1996–2006

Source: ABS 2007f, Housing data cube, Table 1.

It is important to note that there has been a shift in Commonwealth Government's housing assistance policy away from provision of public housing through the Commonwealth State Housing Agreement towards rent assistance, which supports people to rent in the private market. ABS data show, however, that average rents paid by rent assistance recipients have considerably outpaced the level of rent assistance over recent times (ABS 2006e, p.168)

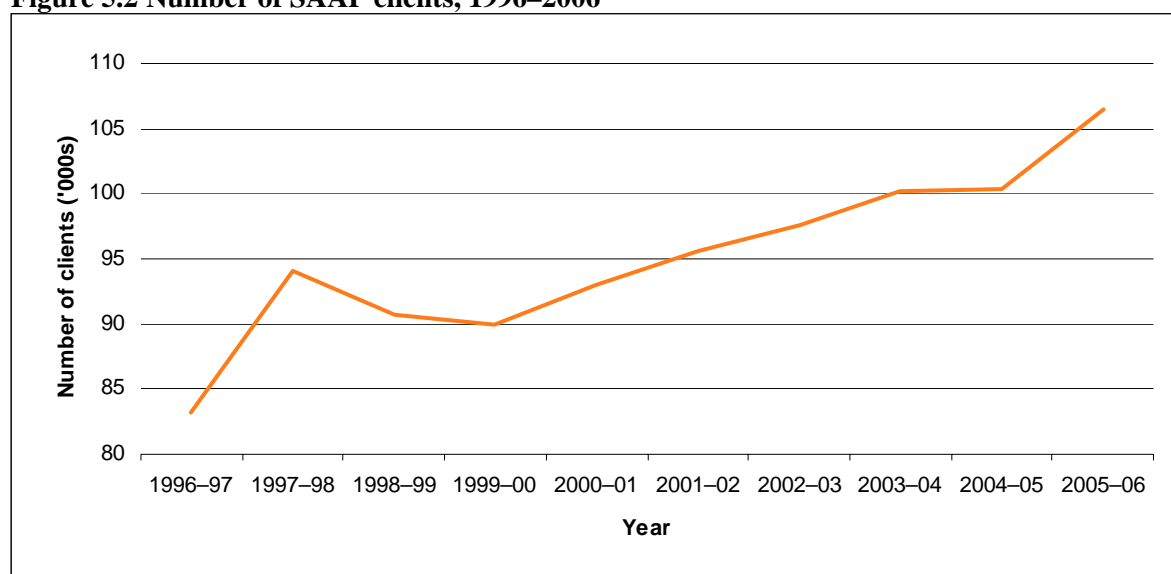
Homelessness

The extreme case of inadequate housing is homelessness. On Census night 2001, approximately 100 000 people in Australia were considered homeless (Chamberlain 2003). Homelessness affects mainly the working age population. Over half (58 per cent) of the homeless population are between 19 and 64 years of age, with one-third in their prime working age (25 to 44 years) and just under one in five aged 45–64 years. In aggregate, men represent a larger proportion (58 per cent) of the homeless population than women.

Homeless people make different arrangements to obtain shelter. When data was collected in 2001, 49 per cent of the homeless population were staying with friends and relatives, around one-quarter were in boarding houses, around 14 per cent were staying in Supported Accommodation Assistance Program (SAAP) accommodation and a further 14 per cent were in improvised dwellings or sleeping out.

SAAP was established to provide assistance to people who are homeless or at risk of homelessness. The demand for the program can be used as an indicator of the size and needs of Australia's homeless population. It should be noted that not all homeless people access SAAP services: some do not seek them and some who do will not have their needs met. Figure 5.2 shows that the number of people accessing SAAP services has grown considerably in the period 1996–2006.

Figure 5.2 Number of SAAP clients, 1996–2006



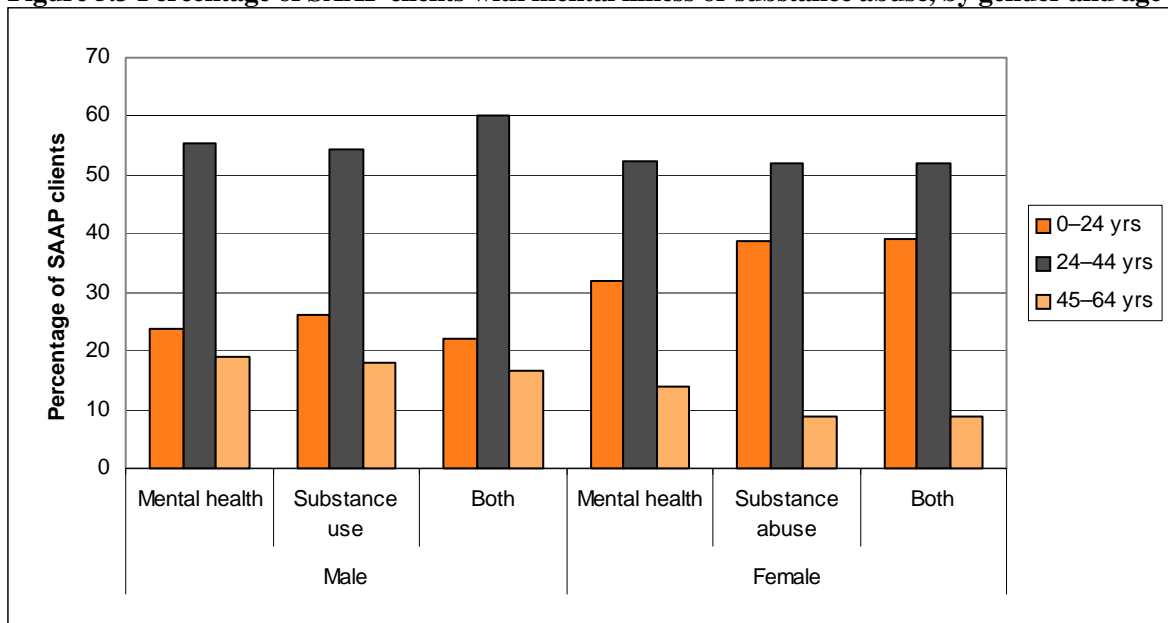
Source: AIHW 2007a, p. 21

In 2005–06, over 106 000 Australians received support some time throughout the year. Around 60 per cent of SAAP clients were female. The main reason for seeking SAAP support was domestic or family violence (22 per cent), followed by relationship or family breakdown (10 per cent) and other financial difficulty (10 per cent). Half of SAAP clients in 2005–06 received support for less than one week. Of all SAAP clients, 96 per cent were among the working age population (15 to 64 years), with almost half in the prime working age group (25 to 44 years).

Research has shown that mental ill health and associated substance abuse is more prevalent amongst the homeless population. In 2004–05, 12 per cent of SAAP clients reported a mental illness and 19 per cent reported substance abuse (AIHW 2007b, p.1). Other research suggests a higher prevalence of chronic ill health among homeless people (see, for example, Buhrich et al. 1998).

Figure 5.3 shows that a higher proportion of those who are SAAP clients and have mental ill health or substance abuse are of prime working age (25–44 years). Almost 60 per cent of homeless males of prime working age have both mental ill health and a substance abuse problem. The equivalent figure for females is over 50 per cent. Homelessness is more likely to be a consequence than a cause of mental ill health and/or substance abuse problems. However, being homeless is likely to make any efforts to address mental ill health or substance abuse extremely difficult.

