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Australia's welfare 2025

topic summaries

Australia's welfare 2025: topic summaries

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About

This document is a point-in-time compilation of the Australia's welfare: topic summaries (web pages) as at 16 October 2025. For the latest version of the topic summaries, including interactive content, visit <https://www.aihw.gov.au/reports-data/australias-welfare>.

Australia's welfare topic summaries are part of the *Australia's welfare* 2025 report.

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Adoption aims to provide a nurturing, safe and permanent family for children and young people who are not able to live with their families. It is a process where full parental rights and responsibilities for a child are legally transferred from a child's parents to their adoptive parent(s).

This page covers the latest data on adoptions of Australian children (domestic adoptions) and children from overseas (intercountry adoptions). Data covers characteristics of adopted children, their parents, and their adoptive families, as well as adoption processes and consent arrangements.

Data source

The AIHW National Adoptions data collection is the national source of data on adoptions, adoption processes and consent arrangements. The Department of Home Affairs provides adoptions-specific visa data. Data on adoptions, adoption processes and consent arrangements in Victoria were not included in the National Adoptions data collection for 2023–24.

Types of adoption

Categories of adoption in Australia

Adoptions in Australia generally fall under two main categories:

- Domestic adoptions of Australian children, which include:
 - local adoptions, where the child and adoptive parent(s) did not know each other before the adoption
 - known child adoptions, where the child and adoptive parent(s) knew each other before the adoption. Known child adoptions can be further categorised into adoptions by stepparent(s), carer(s), relative(s), or other
- Adoptions of children from overseas (or intercountry adoptions), where the child and adoptive parent(s) did not know each other before the adoption. These are either 'Hague' or 'bilateral' adoptions, depending on the arrangement in place between Australia and the partner country
 - 'Hague' countries are those that are party to the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (the Hague Convention)
 - Australia has 'bilateral' arrangements with some countries that are not party to the Hague Convention but can satisfy its principles. For more information on these differences and current intercountry adoption programs, see Appendix A.

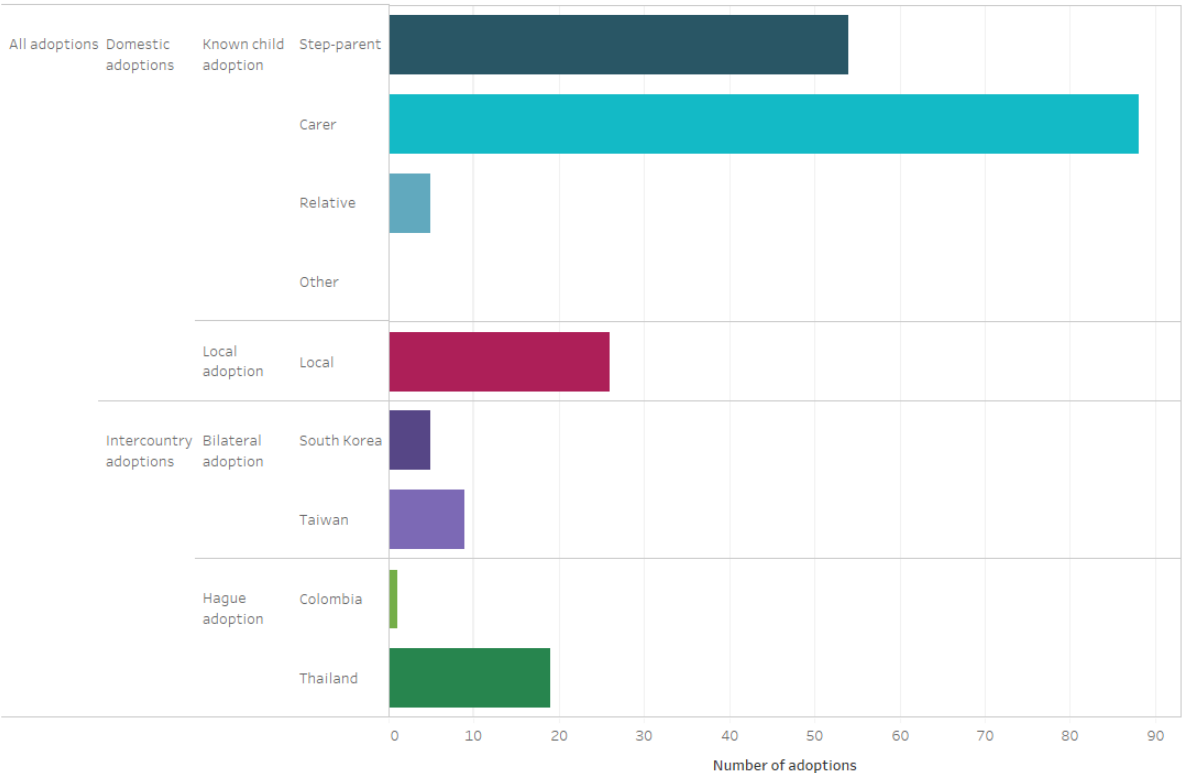
In 2023–24, 207 adoptions were finalised in Australia. Of these:

- 173 (84%) children were adopted domestically (26 local adoptions, 147 known child adoptions)
 - most known child adoptions were by a carer (88, or 51% of domestic adoptions) or step-parents (54, or 31% of domestic adoptions)
- 34 children (16% of all adoptions) were adopted from overseas – 20 of these children came from countries party to the Hague Convention, while 14 were adopted from countries with a bilateral agreement with Australia (Figure 1).

Adoptions by relatives or other known carers of children from other countries (intercountry known child adoptions) are not included in national counts but are collected by all states and territories. These can be further categorised as either intercountry relative adoptions or intercountry known non-relative adoptions (Intercountry Adoption Australia 2022).

In 2023–24, there were 3 known child intercountry adoptions. For definitions of each of these adoption types, see the [glossary](#). For more information on intercountry known child adoptions, see the [Intercountry Adoption Australia website](#).

Figure 1: Number of finalised adoptions in Australia, by type of adoption, 2023–24



Notes
1. Data does not include adoptions finalised in Victoria.
2. Excludes intercountry known child adoptions.

Source: AIHW National Adoptions Data Collection.
<https://www.aihw.gov.au>

Adoption numbers have declined

Adoptions have been recorded in Australia since 1968–69. Between 1968–69 to 1971–72, the number of adoptions rose from 6,773 to a peak of 9,798. Compared with 1971–72, the number of adoptions in 2023–24 has fallen by 98% from 9,798 to 207.

Information on whether children were adopted from Australia or overseas has been recorded since 1979–80. Between 1979–80 to 2004–05, the number of overseas adoptions rose from 66 to a peak of 434. Since 2004–05, the number of overseas adoptions has declined by 92% from 434 to 34 in 2023–24. Over the same period, the number of children adopted within Australia has increased by 15% from 151 to 173.

For more information on key social and policy developments impacting adoption trends see [Adoptions in Australia over time](#).

Who was adopted?

The characteristics of adoptees varies by type of adoption.

Age

In 2023–24:

- All (26) local adoptees were aged 4 years and under, and of these 7 children were aged under 1 year old.
- Of the 147 known child adoptees, most (88% or 130) were aged 5 years or more, with 28% (or 41) aged 18 and over.
- Of the 34 intercountry adoptees, most (33) were aged under 10 years old (Figure 2).
- There were 41 adult adoptions. All adults were adopted as part of a known child adoption, and nearly three-quarters (30) were adopted by a step-parent. For information on the legislation and processes for adopting people aged 18 and over, see [Appendix A](#).

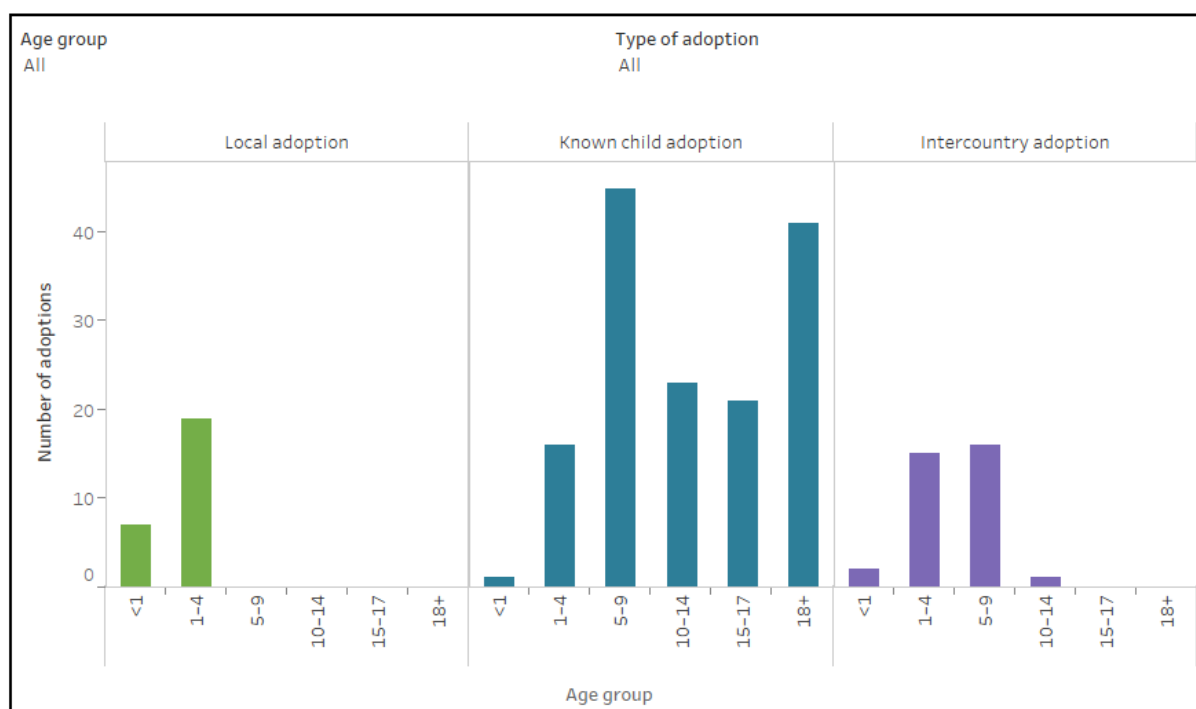
Sibling groups and family composition

Where a child and at least one of their siblings are adopted at the same time into the same family, these are recorded as sibling group adoptions.

In 2023–24:

- For local adoptions, there were no sibling groups adopted.
- For known child adoptions, data on sibling group adoptions are only collected for children adopted by carers. Of the 88 children adopted by a carer, 39 children were adopted as part of 18 sibling groups.
- For intercountry adoptions, 5 children were adopted as part of 2 sibling groups.
- Most (80) local, carer (known child) and intercountry adoptees were adopted into families where there were no other children.

Figure 2: Number of adoptees, by age group of adoptees and type of adoption, 2023–24



Notes

1. Data does not include adoptions finalised in Victoria.
2. For local and intercountry adoptions, 'age of child' refers to the age of the adopted child at the date of placement with the adoptive parent(s). For known child adoptions, 'age of child' refers to the age of the adopted child at the date the adoption order was granted.

Source: AIHW National Adoptions Data Collection.

<https://www.aihw.gov.au>

Aboriginal and Torres Strait Islander children

The [Aboriginal and Torres Strait Islander Child Placement Principle](#) (ATSICPP) outlines a hierarchy for placing Aboriginal and Torres Strait Islander children in out-of-home care with Aboriginal and/or Torres Strait Islander or non-Indigenous relatives or kin, or close geographically to their existing family if this cannot be achieved (SNAICC 2018). The ATSICPP was introduced in 2018, so is not applicable to data collected before then. For more information, see [Child protection Australia: Aboriginal and Torres Strait Islander children 2022–23](#).

In 2023–24:

- 9 Aboriginal and Torres Strait Islander children had adoption orders finalised as part of a known child adoption.
- 2 Aboriginal and Torres Strait Islander children were adopted through a local adoption.
- Of the 11 Aboriginal and Torres Strait Islander children adopted, 4 involved at least one adoptive parent who identified as Indigenous.

Source: AIHW Unpublished National Adoptions Data Collection

Since 1999–2000:

- 132 Aboriginal and Torres Strait Islander children have been adopted, with 35% adopted by Indigenous Australians, and 65% adopted by other Australians.
- 89 Aboriginal and Torres Strait Islander children were adopted through known child adoptions and 43 were adopted through local adoptions.
- 24 local adoptions and 22 known child adoptions of Aboriginal and Torres Strait Islander children over this period involved at least one adoptive parent who identified as Indigenous.

There were 28 Aboriginal and Torres Strait Islander children known child adoptions finalised between 2019–20 and 2023–24, compared with 21 known child adoptions finalised between 2009–10 and 2013–14.

How many children with additional care needs are adopted from overseas?

Additional care needs are defined by the level of resources or support services required by the adoptee and/or their adoptive family to:

- foster healthy development and wellbeing
- support positive family functioning
- prevent adoption disruption.

Data on additional care needs are recorded for intercountry adoptees and are categorised by:

- no additional care needs
- minor additional care needs
- moderate to substantial additional care needs (see [glossary](#)).

Of the 24 children who entered Australia from overseas countries (regardless of their adoptions being finalised) in 2022–23:

7 were identified as having no additional care needs when they were matched with their prospective adoptive parent(s).

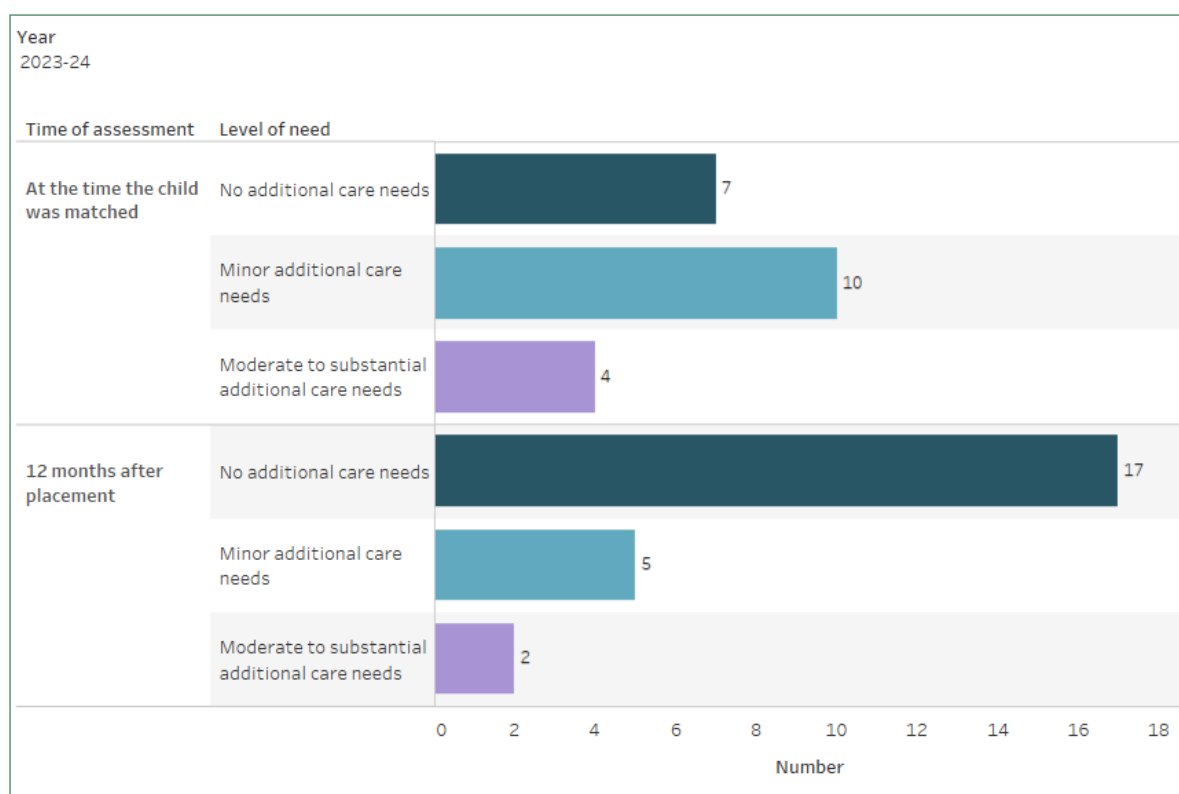
- 14 had some level of additional care needs
 - 10 were assessed as having minor additional care needs
- 4 were assessed as having moderate to substantial additional care needs
- For the remaining 3 their level of additional care needs was unknown.

These numbers varied when the level of need was reassessed 12 months after the children entered Australia:

- most (17) children were classified as having no additional care needs
- 5 were reported as having minor additional care needs
- 2 were reported as having moderate to substantial additional care needs (Figure 3).

For more information on how level of need is assessed, see the [technical notes](#).

Figure 3: Intercountry adoptees who entered Australia in the previous year, by assessed level of need at the time the child was matched, and 12 months after placement, 2018–19 to 2023–24



Source: AIHW National Adoptions Data Collection.
<https://www.aihw.gov.au>

For adopted children who entered Australia from 2017–18 to 2022–23:

- the number assessed as having moderate to substantial additional care needs at the time the child was matched decreased from 20 to 4
- the number assessed as having minor additional care needs at the time the child was matched peaked at 19 children in 2021–22, before dropping to 10 in 2023–24.

Characteristics of adoptive parent(s)

Data on adoptive parent(s) are collected for local and intercountry adoptions. For known child adoptions, these data are only available for carer (known child) adoptions. Where an adoptive family adopted more than one child, the adoptive parent(s) are counted once for each child.

For adoptions finalised in 2023–24:

- All (34) adoptive parent(s) in intercountry adoptions, and most (25) in local adoptions were in a registered marriage.
- Most adoptive parent(s) (74) in carer (known child) adoptions were married, 9 were single.
- Around 8 in 10 (or 131) adoptive parent(s) in carer (known child) adoptions were aged 40 and over, compared with around 7 in 10 (or 47) adoptive parent(s) in intercountry adoptions and nearly 6 in 10 (or 30) adoptive parent(s) in local adoptions.

What are the processes for adoptions?

In Australia, the processes for adopting a child depend on the adoption type and legislation and practices in each individual state or territory. For more information see the [technical notes](#) and [Appendices A to D](#).

Consent arrangements

As part of the court process to finalise an adoption order, there may be circumstances where the court finds it appropriate to waive the birth parent(s) consent to the adoption.

In 2023–24:

- consent was provided by both parents for nearly half (12 of 26) of all local adoptions
- consent from both parents was waived or not required for 69 carer (known child) adoptions (of which there were 88). This includes adoptions of children aged 12 and over where the child can consent to their own adoption.

Information applications and vetoes

The people involved in a domestic adoption can access or restrict (veto) identifying or contact information.

At 30 June 2024, 7,766 contact vetoes were in place.

In 2023–24:

- 1,946 applications were lodged to access either identifying or non-identifying information. Most (90%, or 1,752 applications) were for identifying information applications, and of these, 1,265 (72%) were lodged by adoptees.
- 1 contact veto was lodged, while no identifying information vetoes were lodged.

For information on the types of applications and vetoes, see the [technical notes](#).

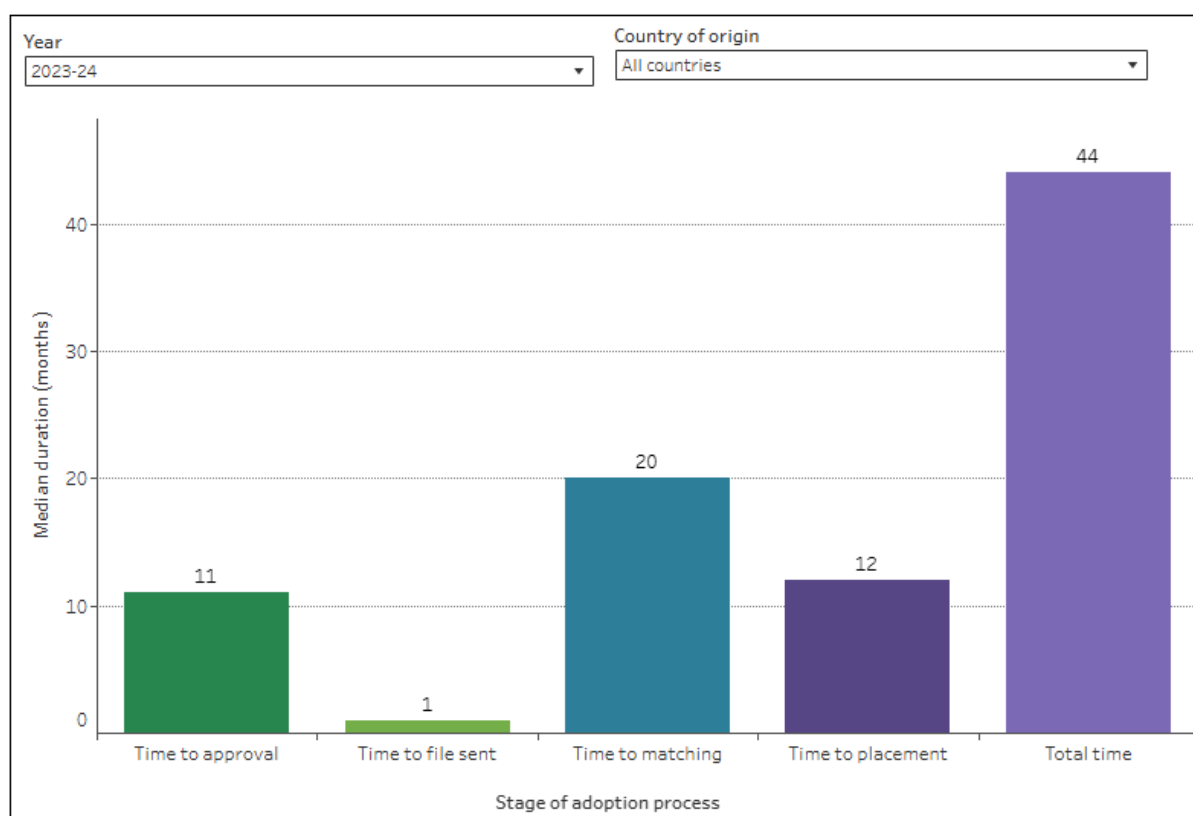
How long do intercountry adoptions take?

For intercountry adoptions, the waiting time is measured from when a prospective adoptive parent is approved to when a child is placed (Figure 4). For further information on the intercountry adoption process, see the [technical notes](#).

In 2023–24:

- the total median length of time from approval of an application to placement of a child was about 3 and a half years.
- South Korea had the shortest median waiting time around 3 years, while Thailand had the longest of about 5 and a half years.

Figure 4: Median processing time (in months) for children placed in intercountry adoptions, by country of origin and stage of intercountry adoption process, 2013–14 to 2023–24



Source: AIHW National Adoptions Data Collection.
<https://www.aihw.gov.au>

Alternatives to local, known child and intercountry adoptions

Third-party parental care arrangements

For children and young people in out-of-home care, the importance of achieving permanency and stability is widely recognised. This has been reflected in [jurisdictional changes](#) in policy and legislation across Australia (AIHW 2016) that have focused on early planning for permanent placement of children in need, including alternative long-term care arrangements such as:

- carer (known child) adoption
- care and protection orders that transfer guardianship and custody to carers, known as third-party parental responsibility orders.

In 2022–23 there were 1,202 third-party parental responsibility orders issued across Australia.

For more information on third-party parental care arrangements, see the [Permanency outcomes for children in out-of-home care: indicators](#) report.

Permanent care orders and other legislative changes

Legislative changes introduced by state and territory departments over the past 25 years have supported greater use of alternative legal orders. This has not only contributed to the decline in adoption numbers but has also given children alternative pathways to permanency.

In New South Wales, guardianship orders are made by the Children's Court of New South Wales, which will require the child or young person to be cared for by their legal guardian until they turn 18, or the Children's Court changes the order.

Similarly, in Western Australia, protection orders (special guardianship) provide for parental responsibility to an individual, or 2 individuals jointly, for a child until they turn 18.

Visa applications and expatriate adoptions

The Department of Home Affairs provides visa and citizenship application data to the AIHW to report on expatriate and other intercountry adoption practices, such as known child intercountry adoptions. Expatriate adoptions occur outside of the Australian intercountry adoption program and are not included in national counts of overseas adoptions.

In 2023–24, 80 Adoption visas were issued to adopted children of Australians seeking to return to Australia with the child. These include visas for:

- children adopted by expatriate Australians through an overseas adoption authority
- adoptions arranged and supported by Australian adoption authorities.

Of these 80 visas:

- 22 were from countries that had an open adoption program with Australia
- 8 were from countries with a program that was on hold and/or inactive
- 50 were from countries with no previous program.

Key data gaps and data improvement activities

The national Adoptions data collection does not collect data on the number of families seeking to adopt. Additionally, data on post-adoption outcomes (beyond 12 months) and the use of post-adoption services are also unavailable.

Where do I go for more information?

For more information on adoptions, see also:

- [State and territory departments responsible for adoption](#)
- [Intercountry Adoption Australia](#)
- Department of Social Services [Intercountry adoption](#).

For more on this topic, see [Adoptions](#).

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Adults in prison

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/adults-in-prison>

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People in prison are some of the most vulnerable people in society and often come from disadvantaged backgrounds. People who spend time in prison experience higher rates of homelessness, unemployment, mental health disorders, chronic physical health conditions, communicable disease, tobacco smoking, high-risk alcohol consumption, and illicit use of drugs than the general population (AIHW 2023).

Adults in Australia who commit or allegedly commit crimes are managed by the criminal justice system. There are 113 custodial correctional facilities across Australia (SCGRSP 2024). At 30 June 2024, there were around 44,400 adults in custody (ABS 2024b). Australia has 9 legal systems, one for each state and territory and one for the Commonwealth. While the criminal justice systems in each jurisdiction are similar, they remain separate. Therefore, laws, penalties and arrangements for administering justice differ across state and territory boundaries (ABS 2024b).

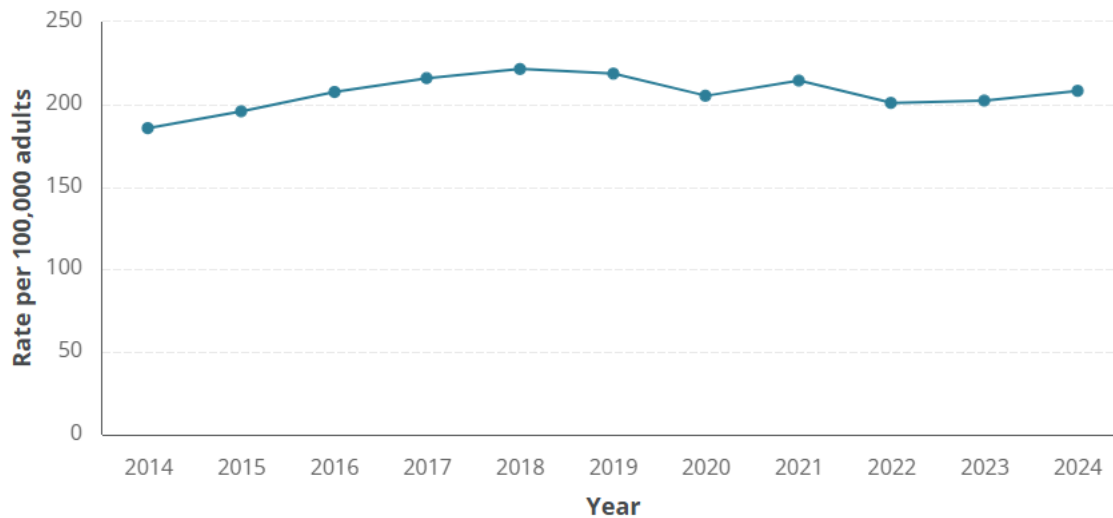
For more information, see [The health of people in Australia's prisons 2022](#).

Australia's prison population over time

Over the decade to 2024, Australia's prison population has increased in number and as a proportion of the population. The prison population grew from almost 33,800 at 30 June 2014 to around 44,400 at 30 June 2024. During the same period, the imprisonment rate increased from 186 to 208 per 100,000 adults (Figure 1). The most common offence/charges for people in Australian prisons at 30 June 2024 were acts intended to cause injury (28%; up from 21% in 2014), sexual assault and related offences (17%; up

from 11% in 2014) and illicit drug offences (11.7%; down from 11.9% in 2014) (ABS 2024b).

Figure 1: Adult imprisonment rate, 2014 to 2024



Source: ABS 2024b.

Overrepresentation of population groups in prison

When comparing the 2024 prison population to the general adult population (aged 18 or over), people in prison were:

- more likely to be male – 9 in 10 (92%) of the adult prison population were male (ABS 2024b)
- more likely to be younger – about 3 in 5 (62%) of the adult prison population were aged 18–39, compared with about 2 in 5 (40%) in the general adult population (ABS 2024a, 2024b)
- more likely to identify as Aboriginal and/or Torres Strait Islander (First Nations) people – over 1 in 3 (36%) of the adult prison population were First Nations people, compared with 3% of the general adult population (ABS 2023b, 2024b) (see [Safety and justice for First Nations people](#)).

July 2020 saw the release of *The National Agreement on Closing the Gap*. Target 10 of the agreement aims to reduce the overrepresentation of First Nations adults in the criminal justice system. The target is to reduce the rate of First Nations adults in incarceration by at least 15% by 2031 (from an age-standardised rate of about 1,906 per 100,000 adults in 2019 to about 1,620 per 100,000 adults in 2031) (PC 2025).

Between 2019 and 2024, the age-standardised rate of imprisonment among First Nations adults increased 21% from 1,906 to 2,304 per 100,000 adults. Over the same period, the age-standardised rate of imprisonment for non-Indigenous Australian adults decreased 15% from 173 to 148 per 100,000 adults (PC 2025). These age-standardised rates are adjusted in line with the updated resident population of Aboriginal and Torres Strait Islander people, based on the 2021 Census.

Health of people in prison

People in prison have higher levels of mental health problems, risky alcohol consumption, tobacco smoking, illicit drug use, chronic disease and communicable diseases than the general population (AIHW 2023). This means they have substantial and complex health and welfare needs, often long term or chronic. The health of people in prison is much poorer than that of the general community, such that people in prison are often considered to be 'old' at age 45 and over (compared with 65 and over in the general community) (Baidawi et al. 2011; Turner and Trotter 2010).

The National Prisoner Health Data Collection

Since 2009, the AIHW has run the National Prisoner Health Data Collection (NPHDC), over a 2-week period approximately every 3 years. The 2022 NPHDC has the most recent available data, which is presented on this page.

Of the 371 people entering prison (prison entrants) surveyed in the 2022 NPHDC:

- just over half (52%) reported a history of one or more selected chronic conditions (asthma, arthritis, back problem/s, cancer, cardiovascular disease, chronic kidney disease, diabetes, pulmonary disease, and osteoporosis)
- about 1 in 2 (51%) reported a previous diagnosis of a mental health condition, including drug and alcohol abuse
 - Female prison entrants (63%) were more likely than male prison entrants (49%) to report a history of a mental health condition.
 - Non-Indigenous prison entrants (60%) were more likely to report a history of a mental health condition than First Nations prison entrants (43%).
- around 2 in 3 (68%) had been in prison before and 2 in 5 (41%) had been in prison within the previous 12 months (AIHW 2023).

Of the 431 people scheduled for release from prison (prison dischargees) surveyed in the 2022 NPHDC:

- about 1 in 4 (26%) reported they were first diagnosed with a health condition in prison
- more than 4 in 5 (81%) reported their mental health improved or stayed the same while in prison
- about 1 in 5 (21%) reported being in prison for less than 3 months, and about 1 in 8 (13%) for 2 years or more (AIHW 2023).

For more information, see the [Health of people in prison](#).

Employment status of people in prison

The ability to gain and maintain employment is key to successful reintegration of former people in prison into the community post release. Many people in prison, particularly First Nations people, have complex and sometimes traumatic histories and experiences which remain following release from prison and can make employment difficult (COAG 2016).

Almost half (46%) of prison entrants reported they were unemployed during the 30 days before prison (AIHW 2023).

Almost 2 in 5 (38%) prison dischargees reported they had paid employment organised to start within 2 weeks of release from prison (AIHW 2023).

Education prior to entering prison

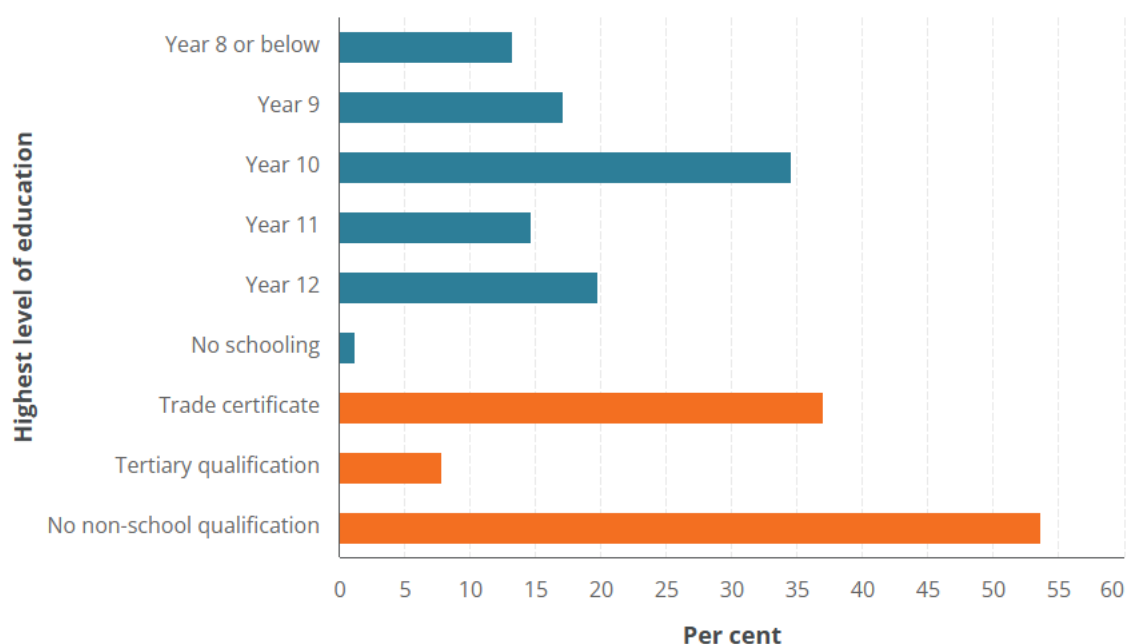
Education is a recognised social determinant of health, with lower levels of education associated with poorer health (Mitrou et al. 2014). People in prison have lower levels of educational attainment and higher levels of learning difficulties and learning disabilities than people in the general community (AIHW 2019; Kendall and Hopkins 2019). Lower levels of educational attainment are associated with poorer employment opportunities and outcomes, and unemployment is a risk factor for incarceration and for reoffending after release (Baldry et al. 2018).

Prison entrants were less likely than the general population (20% compared with 77%) to report they had completed the equivalent of year 12 (ABS 2022; AIHW 2023).

In 2022, prison entrants were more likely than the general population (aged 15–74) to have only completed year 10 or below (66% compared with 16%). Of prison entrants, 13% had only completed year 8 or below as their highest level of education (ABS 2022; AIHW 2023).

More than one-third (37%) of prison entrants reported attaining a trade certificate as their highest non-school qualification. Education at the tertiary level, was not common – the highest level of completed tertiary education for prison entrants was a diploma (4.6%), followed by a bachelor’s degree (2.7%), and a postgraduate qualification (0.5%). More than half (54%) of prison entrants in 2022 reported having no non-school qualifications (AIHW 2023; Figure 2).

Figure 2: Highest level of education achieved by prison entrants, 2022



Note: From the 2022 NPHDC, blue colouring represents the 371 prison entrants who responded with their highest level of schooling and orange represents the 365 prison entrants who responded with their highest level of non-school education.

Source: AIHW 2023.

Housing and homelessness of people in prison

There are clear links between homelessness and health. People experiencing homelessness have higher rates of communicable disease, chronic conditions, mental health issues, and alcohol and other drug use disorders (Fazel et al. 2014).

In the NPHDC, prison entrants were asked about their accommodation during the 4 weeks before prison, and prison dischargees were asked about their accommodation expectations on release.

In 2022, prison entrants (43%) were around 90 times more likely to be homeless than people in the general adult community (aged 19 or over; 0.5%) (ABS 2023a; AIHW 2023).

More than 2 in 5 (43%) prison entrants reported they were homeless (including staying in short-term or emergency accommodation) during the 4 weeks before prison.

Almost half (45%) of prison discharges were planning to sleep in short-term or emergency accommodation, and 2.8% expected to sleep rough on release from prison. About half (52%) of prison discharges had their own stable accommodation arranged, where they were either the owners or named on a lease.

For more information, see [The health of people in Australia's prisons 2022](#).

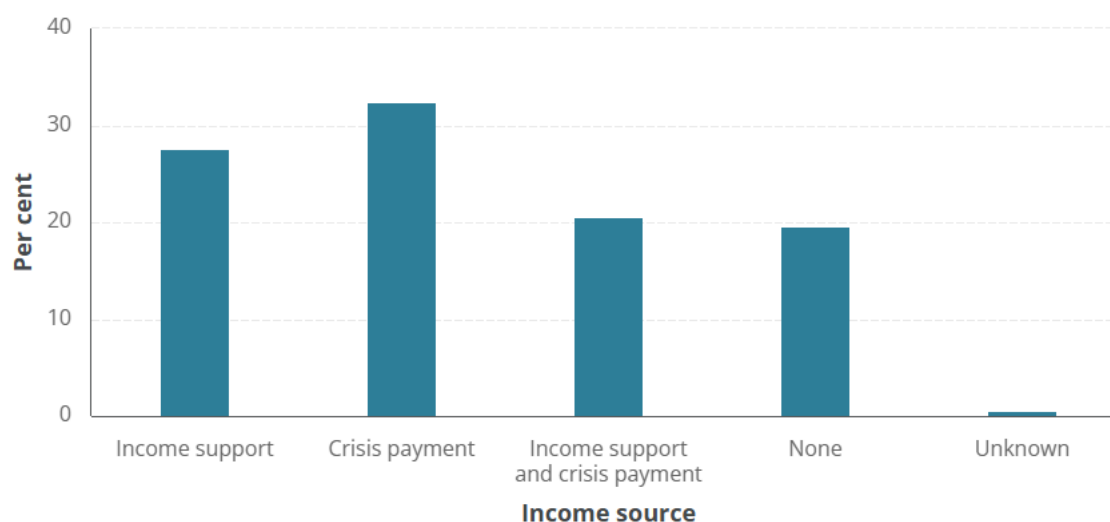
Income support following release from prison

On average people who are unemployed have poorer outcomes than people who are employed. This includes mental health issues, alcohol and other drug use disorders, and criminal offending (Fergusson et al. 2014; Winter et al. 2019).

Most (80%) prison discharges in 2022 were expecting to receive some form of financial assistance from Centrelink after release (Figure 3). In 2022:

- over 1 in 4 (27%) expected to receive income support payments (including Disability Support Pension)
- about 1 in 3 (32%) expected to receive a crisis payment
- 1 in 5 (20%) expected to receive both payments (AIHW 2023).

Figure 3: Expected income source of prison discharges, 2022



Note: From the 2022 NPHDC, 429 prison discharges responded with their expected payment from Centrelink on release.

Source: AIHW 2023.

Key data gaps and data improvement activities

The NPHDC was designed as a census, capturing data on the population of interest at a given point in time. However, numbers on this page represent a sample from the 2022 data collection, and not the entire prison population. As a result, the NPHDC sample is not necessarily representative of the total prison population. Further information on 2022 data collection methods and limitations is available in the [Data quality statement](#) and [Technical notes](#).

A future aim of the NPHDC is to collect much of the data through jurisdictional administrative systems, rather than as the current entirely separate data collection. This would allow for a much larger and more representative sample, expanding the options for data analysis, and improving the validity and reliability of the collection. But there is substantial complexity involved in adapting the data requirements of the NPHDC to the different administrative data systems in each jurisdiction.

Where do I go for more information?

For more information on the health and welfare of people in prison, see:

- [The health of people in Australia's prisons 2022](#)
- Australian Bureau of Statistics (ABS) [Prisoners in Australia](#)
- ABS [Corrective services, Australia](#)

For more on this topic, see [People in prison](#).

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Aged care

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/older-people/older-australians/contents/aged-care>

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Where do I go for more information?

Australia's aged care system delivers services through a range of care types to cater for the varying needs of the ageing population. Services range from supports to remain living largely independently at home, through to full-time care in a residential setting.

This page explores the use of mainstream residential and community-based aged care programs by people aged 65 and over. It provides information about how people are assessed and enter aged care, the types of care they use and how they leave aged care. Importantly, a person may use multiple programs during the year, and may be counted more than once as an admission to an aged care program or exit from an aged care program. For more information on aged care in Australia, see [GEN Aged Care Data](#).

Aged Care Act 2024

The *Aged Care Act 2024* passed Australian Parliament on 25 November 2024 and will replace the current *Aged Care Act 1997* and the *Aged Care Quality and Safety Commission Act 2018* on 1 November 2025. The new regulatory model focuses on improving quality and safety, protecting the rights of older people and ensuring the financial sustainability of aged care providers. This involves provision for a Statement of Rights, an independent complaints mechanism, enforceable rights for older people, the right to visitors at all times and hardship protections (Aged Care Quality and Safety Commission 2024).

Types of aged care

There are 3 mainstream types of aged care:

Home support (Commonwealth Home Support Programme) provides entry-level support at home for people as well as their carers. Services available through home support include domestic assistance, personal care, social support, allied health and respite services.

Residential aged care provides accommodation and care on a permanent or respite (temporary) basis. Permanent care is intended for those who can no longer live at home due to increased care needs, while respite provides a break from normal living arrangements.

Home care (Home Care Packages Program) provides different levels of aged care services for people in their own homes. It is targeted towards people with needs that go beyond what home support can provide. Ongoing services are available to keep people well and independent (such as nursing care), stay in their home (through help with cleaning, cooking and home maintenance) and remain connected to their community through transport and social support.

There are also several types of flexible care available that extend across the spectrum from home support to residential aged care, including:

- **Transition care** (Transition Care Programme), which provides short-term care to restore independent living after a hospital stay.
- **Short-term restorative care** (Short-Term Restorative Care Programme), which provides early intervention services to reduce difficulty with everyday tasks and maintain or restore independence.
- **Multi-Purpose Services Program**, which provides integrated health and aged care services in small regional and remote communities that cannot support both a separate aged care service and a hospital.
- **National Aboriginal and Torres Strait Islander Flexible Aged Care Program**, which delivers a mix of care types in a culturally appropriate way for older Aboriginal and Torres Strait Islander (First Nations) people.
- **Department of Veterans' Affairs community nursing** and **Veterans' Home Care** services for eligible veterans and their families, which provide support to help people stay in their own home.

Aged care assessments

To access government-funded aged care services, people undergo an assessment of need. This process assesses people's circumstances and care needs and, where appropriate, approves people for particular aged care services and refers them to service providers.

The [My Aged Care](#) platform is a contact centre and website which serves as the starting point for access to government-subsidised aged care services. Access to My Aged Care can be via self-referral, or requests from carers, or health and aged care professionals.

Following an initial screening through [My Aged Care](#), people are directed to one of 2 types of assessment:

- Regional Assessment Services assess eligibility for entry-level home support services, known as the Commonwealth Home Support Programme.
- Aged Care Assessment Teams conduct comprehensive assessments and approve people for entry into residential aged care (permanent or respite), home care or flexible aged care programs.

In 2023–24, around 325,000 home support assessments and 218,000 comprehensive assessments were completed (SCRGSP 2025). While numbers fluctuated from year to year, the number of completed comprehensive aged care assessments increased by 15% from 2014–15 to 2023–24 (SCRGSP 2025). This increase in demand on services was largely driven by the growth in the Australian population aged 65 years and over, which increased by 32% from 3.6 million to 4.7 million over the same time period (ABS 2025).

Wait times for aged care

There are many stages between first contact and receipt of care which can be influenced by the availability of assessment services, places and packages, individual preferences and choice in respect of accessing care. Not all of these factors can be categorised as ‘waiting times’ so a proxy measurement of ‘elapsed time’ is used in some reporting.

There have been improvements in wait/elapsed times at certain stages of the process, but not for all.

- The median elapsed time between referral for a **comprehensive assessment** and approval increased from 12 days in 2019–20 to 22 days in 2023–24 (SCRGSP 2025).
- The median elapsed time between approval and package committed decreased for **home care**, from 299 days in 2019–20 to 118 days in 2023–24 (SCRGSP 2025).
- The median elapsed time between approval and entry fluctuated for **permanent residential care**, from 148 days in 2019–20 to a peak of 163 days in 2020–21 and then decreased to 136 days in 2023–24 (SCRGSP 2025).

Entering aged care

In 2023–24, there were around 275,600 admissions to home care and residential aged care among people aged 65 and over. This included around 102,000 (37%) admissions to home care and 173,600 (63%) admissions to residential aged care, of which approximately 75,600 (44%) were to permanent care and approximately 98,000 (56%) were to respite care (AIHW 2025a).

Characteristics of people of all ages entering residential aged care and home care in 2023–24 include:

- Over half (54%) of admissions to permanent residential aged care were among people aged 85 and over.
- Around 3 in 5 (59%) admissions to permanent residential aged care were among women.
- Around a third (35%) of admissions to home care were among people aged 85 and over (AIHW 2025a).

Of all people entering residential aged care and accessing home care in 2023–24, 0.8% were aged under 65 (AIHW 2025a).

People using aged care

People tend to use different aged care programs at different stages of their life. As people get older, it is likely they will experience escalating care needs that require different care types. However, people's journey through aged care can vary. Some people may start using lower-level care services, then progress to accessing increasing levels of care as their needs change. For others, their first experience with aged care services may be when they require higher level care after a sudden event, such as the loss of a carer or a health crisis.

For more information, see [People using aged care](#).

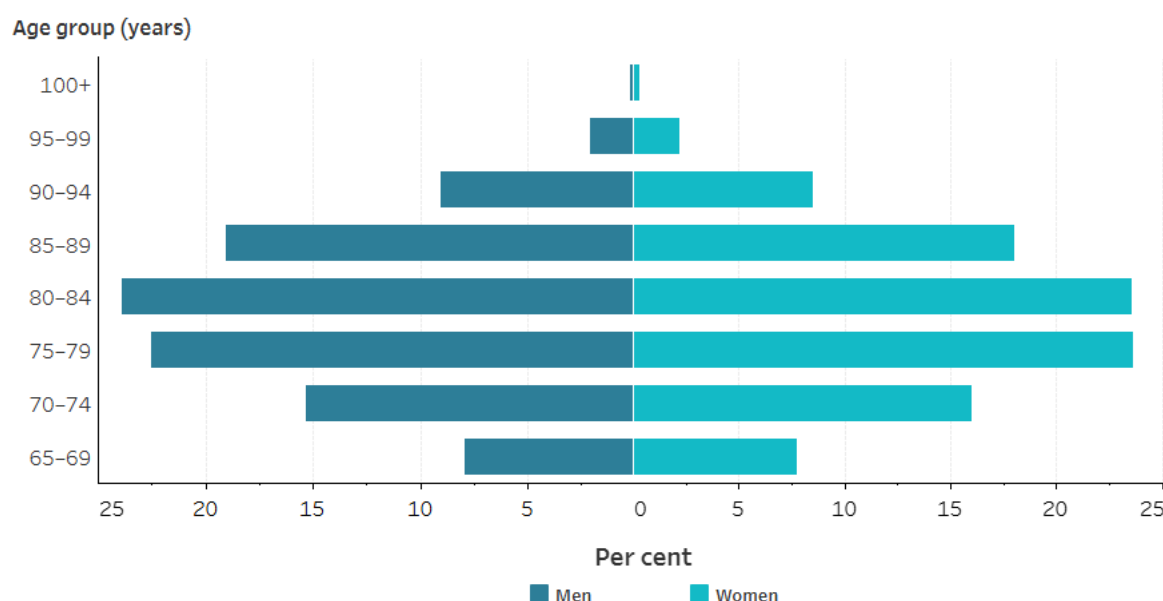
Home support

In 2023–24, around 835,000 people aged 65 and over used home support services. Of these:

- almost 2 in 3 (64%) were women
- the age group with the highest proportion of recipients was those aged 80–84 years (23%) (Figure 1) (AIHW 2025e).

In 2023–24, 29% of home support recipients were aged 85 and over. This was a lower proportion than those aged 85 and over receiving home care (41%) and residential aged care (59%).

Figure 1: Home support recipients by age group and sex, 2023–24



Notes:

1. Excludes unknown age and sex.
2. Proportions sum to 100% for men and women separately.

Source: AIHW 2024e – GEN aged care data.

<https://www.aihw.gov.au>

Home care

At 30 June 2024, more than 272,000 people using home care were aged 65 and over. The rate of people using home care has increased more than 3-fold, from 18.3 per 1,000 population in 2017 to 58.5 per 1,000 population in 2024 (AIHW 2025e). This growth aligns with government policy and is driven by a consumer preference for in-home care. Under the new Aged Care Act 2024, home care and short-term restorative care will be replaced from 1 November 2025 by the new Support at Home program. Under Support at Home, participants will be assessed into one of 8 new funding classifications and be able to access home modifications and assistive technology to maintain independence. The program will bring together current in-home aged care programs with an increased focus on early intervention and higher levels of care for people with complex needs (Department of Health and Aged Care 2024a).

The [Commonwealth Home Support Programme \(CHSP\)](#) will transition to the Support at Home program no earlier than 1 July 2027. The staged approach aims to give CHSP providers time to change their business systems, adjust to new payment arrangements and avoid disruption for clients. Support at Home will be enabled by a [Single Assessment System](#) which started with the introduction of a [new Integrated Assessment Tool](#) on 1 July 2024. This aims to simplify and improve access to aged care services for older people (Department of Health and Aged Care 2025).

Levels of home care

Home care provides varying levels of care to individuals based on their assessed care needs. A coordinated package of care is available at 4 levels, from Level 1 (basic care – for example, shopping assistance, transportation, and meal preparation), through to Level 4 (high-level care – for example, assistance with bathing, dressing, and getting out of bed, including support for additional care needs such as dementia, or vision and hearing impairment).

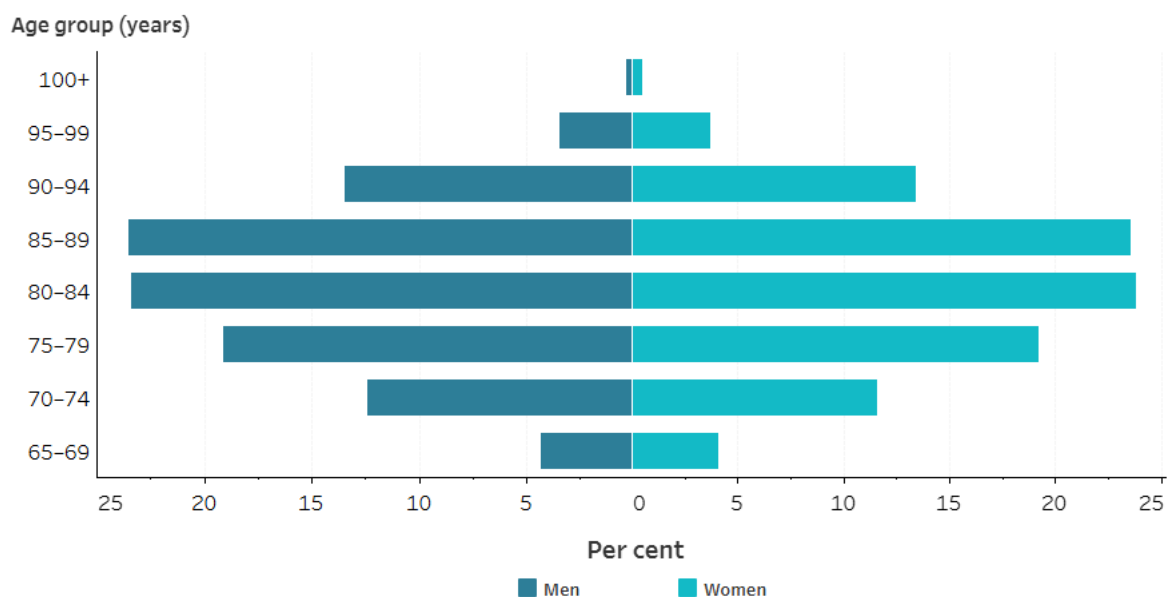
At 30 June 2024, of all home care recipients:

- 5.4% were receiving care at Level 1
- 41% were receiving care at Level 2
- 33% were receiving care at Level 3
- 21% were receiving care at Level 4 (AIHW 2025c).

At 30 June 2024, of the 272,000 people aged 65 and over using home care:

- around 2 in 3 (66%, 181,000 people) were women
- the age groups with the highest proportion of recipients were those aged 80–84 (23%, 64,500 people) and 85–89 years (23%, 64,100 people) (Figure 2) (AIHW 2025e).

Figure 2: Home care recipients by age group and sex, 30 June 2024



Notes:

1. Excludes unknown age and sex.

2. Proportion sum to 100% for men and women separately.

Source: AIHW 2024e – GEN aged care data.

<https://www.aihw.gov.au>

Residential aged care

At 30 June 2024, approximately 197,000 people aged 65 and over used residential aged care. Of these:

- 188,000 lived in permanent residential aged care
- 8,400 respite care.

Among people aged 65 and over in permanent residential aged care:

- around 2 in 3 were women (66%, 125,000 people) and around one in 3 were men (34%, 65,000 people)
- the age groups with the highest proportion of recipients were those aged 85–89 (25%, 46,800 people) and 90–94 years (22%, 41,500 people) (Figure 3) (AIHW 2025e).

The number of people aged 65 and over living in permanent residential aged care increased by 6.3% from 179,000 at 30 June 2017 to 190,000 at 30 June 2024 (AIHW 2025e). This increase in demand on services was largely driven by the growth in the Australian population aged 65 years and over, which increased 24% over the same period (from 3.8 million to 4.7 million people) (ABS 2025).

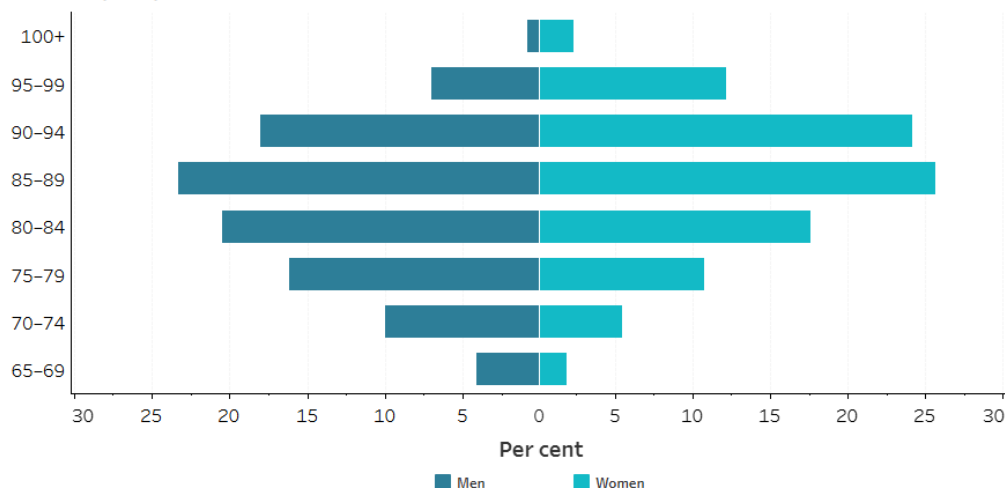
Compared with other aged care programs, people generally enter residential aged care at older ages. For all admissions to permanent residential aged care in 2023–24, the average age at admission was 85 years for women and 83 years for men (Department of Health and Aged Care 2024e).

Figure 3: Residential aged care recipients by age group and sex, 30 June 2024

Select care type:

- ☒ Permanent residential care
☐ Respite residential care

Age group (years)



Notes:

1. Excludes unknown age and sex.
2. Proportions sum to 100% for males and females separately.

Source: AIHW 2024e – GEN aged care data.

<https://www.aihw.gov.au>

Quality indicators for residential aged care

A range of quality indicators, such as pressure injuries and use of physical restraint, are publicly reported each quarter for residential aged care, as part of the National Aged Care Mandatory Quality Indicator Program (QI Program). Since 1 July 2019 it has been a requirement of all Australian Government-subsidised residential aged care services to report on aspects of service provision that contribute to the quality of care provided. For more information see [National Aged Care Mandatory Quality Indicator Program \(QI Program\) | Australian Government Department of Health, Disability and Ageing](#).

Trends over time since July-September 2021 (when reporting for the expanded QI Program commenced) to the quarter January- March 2025, show that there has been an improvement in many quality of care indicators that measure adverse events, complications, or undesirable outcomes (where lower values of these quality indicators indicate better quality of care) in residential aged care services at the national level (AIHW 2025g). These are the proportion of residents experiencing:

- one or more pressure injuries
- physical restraint and physical restraint exclusively through the use of a secure area
- significant unplanned weight loss and consecutive unplanned weight loss
- falls that resulted in major injury
- polypharmacy, antipsychotic medication use, and in the
- proportion of workforce turnover (Figure 4).

Similarly, quality indicators that measure desirable outcomes (where higher values of these quality indicators indicate better quality of care), show that there has been an improvement over time in the proportions of residents (AIHW 2025g):

- reporting 'good' or 'excellent' consumer experience and quality of life.

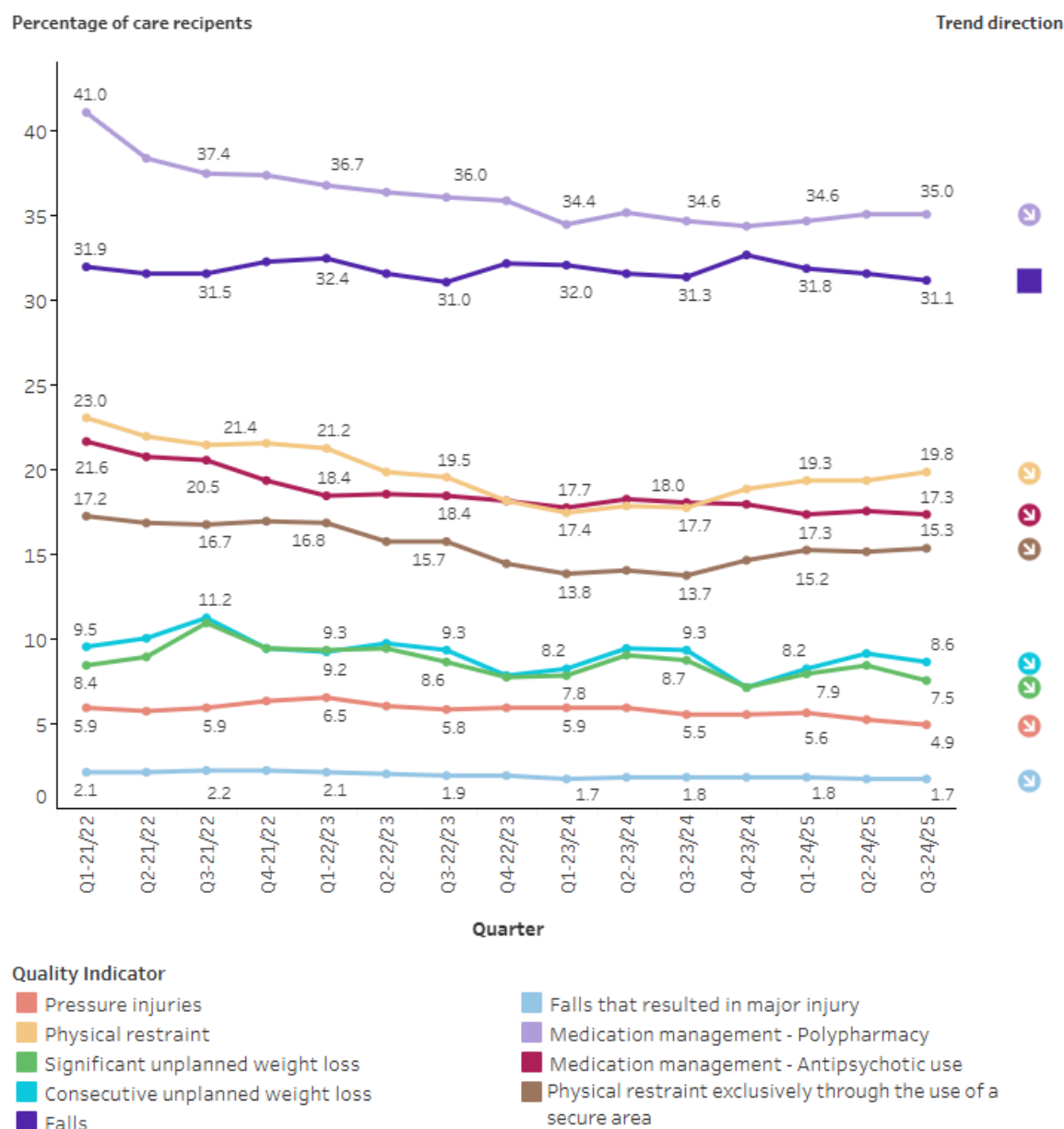
Indicators of quality of care that did not show an improvement over time were:

- 'emergency department presentations' and 'emergency department presentations or hospital admissions', where proportions of residents experienced small increases in these events over time.

Indicators of quality of care that showed minimal changes over time included the proportion of care recipients:

- experiencing falls, a decline in their Activities of Daily Living score, or experiencing Incontinence Associated Dermatitis.

Figure 4. Trends in quality indicator performance over time, Q1 2021-22 to Q3 2024-25



Note:

⬇ indicates a statistically significant downward trend at $p < .05$

▬ indicates a statistically non-significant trend ($p \geq .05$)

<https://www.gen-agedcaredata.gov.au/>

Further information about the National Aged Care Mandatory Quality Indicator Program (QI Program) and quarterly data reports can be found at: [Residential Aged Care Quality Indicators – January to March 2025 - AIHW Gen.](#)

Care needs in aged care

Residential aged care funding assessments

On 1 October 2022, the Australian National Aged Care Classification (AN-ACC) residential aged care funding model replaced the Aged Care Funding Instrument (ACFI). The ACFI was a tool to assess the care needs of people living in permanent residential aged care to determine the government funding provided to care providers. Residents were reappraised in the same year if their needs changed. The ACFI measured care needs across 3 different areas of care, including:

- activities of daily living
- cognition and behaviour
- complex health care (AIHW 2025c).

ACFI data are reported in [People's care needs in aged care](#).

The [AN-ACC Assessment Tool](#) focuses on the characteristics of residents that drive care costs in residential aged care. Residential aged care funding assessors use the AN-ACC Assessment Tool to assess a resident's care needs and assign each resident with an AN-ACC classification. The AN-ACC classification assigned to the resident corresponds to the amount of government funding the approved service provider will receive (AIHW 2024b).

There are 13 classes of care funding under the AN-ACC model with each class based on the cost of care:

- Class 1 is for people entering residential aged care for planned palliative care only.
- People assessed as Class 2 and 3 are considered 'Independently mobile'.
- People assessed as Class 4–8 are considered as having 'Assisted mobility'.
- People assessed as Class 9–13 are considered as being 'Not mobile' (AIHW 2025c).

At 30 June 2024, over 189,800 people had a current AN-ACC assessment, representing 99.5% of all people using permanent residential aged care (189,900 people) (AIHW 2025c). Among these 189,800 people:

- most (96%) people were assessed as having some mobility needs
- the majority of people were in the 'Assisted mobility' category (57%), followed by the 'Not mobile' category (39%) and the 'Independently mobile' category (3%) (AIHW 2025c).

For more information, see [People's care needs in aged care](#).

Health of people in aged care

People using aged care continue to interact with the health system. They may see General Practitioners or specialists, have medications dispensed to them, visit an emergency department, or be admitted to hospital. Further analysis is being undertaken

to understand the patterns of service use between the aged care and health, including updates to the Interfaces between the aged care and health systems topic on GEN website, and using linked data to report on the interface of hospital and aged care services for delayed discharge older patients (DDOP).

For more information on the use of health services, see [Interfaces between the aged care and health systems](#).

Leaving aged care

People may also leave residential aged care to move back home, to enter another aged care service, to be admitted to hospital or exit due to death. The following information covers exits from aged care services in 2023–24. A person may exit aged care services more than once over a 12-month period.

In 2023–24, for people aged 65 and over:

- there were almost 247,100 exits from residential aged care and home care
- the majority of exits were by people leaving respite residential aged care (38%, 94,600 people), followed by home care (34%, 84,100 people) and permanent residential aged care (28%, 68,400 people)
- most (86%) exits from permanent residential aged care were due to death, compared with 27% from home care. Around 39% of exits from home care were due to entering residential aged care (AIHW 2025d).

Of all people who exited permanent residential aged care, those who died in care had the longest median length of stay (21 months) (AIHW 2025d).

Among all people exiting aged care, those leaving permanent residential aged care had the longest median length of stay (19 months), followed by home care (16 months) and respite residential aged care (24 days). Women stayed longer in permanent residential aged care than men with a median length of stay of 23 months for women and 14 months for men. This difference was less pronounced in respite care with a median length of stay of 24 days for women and 21 days for men (AIHW 2025d).

For more information, see [People leaving aged care](#).

Aged care workforce

The aged care workforce is responsible for providing safe and high-quality care to people accessing aged care services in Australia. Aged care services include residential aged care, home care, home support and other flexible care programs such as the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC). Within the various aged care services, care is provided by a range of workforce roles. There are several main job groups that make up the aged care workforce:

- Personal care workers including assistants in nursing and those undertaking a formal traineeship.
- Nurses including nurse practitioners, registered nurses and enrolled nurses.

- Allied health professionals including; audiologists, chiropractors, Aboriginal and Torres Strait Islander (First Nations) health worker/practitioners, dietitians, diversional therapists, exercise physiologists, occupational therapists, osteopaths, pharmacists, physiotherapists, podiatrists, psychologists, social workers, speech therapists, allied health assistants and other (not specified) allied health professionals.
- Administration including administrative, management, and quality and education coordinator positions.
- 'Other' roles including pastoral/spiritual care workers, oral health professionals and those providing ancillary care. Ancillary care staff include staff who provide services such as cleaning, kitchen, gardening, and maintenance.
- Informal carers including volunteers (AIHW 2024b).

The findings presented on this page are drawn from the 2023 Aged Care Provider Workforce Survey which provides information on the size, composition and characteristics of the aged care workforce across 5 service care types; residential aged care, the Home Care Packages Program, the Commonwealth Home Support Programme and for the first time, the Multi-Purpose Services Program and NATSIFAC (AIHW 2025f). For more information or findings using other workforce data sources, see [Aged care workforce](#).

According to the latest Aged Care Provider Workforce Survey conducted in 2023 (AIHW 2024g):

- There were an estimated total of 549,000 people employed across the 5 service care types. Of these:
 - 414,000 (75%) were direct care workers, comprised of nurses, personal care workers and allied health professionals. Direct care workers are a subset of all staff, employed either directly or indirectly, who provide care directly to older persons.
 - The remaining 135,000 workers (25%) were employed in ancillary positions, administrative, management and 'other' roles.
- Overall, 43% of directly employed nursing and personal care staff were aged 45 years and older and 85% were women.
- Across all service care types, 4,100 (1.2%) directly employed nursing and personal care staff were reported as being First Nations people. Among First Nations people aged 50 and older, 2,100 (1.3%) were receiving either temporary or permanent residential aged care at 30 June 2022 (AIHW 2023f).
- For NATSIFAC services, 160 (19%) directly employed nursing and personal care staff were reported as being First Nations people.
- Across all service care types, 17% of directly employed nursing and personal care staff were temporary residents while 83% were Australian/New Zealand citizens or Australian permanent residents.

- Overall, the proportion of direct care workers decreased with increasing geographic remoteness with 77% of all staff providing direct care in metropolitan areas and 55% of all staff providing direct care in very remote communities (AIHW 2024g).

For the full report, information on data collection and survey methods, see [2023 Aged Care Provider Workforce Survey: Report](#).

COVID-19 outbreaks in residential aged care services

During 2023–24, there continued to be a real and ongoing impact of COVID-19 on older people living in residential aged care in Australia (Department of Health and Aged Care 2024e). With older age and living in institutionalised care increasing the risk of becoming seriously ill with COVID-19, older people living in residential aged care are particularly vulnerable.

COVID-19 data, including outbreaks, resident deaths, and staff and resident cases, are self-reported by aged care providers through the My Aged Care Portal.

In the 2023–24 financial year, there was a total of:

- 119,652 cases of COVID-19 among residents
- 53,282 cases of COVID-19 among staff
- 2,134 deaths associated with COVID-19 among residents (Department of Health and Aged Care 2024e).

The majority (86%) of residential aged care services experienced a COVID-19 outbreak in the 2023–24 financial year. An outbreak of COVID-19 occurs when 2 or more residents test positive to COVID-19 within a 72-hour period (Department of Health and Aged Care 2024c). This requires a residential aged care service to notify the Department of Health, Disability and Ageing and local Public Health Unit, and to activate their outbreak management plan (Department of Health and Aged Care 2024d). During 2023–24:

- 2,238 of 2,617 (86%) residential aged care services experienced at least one COVID-19 outbreak
- 577 residential aged care services experienced one COVID-19 outbreak
- 1,661 residential aged care services experienced two or more COVID-19 outbreaks (Department of Health and Aged Care 2024e).

In recognition of the ongoing costs to aged care providers to plan for and safely manage COVID-19 outbreaks in residential aged care, the Australian Government introduced the Aged Care Outbreak Management Support Supplement in February 2024 (Department of Health and Aged Care 2024b). Ongoing support in 2025 includes a surge workforce program to help aged care facilities during critical staff shortages, infection prevention and control measures, measures to address low vaccination rates in aged care facilities, and surveillance, monitoring and reporting of COVID-19 across residential aged care (Department of Health and Aged Care 2024b).

For further information on the current impact of COVID-19 on older people in residential aged care, see the [Report on the Operation of the Aged Care Act](#) and the [COVID-19 outbreaks in Australian residential aged care facilities](#) weekly report.

Key data gaps and data improvement activities

It is critical that the Australian aged care data system meets the needs of people using aged care, the providers delivering care, as well as other data users, such as government and researchers. A key recommendation arising from the Royal Commission into Aged Care Quality and Safety (Royal Commission), which concluded in 2021, was to put people at the centre of aged care. The Royal Commission also made recommendations related to improving the quality, coverage and availability of aged care data.

Information about Australia's aged care system is derived from a variety of sources including administrative data and survey data. There is currently a multitude of administrative data in the aged care data system. However, data have been fragmented and lacked common data definitions. There are also notable gaps in available data, for example, on regular detailed assessments of the care needs, health conditions and functional status of older people; diversity characteristics of older people; and people working in aged care.

These issues have limited the ability for data to enable a person-centred view of the pathways and outcomes for older people within aged care. Addressing data limitations can help answer important questions to inform policy. Detailed and complete information is limited on:

- Barriers to accessing aged care – how does the availability, cost, timely access, and suitability of aged care services influence if and how older people access aged care services?
- Aged care workforce – who works in aged care, and what are their demographics, skills and qualifications?
- Older people's diversity – do older people need different things from aged care services depending on their personal background and experiences?
- Quality of care – what are older people's aged care experiences and outcomes?
- Other service use – how do older people interact with other services, and what other services do older people access whilst using aged care services, such as primary health, hospital, allied health, dental, and palliative care services?

Data development activities underway in the aged care sector are working to address these known data gaps and limitations.

The Department of Health, Disability and Ageing (the Department) is making changes to the aged care system (aged care reforms), many of which respond to recommendations of the Royal Commission. The aged care reforms aim to deliver an aged care system that is person-centred, and improves the access to, and safety and quality of, aged care. For more information see [Aged care reforms and reviews | Australian Government Department of Health, Disability and Ageing](#).

The AIHW has been funded by the Department to work with a broad range of stakeholders on a number of aged care data development and improvement activities, including:

- The Aged Care Data and Digital Strategy: this outlines the Department's approach to developing data and digital foundations for the aged care systems. The Aged Care Data and Digital Strategy and the Action Plan were launched in July 2024 and are available via the Department's website: [Aged Care Data and Digital Strategy 2024 – 2029](#).
- The Aged Care National Minimum Data Set: this is a core set of standardised data elements agreed for mandatory collection and reporting at a national level about aged care. The Aged Care NMDS V1.0 data standards were [released via METEOR](#) in June 2023, and V2.0 in July 2025. The aged care data standards will be iteratively progressed, and aim to ensure data are reliable, consistent and comparable across the aged care sector. For further information see [Data improvements - AIHW Gen](#).
- The National Aged Care Data Asset (NACDA): this aims to bring together de-identified person-level data collected across aged care, health and community service settings for aged care research purposes. The purpose of the NACDA is to better understand the pathways, experiences and outcomes of people receiving aged care, and the operation and performance of the aged care system. The NACDA is now available for researchers to access via the National Health Data Hub. For more information, visit the [NACDA webpage](#).

Where do I go for more information?

For more information on Australians' use of aged care services, see the AIHW's aged care data website, [GEN aged care data](#).

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Aged care for First Nations people

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/aged-care-for-indigenous-australians>

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The population of Aboriginal and Torres Strait Islander (First Nations) people has a much younger age structure than the non-Indigenous population (see [Profile of First Nations people](#)). However, like the general population, the First Nations population is ageing.

Access to aged care services in Australia is determined by need, rather than age. The target population for government-funded aged care services is the First Nations population aged 50 and over and the non-Indigenous population aged 65 and over (Department of Health and Aged Care 2024a). A broader age group is used for First Nations people because of their greater need for care at a younger age compared with non-Indigenous Australians.

This page focuses on First Nations people aged 50 and over and their use of aged care services. For more information regarding use of aged care services, particularly among the general population, see [Aged care](#) and the [GEN aged care data website](#).

First Nations people aged 50 and over

Projections from the Australian Bureau of Statistics (ABS) based on the 2021 Census of Population and Housing (medium series) estimate over 197,000 First Nations people aged 50 and over on 30 June 2025 (AIHW analysis of ABS 2023, 2024a). This includes about:

- 130,900 aged 50–64
- 63,500 aged 65–84
- 3,000 aged 85 and over.

First Nations people aged 50 and over are estimated to comprise:

- 19% of the First Nations population (of all ages)

- 2.0% of the total Australian population aged 50 and over.

For more information, see [Profile of First Nations people](#).

Use of aged care services by First Nations people

Data on the use of aged care by First Nations people are sourced from the AIHW [National Aged Care Data Clearinghouse](#), made available on the [GEN aged care data website](#). The main types of government-subsidised aged care are home support, home care, and residential aged care. In some cases, these aged care services are provided as part of a separate program, such as one of the flexible aged care programs. For the purposes of this page, the quoted numbers of home support, home care and residential care recipients do not include recipients who received these services as part of a flexible aged care program. These numbers include respite care users, who receive care through home support or residential care, depending on the need of the user.

Among First Nations people aged 50 and over:

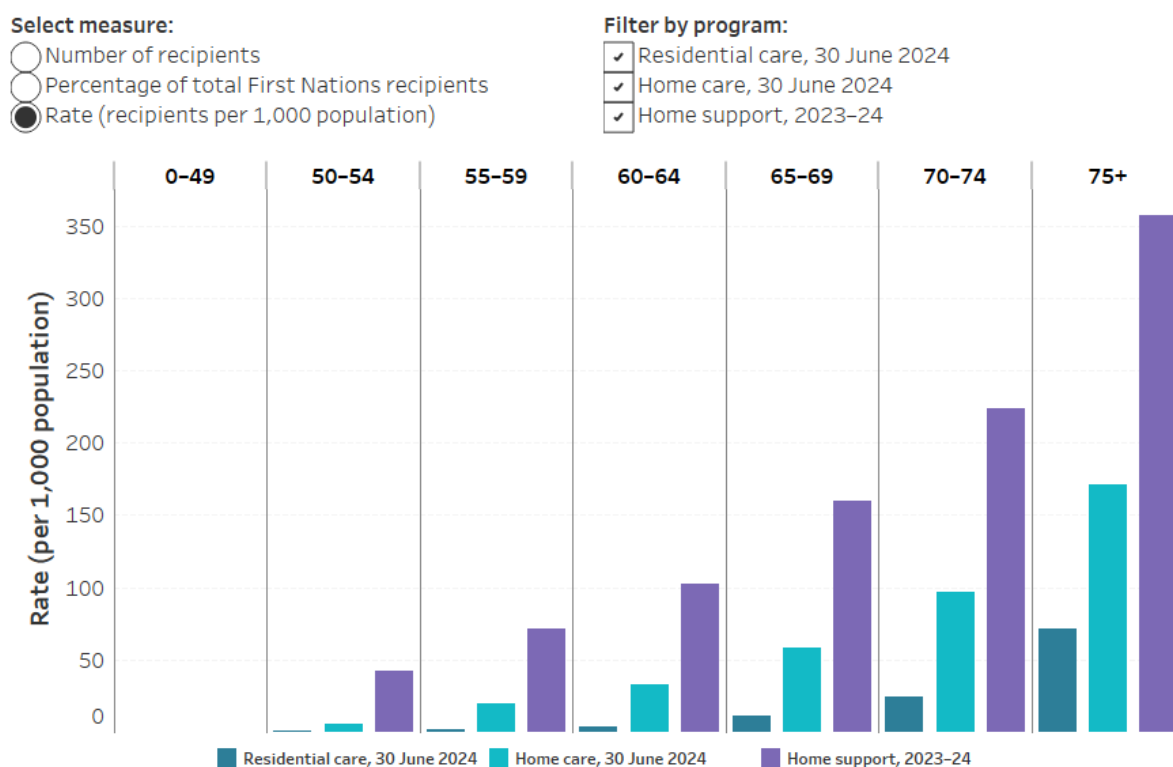
- 23,700 (12%) received home support during 2023–24. This is entry-level support provided through the Commonwealth Home Support Programme, aimed at helping people manage independently at home for as long as possible
- 8,800 (4.6%) were receiving home care at 30 June 2024. This is a coordinated package of care and services, from basic through to high-level support, based on need, provided through the Home Care Packages Program
- 2,300 (1.2%) were receiving residential aged care at 30 June 2024. This means staying in a residential aged care facility, on a permanent or temporary basis.

First Nations people using residential aged care tended to be older than those using home care or home support (Figure 1). For example, over half (57%) of the First Nations people in residential aged care were aged 75 and over. The same age group made up around one-third (36%) of all First Nations home care recipients, and 27% of First Nations home support recipients.

Flexible care services constitute, for the purposes of this page, a separate set of aged care services, in which care is provided for special groups or in circumstances where the other aged care services are not appropriate. For example, the National Aboriginal and Torres Strait Islander Flexible Aged Care Program provides culturally appropriate flexible care for First Nations people in locations close to their communities. In 2023–24 this program operated almost 1,700 places across home care and residential aged care (Department of Health and Aged Care 2024a).

The Multi-Purpose Services Program also funds flexible care services in many rural and remote areas. Among those who received Multi-Purpose Services care in 2023–24, 231 identified as being of Aboriginal and/or Torres Strait Islander origin (Department of Health and Aged Care 2025d).

Figure 1: Use of aged care by First Nations people for selected programs, by age group and program



Notes

1. Rates of First Nations people are calculated using ABS 2021 Census-based population projections (medium series) (ABS 2024a).

2. First Nations people refers to people who have identified as being of Aboriginal and/or Torres Strait Islander origin. Data exclude recipients whose Indigenous status and/or age was not stated or inadequately described.

Sources: AIHW National Aged Care Data Clearinghouse; AIHW analysis of ABS (2024a).

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Variation by remoteness

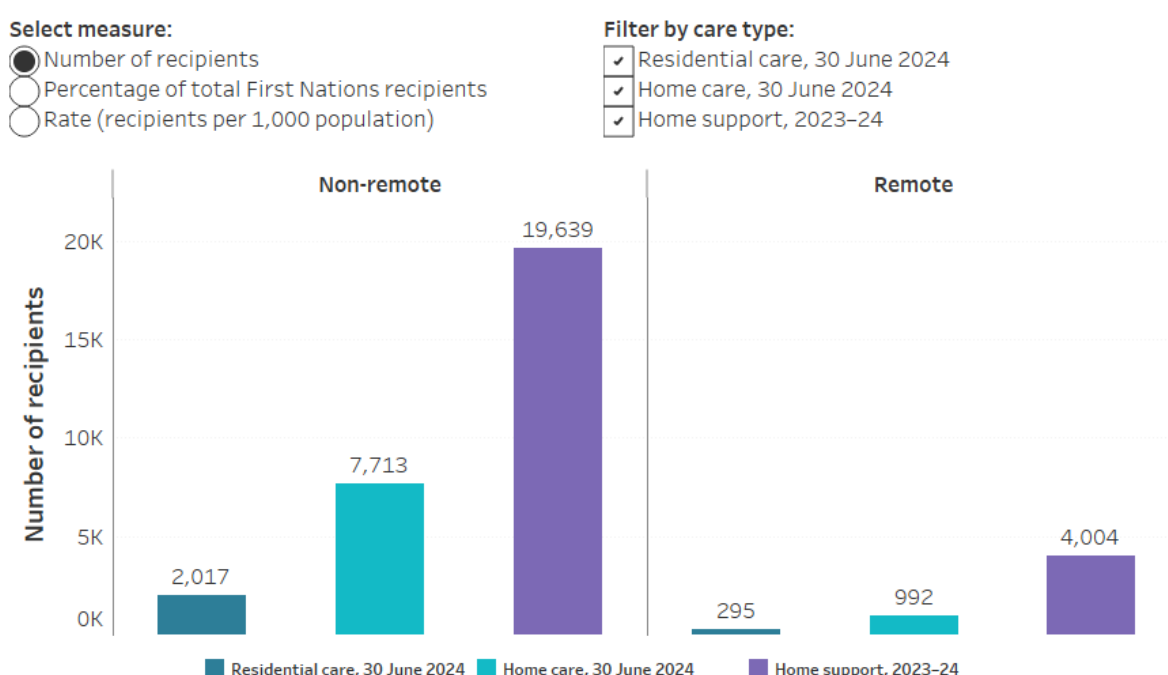
Among First Nations people aged 50 and over who used home support in 2023–24 or who received home care or residential aged care on 30 June 2024, most lived in non-remote areas (Figure 2). This is consistent with a higher number of First Nations people living in non-remote areas (*Major cities, Inner regional* or *Outer regional* areas of the Australian Statistical Geography Standard (ASGS) Remoteness Structure) than in remote areas (*Remote* or *Very remote* areas of the ASGS Remoteness Structure).

Considering the rate of aged care service use per population, among First Nations people aged 50 and over:

- Those living in non-remote areas (around 19,600 recipients, 122 recipients per 1,000 population) were about as likely to receive home support services as those living in remote areas (around 4,000 recipients, 128 recipients per 1,000 population) in 2023–24.

- Those living in non-remote areas (around 7,700 recipients, 48 recipients per 1,000 population) were 1.5 times as likely to receive home care services as those living in remote areas (around 990 recipients, 32 recipients per 1,000 population) on 30 June 2024.
- Those living in non-remote areas (around 2,000 recipients, 13 recipients per 1,000 population) were 1.3 times as likely to receive residential aged care services as those living in remote areas (around 300 recipients, 9.4 recipients per 1,000 population) on 30 June 2024.

Figure 2: Variation in use of selected aged care programs by First Nations people aged 50 and over, by remoteness area and program



Notes

1. Rates of First Nations people are calculated using ABS 2021 Census-based population projections (medium series) (ABS 2024a).
2. First Nations people refers to people who have identified as being of Aboriginal and/or Torres Strait Islander origin. Data exclude recipients whose Indigenous status, age and/or remoteness area was not stated or inadequately described.
3. Non-remote areas here refer to *Major cities*, *Inner regional* and *Outer regional* areas, whereas remote areas refer to *Remote* and *Very remote* areas, as defined by the ABS ASGS Remoteness structure.

Sources: AIHW National Aged Care Data Clearinghouse; AIHW analysis of ABS (2024a).

<http://www.aihw.gov.au/>

Changes over time

Home support is delivered through the Commonwealth Home Support Programme. Overall, the number of First Nations home support recipients has increased over the past 5 years – from 21,800 to 23,700 recipients between 2019–20 and 2023–24. However, due to a relatively greater increase in the population size of First Nations people aged 50 and over, the rate of home support service use per population has

actually decreased – from 131 to 123 recipients per 1,000 population between 2019–20 and 2023–24 (Table 1).

Table 1: Number and rate of persons aged 50 and over, using home support, by Indigenous status, 2019–20 to 2023–24

Time period	First Nations people	Non-Indigenous Australians	Rate of First Nations people (per 1,000)	Rate of non-Indigenous Australians (per 1,000)
2019–20	21,791	774,375	131.1	191.1
2020–21	22,210	763,755	128.0	183.0
2021–22	22,095	761,259	122.5	177.6
2022–23	22,292	755,289	119.5	171.4
2023–24	23,732	769,385	123.5	169.4

Notes

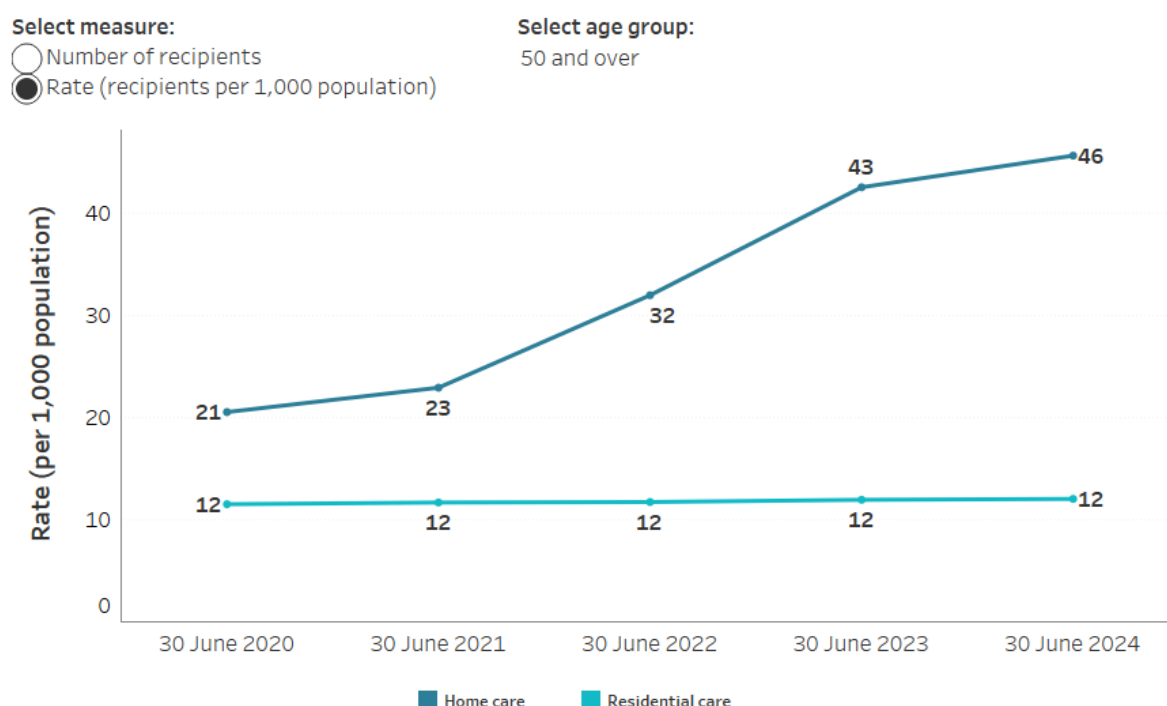
1. Rates of First Nations people are calculated using ABS 2021 Census-based population projections (medium series) (ABS 2024a). Non-Indigenous rates are calculated using ABS population calculations for Australia's population (ABS 2024b), subtracted by First Nations population projections for the same time.
2. Indigenous status refers to whether a person has identified as being of Aboriginal and/or Torres Strait Islander origin. Data exclude persons for whom Indigenous status and/or age was not stated or inadequately described. Indigenous status was missing for 4.9% in 2019–20, 4.5% in 2020–21, 4.0% in 2021–22, 4.5% in 2022–23, and 4.8% in 2023–24.
3. Dates that home support providers input can reflect dates of data submission rather than dates of service use.

Sources: AIHW National Aged Care Data Clearinghouse; AIHW analysis of ABS (2024a, 2024b).

Between 30 June 2020 and 30 June 2024, the rate of home care use for First Nations people aged 50 and over increased from 21 to 46 per 1,000, with numbers increasing from 3,400 to 8,800 (Figure 3). The number and rate of home care recipients have increased across all age groups, with particular increases seen between 30 June 2021 and 30 June 2023. The collection of Indigenous status (referring to whether a person has identified as being of Aboriginal and/or Torres Strait Islander origin) for home care recipients also improved between 30 June 2020 and 30 June 2024, particularly over the last 2 years. On 30 June 2024 Indigenous status was not stated or inadequately described for only about 1 in 15 (19,000, or 6.9%) home care recipients – down from 1 in 6 (36,500, or 17%) 2 years prior, and 1 in 3 (51,900, or 36%) on 30 June 2020.

Between 30 June 2020 and 30 June 2024, the number of First Nations people aged 50 and over in residential aged care rose from 1,900 to 2,300 (Figure 3). It is worth noting that the number of First Nations people using residential aged care services has only risen for those aged 65 and over, and the rate only for those aged 75 and over. For First Nations people aged 50–64, the number and rate of residential aged care use have generally declined over the same period. Over the past 2 years the percentage of recipients whose Indigenous status was not stated or inadequately described also increased, rising to 8.5% on 30 June 2023 and 10% on 30 June 2024, up from 0.1% in the years prior.

Figure 3: Residential aged care and home care use by First Nations people aged 50 and over, by age group and age care type, 30 June 2020 to 30 June 2024



Sources: AIHW National Aged Care Data Clearinghouse; AIHW analysis of ABS (2024a).
<https://www.aihw.gov.au/>

Following an announcement that the Government would provide funding to expand the National Aboriginal and Torres Strait Islander Flexible Aged Care between 2018–19 and 2021–22 (Department of Health 2018), the program has significantly increased in size. The commitment to continue expanding this program, which provides First Nations people with access to culturally appropriate home care and residential aged care services, has extended beyond the initial period (Department of Health 2020b; Department of Health and Aged Care 2022b), and the program has grown by more than 30% (an increase of 395 places), from 1,264 to 1,659 places, between 30 June 2020 and 30 June 2024 (Table 2).

Table 2: Number of places funded for National Aboriginal and Torres Strait Islander Flexible Aged Care Program, 30 June 2020 to 30 June 2024

Date	Residential care places	Home care places	Total number of places
30 June 2020	494	770	1,264
30 June 2021	480	824	1,304
30 June 2022	475	835	1,310
30 June 2023	489	895	1,384
30 June 2024	472	1,187	1,659

Sources: Department of Health 2020a, 2021a; Department of Health and Aged Care 2022a, 2023a, 2024a.

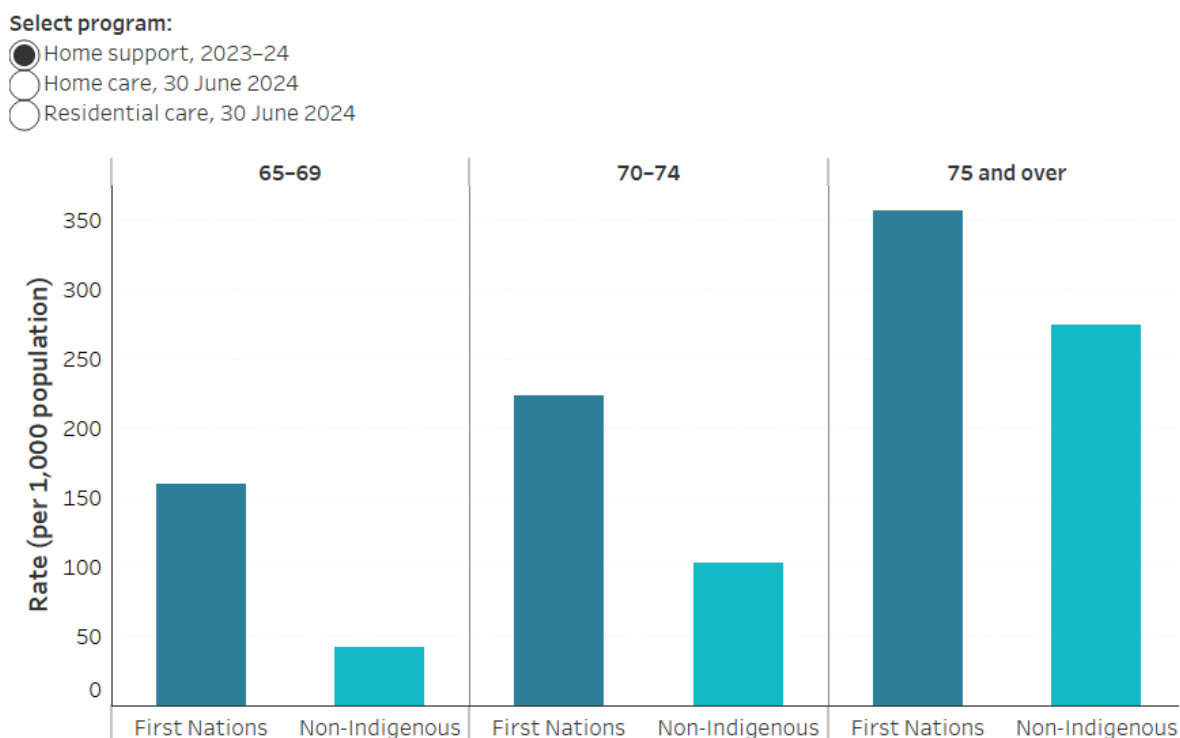
Comparisons with non-Indigenous Australians

Except for use of residential aged care among people aged 75 and over, rates of aged care use were higher for First Nations people than for non-Indigenous Australians across all age groups and care types (Figure 4).

Among people aged 65–74, compared with the rate among non-Indigenous Australians, First Nations people were:

- 2.6 times as likely to use home support in 2023–24 (8,300 First Nations recipients, receiving care at a rate of 186 per 1,000 population, and 175,000 non-Indigenous recipients, receiving care at a rate of 70 per 1,000 population)
- 5.0 times as likely to use home care, as at 30 June 2024 (3,300 First Nations recipients, receiving care at a rate of 74 per 1,000 population, and 37,100 non-Indigenous recipients, receiving care at a rate of 15 per 1,000 population)
- 2.6 times as likely to use residential aged care, as at 30 June 2024 (740 First Nations recipients, receiving care at a rate of 17 per 1,000 population, and 16,100 non-Indigenous recipients, receiving care at a rate of 6.5 per 1,000 population).

Figure 4: Rate of aged care use (per 1,000 population) among persons aged 65 and over in selected programs, by age group and Indigenous status



Notes

1. Rates of First Nations people are calculated using ABS 2021 Census-based population projections (medium series) (ABS 2024a). Non-Indigenous rates are calculated using ABS population calculations for Australia's population (ABS 2024b), subtracted by First Nations population projections for the same time.

2. First Nations people refers to people who have identified as being of Aboriginal and/or Torres Strait Islander origin. Data exclude recipients whose Indigenous status and/or age was not stated or inadequately described.

Sources: AIHW National Aged Care Data Clearinghouse; AIHW analysis of ABS (2024a, 2024b).

<https://www.aihw.gov.au/>

Aged care specially designed for First Nations people

In Australia, the aged care system offers options to meet the care needs of individuals. To help ensure aged care services are appropriate to the diverse needs of all people, the *Aged Care Act 1997* specifies 10 groups of people for whom additional consideration in the planning and delivery of appropriate aged care services is needed. First Nations people are one such group (*Aged Care Act 1997*: s11–3).

In the context of First Nations people, challenges for the aged care system include ensuring access to culturally appropriate care, especially for those living in remote and very remote areas (ANAO 2017). In 2019, the Australian Government published *Actions to support older Aboriginal and Torres Strait Islander people*, developed under the Aged Care Diversity Framework. These outline actions to support more inclusive and culturally appropriate care for First Nations people (Department of Health 2019).

The [Royal Commission into Aged Care Quality and Safety](#) (Royal Commission) also identified areas of importance in providing aged care to First Nations people.

The Royal Commission into Aged Care Quality and Safety

In its *Final Report*, the Royal Commission into Aged Care Quality and Safety identified that Aboriginal and Torres Strait Islander people have specific needs when accessing aged care. The report makes several recommendations, covering topics such as:

- the importance of culturally appropriate and safe care – including growing the First Nations aged care workforce through targeted programs and providing interpreter services for First Nations languages
- the requirement for trauma-informed approaches to providing care, particularly with members of the Stolen Generations
- the need to increase facilitation of provision of care on Country (or with options to return to Country where this is not possible)
- the potential to integrate aged care with existing First Nations organisations such as healthcare providers, disability services and social service providers (RCACQS 2021).

In response to the Royal Commission, the Australian Government promised \$572.5 million to ensure First Nations people can receive quality, culturally safe aged care, can access advice to make informed decisions about their care, and will be treated with dignity and respect (Department of Health 2021b).

The Elder Care Support program was established in 2023 and is available through Aboriginal Community Controlled Organisations and affiliates of the National Aboriginal Community Controlled Health Organisation (NACCHO) (Department of Health and Aged Care 2024a, 2024b, NACCHO 2024). This program is funding a workforce of 250 full-time equivalent staff positions across Australia to support First Nations people and their families in understanding, navigating, accessing, and choosing aged care services and providers suitable for them.

The Department of Health, Disability and Ageing released the Aged Care Data and Digital Strategy 2024–2029 in July 2024. Under its action plan, the AIHW is responsible for the Aged Care National Minimum Data Set (NMDS) and the National Aged Care Data Asset (NACDA). These initiatives will improve the available data on aged care – including with respect to First Nations recipients (for more information, see the data improvements on the [GEN aged care data website](#)).

A new Aged Care Act

Following several years of development, the Aged Care Bill 2024 was introduced in Parliament 12 September 2024, and passed Parliament as the *Aged Care Act 2024* 25 November 2024 (Department of Health and Aged Care 2025b). The development of the Act was performed by the Department of Health, Disability and Ageing in consultation with a range of stakeholders (Department of Health 2021c; Department of Health and

Aged Care 2025c). The *Aged Care Act 2024* will come into effect 1 July 2025, and replace the following Acts:

- *Aged Care Act 1997*
- *Aged Care (Transitional Provisions) Act 1997*
- *Aged Care Quality and Safety Commission Act 2018*.

The *Aged Care Act 2024* implements a number of the recommendations of the Royal Commission, and intends to ensure accountability, respect, and quality of life. Within it, the Statement of Rights outlines what aged care service recipients can expect when seeking government-funded aged care services (*Aged Care Act 2024*: s23). The *Aged Care Act 2024* also includes programs previously excluded from the Aged Care Act, such as the Commonwealth Home Support Programme and the National Aboriginal and Torres Strait Islander Flexible Aged Care program (Department of Health and Aged Care 2025a).

An addition to the *Aged Care Act 2024* is the role of First Nations Aged Care Commissioner, based on one of the recommendations of the Royal Commission. The Commissioner will work for the interests of First Nations people accessing aged care services, helping provide culturally safe aged care services to First Nations people. As of January 2024, an Interim First Nations Aged Care Commissioner has been appointed (Department of Health and Aged Care 2023b, 2025e).

Key data gaps and data improvement activities

The collection of Indigenous status has varied across years and service types for aged care services in Australia. In many cases, the number of aged care recipients whose Indigenous status was not stated or inadequately described is greater than the recipients established to be of Aboriginal and/or Torres Strait Islander origin.

Residential care used to have the lowest level of recipients whose Indigenous status was not stated or inadequately described, below 0.2% of the total number of residential care recipients for a number of years. However, over the past 2 years, the number of recipients whose Indigenous status is not stated or inadequately described increased to 8.5% on 30 June 2023 and 10% on 30 June 2024. Government efforts have, however, improved the collection of Indigenous status for home care recipients, where the percentage of recipients whose Indigenous status was not stated or inadequately described has gone down to 3.8% on 30 June 2023 and 6.9% on 30 June 2024, following 4 years where the percentage of home care recipients whose Indigenous status was inadequately described ranged between 17% to 36%.

Where do I go for more information?

For more information on First Nations people aged 50 and over and aged care use among the First Nations population, see:

- [Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over](#)
- [Regional Insights for Indigenous Communities for Aboriginal and Torres Strait Islander people aged 50 and over](#)
- AIHW's dedicated aged care data website – [GEN aged care data](#); [Aboriginal and Torres Strait Islander people using aged care](#) dashboard.

For more information on this topic, see [Aged care](#) and [First Nations people](#).

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Child protection

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/child-protection/child-protection-system-in-australia>

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The child protection system

Children in the child protection system

Child protection services

Where do I go for more information?

Child protection refers to preventing and responding to violence, exploitation, abuse, neglect, and harmful practices against children (UNICEF 2021). When children cannot live safely at home, child protection systems prioritise children's physical, mental and psychosocial needs to safeguard their lives and futures (UNICEF 2021). Child protection functions to protect the fundamental rights of children which include safety, freedom from violence and a stable family environment (UN General Assembly 1989).

The child protection system aims to protect children from maltreatment in family settings.

Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (WHO 2020).

For more information, see [The process of determining child maltreatment](#).

The child protection system

In Australia, state and territory governments are responsible for statutory child protection. Relevant departments support vulnerable children:

- who have been, or are at risk of being, abused, neglected or otherwise harmed
- whose parents are unable to provide adequate care or protection.

This report looks at children aged under 18 years who came into contact with the child protection system in 2023–24. This includes being:

- subjects of investigations for alleged child maltreatment notifications
- on a care and protection order, which gives child protection departments partial or full legal responsibility for their welfare
- placed in out-of-home care as they were unable to live at home due to child safety concerns.

For more information, see [Supporting children](#).

Children in the child protection system

In 2023–24, around 1 in 31 (179,000) Australian children aged under 18 came into contact with the child protection system. About 1 in 137 (45,100) Australian children aged under 18 became subjects of substantiated maltreatment. That is, an investigation concluded that they were being, or were at risk of being, maltreated ([CPA 2023–24: Insights, data tables 2.2 and S3.3](#)).

Table 1: Summary of children in the child protection system, 2023–24

Component of the child protection system	Number of events	Number of children
Notifications of alleged maltreatment	530,000	307,000
Notifications resolved by means other than an investigation	322,000	171,000
Investigations of alleged maltreatment notifications	196,000	121,000
Substantiated maltreatment	56,800	42,100
Not substantiated allegation of maltreatment	74,000	56,100
Investigation in process	52,500	12,300
Care and protection orders	39,000	70,100
Out-of-home care placements	122,000	55,300
Child protection system	357,000	179,000

Notes

1. 'Number of events' includes the total occurrences of the specific component of the child protection system.
2. For the 'Number of children' count, a child is counted only once, even if they had multiple occurrences of the event during the year.
3. For care and protection orders, the number of events are orders that were issued in 2023–24, while the number of children are those who had an ongoing care and protection order during 2023–24.
4. For readability, numbers have been rounded.

Sources: [CPA 2023–24: Insights, data tables 2.2, S3.1, S3.3, S4.1, T1](#); Unpublished data, AIHW Child Protection Collection 2023–24 .

Child protection services

Nationally, the focus is increasingly on early intervention and family support services to:

- help prevent children entering or returning to the child protection system
- minimise the need for more intrusive interventions (AIHW 2021; Bromfield & Holzer 2008; DSS 2021).

Most jurisdictions have enacted strategies that help families in a more holistic way, by:

- coordinating family support service delivery
- providing better access to different types of child and family services (DSS 2021).

For information on the performance of governments in providing child protection services across Australia, see the [Report on Government Services 2025](#).

Where do I go for more information?

For more information on child protection in Australia, see:

- [Child Protection Australia 2023–24](#)
- [State and territory departments responsible for child protection](#)
- [Department of Social Services](#).

For more on this topic, see [Child protection](#).

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Education and skills: From early childhood to tertiary education

Find the most recent version of this topic summary at:

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Early childhood education and care

Transition to school

School attendance

School achievement

Year 12 attainment

Tertiary education

Apprenticeships and traineeships

Where do I go for more information

The early childhood years are a time when children begin to learn to communicate and build relationships with others, as well as adapt their behaviour, emotions, and attention (CDCHU 2011). These developmental skills play an important role when a child transitions to primary school and establish the foundations for academic and life success (Pascoe and Brennan 2017).

Higher levels of education are associated with increased likelihood of being employed, being in good health and reporting higher life satisfaction (ABS 2022; OECD 2016). In Australia, children must attend school until they complete Year 10. After completing Year 10, people are required to engage in education, training, or employment until they are 17 years old. Post-school (tertiary) education options include Vocational Education and Training (VET) and higher education.

For more information on Aboriginal and Torres Strait Islander (First Nations) people's education see [Education of First Nations people](#).

Early childhood education and care

High quality early childhood education and care contributes to the positive social, physical, emotional, and cognitive development of children from birth to school age. It is delivered by skilled educators and teachers following a nationally accredited framework that promotes children's holistic growth while also preparing them for school.

In Australia, early childhood education and care services are provided by government and non-government organisations. They may be formal or informal.

Formal and informal care

Child care can be categorised as formal or informal.

Formal care: The Australian Bureau of Statistics (ABS) defines formal child care as regulated care away from the child's home, including:

- outside school hours care
- centre-based day care
- family day care (ABS 2017).

Informal care: The ABS defines informal care as non-regulated care, paid or unpaid. Informal care can be provided by grandparents, other relatives (including siblings and a parent living elsewhere), other people (including friends, babysitters, and nannies), and other child-minding services (for example, a crèche) (ABS 2017).

Child Care Subsidy approved child care

The Australian Government provides a Child Care Subsidy to support children and families attending early childhood education and care services. In September 2024, 846,000 children (50.4%) used Australian Government subsidised child care, an increase from 49.0% in 2022. Among children aged 0 to 12 years, the proportion using approved care also increased slightly in 2024 to 35.4% from 34.4% in 2022. In 2024, of all the children attending child care, 58.2% attended Centre Based Day Care, 39% attended Outside School Hours Care, and 4.9% attended Family Day Care. The average weekly hours of child care use per child was 27.3 hours (DoE 2024).

Preschool and centre-based day care

According to the Australian Department of Education, a preschool program is defined as an educational program that is play-based and delivered to the children in the year before they start full-time school. It must be:

- delivered by a qualified early childhood teacher
- aligned with the Early Years Learning Framework V2 (or equivalent)
- compliant with the National Quality Framework.

The goal of preschool is to help children develop foundational skills—social, emotional, cognitive, and physical—that prepare them for school and lifelong learning.

A preschool program can be delivered in a variety of settings such as stand-alone preschools, preschools co-located as part of a school (both government and non-government), and centre-based day care (CBDC) services. Government funded preschools typically provide 15 hours of education per week. A child may attend both a preschool and a separate or adjoined child care facility, such as family day care, outside school hours care, vacation care, in-home care and occasional care services (ABS 2023).

In August 2024, 342,000 4–5-year-olds were enrolled in a preschool program, a 1.3% increase compared with 2023 (ABS 2024a).

An estimated 90% of all children aged 4 and 22% of all children aged 5 were enrolled in preschool programs (based on counts of 305,000 children aged 4 years and 313,000 aged 5 years resident in Australia in June 2024) (ABS 2024a).

Of the 4–5-year-olds enrolled in a preschool program as at August 2024:

- most (80%) were aged 4, with a further 20% aged 5
- the majority (96%) were enrolled for 15 hours per week or more
- more were enrolled in a preschool program through a centre-based day care service (50%) than in a dedicated preschool (35%), while the remaining (15%) were enrolled in preschool programs across multiple provider types
- families of around 4 in 5 (78%, or 266,000) 4–5-year-olds paid \$4 or less out of pocket per hour after subsidies, including the families of 105,000 children who paid no fees; the remaining (22%, or 75,000) paid \$5 or more per hour (ABS 2024a).

Transition to school

This section presents information on the development of children in Australia by the time they reach primary school, using data from the 2024 Australian Early Development Census (AEDC).

What is the Australian Early Development Census?

The AEDC was introduced nationally in 2009 to measure the development of children at the time they start their first year of full-time schooling. Every three years, teachers provide data on children's developmental vulnerability using the Australian version of the Early Development Instrument. The proportion of eligible children participating in the AEDC has been above 95% in all collection cycles (AEDC 2022).

The AEDC measures early childhood development across 5 domains:

- Physical health and wellbeing – physical independence, motor skills, energy levels, ability to physically cope with the school day.
- Social competence – self-control and self-confidence, ability to work and play well with others, respect for others, responsibility, ability to follow instructions.

- Emotional maturity – absence of anxious and fearful behaviour, ability to concentrate, ability to provide assistance to other children.
- Language and cognitive skills (school based)– interest and ability relating to literacy, numeracy, memory.
- Communication skills and general knowledge – communication with children and adults, articulation, ability to tell a story (AEDC 2016).

The AEDC scores are grouped into 3 categories using benchmark scores calculated in 2009:

- developmentally on track (above the 2009 25th percentile)
- developmentally at risk (between the 2009 10th and 25th percentile)
- developmentally vulnerable (below the 2009 10th percentile).

How many children were developmentally on track?

Based on the most recent data in 2024, 52.9% of children were developmentally on track across all 5 domains. While this reflects a slight decrease of 2.5% from the 2018 peak of 55.4%, the overall trend continues to demonstrate strong developmental outcomes for the majority of children. The proportion of children in the first year of full-time school who were developmentally vulnerable on one or more domains was 23.5%, while the proportion classified as developmentally vulnerable on 2 or more domains was 12.5% (AEDC 2025).

In 2024, the developmental vulnerability of children in the first year of full-time school also differed across demographic factors:

- Children living in low socioeconomic areas were more likely to be developmentally vulnerable on one or more domains than children living in other socioeconomic areas. In 2024, 34.7% of children in the lowest socioeconomic areas were developmentally vulnerable, compared with 16.2% of children in the highest areas (AEDC 2025).

School attendance

Attendance is an indicator of a child's participation in school. Each day of attendance in school contributes towards a child's learning. There does not appear to be a 'safe' threshold for which school absences do not have an impact (Hancock et al. 2013).

Student attendance rates refer to the number of actual full-time equivalent days attended by full-time students as a percentage of the total number of possible school days over the period (usually Semester 1).

In 2024, student attendance rates were:

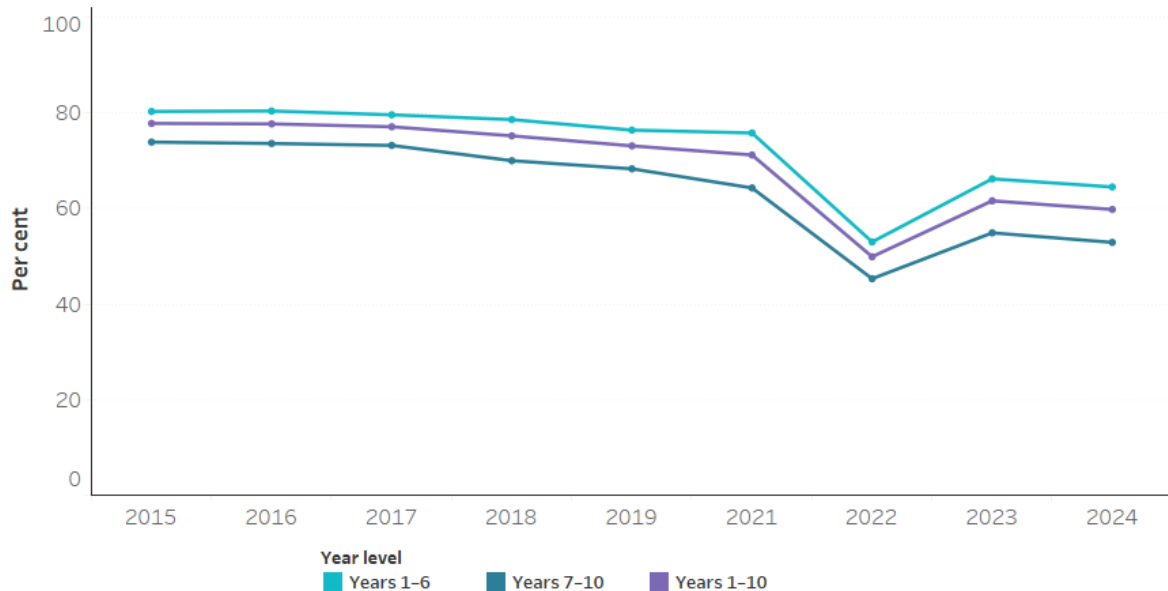
- 90% for all students in Years 1–6 and 86% for all students in Years 7–10. This is a decrease since 2015 (94% and 91% respectively)
- lower in later year levels (84% in Year 10) than in earlier year levels (89% in Year 7)
- higher in non-government schools (91%) than government schools (87%) for Years 1–10
- higher in *Major cities* (89%) compared with *Inner regional* (87%), *Outer regional* (86%), *Remote* (81%), and *Very remote* (66%) areas for Years 1–10 (ACARA 2024).

School attendance level refers to the proportion of full-time students whose attendance rate is equal to or greater than 90%. In 2024, student attendance levels were 65% for all students in Years 1–6 and 53% for students in Years 7–10. This is a decrease since 2015 (from 80% and 74% respectively). Student attendance rates and attendance levels have not returned to their pre-COVID levels. In 2019, national attendance rates were 91% and attendance levels were 73% for Years 1–10 (ACARA 2024; Figure 1).

Figure 1: Rate and level of school attendance by year level group, 2015 to 2024

Select measure:

- ☒ Attendance levels
☐ School attendance rates



Notes:

1. Attendance rates are the number of actual full-time equivalent student-days attended by full-time students in Years 1 to 10 as a percentage of the total number of possible student-days attended over the period.
2. Attendance level is the percentage of students who attended school more than 90% of the time.

Source: ACARA 2024.

<https://www.aihw.gov.au>

School achievement

School student achievement refers to the extent to which a student has attained their short or long-term educational goals. Ongoing assessment of student achievement can be used to help teachers monitor student learning, identify gaps in a student's knowledge, and target teaching to each student's needs.

States and territories require schools to measure, monitor, and report on students' school achievement across the school's curriculum. However, the nature and format of this reporting is often specific to schools or jurisdictions. School-reported student achievement data are not collated nationally.

This section reports on national data sources on student achievement. These sources tend to focus on literacy and numeracy measured through standardised tests.

NAPLAN

The Australian Curriculum, Assessment and Reporting Authority (ACARA) runs and reports on the National Assessment Program – Literacy and Numeracy (NAPLAN). NAPLAN assesses students in Years 3, 5, 7 and 9 on reading, writing, conventions of language (spelling, grammar and punctuation) and numeracy.

Changes to NAPLAN in 2023

From 2023 onwards, student achievement in NAPLAN has been reported against 4 levels of proficiency – 'Exceeding', 'Strong', 'Developing', and 'Needs additional support'. This replaced the previous national minimum standards and 10 proficiency bands.

This change means achievement data from 2022 (and before) cannot be compared with results from 2023 onwards.

In 2025, the average achievement, or national mean score, was close to the 2024 results for Years 3, 5, 7 and 9 students in reading, writing, spelling, grammar and numeracy. In all domains, the differences in average scores since 2024 were negligible.

In 2025:

- across all assessed year levels, female students attained a higher mean score than males in the 4 literacy domains of reading, writing, spelling, and grammar and punctuation. On the numeracy domain, females attained a lower mean score than males. For example, a higher proportion of Year 9 females (21% on average) than males (16%) were in the 'exceeding proficiency' level in the 4 literacy domains. However, in the numeracy domain, a higher proportion of Year 9 males (14%) were in the exceeding proficiency level than female students (9%)
- students from *Very remote* areas scored lowest across all NAPLAN domains when compared with students in other remoteness areas, with average scores increasing with decreased remoteness

- about one-third (32% to 36%) of First Nations students met or exceeded NAPLAN expectations, one-third (29% to 32%) were developing, and the remaining one-third (31% to 34%) needed additional support across all year levels and subjects.

Programme for International Student Assessment

The Programme for International Student Assessment (PISA) is a triennial global survey conducted by the Organisation for Economic Co-operation and Development (OECD), assessing the knowledge and skills of 15-year-old students in over 70 countries. It focuses on the core school subjects of science, reading and mathematics.

The latest PISA results from 2022 revealed that in Australia:

- average results were about the same as in 2018 in mathematics, reading and science
- the gap between the top 10% and bottom 10% students increased in mathematics and science but was similar in reading. In mathematics, the percentage of low performing students increased, while top students also increased. In science, low performers remained the same, while high performers slightly increased
- students scored higher than the average across OECD countries in mathematics, reading and science with a higher proportion excelling at top levels and achieving minimum proficiency across all 3 subjects (ACER 2023).

Year 12 attainment

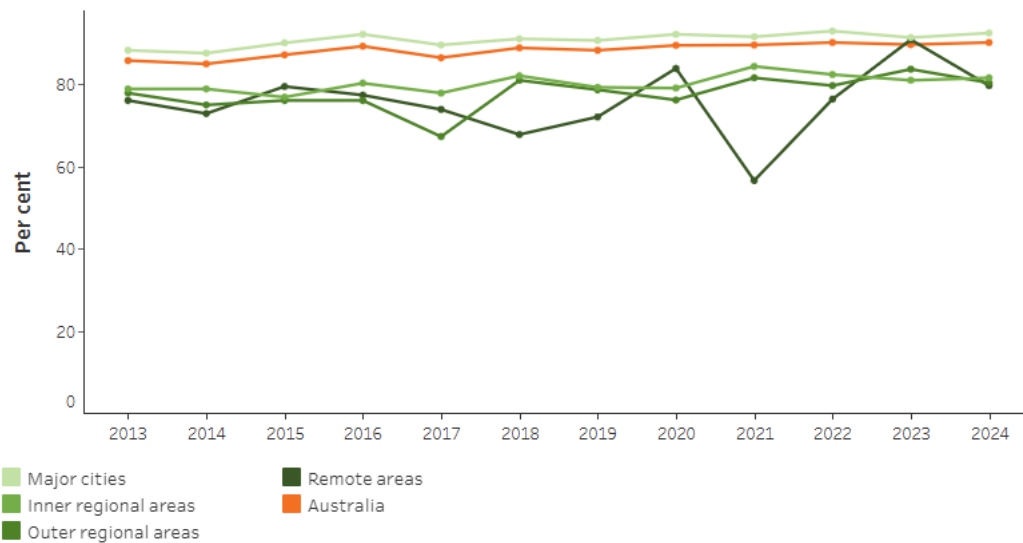
The Year 12 certification rate (previously known as the Year 12 Attainment rate) is the proportion of all estimated Year 12 students who meet the requirements of a Year 12 or equivalent qualification (SCRGSP 2025). In 2022 (the most recent certification data available), the Year 12 certification rate was 76%. This rate steadily increased to 79% in 2021, following a decline to 72% in 2019 (SCRGSP 2025).

In 2024, 4 in 5 (79%) people aged 15–74 had attained Year 12 or equivalent or non-school qualification at certificate III level or above (ABS 2024b).

In 2024, of people aged 20–24:

- 90% had attained a qualification at Year 12 or equivalent or certificate III level or above
- women (93%) were more likely than men (87%) to have completed Year 12 or equivalent or a certificate III or above, consistent with previous years
- people living in *Major cities* (92%) were more likely than those living in other remoteness areas to have completed Year 12 or a certificate III or above (ABS 2024b). The attainment rate increased as remoteness decreased (Figure 2).

Figure 2: Proportion of people aged 20–24 with Year 12 or equivalent, or non-school qualification at certificate III level or above, by remoteness area, 2013 to 2024



Source: ABS 2024.
<http://www.aihw.gov.au>

Tertiary education

In Australia tertiary education can be broadly categorised as higher education or vocational education and training (VET). Higher levels of educational attainment are associated with better employment opportunities and higher earnings. On average, across countries in the OECD, adults with a tertiary degree earn twice the amount of their secondary-educated peers (OECD 2022).

What are non-school qualifications?

Non-school qualifications include Certificate I to Certificate IV, Diploma, Bachelor, Master and Doctoral level qualifications.

When determining an individual's highest level of educational attainment, the ABS considers non-school qualifications at a Certificate III level or above to be higher than a Year 12 level of education (ABS 2021). However, other measures of school attainment consider non-school qualifications at a Certificate IV level or above to be higher than a Year 12 level of education (ACARA 2020).

In Australia, non-school education can be broken into 2 categories:

Higher education, which:

- usually leads to the attainment of a Bachelor, Master or Doctoral degree, Graduate Certificate or Graduate Diploma
- is provided by universities, for-profit or not-for-profit institutions, or Technical and Further Education (TAFE) institutes and regulated by Tertiary Education Quality and Standards Agency (TEQSA).

VET, which:

- provides training focused on technical skills and knowledge for a particular job or industry, with apprenticeships and traineeships forming a core part
- usually leads to the attainment of Certificate or Diploma qualifications
- is offered by private providers, enterprise providers, community education providers, schools, universities, and TAFE institutes (NCVER 2024a).

Pathways after leaving school

Students who completed year 12 had different rates of enrolment in further study, compared with students who did not. The type of further study pursued was also different for these 2 cohorts. Of people aged 15–20 who left school in 2023, having completed Year 12 or equivalent, 61.1% were enrolled in non-school study in 2024; 46.9% in higher education, 10.1% in TAFE and 3.1% in another type of study institution. Among people who left school having completed Year 11 or below, 42.2% were enrolled in non-school study the following year; 14.7% in higher education, 23.5% in TAFE and 8.1% in another type of study institution (ABS 2024b).

Another major pathway after leaving school is entering the labour force. As of May 2024, 39.2% of 2023 school leavers were employed and not enrolled in study, 15.4% in part-time and 8.3% in full-time jobs. Among those who left school in Year 11 or earlier, 57.3% were employed, with 20% in full-time and 22.2% in part-time roles (ABS 2024b).

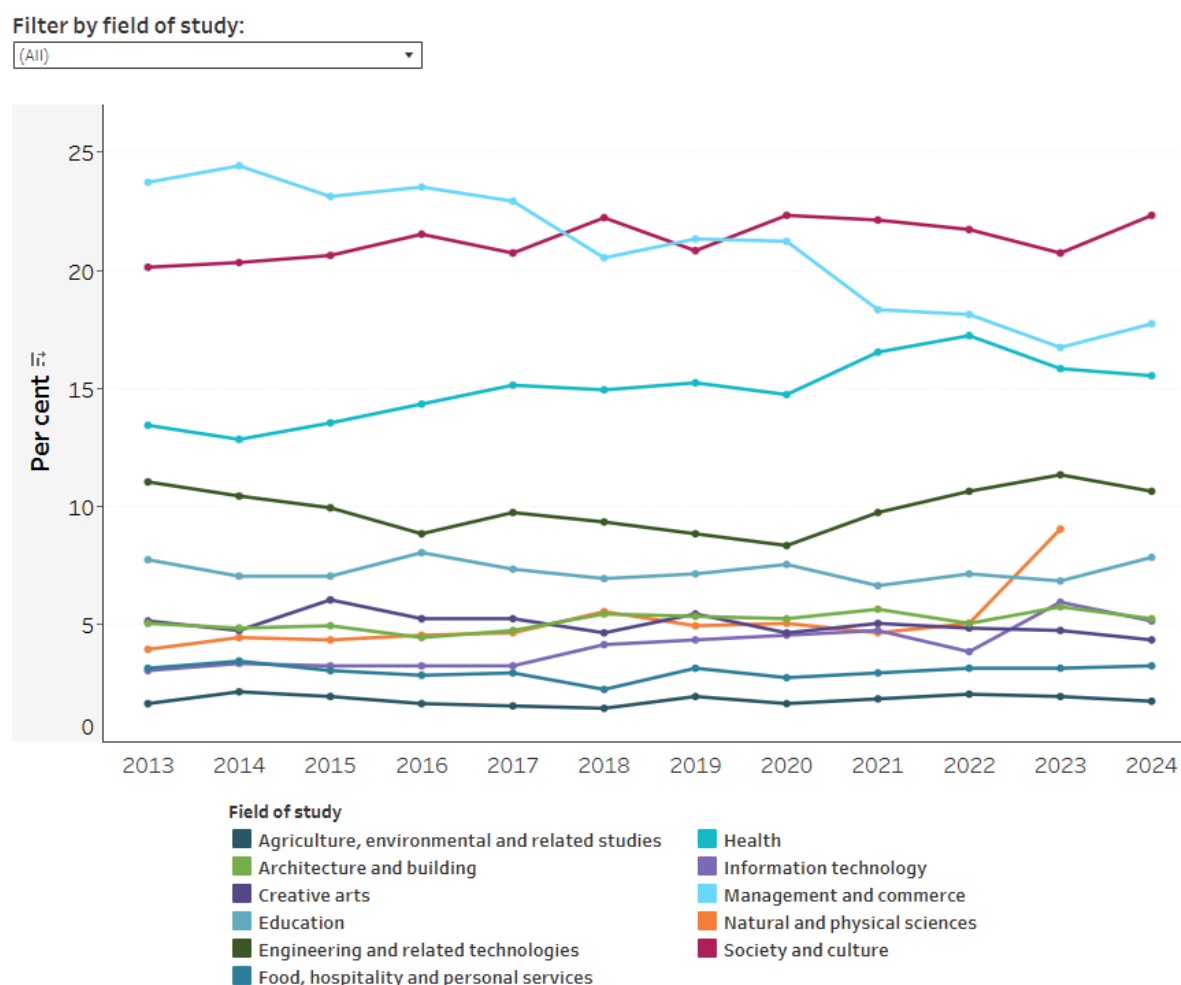
Enrolments in non-school qualifications

In 2024, 3.2 million people aged 15–74 (16%) were studying, including school students. Of these, 30% were in school, 42% in higher education, 16% in TAFE, and 12% in other training institutions. Seven in 10 students were studying full time (ABS 2024b).

In May 2024:

- people aged 20–24 were the most likely to be enrolled in a non-school qualification (44% of the population of that age), followed by those aged 15–19 (25%), and 25–29 (17%)
- most enrolments were for a bachelor's degree (38%), followed by Certificate III or IV level study (23%), postgraduate level degree (14%) and diploma or advanced diploma (12%)
- among people enrolled in a non-school qualification, a similar proportion of female (11%) and male (12%) students were enrolled in a Certificate III or IV. Female students were more likely than male students to be studying for a bachelor's degree (22% and 16%, respectively) and a postgraduate level degree (9% and 6%, respectively)
- the most common fields of study were Society and culture (22%) followed by Management and commerce (18%), Health (16%) and Engineering and related technologies (11%) (ABS 2024b; Figure 3).

Figure 3: Percentage of people aged 15–74 studying for a non-school qualification, by field of study, 2013 to 2023



Source: ABS 2024.
<https://www.aihw.gov.au>

Attainment of non-school qualifications

In May 2024, just over 6 in 10 (63%) people aged 15–74, had attained a non-school qualification (certificate, diploma, or degree) – the same proportion as in 2023. Between 2015 and 2024, the percentage of people aged 15–74 with a non-school qualification increased – from 59% to 63% (ABS 2024b).

In May 2024:

- people aged 35–44 were most likely to have a non-school qualification (78%), with the rate of attainment decreasing with increasing age (45–54 years, 72%; 55–64 years, 63%; 65–74 years, 55%)
- among people aged 60–74, men (52%) were more likely than women (48%) to have a non-school qualification. For people aged 20–29, women (52%) were more likely to have a non-school qualification than men (48%)

- among people aged 15–74, 33% held a bachelor’s degree or above. Women (37%) accounted for a higher percentage compared with men (30%)
- people born overseas (69%) were more likely than people born in Australia (60%) to have a non-school qualification
- people living in the highest socioeconomic area, using the Index of Relative Socio-Economic Disadvantage, were more likely to have a non-school qualification (70%) than people in the lowest socioeconomic area (52%)
- people living in *Major cities* (65%) were more likely to have a non-school qualification than those living in regional or remote areas (*Inner regional*, 61%; *Outer regional*, 57%; *Remote and very remote*, 52%) (ABS 2024b).

Apprenticeships and traineeships

Apprenticeships and traineeships are central components of the vocational education and training system. They provide the opportunity to train and study toward a nationally recognised qualification, combining on and off-the-job training to enable individuals to develop their skills while participating in the workforce and earning an income.

As at 30 September 2024, 334,000 apprentices and trainees were training in Australia, a decrease of 7.8% since September 2023. Of these apprentices and trainees in training:

- 70% were training for a trade and 30% were training for a non-trade
- 33% were aged under 19, 33% were aged 20–24, 31% were aged 25–49, and 3% were aged 50 or older
- 74% were males and 26% were females.

Completion of apprenticeships and traineeships

By 30 September 2024, almost 100,020 people had completed an apprenticeship or traineeship, with 49,070 (49%) completing a trade occupation and 50,935 (51%) completing a non-trade occupation in 4 years after commencement (NCVER 2024a).

As at 30 September 2024, more than half (55%) of apprentices and trainees who started training in 2019 completed their apprenticeship or traineeship requirements.

Completion rates were slightly higher for those in a non-trade occupations (56%) compared to those in trade occupation (54%) (NCVER 2024b).

Where do I go for more information?

For more information, on education and skills, see:

- ABS [Preschool Education, Australia](#)
- ABS [Education and work, Australia](#)
- ACARA [The National Assessment Program](#)
- National Centre for Vocational Education Research [Total VET students and courses](#)
- Department of Education [Early childhood data and reports](#)

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Notes

This page uses data from the Australian Early Development Census (AEDC). The AEDC is funded by the Australian Government Department of Education. The findings reported are those of the AIHW and should not be attributed to the Department of Education.

Education of First Nations people

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/indigenous-education-and-skills>

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Closing the Gap targets

Where do I go for more information?

Education is fundamental to improving health and wellbeing outcomes. Higher levels of education have been linked with improved health and wellbeing, health literacy, income, employment, better working conditions and a range of other social benefits (ABS 2011; Biddle and Cameron 2012; Hart et al. 2017).

For Aboriginal and Torres Strait Islander (First Nations) people, specific aspects of education have been highlighted for action and improvement: early childhood education and care, school readiness, school attendance and achievement, attainment of Year 12 or equivalent and tertiary and post school education. This page focuses on these aspects of education.

First Nations students with disability face additional challenges at school which impacts their educational outcomes. Many students with disability experience lower expectations, bullying and mistreatment and exclusionary discipline practices. Under diagnosis and misdiagnosis of disability among First Nations students limits access to necessary supports. Without culturally safe and appropriate supports and inclusive educational programs with reasonable accommodations, these challenges will prevent them from reaching their full potential. These issues are explored in more detail in the final report from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability final report on [First Nations people with disability](#) (Disability RC 2023). For more information on the challenges faced by First Nations people with disability, see [Specialised support and informal care for First Nations people with disability](#).

For information on education as a determinant of health for First Nations people, see the [Aboriginal and Torres Strait Islander Health Performance Framework \(HPF\) – summary report](#). For information on education outcomes by region, see [Regional Insights for Indigenous Communities - AIHW RIFIC](#). For information on educational outcomes for non-Indigenous Australians see [Comparisons with non-Indigenous Australians](#) and Education and skills – from early childhood to tertiary education.

Early childhood education and care

Children who attend a preschool program tend to have better language, literacy, cognitive and problem-solving skills when they enter primary school than their peers who do not – skills that are linked to later academic achievement (AIHW 2025). This section focuses on preschool enrolment for children in the year before they start full-time schooling.

To ensure First Nations children are engaged in high quality, culturally appropriate early childhood education in their early years, the [National Agreement on Closing the Gap](#) (the National Agreement) includes a target of increasing the proportion of First Nations children enrolled in Year Before Fulltime Schooling (YBFS) early childhood education to 95 per cent by 2025.

Measuring preschool enrolment

One challenge in measuring preschool enrolment is knowing which children (enrolled in preschool or not) are in the Year Before Full-time Schooling (YBFS). Some children must enter full-time primary school in the following year because they meet the compulsory age for attending school. But parents of younger children may use their discretion and decide whether to send them to school the next year or not. Age requirements vary by state and territory.

Another challenge is knowing which children, enrolled in preschool, are in the YBFS. The Australian Bureau of Statistics (ABS) National Early Childhood Education and Care Collection provides information on preschool enrolments in the YBFS. This data is collected on the first Friday in August each year. In 2023 the census date was Friday 4 August, with a 1 week reference period from 31 July to 6 August.

These 2 pieces of information are drawn from different data sources. Together this creates uncertainty in estimates of preschool enrolment rates, which means that the true rates may be higher or lower than the estimated rates.

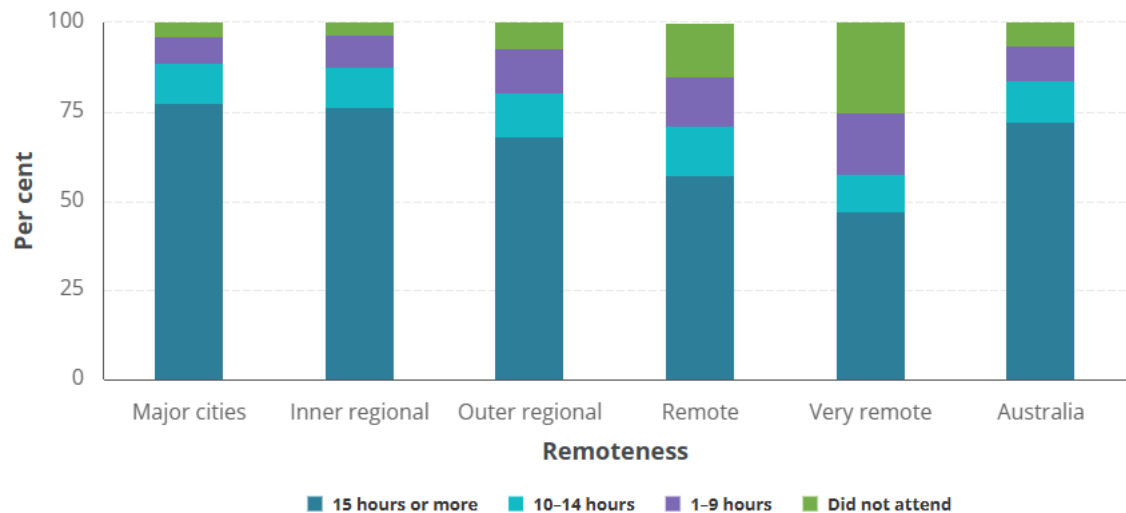
AIHW (2025) compared 2 methods of estimating preschool enrolment. The first method (modelled method) is the official measure specified for reporting on the National Agreement on Closing the Gap (the National Agreement). The modelled method uses population projections and modelled adjustment factors to estimate the number of YBFS children in each year. This method produces enrolment rates above 100% in some states and territories, particularly in more recent years. For detailed results from the modelled method, see the [Closing the Gap Information Repository](#) (Productivity Commission n.d.).

AIHW proposes an alternative method (the first-year method). This method takes the number of children in their first year of primary school in each calendar year and uses that number as the YBFS estimate for the previous calendar year for the denominator. For example, the number of children in their first year of school in 2023 is used as the estimate of the YBFS number in 2022. This page presents results using the first-year method.

The proportion of First Nations children enrolled in a YBFS preschool program increased 9 percentage points from 77% (14,600 children) to 86% (19,800 children) between 2016 and 2023 (AIHW analysis of ABS 2024, 2025).

Among First Nations children enrolled in a preschool program in the YBFS in 2024, attendance rates of 15 hours or more in the reference week, decreased by remoteness. Rates were highest in *Major cities* and lowest in *Very remote* areas (Figure 1). Nationally, attendance rates for 15 hours or more have increased by 8 percentage points between 2016 (64%) and 2024 (72%).

Figure 1: Attendance rates for First Nations children in the state-specific YBFS age cohort who are enrolled in a preschool program in the year before full-time schooling, by remoteness and hours attended, 2024



Source: AIHW analysis of ABS TableBuilder microdata: Preschool Education, Australia (ABS 2025).

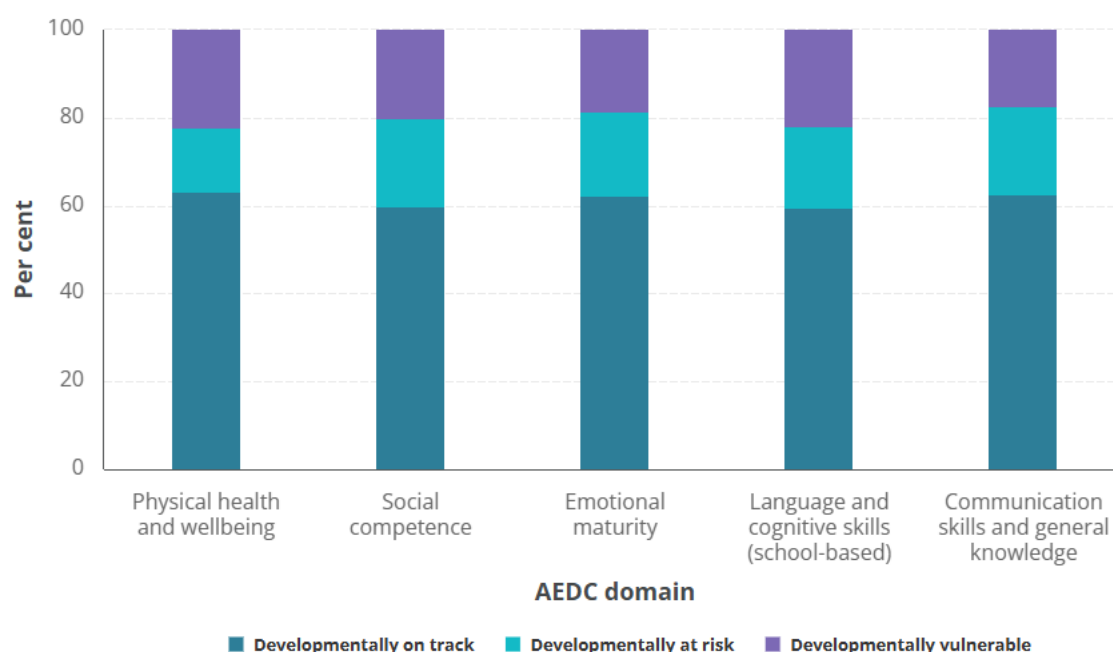
Early child development

The Australian Early Development Census (AEDC) is a census type data collection for all children in their first year of full-time schooling, conducted every 3 years. Based on their observations, school teachers assess children on 5 domains of early childhood development. Findings from the AEDC are often reported as the proportion of children who are 'developmentally on track', 'developmentally at risk' or 'developmentally vulnerable' for each domain (Figure 2).

To ensure First Nations children thrive in their early years, the National Agreement includes a target of increasing the proportion of First Nations children assessed as developmentally on track on all 5 domains to 55% by 2031.

The 2024 AEDC assessed 21,744 First Nations children (7.5% of children assessed) between 1 May 2024 to 31 July 2024 (Department of Education 2025). Around 3 in 10 (33.9%) First Nations children were assessed as developmentally on track on all 5 domains in 2024. Across each of the 5 AEDC domains, around 6 in 10 (between 59.7% and 63.1%) First Nations children were assessed as being developmentally on track (Figure 2).

Figure 2: Proportion of First Nations children in their first year of full-time school who were assessed as developmentally on track, at risk, or vulnerable, by Australian Early Development Census (AEDC) domain, 2024



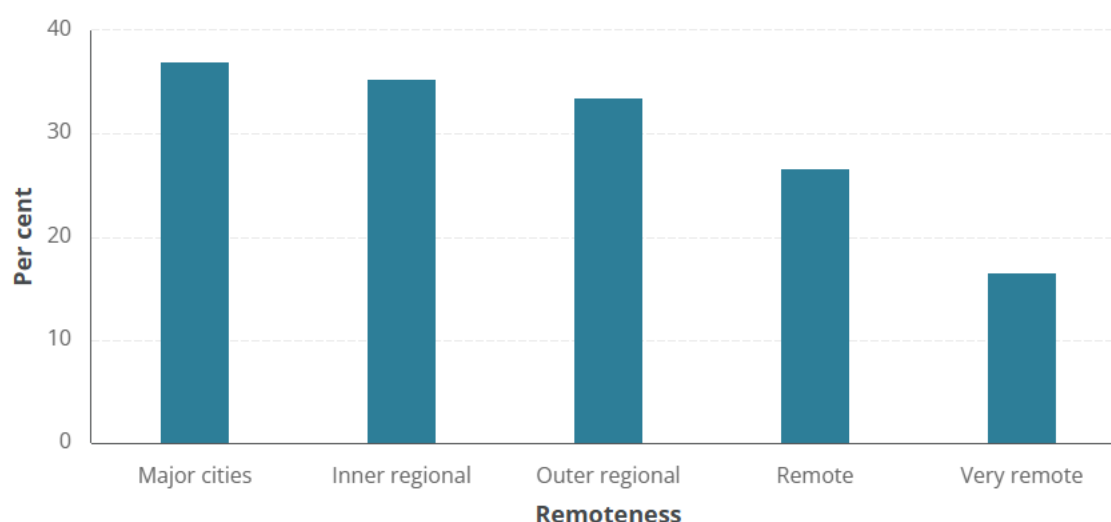
Source: AIHW analysis of Department of Education 2025, Australian Early Development Census 2024 microdata.

The 2021 AEDC data found that the number of school days absent in the first 3–6 months of the school year has an impact on early childhood development. The 2024 AEDC results confirmed this pattern.

Children with fewer absences since the start of the school year (the 3–6 months prior to AEDC assessment) are more likely to be developmentally on track on all 5 domains than those with more absences, even controlling for a range of geographic, demographic and socio-economic factors (AIHW 2025, AIHW analysis of AEDC data). The proportion of First Nations children developmentally on track on all 5 domains was 45.7% for those absent 0–5 days, declining to 24.1% for those absent for more than 10 days (AIHW analysis of AEDC 2024 microdata). In 2024, 48.9% of First Nations children were reported absent for more than 10 days, and another 22.1% were absent for 6–10 days.

The percentage of First Nations children assessed as developmentally on track on all 5 domains decreases with increasing remoteness. In 2024, First Nations children living in *Major cities* were 2.2 times as likely as those living in *Very remote* areas to be assessed as developmentally on track on all 5 domains (36.9% compared with 16.5%) (Figure 3).

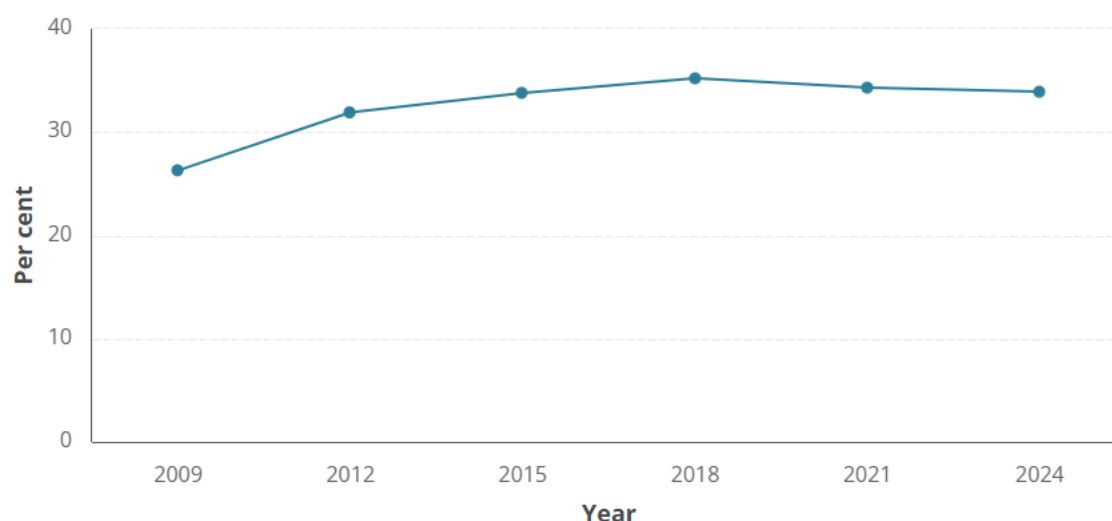
Figure 3: Proportion of First Nations children in their first year of full-time school who were assessed as developmentally on track on all 5 domains, by remoteness area, 2024



Source: AIHW analysis of Department of Education 2025, Australian Early Development Census 2024 microdata.

The proportion of First Nations children assessed as developmentally on track on all 5 domains has increased by 7.6 percentage points between 2009 (26.3%) and 2024 (33.9%). There was a non-significant decrease (0.4 percentage points) between 2021 and 2024 (Figure 4).

Figure 4: Proportion of First Nations children in their first year of full-time school who were assessed as developmentally on track on all 5 domains, 2009 to 2024



Source: AIHW analysis of Department of Education 2025, Australian Early Development Census 2024 microdata.

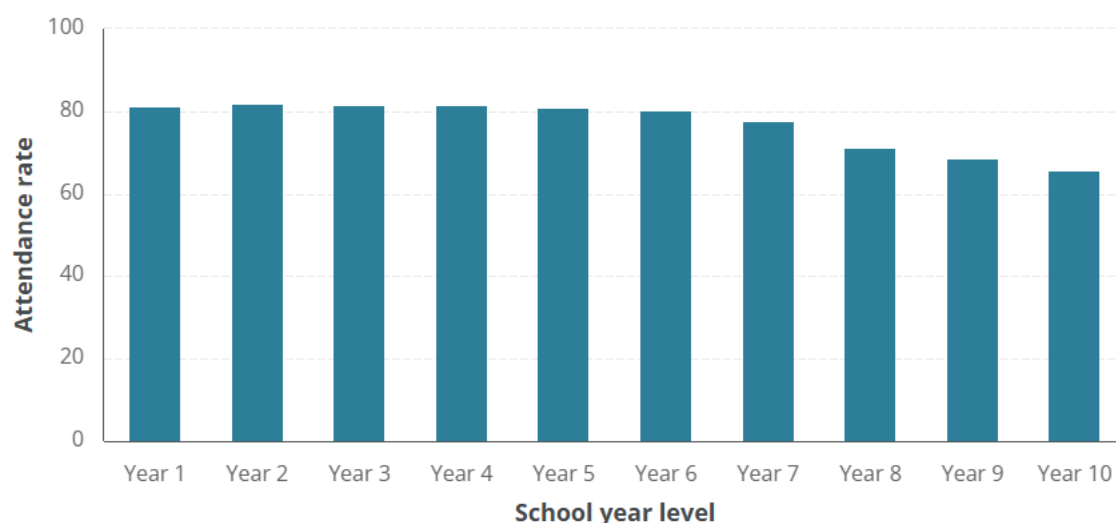
School attendance

School attendance is measured for students enrolled full time in each of the compulsory years of schooling – from Years 1 to 10. These rates compare the number of days attended by students to the total number of ‘possible’ days they could attend in Semester 1 (ACARA 2020). The total number of possible days allows comparability across different school sectors, with differences in holidays and pupil free days.

In 2024, school attendance rates for First Nations students were around 81% across primary school year levels but then fell off in secondary school, falling to a low of around 66% for Year 10 students (Figure 5).

In 2024, the attendance rate for Years 1 to 10 was around 25 percentage points lower for First Nations students in *Very remote* areas (55%) than those in *Major cities* and *Inner regional* areas (both 80%) (ACARA n.d.b).

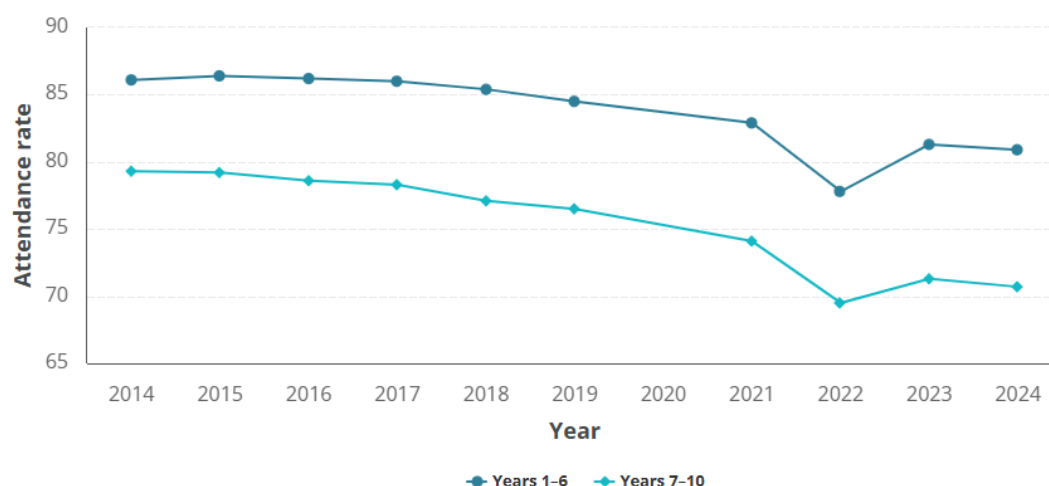
Figure 5: School attendance rates of First Nations students by school year level, Year 1 to Year 10, 2024



Source: AIHW analysis of ACARA National Student Attendance Data Collection (ACARA n.d.b).

Between 2014 and 2024, overall school attendance rates for First Nations students in Years 1 to 10 decreased from 84% to 77%. The decline was greater for those in Years 7–10 than in Years 1–6 (Figure 6). In 2022 attendance rates dropped well below trend and have not returned to their pre-COVID levels (ACARA n.d.b).

Figure 6: School attendance rates of First Nations students for school Years 1–6 and 7–10, 2014 to 2024



Source: AIHW analysis of ACARA National Student Attendance Data Collection (ACARA n.d.b).

Reading and numeracy

The National Assessment Program – Literacy and Numeracy (NAPLAN) measures students' proficiency in 5 areas: English language reading, writing, spelling, grammar and punctuation and numeracy. Reading and numeracy results are focussed on in this section. Data findings for the other learning areas measured using NAPLAN can be found in the [Aboriginal and Torres Strait Islander Health Performance Framework \(HPF\) - AIHW Indigenous HPF](#).

From 2023 onwards there have been changes to the way NAPLAN results are reported.

Changes to NAPLAN in 2023

A review of the NAPLAN standardised testing was commissioned in 2019. The review considered whether NAPLAN remains fit-for-purpose and made several recommendations for future versions of the national standardised assessment (McGaw et al 2020). Based on this review, in 2023, the test was held in Term 1 (instead of Term 2) in March. This allows results to be published earlier in the year to inform school programs and will allow teachers to better support students for the year ahead (ACARA 2022).

Since 2023, NAPLAN results have been reported using 4 proficiency levels – 'Exceeding', 'Strong', 'Developing' and 'Needs additional support' – instead of the previous national minimum standard and 10 proficiency bands (NAP 2025). A new NAPLAN time series began from 2023. Data from 2008 to 2022 cannot be compared with [data from 2023 onwards](#).

In 2025, the percentages of First Nations students, assessed as 'exceeding' or 'strong' in the NAPLAN reading results were around 30% or higher in each year level, ranging from 41% in Year 5 to 32% in Year 9. The number of First Nations children participating in NAPLAN reading assessments ranged from around 20,300 in Year 5 to around 15,900 in Year 9. For numeracy, the comparable percentages were slightly lower, ranging from 34% in year 5 to 30% in Year 9 (Table 1).

Table 1: NAPLAN proficiency levels for First Nations students for reading and numeracy, by year level, 2025

	Exempt ^(a) (%)	Needs additional support ^(b) (%)	Developing ^(c) (%)	Strong ^(d) (%)	Exceeding ^(e) (%)	Total participants ^(f) (%)	Total participants ^(f) (number)
Year 3 (around 22,500 enrolled students)							
Reading	3.0	33.9	29.1	29.3	4.8	88.1	19,824
Numeracy	2.9	32.2	33.9	29.4	1.6	86.5	19,466
Year 5 (around 22,900 enrolled students)							
Reading	2.8	27.9	28.4	36.3	4.6	88.5	20,313
Numeracy	2.7	29.6	33.2	32.5	1.9	86.8	19,908
Year 7 (around 22,800 enrolled students)							
Reading	2.9	30.5	30.6	31.5	4.6	84.8	19,331
Numeracy	2.9	33.4	30.4	31.1	2.2	82.5	18,807
Year 9 (around 22,200 enrolled students)							
Reading	3.1	31.0	33.7	28.3	4.0	71.4	15,859
Numeracy	3.1	34.2	32.8	28.5	1.5	69.7	15,480

(a) Some but not all students with a language background other than English who arrived from overseas less than a year before the tests, or with significant disabilities, were exempted from testing.

(b) The student's result indicates that they are not achieving the learning outcomes expected at the time of testing. They are likely to need additional support to progress satisfactorily.

(c) The student's result indicates they are working towards expectations at the time of testing.

(d) The student's result meets 'challenging but reasonable' expectations at the time of testing.

(e) The student's result exceeds expectations at the time of testing.

(f) Includes students who were assessed (including non-attempt or exempt) as a percentage of the total number of students in the year level. Absent and withdrawn students are considered not to have participated.

Source: ACARA n.d.a (NAPLAN national results 2025)

The proportion of First Nations students needing additional support increased by remoteness for both NAPLAN reading and numeracy and in each year level. In 2025, the proportion of First Nations students needing additional support for reading in:

- *Very remote* areas was 76% in Year 3, 72% in Year 5, 77% in Year 7 and 71% in Year 9
- *Major cities* was 26% in Year 3, 20% in Year 5, 22% in both Year 7 and Year 9 (ACARA n.d.a).

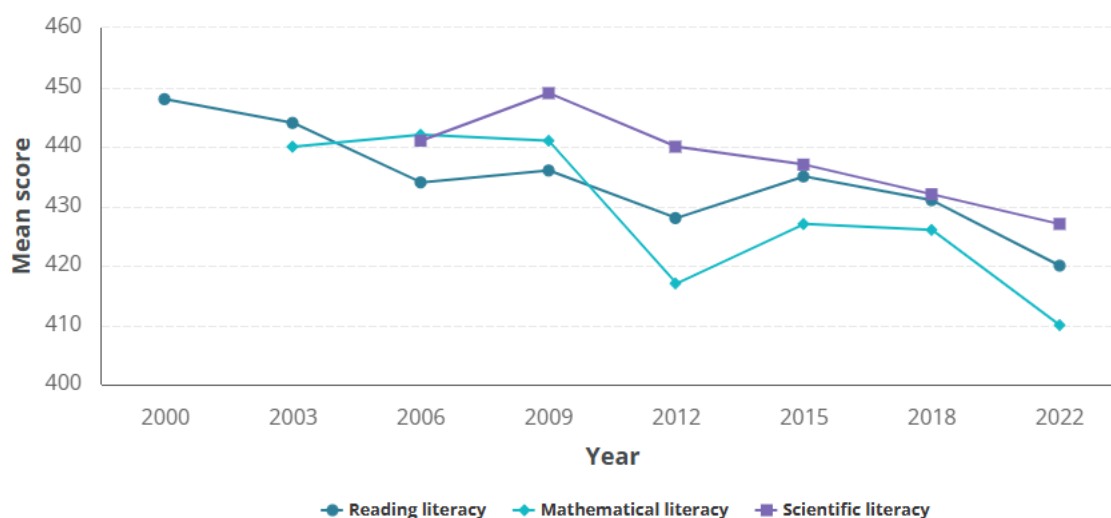
Programme for International Student Assessment

The Programme for International Student Assessment (PISA) is a standardised test of knowledge and skills administered to a representative sample of 15-year-old students by the Organisation for Economic Co-operation and Development (OECD) in over 70 countries. For more information on Australia's results, see [Education and skills – from early childhood to tertiary education](#).

Due to the impacts of the COVID-19 pandemic, the 2021 PISA test was deferred until 2022. Australia's 2022 PISA results (De Bortoli et al. 2022) showed that for First Nations students:

- The proportion achieving the National Proficient Standard (Level 3 or above, a score above 480) was 29% for English reading literacy, 20% for mathematical literacy, and 29% for scientific literacy.
- There was a decline in English reading literacy from 2000 to 2022 (from a mean score of 448 to 420). There was a decline in mathematical literacy from 2003 and 2022 (from a mean score of 440 to 410). There was no significant change over time in scientific literacy from 2006 to 2022 (427) (Figure 7).

Figure 7: PISA mean performance scores of First Nations students in reading, mathematical and scientific literacy, by domain, 2000 to 2022



Source: De Bortoli 2022

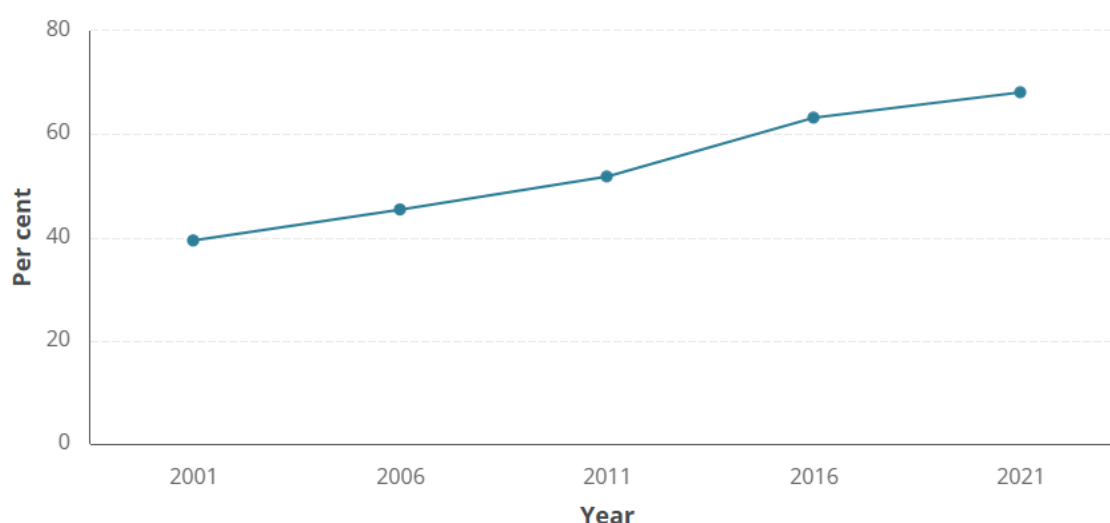
Attainment of Year 12 or equivalent

In the 2021 Census, the proportion of First Nations people aged 20–24 who had attained a Year 12 or equivalent, or a non-school qualification at Certificate III or above

qualification was 68% (45,800 of 67,300 people), an increase of 16 percentage points from 2011 (Figure 8).

To support First Nations students in achieving their full learning potential, the National Agreement includes a target of increasing the proportion of First Nations people (age 20–24) attaining a year 12 or equivalent or a non-school qualification at Certificate III or above qualification to 96 per cent by 2031.

Figure 8: Proportion of First Nations people aged 20–24 who had attained a Year 12 or equivalent, or a non-school qualification at Certificate level III or above, 2001 to 2021

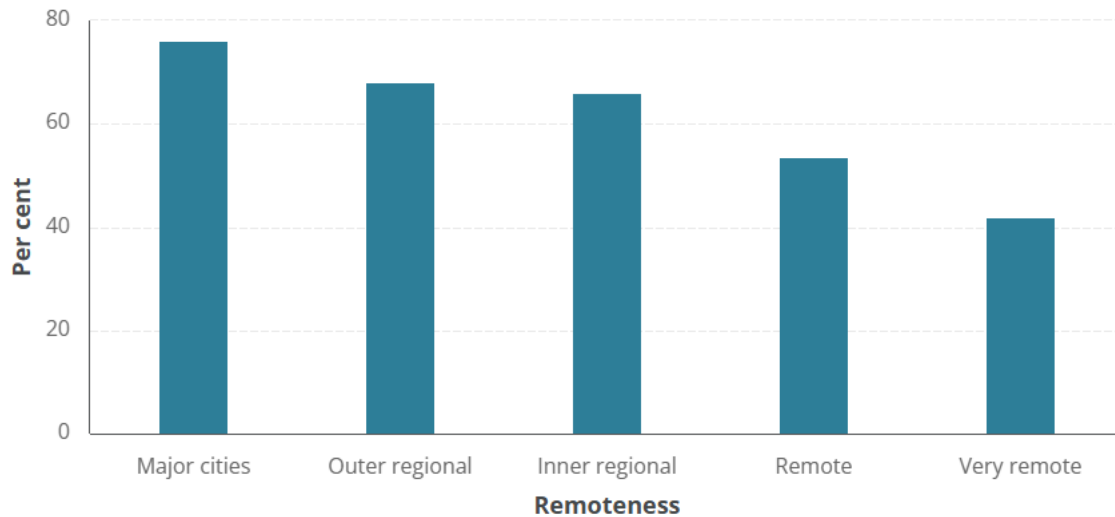


Source: AIHW analysis of ABS Census of Population and Housing, 2021 (ABS 2023a).

Based on the 2021 Census, the majority (60%) of First Nations people aged 20–24 had completed Year 12 – comprising those who had completed only Year 12 (38%) and those who had completed both Year 12 and a Certificate level III or above qualification (22%). Only a small proportion (8.6%) of First Nations people aged 20–24 had not completed schooling at Year 12 but had obtained a non-school qualification at Certificate level III or above (AIHW 2025).

In 2021, the proportion of First Nations Australians aged 20–24 who had attained a Year 12 or equivalent or Certificate III or above qualification ranged from 76% in *Major cities* to 42% in *Very remote* areas (Figure 9).

Figure 9: Proportion of First Nations people aged 20–24 who had attained a Year 12 or equivalent (Certificate III or above) qualification, by remoteness, 2021



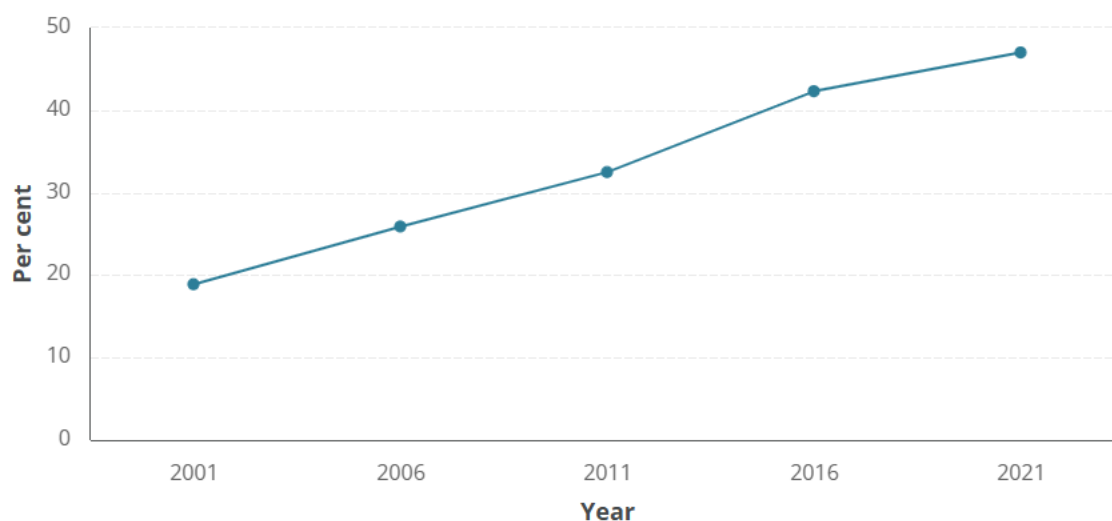
Source: AIHW analysis of ABS Census of Population and Housing, 2021 (ABS 2023a).

Tertiary qualifications

Based on data from the 2021 Census, 47% of First Nations Australians aged 25–34 (50,700 of 107,800 people) had completed a tertiary qualification as their highest educational attainment (Certificate III and above) (Figure 10). This proportion has been steadily rising over the last 2 decades, more than doubling between 2001 and 2021.

To support First Nations students in reaching their full potential through further education pathways, the National Agreement includes a target of increasing the proportion of First Nations people aged 25–34 years who have completed a tertiary qualification (Certificate III and above) to 70 per cent by 2031.

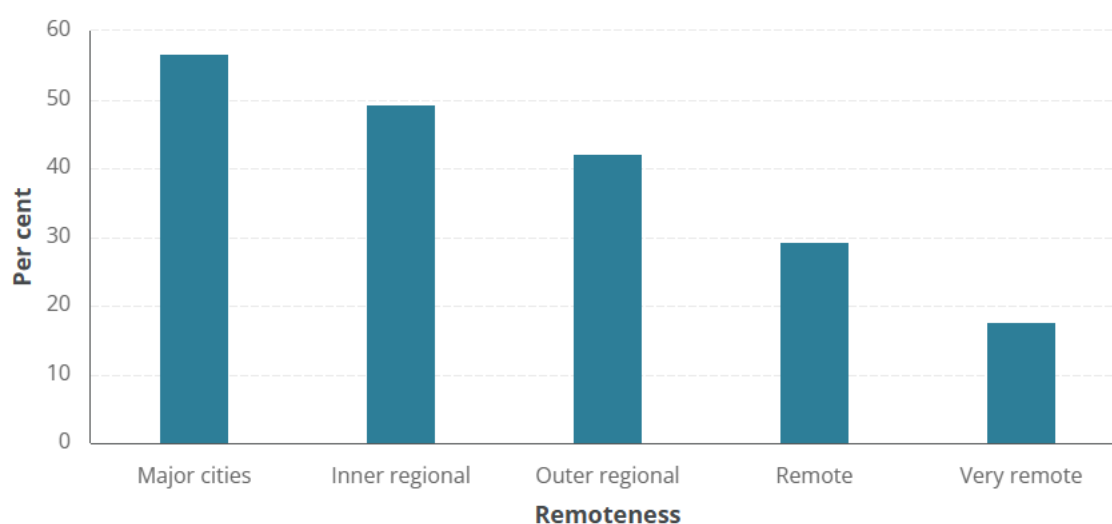
Figure 10: Proportion of First Nations people aged 25–34 who had attained Certificate III or above, 2001 to 2021



Source: AIHW analysis of ABS Census of Population and Housing, 2021 (ABS 2023a).

Based on data from the 2021 Census, the completion rate of tertiary qualifications for First Nations people aged 25–34 ranged from 57% in *Major cities* to 17% in *Very remote* areas (Figure 11).

Figure 11: Proportion of First Nations people aged 25–34 who had attained Certificate III or above, by remoteness, 2021



Source: AIHW analysis of ABS Census of Population and Housing, 2021 (ABS 2023a).

For First Nations students aged 25–34 in Certificate III or above government-funded Vocational education and training (VET) courses, enrolments increased by 26% from 32,700 in 2020 to 41,200 in 2023. This remains below the peak of 43,700 in 2019, before the impact of the COVID-19 pandemic (NCVER Collection 2025).

Improvements have been made in university enrolments and course completions for First Nations Australians in recent years. Between 2011 and 2023:

- the number of First Nations students enrolled in university almost doubled, from around 11,800 to 23,300
- the number of higher education course completions by First Nations students more than doubled (from 1,800 to 3,800) (Department of Education n.d.).
- the First Nations proportion of the domestic higher education student population increased from 1.3% to 2.2% (Department of Education n.d.). Noting that in 2023, First Nations people formed 3.8% of the total Australian population (ABS 2023b).

For more information on factors affecting university participation, see *Australia’s welfare 2023: data insights* article [Relative influence of different markers of socioeconomic status on university participation](#).

Comparisons with non-Indigenous Australians

While outcomes on many educational measures are improving for First Nations students, they still experience considerable educational disparities compared to non-Indigenous students across English literacy and numeracy outcomes, school completion and attainment of tertiary qualifications. Table 2 presents selected education measures by Indigenous status.

Table 2: Selected comparisons with non-Indigenous Australians

Measure	First Nations	Non-Indigenous
Proportion of children assessed as developmentally on track in all 5 domains in the first year of full-time schooling, 2024	33.9%	54.3%
Proportion of children in Year 9 assessed as needing additional support in reading based on NAPLAN testing, 2025	31%	8%
Attendance rate of children in Year 10, 2024	66%	85%
Proportion of 20–24-year-olds who have completed Year 12 or equivalent, 2021	68%	91%
Proportion of 25–34-year-olds who have completed a tertiary qualification, 2021	47%	76%

Sources: Department of Education 2025, AIHW analysis of AEDC 2024 microdata, ACARA n.d.a (NAPLAN national results 2025), AIHW analysis of ACARA National Student Attendance Data Collection (ACARA n.d.b), AIHW analysis of ABS Census of Population and Housing, 2021 (ABS 2023a).

Key data gaps and data improvement activities

The focus on school enrolment rather than school attendance does not present the full picture. School attendance is a key factor in performance and outcomes from preschool through to Year 12. One example is the impact of preschool attendance on the likelihood of First Nations children being developmentally on track in their first year of full-time school.

Improvements to data on preschool data would help to understand factors affecting attendance in the years before full-time school. In addition to the challenges in measuring YBFS enrolment, information is needed on accessibility, cultural safety, affordability, workforce availability and suitability for an individual child and their family. Geospatial information on areas where preschool service gaps exist is also key.

Closing the Gap targets

In 2020, all Australian governments and Aboriginal and Torres Strait Islander Coalition of Peaks representatives worked in partnership to develop the National Agreement, built around 4 Priority Reforms. The National Agreement also identifies 19 targets across 17 socioeconomic outcome areas. Five of these targets relate to school readiness and education (Table 3). Information on progress towards the targets can be found through the [Closing the Gap Information Repository](#) (Productivity Commission n.d.).

Table 3: National agreement on Closing the Gap: education-related targets

Target measure	Baseline ^(a)	Latest available measurement ^(b)	Target ^(c)
Enrolled in Year Before Fulltime Schooling ^(d)	76.7% (2016)	94.2% (2024)	95% (2025)
Developmentally on track on 5 domains of the AEDC	35.2% (2018)	33.9% (2024)	55% (2031)
Attainment of Year 12 or equivalent or Certificate III or above (aged 20–24)	63.2% (2016)	68.1% (2021)	96% (2031)
Completed a tertiary qualification (Certificate III or above) (aged 25–34)	42.3% (2016)	47.0% (2021)	70% (2031)
Fully engaged in employment, education or training	57.2% (2016)	58.0% (2021)	67% (2031)

(a) Result for the baseline year

(b) Latest available data, as presented in the Closing the Gap Information Repository

(c) The Closing the Gap target specified for this measure

(d) The official method for calculating this Closing the Gap target (Target 3) uses population projections and modelled adjustment factors to estimate the number of YBFS children in each year. For more details, see Measuring preschool enrolment above and the [Closing the Gap Information Repository](#)  (Productivity Commission n.d.).

Source: Productivity Commission n.d.

Prior to establishment of the National Agreement, there were 7 Closing the Gap targets set by the Council of Australian Governments (COAG) under the National Indigenous Reform Agreement, 4 of which related to education. These targets focused addressing inequities in early childhood education and care, school attendance, reading, writing, and numeracy and attainment of Year 12 or equivalent (Certificate II or above).