Figure 5.3 Percentage of SAAP clients with mental illness or substance abuse, by gender and age



Source: AIHW 2007b, p. 17

Housing for Indigenous Australians

In addition to the higher proportion who are homeless, the housing conditions of Indigenous Australians have also typically been poorer than those of the rest of the population. Many people live in conditions that are overcrowded and unacceptable by general Australian standards (AIHW 2006).

In 2002, 9 per cent of Indigenous *households* are overcrowded. This equates to an estimated 22 per cent, or 80 370 Indigenous Australians, living in overcrowded conditions, which puts strain on basic household amenities such as toilets and plumbing and increases the risk of infectious diseases. Further, 35 per cent of Indigenous Australians live in dwellings with structural problems. Indigenous Australians are over-represented in public housing, where the highest proportion of overcrowding occurs (AIHW 2006).

Table 5.4 Indigenous persons living in overcrowded conditions and Indigenous households, by tenure type, 2001

Tenure type	Persons ^a		Households ^a	
	Number	Percentage	Number	Percentage
Home owner/purchaser	8,110	8.3	2,160	4.7
Renter (state/territory housing authority)	14,500	17.5	2,660	9.1
Renter (Indigenous/mainstream/community housing)	44,040	57.3	5,320	34.0
Private and other renter	11,330	11.6	2,840	6.1
Total^b	80,370	22.2	13,380	9.5

a Excludes dwellings where the number of bedrooms was not stated. b Includes 'other' and 'not stated'.
Source: As presented in AIHW 2006, Table 4.16.

With respect to homelessness, Indigenous people were over-represented as SAAP clients. In particular, the rate of homelessness for Indigenous person was 175 per 10,000 compared with 50 per 10,000 for non-Indigenous Australians.

6 Physical health

The Wang family

Mr and Mrs Wang were refugees from Vietnam. When their daughter was born in Melbourne, the father was working as a clerk in a factory. He had education to Year 10, his wife only three years of primary schooling. Neither spoke English well. Mr Wang subsequently tried unsuccessfully to start an import/export business. By the time their daughter was 6, he had returned to Vietnam and the parents had divorced. By the time their daughter was 12, the mother and children were reliant on Parenting Payment Single, which the mother found insufficient to meet daily costs. She had had times of depression, including a suicide attempt. She suffered back and neck problems after a car accident the previous year and lost her part-time job as a process worker. Through an interpreter, she said she feared for the future:

Recently, after paying all the bills, I am again in desperate need of money. I also try and eat less myself, so that the children may eat more. I am not sure whether I will have enough money in the next few years, because I cannot work. I must rely on handouts. Originally I had planned to work, with the little one attending Prep. However the accident has dissolved all hope of that. Now I wish to go back to school and find a part-time job that is less demanding on the body—working part-time, because I would be able to pick up the kids from school ... I hope the government can set up a department or something special for us injured people to work so that I may become less dependent on government. I am not a lazy person, I have been seeking work for ages, however at the mention of being a TAC (Transport Accident Commission) victim I am instantly rejected. [For the children's future] I wish them to attend university. I don't think I can afford it, however I will try my best.

Most Australians are in good health and rate their own health positively. In 2004–05, 59 per cent of Australians aged 18 to 64 years reported that their overall health was very good or excellent (ABS 2006a, Table 3).

However, a growing number of Australians have long-term health conditions, whose prevalence tends to increase with age. There is evidence that people like Mrs Wang with various long-term health conditions are less likely to be participating in the labour force (Jose et al. 2004).

It is of concern that:

- An increasing number of Australians are living with some form of disability.
- Since 1987, Australia has been ranked in the 'worst' third of OECD countries for the proportion of adults who are obese.
- While more people over 18 years in the highest income quintile consume alcohol at risk levels, people in socially disadvantaged neighbourhoods are more likely to be daily smokers, to do limited exercise and to eat little fruit.
- Indigenous Australians' life expectancy is 17 years lower than the national average.
- Indigenous Australians are more likely to be obese or overweight and to suffer from related ill health than non-Indigenous Australians.

Physical health outcomes for working age Australians

The Australian population is generally very healthy, ranking highly across numerous health indicators internationally. Our self-assessed health is among the top third in OECD countries and the life expectancy of Australians is among the world's top five: an Australian female born in 2005 had a life expectancy of 83 years, and a male could expect to live to 78 years (AIHW 2006, p. 21).

In many areas, the health of people of working age has been improving. Among the OECD countries between 1987 and 2002, Australia's rankings for mortality rates from coronary heart disease, stroke, lung cancer and transport accidents improved significantly. Our continued decline in smoking rates has seen Australia's smoking rate ranking improve from the middle third to the 'best' third among OECD countries (AIHW 2006, p. 2).

However, a number of pervasive health problems still affect Australia's working age population. Some of these have been getting worse. An estimated 63 per cent of Australia's working age population have one or more long-term health conditions, including asthma, hypertension, arthritis and diabetes. Many of these conditions have been shown to reduce the likelihood of participation in the labour force (Jose et al. 2004). Obesity is recognised as a significant public health issue.

People with disabilities

Between 1981 and 1998, the number of people with a disability grew by 80 per cent (AIHW 2000, pp.176–7). Of this increase, more than half is attributable to the changing age structure within the general population. More recent research has noted the continuation—and indeed acceleration—of this trend.

The experience of disability increases with age. In 2003, 9 per cent of Australians aged 15 to 24 years reported some form of disability and 5.8 per cent reported that their disability restricted either their schooling or employment. Among those aged 60 to 64 years, 39 per cent reported a disability, with a quarter of the age group indicating that the disability restricted their employment (Table 6.1).

Table 6.1 People with disabilities by age, 2003

Age group (years)	Schooling or employment restriction (%)	All with reported disability ^a (%)
15–24	5.8	9.0
25–34	7.1	10.7
35–44	9.6	14.2
45–54	15.7	21.6
55–59	22.6	30.3
60–64	25.8	38.9

a Includes those who do not have a specific limitation or restriction.

Source: ABS 2004a, Table 1.2

Risk behaviours

The increasing prevalence of chronic disease among people of working age is closely connected to particular patterns of behaviour involving smoking, drinking alcohol, diet and physical activity.

In 2004–05, 24 per cent of Australians aged 18 to 64 years were current daily smokers. There were more male than female smokers, and more younger than older smokers. In 2004–05, among people aged 18 to 34 years, 34 per cent of males and 26 per cent of females reported smoking. A higher proportion of unemployed people smoke (42 per cent), compared with employed people (23 per cent) and the rate of smoking in the lowest household income quintile (22 per cent) is higher than the rate in the highest income quintile (16 per cent). Smoking prevalence is highest in outer

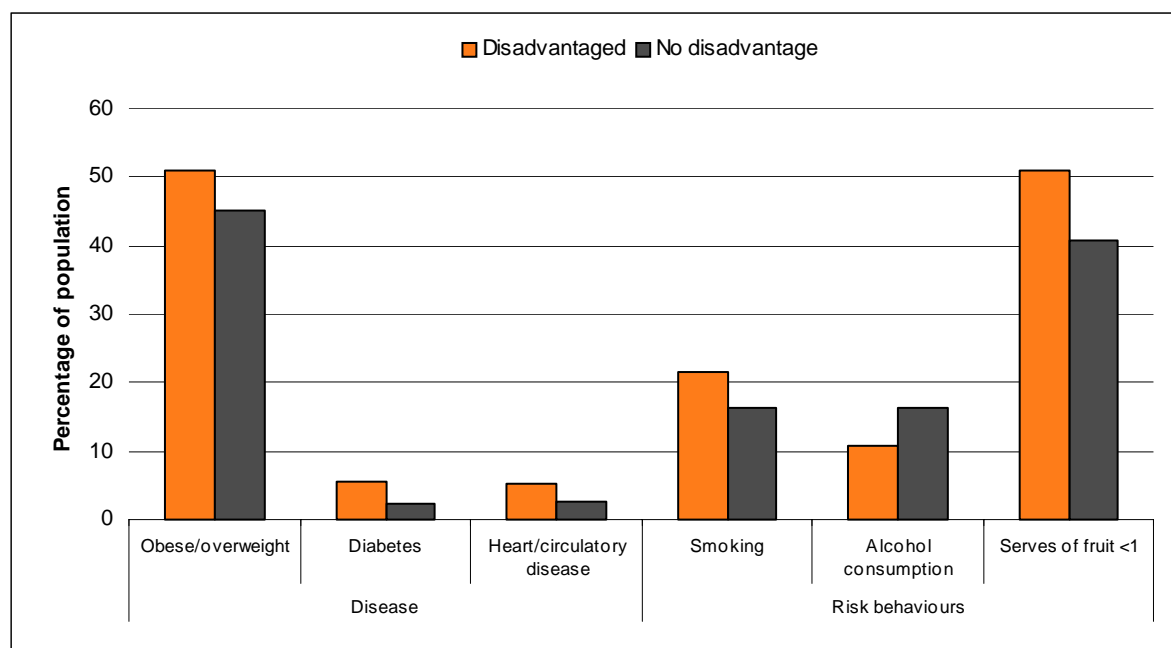
regional areas at 26 per cent of the population, compared with 23 per cent in inner regional areas and 20 per cent in major cities (ABS 2006a, p. 42).

With respect to alcohol, 62 per cent of people surveyed in 2004–05 reported consuming alcohol in the week prior to the survey (ABS 2006a, p. 38). Among people aged 18 to 64 years, 15 per cent had consumed alcohol at a level that was considered high or risky to their health (ABS 2006a, p.16). More people in the highest income quintile were likely to have consumed alcohol at risky or high levels compared with people in the lowest income quintile (18 per cent compared with 10 per cent) (ABS 2006a, p. 42).

With respect to exercise, about 69 per cent of Australians aged 18 to 64 years reported sedentary or low exercise levels: the proportion was almost the same for employed and unemployed people (ABS 2006a, pp.16,42). However, a higher proportion of people in low income households reported a sedentary / low exercise lifestyle than people in the highest income households (76 per cent compared with 61 per cent) (ABS 2006a, p.42).

People from socioeconomically disadvantaged backgrounds are more likely to be associated with risky behaviours and related diseases. For example, the most disadvantaged segments of the population experience higher rates of being overweight or obese, diabetes and heart/circulatory disease. The most disadvantaged are also more likely to be current daily smokers, and to have a sedentary lifestyle and a poor diet (Figure 6.1).

Figure 6.1 Risk behaviours and related diseases, by Index of Disadvantage, in 2004–05



Source: ABS 2006a

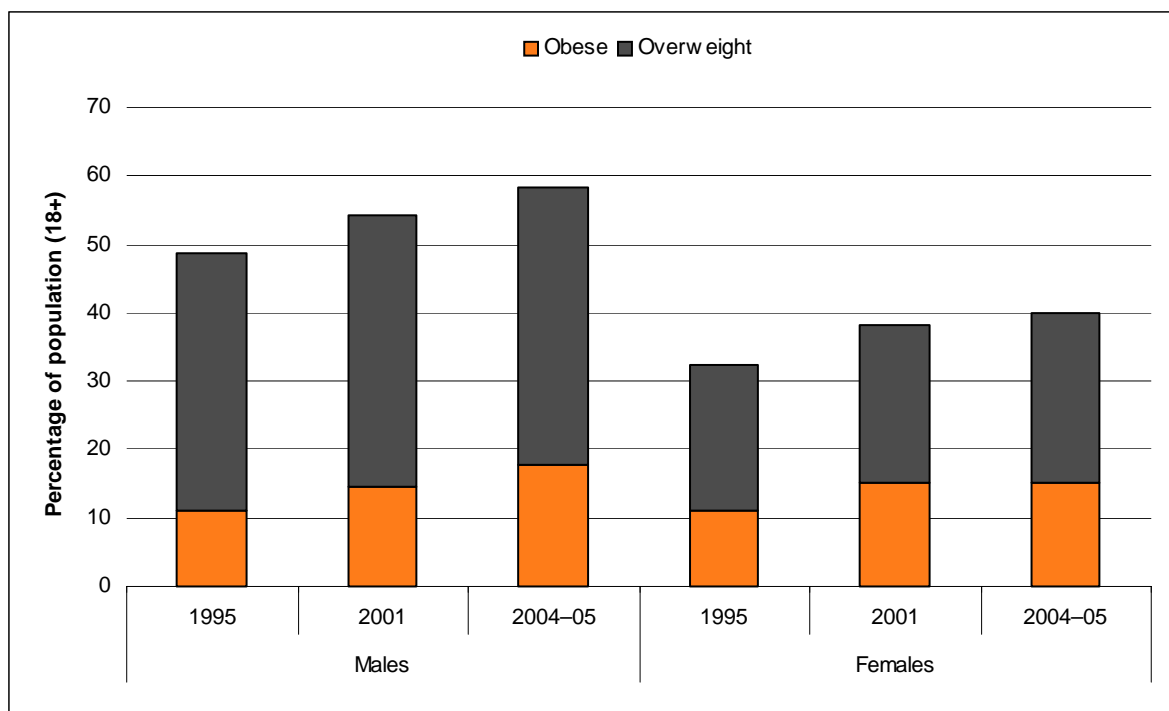
Obesity

Since 1987, Australia has been ranked in the ‘worst’ third of OECD countries for the proportion of the adult population who are obese. This ranking was confirmed in 2002 (AIHW 2006, p.2). Obesity is linked to health problems such as cardiovascular disease, type 2 diabetes, high blood pressure and some cancers.

In the period from 1995 to 2004–05, obesity rates have been increasing among people of working age. Figure 6.2 shows that the proportion of males aged 18 years and over classified as overweight

or obese rose from 49 per cent in 1995 to 58 per cent in 2004–05. The proportion of females rose from 32 per cent to 40 per cent over the same period.

Figure 6.2 Prevalence of overweight and obesity (18+ years), for 1995, 2001 and 2001–05



Source: ABS 2006a, p. 50

There are significant health impacts for people who are obese. It has been estimated that in 2005, as a result of being obese:

- around 102 200 Australians had Type 2 diabetes
- over 379 000 Australians had cardiovascular disease
- over 225 000 Australians had osteoarthritis
- 20 430 Australians had cancer (Access Economics 2006).

The impacts of obesity on well-being fall to the person who is obese as well as those who care for them. People who are obese can incur expenses for medical treatment and for mobility aids and equipment. Obesity and its related conditions have a negative impact on likelihood of employment, on attendance, and on productivity. Obesity is also associated with premature death (Access Economics 2006).

The physical health of disadvantaged groups

Shorter life expectancy

Poor health tends to be concentrated among people who earn lower incomes, have poorer education, live in rural or remote areas, or suffer inadequate housing. These groups tend to suffer more illness than other Australians (AIHW 2006). Also the patterns of behaviour presented in Figure 6.1 contribute to the higher risk of disease amongst the disadvantaged population. One consequence is shorter life expectancy.

Table 6.2 shows that men in the most disadvantaged 20 per cent of the population are expected to die 3.8 years younger than the most advantaged 20 per cent. The gap for females is 2.4 years.