Where do I go for more information?

For more information on education and skills of First Nations people and on progress on the education-related Closing the Gap targets, see:

- [Closing the Gap website](#)
- [Closing the Gap data dashboard](#)
- [Commonwealth Closing the Gap 2024 Annual Report and 2025 Implementation Plan](#).
- [Aboriginal and Torres Strait Islander Health Performance Framework](#):
 - [2.04 Literacy and numeracy](#)
 - [2.05 Education outcomes for young people](#)
 - [2.06 Educational participation and attainment of adults](#).

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Notes

This page uses data from the Australian Early Development Census (AEDC). The AEDC is funded by the Australian Government Department of Education. The findings reported are those of the AIHW and should not be attributed to the Department of Education.

Employment and unemployment

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/employment-unemployment>

On this page

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Employment and mental health

Where do I go for more information?

Employment underpins the economic output of a nation and enables people to support themselves, their families and their communities. It is also tied to physical and mental health and is a key factor in overall wellbeing.

In trend terms for people aged 15 and over, in June 2025:

- employment rate was 64.2% (or 77.2% for people aged 15–64)
- unemployment rate was 4.2%
- underemployment rate was 5.9%
- labour force participation rate was 67.0% (or 80.6% for people aged 15–64) (Figure 1).

Unless otherwise stated, measures of participation in the labour market, employment, unemployment, and underemployment are sourced from the Australian Bureau of Statistics (ABS) [Labour Force Survey](#) (LFS; ABS 2025a, 2025b). It includes data from 1978, when this LFS commenced, up to June 2025 unless otherwise stated.

The trends in the employment rate and the labour force participation rate are presented for people aged 15 to 64, as when monitoring longer-term trends it is important to account for the size of the population, given the growth in the population aged 65 and over in recent decades. The trends for unemployment and underemployment rates are presented for people aged 15 and over. Working from home and the analysis of employment and health are sourced from 2001–2023 [Household, Income and Labour Market Dynamics in Australia \(HILDA\) Survey](#).

Trends in labour force measures

The employment rate has steadily increased over the last 50 years and is still at record highs in June 2025

In trend terms, the employment rate in Australia has steadily increased since the current LFS series began in 1978, from 64.4% in February 1978 to record highs of 77.4% in December 2024 (Figure 1). Since then it has remained similar at 77.2% in June 2025. Despite the increases in the employment rate, people were not always able to work the hours they wanted, with the underemployment rate also gradually increasing from 2.5% to 8.6% between February 1978 to March 2020 – it has since declined to 5.9% which is similar to the low rates 17 years ago. Meanwhile, the unemployment rate declined from 6.3% in February 1978 to 4.2% in June 2025, still above the 3.5% in September 2022 – the lowest rate in almost 50 years.

As shown in Figure 1, the long-term labour market trends between 1978 and 2025 have been largely driven by the higher levels of employment among females and their higher participation rates:

- Participation rates increased from 50.2% to 77.5% for females while dropping from 87.1% to 83.8% for males.
- Female employment rates increased from 46.0% to 74.4%, while declining from 82.4% to 80.0% for males.
- Female unemployment rates halved from 8.0% to 4.0%, compared with a smaller drop from 5.4% to 4.4% for males.
- The underemployment rates have increased for both males and females although have been consistently higher for females than males over this period, rising from 4.1% to 6.9% for females and from 1.6% to 5.1% for males.

Part-time employment has also been increasing from 14.9% to 30.0% of employed Australians working part time between February 1978 and June 2025. This growth of part-time employment is largely driven by increases for males from 4.6% to 19.0%, compared to smaller increases for females from 33.7% to 41.8% (Figure 1).

In addition, the labour market has been particularly strong in recent years due to strong labour demand and labour shortages associated with post-COVID-19 pandemic recovery. In 2022–2024, 1 in 3 occupations experienced shortages nationally – 31% in 2022, 36% in 2023, 33% in 2024 (Jobs and Skills Australia 2023, 2024).

The longer-term increase in employment since 1978 has occurred despite employment falling during the recessions in the early 1980s and 1990s and the economic downturns that followed the 2008–09 Global Financial Crisis (GFC) and the COVID-19 pandemic in 2020. The recovery following the COVID-19 pandemic has been much quicker than the recoveries from previous recessions and economic downturns as it did not require a market recovery unlike previous recessions. This is shown by the V-shaped recovery in Figure 1 – a steep decline in the employment rate from 74.2% in March 2020 to 70.9% in April 2020 (largest monthly fall on record) followed by a steep rise to previous peak of

74.4% in March 2021 (based on seasonally adjusted data). A similar steep increase and quick recovery was also observed for the seasonally adjusted underemployment rate (Figure 1).

For further details on how the pandemic affected employment and underemployment (including part-time and casual employment) in the early months of 2020 until March 2023, see *Australia's welfare 2023: data insights* article [Employment and income support following the COVID-19 pandemic](#).

People aged 55–64 had the fastest growth in employment rates, while growth was slowest for those aged 15–24

The employment rate has increased for all age groups since the current LFS began in 1978 (Figure 2).

Among the working-age population, employment rates were lowest for people aged 15–24 and 55–64 (63.6% and 67.3%, respectively, compared with 83.6–85.9% for the other age groups in June 2025). However, these 2 age groups had the slowest and fastest growth in employment rates over the last 50 years reflecting these age groups transitioning into and out of work (Figure 2). Between June 1978 and June 2025, the growth in employment rates was:

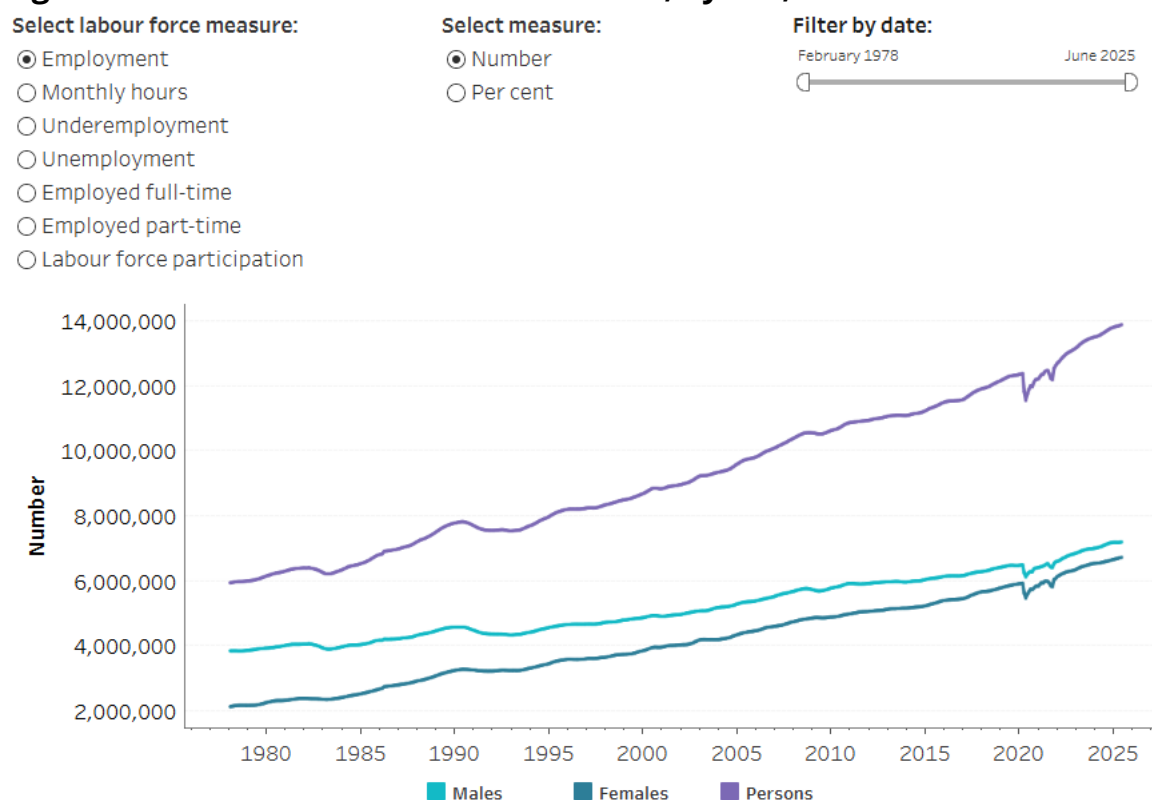
- fastest for the 55–64 age group – 21.8 percentage point increase from 45.5% to 67.3%. This reflects the increasing retirement age and more Australians of this age remaining in the workforce for longer (see [Income support for the working age population](#)).
- slowest for the 15–24 age group, increasing by 2.5 percentage points from 61.1% to 63.6% (compared with increases of 11.9–21.8 percentage points for other age groups). The slower growth for the 15–24 age group may reflect delayed entry into the labour market due to more people under 24 remaining in education/training over the last few decades (ABS 2024a: Table 4).

Monthly hours worked gradually increased to record highs in June 2025, following the largest monthly fall in April 2020

Another way to understand changes in employment is to examine monthly hours worked. This measure may highlight the impact of a recession or economic downturn on the labour market before it is reflected in changes to the employment rate; reducing hours worked during an economic downturn is often an early response by businesses to minimise people losing their jobs.

Historical trends in monthly hours worked are generally consistent with trends in the employment rate. In line with recent record highs in employment rates, the number of hours worked in June 2025 was the highest since the current LFS started in 1978, including 12% higher than in March 2020 (at the start of the COVID-19 pandemic), as shown in Figure 1.

Figure 1: Trends in labour force measures, by sex, 1978 to 2025



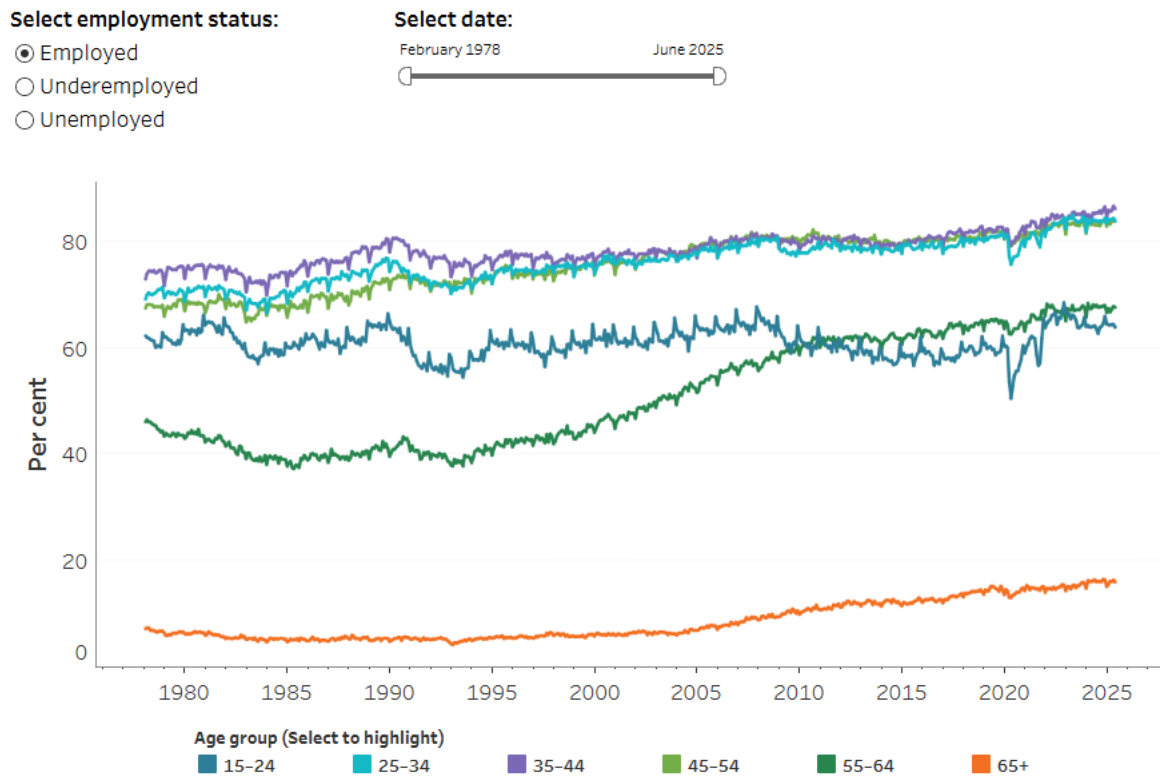
Notes:

1. The numbers and rates for employment and labour force participation are for the working age population aged 15–64, and the numbers and rates for underemployment and unemployment are for the population aged 15 and over in the labour force.
2. Trend data is used for all series except for the COVID-19 pandemic from April 2020 to March 2022 when seasonally adjusted data are used instead, as recommended by the ABS (ABS 2024d).

Source: Labour Force Australia (ABS 2024a: Table 1, Table 18, Table 19, Table 22).

<https://www.aihw.gov.au/>

Figure 2: Employment, underemployment and unemployment rates, by age, 1978 to 2025



Notes:

1. Employment rate is a proportion of the working age population aged 15–64, while the unemployment and underemployment rates are proportions of the population aged 15 and over in the labour force.
2. Employment rates by age are based on the original series, otherwise trend data is used. During the COVID-19 pandemic from April 2020 to March 2022, seasonally adjusted data are used instead of trend data, as recommended by the ABS (ABS 2024b).

Source: Labour Force Australia (ABS 2024a: Table 22, 2024b: Table 1).

<https://www.aihw.gov.au/>

Duration of unemployment

A period of unemployment can be a short-term transition between jobs, a long struggle to find work, or something in between. Long-term unemployment can detrimentally affect a person's financial resources and their job prospects (Cassidy et al. 2020).

Of the 641,000 unemployed people aged 15 and over in June 2025:

- 78% (or 500,000) had been looking for work for less than 1 year
- 12% (or 76,100) had been looking for work for 1–2 years
- 10% (or 64,900) had been looking for work for 2 or more years (ABS 2025b: Table 14a).

Underutilised labour supply

In February 2025, of the 7.7 million people not employed, over 2 in 3 (69% or 5.3 million) did not want to work and almost 1 in 10 (9.3% or 719,300) were permanently unable to work (not potential workers; ABS 2025c: Table 1). The main activities reported of people who did not want to work were retirement (61% or 3.2 million), attending an educational institution (11% or 597,100), duties around the home (10% or 507,100), or ill health or disability (6% or 322,200; ABS 2025c).

Of the 7.7 million people not employed, 1.7 million (21%) wanted to work (referred to as potential workers). Of these potential workers, 608,800 (37%) looked for work, 271,900 (17%) had a job to go to or return to, 769,400 (47%) did not actively look for work (ABS 2025c: Table 1).

Not engaged in education, employment or training

Young people (aged 15–24) who are not in employment, education or training (known as NEET) face considerable challenges that can impact their long-term wellbeing and contribute to future unemployment, lower incomes and employment insecurity (Pech et al. 2009).

In May 2024, 8.5% (288,000) of people aged 15–24 were NEET, slightly higher than in 2023 (7.7%) and 2022 (7.6%) but lower than in 2015–2019 (average of 9.0%; ABS 2024a).

Working from home

The COVID-19 pandemic resulted in a number of changes to working arrangements, many of which are still in place and are likely to remain in the future in some capacity – working from home is one example.

1 in 3 employed people work some of their hours from home since 2020

In 2023, 36% of employed people worked some hours from home (Figure 3). Before the COVID-19 pandemic, the prevalence of working from home was relatively stable, as on average, 25% of employed Australians worked some hours from home between 2001 and 2019. Following the lockdowns and restrictions in the early months of the pandemic to contain the spread of the coronavirus, the proportion of employed Australians working from home increased to 36% in 2020 and 39% in 2021, and remained at 36% in both 2022 and 2023.

1 in 5 employed people worked all hours from home in 2021 but this fell to 1 in 14 by 2023

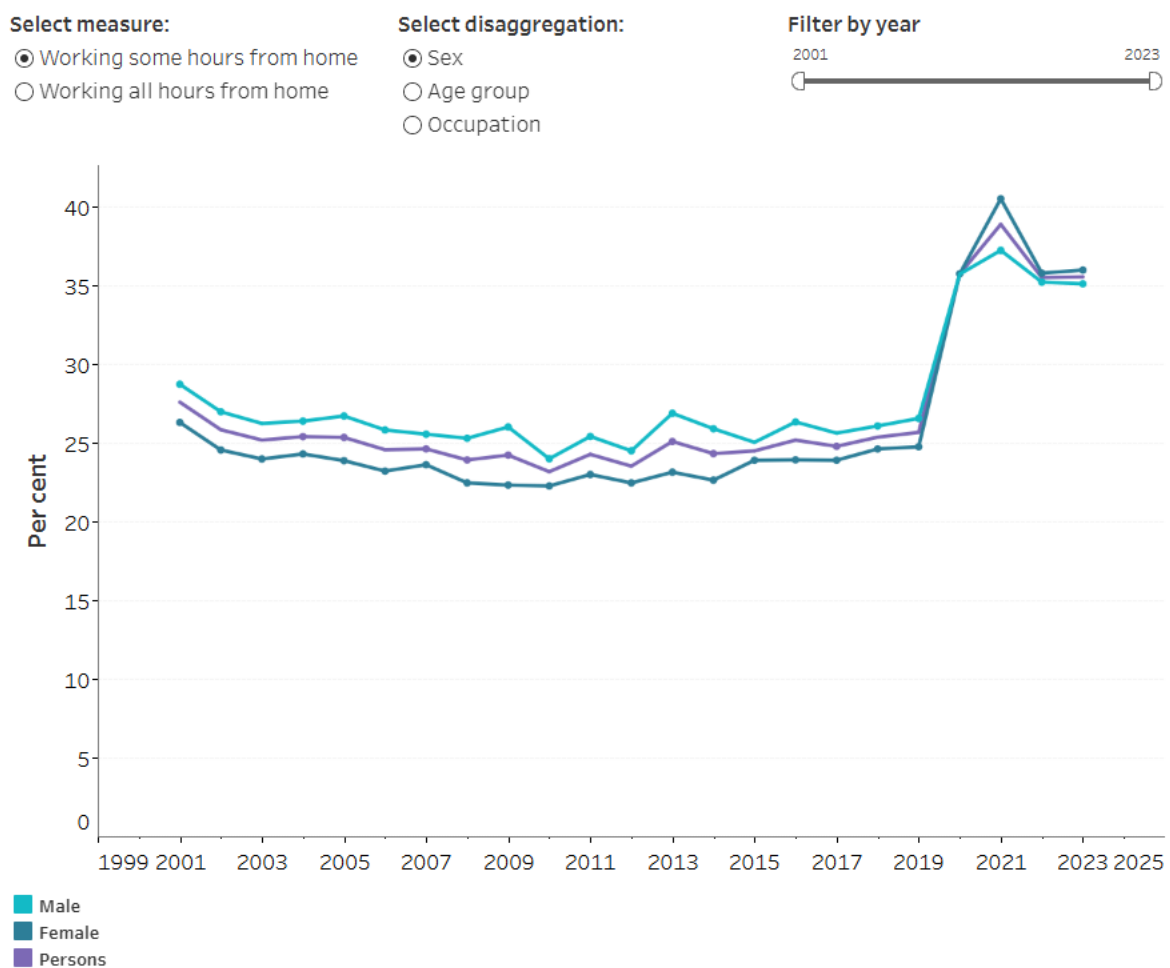
As shown in Figure 3, the proportion of employed Australians working all hours from home increased fourfold from an average of 4.4% in 2002–2019 to 16% in 2020 and 19% in 2021. Post-COVID-19 pandemic, this proportion declined to 8.5% in 2022 and 7.0% in 2023.

Hours worked from home increased between 2019 and 2023

Among people who work from home, the number of hours worked from home has increased between 2019 and 2023:

- average hours per week worked from home increased from 11 to 18 hours
- the average proportion of total hours worked from home increased from 33% to 50%.

Figure 3: Proportion of employed Australians working from home, hours worked from home and satisfaction with work-life-balance, from 2001 to 2023, HILDA Survey



Source: AIHW analysis of the HILDA Survey.
<https://www.aihw.gov.au/>

People living in cities, in more advantaged socioeconomic areas, with higher levels of education or working in specific occupations were more likely to work from home in 2023

In 2023, similar proportions of males (35%) and females (36%) worked some hours from home. Middle aged and older people were more likely to be working from home, including people aged 35 to 49 (46%), aged 65 and over (40%) and aged 50 to 64 (38%). Further, some occupations are more conducive to working from home than others. In 2023, managers, professionals and clerical and administrative workers were the most likely to be working some hours from home (60%, 55% and 43%, respectively), while machinery operators and drivers, and labourers were the least likely to be working from home (4.4% and 6.4%, respectively) (Figure 3).

After accounting for socio-demographic characteristics and occupations, estimates from logistic regressions confirm that people working in certain occupations and people aged 35 and above are more likely to work from home (Figure 4), consistent with the above-mentioned results. In addition, people were more likely to work some hours from home in 2023 if they:

- had a university qualification relative to those without a university qualification (odds ratio 1.3)
- lived in cities compared to people in regional and rural areas (odds ratio 1.4)
- lived in areas with higher socioeconomic advantage (odds ratio 2.0 for areas with the most advantage (quintile 5) relative to areas with the most disadvantage (quintile 1)).

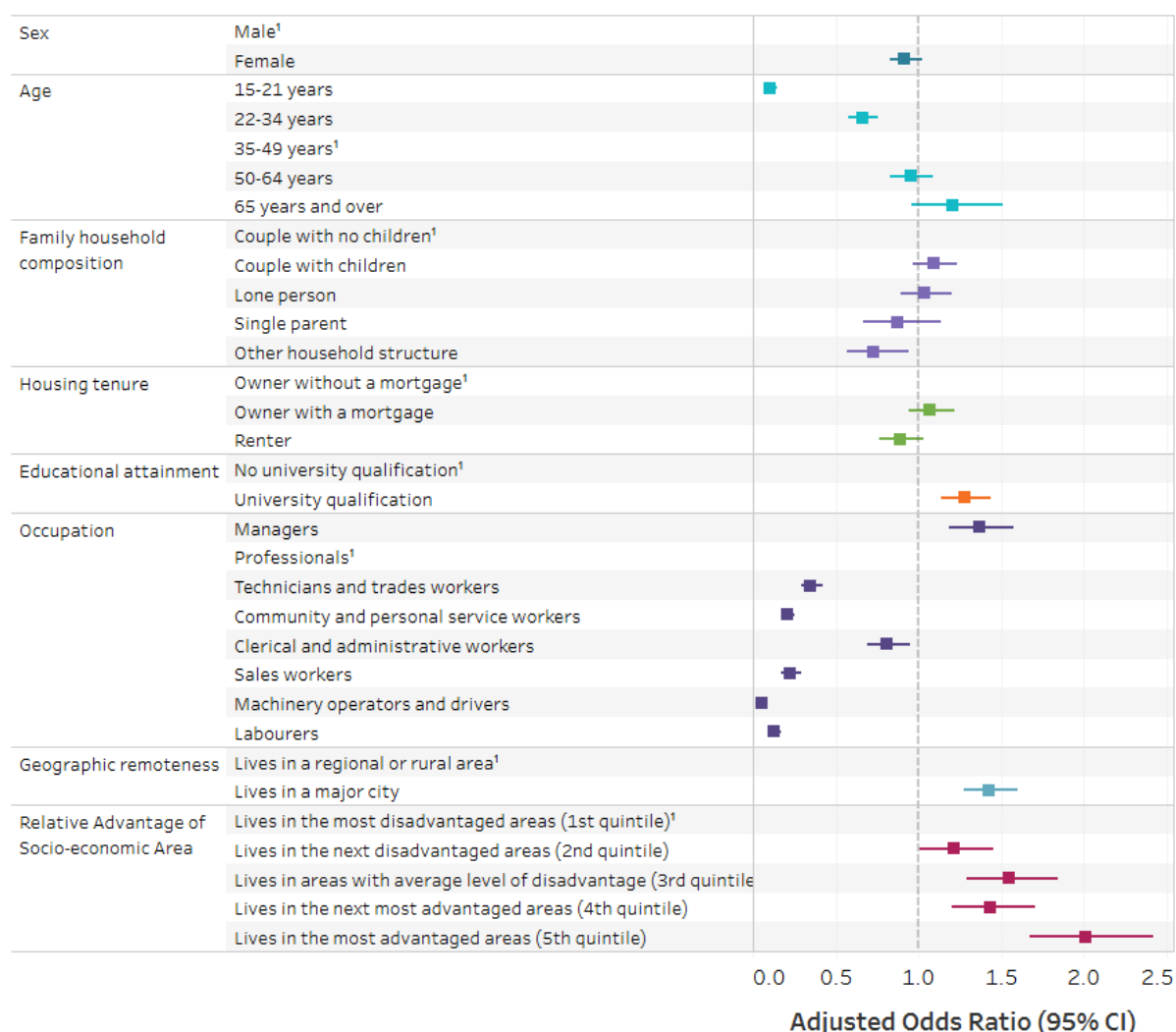
While patterns in 2019 were generally similar to 2023, there has been a shift in the associations between working from home and geographic remoteness. In 2019, people in cities were less likely to work from home relative to people in regional and rural areas (odds ratio 0.9). However, in 2023, people in cities became more likely to work from home than people in regional and rural areas (odds ratio 1.4) (Figure 4).

Figure 4: Regression model estimates of the factors associated with working some hours from home (adjusted odds ratios), HILDA Survey, 2019 and 2023

Select year:

☐ 2019

☒ 2023



¹ Reference group

Source: AIHW analysis of the HILDA Survey.

<https://www.aihw.gov.au/>

Employment and mental health

According to the National Health Survey, 43% of unemployed Australians aged 15 and over had a mental or behavioural condition during the collection period (January 2022 to April 2023), compared to 26% of employed Australians and 33% of Australians not in the labour force (ABS 2023: Table 4.1). These associations between unemployment and poor mental health are consistent with international evidence (Cygan-Rehm et al. 2017).

According to the HILDA Survey, half (51%) of unemployed Australians aged 18 to 64 were estimated to be at high or very high risk of mental distress in 2023, compared to 23% of employed Australians and 39% of Australians who were not in the labour force. In terms of self-assessed general health, 22% of unemployed Australians aged 18 to 64 reported having fair or poor health, compared to 10% of employed Australians and 33% of Australians who were not in the labour force.

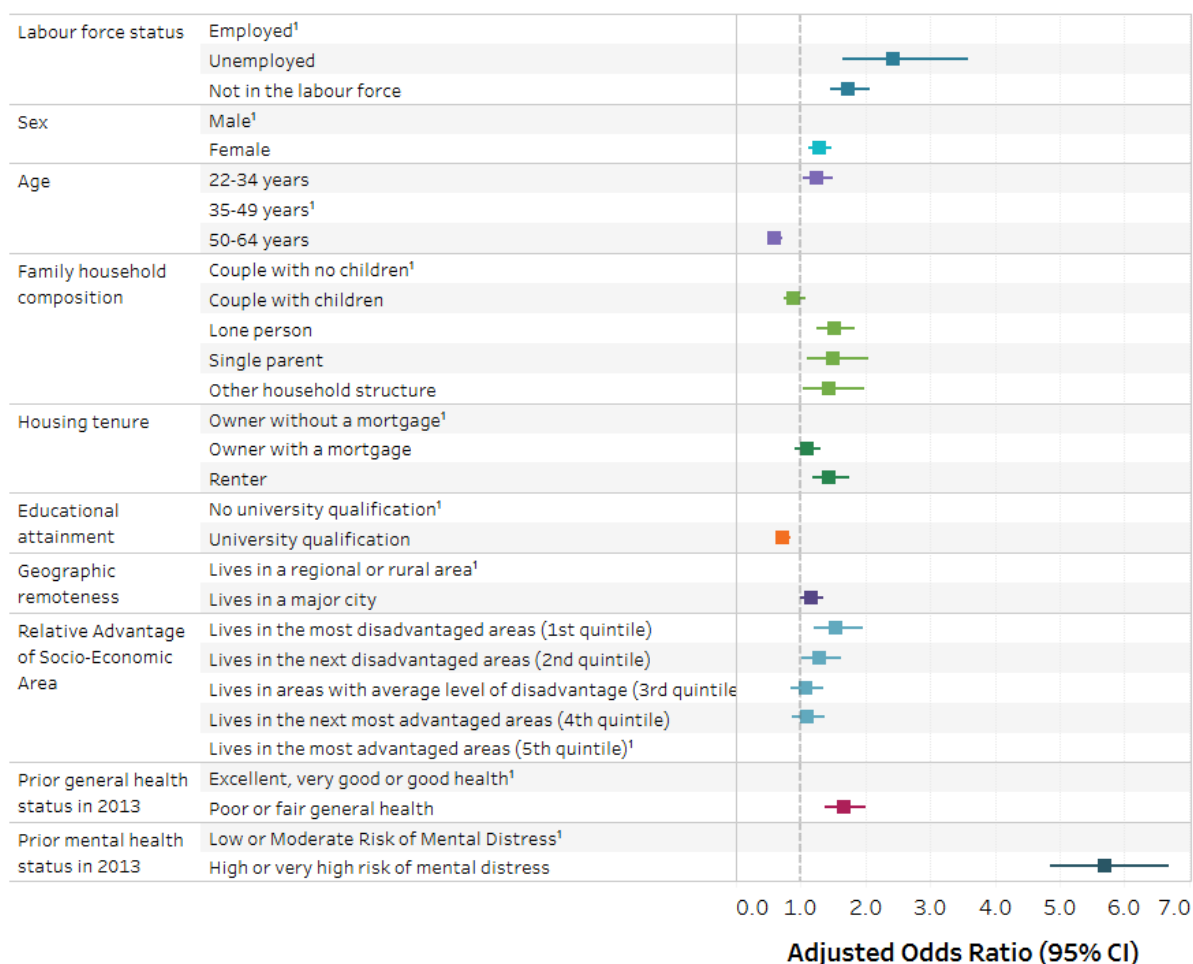
After accounting for basic socio-demographic characteristics and prior health status, estimates from logistic regressions confirm the positive associations of fair/poor self-assessed health with either unemployment (odds ratio 1.6) or not being in the labour force (odds ratio 2.3). Similarly, there were positive associations between mental distress and unemployment (odds ratio 2.4) or not being in the labour force (odds ratio 1.7) (Figure 5). However, it is important to note that these associations cannot be interpreted as causal effects, as additional confounding factors, such as personality and life circumstances, may not be accounted for.

Figure 5: Logistic regression model estimates of the relationship between unemployment and general health or mental distress for Australians aged 25 to 64 (adjusted odds ratios), HILDA Survey, 2023

Select outcome:

☒ High or very high risk of mental distress

☐ Poor or fair general health



¹ Reference group

Source: AIHW analysis of the HILDA Survey.

<https://www.aihw.gov.au/>

Where do I go for more information?

For more information on employment and unemployment, see:

- ABS [Labour Force Survey](#)
- ABS [Labour statistics: concepts, sources and methods](#)
- [Household, Income and Labour Market Dynamics in Australia \(HILDA\) Survey](#)
- Australia's Welfare: data insights [2021](#) (chapter 4) and [2023](#) (chapter 3).

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Employment of First Nations people

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/indigenous-employment>

On this page

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Where do I go for more information?

Employment lies at the heart of socioeconomic opportunity. It provides direct economic benefit to individuals and families, including financial security, increased social mobility and access to higher standards of living. Beyond this, it is well established that working is associated with benefits to physical and mental health, social inclusion and improved developmental outcomes for the children of employed persons (Biddle 2013; Gray et al. 2014; WHO 2016).

This page provides an overview of employment for Aboriginal and Torres Strait Islander (First Nations) people over time.

For more information on the household and personal income of First Nations people (including wages and salaries from employment), see [Income and finance of First Nations people](#).

Overview of First Nations people's employment status

On this page, data are shown for people aged 15–64 for consistency with previous reporting and for comparability over the reporting period (2011–13 to 2022–23).

Labour force definitions

The [National Aboriginal and Torres Strait Islander Health Survey 2022–23](#), provides the most recent data on employment of First Nations people, while the [National Health Survey 2022](#) is used on this page for employment data for non-Indigenous people. Both surveys are conducted by the Australian Bureau of Statistics (ABS), and both are self-reported surveys.

This page presents information on the number of First Nations people who are employed, unemployed or not in the labour force, as a proportion of the First Nations population aged 15–64. While the age when a person is eligible for the Age Pension has increased to 67, this report still uses ages 15–64 for consistency with previous reporting and comparisons across the reporting period.

Between July 2017 and July 2023, the age a person becomes able to receive Age Pension gradually increased from 65 to 67 years (see [Income support for older Australians](#)). This may have led to increased employment among people of this age. In 2022–23, 34% of First Nations people aged 65–67 were employed, compared with 21% in 2016.

Note that ‘proportion unemployed’ reported on this page is not the same as the ‘unemployment rate’ presented elsewhere. The unemployment rate is calculated as the number of people who are unemployed divided by the number of people in the labour force – that is, the denominator excludes people who are not in the labour force. The unemployment rate for First Nations people in 2022–23 was 16.6% (ABS 2024).

In 2022–23, of the estimated 607,500 First Nations people aged 15–64 and in scope for the National Aboriginal and Torres Strait Islander Health Survey:

- an estimated 404,000 (67%) were in the labour force, of which
 - 346,600 (57%) were employed
 - 57,700 (9.5%) were unemployed
- the remaining 203,000 (34%) were not in the labour force.

Employment

In 2022–23:

- a similar proportion of First Nations males and females aged 15–64 were employed (57%, or 170,000 males and 177,000 females)
- 36% (215,000) of First Nations people were employed full time, and 21% (125,000) were employed part time
- females were almost twice as likely as males to be employed part time (27% compared with 14%)
- the proportion of First Nations people who were employed varied markedly by state and territory, being highest in New South Wales and the Australian Capital Territory combined (63%) and lowest in the Northern Territory (38%). This pattern has remained roughly the same for the past 20 years.

Main occupations and industries of employment

This section provides 2 types of information about employed First Nations people:

- their occupation (in high-level groupings); the type of job they do
- their industry of employment; the main type of activity their employer undertakes.

For example, a person who works as an accounts clerk for a major clothing store would have 'clerical and administrative workers' as their occupation group and 'retail trade' as their industry of employment. Examples of occupations and industries within the 5 most common groups reported by First Nations employees are provided below.

Main occupation groups

The 5 most common occupation groups of working age First Nations people in 2022–23 were:

- community and personal service workers, for example aged care workers, child care workers, Aboriginal and Torres Strait Islander health workers, sports coaches and hospitality workers (61,200 people or 18% of those who were employed)
- professionals, for example teachers, people working in media and the arts, park rangers, allied health professionals and midwives (57,800 people; 17%)
- labourers, for example cleaners, kitchenhands, factory workers and builders' labourers (49,300 people; 14%)
- clerical and administrative workers, for example receptionists, bookkeepers, personal assistants and call centre workers (47,900 people; 14%)
- technicians and trades workers, for example gardeners, mechanics, bricklayers, electricians and carpenters (47,800 people; 14%) (Figure 1; ABS 2024).

Overall, 3 in 4 (76%) First Nations employees worked in these 5 occupation groups.

Main industries of employment

The 5 most common industries of employment for working age First Nations people in 2022–23 were:

- health care and social assistance, for example in hospitals, medical services and residential care facilities (54,100 people or 16% of those who were employed)
- public administration and safety, for example in governments, defence and emergency services (34,700 people; 10%)
- retail trade, for example in supermarkets, department stores and service stations (34,600 people; 10%)
- construction, for example by builders and related trades, earthmovers and in road construction (31,300 people; 9.0%)
- education and training, for example in public and private schools, preschools, universities, and arts and music classes (29,300 people; 8.5%) (Figure 1; ABS 2024).

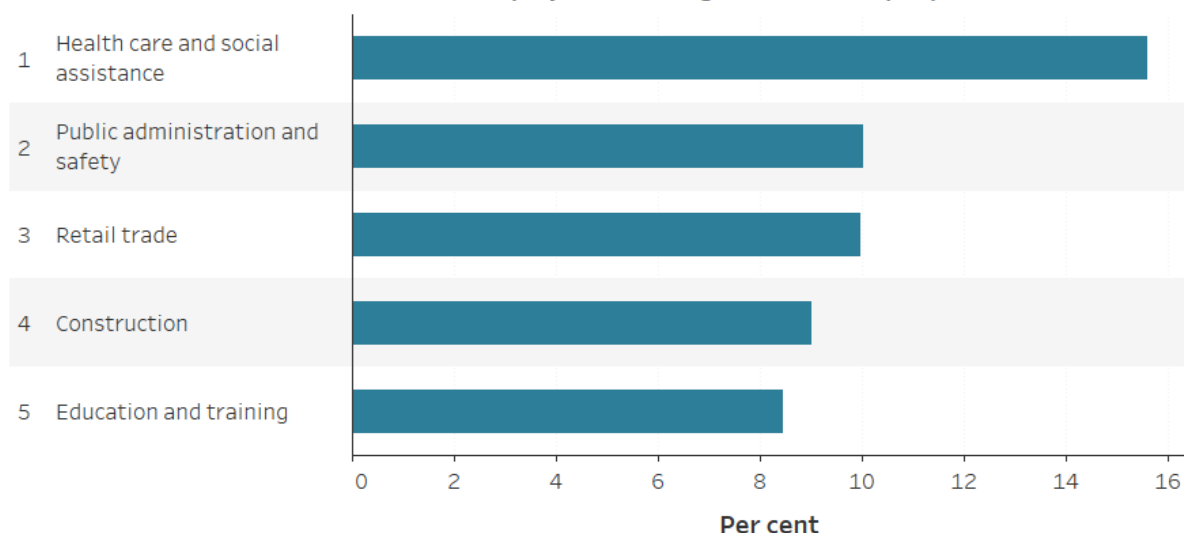
Half (53%) of all First Nations employees were engaged in these 5 industries.

Figure 1: Most common occupations and industries of employment, First Nations people aged 15–64, 2022–23

Select measure:

- ☒ Industries
☐ Occupations

Five most common Main industries of employment among First Nations people, 2022–23



Source: AIHW analysis of ABS 2024.
<https://www.aihw.gov.au>

Unemployment

In 2022–23, 9.5% (57,700) of First Nations people aged 15–64 were unemployed. This has decreased from 11% (56,000) in 2018–19. Unemployment varies between males and females, with males being around twice as likely as females to be unemployed (13% and 6.3%, respectively, or 37,900 males and 19,800 females).

Queensland had the highest proportion of First Nations people unemployed in 2022–23, at 14%. New South Wales and the Australian Capital Territory combined had the lowest proportion of First Nations people unemployed, at 5.9%.

Not in the labour force

In 2022–23, 34% (203,000) of First Nations people of working age (**15–64**) were not in the labour force. This means they were neither employed nor actively looking for work during the data collection period. The proportion of First Nations people not in the labour force ranged from 29% in Queensland to 50% in the Northern Territory. A lower proportion of males than females were not in the labour force (30% compared with 37%, or 88,100 males and 115,000 females).

There are many reasons why a First Nations person may not be in the labour force, including:

- lack of available and appropriate employment options
- cost associated with job searching
- need for further education or training for employment
- health concerns
- disability
- family responsibilities, including caregiving duties
- community responsibilities (Dinku and Hunt 2019; Hunter and Gray 2001; Kalb et al. 2014; Savvas et al. 2011).

Employment for First Nations people varies by remoteness

In 2022–23, the proportion of First Nations people who were employed decreased consistently with increasing remoteness, from 68% in *Major cities* to 38% in *Very remote* areas (Figure 2). This pattern has remained consistent since 2012–13.

The proportion of First Nations people who are unemployed and the proportion not in the labour force both tend to increase with remoteness.

Figure 2: Labour force status by remoteness area, First Nations people aged 15–64, 2022–23



Source: AIHW analysis of ABS 2024.

How has First Nations employment status changed over time?

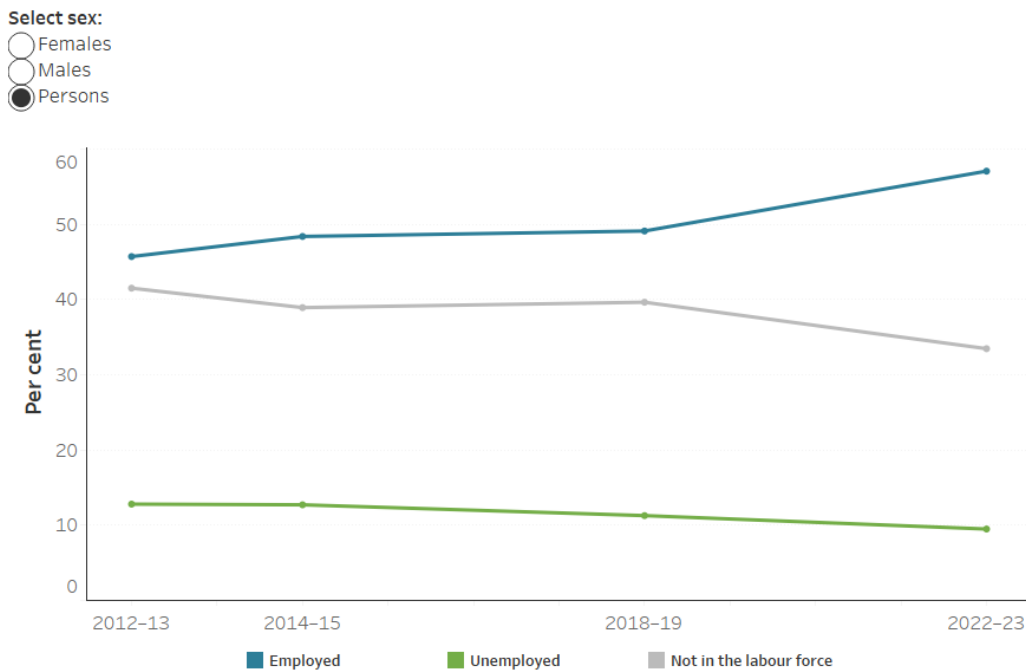
The proportion of First Nations people aged 15–64 who are employed has increased over the past decade, from 46% in 2012–13 to 57% in 2022–23. The growth in employment for females was greater than that for males, with the proportion of First Nations females who were employed rising from 41% to 57% over that period, compared with an increase from 50% to 57% for males. For both sexes, most of the change was due to a decrease in the proportion not in the labour force, with the proportion who were unemployed changing by only a relatively small amount (Figure 3).

Interpreting changes over time

The Community Development Employment Projects (CDEP) was an employment assistance program established in 1977 to create employment opportunities in remote communities by pooling unemployment benefits. Assessing First Nations employment trends is complicated by the many changes in the coverage – and subsequent re-branding and closure in 2013 – of the CDEP, as well as changes in whether participants were considered to be ‘employed’ for the purposes of labour force data collection. On this page, in data from years prior to 2014, First Nations people who were participating in the CDEP but had no other employment have been classified as unemployed, for consistency with more recent data.

For more information, see section 4.7 of [Overcoming Indigenous Disadvantage: Key Indicators 2020](#).

Figure 3: Trends in labour force status by sex, First Nations people, 2012–13 to 2022–23



Sources: AIHW analysis of ABS 2015, ABS 2016, ABS 2019, ABS 2024.
<https://www.aihw.gov.au>

Employment by education level and sex

The employment rate for First Nations people has consistently shown an increase with higher levels of education. In 2022–23, the observed employment rate pattern relative to the highest level of education completed was:

- 94% for those with a Bachelor degree or higher
- 78% for those with an advanced diploma or diploma
- 68% for those with secondary year 12, or Certificates III/IV
- 37% for those with secondary year 10 or 11, or Certificates I/II
- 25% for those with secondary year 9 and below (Figure 4).

Across almost all educational attainment levels, part-time employment rates for First Nations people were higher among females than males, and full-time employment rates were higher among males than females (Figure 4).

The higher employment rate in males than females was consistent across all levels of educational attainment except for Bachelor degree or higher, where the rates were similar (92% for males and 94% for females).

Figure 4: Proportion of employed people aged 15–64, by employment type, sex, Indigenous status and highest level of education



020406080100

Per cent

Note: Data are from 2022–23 for First Nations Australians and from 2022 for non-Indigenous Australians. Total excludes those with no educational attainment and certificate levels not further defined.

Sources: AIHW analysis of ABS 2023, ABS 2024.

<https://www.aihw.gov.au>

Comparisons with non-Indigenous Australians

Overall employment rates

In 2022–23, First Nations people aged 15–64 were less likely than non-Indigenous people of this age to be employed (57% compared with 79%), and more likely to be unemployed (9.5% compared with 3.0%). First Nations people were also almost twice as likely as non-Indigenous Australians to not be in the labour force (34% compared with 18%).

Occupations and industries of employment

In 2022–23, First Nations people were more likely to work in labouring and community and personal service occupations, and less likely to work as professionals and managers, relative to the working age non-Indigenous population. First Nations people were more

likely than non-Indigenous people to be employed in the public administration and safety sector, and less likely to be employed in the professional, scientific and technical services sector (AIHW analysis of ABS 2024).

Employment and education

The gap in employment rates between First Nations people and non-Indigenous Australians narrows with higher levels of education. In 2022–23, there was an overall gap in employment rate of 21 percentage points between First Nations people and non-Indigenous Australians (57% compared with 79%). However, separating this by level of education, the gaps were:

- 23.0 percentage points (37.1% compared with 60.1%) for those with Year 10 or 11 or Certificate level I or II
- 12.7 percentage points (68.2% compared with 80.9%) for those with Year 12 or Certificate III or IV
- 4.6 percentage points (78.3% compared with 82.9%) for those with a diploma or advanced diploma
- –5.6 percentage points (93.5% compared with 87.9%) for those with a Bachelors degree or higher.

This pattern of a decreasing gap in employment status with increasing level of education has been observed over several years, is seen for both males and females and is reasonably consistent across age groups.

For more information on this topic see [Education of First Nations people](#).

Closing the Gap targets

In 2020, all Australian governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations worked in partnership to develop the [National Agreement on Closing the Gap](#) (the National Agreement), built around 4 Priority Reforms. The National Agreement also identifies 19 targets across 17 socioeconomic outcome areas. Two of these targets directly relate to employment.

National Agreement on Closing the Gap: employment-related targets

Under the National Agreement, the Productivity Commission is tasked with maintaining a [dashboard](#) comprising data to inform reporting on progress on Closing the Gap. The 12 March 2025 update of the dashboard provided the following data for the employment-related targets.

Outcome area 7: Aboriginal and Torres Strait Islander youth are engaged in employment or education or training

- Target: By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15–24 years) who are in employment, education or training to 67 per cent.

- Status: The 2016 baseline of Aboriginal and Torres Strait Islander youth who are in employment, education or training was 57.2%. The most recent level, using data from 2021, is 58.0%.

Outcome area 8: Strong economic participation and development of Aboriginal and Torres Strait Islander people and communities

- Target: By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25–64 who are employed to 62 per cent.
- Status: The 2016 baseline for Aboriginal and Torres Strait Islander people was 51.0%. The most recent level, using data from 2021, is 55.7%.

Note that data for these targets were derived from the Australian Bureau of Statistics (ABS) Census of Population and Housing (Census) (ABS 2021; PC 2025).

Prior to establishment of the National Agreement, there were 7 Closing the Gap targets set by the Council of Australian Governments (COAG) under the National Indigenous Reform Agreement, one of which was to halve the gap in employment rates between First Nations and non-Indigenous Australians between 2008 and 2018. The [Closing the Gap Report 2020](#) found that this target expired unmet.

Key data gaps and data improvement activities

One recognised data gap in the First Nations employment landscape is a lack of longitudinal studies. Additionally, labour force data for First Nations people are only available through infrequent surveys, compared with data for the total population which are available monthly.

In November 2024, the Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs released the report of the 'Inquiry into economic self-determination and opportunities for First Nations Australians'. While the report was primarily focussed on business opportunities, it did touch on aspects of First Nations employment. For the report and inquiry, the ABS submitted that they are investigating ways to capture First Nations employment data more frequently, with further information about the First Nations consultation process expected to be released in early 2025 (JSCATSIA 2024).

Where do I go for more information?

For more information on employment among First Nations people, see:

- NIAA [Closing the Gap Report 2020](#)
- Productivity Commission [Performance Reporting Dashboard on the National Indigenous Reform Agreement](#)
- ABS [National Aboriginal and Torres Strait Islander Health Survey, 2022-23](#)
- [National Agreement on Closing the Gap](#)
- Productivity Commission [Overcoming Indigenous disadvantage: key indicators 2020](#).

- Australian Human Rights Commission, [Wiyi Yani U Thangani Report and Royal Commission into Violence, Abuse, Neglect and Exploitation of people with Disability](#), 2020

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Family, domestic and sexual violence

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/family-domestic-and-sexual-violence/resources/fdsv-summary>

On this page

Introduction

How common is family, domestic and sexual violence?

What influences family, domestic and sexual violence?

Who is at risk of family, domestic and sexual violence?

What services or support do those who have experienced family, domestic and sexual violence use?

What are the consequences of family, domestic and sexual violence

Where do I go for more information?

Family, domestic and sexual violence is a major health and welfare issue in Australia, occurring across all socioeconomic and demographic groups, but predominantly affecting women and children. These types of violence can have a serious impact on individuals, families and communities and can inflict physical injury, psychological trauma and emotional suffering. These effects can be long-lasting and can affect future generations.

For information, support and counselling contact **1800RESPECT** on **1800 737 732** or visit the **1800RESPECT website**. See also **Find support** for a list of support services.

What is family, domestic and sexual violence?

Family violence is a term used for violence that occurs within family relationships, such as between parents and children, siblings, intimate partners or kinship relationships. Family relationships can include carers, foster carers and co-residents (for example in group homes or boarding residences).

Domestic violence is a type of family violence that occurs between current or former intimate partners (sometimes referred to as intimate partner violence).

Both family violence and domestic violence include a range of behaviour types such as:

- physical violence (for example, hitting, choking, or burning)
- sexual violence (for example, rape, penetration by objects, unwanted touching)

- emotional abuse, also known as psychological abuse (for example, intimidating, humiliating).

For more information, see [Glossary](#).

Coercive control is often a significant part of a person's experience of family and domestic violence. It is commonly used to describe a pattern of controlling behaviour, used by a perpetrator to establish and maintain control over another person.

Sexual violence can take many forms, including sexual assault, sexual threat, sexual harassment, child sexual abuse, and image-based abuse (NASASV 2021). However, the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) uses a narrower definition of sexual violence, including only sexual assault and sexual threat, with sexual harassment and experiences of abuse in childhood reported separately (ABS 2023b).

Other forms of violence that can occur within the context of family and domestic violence include: stalking and elder abuse, with the latter occurring where there is an expectation of trust and/or where there is a power imbalance (Kaspiew et al. 2019).

How common is family, domestic and sexual violence?

The ABS PSS provides an estimate of the number of Australians who have been victims of family, domestic and sexual violence. While every experience of family, domestic or sexual violence is very personal and different, it is most common for this type of violence to be perpetrated against women, by men. There is currently no national data on the proportion of Australians who have perpetrated family, domestic and sexual violence.

The most recent PSS was conducted between March 2021 and May 2022 during the COVID-19 pandemic (ABS 2023b). Because of some changes to the survey methodology in response to the COVID-19 pandemic, some 2021–22 data are only available for women, including some time series.

According to the 2021–22 PSS:

1 in 6 women

1 in 18 men

in 2021–22 had experienced **physical and/or sexual violence** by a current or previous cohabiting partner since the age of 15

1 in 4 women

1 in 7 men

in 2021–22 had experienced **emotional abuse** by a current or previous cohabiting partner since the age of 15

1 in 6 women

1 in 13 men

in 2021–22 had experienced **economic abuse** by a current or previous cohabiting partner since the age of 15

1 in 5 women

1 in 16 men

2021–22 had experienced **sexual violence** since the age of 15

Physical and/or sexual family and domestic violence

Results from the 2021–22 PSS showed that an estimated 3.8 million Australian adults (20% of the population) reported experiencing physical and/or sexual family and domestic violence since the age of 15. It is estimated that of all Australian adults:

- 11.3% (2.2 million) had experienced violence from a partner (current or previous cohabiting)
- 5.9% (1.1 million) had experienced violence from a boyfriend, girlfriend or date
- 7.0% (1.4 million) had experienced violence from another family member (ABS 2023c).

Experiences of partner violence in the 12 months before the survey (last 12 months) remained relatively stable for both men and women between 2005 and 2016. However, between 2016 and 2021–22 the proportion of women who experienced partner violence decreased from 1.7% in 2016 to 0.9% in 2021–22. There was also a decrease in the proportion of women who had experienced violence by any intimate partner (also includes current or previous boyfriend, girlfriend and date) between 2016 and 2021–22, from 2.3% in 2016 to 1.5% in 2021–22 (ABS 2023c).

For more information, see [Family and domestic violence](#).

Partner emotional abuse and economic abuse

According to the 2021–22 PSS, an estimated 3.6 million Australian adults (19% of the population) had experienced emotional abuse at least once by a partner since the age of 15. The proportion of women (23% or 2.3 million) who had experienced emotional abuse was higher than men (14% or 1.3 million). Estimates of partner emotional abuse in the 12 months before the survey have changed over time:

- the proportion of women who experienced partner emotional abuse was stable between 2012 and 2016, but decreased from 4.8% in 2016 to 3.9% in 2021–22
- the proportion of men who experienced partner emotional abuse increased from 2.8% in 2012 to 4.2% in 2016 before decreasing to 2.5% in 2021–22 (ABS 2023c).

It was also estimated that 2.4 million Australian adults (12% of the population) had experienced economic abuse by a partner since the age of 15, with the proportion of women (16%) who had experienced this type of abuse around double the proportion of men (7.8%) (ABS 2023c).

For more information, see [Intimate partner violence](#).

Sexual violence

The 2021–22 PSS estimated 2.8 million Australians (14% of the population) experienced sexual violence (occurrence, attempt and/or threat of sexual assault) since the age of 15. It is estimated that of all Australian adults:

- 13% (2.5 million) had experienced sexual violence by a male
- 1.8% (353,000) had experienced sexual violence by a female (ABS 2023c).

Of all women:

- 11% (1.1 million) experienced at least one incident of sexual violence by a male intimate partner since the age of 15
- 2.1% (203,000) experienced at least one incident of sexual violence by a male family member since the age of 15
- 11% (1.1 million) experienced at least one incident of sexual violence by another known male since the age of 15
- 6.1% (605,000) experienced at least one incident of sexual violence by a male stranger since the age of 15 (ABS 2023c).

In the 12 months before the 2021–22 PSS, it is estimated that 1.9% of women experienced sexual violence, consistent with 2016 (ABS 2023c).

Based on the 2021–22 PSS, around 1 in 8 (13% or 1.3 million) women and 1 in 22 (4.5% or 427,000) men had experienced sexual harassment (see [Glossary](#)) in the last 12 months. This represents a decrease from 2016 for both women (previously 17%) and men (previously 9.3%) (ABS 2023c).

For more information, see [Sexual violence](#).

Other forms of violence and abuse

Violence exists on a spectrum of behaviours. The same social and cultural attitudes underpinning family, domestic and sexual violence are at the root of other behaviours such as stalking. Technology can facilitate abuse and has become an important consideration in these types of violence.

Stalking is classified as unwanted behaviours (such as following or watching in person or electronically) that occur more than once and cause fear or distress and is considered a crime in every state and territory of Australia (ABS 2023b). Based on the 2021–22 PSS, 1 in 5 (20% or 2.0 million) women and around 1 in 15 (6.8% or 653,000) men had experienced stalking since the age of 15 (ABS 2023c).

Preliminary findings from the 2022 Australian eSafety Commissioner's adult online safety survey of around 4,700 Australians aged 18–65, indicated that:

- 75% of those surveyed had a negative online experience in the 12 months prior to the survey, an increase from 58% in 2019
- 18% of those surveyed said their location had been tracked electronically without consent, an increase from 11% in 2019
- 16% of those surveyed said they received online threats of real-life harm or abuse, an increase from 9% (Office of the eSafety Commissioner 2023).

Due to the opt-in nature of the survey, these results may not be generalisable to the broader Australian adult population.

For more information, see [Stalking and surveillance](#).

Family, domestic and sexual violence during the COVID-19 pandemic

The impacts of a pandemic can be wide-ranging with people experiencing different circumstances depending on their situation. Situational stressors, such as victims and perpetrators spending more time together, or increased financial or economic hardship, can be associated with increased severity or frequency of violence (Payne et al. 2020). It is also possible that increased protective factors, such as access to income support, time away from a perpetrator, or increased social cohesion, could suppress violence (Diemer 2023). Pandemics can also affect help-seeking and individual responses to violence, meaning support services have to adapt their delivery to new circumstances.

We continue to learn about the impact of the emergency phase of the COVID-19 pandemic on family, domestic and sexual violence, with some different patterns observed between research, drawing on a variety of data sources and methods, and national population prevalence data (Diemer 2023).

Results from the PSS showed that between 2016 and 2021–22 there was a decrease in the number of women experiencing physical and/or sexual partner violence in the 12 months before the survey, and a decrease in women and men experiencing partner

emotional abuse. The rate of sexual violence for women remained stable. See [How common is family, domestic and sexual violence?](#)

The Australian Institute of Criminology (AIC) conducted an online survey of women's experiences of violence during the first 12 months of the COVID-19 pandemic. While not comparable with the PSS, the survey of more than 10,000 women found that the pandemic coincided with first-time and escalating intimate partner violence for some women (Table 1). However, given this is a cross-sectional survey, a causal relationship between the COVID-19 pandemic and women's experiences of intimate partner violence cannot be established (Boxall and Morgan 2021).

Table 1: Intimate partner violence^(a) experienced by women in Australia during the first 12 months of the COVID-19 pandemic

	Physical violence	Sexual violence	Emotionally abusive, harassing and controlling behaviours
Overall prevalence of intimate partner violence^(b)	9.6%	7.6%	32%
Experienced intimate partner violence for the first time^(b)	3.4%	3.2%	18%
Reported that intimate partner violence had increased in frequency or severity^(b, c)	42%	43%	40%

a. Violence from a person the respondent had a relationship with during the previous 12 months. This includes current and former partners, cohabiting, or non-cohabiting.

b. Of women aged 18 years and older who had been in a relationship longer than 12 months.

c. Of women who had a history of violence from their current or most recent partner.

Source: Boxall and Morgan 2021.

For more information, see [FDSV and COVID-19](#). See also 'Chapter 2 - Changes in the health of Australians during the COVID-19 pandemic' in [Australia's health 2022: data insights](#).

What influences family, domestic and sexual violence?

Social attitudes and norms shape the context in which violence occurs. The National Community Attitudes towards Violence against Women Survey (NCAS) shows that in Australia, between 2009 and 2021, there was a positive shift in attitudes that reject gender inequality and violence against women. There was also an improvement in understanding of violence against women.

The NCAS indicated that in 2021 Australians, on average, had:

- higher understanding of violence against women compared to previous survey years (2009, 2013 and 2017)
- higher rejection of attitudes supportive of gender inequality compared to previous survey years
- improved attitudes towards sexual violence compared to 2017
- improved attitudes towards domestic violence compared to 2009 and 2013 (Coumarelos et al 2023).

While results were generally encouraging, some findings were concerning and highlight areas for improvement, select findings are summarised below.

Attitudes towards violence against women and gender inequality

Of all NCAS respondents in 2021:

- 25% believed that women who do not leave their abusive partners are partly responsible for violence continuing
- 34% agreed it was common for sexual assault accusations to be used as a way of getting back at men
- 23% believed domestic violence is a normal reaction to day-to-day stress
- 19% agreed that sometimes a woman can make a man so angry he hits her without meaning to
- 15% agreed that there is no harm in sexist jokes
- 41% agreed that many women misinterpret innocent remarks as sexist (Coumarelos et al. 2023).

For more information, see Community attitudes.

Understanding of violence against women

Of all NCAS respondents in 2021:

- 31% did not know that women are more likely to be raped by a known person than a stranger
- 41% did not know where to access help for a domestic violence issue
- 43% did not recognise that men are the most common perpetrators of domestic violence
- 24% did not recognise that women are more likely than men to suffer physical harm from domestic violence (Coumarelos et al. 2023).

For more information, see [Community understanding of FDSV](#).

Who is at risk of family, domestic and sexual violence?

Family, domestic and sexual violence occurs across all ages and demographics. However, some groups are at greater risk than others and/or may experience impacts and outcomes of violence that are more serious or long-lasting.

Children

Children are at greater risk of family, domestic and sexual violence.

According to the 2021–22 PSS, about 1 in 8 (13% or 2.6 million) people aged 18 years and over, witnessed violence towards a parent by a partner before the age of 15. A higher proportion of people had witnessed partner violence against their mothers (12%, or 2.2 million) than their fathers (4.3%, or 837,000) (ABS 2023a).

The PSS also collects some information from adults about the nature and extent of violence experienced before and since the age of 15, for more information see [Personal Safety, Australia- external site opens in new window](#).

The 2021 Australian Child Maltreatment Study surveyed people aged 16 years and over about experiences of maltreatment as a child. Of people surveyed, around:

- 3 in 10 (29%) had experienced sexual abuse by any person
- 3 in 10 (31%) had experienced emotional abuse by a parent or caregiver
- 1 in 11 (8.9%) had experienced neglect by a parent or caregiver
- 2 in 5 (40%) had experienced exposure to domestic violence (Haslam et al. 2023).

For more information, see [Children and young people](#).

Child protection services

In Australia, state and territory governments are responsible for providing child protection services to anyone aged under 18 years who has been, or is at risk of being, abused, neglected or otherwise harmed, or whose parents are unable to provide adequate care and protection. In 2023–24:

- Around 179,000 Australian children (31 per 1,000) came into contact with the child protection system.
- Infants aged under one year had the highest rate (38 per 1,000) of contact with the child protection system and adolescents aged 15–17 years had the lowest rate (26 per 1,000).
- Emotional abuse, including exposure to family violence, was the most common primary type of abuse identified for children with substantiated cases (substantiations) (57% or 24,000 children). Neglect (21% or 8,800 children) was the next most common primary type of abuse substantiated, followed by physical abuse (12% or 5,200 children) and sexual abuse (9.1% or 3,800 children).

- Similar proportions of girls and boys were the subjects of substantiations for physical abuse, emotional abuse and neglect. However, a higher proportion of girls (13%) were the subjects of substantiations for sexual abuse than boys (5.5%) (AIHW 2025b).

The rate of children who were the subject of notifications increased from 49 per 1,000 in 2019–20 to 53 per 1,000 in 2023–24. However, the rate of children who were the subject of substantiations slightly decreased in the 5 years to 30 June 2024 (AIHW 2025b).

For more information, see [Child protection](#).

Women

More women than men experience family, domestic and sexual violence. Table 2 shows the proportion of people aged 18 and over who experienced violence from a partner since the age of 15.

Table 2: Proportion of men and women who experienced violence or abuse from a partner since the age of 15, by type or violence or abuse, 2021–22

	Women (%)	Men (%)
Physical and/or sexual violence from a partner	16.9	5.5
Physical violence from a partner	14.9	5.3
Sexual violence from a partner	6.2	n.p.
Emotional abuse from a partner	22.9	13.8
Economic abuse from a partner	16.3	7.8

n.p. not published

Note: Where a person has experienced both physical and sexual violence by a cohabiting partner, they are counted separately for each type of violence they experienced but are counted only once in the aggregated total.

Source: ABS 2023c.

Women's exposure to violence differs across the age groups. The 2021–22 PSS found that the prevalence of physical and/or sexual violence by a cohabiting partner (partner violence) among women declined with age. One in 39 (2.6%) women aged 18–34 experienced partner violence in the 2 years before the survey, compared with 2.2% for those aged 35–54 and 0.6% for those aged 55 and over (ABS 2023a).

The prevalence of sexual violence by any perpetrator among women also decreased with age. One in 8 (12%) women aged 18–24 experienced sexual violence in the 2 years before the survey, compared with 4.5% of those aged 25–34, 2.5% of those aged 35–44, 1.9%* for those aged 45–54 and 0.5%* of those aged 55 and over (ABS 2023d).

Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50%.

For more information, see [Young women](#).

Other at-risk groups

Other social and cultural factors can also increase the risk of experiencing family, domestic and sexual violence. In some cases, these factors may overlap or combine to create an even greater risk. Additional factors that can increase the risk of violence include remoteness and socioeconomic area of residence, disability, sexual orientation, gender identity and cultural influences. Aboriginal and Torres Strait Islander (First Nations) women are particularly at risk and have much higher rates of hospitalisation involving family violence.

For more information, see [Population groups](#).

What services or support do those who have experienced family, domestic and sexual violence use?

Responses to family, domestic and sexual violence are provided informally in the community and formally through justice systems, and treatment and support services.



The 2021-22 PSS found that there were differences in propensity to seek help, advice or support following partner violence depending on partner status and victim sex:

- 1 in 2 (45%, or 78,100) women who had experienced physical and/or sexual violence from a **current partner** did not seek advice or support about the violence.
- 2 in 5 women (37% or 574,000) and 2 in 5 men (39% or 166,000) who had experienced physical and/or sexual violence from a **previous partner** did not seek advice or support about the violence (ABS 2023a).

Data for men about seeking advice or support about current partner violence are not available (ABS 2023a).

The 2021-22 PSS collected detailed data from women about the most recent incident of sexual assault by a male that occurred in the last 10 years. Of the estimated 737,000 women who had experienced sexual assault by a male in the last 10 years:

- more than 2 in 5 (44% or 324,000) did not seek advice or support after the most recent incident
- 92% (680,000) said the police were not contacted (ABS 2023d).

For more information, see [FDSV reported to police](#).

Police responses

When an incident of violence is reported to police by a victim, witness or other person, it can be recorded as a crime. The ABS collects data on selected family, domestic and sexual violence crimes recorded by police. In 2023:

- More than 1 in 2 (55% or around 120,000) recorded assaults were related to family and domestic violence (excluding Victoria). For jurisdictions with available data in both reporting periods (excluding Victoria and Queensland), there was a 10% increase from 76,900 in 2022 to 84,800 in 2023.
- Over 2 in 5 (43% or 97) recorded murders were related to family and domestic violence (ABS 2024).

Since 2011, the number of sexual assault victims recorded by police has increased each year. It is unclear whether this change reflects an increased incidence of sexual assault, an increased propensity to report sexual assault to police, increased reporting of historical crimes, or a combination of these factors. Of all police-recorded sexual assaults in 2023, 69% were reported to police within one year (ABS 2024).

For more information, see [FDSV reported to police](#).

Homelessness services

People accessing specialist homelessness services (SHS) may need support due to family and domestic violence. Data cannot currently distinguish between victims and perpetrators of violence.

In 2023–24, SHS agencies assisted around 109,000 clients (39% of all SHS clients) who had experienced domestic and family violence. Of these clients:

- 3 in 4 (75% or 82,000) were female (AIHW 2024b)
- more than 9 in 10 (91% or 19,200) clients aged 25–34 were female (AIHW 2024b)
- almost 1 in 12 (8.1% or 8,900 clients) were living with disability (AIHW 2024c).

Of clients aged 10 and over who had experienced domestic and family violence:

- about 2 in 5 (42% or 35,700) also had a current mental health issue
- around 1 in 8 (12% or 10,000) had problematic drug and/or alcohol use (AIHW 2024b).

For more information, see [Housing](#) and [Homelessness and homelessness services](#).

Hospitalisations

Hospitals provide health services for individuals who have experienced family, domestic and sexual violence. The family and domestic violence (FDV) hospitalisations presented here are hospitalisations involving treatment for FDV assault. That is, where the perpetrator is coded as a family member (Spouse or domestic partner, Parent, or Other family member) in the hospital record. As information on cause of injury (such as assault) is not available in national emergency department data, family and domestic

violence assault hospitalisations do not include presentations to emergency departments and underestimate overall hospital activity related to family and domestic violence. These hospitalisations also relate to more severe (and mostly physical) experiences of family and domestic violence.



In 2023–24, half (50% or 9,300) of the **hospitalisations** that involved treatment for assault were due to FDV

Of all FDV hospitalisations (9,300) in 2023–24:

- 76% (7,000) were for females and 24% (2,300) were for males
- 62% (5,700) had the perpetrator reported as a spouse or domestic partner
- 39% (3,600) had the perpetrator reported as a parent or other family member (AIHW 2025a).

For more information, see [Health services](#). See also [Injury in Australia](#), [Hospitals at a glance](#), and [Examination of hospital stays due to family and domestic violence 2010–11 to 2018–19](#).

1800RESPECT

1800RESPECT is Australia’s national counselling, information and support service for people affected by family, domestic and sexual violence, their family and friends and frontline workers. In 2023–24, more than 294,000 contacts were answered by 1800RESPECT, the majority of which were via telephone (DSS unpublished).

For more information, see [Helplines and related support services](#).

What are the consequences of family, domestic and sexual violence?

Burden of disease

Burden of disease measures the impact of living with and dying prematurely from a disease or injury.

The Australian Burden of Disease Study 2024 estimated the impact of various diseases, injuries and risk factors on total burden of disease for the Australian population. Intimate partner violence (IPV) was in the top 5 risk factors for total disease burden for females aged 15–54. Child abuse and neglect was in the top 3 risk factors among females aged 0–54 and for males aged 0–34 (AIHW 2024a).

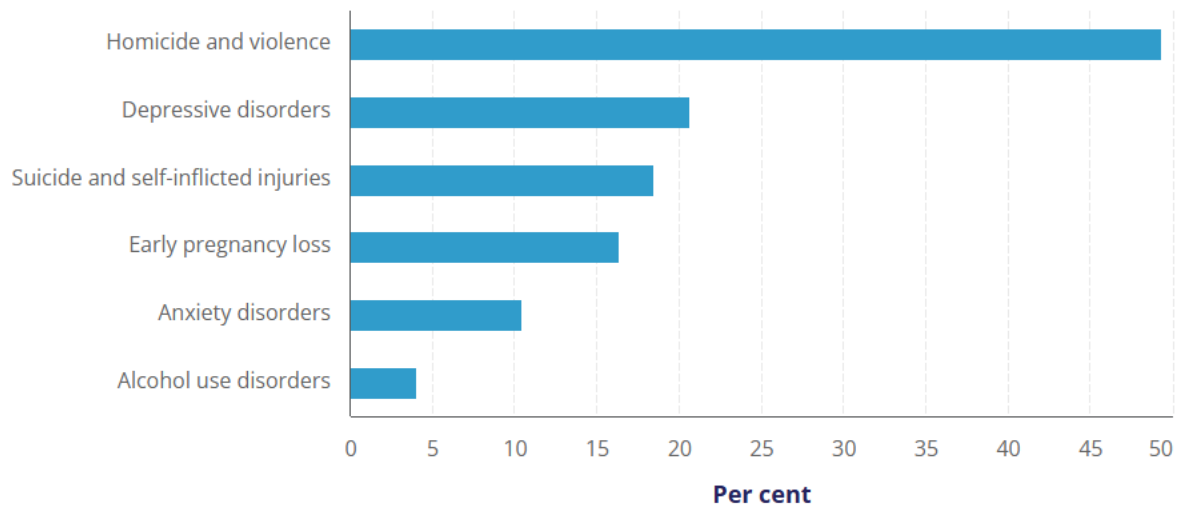
Among females aged 15 and over in Australia in 2024, IPV contributed to:

- around 0.3% of deaths

- 1.7% of the total burden of disease and injury (AIHW 2024a).

Figure 1 shows the estimated total burden attributable to IPV for females aged 15 and over in 2014 by disease or injury. Almost half (49%) of all homicide and violence burden amongst these females was attributable to IPV (AIHW 2024a).

Figure 1: Total burden attributable to intimate partner violence for females aged 15 and over, 2024



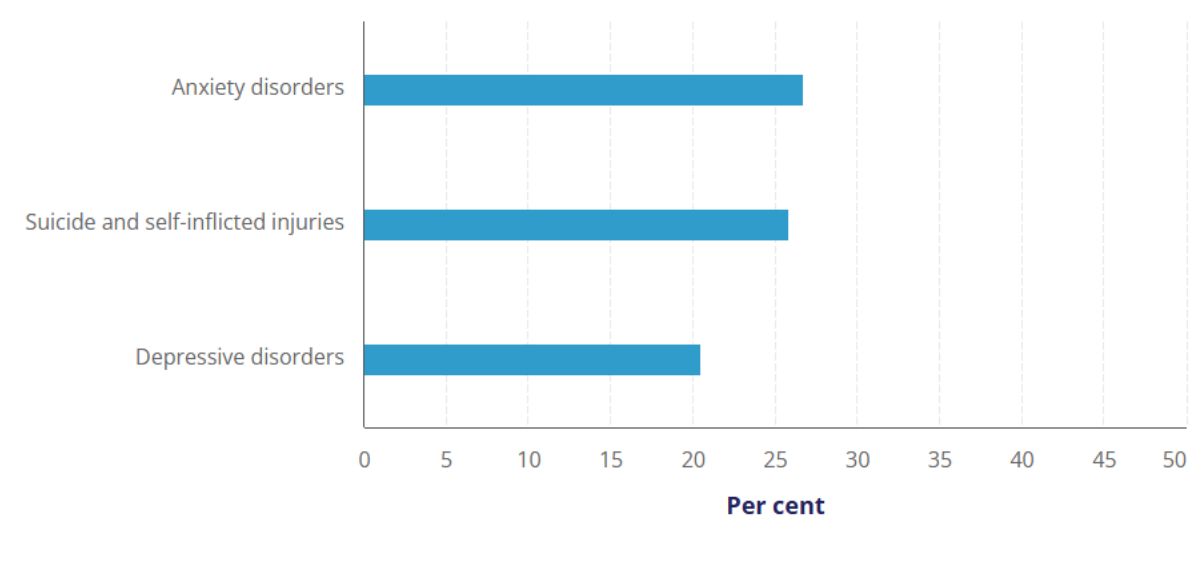
Source: AIHW Australian Burden of Disease Study | [Data source overview](#)

In Australia in 2024, child abuse and neglect contributed to:

- approximately 0.5% of deaths
- 2.4% of the total burden of disease and injury (AIHW 2024a).

Figure 2 shows the estimated total burden attributable to child abuse and neglect in 2024 by disease or injury.

Figure 2: Total burden attributable to child abuse and neglect, 2024



Source: AIHW Australian Burden of Disease Study | [Data source overview](#)

For more information, see [Health outcomes](#) and [Burden of disease](#).

Long-term health impacts

Findings from the Australian Longitudinal Study on Women’s Health demonstrated that women who had experienced childhood sexual abuse were more likely to have poor general health and to experience depression and bodily pain, compared with those who had not experienced sexual abuse during childhood (Coles et al. 2018). Women who had experienced childhood sexual or emotional or physical abuse had higher long-term primary, allied, and specialist health care costs in adulthood, compared with women who had not had these experiences during childhood (Loxton et al. 2018).

For more information, see [Health outcomes](#).

Deaths

Between 1 July 2023 and 30 June 2024, the AIC’s National Homicide Monitoring Program (NHMP) recorded 90 domestic homicide victims from 88 domestic homicide incidents (see [Glossary](#)). Data from the NHMP are from police and coronial records (Miles and Bricknell 2025).

Of all domestic homicide victims, 63% (57) were female. Of all female victims of domestic homicide, 81% (46) were killed by an intimate partner. For male victims of domestic homicide, 27% (9) were killed by an intimate partner (Miles and Bricknell 2025).

In 2023–24, the domestic homicide victimisation rate was 0.31 per 100,000. Since 1989–90, the domestic homicide victimisation rate has more than halved. The female domestic homicide victimisation rate decreased from 0.90 to 0.42 per 100,000 females, and the male rate decreased from 0.59 to 0.24 per 100,000 males (AIC 2025).

A report, [Examination of hospital stays due to family and domestic violence 2010–11 to 2018–19](#), found that compared with people with a hospital stay for other reasons, people who had had a family and domestic violence hospitalisation were:

- 10 times as likely to die due to assault
- 3 times as likely to die due to accidental poisoning or liver disease
- 2 times as likely to die due to suicide (AIHW 2021).

For more information, see [Domestic homicide](#) and [Deaths in Australia](#).

Where do I go for more information?

For more information on health impacts of family, domestic and sexual violence, see:

- [Family, domestic and sexual violence](#)
- [National Plan to End Violence against Women and their Children 2022–2032](#).

For information, support and counselling contact **1800RESPECT** on **1800 737 732** or visit the [1800RESPECT website](#).

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Gambling

Find the most recent version of this topic summary at:
<https://www.aihw.gov.au/reports/australias-welfare/gambling>

On this page

Gambling participation

Gambling at risky levels and impacts of gambling harm

Gambling expenditure

Where do I go for more information?

Gambling encompasses a range of activities where people stake money on an uncertain outcome to win money (Sathanapally et al. 2024). There are many different types of gambling, including lotteries, scratchies, pokies, betting, and casino games. While gambling is often promoted as a recreational or entertainment activity, it can negatively impact the health and wellbeing of individuals, families and the broader community (Hilbrecht et al. 2020; Latvala et al. 2019; Wardle et al. 2024). The potential health, social and economic harms associated with gambling are a major public policy issue in Australia, and include:

- financial and mental distress
- emotional and psychological costs
- relationship and family impacts
- productivity loss and work impacts (Abbott 2020; Latvala et al. 2019; Sathanapally et al. 2024).

This page provides statistics, including gambling participation, expenditure, risk and harm.

Support services are available 24 hours a day, 7 days a week:

- [Gambling Help](#): 1800 858 858
- [Lifeline](#): 13 11 14

Data sources

On this page, gambling data have been drawn from multiple sources. Please note that findings from the different data sources presented on this page are not directly comparable with one another. For contextual information, latest updates and more detail on definitions, sources and notes, refer to the relevant data source.

- **The Australian Gambling Research Centre (AGRC) online general community panel survey** was conducted in July 2022 and included a sample of 1,765 Australian residents

aged 18 years and over. The survey explores a range of topics including gambling participation, types of gambling, spending on gambling and views on gambling advertising (AGRC 2023).

- **The Household, Income and Labour Dynamics in Australia (HILDA) Survey** is a nationally representative longitudinal study of Australian Households. In 2015, 2018 and 2022, the HILDA survey collected information on gambling severity, incidence and expenditure in a typical month (Wilkins et al. 2024).
- **The Grattan Institute report** compiles findings from a range of different sources on gambling expenditure, types and harms. This page reports on the Grattan Institute's analysis of 2015 and 2022 waves of HILDA data (Sathanapally et al. 2024).
- **The Australian Gambling Statistics** collects data on legalised regulated gambling from jurisdictional racing and gaming authorities in Australia. This page reports on gambling expenditure data from 2022–23 (QGSO 2024).
- **The National Telephone Survey of the 2019 Interactive Gambling Study** was a multi-staged study that included a National Telephone Survey of 15,000 respondents. This page reports on the survey's exploration of harms experienced by another person's gambling (Hing et al. 2021).

Gambling participation

The 2024 HILDA Survey report estimated that, in a typical month in 2022:

- lotto or lottery games were the most common gambling activity (26% of adults)
- men were more likely to engage in gambling activities than women, in particular betting on horse or dog races (10.1% for men and 2.2% for women) and betting on sports (9.3% and 1.1%, respectively) (Wilkins et al. 2024; Table 1).

Table 1: Proportion of adults engaged in each gambling type, by gender, in a typical month in 2022

Gambling type	Men	Women
Instant scratch tickets	4.9	5.6
Bingo	*0.3	1.1
Lotto or lottery games	28.6	24.0
Keno	2.9	1.6
Private betting	1.6	0.4
Poker	1.2	*0.3
Casino table games	1.0	0.2
Poker machines	7.3	5.1
Betting on horse or dog races	10.1	2.2
Betting on sports	9.3	1.1

Note: * Estimate not reliable

Source: Wilkins et al. (2024)

The 2022 AGRC online general community panel survey similarly found that, in the past 12 months:

- lottery games and instant scratch tickets were the most common types of gambling participated in by adults
- men were more likely to spend more money and be at risk of harm from gambling than women.

Gambling trends

While lotteries have remained the most common type of gambling in Australia, trends in the prevalence of different gambling types have changed over time.

The 2024 HILDA Survey report estimated that, from 2015 to 2022, engagement in:

- the lotto or lottery games in a typical month fell (from 30% of Australians to 26%)
- instant scratch tickets in a typical month fell (from 8.5% to 5.3%)
- sports betting in a typical month rose (from 3.3% to 5.1%) (Wilkins et al. 2024).

There was also a fall in the proportion of people reporting use of poker machines over the same period, but an almost doubling in reported monthly expenditure on poker machines – suggesting those people gambling on poker machines in 2022 were spending more than in 2015 (Wilkins et al. 2024).

Betting trends

The rise in betting in recent years has been largely driven by increasing engagement among men. From 2015 to 2022, the estimated proportion of men participating in bets on:

- horse or dog races in a typical month increased from 9.3% to 10.1%
- sports in a typical month increased from 5.6% to 9.3% (Wilkins et al. 2024).

This notable rise in betting among men could potentially be linked to its increasing accessibility and promotion in social and online environments (including social media campaigns, advertising and apps) (Marinos 2025; Sathanapally et al. 2024).

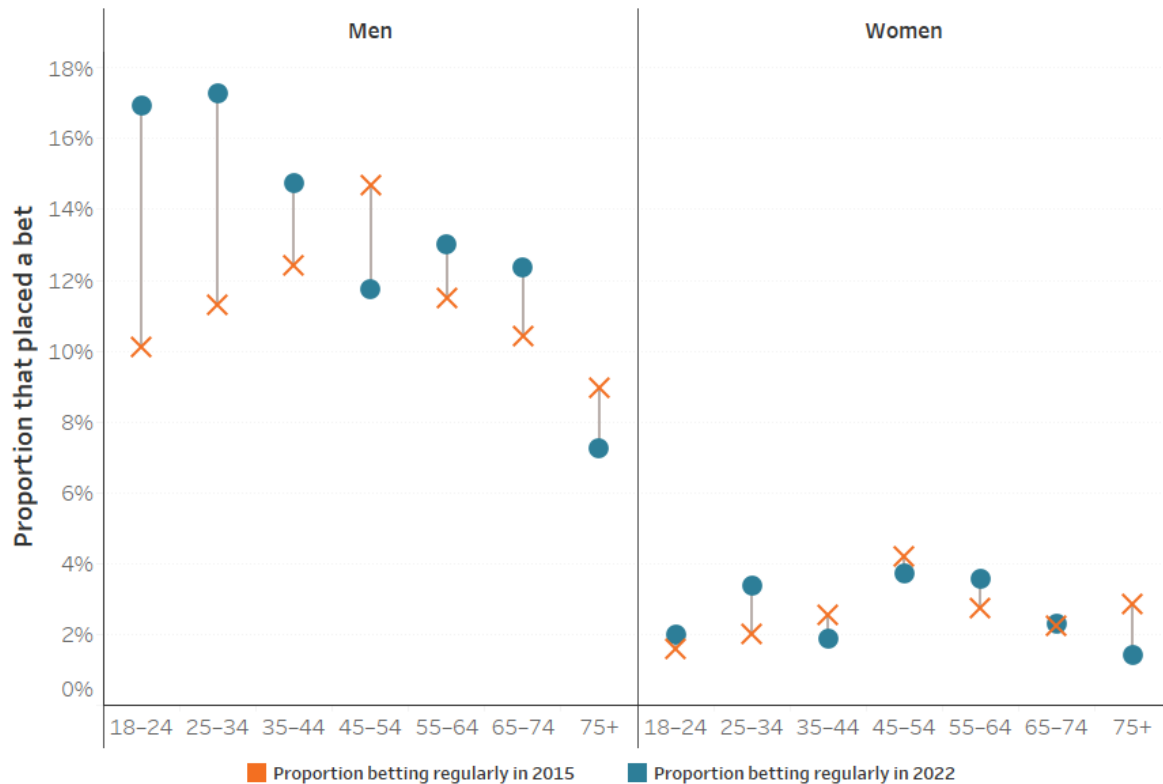
The Grattan Institute's analysis of the HILDA survey reported that, in a typical month in 2022:

- 8.1% of adults placed a bet, compared with 7.1% in 2015
- 14% of adult men placed a bet, compared with 12% in 2015
- 2.7% of adult women placed a bet, compared with 2.6% in 2015.

They also found that betting is most common among young men aged 18–34. Between 2015 and 2022, the proportion of men who placed a bet in a regular month:

- increased for those aged 18–24 (from 10% in 2015 to 17% in 2022).
- increased for those aged 25–34 (from 11% to 17%).
- decreased for those aged 45–54 (from 15% to 12%) (Sathanapally et al. 2024; Figure 1).

Figure 1: Proportion of adults that placed a bet in a regular month, by sex, age group, 2015 and 2022



Note: Data was collected based on responses to the question 'In a typical month, roughly how much do you spend on the following activities?'.
Source: Sathanapally et al. 2024.

<https://www.aihw.gov.au>

Gambling at risky levels and impacts of gambling harm

Gambling can harm people's financial security, health, and broader wellbeing. In some cases, the consequences can be catastrophic, including job loss, bankruptcy, fraud, relationship breakdown, family violence, and suicide. Family members, friends, and colleagues may also suffer financial and mental stress and relationship conflict because of someone else's gambling.

Gambling at risky levels

Measuring problem gambling

The Problem Gambling Severity Index (PGSI) provides a measure of an individual's problem gambling (or high-risk gambling) during a 12-month period. It does not measure gambling harms.