Table 6.2 Life expectancy at birth, by quintile of socioeconomic disadvantage, 2000–01

	Lowest quintile	Second quintile	Third quintile	Fourth quintile	Highest quintile
Males	76.2	77.0	77.6	78.5	79.8
Females	82.1	82.8	83.0	83.5	84.5

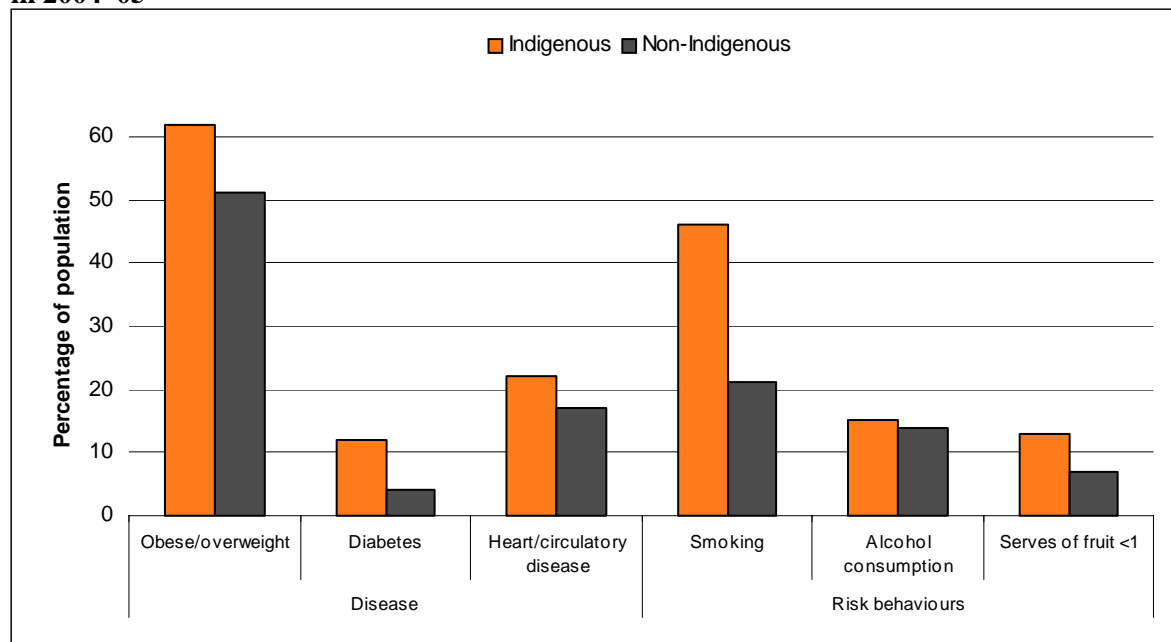
Source: AIHW 2006, p. 234

Indigenous Australians

While most Australians of working age enjoy very good health, the health of most Indigenous Australians remains a national disgrace. The life expectancy for Indigenous Australians is 17 years lower than the national average (AIHW 2006, p. 222). Around 77 per cent of Indigenous Australians die before reaching 65 years of age, compared with just 20 per cent of the non-Indigenous population (AIHW 2006, p. 222). Indigenous people are more than twice as likely to be diabetic and 1.3 times more likely to have heart and circulatory disease than non-Indigenous people (see Figure 6.3). While the challenges facing many Indigenous Australians are multifaceted, it is likely that these health problems are one factor contributing to current low levels of participation in the labour force.

As for the general population, these outcomes are linked to patterns of behaviour including risky behaviours. As seen in Figure 6.3, in 2004–05, 62 per cent of Indigenous Australians aged 15 and over were obese or overweight, compared with 51 per cent of non-Indigenous Australians. As well, Indigenous Australians were more than twice as likely to be a current daily smoker (46 per cent compared with 21 per cent), have no usual daily intake of fruit (13 per cent with 7 per cent) or vegetables (5 per cent with 1 per cent).

Figure 6.3 Risk behaviours and related diseases of Indigenous and Non-Indigenous persons in 2004–05



Source: ABS 2006c

These poorer health outcomes are partly due to socioeconomic inequalities between Indigenous and non-Indigenous Australians.

In 2004–05, 51 per cent of Indigenous Australians had not participated in sport or any physical activity. Many Indigenous people have a poor diet. In 2004–05, Indigenous Australians were five times as likely to not consume vegetables daily, and almost twice as likely to not consume fruit

daily (ABS 2006c, p. 52). Indigenous people's access to fruit and vegetables is lower in remote areas than other areas:

- 20 per cent of Indigenous people in remote areas reported no usual daily fruit intake, compared with 12 per cent in non-remote areas.
- 15 per cent of Indigenous people in remote areas reported no regular daily intake of vegetables, compared with 2 per cent in non-remote areas (ABS 2006c, 11).

Indigenous people were more likely than non-Indigenous people to take health related actions in 2004–05. Indigenous people were equally as likely as non-Indigenous people to have visited a doctor, one-and-a-half times more likely to have consulted an 'other' health professional and more than twice as likely to have visited the casualty or outpatients' department of a hospital (ABS 2006c, p.7). The prevalence in the use of 'other' health professionals, such as Aboriginal health workers or nurses, by Indigenous people possibly reflects the reduced access to doctors in remote areas where many Indigenous people live (ABS 2006c, 7–8).

7 Mental health

The World Health Organisation describes mental health as:

a state of well-being whereby individuals recognise their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals (WHO 2003, p. 7).

For an individual, poor mental health can affect the ability to participate in work, family and community activities. It is associated with increased exposure to health risk factors (including substance abuse), poorer physical health, and higher rates of death from causes including suicide (AIHW 2006, p.101). People with poor mental health are more likely to be unemployed (Dockery 2005, pp.5–9), and the duration of their unemployment is likely to be longer than for other individuals (Dockery 2005, p. 8).

Mental ill health also has wider social and economic impacts on the broader community. Family members, carers, friends and colleagues are affected. Mental ill health puts increased strain on economic resources through higher welfare costs and lower labour force participation and productivity.

Poor mental health can affect individuals' ability to participate in work, family and community activities. It is associated with increased exposure to health risk factors (including substance abuse), poorer physical health, and higher rates of death from causes including suicide. People with poor mental health are more likely to be unemployed, and to stay unemployed longer than others.

Research shows that:

- Mental ill health is one of the leading causes of non-fatal burden of disease and injury in Australia.
- Mental and behavioural problems are reported by twice as many adults in lower socioeconomic groups as in less disadvantaged groups.
- People with mental health problems are more likely to be involved in other risky behaviours including smoking, alcohol and substance abuse and self-harm.

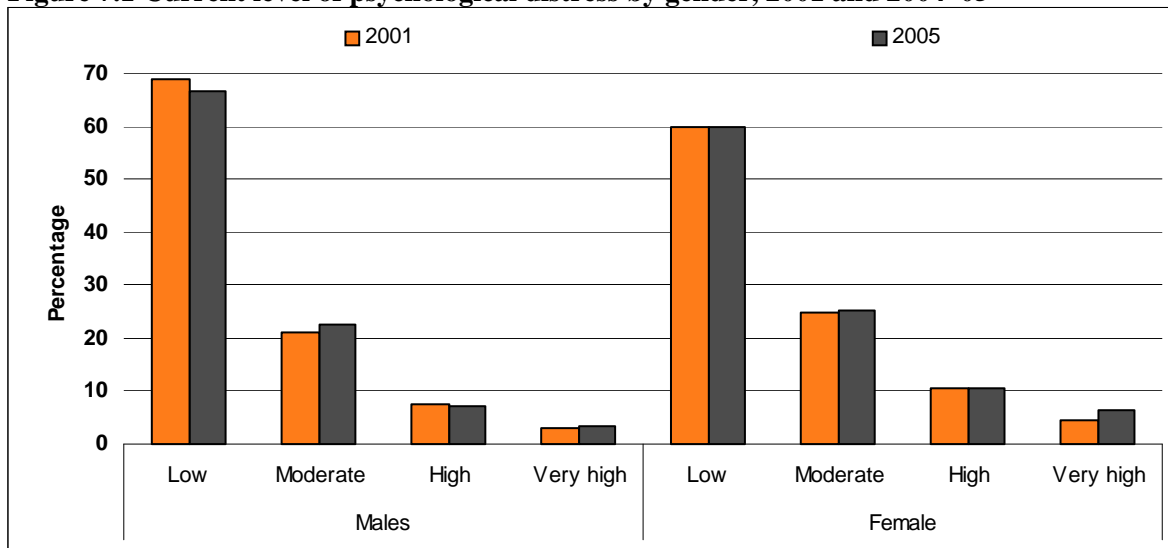
Mental health outcomes for working age Australians

Like physical health, most Australians enjoy good mental health most of the time. However, many people in the community report experiencing mental ill health. For one in ten Australians this is a long-term mental or behavioural problem (ABS 2006a, p. 8). Mental health problems may include the minor stresses of everyday life, short-term anxiety and more serious illnesses such as chronic depression, schizophrenia and anxiety disorders. Mental ill health accounts for 13 per cent of the disease burden in Australia, ranking behind only heart disease and cancer. It is one of the leading causes of non-fatal burden of disease and injury.

In 2001 and 2004–05, the National Health Survey included questions about people's feelings of psychological distress over the preceding four weeks. In 2004–05, 13 per cent of Australians reported high or very high levels of psychological distress (ABS 2006a, p. 8). The most common of these were mood (affective) and anxiety-related problems. For the population aged 18 to 64 years, the reported rate of mental health or behavioural problems was slightly higher, at 12 per cent (ABS 2006a, p.16). Research has identified that the highest rates of mental ill health are found in those aged 18 to 24 years (AIHW 2006, p. 97). In 2004–05, 12.9 people per 1000 were hospitalised for mental or behavioural problems. This was a decrease in the rate of hospitalisation from 2001–02 (SCRGSP 2007a, p. 9.45).

Figure 7.1 shows that a higher proportion of females (16 per cent) report high to very high levels of psychological distress, compared with 11 per cent of males (ABS 2006a p. 35). Some 60 per cent of males and females in the working age population reported at least a low level of psychological distress.

Figure 7.1 Current level of psychological distress by gender, 2001 and 2004–05



Source: ABS 2006a, p.35

In general, people with mental illness experience poorer physical health than the rest of the population. This is evident in the higher proportions of people with mental and behavioural problems experiencing physical health problems such as arthritis, asthma and heart, stroke and vascular diseases (AIHW 2006, p.101).

Some people suffer more serious and prolonged mental illness. In 2003, around one million Australians were reported to have a psychiatric disabling condition. About half of these people needed help from someone else for self-care, mobility or communication. In terms of income support costs, this group accounts for one-quarter of people in Australia receiving the Disability Support Pension (as reported in AIHW 2006, p. 99). In 2004–05, around 2.9 million Australians were taking some form of medication for mental well-being (AIHW 2006, p.98).

Indigenous Australians

Indigenous Australians experience high rates of mental ill health and associated hospitalisation. In 2004–05, 27 per cent of Indigenous Australian reported high or very high levels of psychological distress. This is double the rate reported for the Australian population in total (see above). The rate of mental ill health in the Indigenous population is not influenced by living in metropolitan, region or remote areas (SCRGSP 2007a, p.9.45).

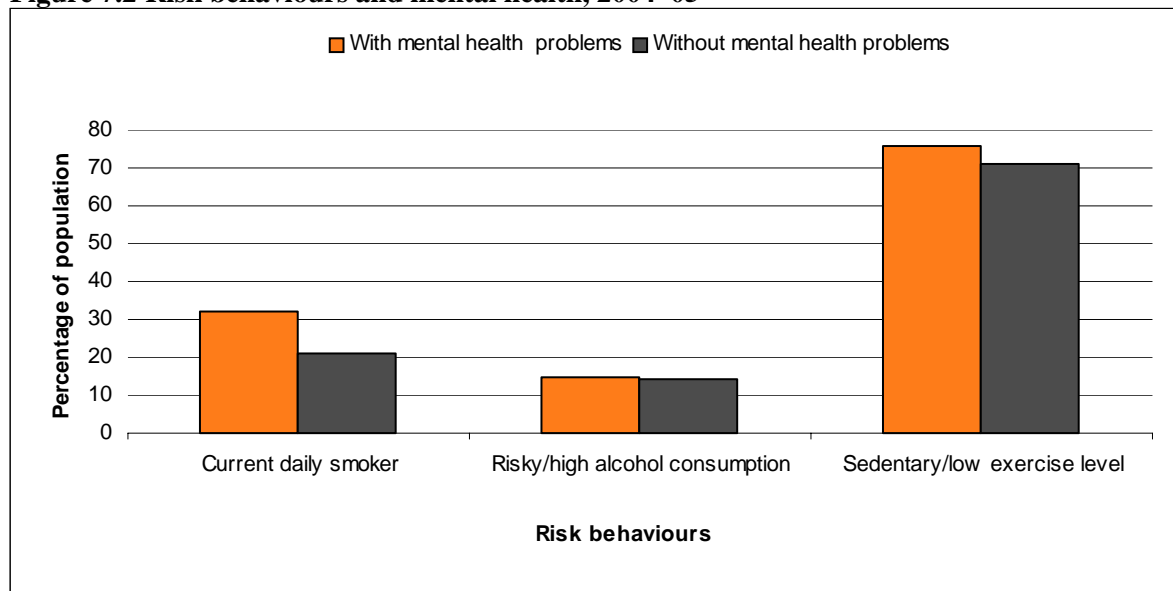
In 2004–05, 21.7 Indigenous people per 1000 were hospitalised for mental and behavioural problems. This was an increase from the rate of hospitalisation reported in 2001–02. Substance use mental or behavioural disorders were the most common types of disorder involving hospitalisation (SCRGSP 2007a, pp. 9.50–53).

Risk behaviours and other diseases

There is a link between mental health and behavioural problems and some risk behaviours such as self-harm and substance abuse. These risk behaviours may contribute to a deterioration of physical health and are associated with premature death.

Figure 7.2 indicates that people aged 18 and over who reported a mental or behavioural problem were also more likely than the rest of the population to be daily smokers and to have a relatively sedentary or low-exercise lifestyle. While the 2004–05 data suggests that the group is no more likely to consume alcohol at risky or high levels than those without mental health problems, other research has linked mental illness with both legal and illegal substance abuse. For example, as reported in *Australia's health* (AIHW 2006, p.101), of people who experienced a psychotic disorder, 30 per cent had abused alcohol, 25 per cent abused cannabis and 13 per cent abused some other substance.