The PGSI consists of 9 questions, such as 'have you felt guilty about the way you gamble or what happens when you gamble?', with response options being never (0), sometimes (1), most of the time (2) and almost always (3).

Scores are summed for a total between 0 and 27.

Respondents are grouped into 4 categories based on their scores:

- non-'problem'/non-risk gambling (0)
- low-risk gambling (1–2)
- moderate-risk gambling (3–7)
- 'problem'/high-risk gambling (8–27).

Respondents scoring 1+ may be classified as being at some risk of, or already experiencing, gambling-related harm (Ferris and Wynne 2001).

The 2024 HILDA report estimated that the prevalence of risky gambling varies by level of severity and is much higher among men than women. Between 2018 and 2022, there was an increase in the proportion of Australians reporting any gambling problem. Looking at the prevalence for the 3 gambling severity types:

- low-risk gambling was 3.7% in 2018, compared with 4.9% in 2022
- moderate-risk gambling was 2.5% in 2018 and 3.1% in 2022
- high-risk gambling was 1.1% in 2018 and 1.8% in 2022 (Wilkins et al. 2024).

In 2022:

- 3.3% of women reported low-risk gambling compared with 6.7% of men
- 1.2% (157,000) of women reported high-risk gambling compared with 2.4% (310,000) of men.
 - This was an increase from 0.6% and 1.6% in 2018, respectively (Wilkins et al. 2024).

Some factors increase the probability of a person being a low, moderate or high-risk gambler. For example, regression analysis of the HILDA survey shows that individuals with at least a bachelor's degree, or children under 15 years of age were less likely to experience gambling-related risks than those without. Financial risk takers were more likely than non-financial risk takers to experience gambling related harm, as were smokers compared with non-smokers, and people who were in poor general health compared with those not in poor general health (Wilkins et al. 2024).

Risky gambling, health and wellbeing

Being an at-risk gambler is associated with lower overall life satisfaction, decreased mental health, high alcohol consumption and financial stress.

Women who are risky gamblers are more likely (than women who are non-gamblers or non-problem gamblers) to experience lower life satisfaction and more likely to be heavy

drinkers. Men who are risky gamblers are more likely to experience mental health issues and more likely to experience financial stress (Wilkins et al. 2024).

Gambling harms and its impact on others

The National Telephone Survey of the [2019 Interactive Gambling Study](#) estimated that 6.0% of Australian adults reported being harmed by someone else's gambling (Hing et al. 2021). Those most commonly affected were:

- family members (including spouses/partners, other relatives, siblings, former spouse/partners)
- friends
- work colleagues.

The most common harms experienced due to another person's gambling were feeling angry, distressed or hopeless about their gambling, and experiencing greater tension and conflict in their relationships. Reduction of available spending money or savings, loss of sleep and less enjoyment from time spent with people they care about were also commonly reported (Hing et al. 2021).

Gambling advertising and marketing

Gambling advertising and marketing is heavily promoted in Australia. In 2022, the Australian Gambling Research Centre panel survey found an increase in exposure to gambling marketing, including advertising (for example, television, social media), promotions (for example, multi-bets, bonus bets, cash back offers, bet with mates), and sponsorships (for example, promotion of sports, by celebrities or athletes) (AGRC 2023).

From May 2022 to April 2023, more than one million gambling ads aired on free-to-air TV and metropolitan radio. Half (50%) of these ads were from providers of online gambling services (ACMA 2023).

Gambling expenditure

Gambling expenditure data

The Australian Gambling Statistics

Gambling expenditure data comprise net amount lost (amount wagered minus amount won) by people who gambled in Australia (QGSO 2024).

For background information and more detail on the definition of gambling products, sources of gambling data, relevant legislation and notes attached to specific tables and data items, see [Australian gambling statistics 39th edition](#).

All loss data reported on this page represents 'real expenditure', that is, adjusted for inflation to 2022–23 dollars to enable comparisons to previous years.'

The HILDA Survey

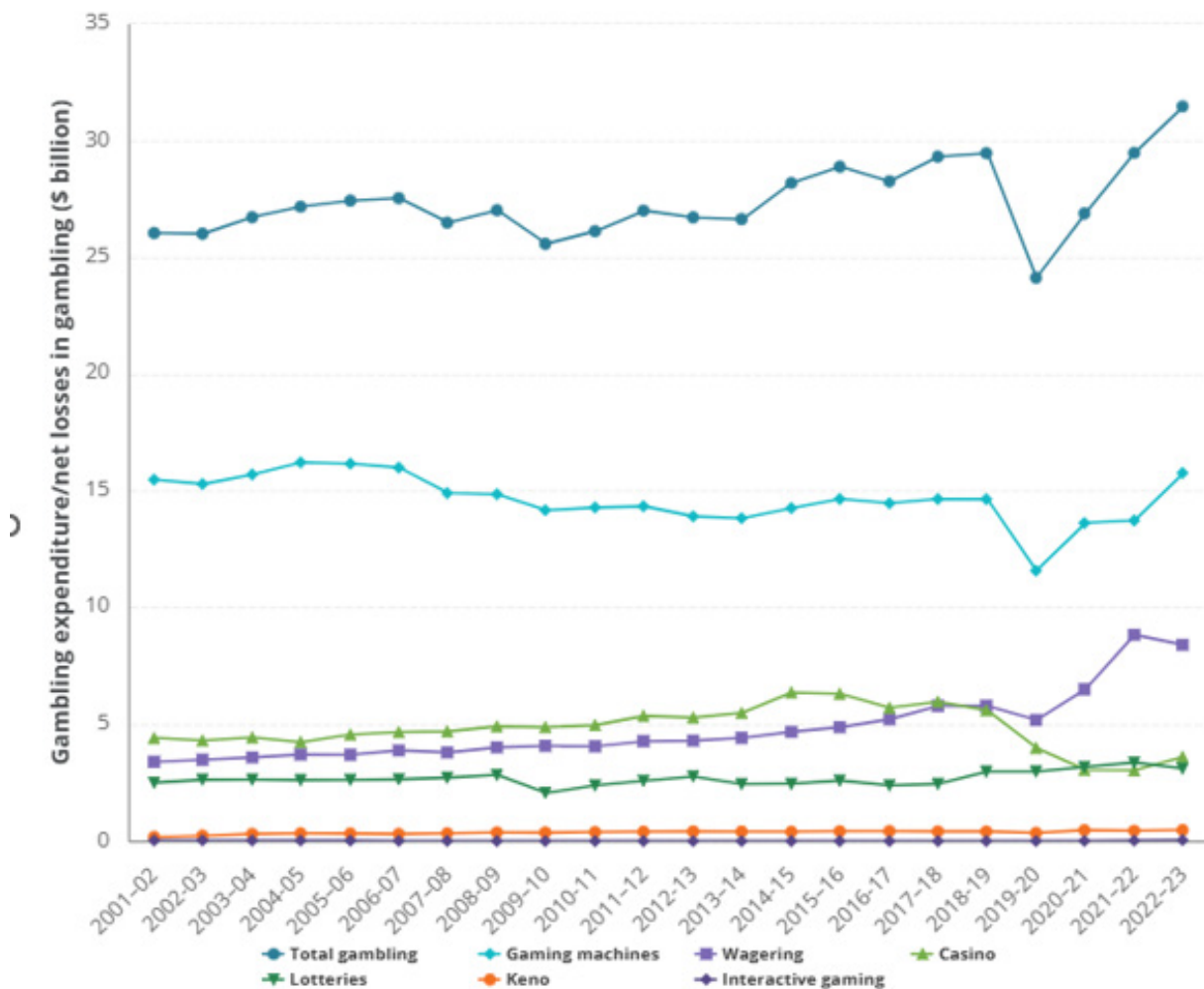
The HILDA survey reports expenditure on different gambling types and changes over time. For more information on the data collection and notes, see [The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 22](#).

In 2022–23, total gambling expenditure (net losses) in Australia was \$31.5 billion, the highest it has been in the last 2 decades. Per capita gambling losses in Australia were estimated at around \$1,527, up from \$1,461 (in real terms) in 2021–22 (QGSO 2024). Despite a fall at the start of the COVID-19 pandemic, total gambling expenditure has generally continued to increase over time.

- At the start of the COVID-19 pandemic, total gambling expenditure in real terms fell from \$29.5 billion in 2018–19 to \$24.1 billion in 2019–20 before increasing to \$31.5 billion in 2022–23. The decline in total gambling expenditure in 2019–20 mostly reflects decreases in land-based gambling expenditure such as casino gambling and poker machines in pubs/clubs, which were directly impacted by temporary venue closures during the COVID-19 restrictions.
- In each year since 2019–20, gambling expenditure has continued to increase.
- Prior to 2019–20, wagering (which includes racing and sports betting activities) losses were increasing steadily over time (from \$3.4 billion in 2001–02 to \$4 billion in 2008–09 and \$5.8 billion in 2018–19). Despite a slight fall in 2019–20, when the COVID-19 pandemic began, wagering losses have increased in recent years and remained notably higher than the past 2 decades (\$6.5 billion in 2020–21, \$8.8 billion in 2021–22 and \$8.4 billion in 2022–23) (Figure 2).

From 2020 until 2022, the COVID-19 pandemic impacted the availability of land-based gambling activities. It is important that recent years of gambling data be considered in the context of COVID-19 (QGSO 2024).

Figure 2: Total real gambling expenditure/net losses (\$ billion) in Australia, by product, 2001-02 to 2022-23



Source: QGSO 2024.

The 2024 HILDA report also captured individuals with at least some expenditure on a gambling activity, and how much was spent on a typical month. In 2022, spending on instant scratch tickets, followed by keno was lowest compared to all other gambling types. For men, mean monthly expenditure was highest for poker machines, casino table games and betting on horse or dog races. For women, it was highest for poker and poker machines (Wilkins et al. 2024).

The 2024 HILDA survey report shows in 2022, the average self-reported typical monthly expenditure on:

- poker machines was \$241.09 – which almost doubled in real terms from \$120.66 in 2015. This coincided with a fall in the proportion of individuals reporting spending money on poker machines
- horse or dog races was \$147 – higher than \$115.03 in 2015, but lower than in 2018 (\$218.90), after adjusting for inflation
- sports betting was \$102.66 – an increase from \$85.61 in 2015 and \$94.86 in 2018, after adjusting for inflation (Wilkins et al. 2024).

Self-reported spending on gambling may be an underestimate for reasons such as recall or a desire to give what may be perceived as a more socially desirable response.

Key data gaps and data improvement activities

This page draws on available data to describe trends in gambling participation, expenditure and related harms in Australia; however, there are limitations to these data sources (including a lack of consistency in study design, sample selection and measurement of gambling consumption and harm). A continuing, cost-effective system for monitoring gambling consumption and related harms is needed.

Where do I go for more information?

For more information on gambling, see:

- Melbourne Institute of Applied Economic and Social Research [HILDA Statistical Report](#)
- Australian Gambling Research Centre (AGRC) [Gambling participation, experience of harm and community views](#)
- AGRC [National Gambling Trends Study](#)
- Department of Social Services [Gambling](#)
- Grattan Institute [A better bet: How Australia should prevent gambling harm](#)

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Home ownership and housing tenure

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/home-ownership-and-housing-tenure>

On this page

Trends in home ownership

Trends in the rental market

What factors are influencing these changes over time?

Where do I go for more information?

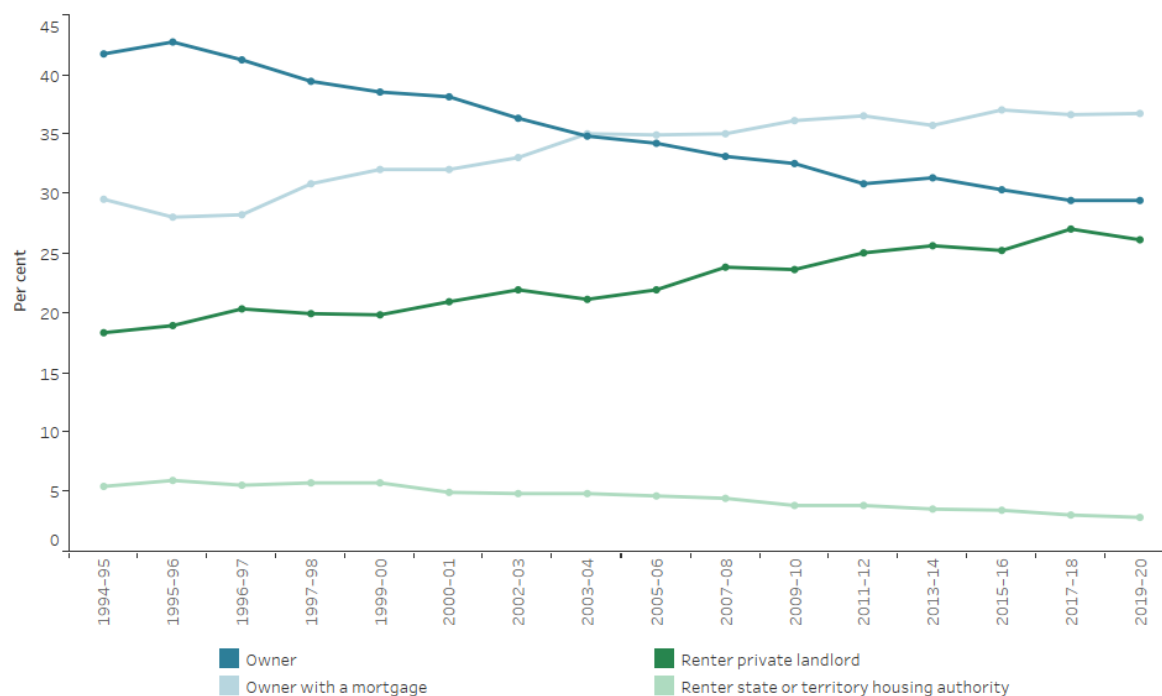
Secure and affordable housing is fundamental to the wellbeing of Australians. Home ownership continues to be a widely held aspiration in Australia, as it affords owners with security of housing tenure and both long-term social and economic benefits (AIHW 2023). There has been ongoing public conversation about the rate of home ownership and housing affordability in Australia. For related topics, see [Housing affordability](#) and [Housing assistance](#).

In 2021, there were nearly 9.8 million households in Australia (ABS 2022a). Where household tenure was known:

- 67% (6.2 million households) were home owners
 - 32% (2.9 million households) without a mortgage
 - 35% (3.3 million households) with a mortgage
- 31% (2.9 million households) were renters
 - 26% (2.4 million households) were renting from private landlords
 - 3.0% (277,500 households) from state or territory housing authorities
 - 2.4% (223,600 households) from other landlords.
- 2.1% (192,200 households) were other tenure, including households which are not an owner with or without a mortgage, or a renter (ABS 2022a).

Although 2021 Census of Population and Housing (Census) data provides the most comprehensive view of housing tenure among Australian households, it is only conducted every 5 years. During non-Census periods, other survey data can be used to monitor changes in housing tenure. The Survey of Income and Housing illustrates similar trends to the Census. In the 20 years to 2019–20, there was a decline in the proportion of households owning their home without a mortgage and increases in households with a mortgage and in private rental agreements (Figure 1).

Figure 1: Proportion of households by housing tenure type, 1994–95 to 2019–20



Trends in home ownership

Home ownership rates have declined, especially among younger Australians, while older generations maintain higher ownership levels.

Census data from 2021 indicate a home ownership rate of 67% – including both outright owners and those with mortgages – down from 70% in 2006.

Despite this recent decline, overall home ownership has remained between 67% and 70% since the early 1970s. This stability is largely driven by Australia's ageing population, who are more likely to own their homes outright (Burke et al. 2020). As a result, home ownership rates differ markedly by age, with older Australians more likely to own their homes, while younger age groups face greater barriers to home ownership.

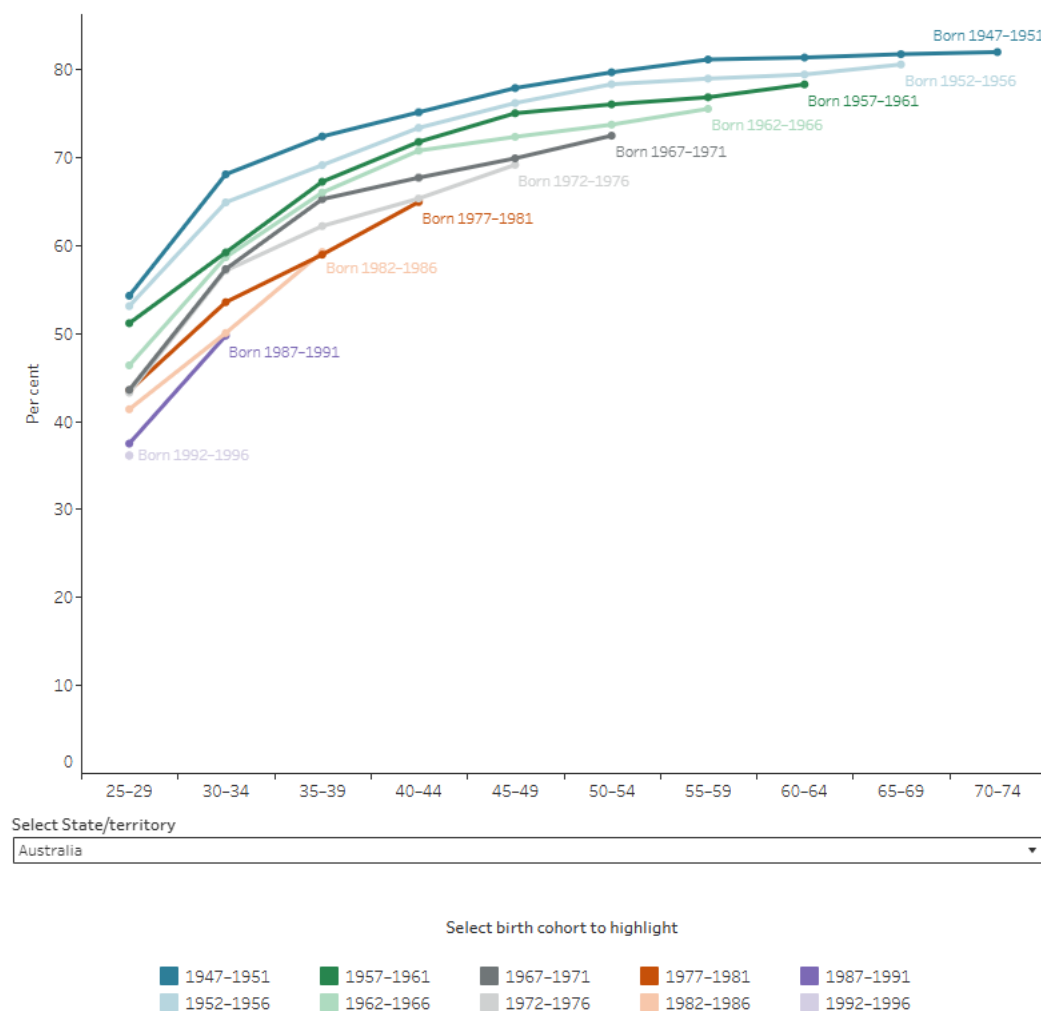
The following analysis calculates home ownership rates for specific age groups, based on the household reference person's age, year of birth (birth cohort) and tenure type in private dwellings.

Home ownership among 30–34-year-olds fell from 64% in 1971 to 50% in 2021, and for 25–29-year-olds it dropped from 50% to 36% (Figure 2). Among those nearing retirement, home ownership also declined; for 50–54-year-olds, the rate decreased from 80% in 1996 to 72% in 2021.

Home ownership rates by birth cohort further illustrate the trend (Figure 2). Australians born between 1947–1951 saw an increase from 54% home ownership at age 25–29 (in 1976) to 82% at age 70–74 (in 2021). By contrast, those born between 1992–1996 had a home ownership rate of 36% when they were aged 25–29 (in 2021).

Home ownership rates have generally decreased with each successive birth cohort (Figure 2). The home ownership rate has been higher in only two instances; 0.2 percentage points for the 1977–1981 cohort in the 25–29 age group and 0.3 percentage points for the 1982–1986 cohort in the 35–39 age group. In the most recent results, the home ownership rates in birth cohorts 1972–1976, 1977–1981 and 1982–1986 increased to similar levels as their preceding birth cohort. However, rates were still lower compared with older birth cohorts.

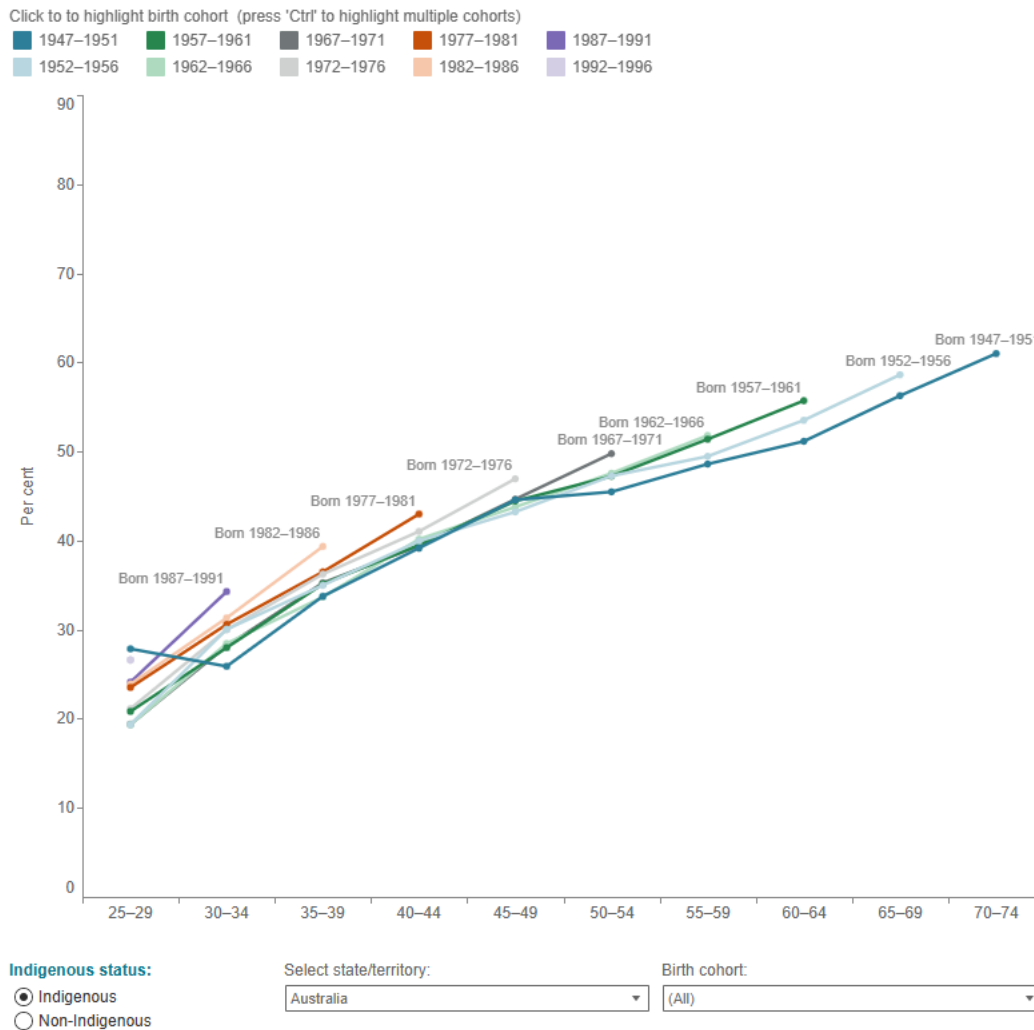
Figure 2: Home ownership rate by birth cohort and age group, 1947–1951 to 1992–1996



The home ownership rate for Aboriginal and Torres Strait Islander (First Nations) people in 2021 was 42%. This was the highest rate ever reported for First Nations people, with home ownership rates steadily increasing from 25% in 1981. Broadly, the rate of home

ownership for First Nations people has increased for each successive birth cohort (Figure 3), however, rates for First Nations people were consistently around 20 percentage points lower than home ownership rates for non-Indigenous Australians across all birth cohorts and age groups.

Figure 3: First Nations home ownership (%), by birth cohort and age group, 1947–1951 to 1992–1996



Financial support for home buyers

Financial support plays a critical role in shaping access to home ownership in Australia. Government programs and lending by financial institutions work together to reduce barriers for individuals and families.

Government support

Governments offer various financial supports to help individuals and families purchase a home, particularly for first home buyers, low-income households, and First Nations people.

Key programs include Home Purchase Assistance, the Home Guarantee Scheme, the First Home Owner Grant Scheme, and the First Home Super Saver Scheme. These programs provide support to eligible buyers, helping them purchase homes with smaller deposits.

Home Purchase Assistance are state/territory government initiatives designed to help low-income households access and maintain home-ownership. They provide various forms of financial support including direct lending, concessional loans, and mortgage relief. In 2023–24, around 32,000 households in Australia received Home Purchase Assistance – a decline compared to previous years, with 36,900 households receiving HPA in 2022–23 and 43,300 in 2021–22 (AIHW 2025).

Another major initiative is the Home Guarantee Scheme (HGS), which helps Australians enter the property market sooner by reducing the deposit required to buy a home. This is made possible through a government guarantee that eliminates the need for Lenders Mortgage Insurance. The Scheme includes the First Home Guarantee, Family Home Guarantee, and Regional First Home Buyer Guarantee (RFHBG), each targeting different groups of eligible buyers. Buyers apply through participating lenders, and once pre-approved, they can secure a place in the Scheme.

In 2023–24, 50,000 HGS places were made available – 35,000 for first home buyers, 10,000 for regional buyers, and 5,000 for eligible single parents or carers – with almost 9 in 10 (88%) places taken up (Housing Australia 2024).

The Indigenous Home Ownership Program supports First Nations people by providing affordable home loans and tailored assistance to help them buy a home. Launching in late 2025, the Help to Buy program will enable eligible low- to middle-income earners to purchase a home through a shared equity model, reducing the deposit and mortgage burden.

For more detailed information on the types of government support available to home buyers, see the [Treasury website](#).

Lending commitments from financial institutions

Financial institutions are an essential part of the housing market, providing finance to access home ownership, particularly for first-time buyers.

The number of new lending commitments to owner-occupier first-time home buyers has fluctuated considerably in recent years. From around 103,000 commitments in 2018, increasing to a peak of approximately 163,000 in 2021, before dropping to 111,000 in 2023. Over 12 months to March 2025, commitments have remained relatively steady at 117,000 (ABS 2025a).

Fluctuations are influenced by a mix of economic conditions, housing market dynamics, and government policy settings. Record-low interest rates during the COVID-19 pandemic, combined with government initiatives such as the First Home Owner Grant and the Home Guarantee Scheme, drove an increase in lending activity in 2020 and 2021. In contrast, the rapid rise in interest rates from mid-2022, coupled with increased

median house prices and mounting cost-of-living pressures, likely contributed to a marked decline in first home buyer lending commitments.

Trends in the rental market

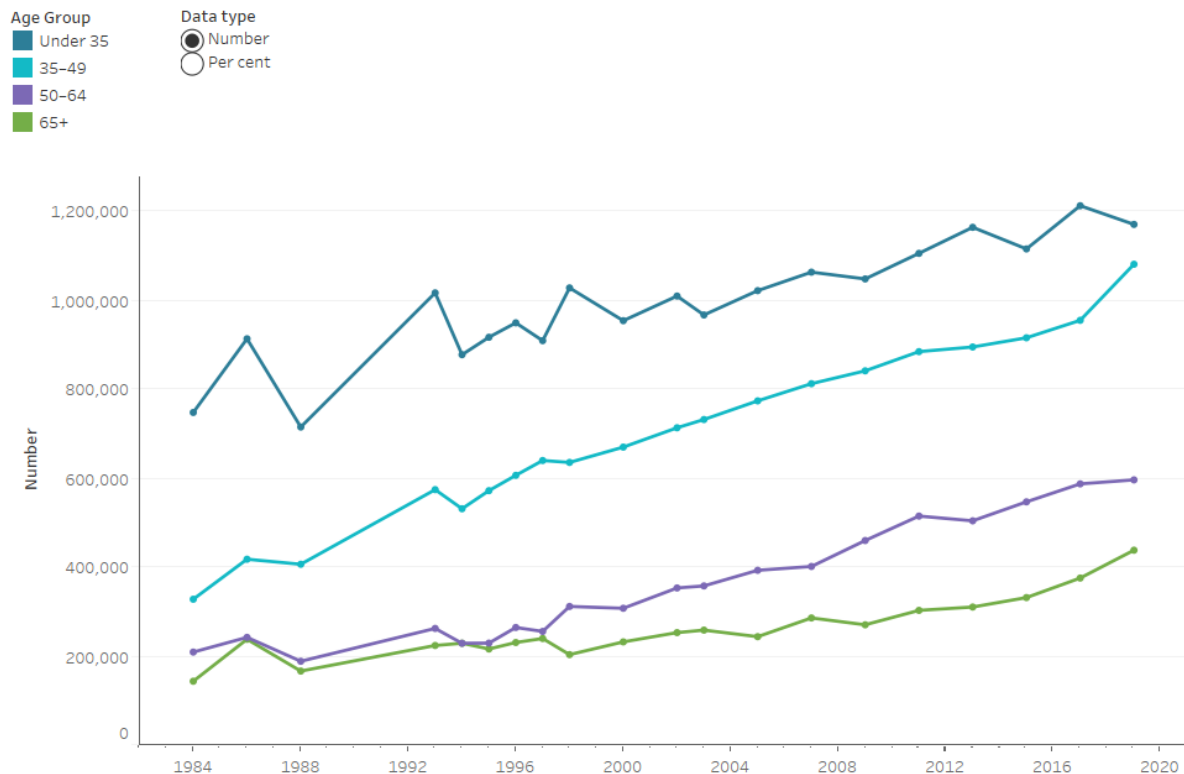
The rising proportion of renters, especially among working-age adults, underscores the mounting challenges of attaining home ownership.

The overall proportion of households renting has increased over the past couple of decades.

The following is based on the Australian National University's PolicyMod data to illustrate how this trend has evolved across different household types. The PolicyMod data offers estimates of tenure trends. Estimates are generated from a microsimulation model based on the 2019–20 ABS Survey of Income and Housing, and takes into account changes in population, household incomes, rents, the labour market and government policy settings related to income and social security payments.

Notably, since 2000 the rise in the share of renting households is most pronounced among households headed by the middle two age groups – 35–49 and 50–64 years – highlighting a growing reliance on rental accommodation among working-age Australians who, in previous generations, were more likely to be homeowners (Figure 4).

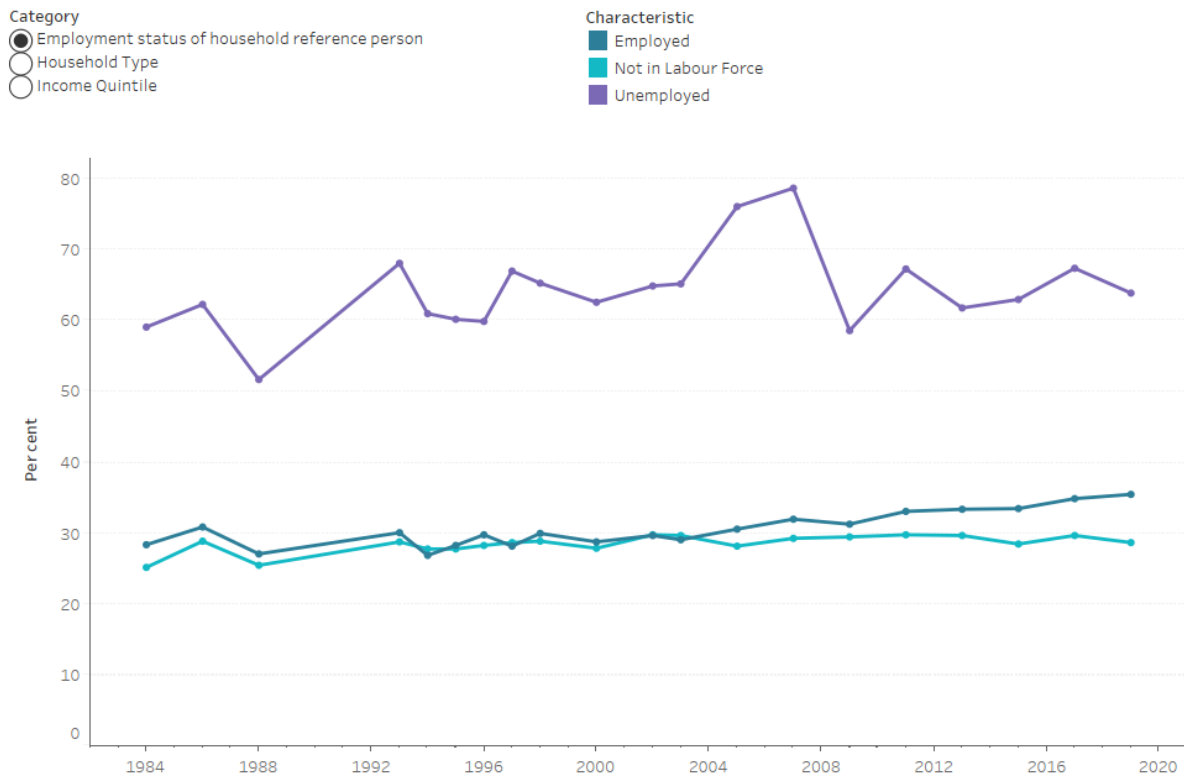
Figure 4: Households renting, by age of household reference person, 1984 to 2019-20



Beyond age demographics, employment status also reveals a shifting rental landscape. The proportion of renters among employed Australians has increased steadily over the past few decades. In 2019-20, 36% of employed household reference persons were renting, up from 29% in 2000 (Figure 5). This shift underscores the growing challenges of attaining home ownership, with many working individuals unable to enter the property market, particularly in high-demand urban areas.

Additionally, there has been a noticeable rise in the proportion of couples renting – both with children (from 20% in 2000 to 26% in 2019-20) and without children (from 18% to 28%) (Figure 5).

Figure 5: Households renting, by selected household characteristics, 1984 to 2019–20



What factors are influencing these changes over time?

Rising house prices, subdued wage growth, and changes in family formation and household composition have shaped home ownership trends in recent decades. Combined with increased investment in residential property and ongoing population growth, these factors have contributed to a decline in home ownership and a corresponding increase in private renting.

Escalating house prices

House prices have been a key determinant in shaping patterns of home ownership over the past decade. Between the December 2011 and December 2024 quarters, the mean price of residential dwellings more than doubled, rising from \$486,900 to \$995,600 (ABS 2025b). The sharp increase in prices has made home ownership unaffordable for many, meaning more people can only afford renting.

Income-housing gap

While housing costs have risen, wage growth has remained relatively subdued. Between 2011–12 and December 2024, median household disposable income grew by 56%, with a 104% rise in the mean price of residential dwellings over a similar period – from December 2011 to December 2024 (ANU CSPR, ABS 2025b). This widening gap has made it increasingly difficult for many Australians to save for a home deposit.

As of September 2024, it would take a median income household 10.6 years to save a 20% deposit for a median-priced dwelling – longer than the 20 year-average of 9.0 years since 2004 (ANZ and Corelogic 2024). Consequently, renting has become a more financially viable option for many, especially younger Australians, compared to home ownership.

Family formation and household composition

Family structure and marital status are closely linked to housing tenure (Baxter & McDonald 2005; Stone et al. 2013). Extended time spent in education, delayed entry into full-time work, and later transitions into marriage and family life are among the factors suggested to contribute to lower home ownership rates, particularly among younger adults (Baxter & McDonald 2004).

In addition, in recent decades, there has been an increase in single-person and single-parent households, contributing to a decline in average household size. These household types typically have lower home ownership rates compared to couple-based households (Parliamentary Library 2019).

Increased property investment

Over the past two decades, the Australian residential property market has experienced a sharp rise in investor activity (ATO 2024b).

While the investment market has expanded the availability of rental housing, it has also reduced the number of homes available to owner-occupiers. As a result, many aspiring first-time buyers face greater competition, making it more likely they will remain in the rental market.

Population growth and urbanisation

Population growth leads to the formation of more households, which increases demand for housing (ABS 2024c). Between 2014 and 2024, Australia's population increased by 3.7 million, with most of this growth concentrated in the capital cities.

Collectively, Australia's capital cities grew by 428,000 people (2.4%) in 2023–24 and by 554,000 people (2.9%) in 2022–23 – both figures substantially exceeding the average annual growth of 294,000 people (or 1.8%) for the capital cities over the past two decades (ABS 2024).

Where do I go for more information?

For more information on home ownership and housing tenure, see:

- AIHW
 - [Housing Assistance in Australia](#)
 - [Housing data dashboard](#)
- Australian Bureau of Statistics (ABS)
 - [Australian Social Trends 2014](#)
 - [Housing Occupancy and Costs, 2019–20 financial year](#)
 - [Households Income and Wealth, 2019–20 financial year](#)
 - [Housing: Census](#)

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Homelessness and homelessness services

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<https://www.aihw.gov.au/reports/australias-welfare/homelessness-and-homelessness-services>

On this page

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People experiencing homelessness, and those at risk of homelessness (see [glossary](#)), are among Australia's most socially and economically disadvantaged. To support Australians at risk of or experiencing homelessness, governments across Australia fund housing and homelessness services. These services are mainly delivered by non-government organisations, including those specialising in delivering services to specific target groups (such as young people or people experiencing [family and domestic violence](#)) and those providing more general services to people facing housing crises (AIHW 2022).

The data on specialist homelessness services (SHS) (see [glossary](#)) on this page are drawn from the [Specialist homelessness services annual report](#).

Why do people experience homelessness?

Homelessness can be the result of many social, economic and health-related factors. Individual factors, such as low educational attainment, whether someone is working, experience of family and domestic violence, ill health (including mental health issues) and disability, trauma, and substance misuse may make a person more at risk of becoming homeless (Fitzpatrick et al. 2013). Structural factors, including lack of adequate income and limited access to affordable and available housing, also contribute to risk of homelessness (Johnson et al. 2015; Wood et al. 2015). Determining how individual and structural risk factors interact to influence a person's vulnerability to, and experience of, homelessness is an important ongoing focus of homelessness research (Culhane et al. 2020; Lee et al. 2010).

Defining homelessness

There is no single definition of homelessness.

The Australian Bureau of Statistics (ABS) defines homelessness, for the purposes of the Census of Population and Housing, as the lack of one or more elements that represent 'home'.

The ABS statistical definition of homelessness is '... when a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate;
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations' (ABS 2012).

The SHS collection is the national dataset about specialist support provided to Australians who are homeless or at risk of homelessness. It considers that a person is homeless if they are living in non-conventional accommodation (such as living on the street), or short-term or emergency accommodation (such as living temporarily with friends and relatives) (AIHW 2024).

People experiencing homelessness

On ABS Census night in 2021, more than 122,000 people were estimated to be experiencing homelessness in Australia – 56% were male, 21% were aged 25–34 and 20% were Aboriginal and Torres Strait Islander (First Nations) people (ABS 2023). The highest rate of homelessness was in the Northern Territory (564 people per 10,000 population), while the lowest was in Western Australia (37 people per 10,000).

At this time, around 47,900 (39%) people were living in severely crowded dwellings. Over 24,300 (20%) were living in supported accommodation for the homeless and 7,600 (6.2%) were rough sleepers (Table 1).

Table 1: Number of homeless persons, by homelessness type, Census night 2021

Type of homelessness	Number
People living in improvised dwellings, tents, or sleeping out (rough sleepers)	7,636
People in supported accommodation for the homeless	24,291
People staying temporarily with other households	16,597
People living in boarding houses	22,137
People in other temporary lodgings	3,934
People living in 'severely' crowded dwellings	47,895
All homeless persons	122,494

Source: ABS 2023.

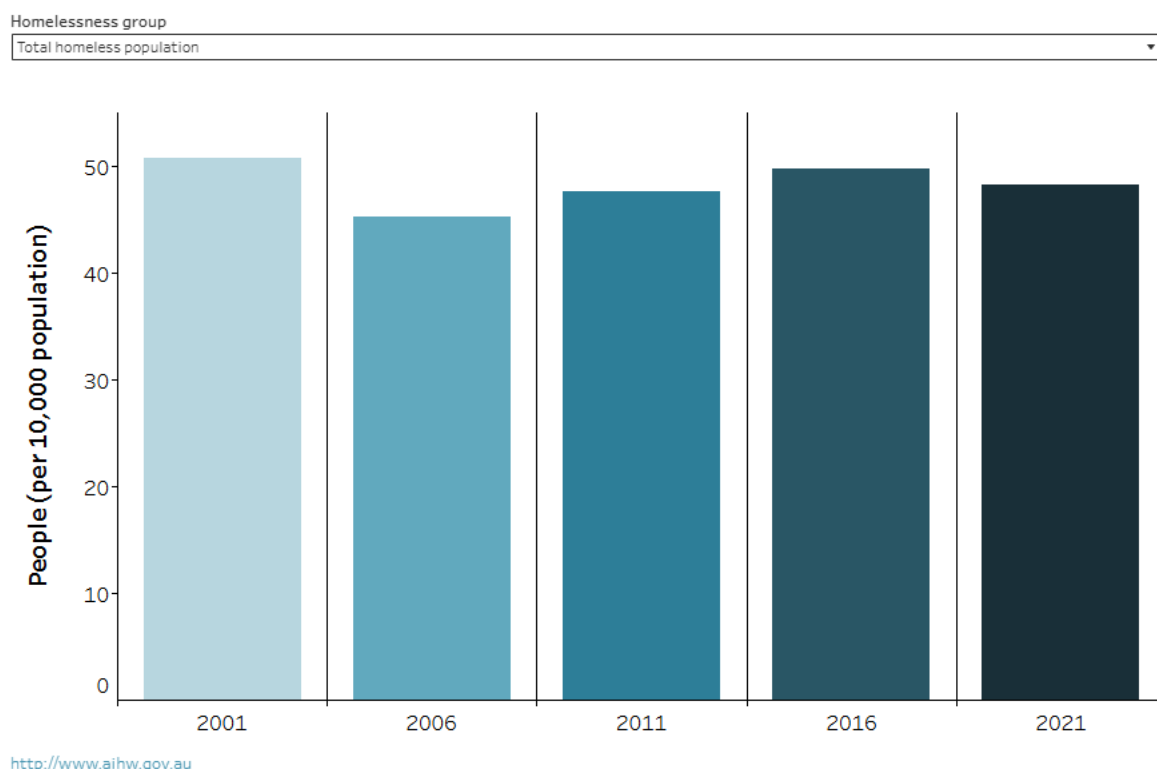
Trends in the number of people experiencing homelessness

The estimated number of people experiencing homelessness in Australia on Census nights has grown, from 95,300 in 2001 to 122,000 in 2021, with figures rising progressively from 89,700 in 2006, 102,000 in 2011, and 116,000 in 2016 (ABS 2018; ABS 2023).

Over the same period, the rate of homelessness in Australia has fluctuated between 51 people per 10,000 population in 2001 and 48 in 2021 (Figure 1). The rate fell between the last 2 Census collections; from 50 people per 10,000 in 2016 to 48 in 2021 (ABS 2023).

Between 2011 and 2021, most of the increase in the rate of homelessness was due to people living in severely crowded dwellings, increasing from 41,400 people in 2011 to 47,900 in 2021 (ABS 2023).

Figure 1: Rate of homelessness, people per 10,000 population, by homelessness group, 2001 to 2021



Homelessness services

SHS agencies receive government funding to provide assistance to both people experiencing and people at risk of homelessness. The services are aimed at prevention, early intervention, crisis and post crisis assistance and include accommodation-related services and personal services. SHS agencies vary in size and in the types of assistance provided.

In 2023–24, about 280,000 clients were assisted; a rate of 105.1 clients per 10,000 population, or 1.1% of the Australian population (AIHW 2024). Most clients were at risk of experiencing homelessness (52% or 138,000 clients) when first presenting to SHS in 2023–24. Another 125,000 clients (48%) were experiencing homelessness. Housing status at the start of support was unknown for around 16,700 SHS clients.

SHS agencies have supported more than 1.7 million Australians since the collection began on 1 July 2011 (AIHW 2024).

Characteristics of SHS clients

Of the 280,000 clients SHS agencies assisted in 2023–24:

- 6 in 10 were female (60% or 167,000 clients)
- 1 in 6 were children under the age of 10 (16% or 43,500 clients)
- 1 in 10 were children and youth aged 10–17 (12% or 33,500 clients)

- the largest age group of adult clients was those aged 35–44 (18% of all clients or 50,600 clients)
- about 15,600 were women aged 55 or older (9.3% of total female clients) and 13,900 were men aged 55 or older (12% of total male clients)
- 1 in 3 (34% or 92,300) clients were living as a single parent with one or more children when they sought support (AIHW 2024).

Australians known to be at particular risk of homelessness include those who have experienced family and domestic violence, young people, children on care and protection orders, First Nations people, people leaving health or social care arrangements, and older Australians.

In 2023–24, around 109,000 SHS clients had experienced family and domestic violence at some point during the reporting period (Table 2). Some SHS client groups were more likely than other groups to be experiencing homelessness at the beginning of support, including clients with problematic drug or alcohol issues (59% of the cohort), young people aged 15–24 presenting alone (56%) and clients who are current or former members of the Australian Defence Force (55%).

Table 2: Characteristics of SHS client groups of interest, 2023–24

Client group	Number of clients	Female (%)	Homeless at the beginning of support (%)	Median length of support (days)	Receiving accommodation (%)
Family and domestic violence	109,000	75	41	75	37
Current mental health issues	88,300	62	50	88	33
First nations people	78,300	62	48	60	38
Young people presenting alone (15–24 years)	38,600	65	56	66	31
Older people (55 years or older)	29,500	53	37	47	18
Problematic drug or alcohol issues	24,100	49	59	111	46

Note: Clients may be in one or more client vulnerability group. Client vulnerabilities groups are domestic and family violence, mental health, and problematic drug and/or alcohol.

Source: AIHW 2024.

For evidence summaries about key SHS client groups, see: [Clients experiencing family and domestic violence](#), [Clients with a current mental health issue](#), [First nations clients](#), [Young clients](#), [Older clients](#) and [Clients with problematic drug and/or alcohol use](#).

Trends in clients assisted by SHS agencies

The number of clients assisted by SHS agencies each year decreased from around 290,000 people in 2019–20 to about 280,000 in 2023–24 (Table 3). Over the same period, the:

- rate of all SHS clients decreased from 114.6 to 105.1 clients per 10,000 population
- number of support days increased by 3.2 million days, from 26.1 to 29.3 million.

Table 3: SHS clients, by number, rate, housing situation at the beginning of support, and length of support, 2019–20 to 2023–24

SHS clients	2019–20	2020–21	2021–22	2022–23	2023–24
Number of clients	290,462	278,275	272,694	273,648	280,078
Rate (per 10,000 population ^(a))	114.6	108.5	106.2	105.2	105.1
Homeless (per cent) ^(b)	45	46	46	47	48
At risk of homelessness (per cent) ^(b)	55	54	54	53	52
Total days of support (millions)	26.1	27.7	28.2	28.4	29.3
Length of support (median number of days)	43	51	53	56	58
Median number of nights accommodated	28	31	32	31	33

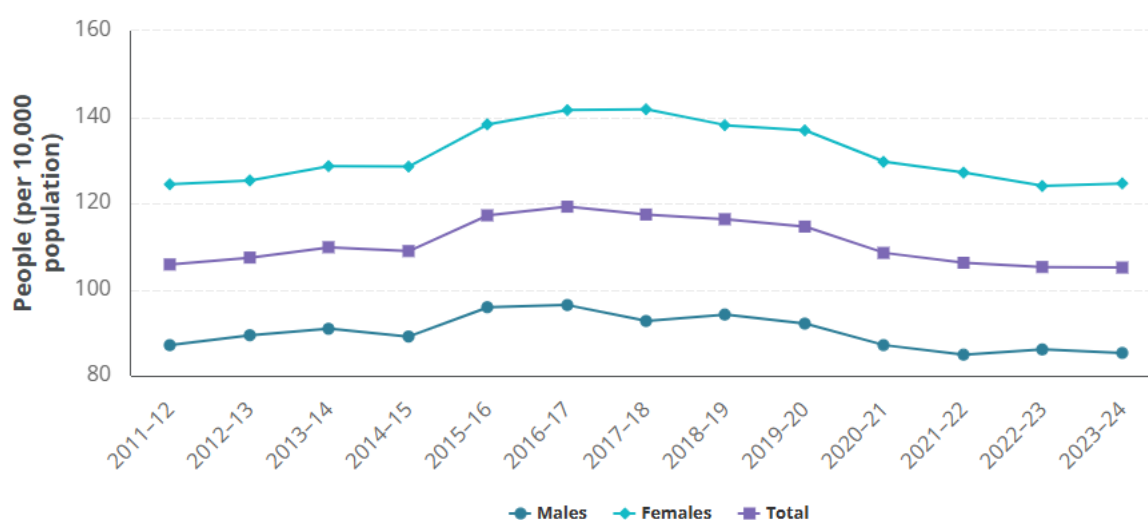
(a) Rates are crude rates based on the Australian estimated resident population (ERP) at 30 June of the reference year. Minor adjustments in rates may occur between publications reflecting revision of the ERP by the Australian Bureau of Statistics.

(b) Homeless and at risk of homelessness are a client's housing situation at the beginning of the first support period.

Source: Specialist Homelessness Services Collection 2019–20 to 2023–24.

Between 2011–12 and 2023–24, the rate of SHS clients was highest in 2016–17, decreasing in more recent years. The overall rate for female clients increased from around 124.4 clients per 10,000 population in 2011–12 to 124.6 in 2023–24; the rate of male clients declined from 87.1 in 2011–12 to 85.3 in 2023–24 (Figure 2).

Figure 2: Rate of SHS clients by sex, 2011-12 to 2023-24



Source: AIHW Specialist Homelessness Services Collection 2011-12 to 2021-22.

Data gaps and development activities in homelessness data

Limitations

Homelessness data in Australia is limited by several factors. The [ABS Census](#), conducted every five years, provides a key snapshot but cannot capture trends more frequently. The [Specialist Homelessness Services \(SHS\) data](#), collected monthly from around 1,800 service providers, offers more timely insights but excludes those people seeking help who did not receive support. Also, many people experiencing homelessness may not seek help at all, leaving them uncaptured in official records. As a result, the SHS data provides an incomplete picture of homelessness across the country.

Development activities

To address these gaps, the [National Agreement on Social Housing and Homelessness](#) has introduced a Data Improvement Work Plan (Australian Government 2024). The Work Plan aims to enhance homelessness and social housing data, improve existing datasets, and create linkages between different datasets to gain a more comprehensive understanding of individuals' housing experiences.

A key initiative of the Work Plan is to link service-based housing and homelessness datasets. This would improve understanding of the pathways people take when accessing services and support better decision-making about service provision. The AIHW is contributing to the development of consistent methods for linking datasets.

Additionally, under the Work Plan, efforts are underway to explore the use of administrative data to produce more frequent homelessness estimates, providing a timelier view of trends. There will also be an investigation into the Canadian National Occupancy Standard (CNOS),

which is used to measure overcrowding but may not be culturally appropriate, especially for First Nations' communities.

Where do I go for more information?

For further information on homelessness and homelessness services, see:

- [Specialist homelessness services annual report](#)
- [Specialist homelessness services: feature analysis](#)
- [Housing data dashboard- external site opens in new window](#)
- [ABS Estimating homelessness: Census, 2021- external site opens in new window](#)
- [ABS Information paper – a statistical definition of homelessness, 2012- external site opens in new window.](#)

For more on this topic, see [Homelessness services](#).

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Housing affordability

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On this page

The cost of housing

How is housing affordability measured?

How much do households spend on housing?

Geographic variation of housing affordability

Where do I go for more information?

Access to good quality, affordable housing is fundamental to wellbeing. It can help reduce poverty and enhance equality of opportunity, social inclusion and mobility (Gurran et al. 2021; Maclennan et al. 2019). Housing affordability is an ongoing challenge for many Australians who are renting, seeking to purchase a home, or managing mortgage repayments. A range of factors influence the supply, demand and cost of housing, including Australia's growing and ageing population, as well as government policy settings (AIHW 2023; Burke et al. 2020; Gurran et al. 2021; NHSAC 2025).

Housing affordability generally refers to the relationship between housing costs – such as dwelling prices, mortgage payments or rents – and household income (Thomas and Hall 2016). It is linked to patterns of [Home ownership and housing tenure](#) and the provision of [Housing assistance](#) provided by governments when people do not have enough income for housing.

The cost of housing

Purchasing a home

House prices have risen across Australia over the decade to the last quarter of 2024. The median transfer price for established houses in capital cities increased substantially, with the median house transfer price in Sydney increasing from around \$680,000 in the first quarter of 2014 to around \$1.4 million at the end of 2024 (ABS 2025b). Median transfer house prices in Canberra (\$980,000) were the second highest among the capital cities at the end of 2024, followed by Brisbane (\$925,000), whilst Darwin (\$555,000) was the lowest.

The median transfer price of attached dwellings (such as units and apartments) in capital cities also generally increased since 2014, though not to the same extent as established houses. Sydney prices increased from \$592,000 at the start of 2014 to

\$815,000 at the end of 2024 (ABS 2025b). Brisbane (\$652,000) was the second most expensive for units/apartments at the end of 2024, followed by Adelaide (\$635,000) and Melbourne (\$605,000).

While housing prices in non-capital city areas have also risen, they generally remain lower than those in capital cities.

Rising house prices have not been the only factor driving up the cost of purchasing a home in recent years. Rising interest rates in more recent times have emerged as a key contributor to higher housing costs. Between May 2022 and November 2023, the Reserve Bank of Australia increased the cash rate 13 times – from a historic low of 0.1% to 4.35% – substantially increasing mortgage repayments and the financial burden on homebuyers.

Cost of rental accommodation

Almost one-third (31%) of households in Australia were estimated to be renting in 2021 (ABS 2022b). While private rental costs surged in the period following the COVID-19 pandemic, the rate of rental price growth has slowed more recently (ABS 2025a).

Over the ten years to March 2025, median advertised rents in Australia rose by approximately 48% for both houses and units (CoreLogic 2025). The strongest increases in advertised rents for houses were recorded in Hobart (64%), Adelaide (57%), and Perth (50%).

Over the 12 months to March 2025, median advertised rents for all dwellings in capital city areas rose by 3.1%. The strongest increases were recorded in Perth (6.3%), Adelaide (5.5%), and Hobart (4.6%). Notably, median advertised rents did not decline in any capital city during this period (CoreLogic 2025).

Advertised rents provide insight into the potential barriers faced by people seeking a new rental lease. However, rental affordability extends beyond advertised prices. To better understand housing affordability – particularly in the context of broader cost of living pressures – it is important to consider the rents paid by both new and existing tenants.

Over the ten years to March 2025, rents paid in Australia rose by 22% – less than half the increase seen in median advertised rents over the same period. Between the first quarters of 2024 and 2025, rents paid in Australia increased by 5.5%. During this period, all capital cities recorded rent increases except Hobart which experienced a 1.3% decline. Perth saw the largest rise at 8.9%, while Canberra had the smallest increase at 0.6% (ABS 2025a).

How is housing affordability measured?

Measuring housing affordability is not straightforward. A household's financial situation, the overall demand in the housing market and housing tenure type (whether a household is seeking to rent, is renting, is looking to buy or is a home owner with or without a mortgage) all influence individual housing affordability (Senate Standing

Committees on Economics 2015). The simplest measure of housing affordability compares housing costs to gross household income.

Measures relating to housing affordability

Housing costs are defined as the sum of rent payments, rate payments (water and general), and housing-related mortgage payments (ABS 2022b).

Housing costs to gross household income expresses housing costs as a percentage of a household's total income before taxes and other deductions, such as the Medicare levy.

Housing costs to disposable household income expresses housing costs as a percentage of a household's total income after having deducted estimated taxes and other deductions.

Housing stress is most often used to describe lower-income households that spend more than 30% of their gross income on housing costs (ABS 2022d).

How much do households spend on housing?

In 2019–20, 10.5% of households allocated between 30% to 50% of their gross income to housing costs, while 5.7% spent 50% or more. These proportions have increased from 10.2% and 5.2%, respectively, since 2007–08 (ABS 2022b).

The proportion of household income spent on housing costs does not consider that high-income households may choose to spend more than 30% of their income to housing. Their higher income means they have sufficient income after housing costs to avoid financial stress (AHURI 2019; Rowley et al. 2015).

By contrast, low-income households (a household with equivalised disposable income falling between 3rd to 20th percentile of households) are more likely to lack the resources to deal with financial impacts arising from critical life events and/or housing market factors, often leading them to need additional [housing assistance](#) (ABS 2022c; AIHW 2023).

The ABS's Survey of Income and Housing (SIH) is the main source of income and housing cost data in Australia. However, the most recent data available is from 2019–20. To address this gap, the Australian National University's (ANU's) PolicyMod microsimulation model provides insights into recent housing affordability trends. Building on the 2019–20 SIH data, the model estimates outcomes through to 2024–25, factoring in changes to the population, rents, the labour market, and government settings related to income and social security payments. The following sections of this article present the results from the PolicyMod model.

Housing costs relative to income

In 2024–25, an estimated 1.26 million low-income households were in financial housing stress, spending more than 30% of their disposable income on housing (ANU CSPR, 2025). One in five (20.5%) households in the rental market were low-income households in financial stress, compared with home-owners with a mortgage (14.7%) and home-owners without a mortgage (0.3%).

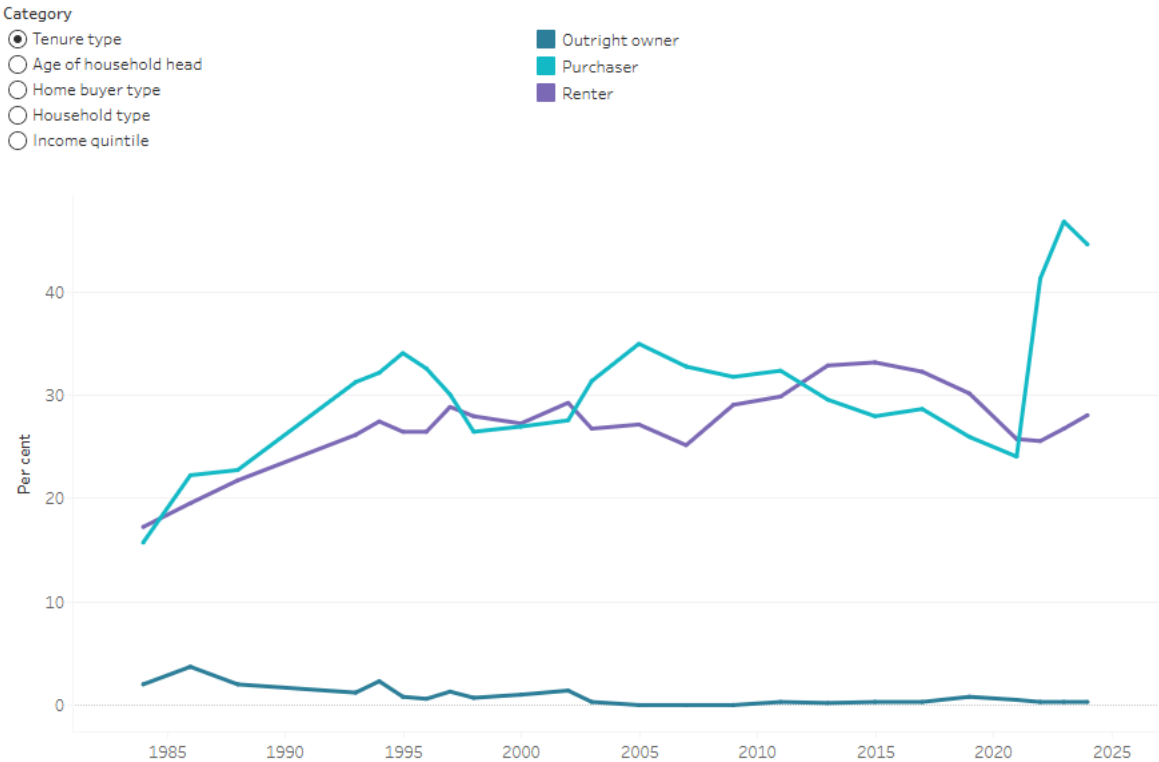
Across all households—regardless of income level—more than 1 in 4 (26%) were spending more than 30% of their disposable income on housing related costs (ANU CSPR 2025).

By tenure type, mortgage holders were the group most likely to spend more than 30% of their disposable income on housing in recent years. In 2024–25, almost half (44.5%) of households with a mortgage spent above this threshold, compared with 28% of renting households and 0.3% of homeowners without a mortgage (Figure 1).

The recent trend represents a notable departure from the period between 2013–14 and 2021–22, when renters were moderately more likely than mortgage holders to spend more than 30% of their disposable income on housing. The share of mortgage-holding households exceeding this threshold increased markedly – from 24% in 2021 to over 40% in 2022–23, 2023–24 and 2024–25 – coinciding with the sharp rise in interest rates in 2022 (see [Mortgage-holding households](#)).

In addition to differences by tenure type, households spending more than 30% of their disposable income were more commonly headed by younger people, were first-home buyers, couples and single-parent households with dependents, and households in the lowest income quintile (Figure 1).

Figure 1: Proportion of households spending more than 30% of disposable income on housing, by household type, 1984 to 2024–25



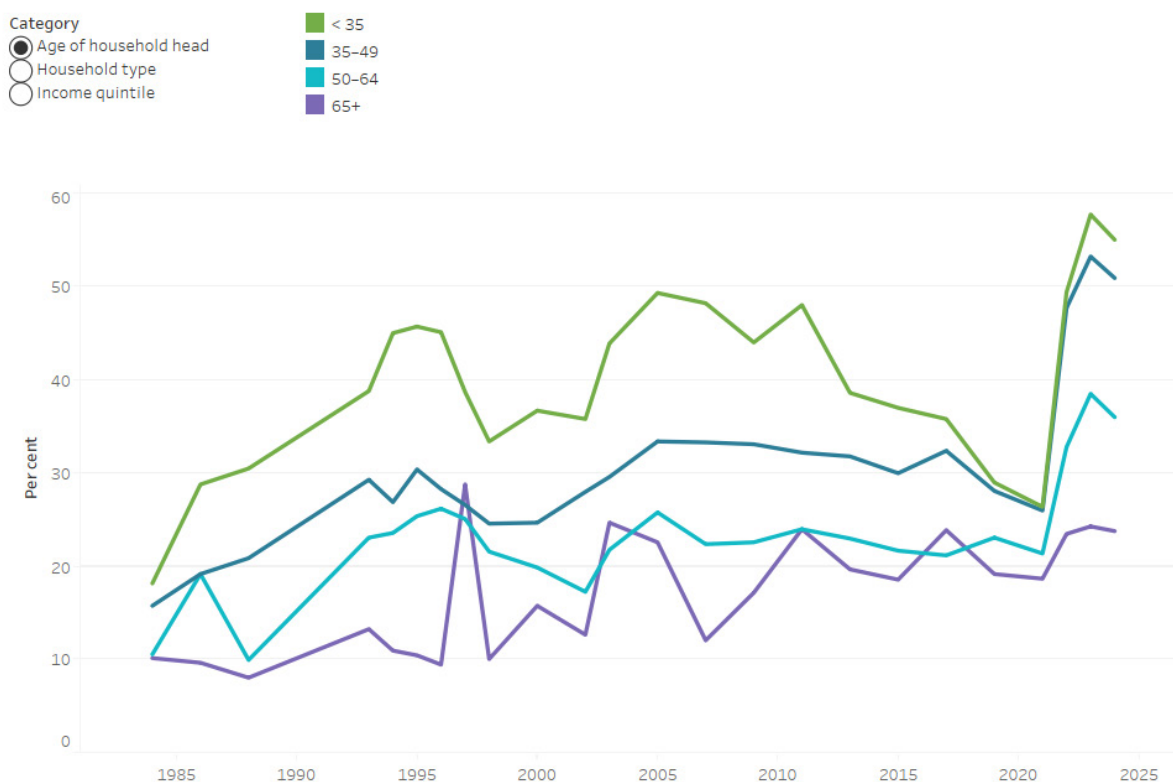
Mortgage-holding households

In recent years, the proportion of mortgage-holding households spending more than 30% of their disposable income on housing has reached historically high levels, largely driven by the sharp increase in interest rates from 2022 onwards (RBA 2022).

The effect of rising interest rates has been compounded by high loan values, which reflect the substantial growth in house prices over the past two decades (ABS 2025b). As a result, many households have become more financially exposed to changes in borrowing costs. This section examines mortgage-holding households to identify which groups have been most affected and to compare their experiences with those of similar cohorts in the past.

In 2024–25, mortgage-holding households in the two lowest income quintiles were the most likely to spend more than 30% of their disposable income on housing (approximately 55%). High proportions were also observed among households with a reference person aged under 50 (over half), single-parent families with dependents (51%), and lone-person households (66%) (Figure 2).

Figure 2: Proportion of mortgage-holding households spending more than 30% of disposable income on housing, by household type, 1984 to 2024–25



Geographic variation of housing affordability

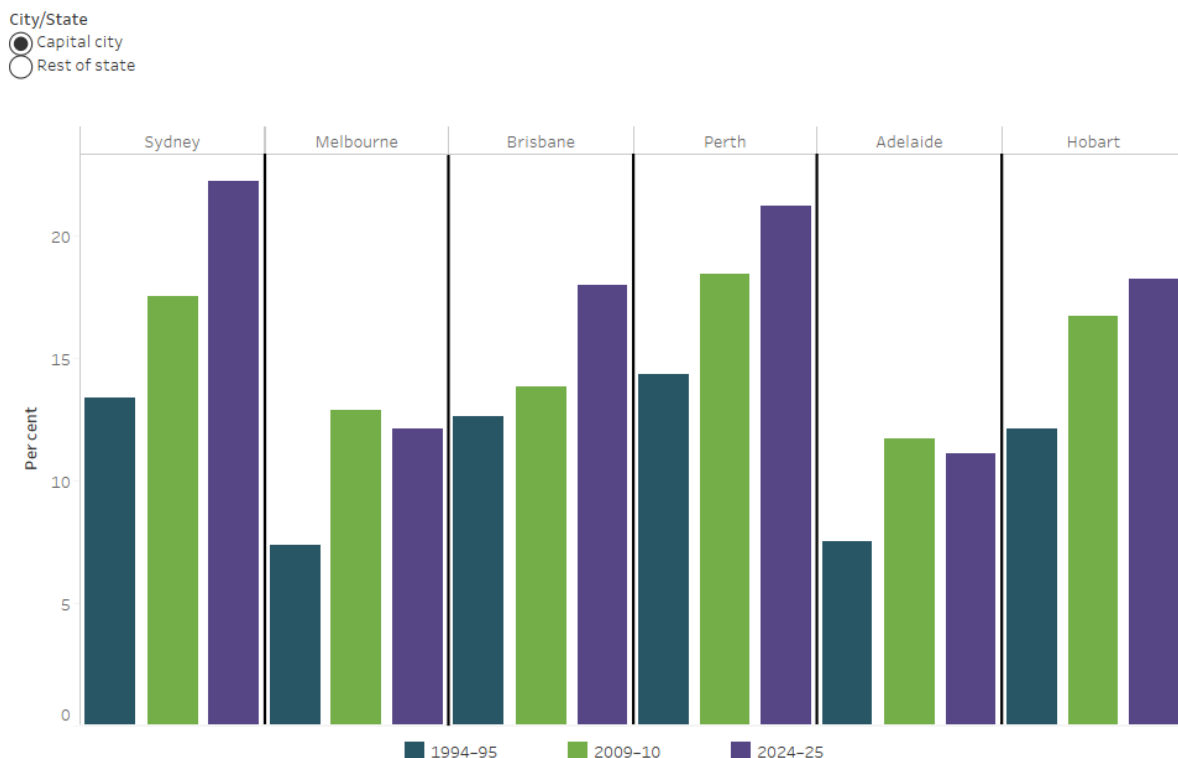
Housing costs and incomes vary across Australia, resulting in differences in housing affordability both within and between states and territories, as well as across different housing tenure types.

Housing costs

Housing costs include rent payments, mortgage payments, and rate payments (such as water and general rates). Between 1994 and 2024–25, among all households, the median proportion of disposable income allocated to housing costs varied across Australia's regions.

- Among capital cities, the median proportion spent on housing costs increased the most in Sydney (from 13.4% to 22.2%) and Perth (from 14.3% to 21.2%).
- Outside the capital cities, the median proportion spent on housing costs increased the most in Queensland (from 12.1% to 18.2%) and Tasmania (from 8.8% to 14.8%) (Figure 3).

Figure 3: Median housing costs as a proportion of household disposable income, by location, 1994–95 to 2024–25



Rental affordability index

The SGS Rental Affordability Index (RAI) is a measure of rental affordability that assesses the proportion of household income spent on rent across different household types and regions. The RAI is based on the average weekly household income in each region and the median rent of dwellings for which new rental bonds were lodged in a given quarter.

A score of 100 on the RAI reflects the threshold for rental stress, where a household is allocating 30% of its income to rent. Scores below 100 indicate increasing levels of rental stress, while higher scores reflect greater affordability (see Table 1 for more details).

The RAI helps identify which regions are under the most rental pressure and can be used to track trends in rental affordability over time (SGS Economics and Planning 2024).

Table 1: Rental Affordability Index (RAI): Definitions and Thresholds

Relative unaffordability	Share of income spent on rent	Index Score
Very affordable rents	15% or less	>200
Affordable rents	15–20%	151–200
Acceptable rents	20–25%	121–150
Moderately unaffordable rents	25–30%	101–120
Unaffordable rents	30–38%	81–100
Severely unaffordable rents	38–60%	51–80
Extremely unaffordable rents	60% or more	<50
Critically unaffordable rents	75% or more	<40

Source: SGS Economics and Planning (2024)

As at June 2024:

- Perth and Sydney were the least affordable metropolitan areas, with affordability index scores of 98 and 99, respectively – a decline from 112 and 104 one year earlier, and from 124 and 120 two years ago.
- The ACT was the most affordable metropolitan area in Australia (128).
- Affordability declined in all metropolitan areas compared with 2022 and 2023, except in the ACT and Hobart, where conditions improved.
- Regional Queensland and regional NSW were the least affordable of the rest of state areas, with index scores of 102 and 101 respectively.
- Regional South Australia was the most affordable of the rest of state areas (125).

Where do I go for more information?

For more information on housing affordability, see:

- [Housing assistance in Australia](#)
- [Housing data dashboard](#)
- Australian Bureau of Statistics (ABS) [Housing Occupancy and Costs, financial year 2019-20](#)
- [State of the Housing System 2025](#)

For more on this topic, see [Housing assistance](#).

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Housing assistance

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On this page

Social housing

Social housing allocations

Financial assistance

Australian and state and territory governments provide assistance to Australians experiencing difficulty finding or sustaining affordable and appropriate housing. Housing assistance refers to both access to social housing (such as public housing), and targeted financial assistance.

Defining social housing

Social housing provides eligible households with rent set below market rates (based on a percentage of a tenant's income). Social housing includes:

- public housing (rental housing managed by all state and territory housing authorities)
- community housing (housing managed by community-based organisations, available to low to moderate income or special needs households)
- state owned and managed Indigenous housing (housing provided and managed by state and territory governments available to households that have at least one member who identifies as being of Aboriginal and/or Torres Strait Islander origin)
- Indigenous community housing (housing that First Nations communities own and/or manage).

In some states and territories, community housing may include affordable housing.

For more information, see [Housing assistance](#).

Social housing

At June 2024, there were around 452,000 social housing dwellings in Australia, up from 446,000 in 2023.

In 2024:

- most (322,000) social housing dwellings met the size requirements for the household composition.
- there were 60,900 (15%) dwellings that were considered to be underutilised and 22,600 (5.6%) dwellings that were considered to be overcrowded.

For more information, see [Social housing dwellings](#) and [Suitability of dwellings](#).

Social housing allocations

In 2024, there were around 426,000 households living in social housing, with around 830,000 occupants.

There has been a decline in the proportion of social housing households in Australia, falling from 4.7% of all households in 2013 to 4.1% in 2024.

In 2023–24:

- 33,600 households were newly allocated social housing (16,700 to public housing, 16,200 to community housing and 800 to state owned and managed Indigenous housing).
- 83% of new social housing allocations were households in greatest need, such as people experiencing or at risk of homelessness.

For more information, see [Households and waitlists](#), and [Entries, exits and transfers](#).

Financial assistance

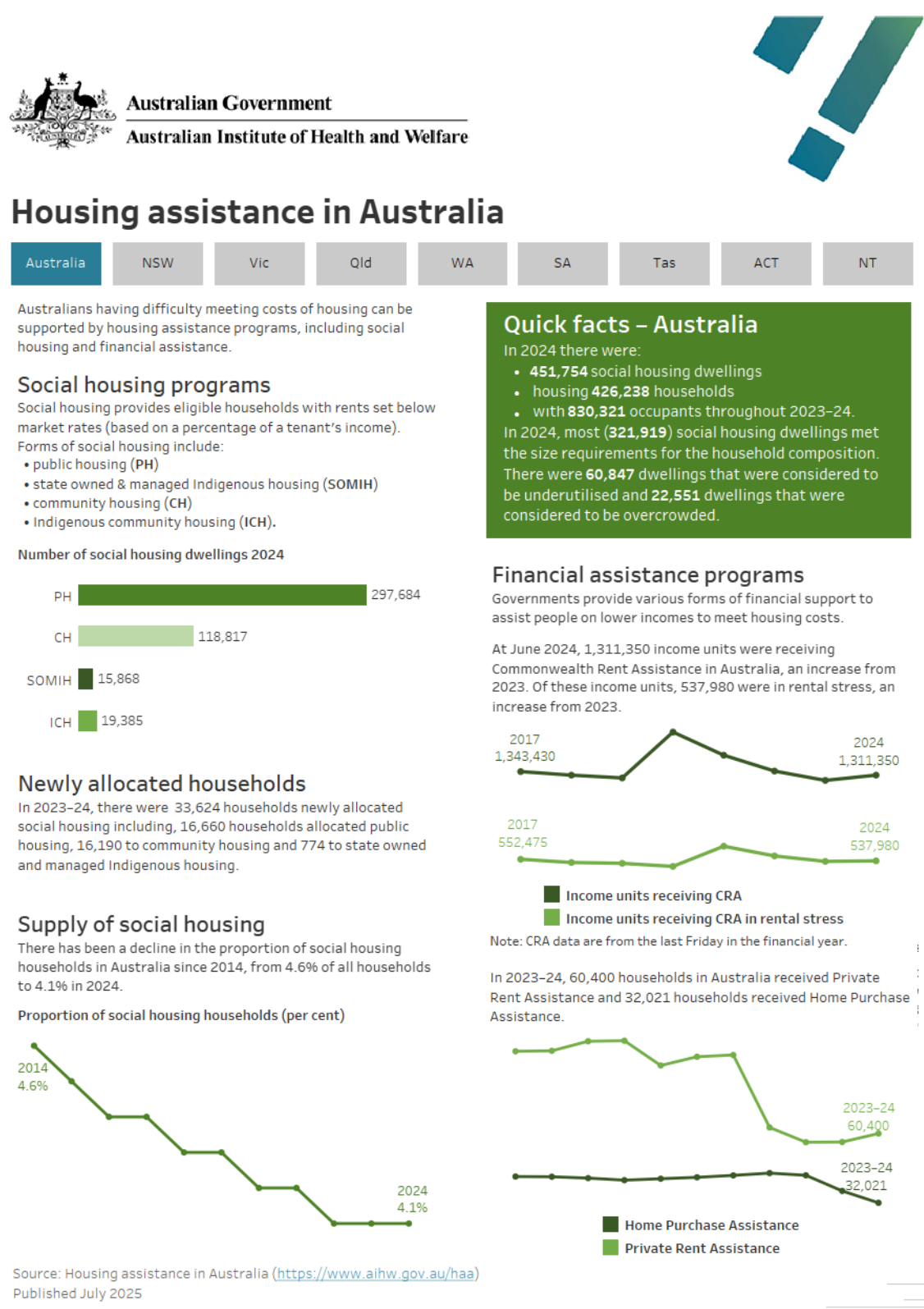
Governments provide financial support to assist people on lower incomes to meet housing costs.

At June 2024, over 1.3 million income units were receiving Commonwealth Rent Assistance (CRA), similar to June 2023.

In 2023–24, 60,400 households in Australia received Private Rent Assistance and 32,000 households received Home Purchase Assistance.

For more information, see [Financial assistance](#).

Figure SUMMARY.1: Housing assistance in Australia, by state and territory, 2024



Extended description for Figure SUMMARY.1

The interactive data visualisation displays a summary of key data about housing assistance in Australia at both national and state and territory levels. Data presented are available in the individual sections of this report and in the data download section. There were around 452,000 social housing dwellings in Australia at June 2024. Social housing households as a proportion of all households, remained stable nationally at 4.1% between June 2022 and June 2024 and has declined from 4.6% in June 2014. The number of households receiving Home Purchase Assistance decreased in 2023–24 compared with the previous year.

Housing circumstances of First Nations people

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/indigenous-housing>

On this page

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Closing the Gap targets

Where do I go for more information?

A safe, secure home with working facilities is essential for good health and wellbeing. Having inappropriate housing in terms of the quality, quantity, affordability, accessibility and inclusiveness is a fundamental contributor to disadvantage and a driver of homelessness (AIHW 2019; DSS 2024).

Historical experiences of Aboriginal and Torres Strait Islander (First Nations) people and the ongoing impacts of colonisation have had a considerable impact on housing situations and conditions (AIHW 2019). Some of these impacts include racism, discrimination and stereotypes in accessing private housing (AHRC 2020).

Although the housing situation of First Nations people has improved – for example with rises in home ownership and falling levels of homelessness – it has been recognised that First Nations people have substantially less access to affordable, secure and quality housing (AIHW 2019; AIHW and NIAA 2020). As such, governments are increasingly targeting housing as an essential policy area for improving the health and wellbeing of First Nations people. For example, the National Aboriginal and Torres Strait Islander Health plan recognises that community driven solutions provide the best opportunity for healthy and responsive housing to drive positive physical, mental, and social and emotional wellbeing (Department of Health and Aged Care 2021).

This page focuses on housing tenure (including ownership, rental, and social housing), housing affordability, housing assistance, housing quality (including facilities and structural soundness) and overcrowding. It also looks at homelessness and the use of relevant services by First Nations people.

For information on housing as a determinant of health for First Nations people, see the latest update for the [Aboriginal and Torres Strait Islander Health Performance Framework \(HPF\) – summary report](#); for regional level information on housing circumstances and health, see the [Regional Insights for Indigenous Communities](#) website. See also the [National Aboriginal and Torres Strait Islander Health Plan 2021-2031](#) and [Australia's Disability Strategy 2021-2031](#).

Household characteristics

A First Nations household is defined as an occupied private dwelling where at least one of its usual residents identifies as being Aboriginal and/or Torres Strait Islander.

According to the 2021 Census of Population and Housing (the Census), there were 352,041 First Nations households in 2021, representing 3.8% of all households in Australia – up from 2.1% in 2001 (ABS 2022b).

Of these households in 2021:

- 80% (281,729 dwellings) were separate houses
- 11% (38,396) were semi-detached, row or terrace houses, or townhouses
- 8.0% (27,919) were flats or apartments (ABS 2022b).

In 2021, the majority (96%, or around 779,300 persons) of First Nations people counted on Census night lived in private dwellings. The remainder (4.1% or around 33,400 persons) lived in non-private dwellings (such as hotels, motels or bed and breakfasts, staff quarters, boarding schools, nursing homes and prisons) (ABS 2022a).

Housing tenure

Housing tenure describes whether a dwelling is owned, rented or occupied under some other arrangement. According to the 2021 Census, more than half of First Nations households were renting (56%, or 192,703 dwellings), while 42% (145,101) were owner-occupier. Other tenure types, including dwellings being occupied rent free or under a life tenure scheme, accounted for the remaining 1.6% of First Nations households (ABS 2022a).

Home ownership

Of First Nations households in 2021, 28% (96,647 dwellings) owned their home with a mortgage and 14% (48,452) owned their home outright (ABS 2022a). Home ownership (with and without a mortgage) has increased over time to 42% in 2021, up from 37% (75,095) in 2011, and 33% (46,188) in 2001 (ABS 2022b).

For detailed information on home ownership among First Nations people, by birth cohort and age group, see [Home ownership and housing tenure](#).

Private rental and social housing

Of First Nations households in 2021, 35% (120,246 dwellings) were renting privately, 18% (63,269) were living in social housing, and 2.7% (9,187) were renting from another landlord type (ABS 2022a).

Remoteness area

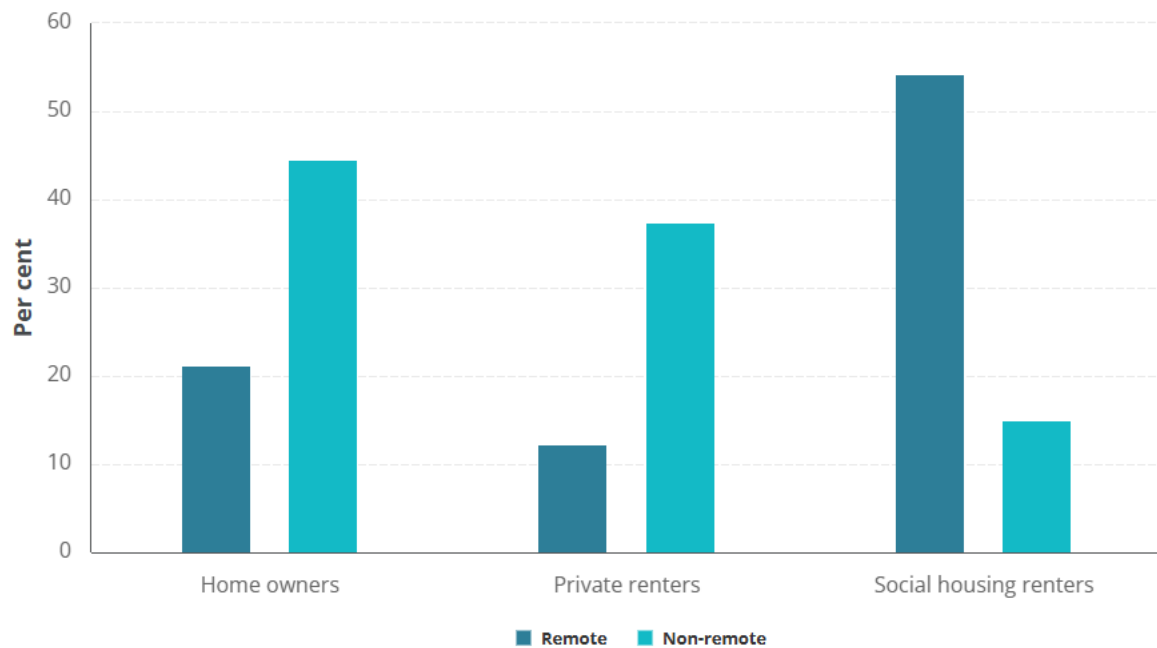
Tenure type varies with remoteness area.

According to the 2021 Census, First Nations households in remote areas (*Remote* and *Very remote* areas combined) were:

- less likely to be homeowners (with or without a mortgage) (21% of dwellings) compared with those in non-remote areas (*Major cities, Inner regional* and *Outer regional* areas; 44%))
- more likely to be living in social housing than those in non-remote areas (54% of households, compared with 15%) (ABS 2022a) (Figure 1).

First Nations people living in remote areas are more likely to be living on land owned by the community and therefore individual homeownership does not apply.

Figure 1: Tenure type, First Nations households, by remoteness area, 2021



Source: AIHW analysis of ABS Census of Population and Housing, 2021.

Changes in tenure type over time

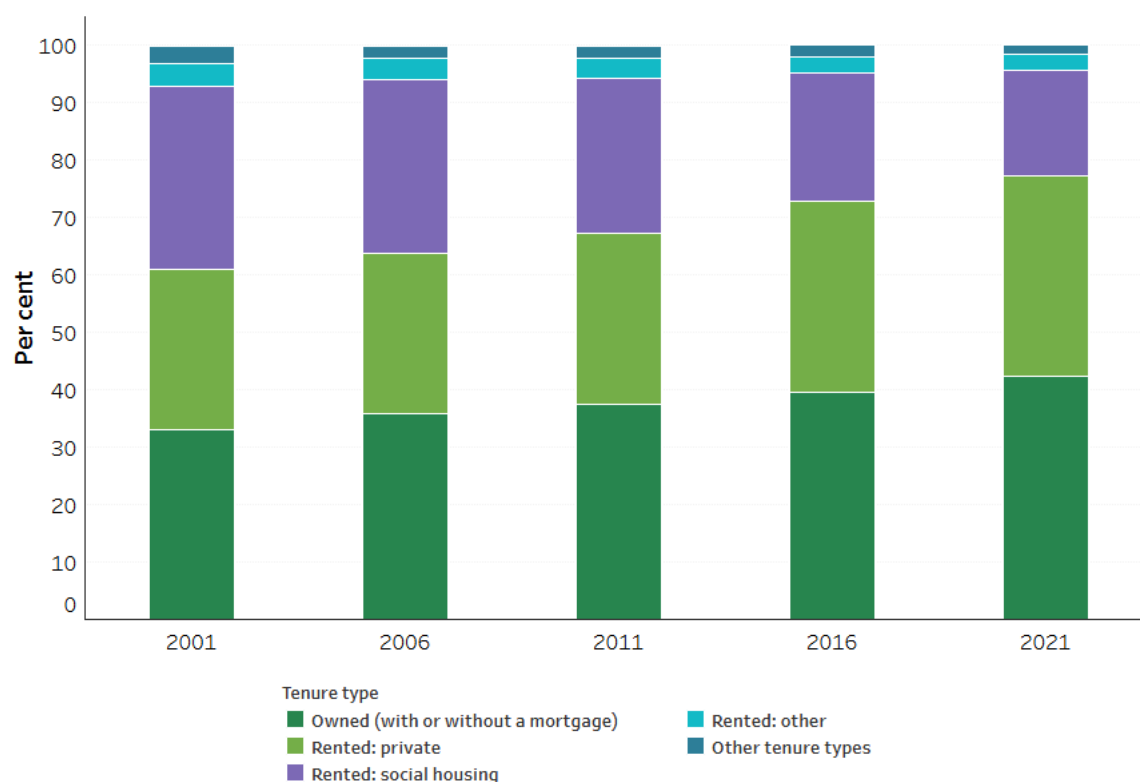
Census data indicates that, between 2001 and 2021, the proportion of First Nations households who were:

- living in social housing fell – from 32% in 2001, to 27% in 2011 and 18% in 2021
- renting privately rose – from 28% in 2001, to 30% in 2011 and 35% in 2021 (Figure 2).