Figure 7.2 Risk behaviours and mental health, 2004–05



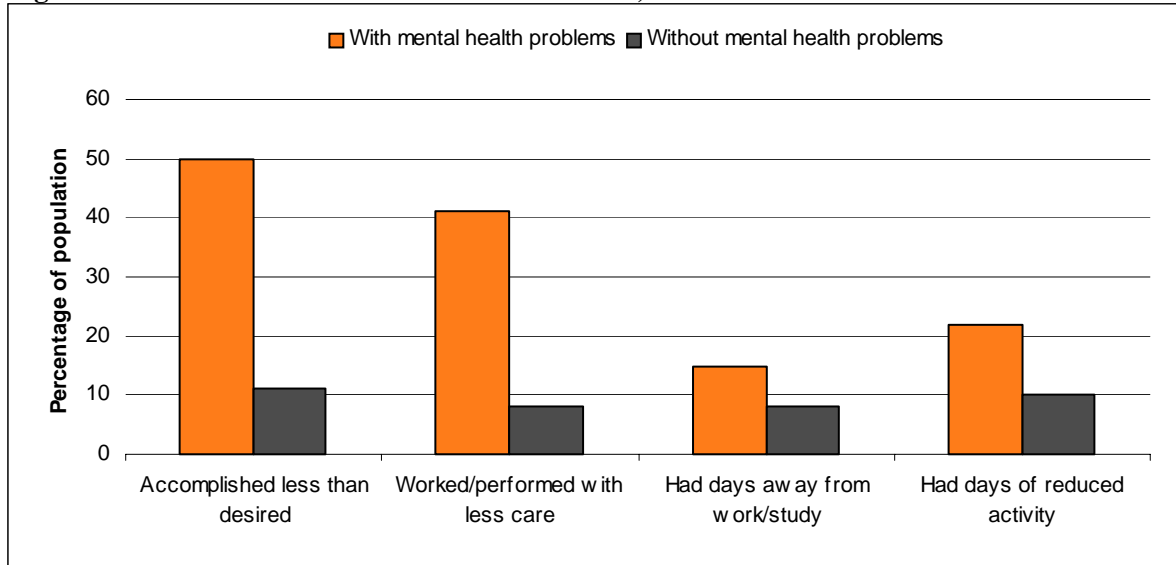
Source: ABS 2006a, p. 26.

Poor mental health, particularly depression and schizophrenia, is a high risk factor for self-harm and suicide. While suicide rates have been declining, suicide accounted for the highest proportion of injury deaths in 2004, at 26 per cent. The rate of suicide is higher among men than women, and among the unemployed than the employed (AIHW 2006).

Economic and social impacts

Poor mental health is more prevalent amongst the disadvantaged segments of the population. A higher proportion of those in the bottom quintile of household income reported mental and behavioural problems, compared with those in the top quintile (12 per cent compared with 6 per cent) (ABS 2006a, p.25). Mental health and behavioural problems are also more prevalent among those who are unemployed or not in the labour force than among those who are employed. Of those with a mental and behavioural problem, 17 per cent are unemployed and 16 per cent are not in the labour force, compared with only 8 per cent who are employed (ABS 2006a, p.25).

Poor mental health also impacts on labour productivity and poor self-perceptions. Figure 7.3 shows that in 2001, 50 per cent of those with mental and behavioural problems felt they accomplished less than desired, and 41 per cent worked or performed with less care. These results compared with 11 per cent and 8 per cent for those without mental and behavioural problems. In addition, 15 per cent of those with mental ill health had days away from work or study, compared with 8 per cent for those without. A further 22 per cent reported other days of reduced activity, compared with 10 per cent of those with good mental health. It is estimated that this translates into 6 million working days lost due to absenteeism resulting from mental ill health, and a \$1.2 billion cost burden for employers (Australian Government 2005).

Figure 7.3 Role limitations due to mental ill health, 2001

Source: ABS 2003, p.21

The social impacts of mental health are also significant. People with mental illness need access to a wide range of generic and specialised support services. They may also need a high level of emotional support from friends and family.

The crime rate is also impacted by the prevalence of mental ill health. There is a higher prevalence of psychiatric disorder amongst prisoners than in the general community. In New South Wales in 2001, 78 per cent of male prisoners and 90 per cent of female prisoners assessed at reception had at least one mental illness disorder (AIHW 2006, p.250). Depression and post-traumatic disorder were amongst the most common disorders reported.

8 Physical safety

Every year, some working age Australians are injured in accidents at work or are victims of crime. Workplace injuries may result in reduced income in the short-term or to permanent impairment, in addition to pain and suffering for both the employee and their family. Concerns about crime can influence behaviour in a range of ways, including making jobs at high risk locations or with night-time hours unattractive. Moreover, research suggests that people who have direct experience of crime have weaker perceptions of safety linked to heightened fear of the risk of crime and feelings of vulnerability (Brown 1998; Johnson 2005.)

Evidence on physical safety includes:

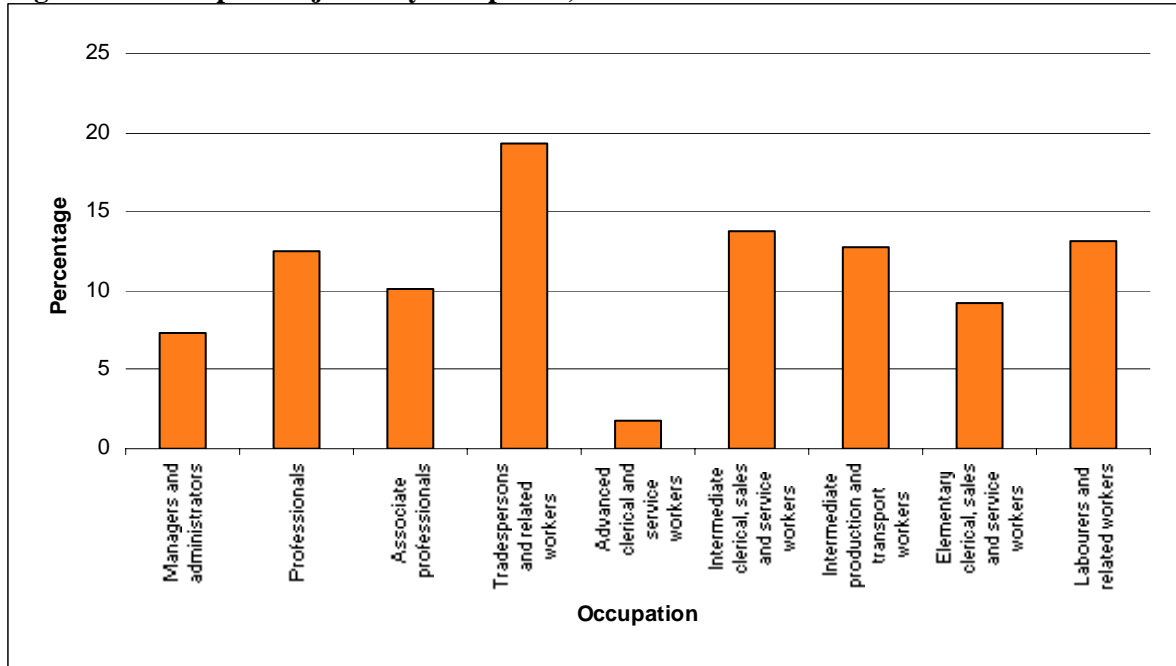
- Work-related injuries are more prevalent among men and the younger population, while work-related deaths are more prevalent among men and people aged 55 years and older.
- Homicide rates per 100,000 of the population aged over 15 years have decreased slightly, but physical and sexual assault rates have increased, since 2001.
- A high proportion of physical assault victims are males aged 18 to 34, but females are more likely to be victims of sexual assault across all age groups.

Workplace safety

In 2005–06, of the 10.8 million people who worked in the last 12 months, about 6 per cent had suffered a work-related injury or illness. The most common injury or illness sustained was sprain or strain (30 per cent), followed by cuts and open wounds and chronic joint or muscle condition (19 per cent each). Most were a result of lifting, pushing or pulling an object (ABS 2006g).

The burden of work-related injuries fell disproportionately on men and the younger population. About 63 per cent of people who experienced a work-related injury or illness were men. Younger workers experienced higher rates of work-related injuries and illness. One of the major reasons identified for workplace injuries is lack of occupational health and safety training on the job. Of those who suffered a work-related injury, 43 per cent had not received any occupational health and safety training in the job where it occurred (ABS 2006g).

Tradespeople and related workers are the most likely to experience an injury, accounting for over 19 percent of all injuries. Intermediate clerical sales and service workers, a group which includes occupations such as carers, hospitality workers, sales representatives and payroll clerks, are the second most likely to be injured, followed by labourers and production and transport workers (see Figure 8.1).

Figure 8.1 Workplace injuries by occupation, 2005–06

Source: ABS 2006g, Table 4.

A workplace injury involves pain and suffering for employee, and may also involve reduced income in the short term due to an inability to undertake overtime or the long term due to permanent impairment. A workplace injury might require re-training to take up a different job or even a different career (National Occupational Health and Safety Commission 2004).

In the worst cases, a workplace accident may cause the death of an employee or a bystander. In the last six months of 2006, 65 workers were fatally injured at a workplace. The majority of fatalities were male. Older workers were disproportionately represented in work-related fatalities: 24 per cent of the deaths involved people aged 55 years or older, although only 14 per cent of the labour force was in this age group (Australian Safety and Compensation Council 2007).

Victims of crime

Being a victim of crime can have an impact on a person's well-being in various ways. Victims of crime may suffer from distress, trauma and long-term mental ill health. Such consequences are likely to reduce workforce and social participation and impact on families, carers and the wider community. In 2005, 5.3 per cent of the population aged 15 years and over had experienced some form of personal crime (robbery, assault or sexual assault) (ABS 2006h).

Table 8.1 shows that between 2001 and 2005; the homicide rate per 100,000 people decreased slightly, whilst physical and sexual assault both increased between 2001 and 2003. In 2005, around 768 000 people reported being a victim of assault. Of these, 48 per cent reported experiencing one incident of assault, 19 per cent reported two incidents and 33 per cent reported three or more (ABS 2006m, p.159). When interpreting the available data on reported crimes, it is important to consider the factors that influence reporting practices, especially that different types of crime are reported at different rates: assault has the lowest reporting rate at around 31 per cent (ABS 2006h).

Table 8.1 Number of victims of selected personal crimes per 100,000 population over 15 years, 2001–2005

	2001	2002	2003	2004	2005
Homicide and related offences	5.5	5.0	4.8	4.3	3.9
Physical assault	784.5	809.7	798.0	n.a.	n.a.
Sexual assault	84.6	90.6	91.7	n.a.	n.a.

Source: ABS 2006i, Table 1 and SCRGSP 2007b Table 5.A.35.

It has also been found that the experience of crime is the strongest single predictor of future experience of crime (Pease 1998). That is, once a person has been a victim they are more likely than others to be a victim again. Risk factors for personal victimisation identified by Johnson (2005) are:

- marital status: higher risk for people who are single, separated or divorced, or living in a de facto relationship
- income: higher risk for persons in higher income households (over \$400 per week)
- residential stability: higher risk for people who had moved between postcodes in the previous year
- employment status: higher risk for people who are unemployed
- night-time activities: higher risk for people taking part in recreational activities outside the home almost every evening.

Perceptions of safety

Perceptions of safety can influence people's behaviour. People who are overly fearful may avoid certain locations, may organise activities to minimise time out of the house, and may avoid using public transport. Such behaviour can have a negative impact on their quality of life, reducing opportunities for potential employment and social interactions. They can also have broader negative impacts, through reduced participation in community activities and an overall decline in the sense of community cohesion and trust.

In 2005–06, 54 per cent of Australians responding to a survey reported feeling very or somewhat concerned about being a victim of physical assault. This rate remained relatively consistent in the three-year period 2003–04 to 2005–06. Around 40 per cent of survey respondents considered physical assault (in a public place) to be a major or somewhat of a problem in their neighbourhood. In relation to sexual assault, 37 per cent of people reported feeling very or somewhat concerned about being a victim; and 60 per cent reported that sexual assault was a major or somewhat of a problem in their neighbourhood (SCRGSP 2007b, Tables 5.A.27 and 5.A.33).

There are many factors that influence perceptions of safety, the actual crime rate being only one of these. Perceptions of safety have been linked to personal factors of:

- being female, young and living in disadvantaged neighbourhoods
- belonging to a minority group who speaks a language other than English at home
- experiences of crime victimisation (Johnson 2005).

Research conducted by the Victorian Multicultural Commission with focus groups from culturally and linguistically diverse (CALD) communities identified broadly similarities with other Victorians in terms of the factors that impact on perceptions of safety (VMC 2000). However the research identified two distinctive issues. First, lack of confidence with English seems to contribute to lower perceptions of safety: for example, there are concerns about limited English skills hindering their

ability to get help from the police in an emergency. Second, people from CALD groups fear racial discrimination and vilification.

Lower levels of income and education have also been associated lower levels of perceptions of safety (Johnson 2005). Socially disadvantaged households are less able to invest to reduce the risk of victimisation, for example by installing exterior lighting, burglar alarms on houses and cars, and higher security doors and windows, or taking taxis at night rather than public transport.

9 Social participation

Participation in social and cultural activities develops a sense of connectedness and is integral to a person's well-being. Networking is an important aspect of social connectedness, whether it is with friends, family or associates from work and other activities. Increasingly Australians use the internet as a means of networking, but those from disadvantaged groups still lag behind in access to computers.

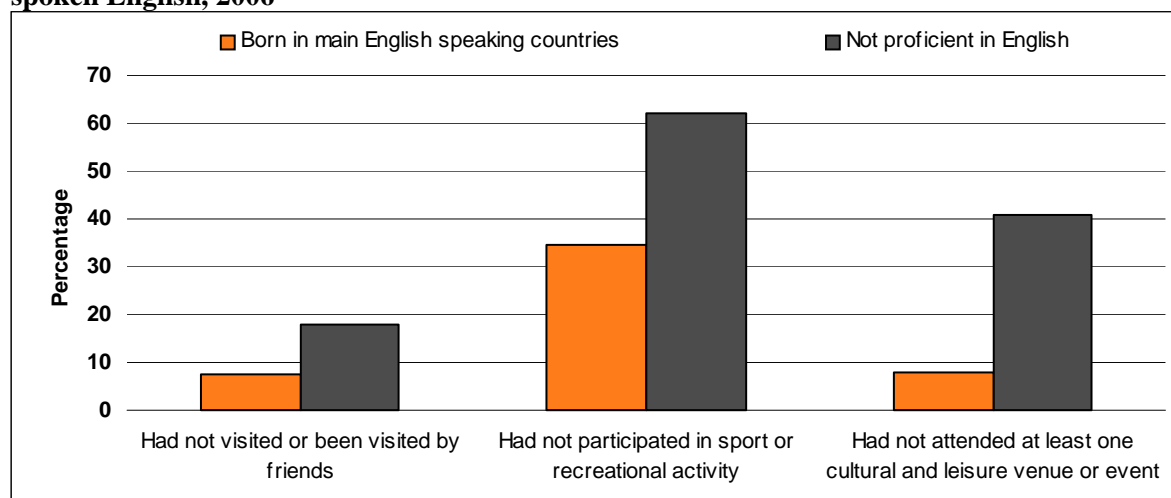
Research shows that:

- Problems accessing affordable transport restrict social participation for some 10 per cent of the lowest income quintile, and even more in rural areas.
- Australians in the highest income quintile are more than three times as likely to have internet access at home as those in the bottom income quintile.