Figure 2: Tenure type, First Nations households, 2001 to 2021

Filter by tenure type:

(All)



Sources: ABS 2022b; AIHW analysis of ABS Census of Population and Housing 2021.

<https://www.aihw.gov.au/>

Housing stress and affordability

Measuring housing affordability is complex. One way to assess housing affordability is to compare housing costs to gross household income. Households that spend a high proportion of their income on housing are more likely to be in financial stress and less able to afford other regular cost of living expenses. Housing stress, a commonly used indicator of housing affordability, is typically measured by assessing the proportion of a household's gross income that is spent on housing costs – like rent payments or mortgage repayments (AIHW 2024b; ABS 2021b, 2021c; Thomas and Hall 2016).

Measuring housing stress

Housing stress can be measured as the proportion of households that spend more than 30% of gross income on housing costs. To measure housing stress, the Census includes a rent affordability indicator for households who are renting and a mortgage affordability indicator for households with a mortgage. The data reported on this page were supplied through the Australian Bureau of Statistics (ABS) customised reports of Census 2016 and 2021 (ABS 2019, 2023) and supplemented by data derived from the Census TableBuilder.

The ABS computes rent and mortgage affordability indicators by dividing rent/mortgage payments by an imputed household income.

- A household is often considered under rental stress if it spends more than 30% of household gross income on rental payments.
- A household is often considered under mortgage stress if mortgaged repayments are more than 30% of household gross income.

The data presented on this page exclude households that were unable to determine the proportion of household income as rent payments or mortgaged repayments. The tabulations on this page are in reference to either First Nations households or First Nations people aged 15 years and over.

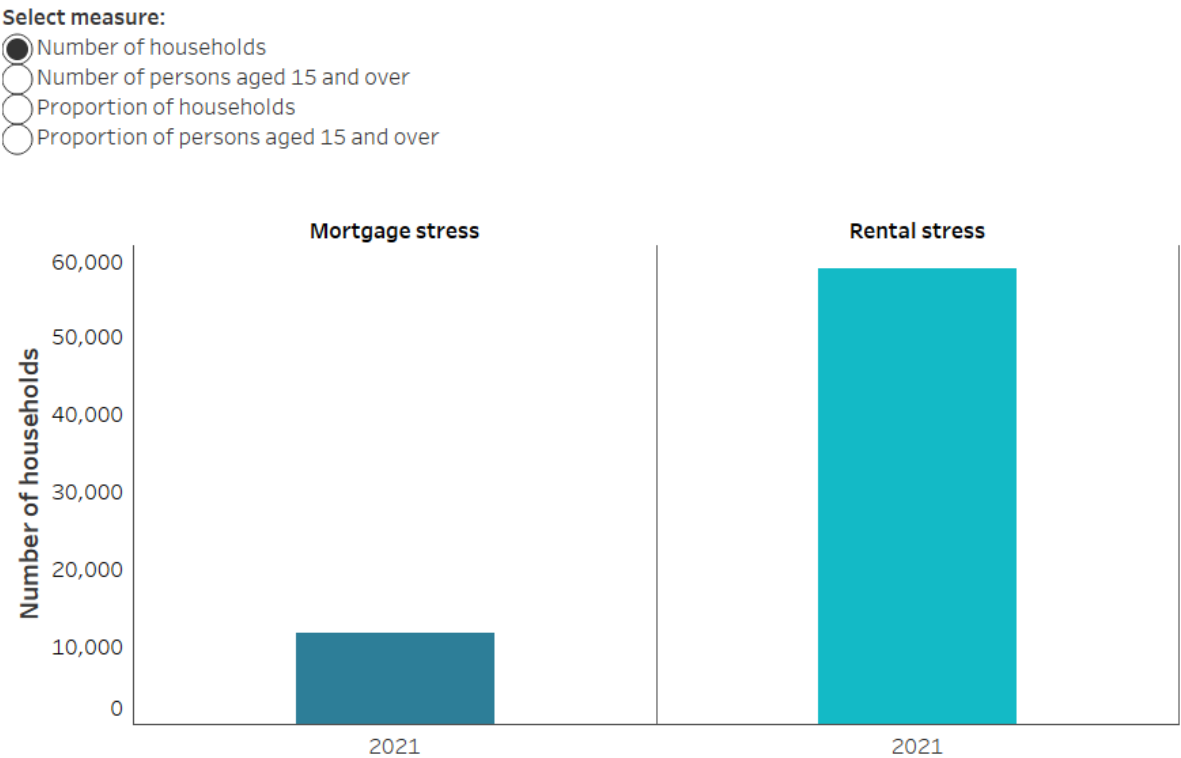
According to the 2021 Census:

- 14% (11,765 households) of First Nations households who owned their home with a mortgage were experiencing a mortgage stress
- 35% (58,867 households) of First Nations households that were renting were experiencing rental stress (Figure 3).

Rental and mortgage stress for First Nations people decreased between 2016 and 2021.

- 27% (65,400) of First Nations people aged 15 years and over in 2021 were living in a household that was experiencing rental stress, a decrease from 30% (54,900) in 2016.
- 12% (13,400) of First Nations people aged 15 years and over in 2021 were living in a household that was experiencing mortgage stress, a decrease from 18% (14,100) in 2016 (Figure 3).

Figure 3: First Nations households and people aged 15 and over in housing stress by tenure type, 2016 and 2021



- Notes:**
- 1. Housing stress is measured through household’s mortgage repayments exceeding 30% of household income (mortgage stress) and rent payments exceeding 30% of household income (rental stress).
 - 2. Data on number and proportion of households with mortgage and rental stress in Census TableBuilder is available for 2021 only.
 - 3. Data for the number and proportion of persons aged 15 years and over in the households with rental or mortgage stress are available for 2016 and 2021 through ABS 2023 Customised report.

Sources: ABS 2016, 2019, 2021, 2023a.
<https://www.aihw.gov.au/>

In 2021:

- the median monthly mortgage repayment paid by First Nations households was \$1,700 (ABS 2022b)
- the median weekly rent paid by First Nations households was \$300. This amount differed by landlord type (higher for privately rented households than for those rented through social housing) (ABS 2022b).

For comparisons of housing stress and affordability between First Nations and other households, refer to Table 3.

Housing assistance

Access to secure and affordable housing has significant social, economic, and personal benefits (DSS 2023). First Nations people face many barriers in the housing market, some of which include discrimination, challenges in meeting criteria for properties, and lack of appropriate and good quality housing (Moskos et al. 2022; Tually et al. 2022).

The new [National Agreement on Social Housing and Homelessness](#) (NASHH) recognises the need to address the disproportionate housing inequality that affects First Nations people, recognising progress must be achieved through alignment with the Priority Reforms committed to in the National Agreement on Closing the Gap (Australian Government 2024).

Housing assistance refers to both access to social housing and targeted financial assistance for those who are eligible (AIHW 2025).

Social Housing

Social housing is low cost or subsidised rental housing provided by state and territory governments and the community sector. Its purpose is to assist people who are unable to afford or access suitable rental accommodation in the private rental market (Thomas 2018).

There are 4 main social housing programs operating in Australia, 2 of which are specifically targeted at First Nations people (Table 1):

- state owned and managed Indigenous housing (SOMIH) – accessed by those on low incomes and/or with special needs
- Indigenous community housing (ICH) – owned and/or managed by First Nations organisations for the provision of housing services to First Nations people (AIHW 2019, 2024b).

Allocating social housing to eligible applicants depends on their level of priority (based on need) and dwelling availability. Social housing is generally allocated to those with the greatest need (AIHW 2025). More information is available at [Housing assistance in Australia 2025](#).

Table 1: Types of social housing available to First Nations people

Type	First Nations specific housing	Owner and/or managed
Public housing	No	State or territory government
Community housing	No	Community organisation
State owned and managed Indigenous housing (SOMIH)	Yes	State or territory government
Indigenous community housing (ICH)	Yes	First Nations organisations

According to data from the [AIHW National Housing Assistance Data Repository](#), as at 30 June 2024 there were 84,365 First Nations households in social housing:

- 40,652 in public housing
- 11,464 in community housing
- 14,670 in SOMIH
- 17,579 in ICH (may include some ICH households that are not First Nations households) (AIHW 2025).

Of the Indigenous-specific social housing programs, waiting time data are available for SOMIH (AIHW 2025). The proportion of newly allocated SOMIH households that waited less than one year was 60% (594 households) in 2020–21 down to 44% (342 households) in 2023–24.

Social housing dwelling standards and tenant satisfaction

Tenant satisfaction is measured by how the tenant/s living in social housing rate the condition of their home and the number of its working facilities (see [Housing quality](#)).

According to the [2023 National Social Housing Survey](#) (NSHS):

- of First Nations households in social housing, 65% of public housing tenants were satisfied or very satisfied with their housing, compared with 62% of community housing and 67% of SOMIH tenants
- 81% of First Nations households in social housing said that the size of their living spaces met their needs
- whether amenities met needs of SOMIH tenants varied by amenity type and over time:
 - thermal comfort (remained similar, 69% in 2021 and 70% in 2023)
 - number of bedrooms (declined from 84% in 2021 to 82% in 2023)
 - safety/security of the home (increased from 78% in 2021 to 80% in 2023) (AIHW 2024c).

Commonwealth Rent Assistance

Commonwealth Rent Assistance (CRA) is a non-taxable income supplement payable to eligible people who rent in private or community housing rental markets. It is the most common form of housing assistance received by First Nations households (AIHW 2019).

CRA payments are made to 'income units', rather than households. An income unit is one person, or a group of persons within a household, whose command over income is assumed to be shared. For this section, the term CRA recipients is used to mean CRA income units.

At the end of June 2024, 96,665 CRA recipients reported having a First Nations member. This equates to 7.4% of all CRA recipients, an increase from 4.3% in 2013 (AIHW 2024a).

Changes to social security payments were made in response to the COVID-19 pandemic, and as a result, the number of recipients receiving CRA peaked in 2020 (AIHW 2022).

Rental stress is defined here as a CRA recipient that spends more than 30% of gross income on rent. At June 2024, of First Nations CRA recipients:

- 70% (67,225) would have been in rental stress without CRA
- 35% (33,880) were still in rental stress after receiving CRA – an increase since 2013 (16,495 recipients) (AIHW 2024a).

The exception was in 2020 (19%, or 19,030), because the 2020 calculation of rental stress included the temporary Coronavirus Supplement (AIHW 2022, 2025).

Housing quality

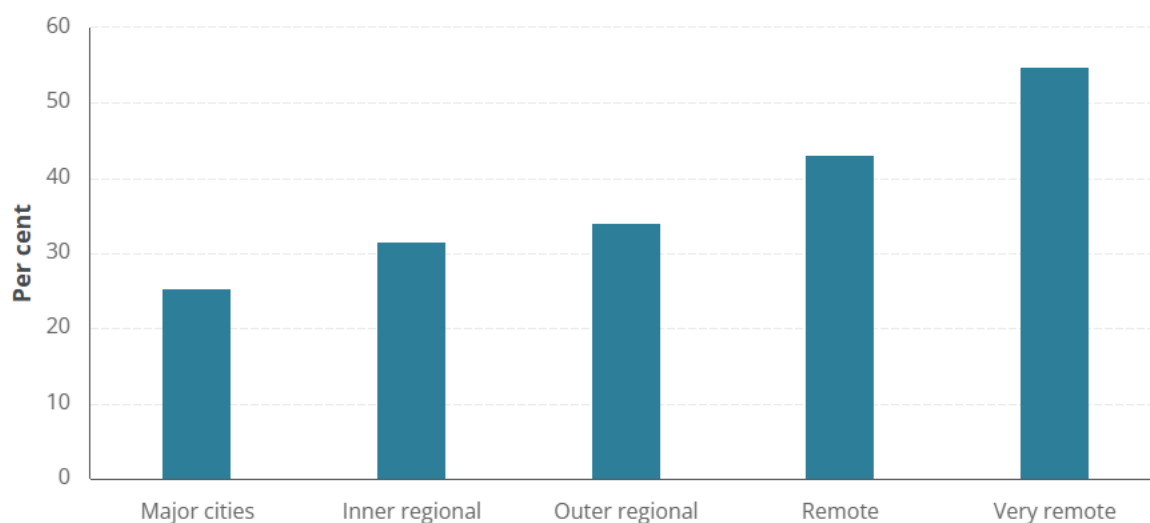
Housing quality is closely related to environmental health and affects a range of health indicators (SCRGSP 2020). For instance, poor air quality, lack of power and safe drinking water and inadequate waste and sanitation facilities, all contribute to poorer health and welfare. Non-functional facilities, and overcrowding, can contribute to skin infections, trachoma, otitis media, and acute rheumatic fever and rheumatic heart disease (Department of Health and Aged Care 2021).

In 2022–23:

- Just under 1 in 5 (18%) First Nations households were living in dwellings that did not meet an acceptable standard – defined in the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) as having at least one basic household facility that was unavailable or having more than 2 major structural problems.
- 1 in 3 (31%) First Nations households were living in dwellings with at least one major structural problem (for example, major cracks in walls/floors, walls or windows that are not straight, or major plumbing problems). First Nations households were more likely to live in dwellings with structural problems as remoteness increased (Figure 4).
- Just under 1 in 10 (8.1%) First Nations households had no access to working facilities for food preparation, 4.2% had no access to working facilities to wash clothes and bedding and 2.4% had no access to working facilities for washing people.

These proportions are like the proportions from NATSIHS 2018–19 data.

Figure 4: First Nations households with major structural problems, by remoteness area, 2022–23



Note: A First Nations household is defined as an occupied private dwelling where at least one permanent resident identifies as being of Aboriginal or Torres Strait Islander origin.

Source: AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Health Survey 2022–23.

Overcrowding

Living in appropriately sized housing that isn't overcrowded is an important determinant of physical and mental health. Overcrowding can affect education and health outcomes, and increases the spread of infectious diseases, such as COVID-19 and acute rheumatic fever (AIHW 2024a). Reducing overcrowding can also improve skin health, and reduce the wear and tear on health hardware, such as facilities for washing clothes or people (AIHW 2020).

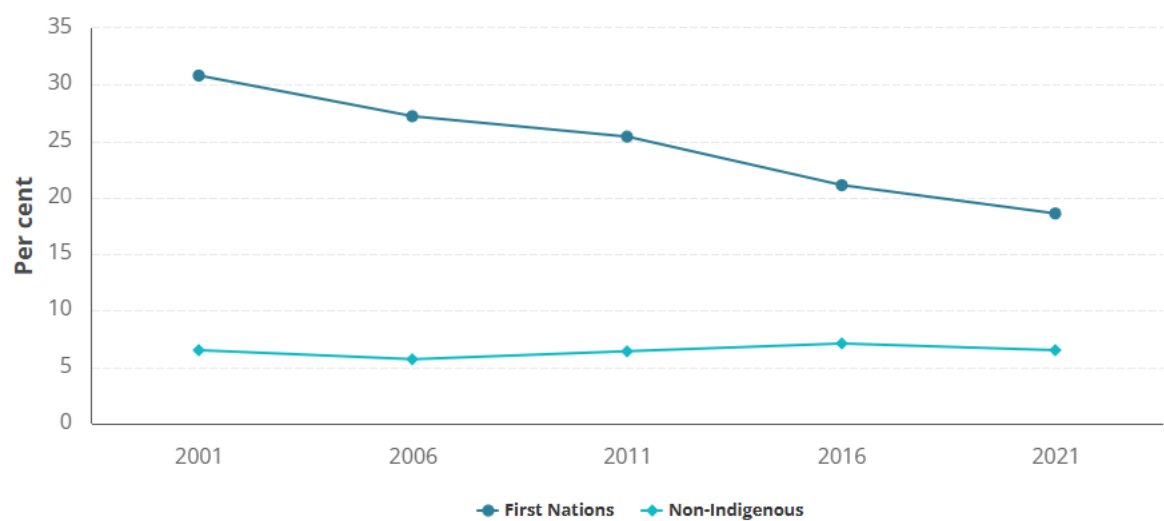
The following definition for overcrowding is based on the Canadian National Occupancy Standard (CNOS). Broadly, an overcrowded household would require one or more additional bedrooms to adequately accommodate its occupants. This definition may not adequately reflect the perspectives First Nations people have on overcrowding, as it does not consider differences like cultural norms around shared living and sleeping arrangements (Dockery et al. 2022).

The 2021 Census identified that 81% of First Nations people (569,360 persons) across all types of housing tenure were living in appropriately sized housing (not overcrowded) – an increase from 79% (426,640) in 2016, and 69% (241,660) in 2001 (ABS 2022b).

Overcrowding rates varied with remoteness. According to the 2021 Census, the proportion of First Nations people living in overcrowded dwellings was higher in remote areas (55% in *Very remote* areas and 32% in *Remote* areas), than in non-remote areas (18% in *Outer regional* areas, 13% in *Inner regional* areas and 12% in *Major cities*) (ABS 2022a).

Available data suggests a decline in overcrowding over time. The proportion of First Nations people living in overcrowded conditions fell from 31% in 2001 to 19% in 2021 (Figure 5). The drop in overcrowding represents a narrowing of the gap between First Nations people and non-Indigenous Australians from 24 to 12 percentage points (ABS 2021c; AIHW and NIAA 2020).

Figure 5: Overcrowded housing, by Indigenous status, 2001 to 2021



Source: AIHW analysis of ABS Census of Population and Housing 2021; PM&C 2020.

Homelessness

An estimated 24,930 First Nations people were experiencing homelessness on Census night 2021 (ABS 2022b, ABS 2023b).

Among these people:

- 60% (14,956 persons) were living in severely crowded dwellings, 4 or more additional bedrooms are required
- 19% (4,753) were in supported accommodations for the homeless
- 9% (2,320) were living in improvised dwellings, tents, or sleepouts (ABS 2023b).

Data on people receiving support from Specialist Homelessness Services (SHS) for 2023–24 shows that:

- 78,292 First Nations people received SHS support
- family and domestic violence (25%), housing crisis (for example, eviction) (17%), and inadequate or inappropriate dwelling conditions (14%) were the most common main reasons First Nations people sought assistance from SHS agencies (AIHW 2024c).

For more information on First Nations people receiving support from specialist homelessness services, see the [Specialist homelessness services annual report 2023–24](#) and the [Evidence summary on First Nations clients](#).

Comparisons between First Nations households and other households

Between 2011 and 2021:

- First Nations households that were either owned outright or owned with a mortgage increased from 37% to 42%, compared with about 68% to 70% of other households.
- A higher proportion of First Nations households were in privately rented accommodation (which increase from 33% to 37%), compared with other households (which increased from 24% to 27%).
- A higher proportion of First Nations households were renters in social housing, (though this decreased over the period from 27% to 18%), compared with other households (which were between 3.3% and 4.1% over the period) (Table 2).

Table 2: Housing tenure trends for households, 2011, 2016 and 2021 (per cent)

Housing tenure and landlord type	2011	2016	2021
First Nations households ^(a)		<	
Home owners (owned outright and owned with a mortgage)	37.4	39.6	42.3
Renters: private ^(b)	32.7	35.8	37.3
Renters: social housing	27.1	22.3	18.4
Total	100	100	100
Other Households			
Home owners (owned outright and owned with a mortgage)	69.6	68	67.9
Renters: private ^(b)	24	25.9	26.7
Renters: social housing	4.1	3.7	3.3
Total	100	100	100

(a) Indigenous status of the household is determined using the ABS Census variable '[Indigenous household indicator](#)'. A First Nations household is a household that has at least 1 First Nations person who is a usual resident. 'Other households' are households where there were no First Nations usual residents.

(b) Comprises dwellings being rented from a parent/other relative or other person and includes rented dwellings with a landlord such as an owner/manager of a residential park (including caravan parks and manufactured home estates) or employer.

Note: Table excludes Other tenure types and Tenure type not stated.

Source: Aboriginal and Torres Strait Islander Health Performance Framework Measure 2.01, Table D2.01.20. AIHW analysis of ABS Census of Population and Housing 2021 (AIHW 2022b).

Housing stress and affordability

From the 2021 Census, the proportion of First Nations households and other households that spend more than 30% of their gross monthly income on mortgage repayments are similar (14% and 16%, respectively) (Table 3). For renting households, the proportion of First Nations households paying more than 30% of their gross income as rent (35%) is similar to the proportion of other households (36%). The median monthly mortgage repayment is higher for other households (\$1,950) compared with First Nations households (\$1,700). A similar situation holds for median weekly rents with the median other household weekly rent exceeding the median First Nation weekly rent (\$400 and \$300, respectively).

Table 3: Housing stress and affordability, 2021

	First Nations households ^(a)	Other Households
Number		
More than 30% of their gross income on mortgage repayments	11,765	457,048
Renting spent more than 30% of their gross income on rent payments	58,867	856,452
Per cent		
More than 30% of their gross income on mortgage repayments	14%	16%
Renting spent more than 30% of their gross income on rent payments	35%	36%
Median (\$)		
Median monthly mortgage repayment	\$1,700	\$1,950
Median weekly rent	\$300	\$400

.. not applicable.

Notes

1. Data on mortgage repayments relates to occupied private dwellings owned with a mortgage or being purchased under a shared equity scheme. Excludes households where housing costs as a proportion of income could not be determined.

2. Data on rent payments relates occupied private dwellings being rented. Excludes households where rental costs as a proportion of household income could not be determined.

3. Cells in this table have been randomly adjusted to avoid the release of confidential data. These adjustments may cause the sum of rows or columns to differ by small amounts from table totals.

4. Differences between present medians values here and median values reported by the ABS will occur due to binning of mortgage repayment and weekly rent data in Census TableBuilder.

Source: AIHW analysis of ABS Census of Population and Housing 2021 (ABS 2022a).

Homelessness

First Nations people are over-represented in both the national homeless population and as users of Specialist Homelessness Services (SHS):

- The ABS 2021 Census showed that First Nations people accounted for one-fifth (20% or an estimated 24,930 people) of the homeless population nationally, compared with only 3.8% of the total Australian population (ABS 2022b, ABS 2023b).
- SHS data show that First Nations people made up 29% of all SHS clients in 2022–23—an increase from 22% (43,642) of all SHS clients in 2011–12 (AIHW 2024d). It is important to note that changes in the number of First Nations clients over time may be a genuine increase, however, may also reflect improved data about Indigenous status among SHS clients.

Proportionally, more First Nations SHS clients (71%) than non-Indigenous clients (61%) were returning clients – that is, they had received SHS services at some point since the collection began in July 2011. First Nations clients were also younger, with 48% (37,308) of First Nations SHS clients aged under 25 compared with 38% (74,104) of non-Indigenous clients.

Closing the Gap targets

In 2020, all Australian governments and the [Coalition of Aboriginal and Torres Strait Islander Peak Organisations](#), worked in partnership to develop the [National Agreement on Closing the Gap](#) (the National Agreement), built around 4 Priority Reforms. The National Agreement also identifies 19 targets across 17 socioeconomic outcome areas.

The National Agreement has identified the importance of addressing appropriate and affordable housing that is aligned with the priorities and needs of First Nations people (socioeconomic outcome area 9 in the National Agreement). There are 2 targets associated with this outcome, monitored annually by the Productivity Commission and reported in their [Closing the Gap Information Repository Dashboard](#) (PM&C 2020).

National Agreement on Closing the Gap: housing-related targets

Outcome area 9: People can secure appropriate, affordable housing that is aligned with their priorities and needs. Within this outcome area, there are 2 targets.

Target 9a: By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88 per cent.

The 2016 baseline was 78.9% of the proportion of Indigenous Australians living in appropriately sized (not overcrowded) housing. The most recent level, using data from 2021, is 81.4%. This is below the target trajectory proportion for 2021 of 81.9%.

Note: The baseline value for the appropriately sized housing target was derived from the Australian Bureau of Statistics (ABS) 2016 Census of Population and Housing (Census).

Target 9b: By 2031, all Aboriginal and Torres Strait Islander households:

- within discrete Aboriginal and Torres Strait Islander communities, receive essential services that meet or exceed the relevant jurisdictional standard
- in or near to a town, receive essential services that meet or exceed the same standard as applies generally within the town (including if the household might be classified for other purposes as a part of a discrete settlement such as a “town camp” or “town based reserve”).

At the time of writing, no data for Target 9b had been published.

Where do I go for more information?

For more information on housing for First Nations people, see:

- [Housing assistance in Australia 2025](#)
- [Aboriginal and Torres Strait Islander Health Performance Framework – summary report 2024](#)
- [National Social Housing Survey, 2023](#)
- Productivity Commission [Report on Government Services, Chapter 18 – Housing](#)
- Productivity Commission [Report on Government Services, Chapter 19 – Homelessness services](#)
- Productivity Commission [Overcoming Indigenous disadvantage – key indicators 2020](#)

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Improving Australia's welfare data

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/improving-australias-welfare-data>

Caution: Some people may find parts of this content confronting or distressing

This content contains information some readers may find distressing as it refers to information about family, domestic and sexual violence and suicide and self-harm. Please carefully consider your needs when reading this content.

If the information presented about family, domestic and sexual violence raises any issues for you, or someone you know contact [1800RESPECT](#) on [1800 737 732](#). See also [Find support](#) for a list of support services.

If the information presented about suicide and self-harm, raises any issues for you, or someone you know contact: Lifeline on [13 11 14](#), or [see other ways you can seek help](#). The AIHW supports the use of the [Mindframe guidelines](#) on responsible, accurate and safe suicide and self-harm reporting. Please consider these guidelines when reporting on statistics on the monitoring of suicide and self-harm.

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Data and insights drawn from high-quality and comprehensive data play a critical role in strengthening the evidence base for informed decision-making, including for delivering services to people who need them. They can help us to understand how we are faring as a nation, across a wide range of areas important to our society.

Data development activities can help fill information gaps by creating new data collections or expanding existing data sets to be more comprehensive, and by improving the quality of data to ensure they are valuable and meaningful.

This page provides an overview of data development and examples of data improvement work currently being undertaken by the Australian Institute of Health and Welfare (AIHW) in the welfare data landscape. It also identifies some of the key areas where improvement is still needed.

Welfare data in Australia

The welfare data landscape is rich and constantly evolving. A wealth of information is collected and used about people's factors influencing wellbeing (such as socioeconomic conditions and community networks) and people's welfare service use (such as employment services and income support). These 3 broad elements are reflected in the conceptual framework for *Australia's welfare*, see [Understanding welfare and wellbeing](#).

Welfare data may be generated through administrative data collections (such as records of people using government funded aged care services) and surveys and population censuses, for example. These data can be used in many ways, for many purposes. Data can meet an immediate need (such as being collected to inform care and service provision) or address a longer-term need (such as being analysed to understand patterns, trends and outcomes over time to support policy responses). High-quality information and data can show the need and demand for welfare services, and how people engage with and navigate various services. They can be used to generate insights into differences across population groups and be used to inform policy formulation, implementation and evaluation. Information and data also help identify possible areas for service improvement.

AIHW's role in creating and reporting on evidence

The AIHW collects, accesses, analyses and uses data from a range of sources to present information on:

- the characteristics of people and their health and welfare needs, and how these change during their lives
- how the health and welfare needs of people differ, depending on where they live
- the availability and accessibility of health and welfare services in those places
- how service use changes over time.

The AIHW works collaboratively with a broad range of stakeholders, including state/territory or national data collection teams, policy makers, service providers, researchers and other subject matter experts.

The AIHW's role is to provide meaningful information and statistics for the benefit of the Australian people by:

- collecting and managing data on health and welfare issues, including from state, territory and federal government agencies
- analysing and releasing a range of health and welfare products (data and reports) to key policy areas, to support better policy and service delivery decisions
- enhancing data resources with the addition of new health and welfare data assets to the AIHW's data holdings to fill data gaps in the health and welfare sectors
- developing, maintaining and promoting statistical information standards for the health, community services and housing assistance sectors

- modernising the presentation and availability of national health and welfare products to meet the needs of diverse audiences.

Information and reporting by the AIHW on welfare and welfare services can be used to strengthen frameworks and improve the health and welfare evidence base, informing and supporting policy changes. It is also critical to supporting improved health and welfare outcomes for Australians.

For more information, see [About us – AIHW](#).

Welfare-related data development activities

Across the Australian data landscape, data development activities are undertaken by many organisations and have been taking place over many years. It can be a slow and resource intensive process, but there is great value in turning data into useful information.

The goal of development activities is for information and data to be more accessible, timely, purposeful, consistent, accurate and reliable. Development activities can focus on improving data from the point of collection (for example, expanding the range of available data or improving data quality by using standardised concepts and definitions) through to improving the ways insights are drawn (for example, linking established individual datasets to gain more comprehensive insights than are possible by looking at data sets in isolation). Data may not be automatically meaningful – high-quality analysis and skilful drawing of insights and communication of results are often needed to make data useful.

The following case studies showcase how the AIHW is currently leading data development activities in the welfare data space. [Case study 1](#) explores recent work to expand the available data about family and domestic violence (FDV). This data development work is a good example of building the evidence base to improve understanding of the demand for services available to people experiencing FDV, and any gaps, and to inform decision-making for the benefit of people experiencing FDV. It is also about recommending how best to bring together data from fragmented technological systems used by practitioners and service providers at point of service. [Case study 2](#) highlights a project to examine health and specialist service use prior to death using a new linked data set. It is included as an example of how linking health and welfare data helps to overcome information gaps in nation-wide evidence joining up related systems, and demonstrates how linked data can be used to gain better insights into vulnerable groups who typically experience poorer health and wellbeing outcomes.

Case study 1 – Expanding national data to better understand family and domestic violence

Data to report on and understand family, domestic and sexual violence (FDSV) are collated from a range of sources to provide a national picture of the extent, nature and impact of FDSV. Currently, the AIHW's reporting on FDSV is drawn from several sources including surveys that can identify whether people have experienced certain behaviours or harms, and administrative data that collects information on experience of violence or can identify violence based on particular types of service use (for example, information about assault injuries in hospitals data). Qualitative data are also used to enhance the understanding of key issues and can provide valuable lived experience expertise.

While there have been substantial improvements in FDSV-related data and reporting over the past decade (see [Family, domestic and sexual violence summary](#)), several national gaps remain. One main gap is limited data on the range of health, welfare and other support services people who experience FDSV may access – including pathways through, and impacts of, these services.

The AIHW, with funding from the Australian Government Department of Social Services (DSS), is developing a prototype (pilot) data collection on government-funded specialist crisis FDV services provided to victim-survivors.

The current lack of national data on specialist crisis FDV services leads to limited understanding of demand and unmet demand for services, and outcomes experienced by the victim-survivors. The lack of data limits understanding at the individual, service, and system level to support service policy, planning, management and investment, and population-level research and reporting.

There is a strong national commitment to improve national data on FDV services. The pilot data collection will develop recommendations for a new national specialist crisis FDV service data collection. The project has the support of the Women and Women's Safety Ministerial Council and the Data and Digital Ministers. It addresses several core national policy priority areas, including:

- creating nationally consistent data on use of specialist crisis FDV services, with harmonised definitions
- developing methodology for the measurement of, and improving understanding of, demand and unmet demand for services
- increasing data on victim-survivors of FDV that is linkable to other sources to provide insights into long-term outcomes for victim-survivors.

To date the project has:

- consulted with funding bodies, service providers, peak bodies, advocacy groups, and people with lived experience
- documented the complex and varied funding, service delivery and data collection models across jurisdictions
- agreed a core set of data items to be included in the pilot collection
- developed a flexible data collection model to maximise participation in pilot testing and minimise burden on participating services.

The core set of data items agreed for the pilot collection cover:

- client characteristics and outcomes
- information about the violence, the perpetrator and service provision.

Development of common definitions and understanding, particularly around type of violence, level of risk and specific FDV service responses, will support the collection of nationally consistent service data that better reflects a client's experience of FDV and their service interactions.

At least 10 different client management systems are used by the FDV services in scope of the pilot collection. Understanding how services capture, process and use the data in these systems is a critical component of the project. Importantly, around 60% of in-scope services also provide homelessness services and provide data to the AIHW's Specialist Homelessness Services Collection. This means there is an existing framework which can be leveraged and built on for a national collection, if established. For other in-scope services, experience working with data standards and national data governance processes will vary, and recommendations for a national collection need to take these different operating contexts into account.

The pilot data collection is a foundational piece of work towards developing a national data collection, which could be expanded and applied to additional specialist family, domestic and sexual violence services over time, such as sexual violence services and recovery support. This project is navigating new data development in a setting with complex and varied funding, service delivery and data collection models across jurisdictions. The methods developed in this project will provide the foundations for progress in new data development in other areas, such as services provided by the non-government sector in general.

Case study 2 – Gaining new insights through linking health and welfare services data

Research demonstrates poorer health and wellbeing outcomes among vulnerable and disadvantaged groups of Australians. Nation-wide evidence on the inter-relationship between the health and welfare service systems is patchy. Insights to date have mostly been achieved through one-off linked data projects, sometimes for an individual state or territory, or longitudinal survey data.

To add to the evidence on the intersection between the health and welfare service systems, the NACS dataset was created. The NACS takes its name from the datasets it combines:

1. **National Death Index (NDI)**, which provides data on causes of death
2. **Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS)**, which provides information about alcohol and other drug treatment services and the people that receive treatment
3. **Commonwealth funded health services (Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS))**, which provides information on Medicare-subsidised services used and dispensed prescriptions under the PBS
4. **Specialist Homelessness Services Collection (SHSC)**, which provides information on people who are referred to, or seek assistance from, specialist support homelessness services (AIHW 2025b).

The aim of the NACS project is to gain greater insight into specialised health and welfare service use and the prevalence of death (including by suicide and acute and chronic substance use) – in particular the relationship of these with risk factors, protective factors and other social determinants.

NACS comprises more than a decade of data on millions of people who received support due to housing insecurity, and people receiving treatment for drug and/or alcohol use. It also includes data for a smaller number of people's primary health care service use prior to death. Data are de-identified and managed in a highly secure environment in accordance with the AIHW strict data governance arrangements (see also [Data governance](#)). Projects using the NACS linked dataset must be related to health and specialist service use prior to death as approved by the AIHW Ethics committee. Release of data using the NACS linked dataset are required to meet the obligations set by the individual data custodians for each of the contributing datasets, which involves a mix of governments and health and welfare policy areas.

The development of the NACS dataset is a collective effort. Collaboration with data custodians and experts from the various fields has been essential, providing a service level perspective and/or broader subject matter and research expertise. Highly skilled AIHW staff across key subject areas of alcohol and other drugs, housing and homelessness, and suicide and self-harm are collaborating on the NACS work. These teams pool their expert understanding of the underlying datasets, concepts and

background knowledge from the specific areas to create an important resource unique to the NACS. Additional statistical experts from across the AIHW are also important to guide and inform the complex analysis and modelling.

To date, 3 foundational reports have been published, summarised in [Foundational insights from the NACS linked dataset](#). The studies focused on all-cause mortality for Specialised Homelessness Services (SHS) clients, all-cause mortality for specialist alcohol and other drug (AOD) treatment services clients, and patterns of suicide deaths among SHS clients. These findings are the first of their kind describing results nationally, delivering insights into mortality among people facing housing insecurity and/or receiving treatment for alcohol or drug issues. The AIHW respectfully acknowledges the people who have died who are described in these findings.

Foundational insights from the NACS linked dataset

SHS clients:

- Around 12,500 people received SHS support in their last year of life over the decade 2012–22.
- The death rate of SHS clients was around 1.8 times the rate of people not receiving SHS support in 2021–22.
- Throughout the decade 2012–22, around 1 in 10 women aged 25–34 at death had received SHS support in their last year of life, the highest rate by sex and age group.
- A higher proportion of SHS clients who were rough sleeping (0.7–1.0%) died each year compared with SHS clients experiencing other forms of, or not experiencing, homelessness (0.2–0.5%).
- Over a third of SHS clients (37%) who died by suicide received SHS support in the last month of life.

AOD treatment services clients:

- Around 13,700 people (1.8% of all AOD treatment services clients) received specialist AOD treatment services in their last year of life over the decade 2012–22 (around 9,800 males and 3,900 females).
- The death rate of AOD treatment services clients was 3.4 times the rate of people not receiving specialist AOD treatment services in 2021–22.
- Accidental poisoning, suicide and liver disease were the most common underlying causes of death accounting for around half of all deaths (49%) over the decade 2012–22.
- Throughout the decade 2012–22, 1 in 11 males (9.5%) aged 30–49 at death had received specialist AOD treatment in their last year of life.
- 1 in every 5 accidental poisoning deaths (20%) in Australia over the decade 2012–22 were people who received specialist AOD treatment services in their last year of life.

For more, see [People receiving specialist homelessness services support in the last year of life](#), [Suicide among people receiving specialist homelessness services: A last year of life study](#), and [People who received specialist Alcohol and Other Drug Treatment Services in their last year of life](#).

Where to find help and support

The AIHW respectfully acknowledges those who have died or have been affected by suicide or intentional self-harm. We are committed to ensuring our work continues to inform improvements in both community awareness and prevention of suicide and self-harm. This page discusses suicide and presents material that some people may find distressing. If this report raises any issues for you, [support services](#) can help. Crisis support services can be reached 24 hours a day.

- [Lifeline](#) Call 13 11 14
- Text (SMS) 0477 13 11 14
- [Online chat](#)

Mindframe is a national program supporting safe media coverage and communication about suicide, mental ill health and alcohol and other drugs. Resources to support reporting and professional communication are available on the [Mindframe website](#).

Visit [Suicide and self-harm monitoring](#) for information on suicide and self-harm data.

The next phase of work using the NACS linked dataset is underway to explore the intersection between clients of specialist homelessness services and/or alcohol and other drug services, patterns of primary health service use prior to death and risk factors associated with specific causes of death, including suicide and accidental overdose. The AIHW NACS team is engaging with various health and welfare government policy areas to understand emerging issues and critical evidence gaps. The NACS will also be made available to researchers outside of the AIHW for projects that fall within the approved use of the NACS, supported by the AIHW NACS team.

What is needed to make best use of linked data?

The NACS project highlights that deep knowledge of the underlying data, skilful analysis and interpretation of results, and effective communication of the insights are all critical for making sure the linked data set is used in a purposeful way. To elaborate:

- Knowledge of the source dataset concepts is important and must be carefully considered when joining longitudinal datasets. The underlying data collections must be well-documented, and measures must take into account nuances of these collections.
- Analysis methods need to be consistent within and between datasets to ensure results derived from the linked dataset are comparable.

- Translating results into meaningful and actionable evidence is a product of a deep understanding of both the source and linked datasets, and an ability to communicate effectively. The language used to deliver results must be highly precise to ensure the correct meaning is delivered but also use relatively plain language to ensure results reach a broad audience.

As is the case for the NACS project, linkage that brings together data from various government policy areas yields evidence that is relevant for multiple sectors. The best use of such evidence sees various governments and policy areas within and between governments working collectively to respond to the findings and develop policies to achieve better outcomes – particularly for vulnerable populations such as those captured in the NACS.

There are also data governance considerations for linked data sets like the NACS. For example, data custodian approval and distribution processes require negotiation and agreement, and new, enduring linked assets may even require new approaches to data governance arrangements.

Other recent welfare-related data development activities

Across the welfare data landscape, the AIHW is working on and supporting various other data development activities. These include work to:

- expand and enhance data about priority population groups: for example, a new national survey under Australia's Disability Strategy (ADS) collects information on community attitudes towards people with disability. The ADS Survey, also known as [Share with Us](#), is conducted by the Australian National University on behalf of the Australian Government and collects information from the general community, four key sectors (health, justice and legal, education and personal and community support), people with hiring responsibilities, and people with disability or health conditions. The survey provides data on how people with disability are affected by the attitudes and behaviours of others and the extent to which attitudes can be both enablers and barriers to inclusion (see [People with disability – specialised support services](#))
- expand the breadth of data available: the AIHW is working to increase the breadth of Child Protection National Minimum Data Set items, and ensure the collection can respond to emerging state, territory, and commonwealth Government reporting requirements, such as capturing early intervention data
- improve identification of First Nations people: by promoting best practice in collecting Indigenous status including monitoring and analysing data quality across welfare data collections
- improve the frequency of data collection and reporting: for example, more frequent reporting of recipients of Commonwealth Rent Assistance (CRA) and the impact of CRA on rental stress

- expand existing major national linked datasets (see [Greater insights from linked data sets](#) for examples). Work is also underway to progress integration of child protection and youth justice data with the National Health Data Hub (NHDH). This will enable access to the data for the purposes of National Disability Data Asset (NDDA) and Child Wellbeing Data Asset (CWDA) research
- provide a person-centred view: for example, AIHW is exploring how young people with experience of youth justice supervision interact with other government agencies and support services, including the flow of young people from the youth to the adult justice system through a national crime and justice data linkage project
- harness technology, electronic records and information systems: for example, the National Prisoner Health Data Collection will aim to collect data about adults in prison through extracts of jurisdictional administrative systems, rather than only through the current entirely separate data collection (see [Adults in prison](#))
- improve data quality: for example, by applying data standards to ensure that core aged care data about people, assessments, services and providers is collected and recorded accurately and consistently (see [Aged care](#)).

Greater insights from linked data sets

National Health Data Hub (NHDH)

The NHDH provides key insights into a person's journey through the health system including information on hospital visits, prescriptions, immunisations, aged care use and death information. New National Death Index, National Disability Insurance Scheme and aged care data have been made available in the NHDH, including the release of a new National Aged Care Data Asset with some longitudinal data back to the 1990s.

By example, NHDH data have been used by the AIHW to describe health service use among young people hospitalised due to FDV. This project explored the demographic profile of people with an FDV-related hospital stay, as well as the characteristics of their hospital experiences, including visits to the emergency department, and any subsequent deaths (AIHW 2024a).

The NHDH is being used as the underpinning infrastructure to support many domain specific assets including the National Disability Data Asset, the National Aged Care Data Asset and the Child Wellbeing Data Asset.

For more information, see the [NHDH website](#).

The Child Wellbeing Data Asset (CWDA)

The CWDA will provide access to enduring, integrated data collections across health and welfare sectors to analyse children and young people's wellbeing and pathways through government services over time. It enables research that can support better outcomes for children, young people and their families. It will help answer persistent questions on how children and young people transition through major developmental stages, interact with services and move through different systems.

As of June 2025, the CWDA is open for access for approved pilot projects.

For more information, see the [CWDA website](#).

National Disability Data Asset

The National Disability Data Asset is co-governed by the Commonwealth Government, all state/territory governments and the disability community. It brings together de-identified information from different government agencies about all Australians. The National Disability Data Asset will be used to provide insights on people with disability, their service use and pathways through services. This will help governments improve these programs and services. The AIHW is both one of the government agencies supporting the development of the National Disability Data Asset and a user of the National Disability Data Asset.

The AIHW will use the National Disability Data Asset to share information about how opportunities and outcomes could be improved for people with disability, providing data for a number of measures in Australia's Disability Strategy Outcomes Framework.

As part of the National Disability Data Asset, the Australian Bureau of Statistics (ABS) and AIHW are working with people with disability, their representatives and other experts in disability data to develop disability flags that can be used by researchers to consistently include and describe people with disability using data. These flags will enable or improve reporting for over a third of the measures under Australia's Disability Strategy Outcomes Framework, providing insights on important areas such as health, employment, housing, education, safety and justice.

More information can be found on the [National Disability Data Asset website](#).

Person Level Integrated Data Asset (PLIDA)

The Australian Bureau of Statistics' PLIDA combines information on health, education, government payments, income and taxation, employment and population demographics (ABS 2025).

The AIHW has used PLIDA in a range of projects, including to analyse suicide among people who received an income support payment. The linked data showed differences in suicide rates could be seen across payment types for selected population groups and over time (AIHW 2025a).

Where to from here?

For future welfare data to meet the needs of policy makers, service providers, researchers and the public, a number of improvements are needed across the data landscape (from data collection to reporting). Some examples of where data development work is needed, include:

- the lack of data on Aboriginal and Torres Strait Islander (First Nations) people with disability, LGBTIQ+ people with disability, or people with disability who are homeless (see [People with disability – specialised support services](#))
- a need for more frequent data to be collected and reported to inform wellbeing indicators for First Nations people
- measuring people's unmet need for services or supports
- information on services that are provided informally by the community.

Where do I go for more information?

For more information on data improvement activities in the welfare data landscape, see:

- Australian Government – [Using data to improve the lives of Australians](#)
- [AIHW linked data assets](#)
- Family, domestic and sexual violence: [Key information gaps and development activities](#).

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AIHW (2025a) Income support recipients, AIHW website, accessed 28 April 2025.

AIHW (2025b) [Suicide among people receiving specialist homelessness services: A last year of life study](#), AIHW website, accessed 9 April 2025.

AIHW (2025c) [People who received specialist Alcohol and Other Drug Treatment Services in their last year of life](#), AIHW, Australian Government, accessed 9 April 2025.

Income and finance of First Nations people

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/indigenous-income-and-finance>

On this page

Income

Income support payments

Financial stress

Comparisons with non-Indigenous Australians

Where do I go for more information?

Higher household income and lower financial constraints have well-established associations with:

- lower risk of disease
- better mental health
- longer life expectancy
- lower infant mortality
- reduced stress in meeting basic living costs
- greater choices and increased access to quality food, housing, physical activity, social participation, healthcare, and
- greater ability to maintain a sense of control or security in lives (Braveman et al. 2011; Finkelstein et al. 2022; Kiely et al. 2015; Mackenbach 2015, 2020; Marmot 2002; Marmot and Wilkinson 2001; Subramanian et al. 2002; Wilson et al. 2019).

The [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#) also recognises that addressing inequities in income and other social determinants of health is key to achieving health equity for Aboriginal and Torres Strait Islander (First Nations) people.

This page presents information on the income of First Nations households and people and examines changes between 2016 and 2021. It also presents statistics on income support payments received by First Nations people, and on experiences of financial stress among First Nations households.

Employment is usually the main source of household and personal income. For more information, see [Employment of First Nations people](#).

Income

This page reports on both the household and personal weekly incomes for First Nations people, primarily using data from the Australian Bureau of Statistics (ABS) [Census of Population and Housing](#) (the Census) 2016 and 2021 (ABS 2016, 2019, 2021a, 2023).

About Census income data

The Census computes total weekly household income as the sum of total personal weekly income of each resident aged 15 or over who was present in the household on Census night (ABS 2019, 2023). Household income is measured as equivalised gross weekly household income – income adjusted for differences in household size and composition. Equivalised gross household income is an indicator of the economic resources available to a standardised household (ABS 2021d, 2021e).

The Census also reports data on weekly personal income (including from wages and salaries, pensions, allowances, interest, and dividends) of all individuals aged 15 years and over based on their usual place of residence, and this data can be used to compute the median weekly personal income of all First Nations people.

Median income is the income level that separates a population into 2 equal halves: one half with incomes more than the median, and the other half with incomes less than the median. The Census collects weekly personal income in ranges (and not specific amounts), but the ABS derives medians using additional information from the Survey of Income and Housing.

For comparisons of median income across years, incomes are inflation adjusted using ABS Consumer Price Index data for June 2016 and June 2021 (ABS 2022). The incomes are presented in 2021 dollars equivalents. When income quintiles and ranges are presented, these are based on income as at the time of specified Census (2016 or 2021), unadjusted for inflation.

Household income

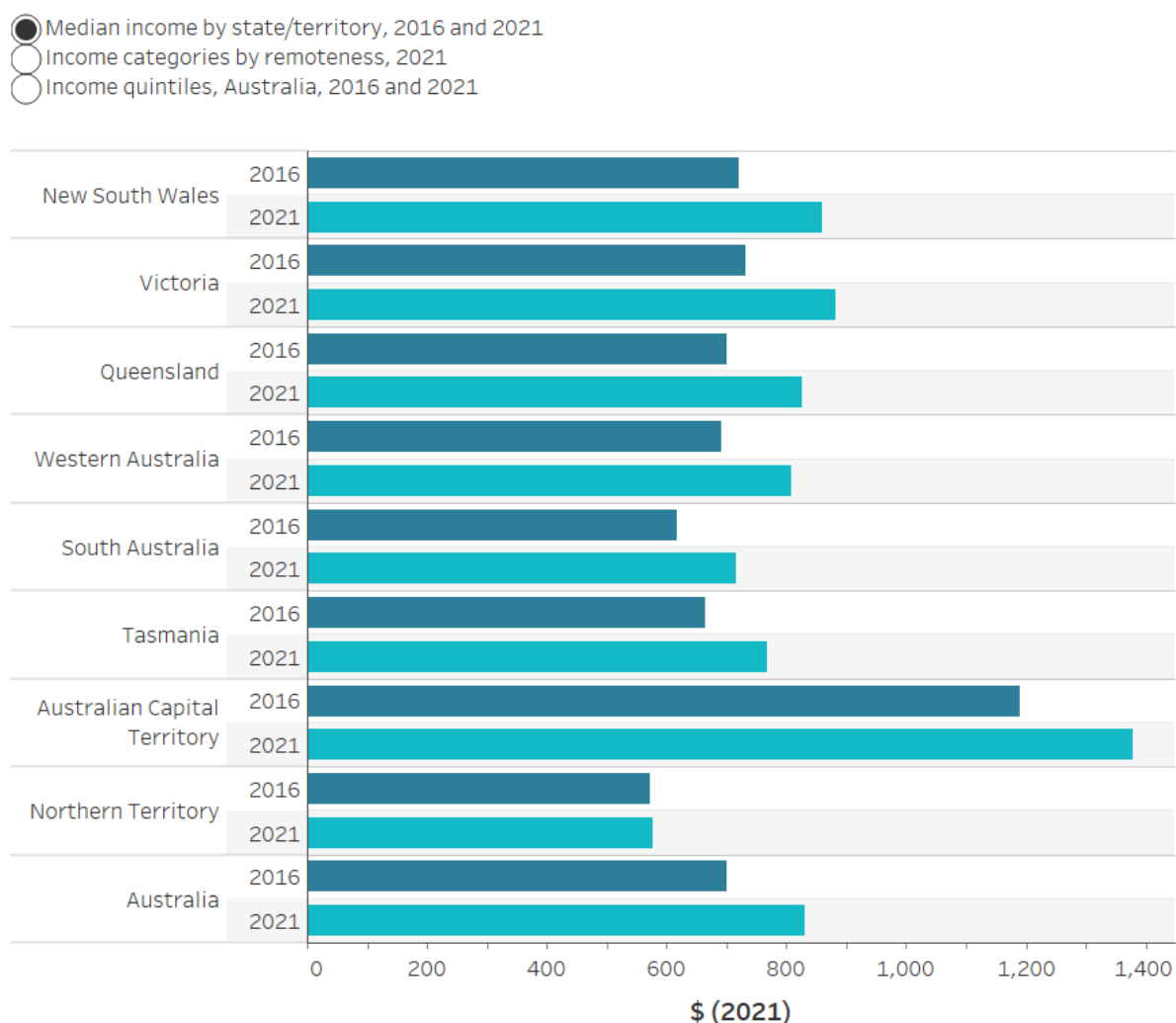
In 2021, for First Nations households:

- median weekly equivalised household income was \$830
- across states and territories, the median weekly equivalised household income was highest in the Australian Capital Territory (\$1,379) and lowest in the Northern Territory (\$578)
- 27% had an equivalised household income of under \$500 per week, 32% between \$500 and \$999 per week, and 41% with an income of \$1,000 or more
- income was lower in remote than non-remote areas. For example, in remote areas, nearly half (46%) had an equivalised household income of under \$500 per week, compared with about one-quarter (26%) of households in non-remote areas. About 28% of households in remote areas had an income of \$1,000 or more, compared with 42% in non-remote areas (Figure 1, ABS 2016, 2021a).

Between 2016 and 2021, based on inflation-adjusted weekly household equivalised incomes, for First Nations households:

- median household income increased in all states and territories
- nationally, median household income grew by 18%, from \$701 to \$830 per week (Figure 1).

Figure 5: Household income for First Nations households by state and territory, and remoteness



Sources: ABS 2016, 2021a.
<https://www.aihw.gov.au/>

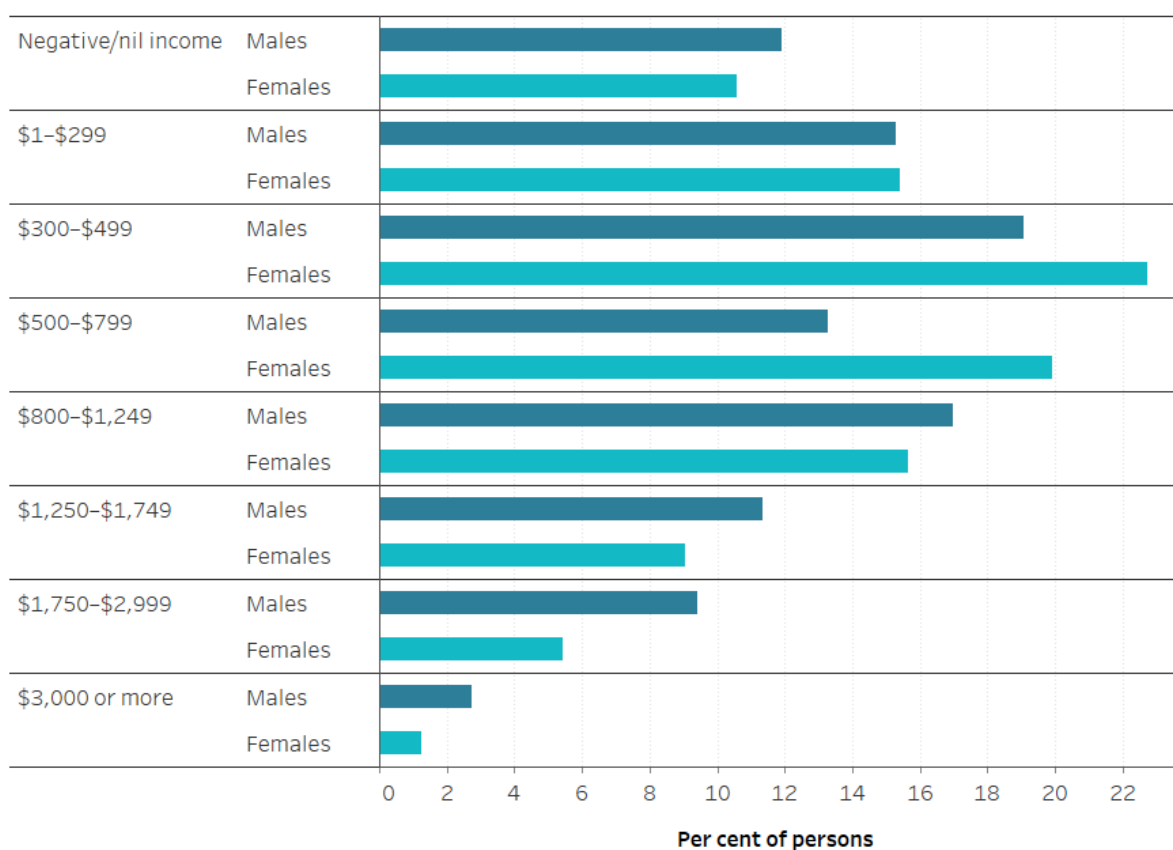
Personal income

In 2021, among First Nations people aged 15 and over:

- 27% had a gross weekly personal income of under \$300 per week, 21% between \$300 and \$499, 25% between \$500 and \$999, and 28% of \$1,000 or more.
- The proportion with a gross weekly personal income of \$1,000 or more in 2021 was lower for females (23%) than males (32%), and lower in remote than non-remote areas (17% compared with 30%).
- The median gross personal income was \$540 per week in 2021, an increase from \$482 per week in 2016 (expressed in 2021 dollars) (Figure 2).

Figure 6: Personal income for First Nations people aged 15 and over by sex, and remoteness, 2021

- Sex
- Remoteness areas
- Total



Source: ABS 2021a.
<https://www.aihw.gov.au/>

Income support payments

The Australian Government provides a range of income support payments that help people with living costs. The type of payment received depends on a person's circumstances, and individuals can receive only one income support payment at a time.

About Government income support payments data

On this page, the information on income support payments is sourced from the [DSS Income Support Recipient - Monthly Time Series April 2025](#) (DSS 2025).

'Recipients of income support payments' refers to those who had received any of the income support payment type/s: Age Pension, ABSTUDY (Living Allowance), Austudy, Youth Allowance (student and apprentice), Disability Support Pension, Carer Payment, Newstart Allowance (closed 20 March 2020) or JobSeeker Payment (from 20 March 2020), Youth Allowance (other), Parenting Payment Partnered, Parenting Payment Single, and Special Benefit (that is, for those in severe financial hardship due to circumstances beyond their control and are ineligible for any other income support payment) (DSS 2025).

On this page, counts of income support recipients includes people of all ages, but excludes income support payments that have been closed and discontinued, for example, Bereavement Allowance, Partner and Widow Allowance (which closed in January 2022). Therefore, the number of income support recipients presented on this page might differ to that published elsewhere.

For more information about income support payments, see [Income support payments for the working age population](#) and [Income support for older Australians](#).

Indigenous status identification

Indigenous status identification in [Services Australia \(Centrelink\)](#) is voluntary and self-identified. This may influence the quality and completeness of the data and subsequent reporting on the number and proportion of First Nations people receiving income support payments, especially among older First Nations people.

As at 28 March 2025, a total of 341,270 First Nations people received income support payments, equating to an estimated 49% of the total population of First Nations people aged 16 years and over (Table 1). The JobSeeker Payment was the most common income support payment for First Nations people, with 115,655 recipients, followed by the Disability Support Pension (69,505 recipients), and the Parenting Payment Single (57,100).

Table 1: First Nations recipients of income support payments, March 2025

Payment Type	Number	Proportion of population aged 16 and over ^{(a)(b)}
JobSeeker Payment	115,655	16.5
Disability Support Pension	69,505	9.9
Parenting Payment Single	57,100	8.2
Age Pension	30,575	4.4 ^(c)
Youth Allowance (other)	29,280	4.2 ^(d)
Carer Payment	23,165	3.3
ABSTUDY (Living Allowance)	7,170	1.0
Parenting Payment Partnered	6,185	0.9
Youth Allowance (student and apprentice)	2,285	0.3 ^(e)
All payment types	341,270	48.7

(a) The total Aboriginal and Torres Strait Islander population aged 16 and over has been used as the denominator (using population estimates published in ABS 2024a, 2024b, 2024d). Note that the eligible age group varies by payment type.

(b) The numerator for the percentages includes recipients of all ages, including those under 16, as data disaggregated by both Indigenous status and age were not publicly available. Nationally, there were 1,610 Australians aged under 16 who were receiving income support in March 2025 – data supplied by DSS shows that 48% of these recipients were First Nations people. Given these relatively small numbers, the inclusion of people aged under 16 in the numerator is expected to make minimal difference to the proportions shown here.

(c) When calculated as a proportion of the Aboriginal and Torres Strait Islander population aged 65 and over (rather than 16 and over), this proportion is 46.6%.

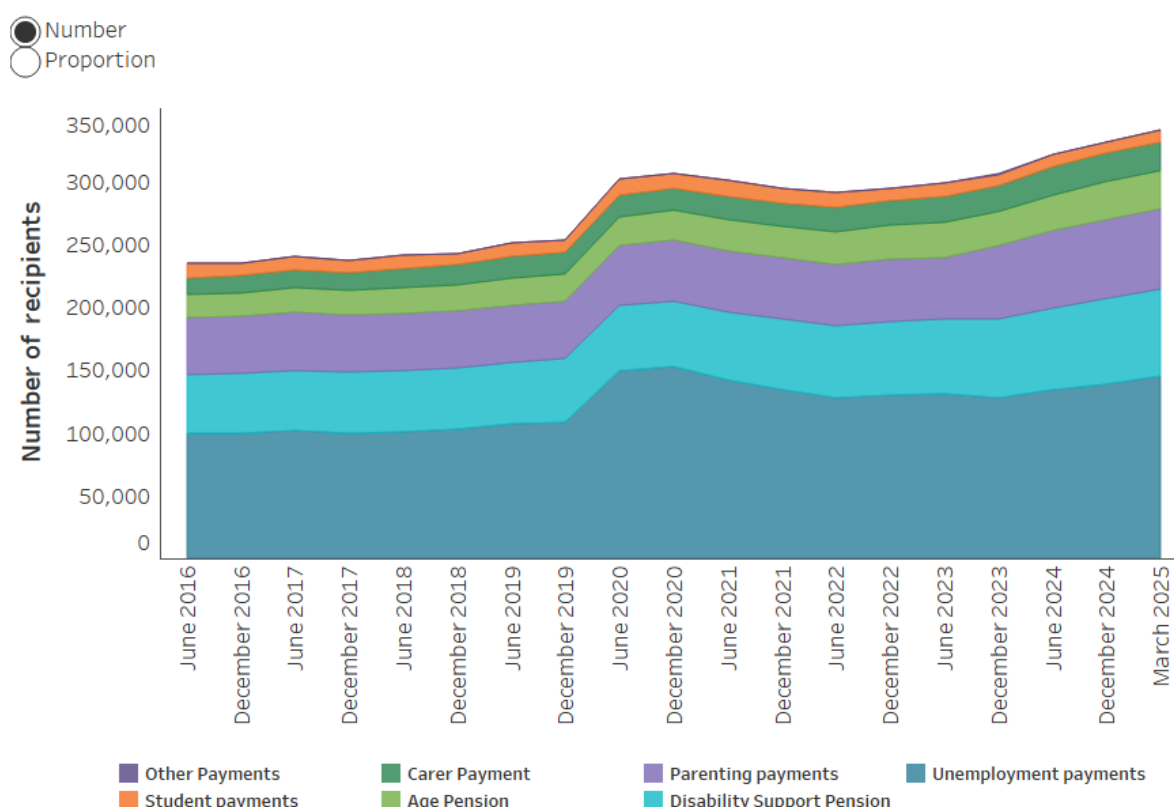
(d) When calculated as a proportion of the Aboriginal and Torres Strait Islander population aged 16 to 21 (rather than 16 and over), this proportion is 23.4%.

(e) When calculated as a proportion of the Aboriginal and Torres Strait Islander population aged 16 to 24, this proportion is 1.3%.

Sources: AIHW analysis of DSS 2025 and ABS 2024a, 2024b, 2024d.

The number of First Nations people receiving income support payments increased from 235,335 in June 2016 to 341,270 in March 2025 (Figure 3). The proportion of First Nations people aged 16 and over receiving a payment decreased from 42% in June 2016 to 41% in December 2019, and then increased to 49% in June 2020, primarily due to increases in the number of recipients during the early stages of the COVID-19 pandemic (AIHW 2023). The proportion between June 2020 and March 2025 remained above pre-pandemic levels.

Figure 7: First Nations recipients of income support payments by payment type, June 2016 to March 2025



Note: Student payments includes ABSTUDY (Living Allowance), Austudy, and Youth Allowance (student and apprentice). Unemployment payments include Jobseeker Payments, and Youth Allowance (other). Parenting payments includes Parenting Payment Partnered and Parenting Payment Single. Other payments includes Special Benefit. Proportions are calculated by dividing the number of First Nations recipients by the population aged 16 years and over.

Sources: ABS 2024a, 2024b, 2024d; DSS 2025.

<https://www.aihw.gov.au/>

Financial stress

The higher the level of financial stress on a household, the lower its ability to cope when faced with unexpected shocks that lead to a fall in income or rise in expenditure.

Financial stress is a complex subject that affects households differently. This section presents information on 3 indicators of financial stress: food security, housing costs, and cash flow.

Food security

In the 2022–23 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), households were classified as food secure or food insecure based on whether one or more members of the household had enough food, or money to buy food, needed for an active, healthy life at all times in the 12 months preceding the survey (ABS 2024c).

Measuring food security

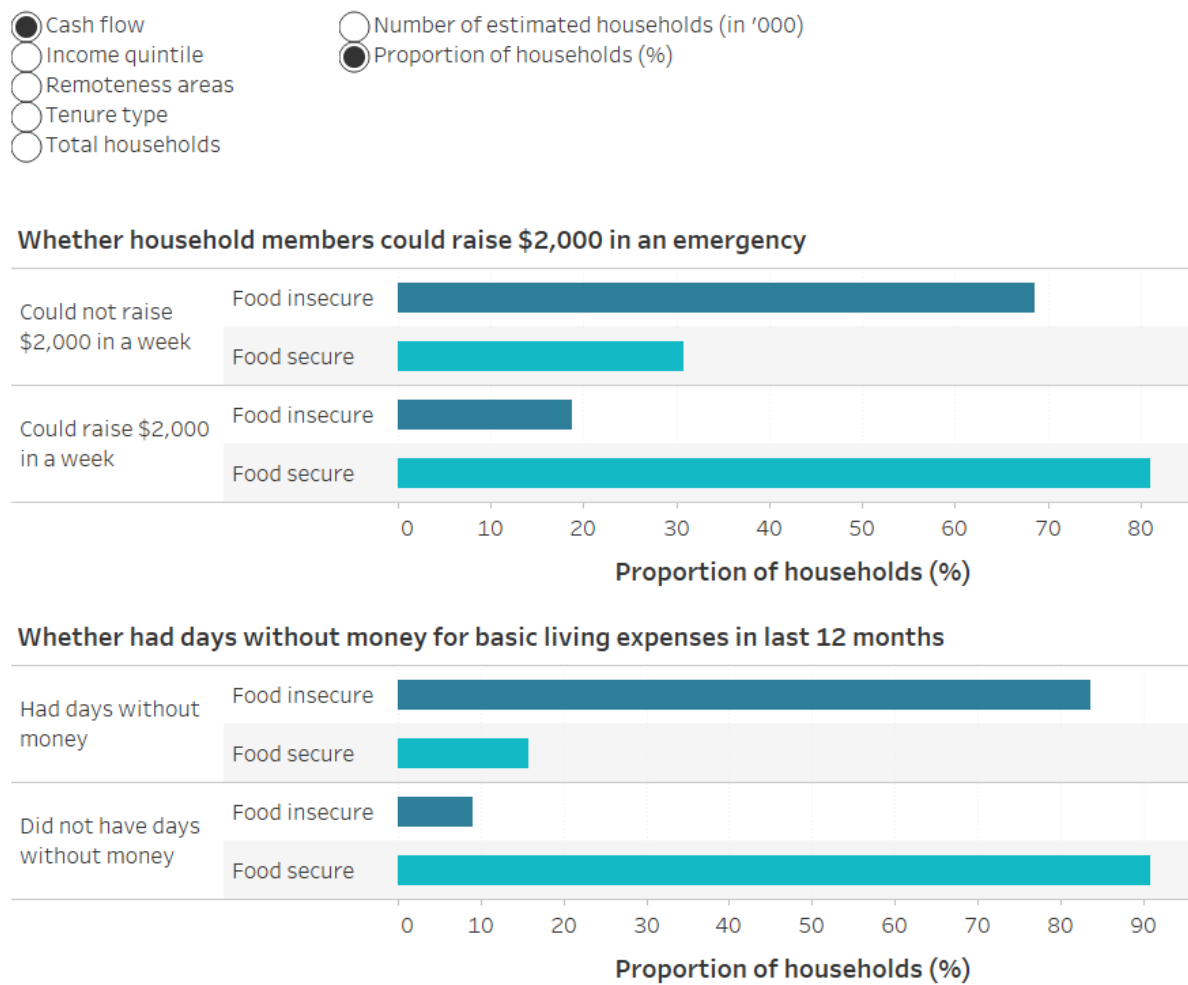
Food security status was assessed through the Adult Food Security Survey Module, which consists of a set of 10 questions developed by the United States Department of Agriculture (USDA). The food security status assigned to a household may not reflect the experience of each individual within the household. The specific experiences of children in the household do not form part of this measure. This is the first time questions about food security have been included in the NATSIHS, so no time trend information is available. For more information see the [Assessing health risk factors](#) section in [NATSIHS Methodology](#) (ABS 2024c).

In this analysis, the proportions are based on the denominators that include households for which food security status is unknown (3,000 households, 0.6%). Also, note that numbers and proportions are randomly adjusted by the ABS to avoid the release of confidential data, and so components may not sum to totals (ABS 2024c).

In 2022–23, based on NATSIHS data:

- 41% (198,800 of 479,900) of First Nations households experienced food insecurity due to not having enough money for groceries in the previous 12 months
- the households in the lowest income quintile were around 8 times as likely to experience food insecurity (66% or 64,800 of 98,600 households) as those in the highest income quintile (8.4% or 4,000 of 47,400 households) (based on weekly household equivalised income quintiles)
- First Nations households who were renters were 2.6 times as likely to experience food insecurity (55% or 157,000 of 284,600 households) as households who were homeowners (21% or 39,900 of 188,400 households)
- First Nations households in remote areas were more likely to experience food insecurity (51% or 25,200 of 49,700 households) than those in non-remote areas (40% or 173,500 of 429,500 households) (Figure 4).

Figure 4: Food security status of First Nations households by income quintiles, tenure type, cash flow, and remoteness, 2022–23



Source: ABS 2024c.
<https://www.aihw.gov.au/>

Housing costs

Expenditure on housing (such as rent payments or mortgage repayments) constitutes a major component of a household’s total living costs. Households that spend a high proportion of their income on housing are more likely to be in financial stress. Housing affordability and financial stress are typically measured by assessing the proportion of a household’s gross income that is spent on housing costs – like rent payments or mortgage repayments (ABS 2021b, 2021c; AIHW 2025).

A rented household is often considered under rental stress if it spends more than 30% of household gross income on rental payments. A mortgaged household is often considered under mortgage stress if mortgage repayments are more than 30% of household gross income. While these are useful indicators of financial status, rental or mortgage stress may not necessarily indicate that a household is in overall financial stress (ABS 2021b, 2021c). There can be reasons other than financial stress that

households spend more than 30% of gross income on housing costs – for example, people with higher incomes may choose to spend more than this on housing.

Rental and mortgage stress for First Nations people decreased between 2016 and 2021:

- 27% (65,400) of First Nations people aged 15 years and over in 2021 were living in a household that was experiencing rental stress, a decrease from 30% (54,900) in 2016.
- 12% (13,400) of First Nations people aged 15 years and over in 2021 were living in a household that was experiencing mortgage stress, a decrease from 18% (14,100) in 2016 (ABS 2019, 2023).

For more information on housing costs among First Nations people, including among people receiving Commonwealth Rent Assistance (CRA), see [Housing circumstances of First Nations people](#).

Note that more recently, Australia has been experiencing high levels of inflation, with increased cost of living and higher interest rates impacting on housing costs and household disposable income (RBA 2025).

Cash flow

Ability to raise emergency funds and cash flow problems

An individual's inability to raise emergency funds or manage cash flow are typically used to assess financial stress and income vulnerability (Breunig and Cobb-Clark 2006; Breunig et al. 2017; Saunders et al. 2007; Whiteford 2013).

The ABS NATSIHS data (ABS 2021a, 2024c) is used to measure First Nations household's ability to raise emergency funds and cash flow between 2018–19 and 2022–23. The proportions are based on the denominators that exclude households for which information on cash flow indicators are unknown.

In 2022–23:

- 46% of First Nations households could not raise \$2,000 within a week for an emergency, a decrease from 50% in 2018–19
- 44% of First Nations households 'had days without money for basic living expenses in the last 12 months', an increase from 38% in 2018–19 (ABS 2021a, 2024c).

Comparisons with non-Indigenous Australians

First Nations households had a lower median weekly equivalised household income than other households in 2021 (\$830 compared with \$1,080).

However, growth in median weekly equivalised household income between 2016 and 2021 was higher for First Nations households (18% compared with 11% for other households), and the gap decreased from \$268 to \$250 per week, in 2021 dollars.

Analysis of DSS data (DSS 2025) on income support payment recipients shows that at March 2025, First Nations people accounted for:

- 6.4% of all income support payment recipients in Australia
- 30% of all recipients of Youth Allowance (other)
- 17% of all recipients of Parenting Payment Single
- 13% of all recipients of JobSeeker Payment
- 10% of all recipients of Parenting Payment Partnered.

In comparison, an estimated 3.2% of all Australians aged 16 and over in March 2025 were First Nations people.

Key data gaps and data improvement activities

The lack of regular collections of data for First Nations people on income and financial stress makes it difficult to track changes over time. Analysis of the linked data asset [Person Level Integrated Data Asset \(PLIDA\)](#) could help fill this data gap. For example, the Productivity Commission analysed PLIDA data to look at how the distribution of incomes changed over the COVID-19 period, to assess the state of economic inequality in Australia (PC 2024).

Where do I go for more information?

For further information on the income and finance of First Nations people, see:

- Australian Bureau of Statistics [Estimates of Aboriginal and Torres Strait Islander Australians, June 2021](#)
- ABS [Census of Population and Housing: Characteristics of Aboriginal and Torres Strait Islander Australians, 2016](#)
- ABS Aboriginal and Torres Strait Islander people: Census
- ABS [National Aboriginal and Torres Strait Islander Health Survey 2018–19](#) and [National Aboriginal and Torres Strait Islander Health Survey 2022–23](#)
- Services Australia [A guide to Australian Government payments](#)

See also [First Nations People](#).

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Income and income inequality

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/income-and-income-inequality>

On this page

Income from wages

Household income inequality

Financial stress

Where do I go for more information?

A person's wellbeing is influenced by many factors, but having an adequate income remains an essential component in measuring individual and household wellbeing. This page provides an overview of the economic wellbeing of Australians, including trends in individual income from wages, household income and income inequality, and financial stress.

Of particular interest is examining trends in income inequality, which refers to the unequal distribution of income among households, where some earn considerably more than others (ABS 2022a). This disparity can lead to social and economic challenges, as those with lower incomes may face greater barriers to accessing essential resources and opportunities. Therefore, higher levels of inequality within a society can affect multiple dimensions of wellbeing and welfare across healthcare, education, housing and employment, while also being associated with higher rates of violence (Parliament of Australia 2014, Wilkinson 2020).

Income data sources

The information on this page is drawn from various sources, including:

- **Consumer Price Index (September 1997 – March 2025)** – the Consumer Price Index is a measure of the average change over time in the prices paid by households for a fixed 'basket' of goods and services. It measures inflation experienced by households and changes in price for categories of household expenditure.
- **Survey of Average Weekly Earnings (May 2012 – November 2024)** – this survey is conducted twice a year in May and November and is the source of data on average weekly earnings. The data presented on this page are seasonally adjusted estimates of average weekly ordinary time earnings for full-time adult employees, excluding overtime and irregular bonuses. This measure reflects regular income and is the preferred measure for tracking wage growth, rather than income from all earnings, as short-term fluctuations in overtime can distort the underlying trend in wage growth and is commonly excluded to allow for more reliable comparisons of trends over time.

Movements in average weekly earnings can be affected by changes in both wage rates and in the composition of employment. On this page, information is presented for nominal wages and real wages (adjusted for inflation using the Consumer Price Index).

- **Wage price index (WPI) (September 1997 – March 2025)** – measures changes in the price of labour (that is, wage rates). This measure is compiled using hourly rates of pay for a sample of employee jobs and is therefore not affected by compositional shifts in employment. The WPI presented on this page refers to the *Total Hourly Rates of Pay excluding Bonuses Index*, including overtime and irregular payments. The WPI covers total hourly rates of pay and is therefore unaffected by the quality and quantity of work performed. On this page, information is also presented for real wages (adjusted for inflation using the Consumer Price Index).
- **PolicyMod (2005–2024)** – AIHW commissioned POLIS@ANU: The Centre for Social Policy Research to generate estimates of changes in equivalised disposable income at different points of the income distribution. These are based on the Australian Bureau of Statistics (ABS) Survey of Income and Housing (SIH) and complemented by the Australian National University (ANU) PolicyMod microsimulation projections up to 2024 (Phillips et al. 2024). Data are available on the median nominal and real equivalised disposable household incomes, housing costs and measures of housing stress. From 2005 to 2019, the data represent financial years (2005–06 to 2019–20). Results for subsequent years are based on simulations, referencing the December point of each year. Real incomes are available from 2009 to 2024 and were computed by using the ANU Living Cost Index (LCI) to adjust for inflation. This LCI uses the ABS Household Expenditure Survey (HES) 2015–16 as the basis for weights as they apply to ABS Consumer Price Index (CPI) expenditure classes. It is similar to the ABS LCI, except for some differences in the weights attached to each expenditure class which closely align with the original survey data. The weights in the ABS version are more regularly adjusted to reflect changes in consumer habits, although this has led to large weight movements through the COVID-19 pandemic (Phillips 2019). The ANU LCI provides a stable measure for analysing long-term trends (including during the COVID-19 pandemic) and includes an overall LCI for households and household types of interest such as income quintiles.
- **National accounts: Distribution of Household Income, Consumption and Wealth (September 1973 – March 2025)** – integrates ABS micro and macro data to generate information on household income, consumption and wealth. This data source is used to report on equivalised disposable household income per capita to complement the PolicyMod projections of equivalised household income. The ABS Households Final consumption expenditure implicit price deflator was used to measure changes in household income by adjusting these data for changes in both prices and the composition of expenditure (ABS 2025e).
- **The Household, Income and Labour Dynamics in Australia (HILDA) survey (2001–2023)** – this is a longitudinal study of Australian households, following the lives of more than 17,000 Australians each year and collecting information on aspects such as household and family relationships, income and employment, and health and education (DSS 2025). On this page, the HILDA survey is used for reporting on the Gini coefficient, self-reported measures of financial stress (see [Financial stress data sources](#)) and further socio-demographic variables. The Gini coefficient is computed for equivalised disposable income using the OECD equivalence scale. Negative incomes are treated as zeros

(Productivity Commission 2018). Disclaimer: The HILDA Project was initiated and is funded by the Australian Government Department of Social Services (DSS) and is managed by the Melbourne Institute of Applied Economic and Social Research (Melbourne Institute). The findings reported on this page, however, are those of the author and should not be attributed to either DSS or the Melbourne Institute.

Income from wages

It is important to analyse income from wages as this is the primary source of income for about 3 in 5 adult Australians and contributes to the quality of life and potential financial stress that they experience (ABS 2022b; 2023).

Income from wages can be measured using several data sources. On this page, we use full-time average weekly ordinary time earnings (AWOTE) to measure average weekly earnings for adults working full-time. Trends in AWOTE can be affected by changes in both wage rates and in the composition of employment. We also report on the Wage Price Index (WPI). Unlike measures of average weekly earnings, the WPI provides a measure of changes in hourly wage rates, which are not affected by compositional shifts in employment (see [Income data sources](#)).

Real wages growth recovered in 2024 due to growth in nominal wages and moderating inflation

The nominal AWOTE was \$1,976 in November 2024, up from \$1,396 in November 2012 (Figure 1).

Growth in nominal AWOTE has been strong in recent years, with an average annual growth rate of 4.2% between November 2021 and November 2024. Most recently, nominal AWOTE increased by 4.6% from \$1,889 in November 2023 to \$1,976 in November 2024. This is the highest growth recorded since 2013 except for a temporary spike of 4.8% during the onset of the COVID-19 pandemic in May 2020 (Figure 1). The strong wages growth since 2022 reflects increases to the national minimum wage in response to the rising cost of living. For example, the National Minimum Wage increased by 5.2% in 2022–23, by 8.6% in 2023–24 and by 3.7% in 2024–25 (Fair Work Commission 2024).

Accounting for inflation when reporting on trends in wages is important to determine if wage increases are actually improving workers' ability to afford goods and services or just keeping up with rising costs. This is typically referred to as real wages. Inflation may cause individuals to be worse off if nominal wages growth does not keep pace with inflation and the associated growth in expenditures. Since mid-2021 inflation has been rising and peaked at 7.8% over the year to December 2022. It has since moderated to 2.4% over the year in both December 2024 and March 2025.

With moderating inflation and strong growth in nominal wages, real wages growth has recovered to 2.1% over the year to November 2024. This follows low growth of 0.4% over the year to November 2023 and 2 years of declines in the real value of wages

between November 2020 and November 2022, reaching a peak decline of 4.1% over the year to November 2022. Despite recent growth in real wages, the real AWOTE in November 2024 (\$1,976) was still just below the \$1,990 recorded before the COVID-19 pandemic in November 2019 and only slightly higher than the \$1,908 recorded in November 2012 (Figure 1).

Similarly, annual growth in the nominal WPI was 3.4% in March 2025, following several years of strong growth since 2022 (reaching a peak of 4.3% in December 2023 – the highest growth in the WPI since March 2009). After accounting for inflation, the annual growth in the real WPI recovered to 1.0% in March 2025 following weak annual growth of 0.4% in March 2024 and declines in the real WPI in each quarter between June 2021 and September 2023 (Figure 1).

Figure 1: Income from wages, June 2011 to March 2025



Notes:

1. Average weekly ordinary time earnings (AWOTE) and the Wage Price Index (WPI) data are seasonally adjusted.

2. Data have been adjusted for changes in prices using the Consumer Price Index (CPI) and expressed in 2024 dollars (AWOTE) or 2025 dollars (WPI).

Sources: For AWOTE ABS 2024a Table 2, ABS 2025a Tables 1 and 2; for WPI ABS 2024b Table 1, ABS 2025a Tables 1 and 2.

<https://www.aihw.gov.au>

Household income inequality

While the above-mentioned income data from wages for employed people provides important person-level information on income trends and changes in living standards, it is also important to look at household income and how this has changed at different points of the income distribution. Household income accounts for households sharing resources and expenses and it captures flexible or irregular work patterns (such as part-time, casual, temporary and over-time work).

Strong growth in nominal household incomes since 2022, fastest growth in 15 years

Based on PolicyMod, the median nominal equivalised household disposable income (household income) was \$1,464 per week in December 2024 (equivalised income adjusts for household size and composition). Between 2007 and 2021, household income increased, on average, by 3.2% each year. Since 2021, annual growth in household income increased to 7.4% between 2021 and 2022, 5.4% between 2022 and 2023 and 6.6% between 2023 and 2024. This is the fastest growth since 2007 (an average of 10.7% per year between 2005 and 2007; Figure 2).

However, there is a wide range of different household incomes with the top fifth of households having an average weekly income of \$2,488 compared with \$549 for the bottom fifth of households (Figure 2).

Real household income growing by 3.2% in 2024 and returning to similar levels as in 2021, following two years of declining incomes

While the high inflation between 2021 and 2023 meant that income growth did not keep pace with rising living costs, moderating inflation since 2023 has allowed household incomes to grow faster than prices, resulting in positive real income growth.

After adjusting household income for inflation using the ANU's living cost index (see [Income data sources](#)), median real equivalised household disposable income (real household income) increased by 3.2% from \$1,418 in 2023 to \$1,464 in 2024 (Figure 2). This marks a turnaround following 2 consecutive years of declines in real household income during which real household income fell by an average of 1.3% per year between 2021 and 2023. By 2024, real household income recovered to similar levels as in 2021 (\$1,455).