Social involvement

Social interaction with friends and family is one of the basic ways to remain socially connected. Most Australians are fortunate enough to have a close social network. However, in 2006 almost 10 per cent of the working age population had not visited or been visited by a family member or friend outside their own household in the previous 3 months. The rate is relatively low for younger people, at only 5 per cent for 18 to 24-year-olds, but increases with age to 8 per cent for 55 to 64-year-olds. As Figure 9.1 shows, this increases to 19 per cent for those not proficient in English.

Figure 9.1 Social involvement in the last 12 months, by country of birth and proficiency in spoken English, 2006



Source: ABS 2006f

Social connectedness has implications for people's support when they are in need. Of the population aged 18 to 64 years, 7 per cent reported they would be unable to get support in times of crisis from persons living outside the household. This was more pronounced among certain groups, increasing to 11 per cent for the lowest income quintile, and to 24 per cent for people who were not proficient in English.

Active participation in social and cultural activities can improve a person's connectedness with peers and allow them to expand their social networks. In 2002, 92 per cent of Australians over 18 years had participated in some form of social activity in the last three months; and 64 per cent had attended at least one cultural and leisure venue or event in the last year. However, the proportion was lower for those with access problems. In particular, almost 41 per cent of those who were not proficient in English were socially inactive, not having attended a sporting or cultural event in the past 12 months (Figure 9.1).

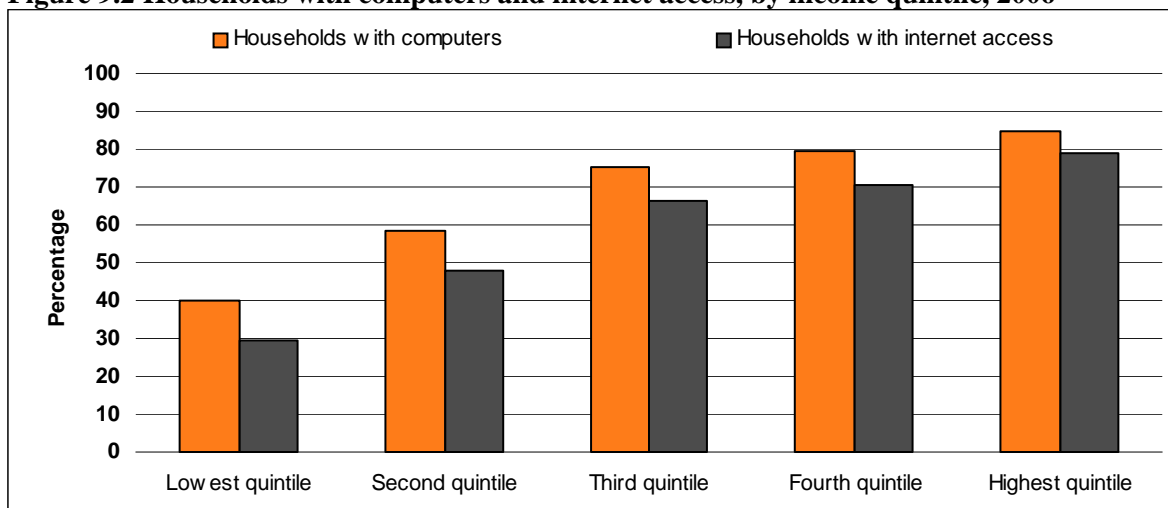
Access to transport

Access to transport can be a factor in explaining the differences in active social participation. Access is clearly correlated with socioeconomic disadvantage: 10 per cent of the population in the lowest income quintile reported difficulties travelling to places that they needed to go to in normal circumstances, compared with only 1 per cent of those in the highest quintile. Transport was a particular obstacle for people in remote areas (ABS 2006f).

Access to technology

An increasing number of people use the internet as a form of social participation. Use of internet at home increased from 43 per cent in 2002 to 60 per cent in 2006. However, disadvantaged population groups still lag behind in terms of internet access. For example, only 40 per cent of Indigenous Australians have internet access at home, compared with 62 per cent of non-Indigenous people (ABS 2007e). Figure 9.2 shows that only 40 per cent of the lowest income quintile used a computer at home, compared with 85 per cent of those in the highest quintile.

Figure 9.2 Households with computers and internet access, by income quintile, 2006



Source: ABS 2006f, Table 9

The provision of telecommunications in remote areas has long been an issue of concern in Australia. In 2004, only 51 per cent of those in remote areas had accessed the internet at home in the previous year, compared with 62 per cent of those in major cities.

Concluding comments

This Social Barometer has confirmed that Australia is a very prosperous nation. In each dimension of life we have examined, the vast majority of the working age population is doing well. In many areas, the outcomes and capabilities of working age people are improving, and the level of disadvantage is receding. Most working age people are living longer, they are more highly skilled, and they are earning substantially higher incomes than in the past.

However, not all working age people are better off. Some continue to experience deep disadvantage, and some problems are actually becoming more widespread. More working age people have a disability that restricts their employment. More people are overweight or obese, and this is contributing to a rise in the prevalence of chronic health conditions such as diabetes. These long-term physical health problems, as well as mental illness, are restricting the some people's ability to participate in the workforce, at considerable cost to them personally and to the nation.

It is evident that, despite the gains in prosperity that most Australians have enjoyed, too many people remain entrenched in disadvantage during their prime working years. These groups experience poor outcomes across several dimensions of life. Low education is correlated with poor health, and both are causes of unemployment and low income. This coincidence of disadvantages has a compounding impact on their well-being and on their ability to move out of disadvantage.

What we must do

State and federal governments in Australia have recognised specific areas of concern, but further investment is needed to ensure that all people of working age have the capabilities to productively engage in the workforce and to lead healthy and rewarding lives.

Better integrated models of assistance are needed to address the multiple barriers faced by disadvantaged working age Australians, so they can gain the skills and confidence to participate fully in the labour market. Particular groups requiring assistance include Indigenous Australians, people with disabilities and long-term health conditions, and people with low levels of education and inadequate work skills.

In particular, Australia must improve on its low levels of spending on active labour market assistance for the unemployed relative to other OECD countries. Additional investment is required to build on joined-up models of employment assistance that provide pathways to sustainable careers through individualised training, meaningful work experience and job opportunities. There also needs to be increased investment on education and training over the life course to ensure that the skills of workers marginally attached to work are kept up-to-date with employer needs.

One of the fundamental policy reforms required is to address the growing housing crisis, since the lack of affordable, secure tenure housing is a substantial barrier to participation in training and work. The Brotherhood of St Laurence supports proposals for a national affordable housing plan as a matter of urgency.

A new approach is needed to assessing the capacity for economic and social participation of people with physical and mental health conditions. Increased emphasis must be placed on enabling those facing extra barriers or with caring responsibilities to develop their full potential in the workforce.

It is also important to ensure that the well-being of those who remain unable to participate in the workforce is protected through an adequate safety net.

It is critical to maximise the economic and social participation of all Australians if we are to further strengthen the nation's overall prosperity and community well-being over the next decade.

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