As shown in Figure 2, growth in real household income between 2021 and 2024 has been different for different types of households. For example, owners with a mortgage experienced a 7.7% decline in real income over the 3 years, from \$1,847 in 2021 to \$1,705 in 2024. In contrast, real incomes grew by 9.7% for owners without a mortgage and by 5.5% for renters over the same time period. These differences reflect the sharp rise in mortgage costs of 58% between 2021–2024 (AIHW analysis of ANU PolicyMod

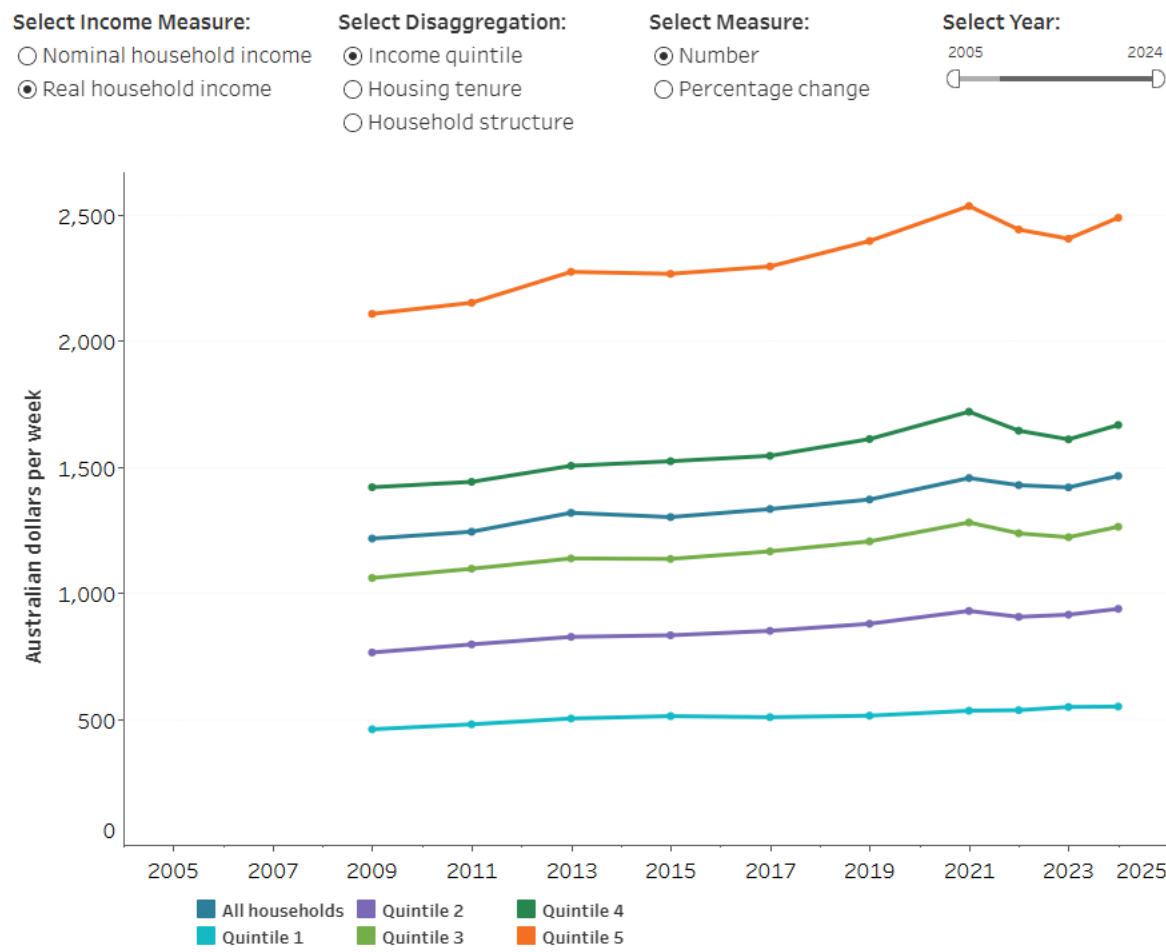
data). Notably, real household incomes for owners with a mortgage were at a peak in 2021, reflecting historically low interest rates in 2020–2021.

Between 2023 and 2024, households across all income quintiles experienced growth in real household income, following declines from 2021 to 2023 for households from all income quintiles except for the lowest income quintile (Figure 2). Overall, between 2021 and 2024, real household income for lower-income households grew by 3.1% from \$532 to \$549 (income quintile 1) and by 0.9% from \$928 to \$936 (income quintile 2). In contrast, by 2024, middle-income and higher-income households still experienced incomes below those in 2021, declining by 1.3% from \$1,279 to \$1,262 (income quintile 3), by 3.1% from \$1,718 to \$1,666 (income quintile 4) and by 1.8% from \$2,534 to \$2,488 (income quintile 5). The declines for middle-income and higher-income households over 2021–2024 may reflect a higher proportion of owners with a mortgage (RBA 2024) who were exposed to rising mortgage costs during this period (see [housing costs increasing for owners with a mortgage](#)).

Housing costs increasing for owners with a mortgage

Among owners with a mortgage, the share of households spending more than 30% of their disposable income on housing has increased to record highs since 1984. For example, between 2022 and 2024, 41%–47% of owners with a mortgage paid more than 30% of their disposable household income on housing costs, compared with 24% in 2021, the lowest rate since 1988 (AIHW 2025). The record high rates of relative housing costs can be attributed to a combination of high interest rates and housing prices. According to the ABS Living Cost Indexes, mortgage interest charges were the most significant contributor to increases in employee households' living costs, with mortgage interest charges rising by 15% over the year in December 2024, after peaking at 92% in June 2023 (ABS 2025b).

Figure 2: Equivalised disposable household income estimates and Gini Coefficient, 2001 to 2024



Source: Unpublished, AIHW analysis of ANU PolicyMod data.
<https://www.aihw.gov.au>

Real household disposable income per capita returned to the same level as it was in 2020 after almost 3 years of declines

Real household disposable income per capita derived from the Australian National Accounts (see [Income data sources](#)) followed similar patterns as the projected household income data from PolicyMod. It is only in March 2025 that it has returned to the same level as it was in March 2020 prior to the onset of the COVID-19 pandemic. This follows almost 3 years of declines by an average of 4.2% between September 2021 and June 2024, before beginning to rise again by up to 1.7% between March 2024 and March 2025 (ABS 2023e).

Income inequality moderating after the peak in 2021-22

Income inequality can be measured by the Gini coefficient which varies between 0 and 1 with lower numbers representing less inequality. In 2022–23, the Gini coefficient was 0.304, decreasing from the two-decade high of 0.321 in 2021–22.

Over the past 2 decades the Gini coefficient varied between the lowest value of 0.287 in 2003–04 and the highest value of 0.321 in 2021–22.

During the COVID-19 pandemic, the Gini coefficient decreased from 0.302 in 2018–19 to 0.290 in 2019–20 and 0.296 in 2020–21. This may reflect the COVID-19-related government economic support packages, such as the introduction of the Coronavirus Supplement for working-age income support recipients that was in place until March 2021.

Financial stress

The cost of living pressures associated with rising inflation and interest rates since 2022 have led to increases in financial stress among many Australians (Biddle and Gray 2023a, 2023b; Biddle et al. 2024; O'Donnell et al. 2024). According to the ANUPoll, 35% of Australian adults found it difficult or very difficult to meet household expenses on their current income in April 2025. This is substantially higher than before the COVID-19 pandemic (27% in January 2020) and the lower levels experienced during the pandemic (within the range of 17% and 23% between April 2020 and October 2021). Since then, it has been gradually increasing to 24–25% in 2022, 28–31% in 2023 and 34% in 2024.

Financial stress data sources

The information on this page is drawn from various sources, including:

- **The Household, Income and Labour Dynamics in Australia (HILDA) Survey (2001 – 2023)** – Financial stress is captured on an individual level for people aged 15 and above via the following 7 questions: Since the beginning of [this calendar year] did any of the following happen to you because of a shortage of money?
 - Could not pay electricity, gas or telephone bills on time
 - Could not pay the mortgage or rent on time
 - Pawned or sold something
 - Went without meals
 - Was unable to heat home
 - Asked for financial help from friends or family
 - Asked for help from welfare or community organisations.

Two composite measures are derived from these 7 financial stress factors. 'Any financial stress' is derived based on whether people experience at least one of these 7 stress factors. 'Severe financial stress' is derived based on whether people experience one of the following 3 stress factors: not being able to pay their bills, not being able to pay the mortgage or rent payments on time and going without meals.

- **ANU COVID-19 Monitoring Survey Program (ANUPoll) (February 2020 to April 2025)** – this page also refers to ANUPoll for measures of financial stress. The ANUPoll is a series of polls conducted multiple times a year by the ANU. The polls assess Australians' opinions on important and topical issues. Some questions appear in every poll in order to provide information about changes in opinion over time, and the majority of questions appear in one poll only.

Financial stress increasing in 2023 with record high proportions of people missing meals

The prevalence of financial stress increased in 2023 to the highest rate in 11 years, reflecting financial pressures associated with the cost-of-living crisis. The proportion of people aged 15 and over experiencing at least one of the 7 financial stress factors (see [Financial stress data sources](#)) was 21% in 2023, increasing from 18% in 2021–2022 (Figure 3).

Some people may experience more severe financial stress than others, for example, falling behind on their bills, falling behind on their mortgage or rent payments, or not being able to afford meals. The prevalence of people experiencing one of these more severe financial stress factors has increased from 12–13% in 2019–2022 to 14% in 2023. The proportion of people missing out on meals, in particular, has risen to 4.9% in 2023 (highest on record since the inception of the HILDA Survey in 2001). This compares with an average of 3.3% in 2001–2019, including 3.9% in 2019 (Figure 3).

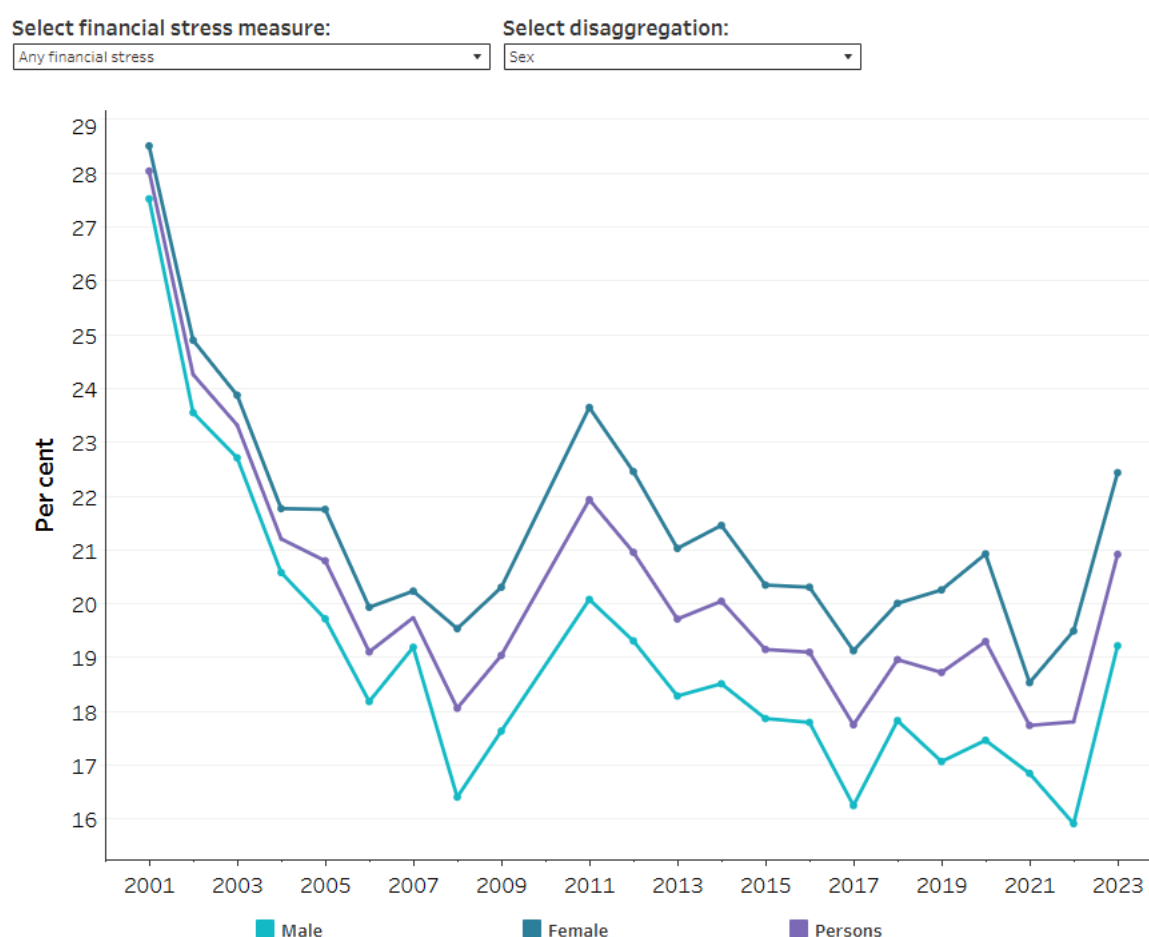
The increasing prevalence of any financial stress, severe financial stress and missing meals between 2019 and 2023 was also observed when controlling for demographic, geographic and socioeconomic factors in panel logistic regression models (adjusted odds ratios of 1.2, 1.3 and 1.4, respectively; Figure 4).

While 21% of people aged 15 and over experienced financial stress in 2023, for different groups of people their experience of financial stress varied. In 2023, groups with high level of financial stress included:

- 31% of people who had had a serious personal injury or illness in the past year
- 37% of renters
- 43% of single parents.

Financial stress for all these sub-groups have increased since 2020–2021 (Figure 3).

Figure 3: Proportion of people experiencing financial stress, 2001 to 2023



Source: AIHW analysis of the HILDA Survey.
<https://www.aihw.gov.au>

Renters, single parents and 35–49-year-olds are at highest risk of experiencing financial stress

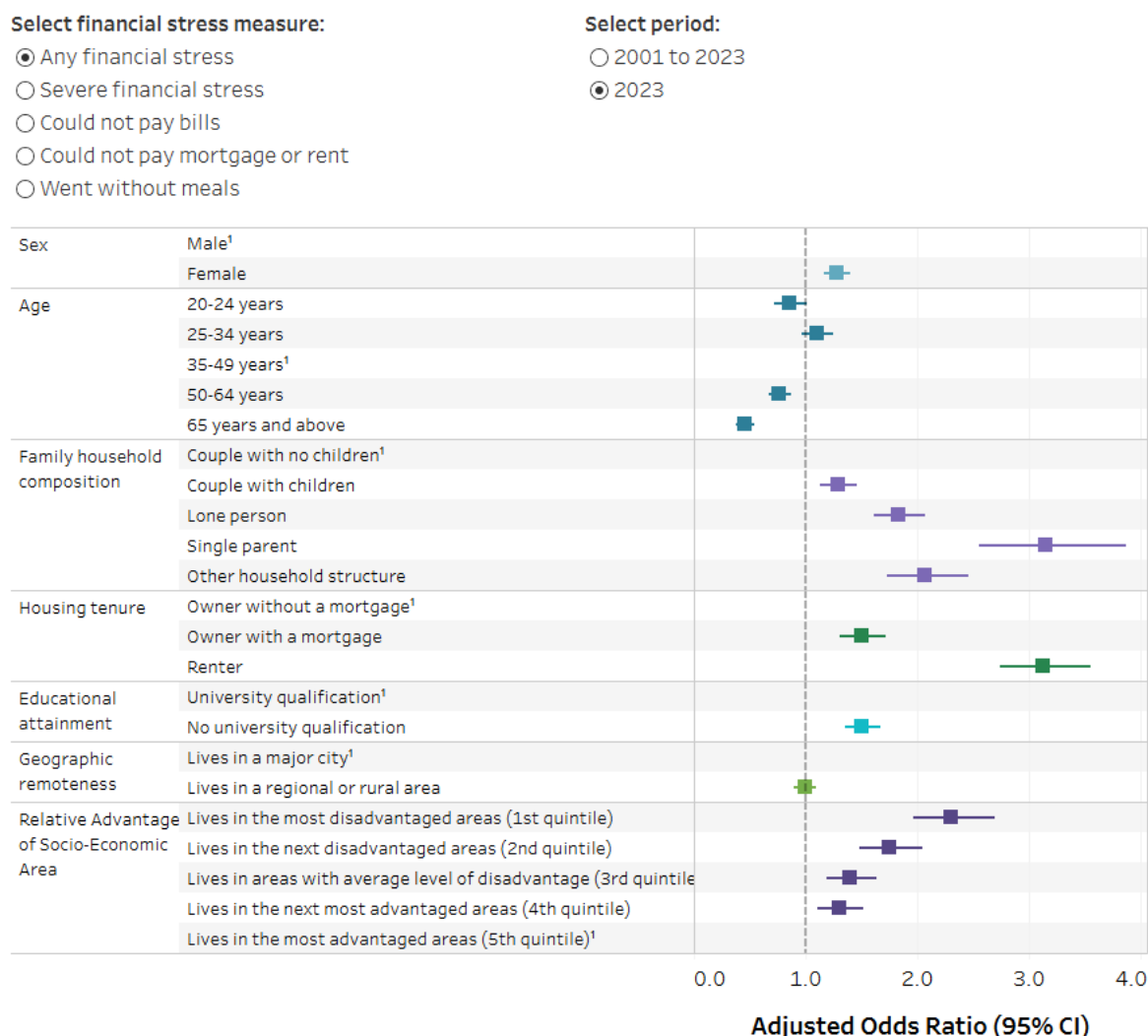
Figure 4 presents the results from a logistic regression analysis modelling a person's odds of experiencing financial stress in 2023, accounting for a range of individual characteristics (such as sex, age, household structure, housing tenure, socioeconomic disadvantage, education and remoteness).

There are associations between financial stress (any financial stress or severe financial stress) and most of the above-mentioned individual characteristics for people aged 20 years and over (Figure 4). These associations are the strongest for:

- single parents relative to couples without children (odds ratios 3.1 for any financial stress and 3.3 for severe financial stress)
- renters relative to owners without a mortgage (odds ratios 3.1 for any financial stress and 3.5 for severe financial stress)
- people living in the most disadvantaged areas relative to people living in the most advantaged areas (odds ratios 2.3 for any financial stress and 2.4 for severe financial stress).

In addition, people aged 20–24 and people aged 50 and over were less likely to experience financial stress relative to people aged 35–49 (for example, odds ratios for people aged 65 and over are as low as 0.45 for any financial stress and 0.46 for severe financial stress). The reason for the 20–24 age group experiencing lower financial stress could be associated with being less likely to fall behind on paying their electricity, gas or telephone bills compared to those aged 35–49 (odds ratio 0.67), while they were more likely to ask friends or family for financial help (odds ratio 1.2).

Figure 4: Regression model estimates of the factors associated with financial stress for individuals aged 20 and above (adjusted odds ratios), 2023



¹ Reference group

Source: AIHW analysis of the HILDA Survey.

<https://www.aihw.gov.au>

Where do I go for more information?

For more information on income and income inequality, see:

- AIHW [AIHW Housing Data Dashboard](#)
- AIHW [Housing affordability](#)
- Melbourne Institute: Applied Economic & Social Research [HILDA Survey](#)
- Australian Bureau of Statistics [Measuring What Matters themes and indicators](#)
- Australian Data Archive [Data Access to the HILDA Survey](#)

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Income support for older Australians

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/income-support-older-australians>

On this page

How many older Australians receive income support?

Trends in receiving income support

Characteristics of people receiving Age Pension

Where do I go for more information?

Australia's social security system, administered by Services Australia, aims to support people who cannot, or cannot fully, support themselves, by providing targeted payments and assistance. Income support payments are subject to means-tested arrangements.

This page examines trends in income support receipt for people aged 65 and over, and the main payment types they receive. Income support receipt for people aged under 65 is included in [Income support payments for the working age population](#).

Unless otherwise stated, income support data are sourced from [Department of Social Services Income Support Recipients – Monthly Time Series from January 2012 to March 2025 \(DSS 2025\)](#).

How many older Australians receive income support?

The Australian Government provides a range of income support payments for people aged 65 and over, with Age Pension the most common payment for this age group. However, in recent years there have been steep increases in receipt of specific payments (such as JobSeeker Payment and Disability Support Pension (DSP)) for people aged 65–69. This is mainly due to increases to the qualifying age for Age Pension from 65 to 67 years which have been implemented incrementally between 2017 and 2023 (see [Age Pension](#)).

As at 28 March 2025, 2.9 million people aged 65 years and over were receiving income support payments, equating to 62% of the population aged 65 and over (Figure 1).

Among the 2.9 million people aged 65 years and over receiving income support payments:

- 91% or 2.7 million were receiving Age Pension
- 9.5% (277,000 people) were receiving other income support payments including DSP (153,000 people), Carer Payment (66,400 people), and JobSeeker Payment (54,500 people).

Types of income support payments for people aged 65 and over

Age Pension

Age Pension is paid to people who meet certain requirements, such as age and residency requirements, and is subject to income and asset testing.

Several policy changes have been made to Age Pension over the last 8 years, including a rebalancing of the assets test from 1 January 2017, and incremental increases to the qualifying age for people born on or after 1 July 1952 (DSS 2023). The qualifying age for Age Pension has been increasing by 6 months every 2 years since 2017, depending on the year in which you were born. Since 1 July 2023, Age Pension qualifying age is 67 for people born on or after 1 January 1957 and between 65 and 66.5 for people born before that (see DSS 2023).

The qualifying age for Age Pension reached 65 years on 1 July 2013. Between 2012 and 2013 there was a small number of women aged 64 receiving Age Pension – 30,300 in January 2012, reducing to 590 by December 2013 (1.4% and 0.02% of all Age Pension recipients, respectively). These people are not included in the total counts for Age Pension for comparability across the reporting period.

For more information on this payment see [Age Pension](#) and [Age Pension – payment rates](#).

Other income support payment types

People aged 65 and over may also receive other income support payments, such as JobSeeker Payment, Disability Support Pension and Carer Payment (a combined number of 274,000 people as at 28 March 2025), and to a lesser extent Parenting Payment Single, Parenting Payment Partnered, ABSTUDY (Living Allowance), Austudy, and Special Benefit (a combined number of 3,400 people as at 28 March 2025). These recipients are included in the totals for income support receipt but are not the focus of this page. Receipt of these other income support payments has been increasing in recent years, likely as a result of the above-mentioned increases to the qualifying age for Age Pension and people continuing to receive other income support payments for longer before transitioning to Age Pension.

First Nations people

Note that the response to Indigenous status identification in most data collections is voluntary. This may influence the quality and completeness of the data and subsequent reporting on the number and proportion of Aboriginal and Torres Strait Islander (First Nations) people receiving income support payments, especially among older First Nations people.

Trends in receiving income support

The number of people aged 65 and over receiving income support has increased over the last decade from 2.3 million in March 2012 to 2.9 million in March 2025 (except for a slight dip in 2017 reflecting changes to the Age Pension asset tests from January 2017). This growth has driven the overall increase in the number of people aged 16 and over receiving income support from 4.8 million in March 2012 to 5.3 million in March 2025. However, when taking into account population growth for the 65 and over population over this period (49% increase between March 2012 and March 2025), the proportion of people aged 65 years and over receiving income support has declined from 72% to 62% between 2012 and 2025. This is consistent with the declining receipt of income support for the population aged 16–64 (see [Income support payments for the working age population](#)).

Receipt of Age Pension has also declined over this period, from 70% to 56% of the population aged 65 and over. The rate of decline was steepest for people aged 65–69 – a 34-percentage point decline between March 2012 and March 2025 (from 60% to 26%). This compares with a 12-percentage point decline (from 78% to 66%) for people aged 70–84 and increasing receipt for people aged 85 and over (from 60% to 80%), as shown in Figure 1.

The declining receipt of income support among older Australians reflects a range of economic, social and policy changes over the last decade, including:

- policy changes to Age Pension, such as increasing the qualifying age for the Age Pension from 65 in 2017 to 67 by 2023 (see [Age Pension](#)) and changes to the asset test in January 2017 (including an increase to the assets ‘test free area’, that is, the amount of assets an individual can have without their pension being affected)
- increased superannuation savings, with mandatory superannuation contributions since the 1990s resulting in larger retirement savings. More people retired with superannuation/private pension as a main source of income in 2022–23 than in 2014–15 (29% compared with 20%, respectively, for people aged 67 years and over; ABS 2024: Table 6)
- longer workforce participation – for example there were twice as many people aged 65 and over employed full-time in March 2025 than in March 2012 (353,000 compared with 171,000, respectively or 7.5% compared with 5.4% of the population aged 65 and over, respectively; ABS 2025: Table 1).

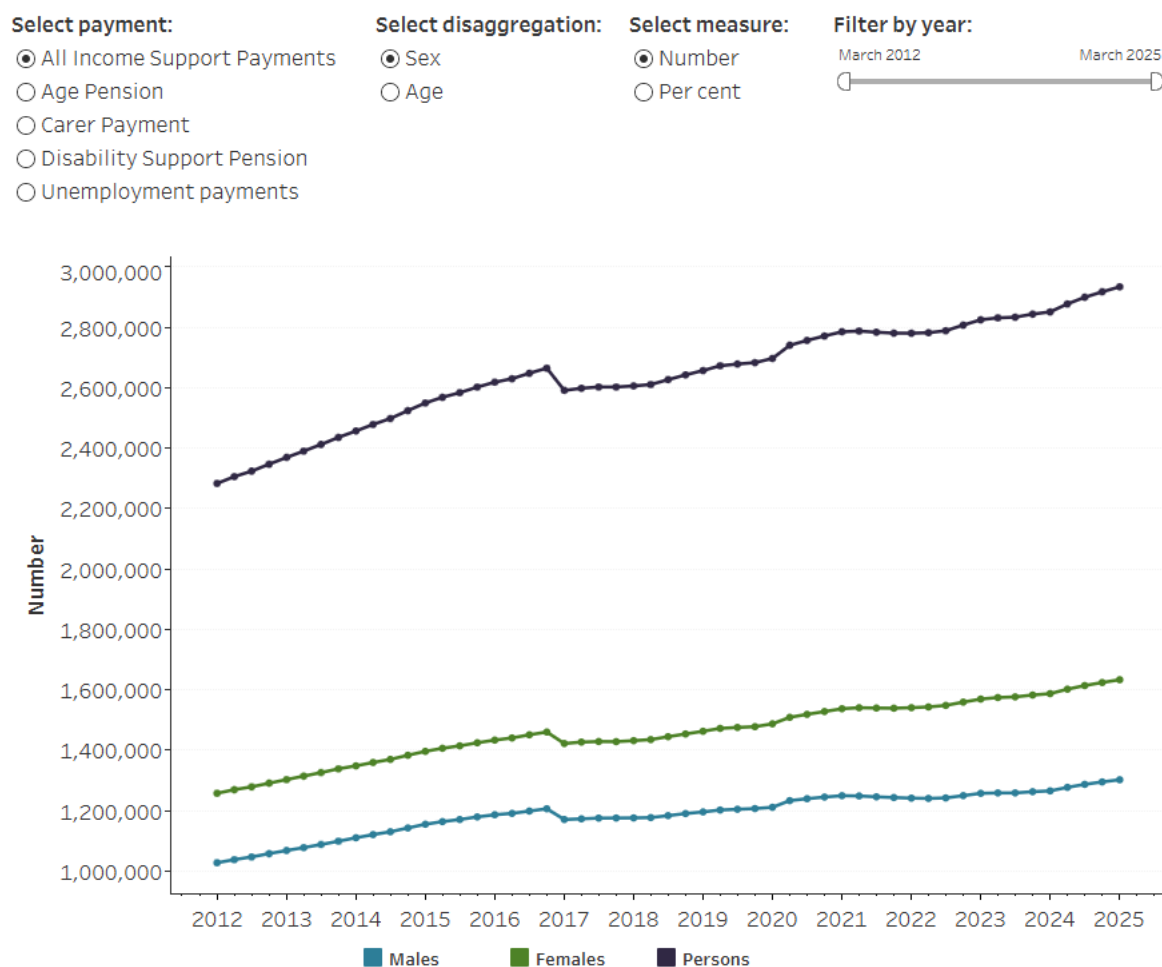
Reflecting the above-mentioned policy changes of increases to the qualifying age for Age Pension, there have been large increases in receipt of specific payments (although not large enough to offset the decline in Age Pension recipients) for people aged 65–69 between September 2017 and March 2025 (Figure 1). For example, the number of people receiving:

- DSP increased by 148% from 40,500 to 101,000 (or from 3.4% to 7.4% of the population aged 65–69)
- Carer Payment by 46% increased from 23,900 to 34,900 (or from 2.0% to 2.6%)
- Newstart Allowance/JobSeeker Payment increased nine-fold (by 923%) from 5,300 to 54,500 (from 0.4% to 4.0%).

These increases are much larger than for people aged 16–64. Between September 2017 and March 2025, the number of people aged 16–64 receiving:

- DSP decreased by 4.2% from 700,000 to 670,000 (or from 4.4% to 3.8% of the population aged 16–64)
- Carer Payment increased by 16% from 221,000 to 256,000 (or from 1.4% to 1.5%)
- Newstart Allowance/JobSeeker Payment increased by 2.6% from 800,000 to 821,000 (although decreasing from 5.0% to 4.7% of the population aged 16–64).

Figure 1: People aged 65 years and over receiving Age Pension and other income support payments, March 2012 to March 2025



Source: AIHW analysis of Department of Social Services (DSS 2025) Income Support recipients – monthly time series on www.data.gov.au (March 2025).
<https://www.aihw.gov.au/>

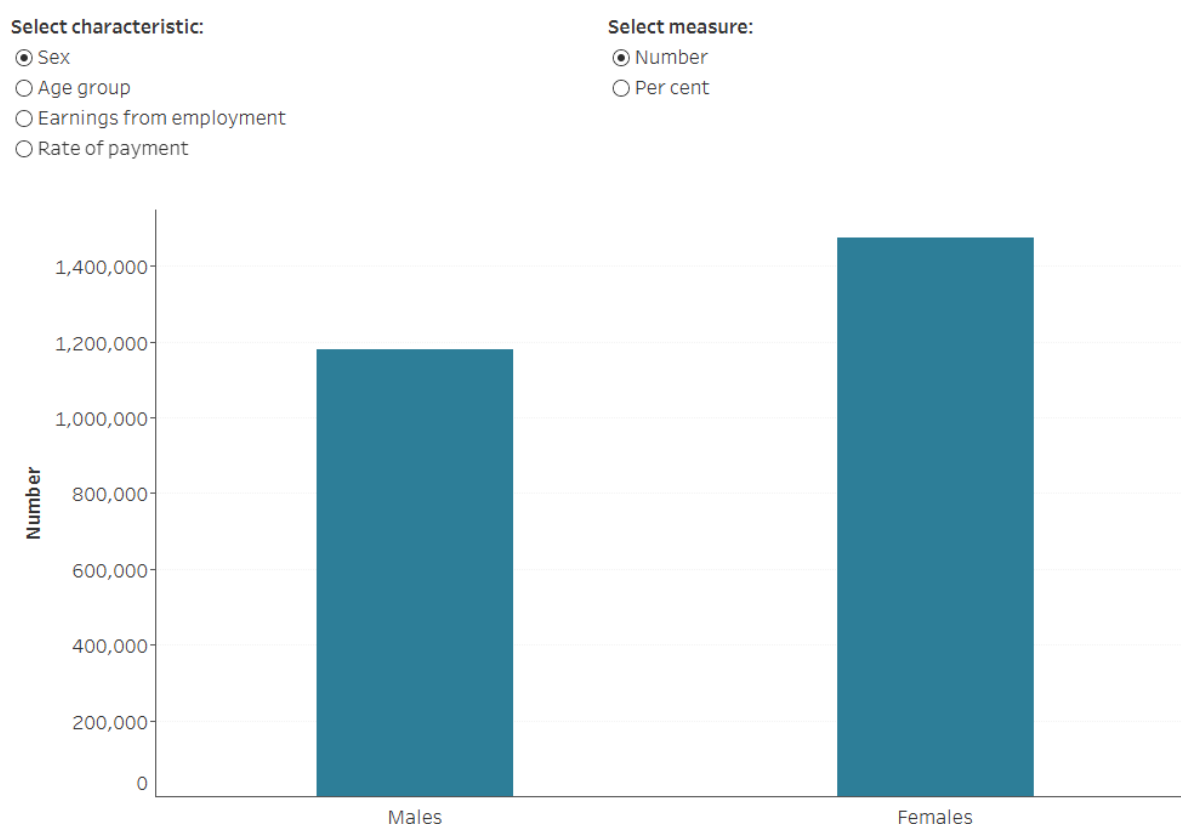
Characteristics of people receiving Age Pension

As at 28 March 2025, among people receiving Age Pension:

- women were more likely to receive Age Pension than men – 1.5 million and 1.2 million respectively, or 58% and 53% of the corresponding population aged 65 and over (Figure 1)
- receipt increased with increasing age – from 26% of the population aged 65–69, to 59% of those aged 70–74, and 80% of the population aged 85 and over (Figure 1). In terms of the distribution of Age Pension recipients, around half (51% or 1.4 million) were aged 70–79, compared with 18% aged 85 years and over (Figure 2)

- 2 in 3 (67% or 1.8 million) received a full-rate payment (Figure 2). This has increased over the last decade from an average of 59% between 2012 and 2016, 62% between 2017 and April 2020, and 67% in May 2020. It has since remained relatively stable (average of 68% between May 2020 and September 2024; DSS 2025)
- nearly all (97% or 2.6 million) had no declared earnings from employment in the preceding fortnight (Figure 2)
- 30,600 aged 65 years and over (47%) identified as First Nations (see [Income and finance of First Nations people](#); DSS 2025).

Figure 2: People aged 65 and over receiving Age Pension, by selected characteristics, as at 28 March 2025



Note: Percentages refer to the distribution of selected characteristics among all Age Pension recipients as at 28 March 2025.

Source: AIHW analysis of Department of Social Services (DSS 2025) Income Support recipients – monthly time series on www.data.gov.au (March 2025).

<https://www.aihw.gov.au>

Where do I go for more information?

For more information on older Australians receiving income support, see:

- Services Australia [A guide to Australian Government payments](#)
- Department of Social Services [Income Support Recipients – Monthly Time Series](#) and [Benefit and Payment Recipient Demographics - quarterly data](#)
- AIHW (Australian Institute of Health and Welfare) [Older Australians: Employment and Work](#)

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Income support payments for the working age population

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/income-support-payments-for-working-age-population>

On this page

How many people receive income support?

Trends in receiving income support

Characteristics of income support recipients

Payment characteristics

Where do I go for more information?

The Australian Government provides a range of income support payments that are designed to assist people unable to work (due to disability or caring responsibilities), people unable to find work or to secure sufficient work, and people pursuing post-school learning.

This page examines receipt of income support payments for the population aged 16–64, as this age group represents the primary section of Australia's productive workforce (referred to on this page as the 'working-age population'). For information on people aged 65 and over receiving income support payments and their main payment types (including Age Pension), see [Income support for older Australians](#).

Unless otherwise stated, income support data on this page are sourced from the Department of Social Services (DSS) [Income Support Recipients – Monthly Time Series](#) and [Benefit and Payment Recipient Demographics - quarterly data](#).

How many people receive income support?

As at 28 March 2025, around 5.3 million people aged 16 and over were receiving income support payments (24% of the population aged 16 and over). Of these, almost half (45%) or 2.4 million people were aged 16–64, equating to 14% of the population aged 16–64.

Among the 2.4 million people aged 16–64 receiving income support payments, there were:

- 38% (919,000) receiving unemployment payments – 821,000 receiving JobSeeker Payment and 98,500 receiving Youth Allowance (other)
- 28% (670,000) receiving Disability Support Pension (DSP)

- 16% (387,000) receiving parenting payments – 328,000 receiving Parenting Payment Single (PPS) and 59,200 receiving Parenting Payment Partnered (PPP)
- 11% (256,000) receiving Carer Payment
- 7.2% (172,000) receiving student payments – 143,000 receiving Youth Allowance, 6,600 receiving ABSTUDY and 23,200 receiving Austudy
- 0.1% (2,400) receiving Special Benefit payments.

The Australian Government also funds employment services to help people receiving income support with finding and keeping a job. There are a range of employment services programs and as at 28 March 2025, 2 of the main programs supported:

- 689,000 people participating in mainstream employment service programs (up from 651,000 people in 31 October 2022 see [Workforce Australia Caseload Time Series](#))
- 247,000 people participating in Disability Employment Services (DES) program (down from 283,000 people on 31 October 2022, see [DSS Disability Employment Services - monthly profile](#) and [Specialised supports for people with disability](#)).

Types of income support payments

Australia's social security system, administered by Services Australia, aims to support people who cannot, or cannot fully, support themselves, by providing targeted payments and assistance. Income support payments are subject to means-tested arrangements. This is to ensure that income support targets those most in need, by assessing an individual's income and assets to determine eligibility for a full or part-rate payment.

People receiving income support payments are required to report income from all sources (unless specifically exempt), such as work income, deemed income from financial assets and rental income. The income test for income support payments includes income test free areas based on income thresholds and payment reduction rates that gradually reduce income support payments as a person's income increases. Some payments are also subject to activity tests; for example, to remain qualified for a payment recipients of unemployment payments are required to actively look and prepare for work in the future. Individuals can receive only one income support payment at a time.

The main income support payments included on this page are:

- Disability Support Pension (DSP)
- Carer Payment
- parenting payments – Parenting Payment Single (PPS) and Parenting Payment Partnered (PPP)
- student payments – Youth Allowance (student and apprentice), ABSTUDY (Living Allowance) and Austudy
- unemployment payments – JobSeeker Payment and Newstart Allowance (prior to 20 March 2020) for people aged from 22 to [Age Pension qualifying age](#), and Youth Allowance (other) for people aged 16 to 21. These payments are referred to as

unemployment payments on this page (for brevity), noting that some people receiving these payments (those working insufficient hours or exempt from mutual obligations to be looking for work) may not be counted as unemployed according to the Australian Bureau of Statistics (ABS) Labour Force Survey definition (ABS 2018).

On this page, 'income support payments' are defined as the combination of all these payments, as well as Special Benefit payment. It does not include:

- payments that have now ceased but are included in earlier counts, such as Partner Allowance, Widow Allowance, Bereavement Allowance, Sickness Allowance, Wife Pension
- Age Pension, as the [qualifying age for Age Pension](#) increased to 65 years for women aligning with the qualifying age of men since 2013, and has been increasing further up to 67 years for both males and females since 2023 (for information and statistics on Age Pension, see [Income support for older Australians](#))
- payments that assist with the cost of raising children (for example, Family Tax Benefit), supplementary payments for carers or rent assistance.

Note that for consistency in payments for people aged 16–64 across the reporting period (2012–2025), Age Pension is not included in the total of people receiving income support for this age group (although they are included in the total of people aged 16 and over receiving income support). This is despite some women aged 64 receiving income support as they were eligible to receive the Age Pension between January 2012 and December 2013 (between 590 people in December 2013 and 30,300 people in January 2012 aged 64 received Age Pension).

Recipients aged under 16 and over 65

A small number of people receiving income support payments were aged under 16 as at 28 March 2025 – 590 for ABSTUDY (Living Allowance), 10 for Youth Allowance (student and apprentice), 5 for Carer Payment, 70 for Parenting Payment Single and 935 for Special Benefit.

While recipients of the Age Pension are not covered on this page, there are some people aged 65 and over receiving other income support payments as at 28 March 2025 – 10 for ABSTUDY (Living Allowance), 70 for Austudy, 66,400 for Carer Payment, 153,000 for DSP, 54,500 for JobSeeker Payment, 75 for Parenting Payment Partnered, 515 for Parenting Payment Single, and 2,700 for Special Benefit.

As the focus of this page is on the 'working-age' population (defined as 16–64), recipients aged under 16 and over 65 are generally not included in the counts. However, when restricting to the 'working-age' population is not possible due to data availability (for example, for payment characteristics), these individuals are included in the counts and numerators of the proportions of the population aged 16 and over in the population, receiving income support.

First Nations people

Note that the response to Indigenous status identification in most data collections is voluntary. This may influence the quality and completeness of the data and subsequent reporting on the number and proportion of Aboriginal and Torres Strait Islander (First Nations) people receiving income support payments.

COVID-19 response

In late March 2020 to 31 March 2021, short-term policy changes were made to the JobSeeker Payment – such as waiving the assets tests, waiting periods, and mutual obligation requirements – in response to the COVID-19 pandemic. These changes provide important context for interpreting the income support data presented on this page as broadening the eligibility for a payment is likely to increase the number of people who receive it.

As well as short-term policy changes to the JobSeeker Payment, some new and existing recipients of unemployment payments and other income support payments also temporarily received the Coronavirus Supplement. These temporary changes to the JobSeeker Payment and Coronavirus Supplement ended 31 March 2021. However, additional economic support packages continued to be available for individuals who worked in high-risk settings and tested positive for COVID-19 up until early 2023. For further details on labour market impacts and policy responses to COVID-19, see *Australia's welfare 2021: data insights* article [The impacts of COVID-19 on employment and income support in Australia](#).

Comparability of income support data over time

Since December 2022, the reporting population for income support payments has been expanded to include people who are suspended from payments, and people who are current but on a zero rate of payment. In previous reporting by the AIHW and DSS, these 2 groups of people were excluded from specific payments. Consequently, the income support data presented in this edition of *Australia's welfare* are not comparable with previous editions. The revised time series data has been included from 2012 onwards. A longer time series (back to 2001) using the previous definition of income support can be found in *Australia's welfare 2019: data insights* article [Income support over the past 20 years](#).

As at 28 March 2025, the total number of people who were suspended from payments or on a zero rate of payment was 99,300 people for unemployment payments (or 10% of people receiving unemployment payments), 12,200 (7.0%) for student payments, 21,200 (5.5%) for parenting payments, 13,700 (1.7%) for DSP and 3,500 (1.1%) for Carer Payment.

Data on average duration on payment prior to December 2022 is only available for income recipients excluding people who were suspended from payments or receiving a zero rate of payment. As a result, there is a methodological discrepancy when comparing average duration on Carer Payment and DSP before and after December 2022. However, this methodological difference has minimal impact on the average duration outcomes.

For more details on eligibility criteria for all payments included on this page, see the [Department of Social Services benefits and payments](#) and [Services Australia](#).

Trends in receiving income support

Receipt of income support has fallen over the last decade, except during the COVID pandemic

As shown in Figure 1, the proportion of the population aged 16–64 receiving income support has declined over the last decade, except for a steep rise during the height of the COVID-19 pandemic in mid-2020. It fell from 17% in March 2012 to 14% in March 2020, and then rose steeply in June 2020 to 20%. It then continued to decline reaching pre-pandemic levels by June 2022 (14%), and remained between 13% and 14% since then, most recently at 14% in March 2025. This is consistent with the declining receipt of income support for the population aged 16 and over, from 26% in March 2012 to 24% in March 2025.

The number of people aged 16–64 receiving income support has fluctuated over this period from 2.5 million in March 2012 to a peak of 3.3 million in June 2020, then falling to the lowest level in a decade in December 2023 (2.2 million) and increasing to 2.4 million by March 2025.

The decline in the proportion of the population receiving income support reflects labour market conditions, such as strong jobs growth and a low unemployment rate over this period, as well as reforms to the social security over the last decade, including:

- consolidation of in the types of payments available, in particular closure of partner payments and payments for mature age adults (aged 55–64)
- tighter eligibility criteria for some payments, such as changes to income test thresholds and qualifying age for payments
- Family Tax Benefit becoming the primary payment for dependent full-time secondary students living at home rather than Youth Allowance
- requirements for people receiving activity-tested income support payments to be looking for work or engaged in activities that will help them find work in the future (mutual obligation requirements).

See [Australia's Welfare 2019: data insights](#), [People with disability in Australia 2024 – income support](#) and [Employment and unemployment](#).

The impact of these policy changes is likely to have influenced the declining receipt of DSP, student payments and parenting payments over the last decade, as shown in Figure 1. Between March 2012 and March 2025, receipt of:

- DSP fell from 804,000 to 670,000, or from 5.4% to 3.8% of the population aged 16–64
- student payments fell from 330,000 to 172,000 (or from 2.2% to 1.0% of the population aged 16–64), or among people aged 16 to 34 from 314,000 to 165,000 (or from 5.2% to 2.3% of the population aged 16–34)
- parenting payments fell from 442,000 to 387,000 (or from 3.0% to 2.2% of the population aged 16–64). Note that the number of people receiving Parenting Payment Single (PPS) increased considerably from 226,000 in June 2023 to 328,000 in March 2025 (or from 1.3% to 1.9%). This reflects policy changes to PPS in September

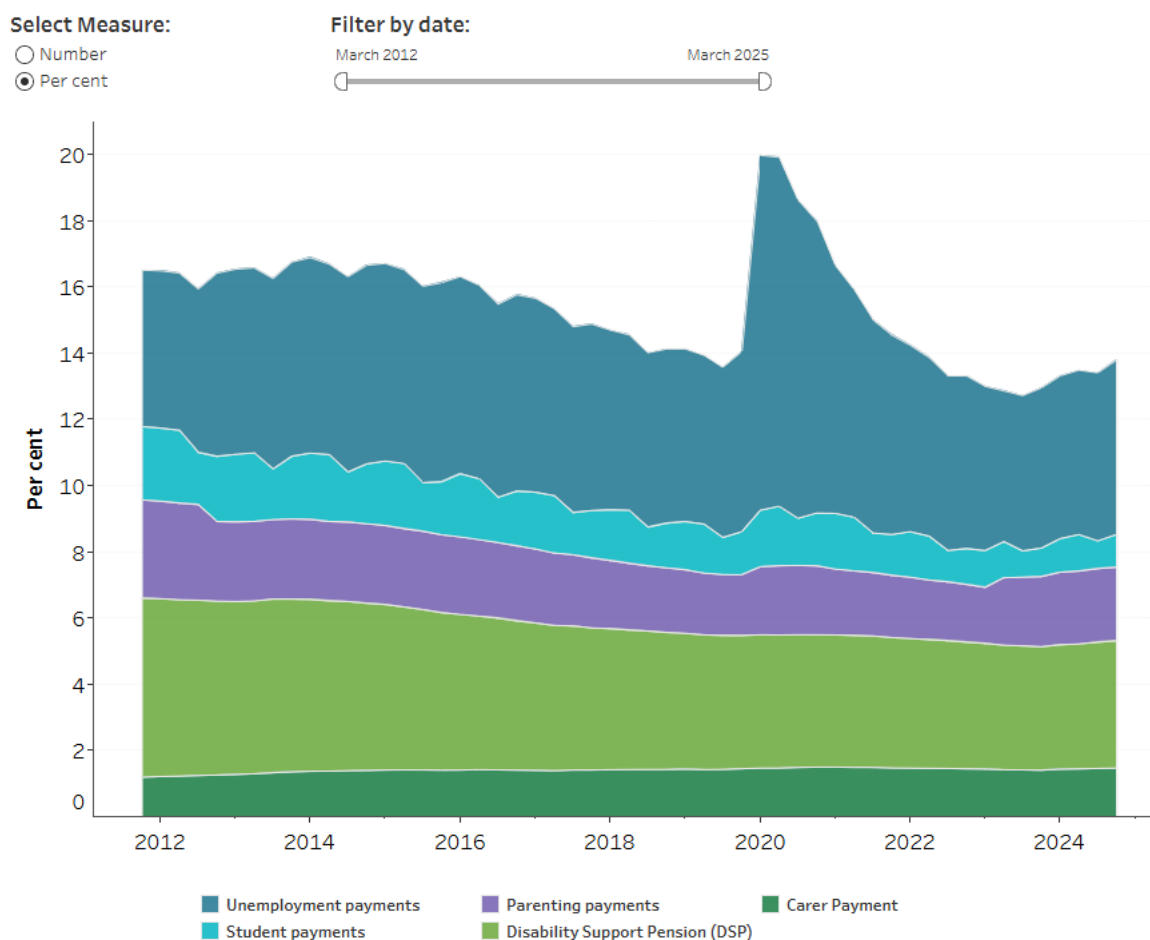
2023 – increasing the qualifying age of youngest child from under 8 to under 14 years.

Receipt of unemployment payments has remained relatively stable, but the number of people with a partial capacity to work has doubled over the last decade

In contrast to other payments, receipt of unemployment payments has remained relatively stable over the last decade (around 5–6% of the population aged 16–64). However, during the COVID-19 pandemic the proportion receiving these payments rose steeply from 5.4% to 10.7% of the population aged 16–64 between March and June 2020. By September 2022, it had returned to pre-pandemic levels (5.4%), then continued to decline to 4.6% in September 2023, before increasing again to 5.3% in March 2025 (Figure 1). These movements closely mirror changes to the employment and unemployment rate over this period. See [Employment and unemployment](#) and *Australia's welfare 2023: data insights* article [Employment and income support following the COVID-19 pandemic](#).

While receipt of unemployment payments has remained stable over the last decade, the number of people aged 16 and over receiving unemployment payments who had a partial capacity to work has more than doubled from 122,000 to 371,000 (or from 17% to 38% of the people receiving unemployment payments between 2012 and 2025; Figure 3). This increase coincides with the broader prevalence of disability in Australia and the impact of disability on a person's capacity to work. While some people with a disability or impairment may qualify for DSP, others who do not meet the eligibility criteria for DSP may still receive other forms of income support where they are assessed as having a partial capacity to work.

Figure 1: People aged 16–64 receiving income support payments, by payment type, March 2012 to March 2025



Source: AIHW analysis of Department of Social Services (DSS 2025a) Income Support recipients – monthly time series on <https://www.data.gov.au> (March 2025).
<https://www.aihw.gov.au>

Characteristics of income support recipients

Females more likely than males to receive an income support payment, as Carer Payment and parenting payment recipients are mostly female

Overall, females were more likely to receive income support payments than males – 1.4 million and 1.0 million, respectively, or 16% and 12% of the population aged 16–64, as at 28 March 2025 (Figure 1).

This is driven by women being the predominant recipients of Carer Payment and parenting payments – 72% and 93% respectively of people receiving these payments were women (Figure 2). This equates to 2.1% of females and 0.8% of males aged 16–64 receiving Carer Payment and 4.1% and 0.3% receiving parenting payments, respectively (Figure 1).

On the other hand, males were more likely than females to receive unemployment payments (5.8% and 4.8%, respectively) or DSP (4.2% and 3.5%, respectively; Figure 1).

People receiving parenting and student payments tend to be younger while DSP and Carer Payment recipients are older

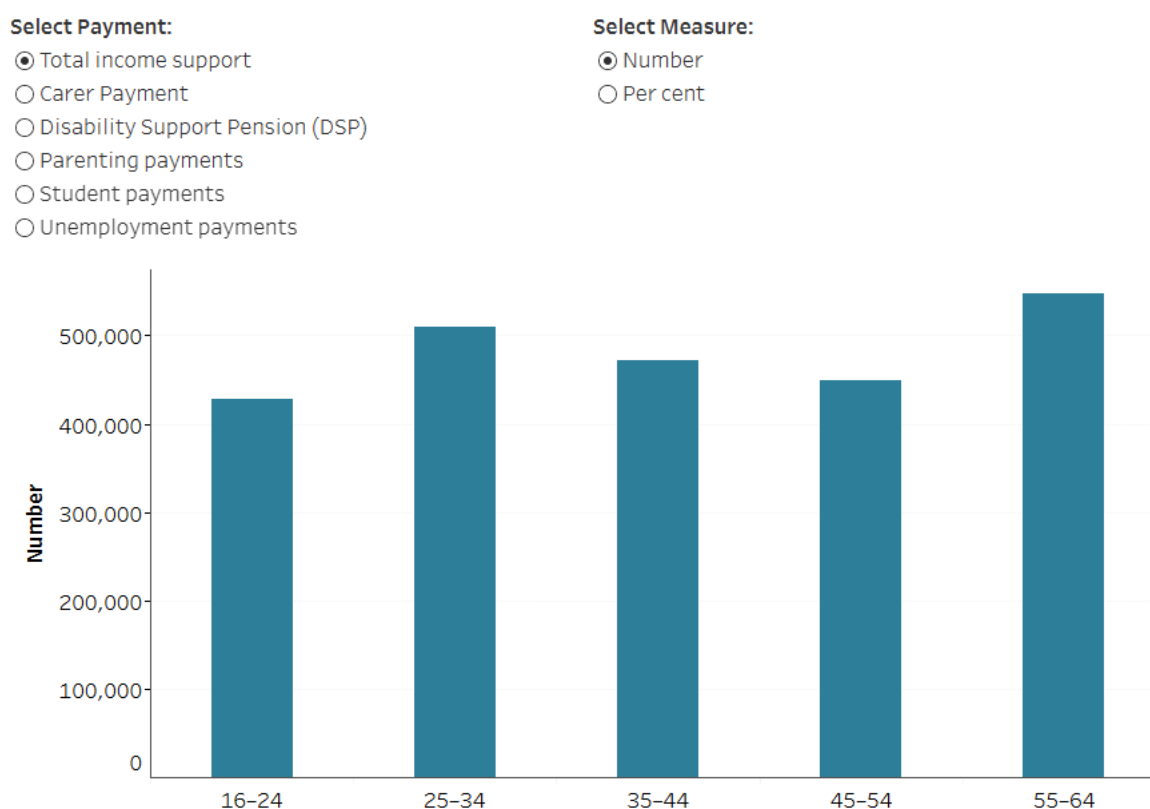
The age distribution of recipients of specific income support payments reflects the life circumstances associated with the payment (Figure 2).

As at 28 March 2025, in comparison with other payments, people aged 16–64 receiving:

- student and parenting payments tended to be younger – 4 in 5 (81%) student payment recipients were aged 16–24 and almost 4 in 5 (78%) parenting payment recipients were aged 25–44
- DSP and Carer Payment tended to be older – over 1 in 3 were aged 55–64 (38% for DSP recipients and 34% for Carer Payment recipients).

In contrast, the distribution of people receiving unemployment payments and overall income support payments was relatively similar for each of the 10-year age groups between 16–64 (between 17% and 22% for unemployment payments and between 18% and 23% for income support recipients overall).

Figure 2: Receipt of income support payments among people aged 16–64, by payment type and selected characteristics, as at 28 March 2025



Source: AIHW analysis of Department of Social Services (DSS 2025a, 2025b) Income Support recipients – monthly and quarterly time series on <https://www.data.gov.au> (March 2025).
<https://www.aihw.gov.au>

First Nations people

As at 28 March 2025, 301,000 Aboriginal and Torres Strait Islander (First Nations) people aged 16–64 were receiving income support payments – representing 48% of First Nations people aged 16–64. Of these, 143,000 received unemployment payments (23% of First Nations people aged 16–64), 64,400 received DSP (10%), 63,100 received parenting payments (10%), 21,600 received Carer Payment (3.4%), and 9,000 received student payments (1.4% of First Nations people aged 16–64 or 8,400 or 2.5% of First Nations people aged 16–34).

See [Income and finance of First Nations people](#).

Psychological or psychiatric conditions are the most commonly recorded primary medical condition for DSP recipients and care receivers of Carer Payment

As at 28 March 2025, psychological or psychiatric conditions were the most commonly recorded primary medical conditions for people aged 16–64 receiving DSP (42%), followed by intellectual and learning conditions (17%) and musculoskeletal and connective tissue conditions (13%) (Figure 2).

Among care receivers aged 16–64 of people receiving the Carer Payment, the most commonly recorded medical conditions were also psychological or psychiatric conditions (37%), followed by musculoskeletal and connective tissue conditions (16%) and intellectual or learning conditions (13%).

For both DSP and care receivers of Carer Payment, musculoskeletal and connective tissue conditions were more prevalent among older recipients aged 45–64 (91% and 85% of recipients, respectively). However, psychological and psychiatric conditions as well as intellectual and learning conditions were more evenly distributed across age groups and in some cases even more prevalent among younger recipients, as shown in Figure 2. For example, for care receivers of Carer Payment, intellectual and learning conditions were most prevalent among the 16–24 age group (42%).

Payment characteristics

Means-tested arrangements are designed to ensure that income support targets those most in need, by assessing an eligible individual's income and assets to determine their rate of payment. People receiving income support are assessed on income received from all sources (unless specifically exempt), such as work income, deemed income from financial assets and rental income.

Payment characteristics are only available as a total for all age groups including people below the age of 16 and those aged 65 and over.

Part-rate payments more likely for people receiving student and parenting payments, while least likely among DSP recipients

As shown in Figure 2, people receiving student and parenting payments were more likely to receive a part-rate payment than people receiving other payments – 31% and 33%, respectively – compared with 20% and 18% for people receiving Carer Payment and unemployment payments, as at 28 March 2025. People receiving DSP were least likely to receive a part-rate payment (12%).

The vast majority of people receiving DSP (93%) or Carer Payment (90%) declared no earnings from employment in the preceding fortnight. In contrast, 55% of student payment recipients and 65% of parenting payment recipients declared no earnings in the preceding fortnight.

Over the last decade (2012–2025), there have been declines in the proportion of people receiving student payments with no declared earnings (from 70% to 55%), and similarly for parenting payments (from 73% to 65%). In contrast, the proportions with no declared earnings have remained relatively stable for DSP, Carer Payment and unemployment payments recipients over this period (Figure 3).

DSP and Carer Payment recipients stay on income support far longer than JobSeeker Payment recipients

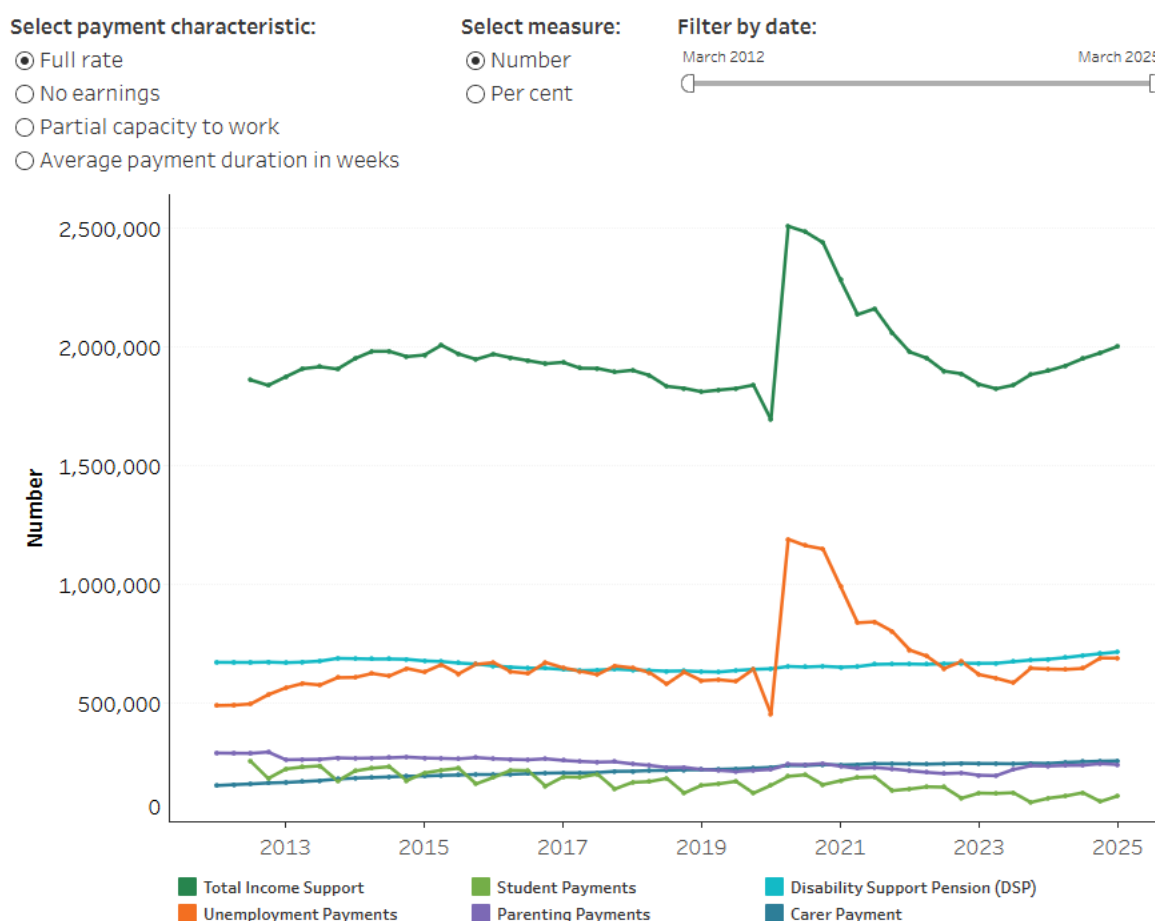
The average duration on income support for people receiving payments as at 28 March 2025 was the longest for people receiving DSP (901 weeks; around 17 years) and Carer Payment (596 weeks; around 11 years), while it was considerably shorter for people receiving JobSeeker Payment (256 weeks; 5 years). Average duration on income support for other income support payments was between 61 weeks (just over one year) for ABSTUDY (Living Allowance) and 348 weeks (around 7 years) for Parenting Payment Single (Figure 2).

Consistent with these findings, the vast majority of people receiving DSP or Carer Payment receive an income support payment for 5 years or more (83% for DSP and 71% for Carer Payment recipients). Further, people receiving student payments were far more likely to be on income support for less than 2 years (71% of student payment recipients) than people receiving unemployment payments (51%) and parenting payments (29%). Overall, almost 1 in 3 (31%) people receiving income support had been on an income support payment for less than 2 years (Figure 2).

Over the last decade, there has been a steady growth in the payment duration for JobSeeker Payment/Newstart Allowance recipients. Average duration of payment receipt increased from 113 weeks for current Newstart Allowance recipients in March 2015 to a peak of 189 weeks for JobSeeker Payment recipients in September 2023 and subsequently declined to 170 weeks by March 2025 (Figure 3). However, during the COVID-19 pandemic, average duration fell considerably to 84–97 weeks between May and September 2020, reflecting the influx of new JobSeeker Payment recipients who predominantly remained on income support for less than 1 year (57%) (see *Australia's welfare 2023: data insights* article Employment and income support following the COVID-19 pandemic). Similar increases in average duration of payment receipt were also

observed for people receiving DSP and Carer Payment – from 563 to 738 weeks for DSP and from 252 to 352 weeks for Carer Payment between March 2015 and March 2025 (DSS 2025b).

Figure 3: Selected payment characteristics, by payment type, March 2012 to March 2025



Source: AIHW analysis of Department of Social Services (DSS 2025a) Income Support recipients – monthly time series on <https://www.data.gov.au> (March 2025).
<https://www.aihw.gov.au>

Key data gaps and data improvement activities

The data presented on this page is aggregated snapshot data. Understanding levels of need, unmet need, interactions with other health and welfare services and health outcomes would provide important insights on at risk groups who may require additional support in accessing income support and other payments. National enduring linkage data assets, such as the AIHW National Health Data Hub and the ABS Person Level Integrated Data Asset (PLIDA) provide an opportunity to explore these complex multi-sectoral issues. Current data development work that is underway includes an analysis of mortality outcomes by income support receipt using PLIDA data.

Where do I go for more information?

For more information on income support payments, see:

- Services Australia [A guide to Australian Government payments](#)
- DSS [Income Support Recipients – Monthly Time Series](#) and [Benefit and Payment Recipient Demographics - quarterly data](#)
- Australia's welfare: data insights, [2019](#), [2021](#), [2023](#).

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Informal carers

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/informal-carers>

On this page

How many people are informal carers?

Income support payments

Other support services

Carers' wellbeing and experience

Where do I go for more information?

Informal carers or 'carers', are people who provide care to those who need it within the context of an existing relationship, such as a family member, a friend or a neighbour (Carer Recognition Act 2010). The demands of the role often go beyond what would normally be expected of these relationships. People who need care may also receive formal services from government and other organisations. Informal carers comprise those who are 'primary carers' meaning they are responsible for the majority of informal care to a person and 'secondary carers' who provide informal care to someone but are not their primary carer.

Informal carers are unpaid. Some informal carers may receive a basic income support payment and/or other support services in the same way as other pensions.

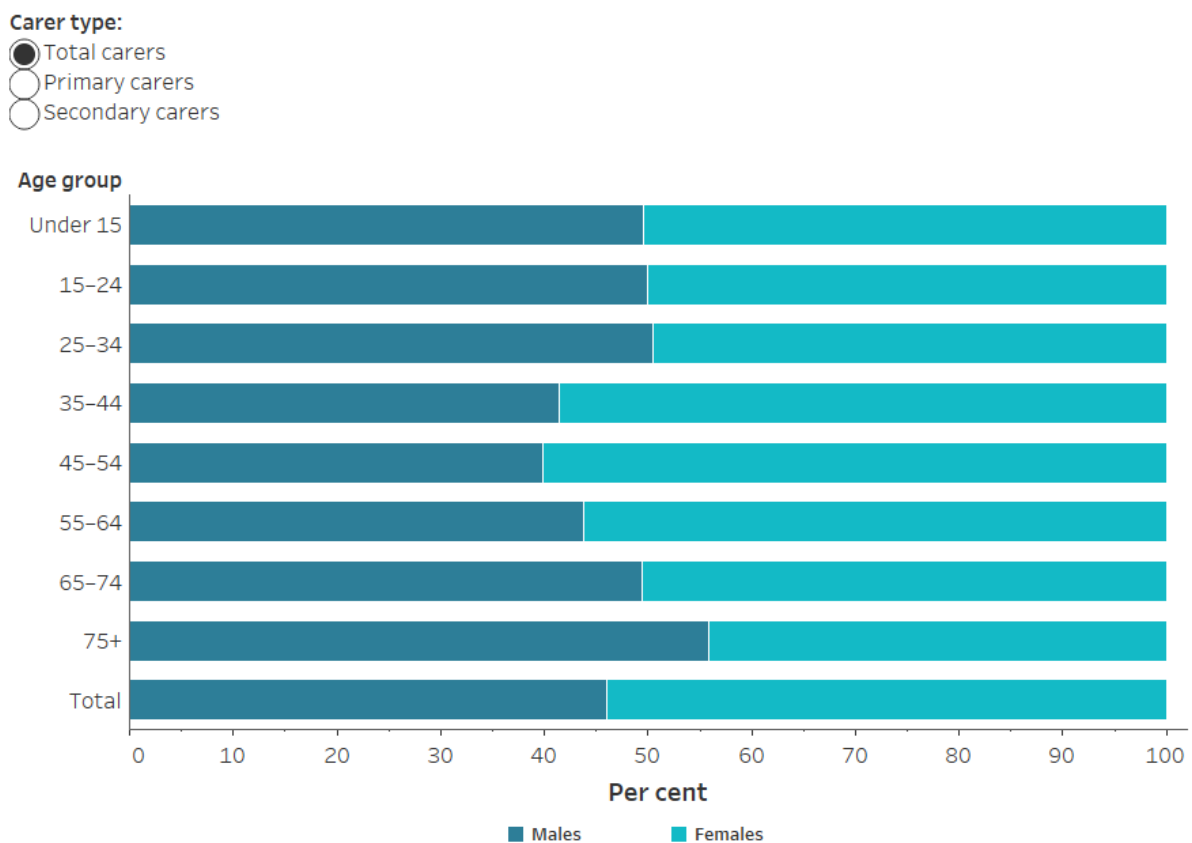
Informal carers and informal volunteers may be involved in similar forms of unpaid support provision, however, while some informal carers care for people living in the same household, informal volunteers can provide unpaid support to people who are not family and do not live in the same household. For information on people who volunteer their time to help others, see [Volunteers](#).

The type and level of informal care can vary considerably. This may relate to people with disability, chronic illness, mental health, an end-of-life health condition or age-related frailty. An informal carer might carry out many tasks that paid services would otherwise provide, for example, help someone with showering, eating or shopping, provide in-home supervision, provide transport for moving about in the community, or carry out medical or therapeutic care. However, informal carers also frequently undertake navigation and engagement of healthcare, aged care, disability care, social security and other systems on behalf of those for whom they care. They may also provide emotional and mental health support.

How many people are informal carers?

According to the latest Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC) in 2022, there were an estimated 3 million people (12% of the population) who provided informal care in Australia (ABS 2024a). The average age of informal carers was 50 years old and more than one-third (34%, an estimated 1.05 million people) of all carers were aged 35–54 (ABS 2024a). More than 1 in 3 (38%, an estimated 1.2 million people) in 2022 were primary carers, a slight increase from 33% in 2018 (ABS 2024a). Primary carers were mainly female (68%, compared with 32% for males). This was consistent across all age groups with the highest proportion of women providing primary care aged 35–44 (80%) and 45–54 (77%) (Figure 1). Conversely, the majority of ‘secondary carers’ were males (54% compared with 46% for females).

Figure 8: Proportion of total carers, primary carers and secondary carers, by sex and age group, 2022



Source: ABS 2024a
<https://www.aihw.gov.au/>

Income support payments

People who provide informal care are not paid for the care they provide, although some receive income support payments from the Australian Government. This is a smaller subgroup of all informal carers, that is, people whose caring duties are significant enough to both limit their ability to engage in paid work and/or meet eligibility requirements for the Carer Payment and/or the Carer Allowance.

The Australian Government means-tested Carer Payment is the primary income support payment for people providing constant care for someone who has considerable needs due to disability, older age or ill health. As at June 2025, 325,845 people were receiving a Carer Payment (DSS 2025a). For more information on long-term trends and demographic characteristics of carer payment recipients, see [Income support payments for the working age population](#) and [Income support for older Australians](#).

People may also, or instead, receive the Carer Allowance, which is a smaller supplementary payment for carers who provide daily care and attention at home for a person with disability, with a severe medical condition or who are frail. The Carer Allowance may be paid in addition to basic income support payments. As at December 2024, around 667,630 people were receiving this allowance with an additional 7,715 people receiving the Carer Allowance (Child Health Care Card only) (DSS 2024a).

Other support services

In addition to income support payments, services are available to support carers in other ways. Examples include, peer support, counselling, respite, carer skills courses, coaching and some additional financial support.

The [National Carer Strategy 2024–2034](#) provides a national framework for co-designing, developing and delivering a suite of actions to support Australia's unpaid carers (DSS 2024b). The Strategy was designed and created with carers. It aims to promote greater recognition of the roles and value of carers within the community, across service systems for those they care for, to guide improved support for carers now and into the future. (DSS 2024b).

The Australian Government funds a range of supports, programs and services. For more information such as the Carer Gateway, Young Carer Bursary Program, Young Carer Network, and the Carer Inclusive Workplace Initiative, see [Department of Social Services Supporting Carers](#).

Respite care

Respite care is used by a range of people for different reasons. There may be barriers to accessing services such as cost, availability or lack of knowledge about availability. However, having someone else provide care for a few hours or a few days a week can sustain the informal carer in their caring responsibilities and support the caring relationship. In 2022, the Survey of Disability, Ageing and Carers found that only 49% of primary carers reported no unmet need for respite care (ABS 2024).

Respite care services are offered under different programs. For example:

- The National Disability Insurance Scheme (NDIS) includes respite care, such as short-term accommodation and assistance, where it is considered a reasonable and necessary support.
- The Commonwealth Home Support Programme (CHSP) offers, among other things, centre-based, cottage and flexible respite services. In 2022–23, 13% of people using CHSP had an informal carer (AIHW 2024b). In 2023–24, 41,318 clients received CHSP respite services (Department of Health and Aged Care 2024).
- In residential aged care, respite stays of (generally) up to 63 days in a financial year are available. In 2023–24, there were 98,067 admissions to respite residential aged care (noting there is a lack of robust data to identify whether someone has an informal carer when admitted to respite residential aged care) (AIHW 2024a).

Carers' wellbeing and experience

Understanding the unique experiences, wellbeing and changing needs of carers is important to better support carers into the future. This information is currently sourced from a range of surveys.

The 2024 Carer Wellbeing Survey found that:

- carers were less likely to report having good/excellent health (17%) compared with other Australians (46%)
- carers were more likely to report high levels of loneliness (40%) compared with other Australian adults (14%)
- experiences with respite care were positive overall – 58% of carers reported that respite care was consistently good
- carers who were employed were more likely to report healthy levels of wellbeing (45%) compared with carers who were unemployed (30%) (Carers Australia 2024).

For the full report and findings from previous years, see [Carer Wellbeing Survey](#).

Since 2020, Carer's Australia has conducted a National Carer Survey every two years with the aim of expanding the evidence base regarding carers' experiences and support needs (Mylek and Schirmer 2024). The 2024 National Carer Survey collated responses from 10,096 carers across Australia. The majority of participants were female with an

average age of 58 years, and represented a range of locations and cultural backgrounds. Overall, 57% of participants reported being employed or looking for paid work while providing care, and the majority were caring for one person with no assistance from other family members or friends. The most common conditions of people being cared for were physical disabilities, followed by mental health conditions, autism and chronic health conditions. The majority of respondents reported providing 40 or more hours per week of care and had been in their caring role for over 10 years (Mylek and Schirmer 2024).

Regarding demographic diversity, 4% of respondents identified as First Nations and 18% of respondents identified as being of a culturally or linguistically diverse (CALD) background (Mylek and Schirmer 2024). Of those who identified as being of a CALD background, 10% spoke a language other than English at home, the most common being Italian, Greek, Arabic and Auslan. Overall, 5.5% of respondents identified as LGBTQ+.

In regard to overall life satisfaction, carers reported lower levels of personal wellbeing, quality of life and mental health compared to Australian population. Further, the number of carers reporting high to very high levels of psychological distress was 54%, increasing from 48% in 2020. Levels of financial stress have also increased over time, with 59% of respondents reporting experiencing financial stress in 2024 compared to 51% in 2020 (Mylek and Schirmer 2024).

For more information, see [Caring for others & yourself: Carer Wellbeing Survey 2024 Report](#).

The National Disability Insurance Scheme (NDIS) Outcomes Framework collects information on how participants, their families and carers are progressing in different areas of their lives based on information provided by them in interviews conducted using two questionnaires. Resulting information is published annually as part of the National Disability Insurance Agency's annual outcomes reporting program. Recent reporting of longitudinal data up to 30 June 2024 highlight, for example, that an increasing proportion of families/carers report that services used are meeting their needs and that services used are listening to them (NDIS 2024). For the full report and findings from previous years, see [NDIS 2024](#).

The Australia's Disability Strategy 2021–2031 Outcome Framework reported in 2022 that 45% of carers for people with disability across the whole population (not just NDIS) were satisfied with the range of services available to assist in their caring role. This was a decrease of 5 percentage points compared with 50% in 2018 (AIHW 2025).

For more information, see [Australia's Disability Strategy 2021–2031 Outcomes Framework: 3rd annual report, Informal and carer supports](#).

Key data gaps and data improvement activities

One of the priority outcome areas of the National Carer Strategy is building the evidence base to better understand carers. Some data are available from regular survey programs such as the SDAC, the Carer Wellbeing Survey and Australian Institute of Family Studies (AIFS) surveys, which capture information regarding the diversity of carers and the carer experience. The AIFS identified that carers from First Nations, culturally and linguistically diverse, LGBTQIA+ communities and young people are particularly under recognised and under identified in data collections (AIFS 2024).

Data on carers for people using aged care services such as home care and home support are limited. More generally, some people who provide care do not always identify themselves as carers. These 'hidden' carers may not be aware of, or seek, support services which may significantly under-estimate the size of the carer population in Australia (AIFS 2024). More comprehensive data about carers are required to inform policies that improve carers' health and wellbeing, and deliver more appropriately targeted carer supports (AIFS 2024).

The ABS has been funded to improve estimates and reporting of the labour contribution of unpaid carers (ABS 2024b). This aims to address current data gaps in labour market data that will better inform policy development around availability and affordability of care services, and support for informal carers (ABS 2024b). One of the actions to address a priority outcome area identified in the National Carer Strategy is collaborating with all levels of government and the sector to undertake a stocktake of all carer relevant data sources with a view to develop a consistent national picture of carers' experiences to inform the development of policies, services and supports (DSS 2024b).

Where do I go for more information?

For more information on informal carers, see:

- [ABS Survey of Disability, Ageing and Carers](#)
- [Carers Australia](#)
- Department of Social Services [Supporting carers](#).

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International comparisons of welfare data

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/international-comparisons-of-welfare-data>

On this page

How does Australia's welfare compare with other OECD countries?

Housing and income

Education and employment

Community, safety and safety inequality

Health and life satisfaction

Environment, demographic and contextual factors

Where do I go for more information?

This page provides a high-level comparison of international welfare and wellbeing data, allowing comparison of Australian experiences on a global scale and supports policy, planning and decision making. Figure 1 provides data for Australia and 37 other Organisation for Economic Co-operation and Development (OECD) member countries across a range of welfare and wellbeing-related indicators. OECD member countries provide a useful comparison for Australia because almost all have high-income economies (World Bank 2025).

Most data reported on this page are derived from the [OECD data explorer](#) with a few measures derived from the DataBank and [World Health Organisations](#) websites. The latest year of data available for some countries on these indicators at the time of the report was 2025 and where this was not available, the latest available year has been used.

For high-level comparisons on international health data, with a focus on Australia's international performance, see [Measures of health and health care for Australia and similar countries](#). For important contextual information about factors that influence welfare and wellbeing, see [Understanding welfare and wellbeing](#). For further detail on definitions, sources, notes, indicators, and data availability for the measures on this page, see the [OECD website](#).

How does Australia's welfare compare with other OECD countries?

In general, Australia compares well with other OECD countries on many welfare measures, noting there is disparity between different population groups. Australia's results are more favourable than the OECD average for many indicators, including household disposable income, tertiary education and employment. For example, based on the latest year of data:

- Australia had a household disposable income of around US\$42,900 at current purchasing power parities in 2021, higher than the OECD average of around US\$34,700.
- About half (51%) of Australians aged 25–64 had a tertiary education in 2023, higher than the OECD average of 41%.
- About three-quarters (77%) of Australians aged 15–64 were employed in Q1 2025, higher than the OECD average employment rate of 72%.

Australia ranked lower than the OECD average for some indicators. For example, in 2023:

- About two-thirds (69%) of Australians reported feeling safe walking alone at night, lower than the OECD average of 75%.
- The gender gap in feeling safe (where the difference in the proportion of men who reported feeling safe when walking alone at night is compared with women) was 32 percentage points in Australia, higher than the OECD average of 14 percentage points.

Findings on this page were the latest available at the time of writing. For the latest available data for each measure, see [OECD data explorer](#).

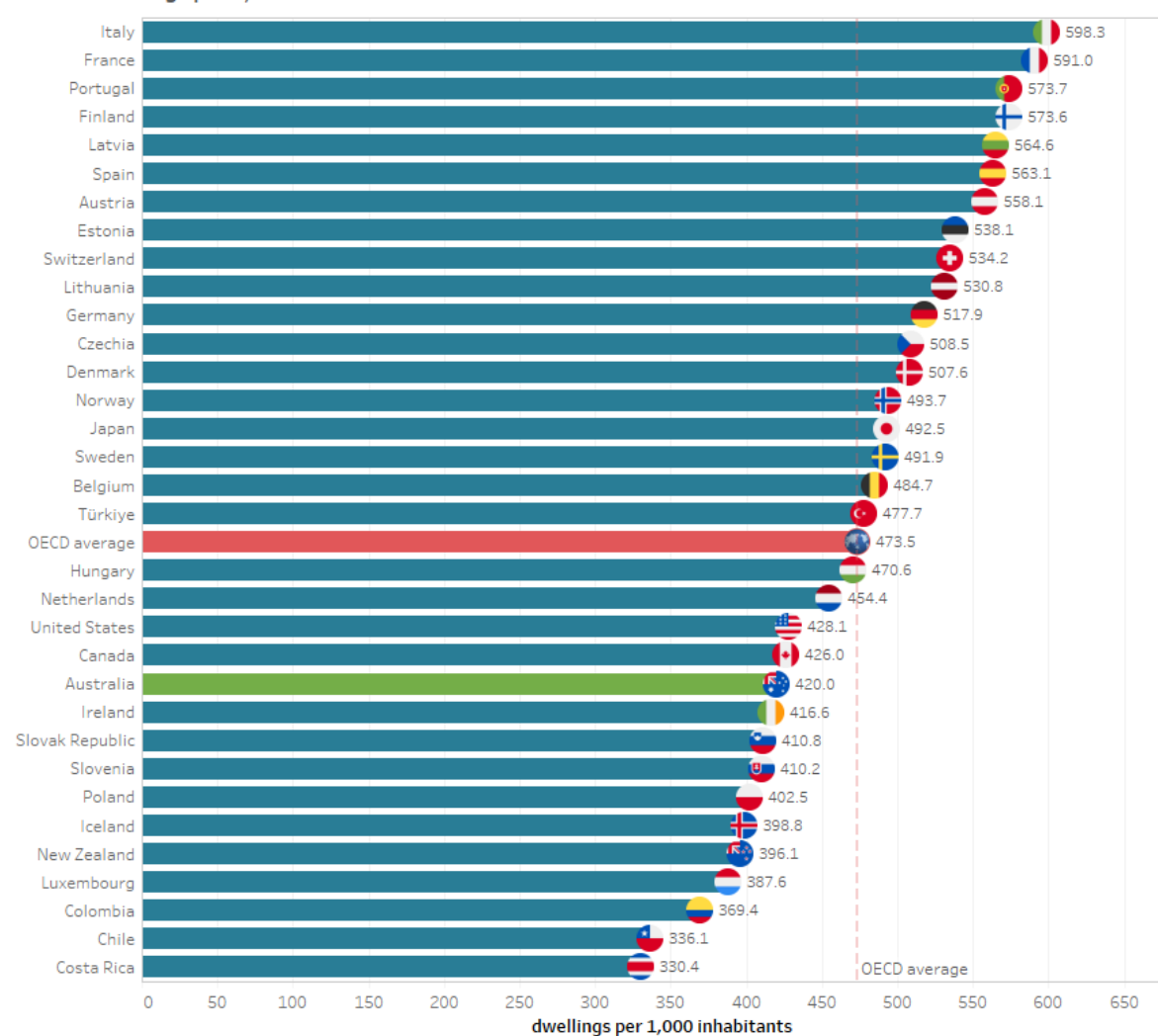
Figure 1: How does Australia compare?

How does Australia compare?

Select a category below to see how Australia compares with the OECD average or other OECD countries on a particular theme.

Housing and income	☒ Housing availability
Education and employment	☐ Housing costs
Community, safety and safety inequality	☐ Housing cost overburden
Health and life satisfaction	☐ Household disposable income
Environment, demographic and contextual factors	☐ Income inequality

Rate of dwellings per 1,000 inhabitants



Source: OECD 2024a
<https://www.aihw.gov.au>

Housing and income

Housing is essential for providing shelter, safety, privacy and personal space. It takes up a large proportion of household income while having a direct impact on a person's health and wellbeing (OECD 2025b). Income is an important means for achieving higher living standards, better access to services and greater wellbeing (OCED n.d.e).

Housing availability

The rate of dwellings per 1,000 inhabitants indicates the availability of housing in relation to the population. A higher rate indicates better housing availability.

In 2022 (or based on the latest year of data):

- Australia had 420 dwellings per 1,000 inhabitants, lower than the OECD average of 473 dwellings per 1,000 inhabitants
- Australia reported the 24th highest rate out of 34 OECD countries, with Italy (598 dwellings per 1,000 inhabitants, 2021) reporting the highest rate and Costa Rica (330 dwellings per 1,000 inhabitants) reporting the lowest (OECD 2024a).

For the latest OECD data, see [dwellings per 1,000 inhabitants](#).

Housing costs

Housing costs can represent a substantial financial burden, especially to low-income households. The house price-to-income ratio can give an indication of the financial pressure that households face from housing costs. The house price-to-income ratio reflects the relationship between the cost of a typical home and the average annual income in a country. A high ratio indicates that houses are relatively expensive compared to incomes, while a low ratio indicates that homes are relatively affordable compared to incomes.

In 2024 (or based on the latest year of data):

- Australia had a ratio of 121 house price-to-income – the 8th highest house price-to-income ratio out of 33 OECD countries – this means Australia has higher financial pressure from housing costs than 25 countries
- Australia's house price-to-income ratio is higher than the OECD average ratio of 112
- Portugal (150) reported the highest ratio and Finland (82) reported the lowest (OECD 2025f).

For the latest OECD data, see [house price-to-income ratio](#).

Housing cost overburden

Housing cost overburden refers to the percentage of households in the bottom 40% of the income distribution spending more than 40% of their disposable income on housing costs.

In 2021 (or based on the latest year of data):

- about 14% of Australian households in the bottom 40% of the income distribution spent more than 40% of their disposable income on housing costs, lower than the OECD average of 19%
- Australia ranked 22nd highest out of 34 OECD countries, with Colombia (49%, 2022) reporting the highest housing cost overburden and Czechia (3.3%, 2022) reporting the lowest (OECD 2024k).

For the latest OECD data, see [housing cost overburden](#).

Household disposable income

Household disposable income is the amount of money that a household has available after taxes and other essential costs are deducted from the total income.

In 2021 (or based on the latest year of data):

- Australia had a household disposable income of around US\$42,900 at current purchasing power parities per capita, higher than the OECD average of around US\$34,700
- Australia ranked seventh highest out of 33 OECD countries, with the United States (around US\$55,500, 2022) reporting the highest disposable income and Mexico (around US\$17,200, 2022) reporting the lowest (OECD 2024j).

For the latest OECD data, see [disposable income](#).

Income inequality

The Gini coefficient is a number between 0 and 1 that measures income inequality. A value of one means total inequality, while a value of zero means no inequality, or perfect equality. For more information on income inequality, see [Income and income inequality](#).

In 2020 (or based on the latest year of data):

- Australia's Gini coefficient was 0.32 – equal 20th highest level of income inequality out of 35 OECD countries – this means Australia's household income distribution was less equal than 19 countries, but more equal than 14
- Australia had the same income inequality as the OECD average (0.32)
- Slovak Republic (0.23, 2022) reported the least income inequality while Costa Rica (0.47, 2023) reported the highest income inequality (OECD 2024e).

For the latest OECD data, see [Gini coefficient](#).

Education and employment

Education provides individuals with the knowledge, skills and competence to participate effectively in society and in the economy (OECD n.d.b). Being employed allows individuals to earn an income, develop new skills, build their self-esteem and improve social interactions (OECD n.d.f).

Tertiary education

In 2023 (or based on the latest year of data):

- about half (51%) of Australians aged 25–64 had a tertiary education, higher than the OECD average of 41%
- Australia ranked sixth highest out of 38 OECD countries, with Canada (63%) ranking the highest in tertiary education and Mexico (21%) ranking the lowest (OECD 2024g).

For the latest OECD data, see [tertiary education](#).

Employment rate

Having a job not only provides individuals with financial security from a steady and reliable income, but it can also improve their health and increase their happiness due to a sense of belonging. For more information on employment, see [Employment and unemployment](#).

In Q1 2025 (or based on the latest year of data):

- about three-quarters (77%) of Australians aged 15–64 were employed, higher than the OECD average employment rate of 72%
- Australia ranked seventh highest out of 38 OECD countries, with Iceland (86%, Q4 2024) reporting the highest employment rate and Türkiye (55%, Q4 2024) reporting the lowest
- employment rates varied by sex, with 80% of males aged 15–64 employed compared with 74% of females in Australia
- Australia had the eighth highest employment rate for males and 10th highest for females among 38 OECD countries (OECD 2025c).

For the latest OECD data, see [employment rate](#).

Unemployment rate

Unemployed persons are those aged 15–64 who are currently not working but are willing to do so and are actively searching for work.

In Q1 2025 (or based on the latest year of data):

- 4.2% of Australians were unemployed, lower than the OECD average of 5.7%
- Australia ranked 11th lowest out of 37 OECD countries, with Japan (2.6%) reporting the lowest unemployment rate and Spain (11%, Q4 2024) reporting the highest

- unemployment rates varied by sex, with 4.2% of males unemployed compared with 4.0% of females in Australia
- Australia had the 12th lowest unemployment rate for males and 10th lowest for females among 37 OECD countries (OECD 2025g).

For the latest OECD data, see [unemployment rate](#).

Gender wage gap

The gender wage gap is the difference between the median earnings of men and women, relative to the median earnings of men.

In 2023 (or based on the latest year of data):

- Australia's gender wage gap was 11.3%, similar to the OECD average of 11.4%
- Australia ranked 18th lowest out of 37 OECD countries, with Luxembourg (0.4%, 2022) ranking the lowest in gender wage gap and Korea (29%) ranking the highest (OECD 2024i).

For the latest OECD data, see [gender wage gap](#).

Youth and the labour market

Young people who are not in education or employment are at risk of low earnings and lacking the required skills to better their economic situation (OECD 2025h).

In 2022 (or based on the latest year of data):

- 7.8% of Australians aged 15–24 were not in education, employment or training (NEET), lower than the OECD average of 11%
- Australia ranked 10th lowest out of 37 OECD countries, with the Netherlands (3.1%) reporting the lowest proportion of youth NEET and Türkiye (25%) reporting the highest (OECD 2024n).

For the latest OECD data, see [youth NEET](#).

Youth unemployment refers to young people aged 15–24 who are currently not working but are willing to do so and are actively searching for work.

In Q1 2025 (or based on the latest year of data):

- 9.0% of young Australians were unemployed, lower than the OECD average youth unemployment rate of 14%
- Australia ranked 8th lowest out of 38 OECD countries, with Japan (4.1%) reporting the lowest youth unemployment rate and Spain (26%) reporting the highest (OECD 2025e).

For the latest OECD data, see [youth unemployment rate](#).

Community, safety and safety inequality

Support networks

As social beings, the frequency of a person's contact with others and the quality of personal relationships are important for wellbeing (OECD n.d.a). For more information, see [Social connection and social cohesion](#).

In 2023 (or based on the latest year of data):

- most (92%) Australians reported they knew somebody they could rely on in times of need, higher than the OECD average of 90%
- Australia was ranked equal sixth highest out of 38 OECD countries, with Iceland (98%) ranking the highest for the quality of support networks and Korea (80%) ranking the lowest (OECD 2024m).

For the latest OECD data, see [quality of support networks](#).

Perceptions of safety in the community

Personal security is an integral part of an individual's wellbeing and includes the risk of a person becoming a victim of crime. An impact of crime on people's wellbeing appears to be the feeling of vulnerability that it causes (OECD n.d.g).

In 2023 (or based on the latest year of data):

- about two-thirds (69%) of Australians reported feeling safe walking alone at night, lower than the OECD average of 75%
- Australia ranked ninth lowest out of 38 OECD countries, with Norway (92%) ranking the highest for perceptions of safety in the community and Chile (37%) ranking the lowest (OECD 2024h).

For the latest OECD data, see [feeling safe walking alone at night](#).

Gender gap in feeling safe

There is a gender gap in feeling safe in the community where a greater proportion of men reported feeling safe when walking alone at night compared with women.

In 2023 (or based on the latest year of data):

- in Australia, 85% of men reported feeling safe, while only 53% of women did
- the gender gap in feeling safe was 32 percentage points in Australia, higher than the OECD average of 14 percentage points
- Australia ranked highest out of 38 OECD countries, while Ireland and Switzerland (-1.0 percentage point) ranked lowest with a negative gender gap where more women reported feeling safe than men (OECD 2024o).

For the latest OECD data, see [gender gap in feeling safe](#).

Health and life satisfaction

Good health brings many benefits including enhanced access to education and employment, good social relations and an increase in productivity and wealth (OECD n.d.d).

Life expectancy at birth

Life expectancy at birth measures how many years from birth, on average, a person is expected to live based on current age and sex-specific death rates.

In 2022 (or based on the latest year of data):

- Australia's life expectancy at birth was 83.2 years, higher than the OECD average of 81.0 years
- Australia ranked seventh highest out of 38 OECD countries, with Switzerland (84.2 years, 2023) reporting the highest life expectancy at birth and Mexico (75.3 years, 2023) reporting the lowest (OECD 2024f).

For the latest OECD data, see [life expectancy at birth](#).

Health-adjusted life expectancy (HALE)

Health-adjusted life expectancy (HALE) is the average number of years that a person can expect to live in 'full health' by taking into account years lived in less than full health due to disease and/or injury.

In 2021 (or based on the latest year of data):

- Australia's HALE at birth was 70.6 years, higher than the OECD average of 68.6 years
- Australia ranked 10th highest out of 38 OECD countries, with Japan (73.4 years) reporting the highest HALE and Mexico (61.4 years) reporting the lowest (WHO 2025).

For the latest OECD data, see [health adjusted life expectancy](#).

Life satisfaction

Life satisfaction measures how people evaluate their life as a whole on a scale from 0 to 10.

In 2020 (or based on the latest year of data):

- Australians on average scored life satisfaction as 7.2, similar to the OECD average of 7.3
- Australia ranked equal 21st highest out of 34 OECD countries, with Mexico (8.4, 2021) ranking the highest for life satisfaction and Türkiye (5.4, 2022) ranking the lowest (OECD 2024l).

For the latest OECD data, see [life satisfaction](#).

Environment, demographic and contextual factors

Outdoor air pollution

The quality of the local living environment has an impact on a person's health and wellbeing. While living in an unspoiled environment improves their mental wellbeing, exposure to high levels of outdoor air pollution is linked to a range of health problems (OECD n.d.c). For more information on air pollution, see [Natural environment and health](#).

In 2020 (or based on the latest year of data):

- in Australia, PM2.5 levels were 8.1 micrograms per cubic metre, lower than the OECD average of 11.2 micrograms per cubic metre
- Australia ranked 10th lowest out of 37 OECD countries, with Finland (4.9 micrograms per cubic metre) reporting the lowest level of air pollution and Chile (23.2 micrograms per cubic metre) reporting the highest (OECD 2024d).

For the latest OECD data, see [exposure to air pollution](#).

Greenhouse gas emissions

Increases in the amount of greenhouse gases in the atmosphere contributes to climate change. Some of the impacts of climate change include increased likelihood and severity of chronic illnesses, psychological distress and mental health, and damage to services that support health and wellbeing (Department of Health and Aged Care 2024). For more information on greenhouse gas emissions, see [Natural environment and health](#).

In 2022 (or based on the latest year of data):

- Australia released around 20 tonnes of carbon dioxide equivalent greenhouse gases per capita, higher than the OECD average of 9.0 tonnes and highest among 37 OECD countries
- based on totals, Australia released around 521 million tonnes of carbon dioxide equivalent greenhouse gases, higher than the OECD average of around 400 million tonnes
- Australia ranked eighth highest out of 37 OECD countries, with the United States (over 6.3 billion tonnes) ranking the highest for carbon dioxide equivalent greenhouse gas emissions and Iceland (around 4.7 million tonnes) ranking the lowest (OECD 2024b, 2025c).

For the latest OECD data, see [greenhouse gas emissions per capita](#) and [total greenhouse gas emissions](#).

Population dependency ratio

Population dependency ratio is a measure of the number of dependents, those aged 0–14 and 65 and over, compared with the working age population, 15–64. This demographic indicator shows the potential dependency burden that the working-age population bears in relation to children and the elderly.

In 2023 (or based on the latest year of data):

- Australia's population dependency ranked 22nd lowest out of 38 OECD countries at 55%, similar to the OECD average of 54%
- Korea (41%) had the lowest population dependency ratio and Japan (70%) had the highest (DataBank 2025).

For the latest OECD data, see [population dependency ratio](#).

Overseas born population

Overseas-born population includes people who have migrated from their country of birth to their current country of residence. Among other things, migration contributes to cultural diversity and the economy. For more information on migration, see [Profile of Australia's population](#).

In 2019 (or based on the latest year of data):

- almost one-third (30%) of Australians were born overseas, which was double the OECD average of 15%
- Australia ranked second highest out of 32 OECD countries, with Luxembourg (47%) having the highest proportion of resident population born overseas and Mexico (0.9%, 2018) having the lowest (OECD 2025a).

For the latest OECD data, see [overseas born population](#).

Gross domestic product

Gross domestic product (GDP) per capita is a key indicator of economic performance. It measures the value and volume of goods and services produced in a country.

In 2024 (or based on the latest year of data):

- the GDP per capita in Australia was around US\$74,500, higher than the OECD average of around US\$62,300
- Australia ranked ninth highest out of 38 OECD countries, with Luxembourg (around US\$146,000) reporting the highest GDP per capita and Colombia (around US\$22,200) reporting the lowest (OECD 2025d).

For the latest OECD data, see [gross domestic product](#).

Key data gaps and data improvements activities

While data are getting timelier and more robust over time, there are still some gaps, including:

- insufficient disaggregation of data and coverage of different cohorts to allow for comparison and tracking of experiences among different groups
- the lack of availability of recent data for all OECD countries for some of the indicators
- limitations around the comparability of data due to different definitions for measures being used across countries.

Where do I go for more information?

For more information on international comparisons of welfare data, see:

- Organisation for Economic Co-operation and Development (OECD) [OECD Better Life Index](#)
- [OECD website](#)
- [United Nations](#)
- [World Health Organisation](#).

For more on this topic, see [International comparisons](#).

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People with disability – specialised support services

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/supporting-people-with-disability>

On this page

How many people with disability?

Do people with disability get the support they need?

What formal specialist disability services are provided?

Disability Support Pension

Disability workforce

Where do I go for more information?

Many Australians, including those with disability, use social support services intermittently throughout their life – for example, during periods of unemployment, relationship breakdown or in times of crisis, such as the COVID-19 pandemic. Other Australians may need longer-term support to participate in all facets of life.

People with disability who need support may use specialist disability services (provided specifically for people with disability), mainstream services (such as education, healthcare and housing), and/or be supported by informal carers. They may also receive financial assistance (income support) to assist with everyday costs of living.

This page mainly focuses on one part of this system of supports – specialist disability services funded or provided by government. For information about the diverse experiences of people with disability when accessing mainstream services, see [People with disability in Australia](#).

What is disability?

Disability is an umbrella term for impairments, activity limitations and participation restrictions, all of which can interact with a person's health condition(s) and environmental and/or individual factors to hinder their full and effective participation in society on an equal basis with others (UN General Assembly 2007; WHO 2002).

Australia's Disability Strategy

[Australia's Disability Strategy 2021–2031](#) (the Strategy) is Australia's national disability policy framework. It sets out a plan for continuing to improve the lives of people with disability in Australia over a 10-year period from 2021 to 2031.

The Strategy was revised and updated in 2024, and covers all people with disability, irrespective of whether they need or use specialist disability services. It helps to protect, promote and realise the human rights of people with disability in line with Australia's commitments under the United Nations Convention on the Rights of Persons with Disabilities.

The Strategy's [Outcomes Framework](#) tracks, reports and measures the outcomes for people with disability across 7 outcome areas. For up-to-date information on how the Strategy is going, see [Reporting on Australia's Disability Strategy 2021–2031](#).

Sources of disability information

The Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC) is the most detailed and comprehensive source of disability information in Australia. The latest available SDAC data are from SDAC 2022. Detailed information on the SDAC is available on the [ABS website](#).

Information on the use of specialised disability services can be found on the data reporting webpages for the [National Disability Insurance Scheme \(NDIS\)](#), [Disability Employment Services \(DES\)](#) and the [Disability Support Pension \(DSP\)](#).

An emerging source of information about people with disability is the [National Disability Data Asset](#), which brings together de-identified information from different government agencies about all Australians. The National Disability Data Asset will:

- give a more complete picture of the programs and services people with disability use
- provide information about how opportunities and outcomes for people with disability can be improved
- help governments improve supports and services for people with disability
- improve reporting on outcomes for people with disability under [Australia's Disability Strategy 2021–2031](#).

The National Disability Data Asset recently achieved a major milestone of its first release of data in December 2024. This release included the first-generation disability indicators or flags. These flags were designed in consultation with people with disability and experts in disability data. The first-generation flags include individuals who received disability-related government payments or services. For more information about the flags, see the data asset's [Measuring disability factsheet](#) and [Disability Indicators Explanatory Notes](#).

A key initiative of the Australia's Disability Strategy is the [National Disability Research Partnership \(NDRP\)](#). NDRP will be instrumental in building the evidence base for the Strategy to help to improve outcomes for people with disability.

How many people have disability?

In 2022 (according to the latest available data on disability prevalence), an estimated 5.5 million Australians, or 21% of the population, had some form of disability (ABS 2024a).

The number of people with disability has increased since 2018 (4.4 million), as did the prevalence of disability (proportion of the population who have disability). In 2018, it was estimated that 18% of Australians had disability (ABS 2024a). The Australian Bureau of Statistics (ABS 2024a) notes that several factors may have contributed to the rise in reported disability prevalence, including:

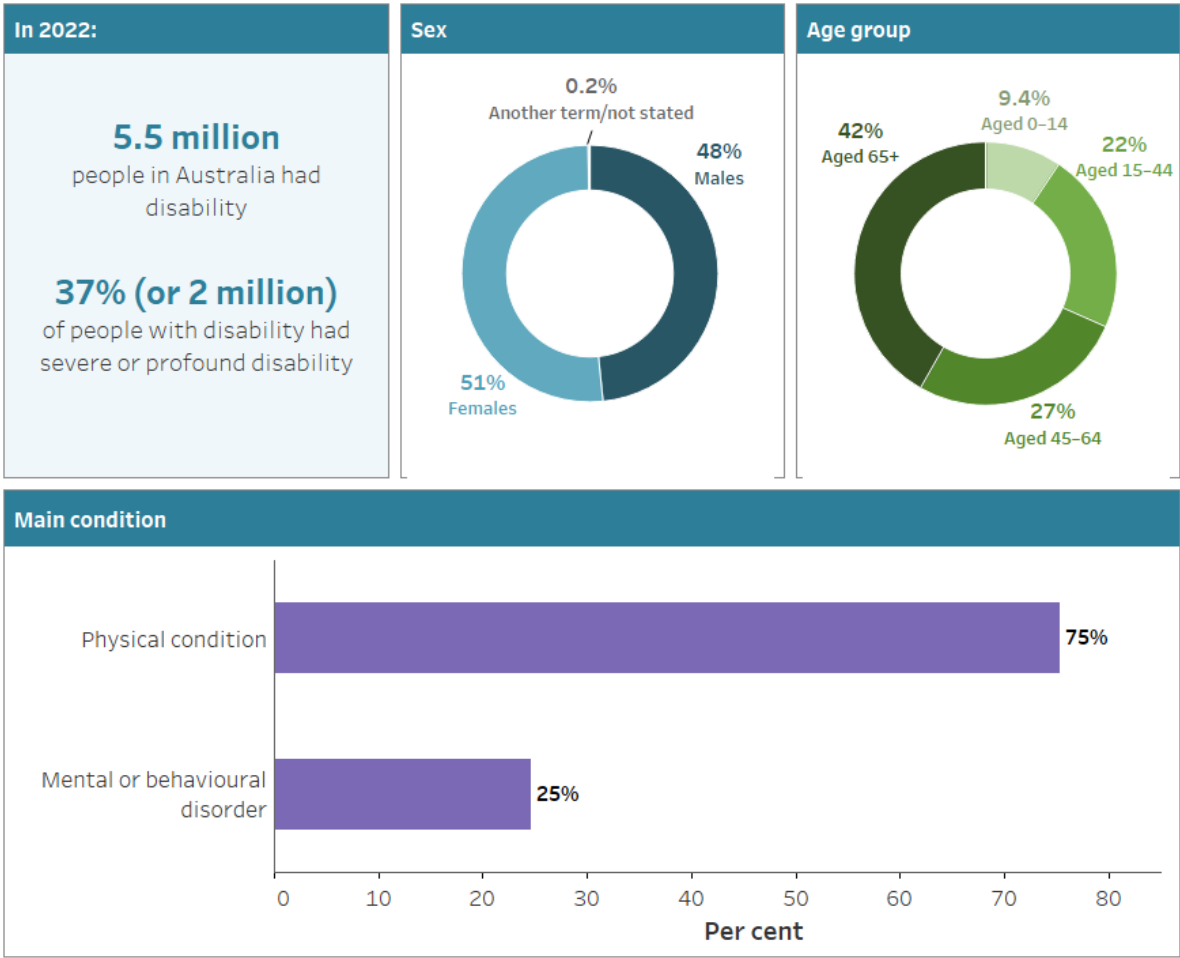
- a growing awareness of disability in Australia
- a general increase in prevalence of some long-term health conditions
- changes in data collection methods
- an ageing population.

While each of these factors may have played a role in the increase of reported disability prevalence, it is not possible to determine how much impact they may have had (ABS 2024a).

In 2022, of people with disability:

- 48% (or an estimated 2.7 million) were males and 51% (or an estimated 2.8 million) were females
- 9.4% were aged 14 or under, 22% were aged 15–44, 27% were aged 45–64, and 42% were aged 65 or over
- 75% reported a physical condition as their main underlying health condition (the condition causing them the most problems), and 25% had a mental or behavioural disorder as their main condition
- 37% (an estimated 2.0 million people, or 7.9% of the Australian population) had severe or profound disability (ABS 2024a, AIHW analysis of ABS 2024b and ABS 2024c; Figure 1).

Figure 1: Profile of people with disability, 2022

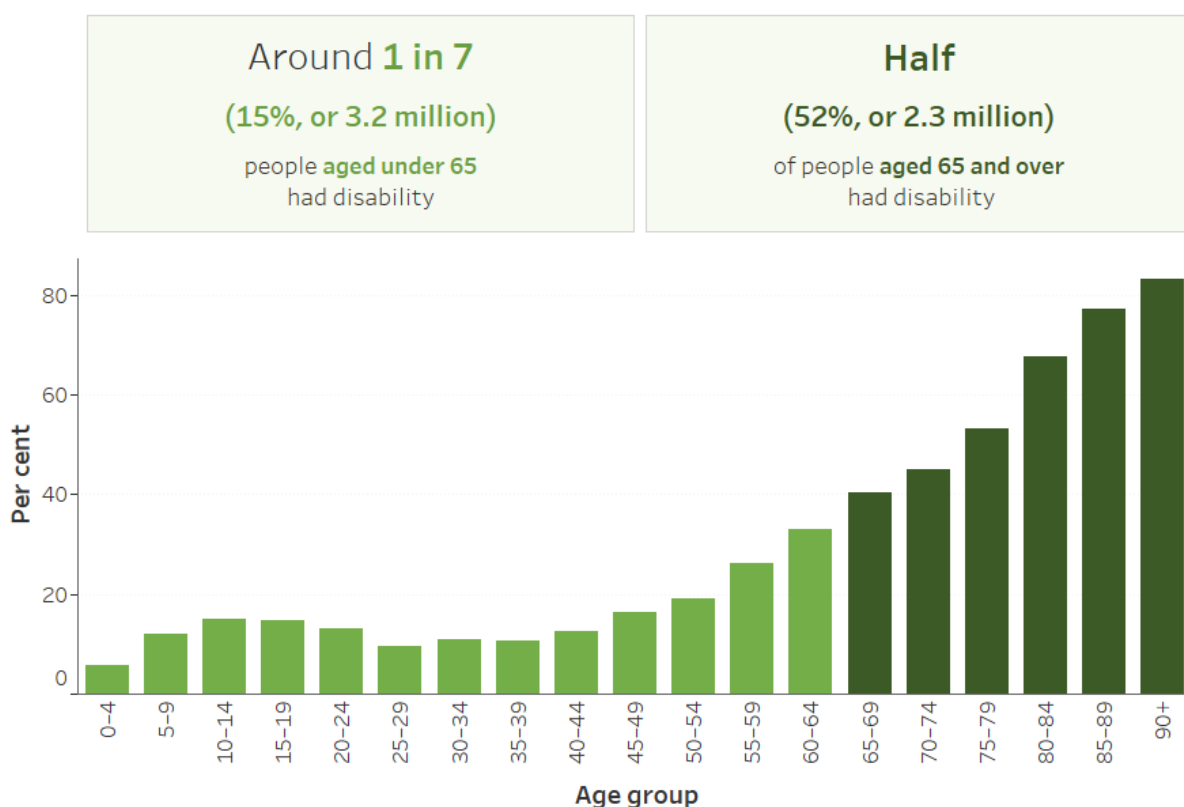


Note: Numbers are rounded.
Sources: ABS 2024a; AIHW analysis of ABS 2024b and ABS 2024c.
<https://www.aihw.gov.au/>

The prevalence of disability increases with age (Figure 2). Around 1 in 7 (15%, or 3.2 million) people aged under 65 have some level of disability, rising to 1 in 2 (52%, or 2.3 million) for those aged 65 and over (ABS 2024a). This means that the longer we live, the more likely we are to experience some form of disability.

Disability does not necessarily equate to poor health or illness. For more information about experiences of people with disability across various aspects of life see [People with disability in Australia](#).

Figure 2: Proportion of people with disability in the population, by age group, 2022



Note: Numbers are rounded and may differ from those published by the ABS due to different confidentiality and perturbation processes.

Source: AIHW analysis of ABS 2024b.

<https://www.aihw.gov.au/>

Children with disability

In 2022, 5.7% (about 86,000) of children aged under 5 and 14% (about 433,000) of children aged 5–14 had disability (ABS 2024a).

The prevalence of disability among children has increased between 2018 and 2022, after remaining relatively stable between 2003 and 2018:

- The prevalence of disability among children aged under 5 increased from 3.7% (about 58,000) in 2018 to 5.7% in 2022.
- The prevalence of disability among children aged 5–14 increased from 9.6% (about 299,000) in 2018 to 14% in 2022 (ABS 2024a).

Older Australians with disability

In 2022:

- just over half (52% or 2.3 million people) of older Australians (aged 65 and over) had disability, up from 50% or 1.9 million in 2018
- the prevalence of disability among older Australians increases with age, from 40% of those aged 65–69 to 83% of those aged 90 and over (ABS 2024a).

Do people with disability get the support they need?

People with disability may require assistance with common everyday activities, such as showering or dressing, moving around, housework and gardening, or using transport. Assistance can be formal (provided by formal organisations or paid providers) or informal (provided by family, friends or neighbours). Not all people with disability require or use formal or informal assistance.

In 2022, around 61% (or an estimated 3.2 million people) of people with disability living in households identified as needing help with at least one of 10 activities of daily living. The most common activities people needed help with were property maintenance (30%), health care (30%), and cognitive or emotional tasks (25%) (ABS 2024a).

Among people with disability living in households who needed assistance with activities, 57% received assistance from formal providers and 76% received assistance from informal providers (ABS 2024a); 43% received assistance from both types of providers (AIHW analysis of ABS 2024b). However, about 1 in 10 (10%, or an estimated 335,000) people needing assistance did not receive any assistance (ABS 2024a).

Looking at the receipt and need for formal assistance only, of the people with disability who need assistance with daily activities:

- 52% have no unmet need for formal assistance: they either receive some formal assistance and do not need any more (27%), or have no need for formal assistance (25%)
- 35% have an unmet need for formal assistance: they either receive some formal assistance but need more (22%), or need formal assistance but do not receive any (13%)
- 13% are not sure if they need more, or any, formal assistance (AIHW analysis of ABS 2024b).

About 6 in 10 (57%) people with disability (aged 15 and over and living in households) who received or needed formal assistance were satisfied with the range of services available to assist with all activities they needed assistance for (where the level of satisfaction could be determined) (AIHW analysis of ABS 2024b). About 8 in 10 (83%) of those who received formal assistance in the last 6 months were satisfied with the quality of all services received (where the level of satisfaction could be determined) (AIHW analysis of ABS 2024b).

What formal specialist disability services are provided?

In 2022, 1.4 million people (5.4% of the population) received disability-related government payments and services (NDDA 2025).

Specialist disability services are now largely provided through the National Disability Insurance Scheme (NDIS). One notable exception is the Disability Employment Services (DES) program administered by the Australian Government.

This section provides information about the NDIS and the DES program. It also outlines some of the other available support services for people with disability (both specialised and mainstream), including continuity of support programs for people with disability who were ineligible to transition across to the NDIS.

National Disability Insurance Scheme

What is the NDIS?

The NDIS provides funding to eligible people with disability to pay for supports and services they need, thus gaining more time with family and friends, greater independence, access to new skills, and an improved quality of life.

The NDIS is administered by the National Disability Insurance Agency (NDIA). The NDIS is jointly funded and governed by the Australian and state and territory governments (NDIA 2023a). In 2023–24, governments contributed \$42.4 billion to the NDIS, up from \$36.9 billion in 2022–23 (in 2023–24 dollars) (PC 2025).

Participant choice and control are core features of the NDIS design. Each NDIS participant has an approved plan with an individually allocated budget based on their goals. This funding can be used by the participant to pay for supports and services they need.

The NDIS provides reasonable and necessary supports to eligible Australians with a permanent (or likely to be permanent) and significant disability, who enter the scheme under the age of 65 years. The available supports include core supports to help with daily living activities, capacity building supports that help build skills and independence, and capital supports including assistive technology and home modifications (see [Supports and services funded by the NDIS](#)) (NDIA 2021).

The NDIS also provides supports through the early childhood approach to children younger than 9 with disability or developmental delay.

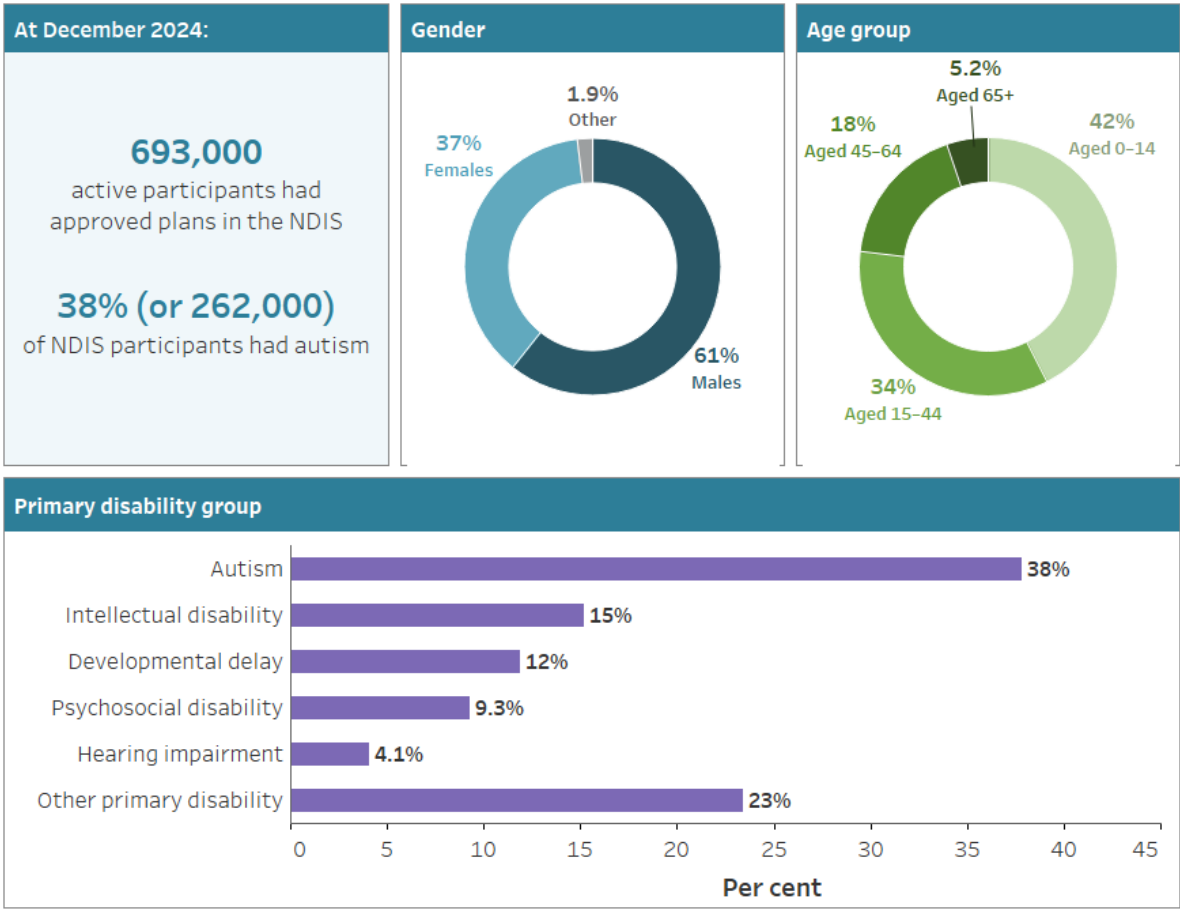
At 31 December 2024, the NDIS had around 693,000 active participants with approved plans. Of these:

- 61% (around 421,000) were males and 37% (around 259,000) were females
- 42% (around 294,000) were aged 14 or under, 34% (around 238,000) were aged 15–44, 18% (around 124,000) were aged 45–64, and 5.2% (around 36,200) were aged 65 and over
- the top 5 primary disability groups were:
 - autism (38% or around 262,000 people)
 - intellectual disability, including Down syndrome (15%, 106,000 people)
 - developmental delay (12%, 82,100 people)
 - psychosocial disability (9.3%, 64,500 people)
 - hearing impairment (4.1%, 28,300 people)
- 8.0% of participants identified as Aboriginal and Torres Strait Islander (First Nations) people
- 8.8% of participants identified as culturally and linguistically diverse (Figure 3, NDIA 2025a).

The number of the NDIS participants has grown steadily in the past years, increasing from around 467,000 active participants with approved plans at 30 June 2021 (NDIA 2025a). It is estimated that, by 30 June 2028, the NDIS will have more than 800,000 active participants (NDIA 2025a).

In recent years, while the overall participant numbers were growing, some sub-groups had higher growth rates than others. For example, the group of participants with a primary disability of autism has grown by 14% over the year to December 2024, and 15% over the previous year (to December 2023), compared with 7.2% and 13% annual growth rates in the same 2 years for the total number of NDIS participants (NDIA 2025b).

Figure 3: Profile of NDIS participants, December 2024



Notes:
1. Intellectual disability includes Down syndrome.
2. Numbers are rounded.
Source: NDIA 2025a.
<https://www.aihw.gov.au/>

At 31 December 2024, there were around 159,000 children younger than 9 years (5.6% of the general population aged 0–8) with an NDIS plan, and a further 23,700 children accessed early connections during the December quarter (NDIA 2025a). Early connections are part of the NDIS early childhood approach, designed to support young children and their families. Early connections provide support by linking children and families to practical information, mainstream and community supports, and peer supports. From 1 July 2023 the NDIA extended access to early childhood arrangements, through its early childhood partners in the community, to children younger than 9. These arrangements had previously been available to children younger than 7 (NDIA 2025a).

The NDIS regularly collects data about the ongoing experiences of participants, their families and carers during their time in the scheme, and reports on the [outcomes and goals](#) achieved (NDIA 2023b).

Disability Employment Services

Employment outcomes of people with disability

For people with disability aged 15–64 years (living in households):

- over half (56%) were employed, up from 48% in 2018
- the unemployment rate was 7.5% in 2022, down from 10% in 2018 (ABS 2024a).

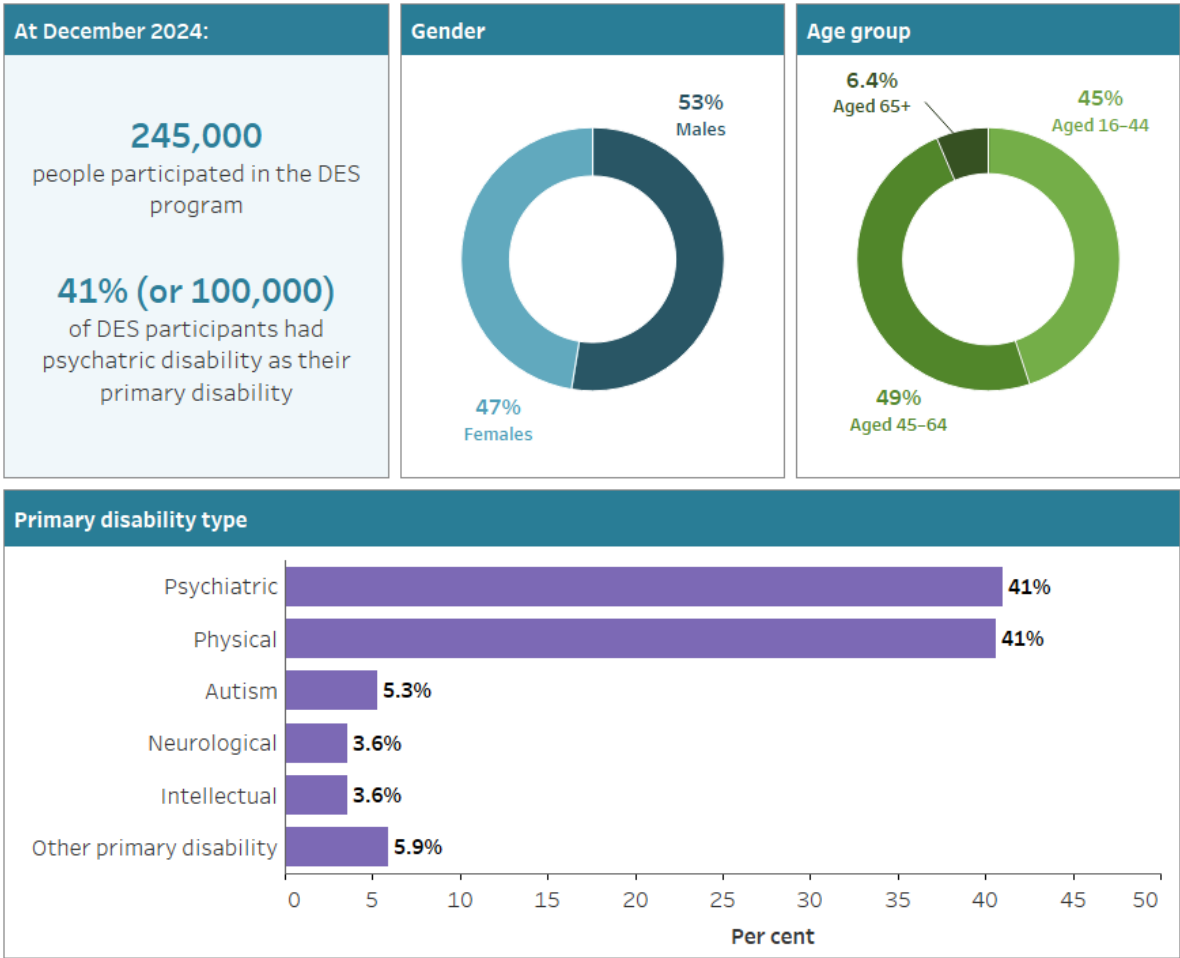
The Australian Government is responsible for managing DES.

At 31 December 2024, there were around 245,000 participants in DES (DSS 2025a).

Of these:

- 53% (or about 129,000) were males and 47% (about 116,000) were females
- 45% were aged 44 and under, 49% were aged 45–64, and 6.4% were aged 65 and over
- the top 5 primary disability types were psychiatric (41%), physical (41%), autism (5.3%), neurological (3.6%), and intellectual (3.6%)
- 75% received JobSeeker Payment or Youth Allowance, 13% received Disability Support Pension (DSP), 3.9% were recipients of Parenting Payment (Single or Partnered), and 1.0% received other income support payments or allowances; the remaining 7.0% were not in receipt of any income support (DSS 2025a; Figure 4).

Figure 4: Profile of DES participants, December 2024



Note: Numbers are rounded.
Source: DSS 2025a.
<https://www.aihw.gov.au/>

The number of DES participants has been steadily declining since June 2021 (around 316,000) to 273,000 in December 2022, 258,000 in December 2023 and 245,000 in December 2024 (DSS 2025a). This decline is due to a range of factors, including eligibility changes to the DES program made in 2021 and stronger labour market demand post COVID-19 lockdowns (AIHW 2025).

In line with declining participant numbers, DES employment placements fell from around 107,000 placements in 2021–22 to 90,000 in 2022–23 and 70,000 during 2023–24. The number of 26-week sustained employment outcomes also decreased over this period, from 48,000 in 2021–22, to 46,000 in 2022–23 and 35,000 in 2023–24 (DSS 2022, 2024).

From 1 November 2025, a new specialist disability employment program, Inclusive Employment Australia, will replace the current DES program (DSS 2025b).

How are DES outcomes measured?

DES outcomes data show to what extent people with disability are supported by DES providers to find and maintain employment. The following outcomes are commonly reported:

- employment placements: the number of DES employment (and, in some cases, education) placements where a person with disability has been placed in a job appropriate to their work capacity
- sustained employment outcomes: the number of placements which are sustained for a period of at least 13, 26, and 52 weeks (referred to as 13-, 26-, and 52-week outcomes) (DSS 2024).

The reported numbers refer to claims rather than people, since one person can have multiple placements or achieve multiple sustained employment outcomes within a reporting period.

[Australia's Disability Strategy Outcomes Framework website](#) reports on the [DES 52-week outcome data](#) as one of the measures the Strategy is keeping track of to ensure things are improving for people with disability.

Other specialised and mainstream supports

In Australia, governments also provide other services (specialised and mainstream) that support people with disability, including:

- the [Disability Gateway](#), an Australian Government initiative aiming to assist all people with disability, their families and carers to locate and access services across Australia
- the [National Disability Advocacy Program](#), which provides people with disability with access to effective disability advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights
- the [Information, Linkages and Capacity Building](#) program, which provides funding to deliver community projects that benefit all people with disability, their carers and families
- [JobAccess](#), a national hub for workplace and employment information for people with disability, employers and service providers
- the [Australian Disability Parking Scheme](#), which helps eligible people park nearer to their destination
- [My Aged Care](#) website and contact centre, providing Australians aged 65 and over (50 or older for First Nations people), their families and carers an entry point to Australian Government-funded aged care services for the general population
- the [Disability Support for Older Australians Program](#), providing support to people with disability aged 65 and over (50 or older for First Nations people), who were

receiving state-managed specialist disability services but were not eligible for the NDIS.

Disability Support Pension

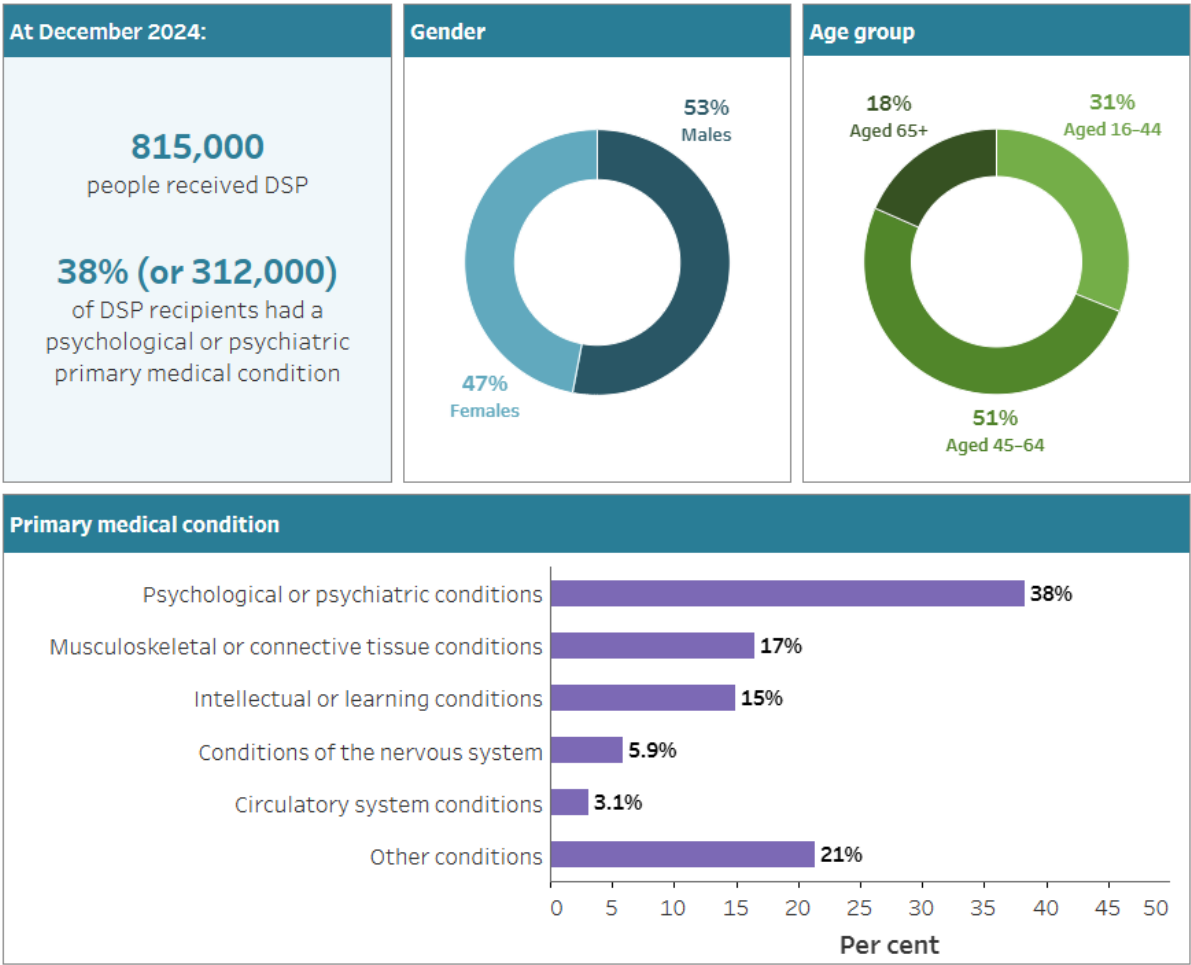
Australia's social security system, administered by Services Australia, aims to support people who cannot, or cannot fully, support themselves financially. In general, people with disability, especially those with severe or profound disability, are more likely than people without disability to receive their income primarily from a government pension, benefit or allowance (for more information, see [People with disability in Australia](#)).

Disability Support Pension (DSP) is the primary income support payment for people aged 16 and over with disability who have a reduced capacity to work because of their impairment that is likely to persist for more than two years.

At 27 December 2024, 815,000 people aged 16 and over received DSP (DSS 2025c). Of these:

- 53% (or around 432,000 recipients) were males and 47% (or around 383,000) were females
- 31% were aged 16–44, 51% were aged 45–64, and 18% were aged 65 and over
- the most prevalent primary medical conditions (conditions associated with the highest level of impairment for the recipient) were:
 - psychological or psychiatric (38%)
 - musculoskeletal or connective tissue conditions (17%)
 - intellectual or learning conditions (15%)
 - conditions of the nervous system (5.9%)
 - circulatory system conditions (3.1%)
 - other conditions (21%) (DSS 2025c; Figure 5).

Figure 5: Profile of DSP recipients, December 2024



Note: Numbers are rounded.
Source: DSS 2025c.
<https://www.aihw.gov.au/>

Some people with disability may be ineligible to receive DSP due to the nature of their impairment, work capacity, age, or other factors. Depending on their circumstances, people with disability may receive other income support payments, such as Age Pension, Carer Payment, Parenting Payment, JobSeeker Payment, and others. For more information on these payments as well as the DSP, see [Income support payments for the working age population](#) and [Income support for older Australians](#).

Disability workforce

Defining the disability workforce

The disability workforce may be broadly defined as people who directly provide services and supports to people with disability.

The disability workforce is difficult to quantify, due to overlaps with and movements between sectors such as health and aged care, and the gaps in data collections about this professional group. The data sources on disability workforce include the Australian Bureau of Statistics (ABS) Labour Force Survey (ABS 2024c) and the National Disability Services (NDS) Workforce Census (NDS 2024). The NDS Workforce Census provides important information about the composition of the disability workforce and the significant emerging issues for the sector. However, it cannot be used to produce estimates of the workforce size since it is a voluntary survey of a self-selecting subset of organisations providing disability services.

The ABS Labour Force Survey uses an occupational classification which combines carers for people with disability, a major occupation in the disability workforce, into one occupation group with those who provide care for older people ('Aged and Disabled Carer' occupation group). This limits the insights available for disability workforce. The new [Occupation Standard Classification for Australia \(OSCA\)](#) launched in December 2024 recognises 'Disability Services and Support Workers' as a distinct occupation group.

Additionally, overlapping roles and responsibilities between sectors mean that people who provide disability services and supports may be employed in a wide range of roles and sectors, such as in education, employment services, public administration, allied health services, and social assistance. It is difficult to pinpoint the exact nature of these roles when relying on standardised data collections.

For these reasons, this page restricts reporting to 2 professional groups based on the pre-existing ABS occupation groupings, further restricted to people in paid employment:

- Aged and Disabled Carers
- Disabilities Services Officers.

This reporting excludes medical professionals who work in community services industries (such as Residential Care Services or Other Social Assistance Services), as well as people in other disability-related occupations who work in education, employment services, or public administration. Volunteers are also excluded.

For more information about the aged care workforce, see [Aged care](#). A vital part of disability care is provided by informal carers – family members, friends, or neighbours. Informal carers are generally unpaid, although some may receive government assistance. For more information see [Informal carers](#).

Analytical note: annual workforce numbers are calculated by taking an average of quarterly estimates in the ABS Labour Force Survey (ABS 2024d). Workforce per 100,000 population is calculated by dividing annual workforce numbers by the Estimated Resident Population (ABS 2024e) at 30 June for each year.

Between 2014 and 2024, there has been significant growth in the workforce of carers for people with disability and the older Australians:

- There were around 333,000 people employed as carers in 2024, a greater than two-fold increase from 133,000 in 2014. The number of employees in this occupation increased from 570 per 100,000 population in 2014 to 750 per 100,000 in 2019, and 1,200 per 100,000 in 2024 (AIHW analysis of ABS 2024d and 2024e).
- In 2024, 23% of people in the carer occupation were employed in Residential Care Services industry, 73% were employed in Other Social Assistance Services industry, and the remaining 4.1% were employed in other industries. The share of Residential Care Services industry among this occupation group has declined from 37% in 2014 to 33% in 2019 and 23% in 2024 (AIHW analysis of ABS 2024d). This is in line with government policy and people's preferences to continue living independently in their homes, rather than move into residential care.

For Disability Services Officers, the total workforce numbers fluctuated from 6,400 (or 27 per 100,000 population) in 2014 to 9,200 (or 34 per 100,000) in 2024, reaching a peak of 11,300 (or 44 per 100,000 population) in 2021 (AIHW analysis of ABS 2024d and 2024e).

Key data gaps and data improvement activities

Although much is known about how people with disability experience life in Australia, critical data gaps remain. For example, in many existing data collections it is difficult to know which records refer to a person with disability, due to lack of disability flags, or because of differing definitions of disability across data sources. Moreover, there is a lack of data on some subgroups of people with disability, such as Aboriginal and Torres Strait Islander people with disability, LGBTIQ+ people with disability, or people with disability who are homeless. For more information, see [Key data gaps](#) in [People with disability in Australia](#).

One key pathway to improving data about people with disability is better data sharing and data linkage. A major initiative in this space is the [National Disability Data Asset](#), which had its first data release in December 2024. Another pathway is improving existing data collections or setting up new ones, such as [Australia's Disability Strategy Survey](#).

Where do I go for more information?

For more information about people with disability, see:

- Australian Bureau of Statistics [Survey of Disability, Ageing and Carers](#)
- [People with disability in Australia](#)
- Australia's Disability Strategy Outcomes Framework [website](#) and [annual reports](#).

For more information on NDIS participants and recipients of specialised disability services, see:

- National Disability Insurance Agency [Quarterly reports](#)
- Department of Social Services (DSS) [Disability Employment Services Monthly Data](#)
- DSS [Benefit and Payment Recipient Demographics](#).

For more on this topic, see [Disability](#) and [Disability services](#).

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Philanthropy and charitable donations

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/philanthropy-and-charitable-giving>

On this page

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In Australia, philanthropy and giving to charity occur in many ways. [Philanthropy Australia](#) defines philanthropy as the giving of money, time, information, goods and services, influence and voice to improve the wellbeing of humanity and the community. Donations to registered charities can be tax deductible if the Australian Taxation Office (ATO) has endorsed the entity as a deductible gift recipient (DGR) (ATO 2017). Fewer than half of charities in Australia have DGR status.

Some charities are set up primarily to deliver structured philanthropy such as ancillary funds. For others, distributing grants may be only one element of their operations (Cortis et al. 2018).

The not-for-profit sector consists of approximately 30% charities; the remainder of the sector largely consists of self-assessed income tax exempt entities and a small percentage of taxable not-for-profit entities. The self-assessed income tax exempt entities fall into 8 purpose-based categories, such as community service and sporting. These entities play an integral role, along-side charities, to improve the wellbeing of the community (ATO 2020). From the 2023–24 income year, the reporting requirements for non-charitable not-for-profit entities with an active ABN need to lodge an annual tax return. For more information see the ATO's latest [reporting requirements](#).

Volunteering – time willingly given for the common good and without financial gain (VA 2015) – is also considered to be philanthropy and/or charitable giving but is not directly covered on this page. For more information see [Volunteers](#).

For more detail on financial philanthropic and charitable donations, see [Philanthropic and charitable donations](#).

As of 1 April 2025, there were 62,876 registered charities in Australia. The analysis below is based on the 52,627 Annual Information Statements submitted by charities to the

ACNC for the 2023 reporting period (ACNC 2025). The charity sector is made up of charities of varying sizes, from tiny local community groups to large universities and international aid organisations.

A charity's size for the Australian Charities and Not-for-profits Commission (ACNC) purposes is based on its total annual revenue for a reporting period. Charity thresholds changed in 2022 and are as follows:

- Extra small charities have an annual revenue of less than \$50,000
- Small charities have an annual revenue of \$50,000 or more but less than \$500,000
- Medium charities have an annual revenue of \$500,000 or more but less than \$3 million
- Large charities have an annual revenue of \$3 million or more but less than \$10 million
- Very large charities have an annual revenue of \$10 million or more but less than \$100 million
- Extra large charities have an annual revenue of \$100 million or more (ACNC 2025).

Most charities conduct a range of activities or programs working across Australia and internationally in a broad range of areas, including health, education, social welfare, religion, culture, human rights, the environment and animal welfare. The most common activities for charities were religious and faith based activities (20.3%), human services (15.7%) and education (15.1%) (ACNC 2025).

Charities reported having 1.54 million paid employees in 2023, which was around 10.0% of Australia's workforce and the second largest workforce in Australia after Health care and social assistance (ACNC 2025; ABS 2025b). However, more than half (52.1%) of all operating charities employed no paid staff, relying entirely on volunteer efforts. This is the highest figure that has ever been reported to the ACNC. Charities reported 3.77 million volunteers helped deliver services in 2023 (ACNC 2025).

In the analysis that follows, all comparisons over time using data sourced from ACNC are reported in current prices, unadjusted for inflation, inline with ACNC reporting.

Giving by source

Charities receive funding from various sources. In 2023, charities generated a record high \$222 billion in revenue, including:

- \$107 billion from government (including grants)
- \$74 billion from funds raised from sales of goods or services
- \$19 billion from donations and bequests
- \$8 billion from investments
- \$14 billion from other revenue sources (ACNC 2025).

The \$222 billion in revenue received by charities in 2023 was an increase of \$21 billion (10.7% increase), since 2022.

In dollar terms, the biggest increase to total revenue in 2023 was through revenue generated from goods or services with an increase of almost \$8 billion from the previous year.

Just under half (48.4%) of the sector's revenue is from government. While revenue from government remains the dominant revenue source for charities, the proportion of this revenue source to total revenue is the lowest since 2019. Larger charities are more reliant than other charities on the government when it comes to funding their purposes.

In 2023, over \$64 billion (51.8%) of the \$107 billion in government revenue went to extra large charities, compared to extra small charities with just 8.1% of total revenue being from government.

Revenue from donations and bequests increased in 2023, however the main driver of the increase was a single charity – Minderoo Foundation Group, that reported donations and bequests totalling \$4.9 billion. All charity sizes except large charities reported an increase in donations and bequests, with overall revenue from donations and bequests reported as \$18.9 billion.

The donations made by individuals and businesses are used for different causes. These include advancing health, education, social or public welfare, environment, religion and culture as well as promoting or protecting human rights.

Smaller charities were more likely to rely on donations and bequests to operate – donations comprised around 40% of the revenue for extra small charities compared to just over 8% for large charities.

What are bequests?

Bequests are gifts made as part of a will or trust and are one of the most popular and flexible ways to support the causes that are important to you and your family. A bequest can be to a person or a trust, or it can be a charitable bequest to a not-for-profit organisation (CDC 2024).

The top 30 charities (including those that report collectively as groups) accounted for roughly 40% of all the donations and bequests that Australian charities received (ACNC 2025).

Donations made to non-deductible gift recipients (non-DGRs), or through buying items at a charity auction, or gifts made under a will, are not captured in income tax returns but are included in the total revenue generated by charities (ATO 2017).

Charity assets and expenses

Between 2022 and 2023 charity assets increased by \$32 billion to a total of \$489 billion, a 7.0% increase. Charities across all size categories reported an increase in assets, with extra large charities accounting for around half of that increase (ACNC 2025).

In 2023, total expenses for charities increased to \$212 billion, up from \$196 billion in 2022. Of the total expenses for charities, 55% (\$117 billion) was on employee expenses, \$12 billion on grants and donations, \$2 billion on interest and the remaining \$81 billion on other expenses) (ACNC 2025).

In 2023, expenses grew by 8.4% to \$212 billion while total revenue grew by 10.7% to \$222 billion (ACNC 2025).

How does Australia compare in giving?

The Charities Aid Foundation report [World Giving Index 2024](#) (CAF 2024) ranked Australia as the eighth most generous country amongst over 140 countries in 2023. This was up 6 places from its ranking of 14th in 2022 during the COVID-19 pandemic. In 2023, Indonesia topped the World Giving Index rankings. The United States ranked sixth highest in terms of giving. Canada, New Zealand and the United Kingdom all had lower giving index scores compared with Australia in 2023 at 11th, 17th and 22nd respectively.

The survey asked 3 questions about what people had done in the past month.

1. Have you donated money to charity?
2. Have you helped a stranger or someone you didn't know who needed help?
3. Have you volunteered your time to an organisation?

Calculating the World Giving Index

In calculating the World Giving Index, an average of the positive responses is calculated for each country, giving an index score and a global ranking. A higher index score indicates that more of that country's population is engaged with giving. The lowest possible score is zero and the highest possible score is 100 points.

Australia's world giving index score of 54 in 2023 showed that over the past month:

- 7 in 10 (69%) adults helped a stranger
- 3 in 5 (59%) adults donated money to charity
- 1 in 3 (34%) adults volunteered.

Australia's ranking went from fifth highest in 2020, to fourth highest in 2021, fourteenth in 2022 and eighth in 2023 (CAF 2021, 2022, 2023, 2024).

People choose to give for a variety of reasons, including to align with values and cultural identity, for personal satisfaction and caring about 'doing the right thing', and 'giving back' (McGregor-Lowndes et al. 2017).

The [Australia Giving 2019](#) study reported the top 3 reasons why people give are that they:

- care about the cause (54%)
- want to help people less fortunate than them (41%)
- realising they can make a difference (33%) (CAF 2019).

The majority of donors give a one-off donation to charities without intending to make regular or planned ongoing donations to that organisation (Scaife et al. 2016).

Organisations that are endorsed as DGRs are entitled to receive donations that are deductible from the donor's income tax. This means when a donor makes a gift or contribution to a DGR endorsed charity, they may be able to claim a tax deduction. The amount of the claim will depend on the type of gift or contribution they make.

In order to inspire greater philanthropy across Australia and encourage future giving, the [2022–2025 Philanthropy Australia Strategic Plan](#) was launched in December 2021 by Philanthropy Australia. Philanthropy Australia has also implemented a national framework to double structured giving from \$2.5 billion in 2020 to \$5 billion by 2030. See Philanthropy Australia's [Blueprint to Grow Structured Giving](#).

Definition of Structured Giving

Structured giving refers to relatively large-scale giving or philanthropy, for example, through corporate cash donations, or larger scale private contributions that are made on a planned periodic basis.

Structured giving is important to charities and not-for-profit organisations as it provides a regular source of income. Structured giving can involve using a financial vehicle designed to enable giving, including:

- private or public ancillary funds
- sub-funds and giving circles
- testamentary or other legacy trusts.

Structured giving can also occur without using a dedicated financial vehicle from individuals and families (for more information see [Philanthropy Australia](#)).

Furthermore, in March 2023, the Government established a Productivity Commission review to analyse motivations for philanthropic giving in Australia and identify opportunities to grow it further. The [Future foundations for giving Inquiry report](#) was released in May 2024 (Productivity Commission 2024).

Tax-deductible donations

Donations by individuals of \$2 or more to a DGR endorsed charity are deductible from an individual taxpayer's assessable income. If the donation is property, a tax deduction may be claimed if the property is purchased and donated to a DGR within 12 months. There are several other gift types that may be deductible. For more information, see [Gift types, requirements and valuation rules](#).

When an individual adds a gift or donation in their tax return, they enter a description, which usually indicates where the donation has been made (ATO 2022a). Tax-deductible donations obtained from tax returns represent only a subset of individual giving, as not all donations made can be (or have been) deducted from income tax. Not all donors claim deductions for gifts, also not all donors are required to lodge an income tax return. There may also be cases where a donor is not able to claim the full amount of their donation in a given year as the deduction cannot lead to a tax loss.

Non-deductible donations might include non-tax deductible contributions (raffle ticket, donations made directly to people), volunteering, donations to non-DGRs endorsed organisations or donations made by those who are not required to lodge a tax return.

How to account for inflation?

To account for the impact of inflation over time, the Consumer Price Index (CPI) was used to adjust the nominal amount of donations made to charities to their equivalent real value. This conversion from nominal to real values allows for more accurate comparisons of the value of donations made across different periods. To calculate the real price of an item, the current price is divided by the CPI of the base year and then multiplied by 100. This provides an adjusted price that reflects the purchasing power of the currency in the base year.

In 2022–23:

- individual taxpayers claimed a total amount of \$9.1 billion (ATO 2025) as a tax-deductible donation, double the previous year's total of \$4.6 billion, primarily due to a few very large donations reported in 2022–23
- 4.5 million tax payers (27.8% of all tax payers) claimed tax-deductible donations with a median deduction of \$150. This compares to 4.3 million tax payers (27.5% of all tax payers) claiming a tax-deductible donation in 2021–22 with a median deduction of \$148 in current prices (ATO 2025; Figure 1).

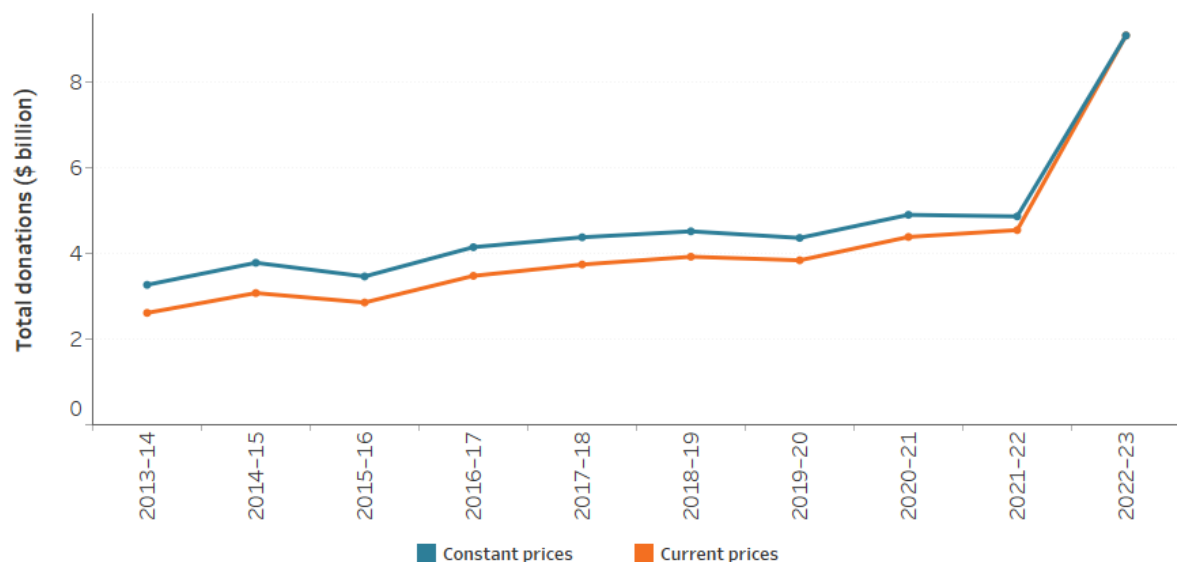
Between 2013–14 and 2022–23:

- total donations increased in real terms from \$3.3 billion to \$9.1 billion
- the proportion of individual taxpayers claiming donations fell (from 35.1% to 27.8%) (Figure 1)
- median tax-deductible donations claimed increased in real terms from \$125 per person in 2013–14 to \$150 in 2022–23.

Figure 1: Tax-deductible donations claimed by taxpayers, 2013–14 to 2022–23

Select chart type:

- ☒ Total donations claimed
- ☐ Growth in total donations claimed
- ☐ Median donation claimed
- ☐ Total taxpayers and proportion claiming tax-deductible donations



Notes:

1. Constant price estimates are expressed in terms of 2022–23 prices.
2. Donations claimed refers to tax deductions made by individual taxpayers for donations to deductible gift recipients.
3. Data for the period 2019–20 to 2022–23 income years were sourced from individual income tax returns processed by 31 October 2024. The statistics are not necessarily complete.

Sources: AIHW analysis of ABS 2025a; ATO 2025.

<https://www.aihw.gov.au/>

Business giving

Business giving is often driven by an ethical desire to give back to the community and the belief the donations will make a difference. Businesses also recognise the benefits a giving culture has on employee recruitment, retention and engagement (Burns et al. 2017).

Giving from the corporate sector in Australia plays an important role. In addition to cash donations, corporates also engage in community investment by providing services at no or substantially reduced cost with no expectation of a commercial return, for example legal and accounting firms.

Many companies are joining the 'Pledge 1% movement' – wherein companies can pledge any combination of product, equity, profit, or time to a charity of their choice. Pledge 1% partners are leading organisations, committed to encouraging the early stage companies they work with, to make giving back a priority.

The Corporate Support Report from JBWere reported that in 2021:

- the top 50 companies contributed \$1.3 billion into community investment, a 4% increase from the previous year. This represented 0.8% of pre-tax profit in 2021
- the average contribution was \$26.5 million, with the largest contribution being \$234.1 million and the smallest \$3.5 million (WGA 2022).

Workplace giving

Workplace giving is a joint relationship between employers, employees and charities that enables individuals to donate a proportion of their pre-tax salary to charity and claim a tax deduction equal to the amount of donations. From the employer perspective, workplace giving enhances staff engagement, increases employee pride and demonstrates the company's commitment to the community. A further incentive is that some employers match staff donations (WGA 2024).

In 2021–22:

- over 200,000 (people gave through their pay at work a total of just over \$50 million (not including company matching) with the average donation size across all market segments being \$245. Despite the low uptake in workplace giving, there were more than 6,000 employers with a total of 4.7 million employees having access to a workplace giving program
- over 60% of large organisations in Australia have a giving program but the rate of uptake is below 5% overall (WGA 2024).

Ancillary funds

Ancillary funds are charitable trusts created by deed for the purpose of making grants for public benefit in Australia. Ancillary funds cannot operate programs or deliver services, but they play a supporting role by funding eligible not-for-profit entities. Hence ancillary funds act as an intermediary between donors and DGRs (McGregor-Lowndes et al 2024).

Private ancillary funds (PAFs) enable individuals, families or organisations to put aside money or property in a trust to support charities over the long term. PAFs cannot raise funds from the general public but can be endorsed as a DGR.

Public ancillary funds (PuAFs) are communal and philanthropic structures that must establish a public fund and raise funds from the general public. A PuAF can be a DGR and therefore donations are tax deductible. Common PuAF categories include community foundations, corporate foundations or fundraising foundations for individual charities.

Ancillary Fund Guidelines

The Public Ancillary Fund Guidelines 2022 mandate a minimum annual distribution rate. During each financial year, a PuAF must distribute at least 4% of the market value of the fund's net assets as valued at the end of the previous financial year. A public ancillary fund must distribute at least \$8,800 (or the remainder of the fund if that is worth less than \$8,800) during a financial year if any expenses of the fund in relation to that financial year are paid directly or indirectly from the fund's assets or income. However, no distribution is required during the financial year in which a public ancillary fund is established or during the 4 financial years following the financial year in which the fund is established (ATO 2022b).

In 2022–23:

- there were 1,445 PuAFs and 2,196 PAFs, which received donations of around \$1.9 billion and \$1.2 billion, respectively
- PuAFs distributed around \$487 million and PAFs distributed around \$799 million, which represented 10.3% of net assets for PuAFs and 7.5% for PAFs
- charities receiving the highest proportion of the distribution from PuAFs were welfare and rights organisations \$153 million (31.5%), charities with multiple purposes \$123 million (25.2%) and not deductible gift recipient charities \$70 million (14.4%)
- charities receiving the highest proportion of the distribution from PAFs were welfare and rights organisations \$277 million (34.7%), charities with multiple purposes \$147 million (18.4%) and cultural organisations \$104 million (13.0%) (ATO 2025; Figure 2).

From 2016–17 to 2022–23:

- the total number of PAFs increased from 1,495 to 2,196; an average growth of 6.6% per year. For PuAFs, there was an increase from 1,304 to 1,445; an average annual growth of 1.7%
- donations to PAFs increased, on average by 3.7% per year in real terms, with the highest increase (46.1%) from 2019–20 to 2020–21. In the latest year there was a decrease in donations of 27.5%
- PuAFs donations increased on average by 15.2% per year in real terms. In the latest year donations received more than doubled (101.2% increase)
- on average, net assets for PuAFs grew 7.3% per year in real terms compared to a decline in net assets of 0.8% per year for PAFs. Assets for PuAFs remained below those for PAFs over the whole period
- PuAFs distributed an average of 12.0% of assets annually and PAFs distributed 6.5% on average (ATO 2025; Figure 2).

Figure 2: Public and private ancillary funds, 2016–17 to 2022–23



Note: Constant price estimates are expressed in terms of 2022–23 prices.

Source: AIHW analysis of ABS 2025a; ATO 2025.

<https://www.aihw.gov.au/>

Disaster relief and recovery fund

Australians have been impacted by climate change related emergencies in the past several years, from bushfires to floods and cyclones. The consequences of such events have substantial impacts on people, communities, the economy, infrastructure and the environment. The total cost of natural disasters in Australia is forecast to increase from \$18.2 billion to \$39 billion per year by 2050 (ARC 2023a). Charities have supported individuals, households and communities during those difficult times.

Flooding in Queensland and New South Wales

Australia experiences many devastating floods and charity assistance often plays a part in recovery. An example of this is the floods that occurred in 2022.

In late February 2022, southeast Queensland experienced multiple rounds of devastating flooding. The estimated total costs to Queensland were \$7.7 billion (Deloitte 2022).

To address the immediate and long-term impacts from these floods, a range of assistance was activated through charities, as well as state and commonwealth disaster recovery funding arrangements.

In the aftermath of the Queensland and New South Wales floods, the Australian Red Cross raised \$55.6 million. Of this, \$27.2 million was raised through the Australia Unites Telethon Appeal and \$28.4 million was raised through the Queensland and New South Wales Floods Appeal. All proceeds from the Telethon Appeal were distributed as direct cash assistance to people impacted by the floods (ARC 2023b).

Impact of COVID-19 on giving

There was unprecedented disruption with the emergence of the COVID-19 pandemic, causing many charities to change, reduce or cease operations for varying periods. In 2023, COVID-19 continued to affect operations for some charities. In the 2023 Annual Information Statement, the number of charities that reported as 'not operating' in the 2023 Annual Information Statement decreased.

Only 9% of charities that did not conduct activities in 2023 cited COVID-19 as the reason why, compared with 25% in 2022 and 43% in 2021 (ACNC 2025).

Future of the charities sector

The ACNC plays a critical role by providing a snapshot of the state of the sector. The 2022 ACNC data revealed that cost of living issues were having a significant impact on charities. In 2022, expenses and liabilities outpaced the rise in revenue and assets in percentage terms.

In 2023 revenue grew more than expenses and liabilities, however extra large charities were responsible for much of the sector's growth. Of the \$21 billion increase in revenue, over \$15 billion (56% of the sectors total revenue) can be attributed to extra large charities even though they represent just 0.5% of Australian charities. Despite representing over 30% of 2023 Annual Information Statement submissions, extra small charities, generated only 0.1% of the sector's total revenue (ACNC 2025).

The cost of operating charities continues to increase. In 2023, the charity sector's total expenses increased by \$17 billion (8.4%) to \$212 billion. As with all organisations, inflation has an impact on a charity's expenses. The 2023 ACNC data shows that while cost of living issues continue to impact the charity sector, particularly smaller charities, the charity sector remains resilient (ACNC 2025).

The ACNC Charities Reports can assist to provide and drive reforms that will strengthen the sector and the services it provides to communities.

Where do I go for more information?

For more information on philanthropy and charitable giving in Australia, see:

- [Australian Charities and Not-for-profits Commission](#)
- [Giving Australia](#)
- [Philanthropy Australia](#)
- [Workplace Giving Australia](#)
- [Gifts and fundraising.](#)

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Profile of Australia's population

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-health/profile-of-australias-population>

On this page

Key changes in Australia's population

Past population growth and trends

Australia's future population

Where do I go for more information?

This page was written by the [Centre for Population at Treasury](#) for the AIHW.

Key changes in Australia's population

Australia's population was 27.2 million at 30 June 2024, having grown around 1.4% a year on average over the past 3 decades, from 17.8 million at 30 June 1994.

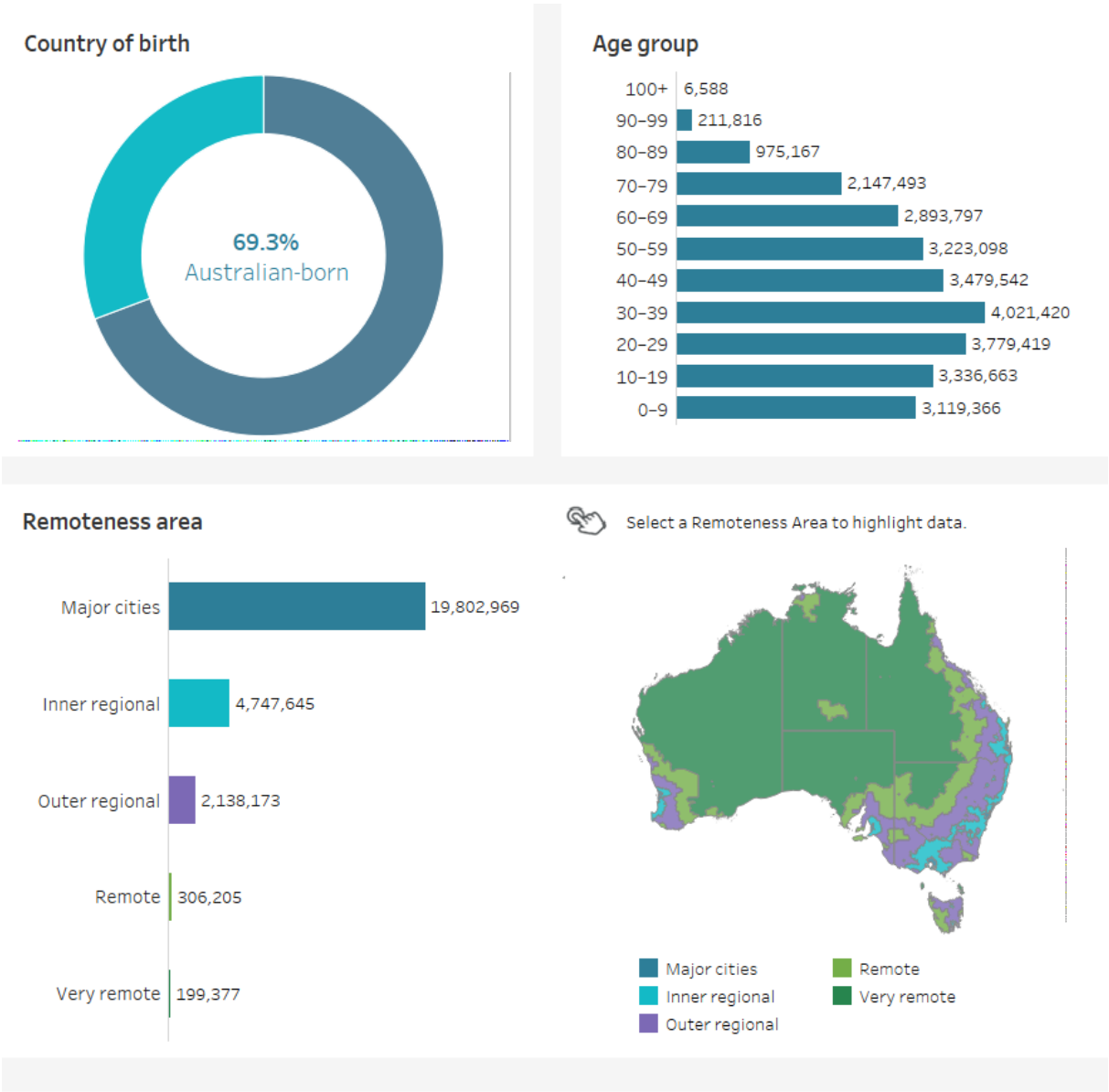
Over this 30-year period:

- Net overseas migration (see [glossary](#)) was the main driver of population growth, and has increased from a net inflow of 47,000 people in 1993–94 to 435,000 people in 2023–24. The first net outflow of migrants from Australia (-85,000 people) since the Second World War occurred in 2020–21, during the COVID-19 pandemic.
- Natural increase (births minus deaths) has decreased from 135,000 people in 1993–94 to 106,000 people in 2023–24.
- Fertility rates (see [glossary](#)) have declined from 1.85 babies per woman in 1993–94 to 1.49 in 2023–24.
- The number of deaths (which has increased from 124,000 people in 1993–94 to 183,000 in 2023–24) has grown faster than the number of births (from 259,000 babies in 1993–94 to 289,000 in 2023–24), reflecting the declining fertility rate and ageing of the population.
- Life expectancy at birth (see [glossary](#)) has increased, from 75.0 years for males and 80.9 years for females in 1993, to 81.1 years for males and 85.1 years for females over 2021–2023.
- Australia's population has grown older, with the median age increasing from 33.4 years at 30 June 1994 to 38.3 years at 30 June 2024 (ABS 1998, 2025a). The percentage of the population aged 65 and over has increased from 12% to 17% over the same period.

Australia's population is concentrated in the Major cities, which are home to close to three-quarters (73%) of the total population. A quarter (25%) of people live in Inner regional and Outer regional Australia, with the remainder (1.9%) living in Remote and very remote areas (Figure 1).

Australia's population is diverse. According to the 2021 Census, almost half (48%) of Australians have a parent born overseas (ABS 2022). In 2023, 31% of people in Australia were born overseas (Figure 1), a proportion which has increased by 8 percentage points over the past 30 years (ABS 2024a). At 30 June 2021, the Aboriginal and Torres Strait Islander (First Nations) population was 984,000, representing 3.8% of the total Australian population (ABS 2024c). For more information, see Profile of First Nations people.

Figure 1: Demographic snapshot, at June 2023 and June 2024



Notes

1. Data for country of birth is at 30 June 2023, all other data is at 30 June 2024.
2. Remoteness Areas divide Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Remoteness Areas are intended for the purpose of releasing and analysing statistical data to inform research and policy development in Australia.

Sources: ABS 2024a, 2025a and 2025b.
<http://www.aihw.gov.au/>

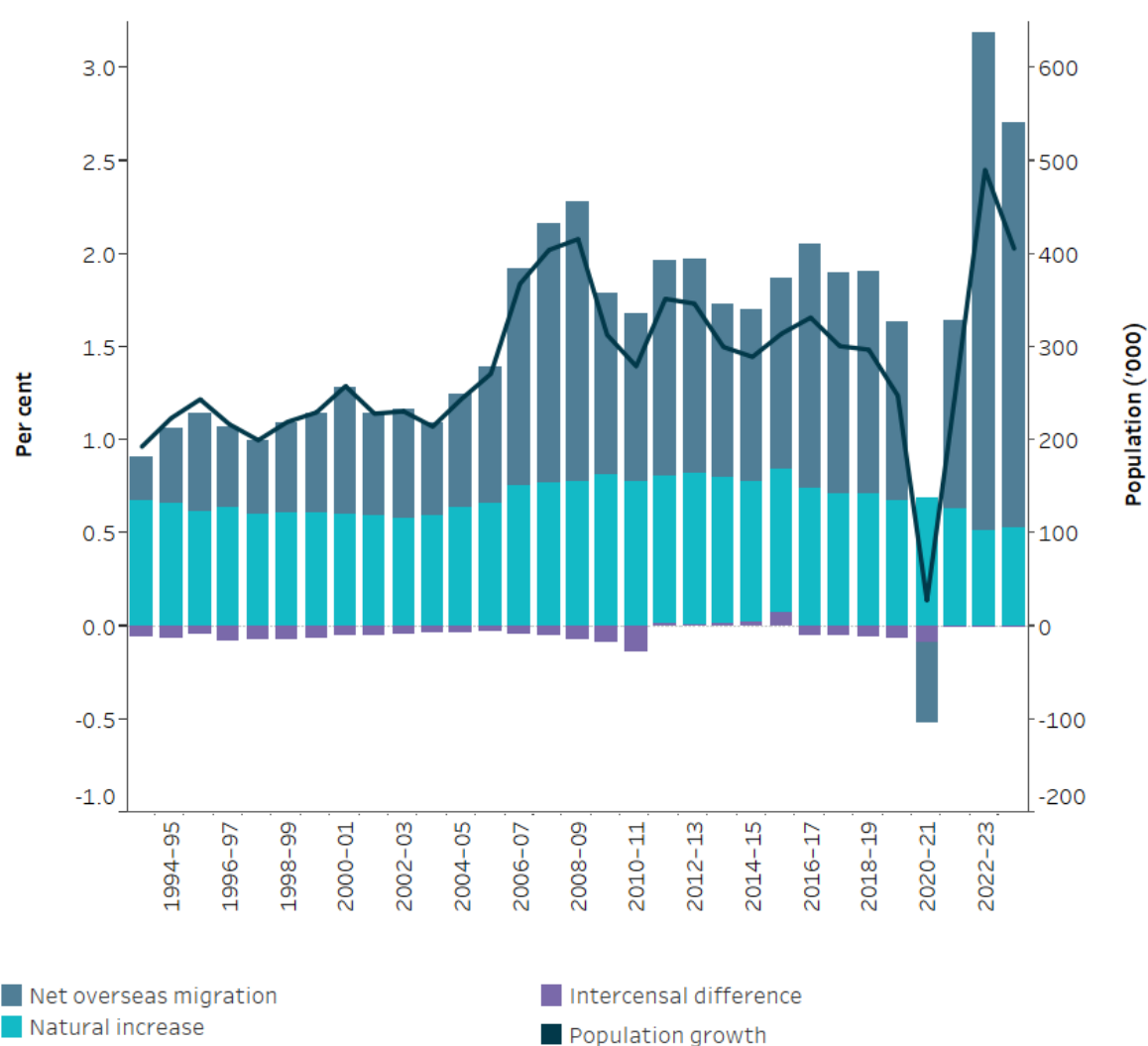
Past population growth and trends

Australia’s population growth averaged 1.4% per year from 30 June 1994 to 30 June 2024 (Figure 2). Australia’s population growth was affected by the COVID-19 pandemic, with the introduction of international border restrictions causing population growth to fall to

a historical low of 0.1% in 2020–21. Following the easing of international border restrictions and the return of overseas migration in late 2021, Australia's population grew by 2.5% in 2022–23 and 2.0% in 2023–24.

Between 1993–94 and 2023–24, natural increase has been relatively steady, while net overseas migration has fluctuated (Figure 2). Natural increase was the main driver of population growth until the early 2000s. However, since 2005–06, net overseas migration has contributed to the larger share of annual population growth. When averaged over the past 30 years, net overseas migration contributed to 57% of population growth and natural increase contributed to 43% of population growth.

Figure 2: Components of population change, Australia, 1993–94 to 2023–24



Source: ABS 2025a.

<http://www.aihw.gov.au/>

Capital cities have been growing faster than regional areas, with the share of Australia's population living in the 8 capital cities increasing by 3 percentage points over the past 30 years to 68% in 2023–24 (ABS 2024b, 2025b). This is because overseas migrants tend to settle in cities and the younger age structure of cities results in greater natural increase. There was a brief reversal of the trend in 2020–21 due to border restrictions and lockdowns.

Net overseas migration

Net overseas migration was the main driver of Australia's population growth in the years prior to the COVID-19 pandemic.

Net overseas migration is the component of population change that has been most affected by the COVID-19 pandemic. The introduction of international border restrictions in early 2020 lowered net overseas migration to -85,000 people in 2020–21, the first recorded net outflow since the Second World War. Following the easing of international border restrictions from late 2021, net overseas migration grew to a record high of 536,000 people in 2022–23. Net overseas migration moderated to 435,000 people in 2023–24 but remains above pre-pandemic levels (ABS 2025a). Much of the elevated net overseas migration reflects a catch-up from the pandemic, as well as a surge in global demand for international study and a strong domestic labour market (Centre for Population 2024).

Natural increase

Since the late 2000s, natural increase has added on average around 150,000 people a year to the Australian population, although this has become smaller as a proportion of the population over time. Over the 30 years from 1993–94 to 2023–24, Australia's total fertility rate has fallen from 1.85 to 1.49 babies per woman, and has remained below the replacement-level (see [glossary](#)) of 2.1 since the mid-1970s (ABS 2024b, 2025a). At the same time, life expectancy at birth in Australia has increased and is among the highest in the world. Despite improving life expectancy, the number of deaths has grown faster than births in recent years, reflecting an ageing population.

Although the number of births rebounded in 2021, fertility has declined significantly since the pandemic. In 2023–24:

- there were 289,000 births, a decrease of 0.6% from 291,000 in 2022–23, and the lowest number of births since 2006–07
- the total fertility rate fell to a record low of 1.49 babies per woman, from 1.55 in 2022–23 (ABS 2025a).

Compared with many other advanced economies, Australia experienced low mortality during the early years of the COVID-19 pandemic. However, as infection rates increased from 2022, deaths from both COVID-19 and other causes increased. In 2022, deaths were 11.7% higher than expected. This represents a total of 19,900 excess deaths in 2022. In 2023, excess mortality (see [glossary](#)) continued but eased to 5.1%. COVID-19 remains a significant contributor to excess mortality, with deaths from or with COVID-19 accounting for around two-thirds (67%) of excess deaths since the start of 2022 (ABS 2023b).

Reflecting this excess mortality, Australia recorded a decline in life expectancy over 2021–2023 for the second consecutive period. Since life expectancy peaked over 2019–2021 at 81.3 years for males and 85.4 years for females, it has decreased by 0.2 years to 81.1 years for males and 0.3 years to 85.1 years for females. This represents the sharpest fall in life expectancy in Australia since the 1960s. The COVID-19 pandemic is expected to continue to result in life expectancy being below the pre-pandemic trend until 2028–29 (Centre for Population 2024).

Net interstate migration

Australia has high rates of interstate migration compared to other countries, although the rate has declined from peaks in the 1980s and 1990s (ABS 2018).

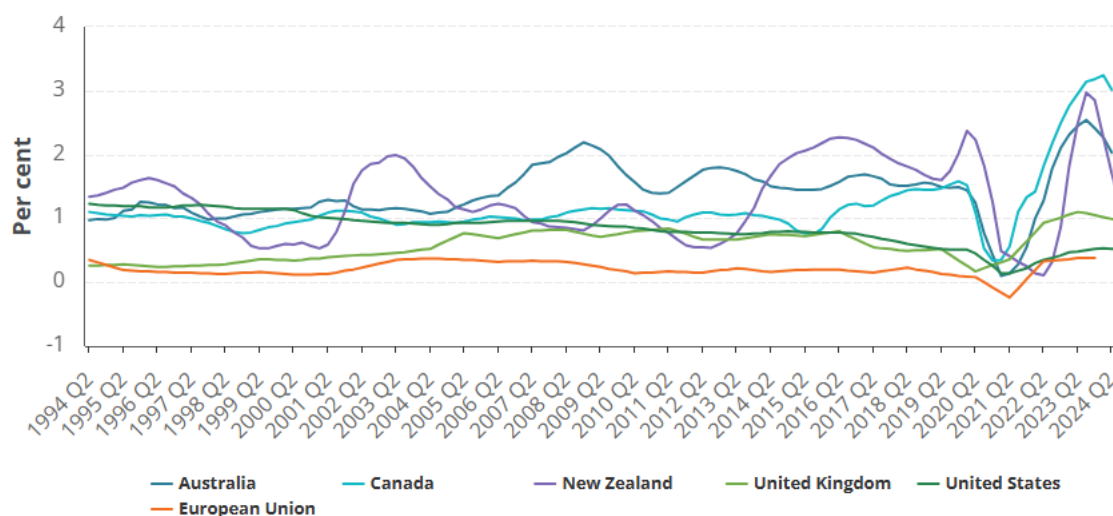
The COVID-19 pandemic reduced net interstate migration across Australia as state and territory governments temporarily restricted movements in some cities, regions and across state borders. There was a 23% drop in the number of interstate moves from 2018–19 (476,000) to 2020–21 (366,000). Interstate moves remain below pre-pandemic levels, with 368,000 interstate moves recorded in 2023–24 (ABS 2025b).

Australia's population growth in a global context

Recent population growth in Australia has been similar to New Zealand and Canada. These 3 countries have smaller populations and a higher contribution to growth from net overseas migration, which means they have more volatile growth rates than their larger counterparts, such as the United States. Prior to the COVID-19 pandemic, higher rates of net overseas migration in Australia, New Zealand, and Canada resulted in their populations growing faster than the United States, the United Kingdom, and the European Union (Figure 3).

As a result of the pandemic, population growth in advanced economies fell in 2020–21 as international travel restrictions limited global migration. Australia, New Zealand and Canada experienced particularly sharp declines, with Australia's growth falling to levels similar to the United Kingdom and the United States. Australia, New Zealand and Canada reopened their borders over 2021–22 and all subsequently recorded their highest population growth rates in decades. Since peaking, growth in each of these countries has now slowed.

Figure 3: Population growth by selected country, 1993–94 to 2023–24



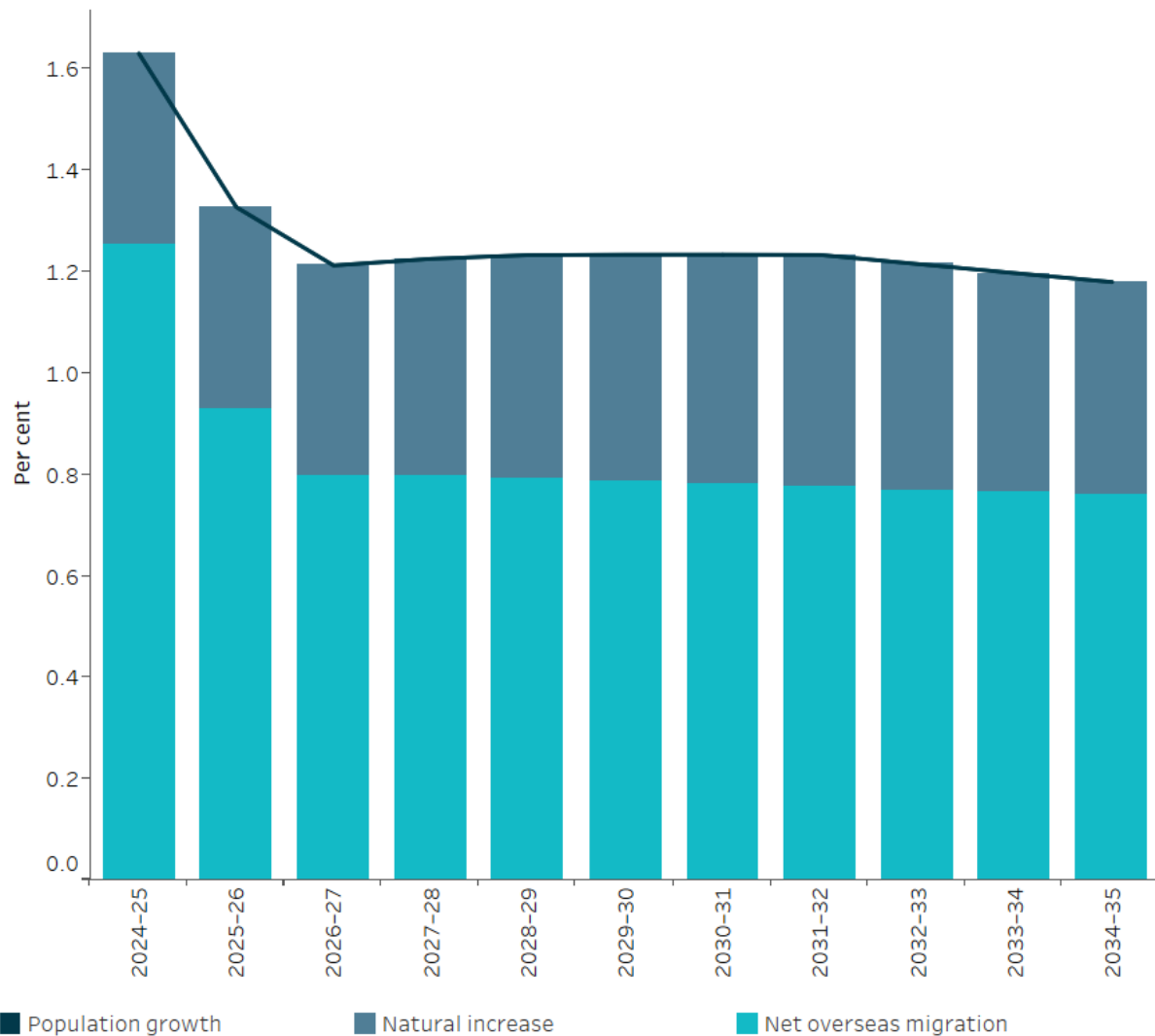
Source: ABS 2025a, Eurostat 2024, Office of National Statistics 2024, Statistics Canada 2024, Stats NZ 2024, US Bureau of Economic Analysis 2024.

Although population growth in Australia and many other advanced economies remains positive, some countries have begun to experience population decline, including China, the Republic of Korea, Japan and the Russian Federation (United Nations 2024).

Australia's future population

From 2024–25, net overseas migration is expected to continue to slow, leading to population growth slowing towards its long-term trend. Figure 4 illustrates the population growth projections from the [2024 Population Statement](#). The 2024 Population Statement is the fifth edition of the Centre for Population's flagship annual publication. Each year's Statement provides insights on how the population has changed and projects future population changes.

Figure 4: Projected population growth and components, Australia, 2024–25 to 2034–35



Source: Centre for Population 2024.
<http://www.aihw.gov.au/>

Australia's population growth is projected to be 1.6% in 2024–25, before gradually declining to 1.2% by 2034–35. By this time, Australia's population is projected to be 31.3 million. Looking further ahead, the population is projected to continue to increase, reaching 41.2 million people by 2064–65 (Centre for Population 2024).

Net overseas migration

Following the easing of COVID-19 travel restrictions from late-2021, net overseas migration grew quickly with the return of temporary visa holders, including international students, in Australia. Net overseas migration is forecast to be 340,000 in 2024–25 before moderating then stabilising from 2026–27 (Centre for Population 2024).

Natural increase

The total fertility rate is projected to fall to a record low of 1.45 babies per woman in 2024–25 before gradually returning to, and stabilising at a rate of 1.62 by 2031–32. The fertility rate is expected to return to this long-run rate as the proportion of women without children has not increased significantly in recent years. As births recover in line with this trend, from 288,000 in 2024–25 to 352,000 in 2034–35, natural increase is projected to stabilise, reaching 130,000 in 2034–35. Beyond this period, natural increase is projected to steadily decline due to the number of deaths growing faster than births as the population ages.

Total deaths are projected to increase from 186,000 in 2024–25 to 222,000 by 2034–35, in line with the increasing size and ageing of the Australian population. The COVID-19 pandemic is expected to lead to higher mortality rates in Australia for those aged 50 and over until 2027–28, with excess mortality subsiding over the period before returning to pre-pandemic trends in 2028–29 (Centre for Population 2024).

Net interstate migration

The level of interstate migration is expected to rise steadily, increasing by 9.8% in 2024–25 to 422,000 moves, before reaching 446,000 in 2026–27. As a proportion of the population, this remains lower than pre-pandemic levels. From 2027–28 onwards, interstate moves are then projected to increase at a slightly slower rate than the growth of the population (Centre for Population 2024).

States and territories

Population growth is forecast to moderate in all states and territories in 2024–25:

- Western Australia is forecast to be the fastest growing jurisdiction, driven by elevated net overseas migration.
- Tasmania is forecast to experience the lowest population growth due to its low share of net overseas migration and outflows of people to other states (Centre for Population 2024).

From 2025–26, Victoria and Western Australia are expected to be the fastest growing jurisdictions, driven by net overseas migration (Centre for Population 2024).

Capital cities and regional areas

Consistent with historical trends, the combined population of the 8 capital cities is projected to continue to grow nearly twice as fast as regional areas outside of the capital cities over the projection period (Centre for Population 2024). From 2023–24 to 2034–35:

- the combined capital city population is projected to grow from 18.4 million to 21.7 million
- the combined population of rest-of-state areas is projected to grow from 8.8 million to 9.6 million.

The population of Australia's capital cities tends to be younger and age more slowly than regional areas. This is mainly because capital cities have historically attracted a larger share of overseas migrants, who tend to be younger than the overall population. In addition, younger people tend to move into capital cities from regional areas to pursue educational and job opportunities. While older people are less likely to relocate, when they do, they often move out of capital cities to regional areas.

The median age of people living in regional areas is projected to increase from 41.9 years in 2022–23 to 44.6 in 2034–35, almost twice as fast as the increase for capital cities (37.0 years in 2022–23 to 38.3 by 2034–35).

Where do I go for more information?

For the recent population projections, see the Centre for Population [2024 Population Statement](#).

This page was written by the Australian Government [Centre for Population](#).

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Profile of First Nations people

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/profile-of-indigenous-australians>

On this page

Population size, geographic distribution and trends over time

Language and culture

Closing the Gap targets

Where do I go for more information?

Aboriginal and Torres Strait Islander (First Nations) people are the first peoples of Australia. They are not one group, but rather comprise hundreds of groups that have their own distinct set of languages, histories and cultural traditions (AIHW 2015). The health and welfare of First Nations people living in the big cities are different to those living in the Torres Strait, which are different again to those living on the outskirts of Alice Springs or those living in remote communities.

This page provides demographic information on the First Nations population, including information on their languages and cultures. This page includes a list of the Closing the Gap targets. Information on each of the targets is included in [Education of First Nations people](#), [Employment of First Nations people](#), [Housing circumstances of First Nations people](#) and [Safety and justice for First Nations people](#).

First Nations identification in data collections

In most Australian data collections, First Nations people refers to people who have identified themselves or have been identified by a representative (for example, their parent or guardian), as being of Aboriginal and/or Torres Strait Islander origin. For a few data collections, such as those associated with government grants and payments, information on acceptance of a person as being of Aboriginal and Torres Strait Islander origin by their community may also be required.

Colonisation is recognised as having a fundamental impact on the disadvantage and poor health of First Nations peoples worldwide, through social systems that maintain disparities (see for example, Thurber et al. 2022; Paradies 2016; Paradies and Cunningham 2012). In Australia, the historical and ongoing effects of colonisation and racism have contributed, at least in large part, to current inequities in the health and wellbeing of First Nations people. In contrast, cultural factors – such as connection to Country and caring for Country, knowledge and beliefs, language, self-determination, family and kinship, and cultural expression – can be protective and positively influence First Nations people's health and wellbeing (see for example, Thurber et al. 2022; Bourke et al. 2018).

Population size, geographic distribution and trends over time

Population size

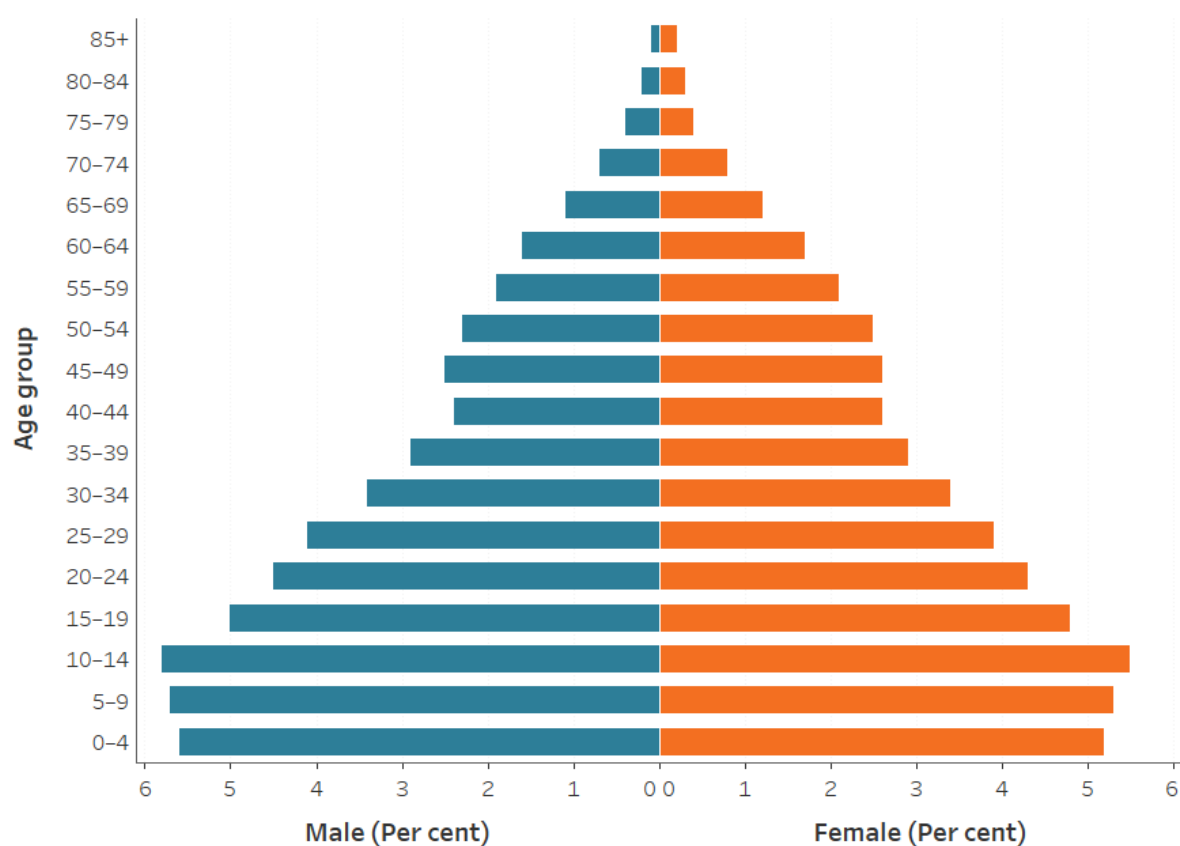
As at 30 June 2021, Australian Bureau of Statistics' (ABS) estimates indicate that 984,000 First Nations people were living in Australia, representing 3.8% of the total Australian population.

Of the 984,000 First Nations people:

- 91.7% identified as being of Aboriginal origin
- 4.0% identified as being of Torres Strait Islander origin
- 4.3% identified as both Aboriginal and Torres Strait Islander (ABS 2023a).

The First Nations population has a relatively young age structure, with larger proportions of people aged 29 and under compared to older age groups. As at 30 June 2021, an estimated one-third (34%) of the First Nations population was aged under 15, and this hasn't changed since the 2016 Census (ABS 2016, 2023a; Figure 1). The median age of First Nations people has increased – from 21 in 2011, to 23 in 2016 and 24 in 2021. The First Nations population is generally younger than the non-Indigenous population (with a median age of 38.9 years in 2021) (ABS 2023a).

Figure 1: First Nations population by age and sex, 30 June 2021



Source: ABS 2023a
<https://www.aihw.gov.au/>

Geographic distribution

First Nations people are more likely to live in urban and regional areas than remote areas, though the proportion of the total population who are First Nations is generally higher in more remote areas.

Based on 2021 Census-based estimates (ABS 2023a; Figure 2), among First Nations people:

- 41% (401,700) lived in *Major cities*
- 44% (431,200) lived in *Inner and outer regional areas*
- 15% (150,800) lived in *Remote and very remote areas* combined.

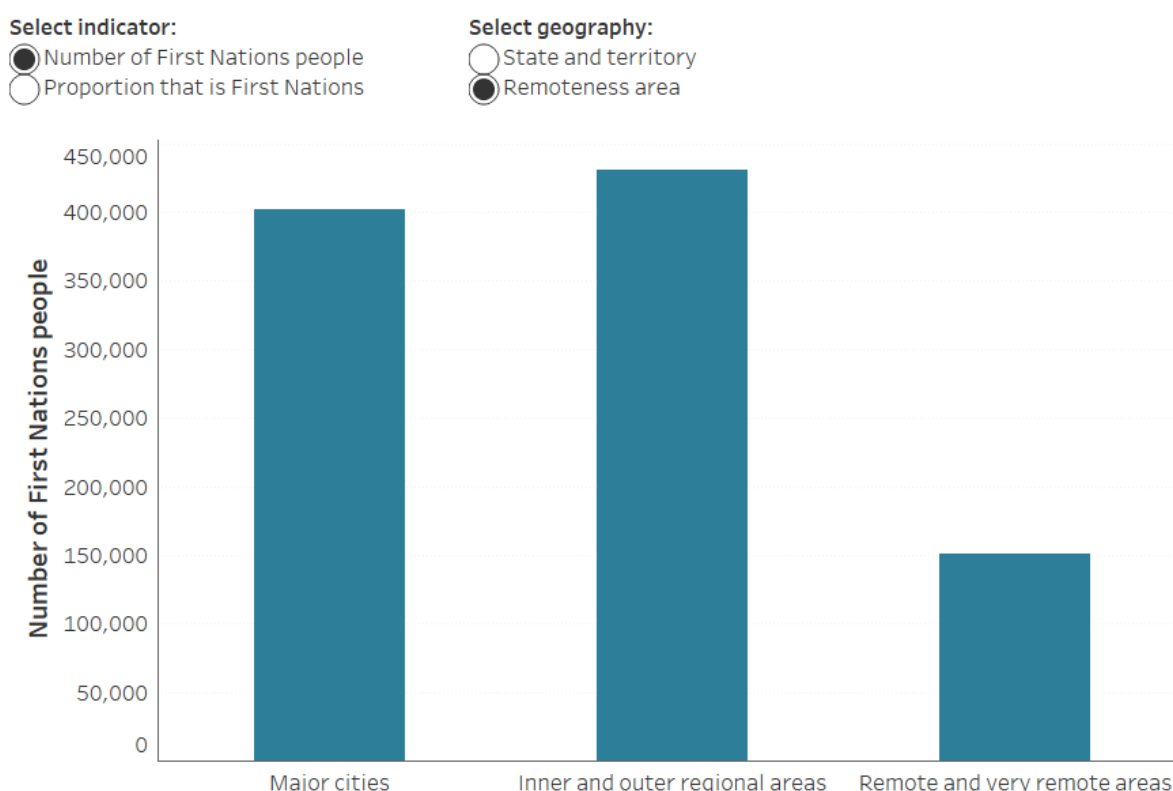
This distribution has changed from 2016 when about 37% (298,000) of First Nations people lived in *Major cities*, 44% (351,000) lived in *Inner and outer regional areas* and 19% (149,000) lived in *Remote and very remote areas*.

In 2021, the proportion of the total population who were First Nations increased with remoteness, from 2.2% in *Major cities*, to 30% in *Remote and very remote areas*.

According to 2021 ABS Estimated Resident Population, over 34% of First Nations people (340,000 people) lived in New South Wales and 28% (273,000 people) in Queensland (Figure 2).

The Northern Territory had the highest proportion of First Nations residents among its population in 2021– about 31% (76,500 people) (Figure 2).

Figure 2: First Nations population by geography, 2021



Source: ABS 2023a
<https://www.aihw.gov.au/>

Population trends over time

After each Census, the ABS produces a time series population for periods before the Census year ('backcast') by 'reverse-surviving' the population using mortality rates (derived from life tables) and also produces estimates for forward periods ('projections') using assumptions about future fertility, mortality and migration. These estimates are used as denominators for many First Nations health and welfare measures (ABS 2023b).

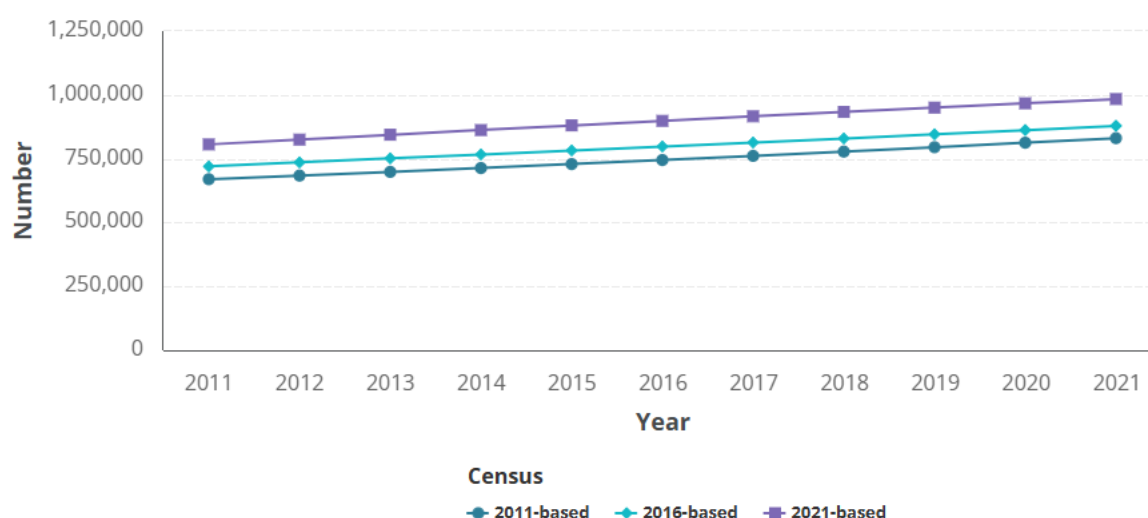
Following the 2021 Census, the ABS produced estimates from 2011 to 2031. Between 2011 and 2021, the First Nations population increased from about 806,000 people to about 984,000 people (ABS 2011-to-2031). The population is projected to increase to 1,179,000 people (medium series) by 2031.

In successive Censuses, there have been large increases in counts of First Nations people, beyond what can be explained by demographic factors (births, deaths and migration). For example, between 2016 and 2021, 57% of the increase was due to non-demographic factors, including changing identification and other factors such as improved Census coverage (ABS 2023b). The change due to non-demographic factors was higher than that between 2011 and 2016 (39%).

Given the extent of non-demographic change between the 2016 and 2021 Census, using the 2021 Census-based backcast data may lead to artificially lower rates in earlier periods. For this reason, AIHW reporting using 2021 Census-based denominators will generally be limited to 2016 onwards, consistent with ABS advice (ABS 2024).

Figure 3 shows how the population series based on the 2011, 2016 and 2021 Censuses compare.

Figure 3: First Nations population estimates and projections, by Census base



Notes:

1. Figure shows three sets of population estimates – one based on the 2011 Census ('2011-based'), another based on the 2016 Census ('2016-based') and a third based on the 2021 Census ('2021-based')
2. For each set of estimates, the data after the Census year are projections (medium series). For example, for the 2016-based estimates, 2016 is the Estimated Resident Population, estimates from 2011 to 2015 are backcast, and estimates from 2017 to 2021 are projections.
3. ABS produces 3 main population projection 'series' referred to as high, medium, low. This figure only presents the medium series. For assumptions behind each series see [Estimates and projections, Australian Aboriginal and Torres Strait Islander population, 2011 to 2031 | Australian Bureau of Statistics](#).

Source: ABS population estimates and projections (ABS 2014, 2019, 2025).

Language and culture

First Nations communities pass on knowledge, tradition, ceremony and culture from one generation to the next through language, performance, protection of significant sites, storytelling and the teachings of Elders. Cultural factors, such as connection to community, land and spirituality, are important for the social and emotional wellbeing of First Nations people (Bourke et al. 2018).

Language

In the 2021 Census, almost 1 in 10 (9.5% or around 77,000) First Nations people reported that they spoke an Indigenous language at home, with over 150 different Indigenous languages being spoken.

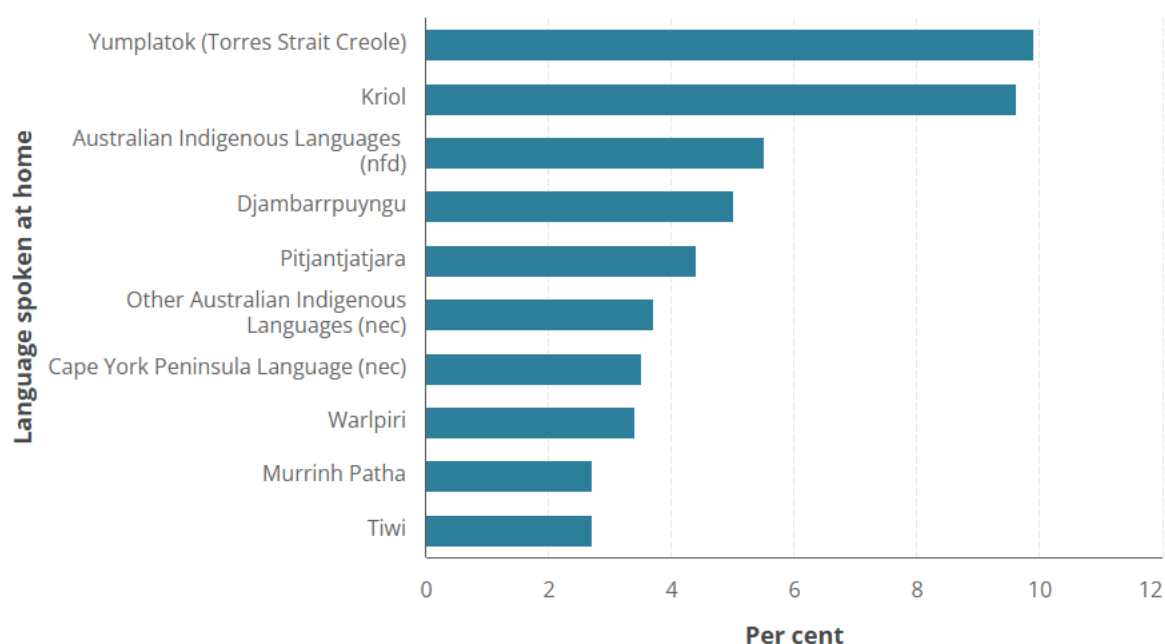
In 2021, the most common Indigenous languages spoken at home were Yumplatok (Torres Strait Creole) (around 7,600 or 9.9% of First Nations people who spoke an Indigenous language at home) and Kriol (around 7,400 people or 9.6%) (ABS 2022; Figure 4). These were also the most commonly spoken languages in 2016 (ABS 2022).

The distribution of First Nations people who used Indigenous language at home by age in the 2021 Census showed that the highest proportion was in the 25–44 years old age group (29.8%) followed by the 0–14 years old age group (28%) (ABS 2021 cited in Table CtG16c.2, Productivity Commission Dashboard).

Yumplatok (Torres Strait Creole) and Kriol

During colonisation, speaking traditional languages was generally discouraged. This resulted in some languages being lost or merging with other languages to form new languages. Yumplatok and Kriol are both recently developed English-based creole languages (that is, these languages are a mixture of Standard Australian English and traditional languages). Yumplatok, in particular, is a common language shared by all Torres Strait Islanders and is often spoken in addition to other local languages.

Figure 4: Proportion of First Nations people who spoke an Indigenous language at home, by language spoken, top 10 most commonly spoken languages, 2021



Notes:

1. Proportion is of First Nations people who spoke an Aboriginal and Torres Strait Islander language at home from the 2021 Census.
2. 'Australian Indigenous languages (nfd)' is a supplementary code in the ASCL and is not considered a language group.
3. Not elsewhere classified (nec) is used for any language which is not separately identified in the ASCL because it does not meet the threshold for the minimum number of speakers.

Source: ABS 2022.

Based on Census data, the proportion of First Nations people who spoke an Indigenous language at home has declined over time – from 16.4% in 1991 to 9.8% in 2016 and 9.5% in 2021 (ABS 2022). According to the latest National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), 8.1% of First Nations people aged 18 and over spoke an Indigenous language at home in 2022–23 (AIHW analysis of 2022–23 NATSIHS data). This is slightly lower compared to 2018–19 NATSIHS, where 8.4% of First Nations people aged 18 and over spoke an Indigenous language at home (AIHW 2024).

The target associated with Outcome 16 of 2020 National Agreement on Closing the Gap is to have a sustained increase in the number and strength of Aboriginal and Torres Strait Islander languages being spoken by 2031. The data from National Indigenous Languages Surveys indicate that the number of Indigenous languages spoken has increased from 120 in 2014–15 to 123 in 2018–19 after an initial decline from 145 in 2004–05 (Table CtG16A.1, Productivity Commission 2025). Among these, 12 traditional and 2 new languages were reported as strong languages in 2018–19, while 51 were critically and severely endangered and 43 were being revived, revitalised or reawakened.

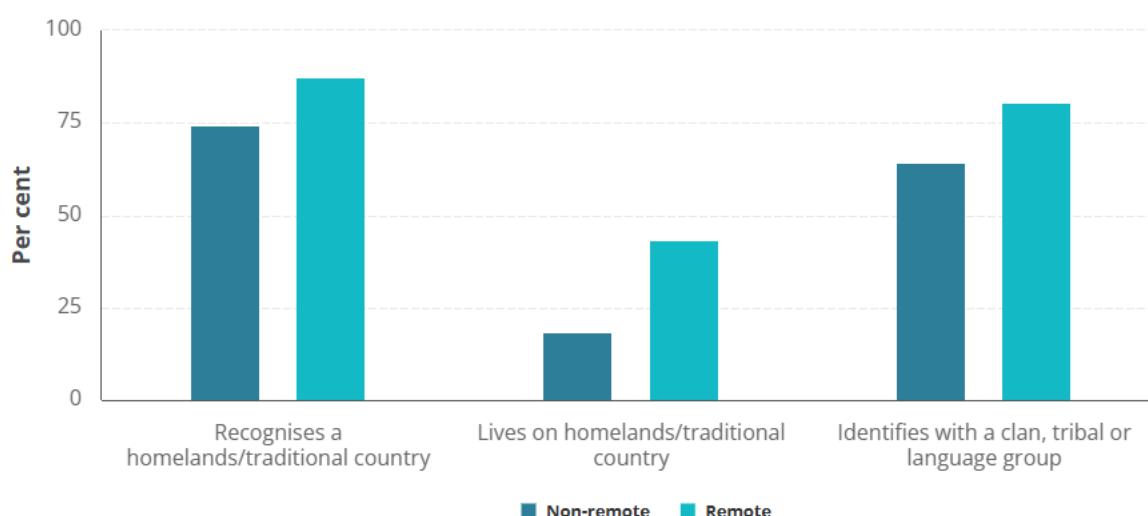
According to the same survey, there were 20 languages that had more than 1,000 speakers, and another 15 languages had between 250–1000 speakers. There were 67 languages that had 50 or less speakers, and 17 languages that had no speakers in 2018–19.

Culture

Data from the 2022–23 NATSIHS show that First Nations people have strong connections to their family, community and culture. In 2022–23, among First Nations people aged 18 and over (577,000) an estimated:

- 76% (440,000 people) recognised an area as a homeland/traditional country – this was 87% in *remote* areas compared with 74% in *non-remote* areas.
- 66% (382,000 people) identified with a tribal group, language, clan, mission or regional group – this was 80% in *remote* areas compared with 64% in *non-remote* areas.
- 22% (127,000 people) lived on their homeland – this was 43% in *remote* areas compared with 18% in *non-remote* areas (Figure 5).

Figure 5: Selected measures of cultural connectedness among First Nations people aged 18 and over by remoteness, 2022–23



Note: Remoteness classified according to the Australian Statistical Geography standard 2021. 'Non-remote' includes *Major cities*, *Inner regional* areas and *Outer regional* areas. 'Remote' includes *Remote* and *Very remote* areas.

Source: AIHW analysis of 2022–23 NATSIHS data.

Closing the Gap targets

Closing the Gap is a government framework aiming to reduce disadvantage among First Nations people. It was first agreed in 2008. Four of the original 7 targets expired unmet.

In 2020, there was a marked shift in the approach to the Closing the Gap framework, with the signing of a new [National Agreement on Closing the Gap](#) (National Agreement). For the first time, this agreement was developed in genuine [partnership](#) between Australian governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations.

The National Agreement is built around 4 Priority Reforms that focus on changing the way governments work with First Nations people. The National Agreement also identifies 17 socioeconomic outcome areas with 19 targets across these areas (Table 1).

The [targets](#) in the National Agreement are monitored annually by the Productivity Commission and reported in their [Closing the Gap Information Repository Dashboard](#) (Productivity Commission 2025).

Table 1: National Agreement on Closing the Gap socioeconomic outcome areas and targets

Socioeconomic outcome area	Target
1	Close the Gap in life expectancy within a generation, by 2031.
2	By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91%.
3	By 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Fulltime Schooling (YBFS) early childhood education to 95%.
4	By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all 5 domains of the Australian Early Development Census (AEDC) to 55%.
5	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people (age 20–24) attaining year 12 or equivalent qualification to 96%.
6	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25–34 years who have completed a tertiary qualification (Certificate III and above) to 70%.
7	By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15–24 years) who are in employment, education or training to 67%.
8	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25–64 who are employed to 62%.
9	a: By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88%. b: By 2031, all <u>Aboriginal and Torres Strait Islander households</u>: • within discrete Aboriginal and Torres Strait Islander communities receive essential services that meet or exceed the relevant jurisdictional standard • in or near to a town receive essential services that meet or exceed the same standard as applies generally within the town (including if the household might be classified for other purposes as a part of a discrete settlement such as a ‘town camp’ or ‘town-based reserve’).
10	By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15%.
11	By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10–17 years) in detention by at least 30%.
12	By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45%.
13	By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero.
14	Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.
15	a: By 2030, a 15% increase in Australia’s landmass subject to Aboriginal and Torres Strait Islander people’s legal rights or interests. b: By 2030, a 15% increase in areas covered by Aboriginal and Torres Strait Islander people’s legal rights or interests in the sea.
16	By 2031, there is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken.
17	By 2026, Aboriginal and Torres Strait Islander people have equal levels of digital inclusion.

For more information on the Closing the Gap targets, see [Safety and justice for First Nations people](#), [Education of First Nations people](#), [Housing circumstances of First Nations people](#) and [Employment of First Nations people](#).

Key data gaps and data improvement activities

There is significant work to be done regarding population projections and backcasting which include a scenario around changes in identification of First Nations people over time. The ABS has recently released a projection series that incorporates projected changes in Indigenous identification over time, rather than assuming constant levels of identification (ABS 2011-to-2031). Another approach being explored is using linked administrative data as well as Census to improve small area Census counts and population data more generally. An example of such linked data is the [Administrative Data Snapshot of Population and Housing](#) (ADS), which is an experimental population and housing data for the total Australian population built using integrated administrative data from the Person Level Integrated Data Asset (PLIDA). The use of ADS has the potential to improve the completeness of the data, and the continuity of population estimates over time.

Where do I go for more information?

For more information on First Nations people, see:

- [Aboriginal and Torres Strait Islander Health Performance Framework](#)
- Australian Bureau of Statistics [Aboriginal and Torres Strait Islander Peoples](#).

For information on the Closing the Gap framework, such as the National Agreement and targets, see [Closing the Gap](#).

For data on each Closing the Gap target by jurisdiction, see the [Productivity Commission Closing the Gap Information Repository Dashboard](#).

For more on this topic, see [First Nations people](#).

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Safety and justice for First Nations people

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/reports/australias-welfare/indigenous-community-safety>

On this page

Experiences of family violence

Contact with child protection services

Contact with criminal justice systems

Comparisons with non-Indigenous Australians

Closing the Gap targets

Where do I go for more information?

Safety for individuals and communities is important for physical and mental wellbeing. When people feel protected from harm within their home, workplace and community, it enables a better quality of life and the capacity to be involved in the community in a positive way, both of which are protective factors for social and emotional wellbeing (AIHW and NIAA 2022; Commonwealth of Australia 2017).

Many factors influence safety for Aboriginal and Torres Strait Islander (First Nations) people. For First Nations people, communities, family and kin are an integral part of life and strengthen overall social and emotional wellbeing. Family support can strengthen wellbeing by providing connections to community and culture and the provision of emotional support, particularly in times of stress (Gee et al. 2014; Milroy et al. 2014).

Social and emotional wellbeing (SEWB) is a holistic way of looking at relationships between individuals, family, kin and community in the context of land, culture, spirituality and ancestry (Gee et al. 2014). The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 proposes a model of SEWB with 7 overlapping domains comprising: body; mind and emotions; family and kin; community; culture; country; and spirituality and ancestors. Two of the 7 domains of the [SEWB model](#), connection to family and kinship and connection to community, are central to the lives of many First Nations peoples. Strong family and kinship systems can provide a sense of belonging, identity, security, and stability for First Nations people (Gee et al. 2014). Connections to community are an important source of resilience for First Nations people (Dudgeon et al. 2022). An important protective factor for families, communities and identity is cultural continuity (Dudgeon et al 2022). These connections, however, are disrupted by complex forms of trauma from colonisation that are compounded by socioeconomic

marginalisation, child removal, family violence, incarceration, the pervasive effects of intergenerational poverty and the persistent impacts of racism (Commonwealth of Australia 2018; Dudgeon et al 2022; Healing Foundation 2023).

This page focuses on First Nations people and their experiences of safety in the home, contact with child protection services, and contact with criminal justice systems.

Experiences of family violence

First Nations people are overrepresented as both victim-survivors and/or perpetrators of family domestic and sexual violence (that is, violence that occurs within family or intimate relationships) (Cripps 2023). 'Family violence' is the preferred term for family and domestic violence within First Nations communities, as it covers the extended families, kinship networks and community relationships in which violence can occur (Cripps and Davis 2012). Family violence can lead to severe social, cultural, spiritual, physical and economic impacts for First Nations communities, especially for women and children (HRSCSPLA 2021).

The National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) 2018–19, which is the most recent data available related to family violence prevalence for First Nations people, found that an estimated 30,900 First Nations people aged 15 and over had experienced physical harm in the previous 12 months (ABS 2019). Of those, 2 in 3 (67% or 20,800) [reported the perpetrator was a family member](#) (a former or current intimate partner or other family member); more than half (57% or an estimated 11,900) were female. Nationally in 2018–19, 8.4% of First Nations females aged 15 years and over experienced domestic physical harm or face-to-face threatened physical harm (PC 2024b).

The ABS Recorded Crime – Victims data collection, found that in 2023 across jurisdictions with published data, the number of First Nations victims of assault were:

- 13,542 in Queensland
- 8,600 in New South Wales
- 8,316 in the Northern Territory
- 3,532 in South Australia.

Most First Nations victims of assault were female (61–76%) and knew the offender (81–91%). Family and domestic violence (FDV) related incidents accounted for 66–82% of assaults of First Nations victims in 2023 (ABS 2024a).

Specialist Homelessness Services (SHS) provide a crisis response service for people who need to leave their home due to violence. First Nations people are over-represented among SHS clients. In 2023–24, nearly 1 in 3 (28% or almost 78,292 clients) of the 272,000 clients who accessed SHS, identified as being of Aboriginal and/or Torres Strait Islander origin. Of all First Nations clients, 40% (31,232) had experienced FDV, and 75% (23,534) of them were female (AIHW 2024a).

Between 2016–17 and 2023–24, the rate of First Nations SHS clients who had experienced FDV increased from 277 per 10,000 people in 2016–17 to 306 per 10,000 people in 2023–24 (AIHW 2024a).

For more information about SHS and First Nations people, see [Specialist homelessness services annual report 2023–24](#).

Many First Nations women experiencing family violence do not disclose family violence due to various social and systemic factors. These include fear of having their children removed, lack of confidence in police and community support, language and cultural barriers and the absence of culturally safe and accessible support services (AHRC 2020: 189-190; ANROWS 2020a; DSS 2022; Willis 2011).

First Nations women and children with disability are at heightened risk of victimisation from FDV, including sexual violence (Jones et.al 2023).

For more information about family violence, see [Family, domestic and sexual violence](#).

Contact with child protection services

Child protection agencies aim to address the safety needs of children. These agencies and services intervene within family settings to support children who are at risk of harm (Titterton 2017). The reasons for the overrepresentation of First Nations children in child protection and out-of-home care systems are complex and include the intergenerational effects of previous separations from family and culture and the legacy of past policies of forced removal (AIHW 2025a; HREOC 1997).

Children and young people with disabilities are also overrepresented in both the out-of-home care and youth justice systems (AIHW 2019; Jones et. al. 2023). For more information see [Wangkiny Yirra “Speaking Up” Project: First Nations women and children with disability and their experiences of family and domestic violence](#) and [Aboriginal and Torres Strait Islander children are not overrepresented in the child protection system - Dashboard | Closing the Gap Information Repository](#) (disaggregation by disability status).

Historical child welfare policies targeting First Nations people led to the Stolen Generations, and the trauma experienced by survivors and their descendants is ongoing (AIHW 2018, 2021). The consequences of these removal policies have long-term effects, including social, physical and psychological impacts for those directly involved, as well as for their families and communities (Atkinson 2013). Child protection issues continue to be very significant for First Nations people, reflecting this history of trauma and stressors that have impacted on parents and communities.

Research has shown that children who are abused or neglected are at greater risk of future contact with the criminal justice system (AIHW 2024b; AIHW and NIAA 2024a). In addition, most young people under youth justice supervision have had an interaction with the child protection system in the last 10 years (AIHW 2024b).

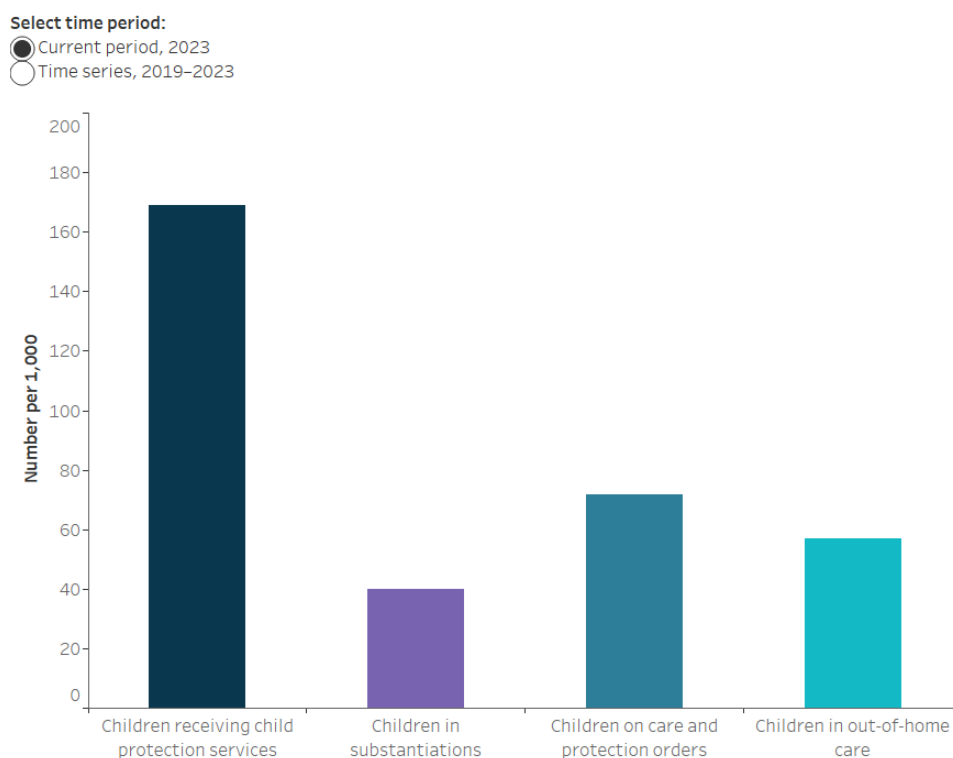
From July 2022 to June 2023:

- 58,218 First Nations children were receiving child protection services, accounting for 32% of all children in Australia receiving such services. This was a rate of 169 per 1,000
- 13,703 First Nations children were the subject of substantiated notifications, a rate of 40 per 1,000 First Nations children (AIHW 2025a; Figure 1).

As at 30 June 2023:

- 24,883 (72 per 1,000) First Nations children were on care and protection orders.
 - Between 30 June 2019 to 30 June 2023, there was a 9% increase, from 66 per 1,000 to 72 per 1,000.
- 19,731 (57 per 1,000) First Nations children were in out-of-home care.
 - Between 30 June 2019 to 30 June 2023 there was a 5% increase, from 54 per 1,000 to 57 per 1,000 (AIHW 2025a; Figure 1).

Figure 1: First Nations children in the child protection system, 2018–19 to 2022–23



Source: AIHW Child protection Australia 2022–23.
<https://www.aihw.gov.au/>

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) sets out a placement hierarchy for First Nations children being placed in out-of-home care. The intention of the ATSICPP is to ensure culture, human rights and self-determination are embedded in child welfare decisions (SNAICC 2017). Placements must be made in consultation with the child's family and community representatives, and must be

geographically close to the child's family, unless the child is placed with extended First Nations family (SNAICC 2017).

In order, priority is given to placement with:

1. First Nations or non-Indigenous kin
2. other First Nations members of the community
3. First Nations family-based carers
4. a non-Indigenous carer or in a residential setting.

As at 30 June 2023, of the 19,731 First Nations children in out-of-home care, nearly 2 in 3 (63% or 12,509) were placed with First Nations or non-Indigenous kin or with another First Nations carer, in accordance with the [Aboriginal and Torres Strait Islander Child Placement Principle](#) to ensure First Nations children remain connected to their family, community, culture, and Country (AIHW 2025a). This proportion has remained steady since 2017–18. In 2022–23, when entering out-of-home care, 46% of First Nations children were placed with relatives or kin, an increase from 25% in 2016–17 (AIHW 2025a).

At 30 June 2023, of the 17,228 First Nations children in out-of-home care who were required to have a cultural support plan, 83% (14,356) had a current cultural support plan. Since 2017 there has been an increase of 5,773 First Nations children with a current cultural support plan (AIHW 2025a).

Reunification with the family was the most common (39%) pathway for leaving out-of-home care in 2022–23 (AIHW 2025a).

Contact with criminal justice systems

Criminal justice systems are intended to be used to protect individuals and communities. This includes incarcerating people who commit serious crimes. However, imprisonment can compound existing social and economic disadvantage and affects family, children, and the broader community with intergenerational effects (AIHW and NIAA 2024b).

People in contact with the criminal justice system are at risk of poorer health and wellbeing outcomes for themselves, their family and their broader community. First Nations people experience contact with criminal justice systems, as both offenders and victims, at much higher rates than non-Indigenous Australians (AIHW and NIAA 2024b).

In the ABS 2022–23 NATSIHS, an estimated 144,000 (24%) First Nations people reported experiencing unfair treatment because they were Aboriginal and/or Torres Strait Islander. Of those who reported experiencing unfair treatment, 9.3% (an estimated 13,400 people) said they were unfairly arrested or charged (ABS 2024b).

Studies have found that structural and systemic factors can also contribute to the high rates of offending by First Nations people, including laws, policies and practices that can unintentionally operate to the detriment of First Nations people (Allard 2010; Blagg et al. 2005).

The [National Anti-Racism Framework Scoping Report 2022](#) (AHRC 2022) found that First Nations people have unique dealings with the justice system because of ongoing over-policing, removal of children and disproportionate conviction rates. Justice oversight and accountability within the criminal justice system, particularly in relation to the systemic discrimination experienced by First Nations people was called for by many organisations, service providers, government departments and agencies as well as community members. Participants advocated for the provision of safe complaint mechanisms, community-centred supports, and services for those caught in the criminal justice system, as well as culturally safe and unhindered legal assistance (AIHW and NIAA 2024b). For further information see [2.11 Contact with the criminal justice system - AIHW Indigenous HPF](#).

Youth justice

A major feature of any youth justice system is the supervision of young people on legal orders. Young people in Australia who have been sentenced, or are awaiting sentencing, may be placed under supervision within the community or in detention facilities.

Raising the minimum age of criminal responsibility (MACR)

In Australia, young people are deemed to have criminal responsibility if they are aged 10 or over. Australia's age of criminal responsibility was reviewed by the Meeting of Attorneys-General (MAG) in 2022. Particular attention was paid to the overrepresentation of First Nations children in the criminal justice system. The MAG noted at that time, that there were various commitments to raising the minimum age of criminal responsibility as well as support for the development of proposals to raise the age by states and territories (MAG 2022). This followed on from the [Royal Commission into the Protection and Detention of Children in the Northern Territory](#) (Royal Commission, Australian Government 2017), which resulted in recommendations for Australia to:

- raise the minimum age of criminal responsibility from 10 to 12
- keep young people aged 14 and under out of detention unless they have committed a serious crime or pose a serious risk to the community.

The states and territories are responsible for implementing these recommendations. In 2023–24, the Australian Capital Territory and Northern Territory increased their minimum age of criminal responsibility from 10 to 12 years old. However, the Northern Territory has since reversed this. For more information see [Youth detention population in Australia 2024, Raising the age of criminal responsibility](#).

As noted earlier, there are links between interactions with the youth justice system and the child protection system. On an average day in 2023–24, 2,226 First Nations young people aged 10-17 were under youth justice supervision in Australia, and 4,953 were supervised at some time during the year (AIHW 2025b). On an average day, most First Nations young people aged 10-17 who were under supervision were supervised in the community (1,786, 80%) – the remainder (499, 22%) were in detention (sum of the proportions exceeds 100% as some young people were supervised in both the

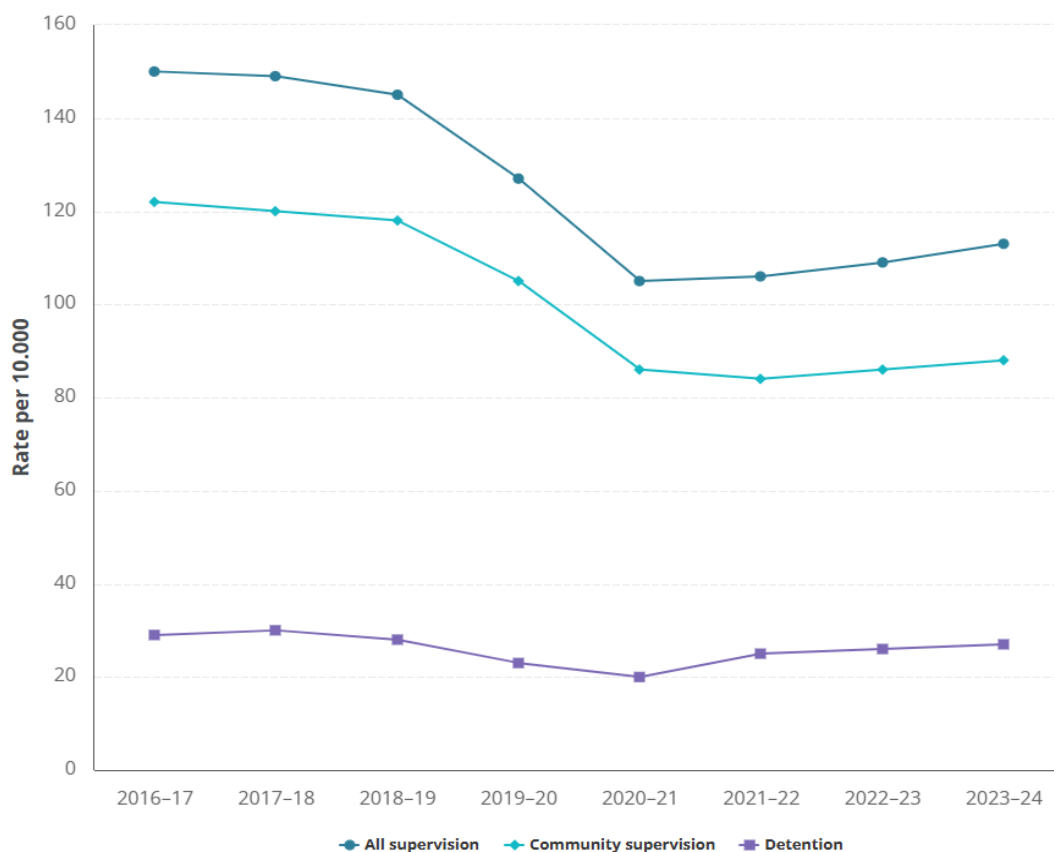
community and detention on the same day). Rates of supervision for First Nations young people aged 10–17 have trended downwards for both community-based supervision and detention since 2016–17 (AIHW 2025b). Rates of community-based supervision have always been higher than rates of detention (Figure 2).

The rate of First Nations people aged 10–17 under supervision on an average day declined from 150 per 10,000 in 2016–17 to 113 per 10,000 in 2023–24 (Figure 2). In this time, the largest declines occurred in 2019–20 and 2020–21; the lowest rates were in 2020–21 (105 per 10,000) and 2021–22 (106 per 10,000) (AIHW 2025b). This may be partly related to the COVID-19 pandemic, which had a substantial impact on the operation of courts. However, rates of supervision of First Nations people aged 10–17 have increased since 2020–21.

For more information, see [Youth justice](#).

There are no national data available on the principal (most serious) offences among young First Nations people under supervision.

Figure 2: Youth justice rates, First Nations people aged 10–17 under sentenced supervision on an average day, by supervision type, 2016–17 to 2023–24



Source: AIHW Youth justice in Australia 2023–24.

Adults in prison

As discussed above, there are historical, structural and systemic factors underlying the overrepresentation of First Nations adults in prisons.

As at 30 June 2024:

- there were 15,871 First Nations adults in prison, representing 36% of the total prison population (44,400), up from 27% in 2014, though the total First Nations population constitute 3.8% of the total Australian population
- the majority (90% or 14,270 people) of First Nations people in prison were male
- around 3 in 4 (76% or 12,120 people) First Nations people in prison had previously experienced adult imprisonment (ABS 2024c).

Between 30 June 2014 and 30 June 2024, the age-standardised imprisonment rate of for adult First Nations imprisonment people increased from 1,754 to 2,559 per 100,000 adults (ABS 2024c; Figure 3).

Among adult First Nations people in prison, the most commonly recorded most serious offences/charges were acts intended to cause injury (40%), unlawful entry with intent (11%), sexual assault and related offences (10%), offences against justice (9%) and robbery/extortion (8%) (ABS 2024c).

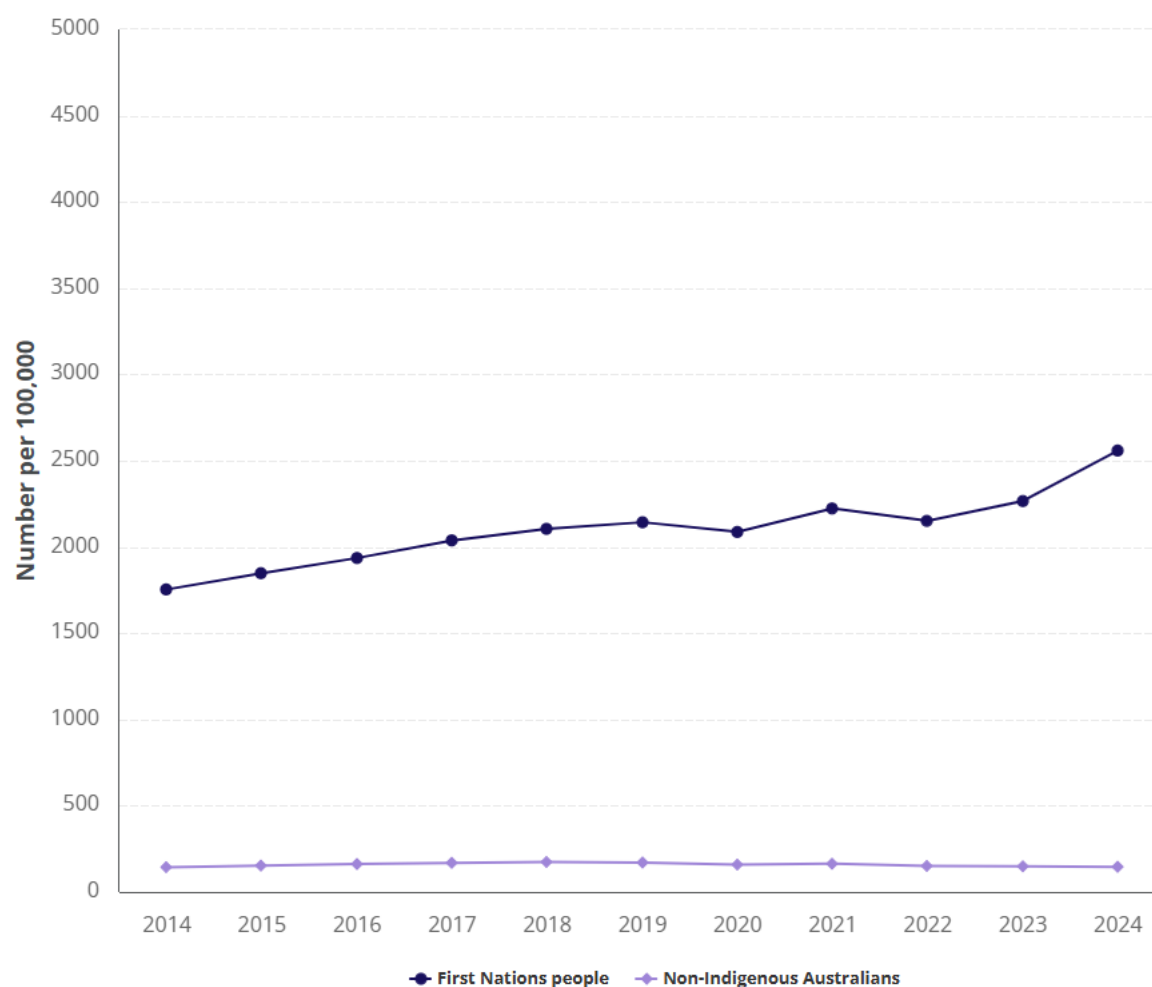
Imprisonment for First Nations females is increasing faster than for First Nations males and non-Indigenous males and females (AIHW & NIAA 2024b). As at 30 June 2024, there were 44,403 adult prisoners in Australia, of which, 92% (40,967) were male and 8% (3,432) were female (ABS 2024d). From 30 June 2023 to 30 June 2024, the number of male prisoners increased by 6% (2,210) to 40,967, and the number of female prisoners increased by 8% (264) to 3,432.

On 30 June 2024, there were 15,871 First Nations adults in prison, 90% (14,270) were male and 10% (1,605) were female. From 30 June 2023 to 30 June 2024, male prisoners increased by 14% (1,730) to 14,270. Female prisoners increased by 23% (296) to 1,605 (ABS 2024c). For further information see [Prisoners in Australia, 2024](#).

Females in prison (First Nations and non-Indigenous) are often the victims and survivors of violence and may use violence as a strategy to respond to their victimisation. In addition, structural factors related to bail and sentencing laws may be contributing to higher female imprisonment rates (AIHW & NIAA 2024b; ANROWS 2020b; Heffernan et al. 2012; Wilson et al. 2017).

First Nations people with disability are likely to be overrepresented in prisons. However, the experiences of First Nations people with disability in their interactions with the justice system are poorly documented. For more information see, [Final Report | Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#).

Figure 3: Age-standardised adult imprisonment rates, by Indigenous status and sex, 2014 to 2024



Source: ABS Prisoners in Australia.

Deaths in custody

The [Royal Commission into Aboriginal Deaths in Custody \(RCIADIC\)](#) 1987–1991 was established in response to growing public concerns that Aboriginal and Torres Strait Islander deaths in custody were too common and poorly explained. The Commission examined all deaths in custody in each state and territory which occurred between 1 January 1980 and 31 May 1989, and the actions taken in respect of each death. The Commission's terms of reference enabled it to take account of social, cultural and legal factors which may have had a bearing on the deaths under investigation. The final report made 339 recommendations, mainly concerned with procedures for persons in custody, liaison with First Nations groups, police education and improved accessibility to information.

The [National Deaths in Custody Program \(NDICP\)](#) has monitored the extent and nature of deaths occurring in prison, police custody and youth detention in Australia since 1980.

Following the recommendation made by the RCIADIC, the Australian Institute of Criminology has coordinated the program since its establishment in 1992.

Between 1 July 1991 and 30 June 2024, the NDICP recorded 568 First Nations deaths in custody (that is, prison custody, police custody and custody-related operations and youth detention). In 2023–24, 24 First Nations people died in custody, accounting for 23% of all deaths in custody. Of the 24 deaths of First Nations people, 18 were in prison custody, one in youth detention, and 5 deaths in police custody (Miles et al 2024).

The [NDICP real-time dashboard](#) monitors deaths in custody for the most recent year. Since the RCIADIC, there have been 598 deaths of First Nations people in custody (as at 20 June 2025).

Comparisons with non-Indigenous Australians

Experience of family violence

The main source of data on family, domestic and sexual violence for all Australians is the ABS Personal Safety Survey (PSS). Information on Indigenous status is not collected in the PSS. Based on the 2021–22 PSS, an estimated 8 million Australians (41%) have experienced violence (physical and/or sexual) since the age of 15 (ABS 2023). An estimated 3.85 million Australians (20%) have experienced violence from an intimate partner or family member since the age of 15; and more than 1 in 4 women (27% or estimated 2.7 million) experienced violence from an intimate partner or family member since the age of 15.

The most recent data available about experiences of family violence for First Nations people is the 2018–19 NATSIHS. As the NATSIHS is designed to collect data on a broad range of health-related topics, it is unable to produce the breadth of data on family violence available in the ABS PSS. Nationally in 2018–19, 8.4% of First Nations females aged 15 years and over experienced domestic physical harm or face-to-face threatened physical harm (PC 2024b).

Contact with child protection services

In 2022–23, around 1 in 32 (180,000) Australian children aged under 18 came into contact with the child protection system. As at 30 June 2023, 45,300 children were in out-of-home care (7.9 per 1,000). Of these:

- 19,700 were First Nations children (57 per 1,000 First Nations children)
- 25,500 were non-Indigenous children (4.7 per 1,000 non-Indigenous children) (AIHW 2025a).

Youth justice

Though the rate of First Nations people aged 10–17 in supervision has decreased over time, in 2023–24 First Nations people were 20 times as likely as non-Indigenous Australians aged 10–17 to be under supervision on an average day (113 per 10,000, compared with 5.6 per 10,000, respectively) (AIHW 2025b).

Adult prisoners

In 2024, the age-standardised rate of imprisonment for First Nations adults was 18 times higher than non-Indigenous Australians (2,559 compared with 146 per 100,000 adult population respectively) (ABS 2024c). Among non-Indigenous people in prison, the most commonly recorded most serious offences/charges were acts intended to cause injury (21%), sexual assault and related offences (19%), sexual assault and related illicit drug offences (17%), unlawful entry with intent (7%) and offences against justice (7%).

Closing the Gap targets

In 2020, all Australian governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations worked in partnership to develop the [National Agreement on Closing the Gap](#) (the National Agreement), built around 4 Priority Reforms. The National Agreement also identifies 19 targets across 17 socioeconomic outcome areas. Four of these targets directly relate to safety and justice (Table 1).

Information on progress towards the targets can be found through the [Closing the Gap Information Repository](#) (PC 2024a, 2024b).

Table 1: National agreement on Closing the Gap: safety and justice-related targets

Target measure	Baseline	Latest available measurement	Target
Outcome 10: Reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15 per cent	1,906.1 per 100,000 (2019)	2,304.4 per 100,000 (2024)	1,620.2 per 100,000 (2031)
Outcome 11: Reduce the rate of Aboriginal and Torres Strait Islander young people (10–17 years) in detention by at least 30 per cent	28.3 per 10,000 (2018–19)	26.1 per 10,000 (2023–24)	19.8 per 10,000 (2031)
Outcome 12: Reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent	47.3 per 1,000 (2019)	50.3 per 1,000 (2024)	26.0 per 1,000 (2031)
Outcome 13: The rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced by at least 50%, as progress towards zero	8.4% (2018–19)	No data since 2018–19	4.2% (2031)

Key data gaps and data improvement activities

It is difficult to obtain robust data on experiences of family violence for First Nations people with the latest prevalence estimates for the relevant Closing the Gap (CtG) target being available from the Australian Bureau of Statistics (ABS) 2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). The 2022-23 NATSIHS did not include questions on violence and it is unclear when such data will be collected again.

The Australian Child Maltreatment Study (ACMS) was a cross-sectional survey on the experience of child maltreatment conducted in 2021. While the ACMS did not exclude First Nations people, it was determined that it was not ethically or methodologically appropriate to disaggregate data by Indigenous status for the survey (Haslam et al. 2023).

As part of Closing the Gap data development plan, multiple data items for CtG outcomes 10,11,12 and 13 are being developed between 2022–2027. For example, specific data items to be developed include:

- rate of prevalence of all forms of family violence against First Nations children by disability status (outcome 13)
- access to services at first interaction with criminal justice system, by type and availability (outcome 11).

For details, see [Data Development Plan – 2022–2030](#).

Ongoing work is being undertaken on the CP NMDS to broaden the scope of the national data collection and to improve quality and comparability of data across jurisdictions.

Where do I go for more information?

For more information on First Nations safety, see [Aboriginal and Torres Strait Islander Health Performance Framework – Measure 1.13: Community functioning](#).

For more information on contact with the criminal justice system, see [Aboriginal and Torres Strait Islander Health Performance Framework – Measure 2.11: Contact with the criminal justice system](#).

For more information on child protection, see [Aboriginal and Torres Strait Islander Health Performance Framework – Measure 2.12: Child protection and Safe and Supported: Aboriginal and Torres Strait Islander First Action Plan 2023-2026](#).

For more information on the health impacts of family, domestic and sexual violence, see [The National Plan to End Violence against Women and Children 2022-2032](#).

For more information on people with disability, see [Wangkiny Yirra “Speaking Up” Project: First Nations women and children with disability and their experiences of family and domestic violence](#) and [Final Report | Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#).

For more on this topic, see [First Nations people](#).

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Social cohesion and social connection

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<https://www.aihw.gov.au/reports/australias-welfare/social-cohesion-and-social-connection>

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Social cohesion and social connection are interrelated. Social cohesion is a multi-dimensional concept referring to social connectedness (the 'glue' that connects members of a society (AIHW 2005)), solidarity and trust amongst individuals, within and across communities and organisations, and within society at large. Societies with higher levels of social cohesion are healthier, more resilient to external shocks, and experience greater economic growth (UNECE 2023).

What are social cohesion and social connection?

Understanding social cohesion

There are many definitions of social cohesion. Cohesiveness is created from connections based on a shared sense of belonging and attachment, similar values, trust and a sense of 'social solidarity' (AIHW 2005). It encompasses the connections and relationships between individuals, groups and associations. It is influenced by society's level of trust in government and within society (which, along with happiness and belonging, can be influenced by financial wellbeing), and willingness to participate collectively toward a shared vision of sustainable peace and common development goals (UNDP 2020). It is described as being a foundation for achieving peace, democracy and equitable development.

The Organisation for Economic Co-operation and Development (OECD) further explains that 'a cohesive society works towards the well-being of all its members, fights exclusion and marginalisation, creates a sense of belonging, promotes trust, and offers its members the opportunity of upward mobility' (OECD 2011). In essence, a socially cohesive society is one where the quality of social relationships and the existence of

trust, mutual obligations, and respect in communities all combine to help protect people and their health (Science Direct 2024).

Understanding social connection

Social connections refer to the ways that people interact with and relate to one another. They concern the quantity and quality of time individuals spend with one another, alongside the support they feel they have (Mahoney et al. 2024).

The OECD broadly defines the main categories of social connectedness as:

- **Structure:** encompasses people's connection to others via the existence of social relationships, roles and interactions.
- **Function:** aims to capture the actual or perceived support provided by people's relationships.
- **Quality:** acknowledges the positive and negative aspects in one's social relationships (for example, relationship satisfaction, closeness, strain, conflict).
- **Communal and societal connectedness:** measures how individuals relate to one another, including social acceptance and discrimination, and a sense of belonging (Mahoney et al. 2024).

Social cohesion and social connection are interconnected

Social cohesiveness and connectedness are interrelated, and both are referenced in frameworks that measure them. Social connection can affect the cohesiveness of communities, and similarly the level of social cohesion in a community can affect peoples' ability to connect socially.

In the context of social connectedness, in a socially cohesive society, people can connect with their family and friends and participate fully in the community through cultural, social and religious activities (Treasury 2023). Under the [Measuring What Matters](#) framework, the concept of social connection is measured within the Cohesive theme, defined as 'A society that supports connections with family, friends and the community, values diversity, and promotes belonging and culture' (Treasury 2023).

How does social cohesion and connectedness affect our wellbeing?

The time people spend together, the activities they engage in with one another, and the quality and diversity of their relationships play an important role in determining overall health, happiness and wellbeing (Mahoney et al. 2024). Social cohesion is an important determinant of wellbeing and expresses the extent to which societies are integrated or divided. Being involved in the community and having meaningful connections with other people are also determinants of wellbeing, and how socially connected we are is important in shaping wellbeing across the lifespan (AIHW 2021).

Relationships are integral to the human experience and understanding the health of these relationships is part of a holistic view of wellbeing (Relationships Australia 2023). Good social relationships can foster health, creativity, self-esteem, job satisfaction, cooperative behaviours and encourage social mobility and crime reduction.

During difficult times, social cohesion provides resources that help people maintain connections in their communities, and provide sources of support. In the face of climate and other disasters, these connections can foster resilience and quicker recovery times (Mahoney et al. 2024). A cohesive society is one that supports people to be happy, safe and connected (O'Donnell et al. 2024).

Indicators of social cohesion and social connection are included in many wellbeing frameworks. The [OECD Well-being Framework](#), and the [Measuring What Matters](#) framework both include social cohesion and social connection dimensions and indicators. Each of these frameworks are relevant for understanding developments and progress in Australia's welfare.

Measuring social cohesion and social connection

Social cohesion is measured in the [Scanlon Index of Social Cohesion](#) by assessing the degree of trust people have in one another and in government, their sense of belonging and their participation in their communities in Australia (O'Donnell et al. 2024). Five domains are used to measure Australia's social cohesion:

- Belonging
- Worth
- Social justice and equity
- Participation (political)
- Acceptance and rejection.

The **OECD Wellbeing Framework** consists of 11 dimensions related to material conditions that shape people's economic options and quality-of life factors that encompass how well people are and how well they feel, what they know and can do, and how healthy and safe their places of living are.

Two dimensions measure social cohesion and social connection in this framework:

- Social connections – recognised by the OECD as being important in determining overall health, happiness and wellbeing, this has been a standalone dimension of the [OECD Well-being Framework](#) since its creation in 2011. This dimension includes indicators that measure the quantity of social interactions, their quality, and the support provided by these connections.
- Civic engagement – includes indicators that measure whether people can and do take part in a range of important civic activities that enable them to shape the society they live in.

For more information about the OECD wellbeing framework and more detail about the social connections and civic engagement indicators, see [Measuring well-being and progress](#).

The **Measuring What Matters framework** consists of 5 themes, 12 dimensions and 50 indicators that track progress towards a more healthy, secure, sustainable, cohesive and prosperous Australia.

Three dimensions under the Cohesive theme in this framework measure social cohesion and social connection (Treasury 2023):

- Having time for family and community – including metrics related to time spent on recreation, leisure, and social and community interaction; social connections, volunteering and loneliness; participation in cultural activities; attendance at cultural events and venues.
- Valuing diversity, belonging and culture – including metrics related to discrimination, acceptance of immigrants, use of languages other than English at home (including Aboriginal and Torres Strait Islander (First Nations) languages), recognition of homelands or traditional country by First Nations people, sense of belonging.
- Trust in institutions – including metrics related to general trust in others, the healthcare system, police, and Australian public services; confidence in the national government; representation in federal Australian parliament.

The Australian Government established the Measuring What Matters framework in 2023. Treasury has continuing responsibility for its management and embedding the framework in decision-making, while the Australian Bureau of Statistics (ABS) has responsibility for reporting annual updates to the indicator dashboard (ABS 2024c). For more information about the Measuring what matters wellbeing framework, see [Measuring what matters](#).

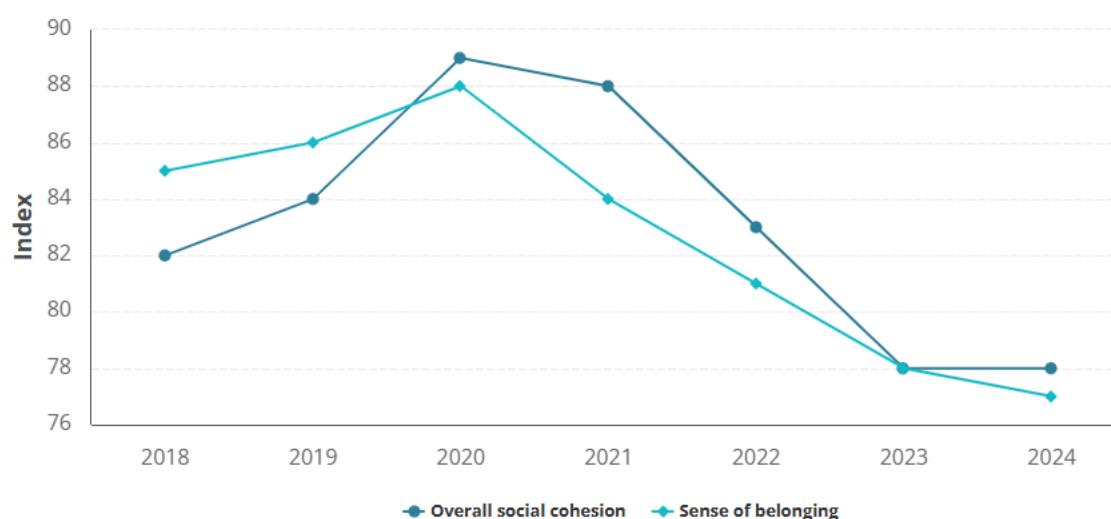
Social cohesion faces pressures but social connection remains strong

While several indicators of Australia's social cohesion have declined over time – but remained stable between 2023–2024 – there are several pressure points affecting Australia's social cohesion (O'Donnell et al. 2024). Since 2021, Australians have become more pessimistic about their own future and Australia's future, and have become less trusting of others and less connected within their neighbourhoods; and in 2024, Australians' levels of national belonging and financial satisfaction were historically low. Although connections and cohesion within neighbourhoods are lower, levels of happiness and participation remain resiliently high, and Australians continue to actively engage with and participate in their communities. It is this strength of the social fabric – including managing through challenging times together – that can 'cushion' the impact of pressure points on social cohesion (O'Donnell et al. 2024).

Measures of social cohesion and belonging are declining

The Scanlon Index of Social Cohesion remained relatively stable between 2023–2024, with an overall social cohesion score of 78 for both years (Figure 1). This is substantially below levels recorded during the COVID-19 pandemic, and is at the lowest level since the start of the Mapping Social Cohesion study in 2007 (O'Donnell et al. 2024).

Figure 1: Australia's overall social cohesion and sense of belonging scores, 2018 to 2024



Note: Index scores are based on a common set of questions that have been asked in every Mapping Social Cohesion survey since 2007. Scores are 'indexed' to 2007 (2007 = 100), and are calculated relative to scores recorded in this first 'baseline' survey. An index score of 78, for example, indicates a score that is 78 per cent of its value in 2007 – or 22 percentage points lower.

Source: O'Donnell et al. 2024.

Indicators of Australians' sense of belonging, a subset of the overall social cohesion index, has also been steady over the last 12 months, with a score of 78 in 2023 and 77 in 2024, following several years of decline, from a peak of 88 in 2020 (Figure 1). This fall over time is largely related to smaller proportions of people reporting they take great pride in the Australian way of life and culture, and have a great sense of belonging in Australia (O'Donnell et al. 2024). While the sense of belonging scores have declined over time, more than four-fifths (85%) of Australians 'have a sense of belonging in Australia' to a great (47%) or moderate (38%) extent (O'Donnell et al. 2024).

We are connected with each other

Participating in arts and creative and cultural experiences and activities builds feelings of belonging, reduces social exclusion and isolation and acts as a catalyst for understanding – it provides enrichment and can have broader positive social and economic impacts (ANA 2024). In 2021–22:

- around one-third (32%) of Australians aged 15 and over participated in cultural activities such as visual arts, music, dance and craft, similar to 2017–18 (31%)
- around two-thirds (64%) of adults attended a cultural venue or event, down from 82% in 2017–18, however this may have been impacted by COVID-19 restrictions (ABS 2024a).

Volunteering through charities, helping run sports clubs, community and religious groups, providing unpaid assistance to people in the community and being an active member of political parties, unions and associations are important ways in which people

connect with others and make positive contributions to their communities (O'Donnell et al. 2024). Each of these benefit the wellbeing and connections of others.

The proportion of Australians who undertake formal volunteering had been declining prior to the COVID-19 pandemic (ABS 2021). During the early years of the pandemic (between 2019 and 2021), volunteering rates continued to decline. The proportion of adults volunteering remained somewhat stable over 2021 and 2022, and by April 2023 rates had increased to above the pandemic low. Between 2023 and 2024, volunteering rates declined again, but remained higher than the pandemic low (Biddle 2025; Biddle and Gray 2023).

For more information about volunteers, see [Volunteers](#).

Some of the strongest and most important social bonds are those felt within neighbourhoods and local communities, and people with regular social contact are less likely to report symptoms of loneliness. Australians continue to feel connected to their communities and have regular social interactions, although a high proportion of people experience loneliness and/or social isolation. In 2024:

- around 4 in 5 (82%) adults agree that people in their local area are willing to help their neighbours
- around 4 in 5 (81%) adults feel a sense of belonging in their neighbourhood
- around 1 in 2 (49%) adults say they often (10%) or some of the time (39%) feel isolated from others, consistent since 2021 (48%)
- around 2 in 5 (41%) adults say they often or sometimes feel left out (O'Donnell et al. 2024).

These proportions remain around or above the levels recorded since 2018 and highlight the enduring strength of Australia's social fabric (O'Donnell et al. 2024).

There are many measures of loneliness, and these measures can vary widely. For more information about social isolation and loneliness data, including how levels of social isolation and loneliness have changed over time, see [Social isolation and loneliness](#).

Issues affecting our social connection and cohesion

Rising cost of living affects our financial wellbeing

Cost of living pressures can have a direct effect on our social connection and social cohesion. Financial wellbeing is strongly related to trust, belonging and happiness, while financial hardship is related to having a weaker sense of belonging and less trust in government, institutions and others in society (O'Donnell et al. 2024). Social cohesion can provide emotional and practical support, friendships and social connections, which can help to lessen the burden of financial hardship on personal wellbeing and happiness and help to support wellbeing through difficult economic times (O'Donnell et al. 2024).

The current cost of living crisis has impacted many Australians, with many households having to cut back on discretionary spending and struggling to meet the rising costs of essentials such as housing, food and health care (COA 2024). For example, in 2023 more than half (53%) of Australians surveyed as part of the Melbourne Institute's Taking the Pulse of the Nation study were 'just making ends meet or worse', and 90% of those financially stressed indicated 'they have had one or more challenges in paying bills or putting food on the table in the past three months' (Payne et al. 2023).

For information on financial pressures and cost of living in Australia, see [Income and income inequality](#).

Immigration and diversity are valued, but discrimination remains

The strength of connection and engagement within local communities, support for multiculturalism and the contributions migrants have made to Australian society, and the foundational importance of First Nations people to society, all underpin Australia's social fabric through difficult times (O'Donnell et al. 2024).

Most people continue to value the contribution of immigrants to Australia, and agree that immigrants are good for the economy, bring new ideas and cultures to Australia and fill important job vacancies instead of taking jobs away. However, discrimination and difficult experiences are common among overseas-born Australians. Based on data from the ABS General Social Survey (GSS), in 2020, around 1 in 6 (16%) overseas-born Australians aged 15 and over experienced some form of discrimination in the previous 12 months (ABS 2021).

In the Mapping Social Cohesion survey, around one-third (34%) of overseas-born Australian adults from non-English speaking backgrounds experienced discrimination between 2023 and 2024 on the basis of their skin colour, ethnic origin or religion. Over the same period, around two-thirds (63%) of adults see racism as a 'very big or fairly big' problem in Australia (O'Donnell et al. 2024).

Support for multiculturalism remains high, with 85% of adults agreeing that multiculturalism has been good for Australia in 2024. However, nearly half (49%) feel immigration levels are too high. Growing belief that too many immigrants are coming to Australia is mainly related to concerns with housing affordability and jobs (O'Donnell et al. 2024).

For more information on Australians' acceptance of immigration and multiculturalism, see [Mapping social cohesion](#).

Discrimination also varies across population groups. ABS GSS data shows, among people aged 15 and over in 2020:

- people who described themselves as gay, lesbian, or bisexual were more likely to have experienced discrimination (30%) than people who described themselves as heterosexual (13%)
- people with a mental health condition were more likely to have experienced discrimination (21%) than people without a mental health condition (12%) (ABS 2021).

In 2022, among people with disability (aged 15 years and over), in the last 12 months:

- 1 in 10 (9.9%) people had experienced disability discrimination
- 2 in 10 (19%) people with a profound or severe limitation experienced disability discrimination (ABS 2024b).

How does Australia compare internationally?

Across OECD countries, key non-economic aspects of people's wellbeing have either worsened since 2019 or are exhibiting signs of downward risks (OECD 2024d).

Compared to all OECD countries, however, Australians' feelings around social connection and social cohesion are generally either similar or better. In 2023 (or based on the latest year of data), Australians:

- felt emotionally supported: 92% of Australians aged 15 and over could count on relatives or friends in times of trouble, higher than the OECD average of 90%. Australia is ranked amongst the 6th highest out of 38 OECD countries on this measure (OECD 2024a).
- were trusting of government: 52% of Australians have confidence in the national government, higher than the OECD average of 48%. Australia is ranked 14 out of 38 OECD countries on this measure (OECD 2024b; OECD 2024c).

More information on how Australia compares is discussed in [International comparisons of welfare data](#).

Key data gaps and data improvement activities

Data improvements are underway to support reporting on the Measuring What Matters (MWM) framework. This includes the ABS undertaking to enhance and expand the General Social Survey (GSS), which will be conducted annually from 2025 onwards and data available from 2026, to deliver more timely data. An increased sample size will ensure that the survey provides insights into sub-groups of the population. The expanded GSS will increase the number of MWM indicators and metrics that can be updated annually, for example, the life satisfaction indicator. Improvements such as this will strengthen our understanding of wellbeing and enable changes over time to be monitored more effectively. The GSS was previously conducted in 2020, 2019 and every 4 years from 2002 to 2014.

Activities are also needed to address key welfare-related data gaps, including:

- sourcing data on primary issues of interest (for example, in MWM data on whether people have sufficient time to build connections is not available; instead, an indicator measuring the average time spent on recreation and leisure, and on social and community interaction is used)
- providing greater disaggregation to reflect the experience of different groups and improving coverage of cohorts (for example, people with disability and unpaid carers)
- more frequent data collection to enable better monitoring of both current conditions and barriers to improving wellbeing, and wellbeing outcomes over time (including for populations such as First Nations people, culturally and linguistically diverse people and LGBTIQ+ people) (Treasury 2023).

Where do I go for more information?

For more information on social connection and social cohesion, see:

- Australian Bureau of Statistics (ABS) Measuring What Matters
- Scanlon Institute Scanlon Index of Social Cohesion
- Organisation for Economic Co-operation and Development (OECD) How's Life? 2024.

For more on this topic, see [Welfare and wellbeing](#).

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Social isolation and loneliness

Find the most recent version of this topic summary at:

<https://www.aihw.gov.au/mental-health/topic-areas/health-wellbeing/social-isolation-and-loneliness>

On this page

Key points

Who experiences social isolation?

Who experiences loneliness?

Preventing and reducing social isolation and loneliness

Where can I go for more information?

Key points



Loneliness and social isolation were concerns before the COVID-19 pandemic and worsened between 2020 and 2022. Since then, most age groups have reported lower levels.



In 2023, among those aged 25–54, males experienced more social isolation while females reported more loneliness.



In 2023, among those aged 55–64, males experienced higher levels of both social isolation and loneliness.

Social isolation and loneliness can harm both mental and physical health and may affect life satisfaction. They are concerning issues in Australia due to the impact they have on peoples' lives and wellbeing.

Social isolation has been linked to mental illness, emotional distress, suicide, the development of dementia, premature death and poor health behaviours (smoking, physical inactivity and poor sleep) – as well as biological effects, including high blood pressure and impaired immune function (Cacioppo et al. 2002 and Grant et al. 2009 in Holt-Lunstad et al. 2015). Social isolation is also associated with psychological distress (Manera et al. 2022) and sustained decreases in feelings of wellbeing (Shankar et al. 2015). Conversely, more frequent social contact is associated with better overall health (Botha 2022). However, it is important to note that not all social contact is healthy – for example unhealthy social relationships can also influence unhealthy behaviours such as substance abuse (Pettersen et al. 2019).

Loneliness has been linked to premature death, poor physical and mental health (Holt-Lunstad et al. 2015), greater psychological distress (Manera et al. 2022) and general dissatisfaction with life (Schumaker et al. 1993). Loneliness among Australians was already a concerning issue before the COVID-19 pandemic, to the extent that in 2022 it was described as one of the most pressing public health priorities in Australia (Ending Loneliness Together 2022).

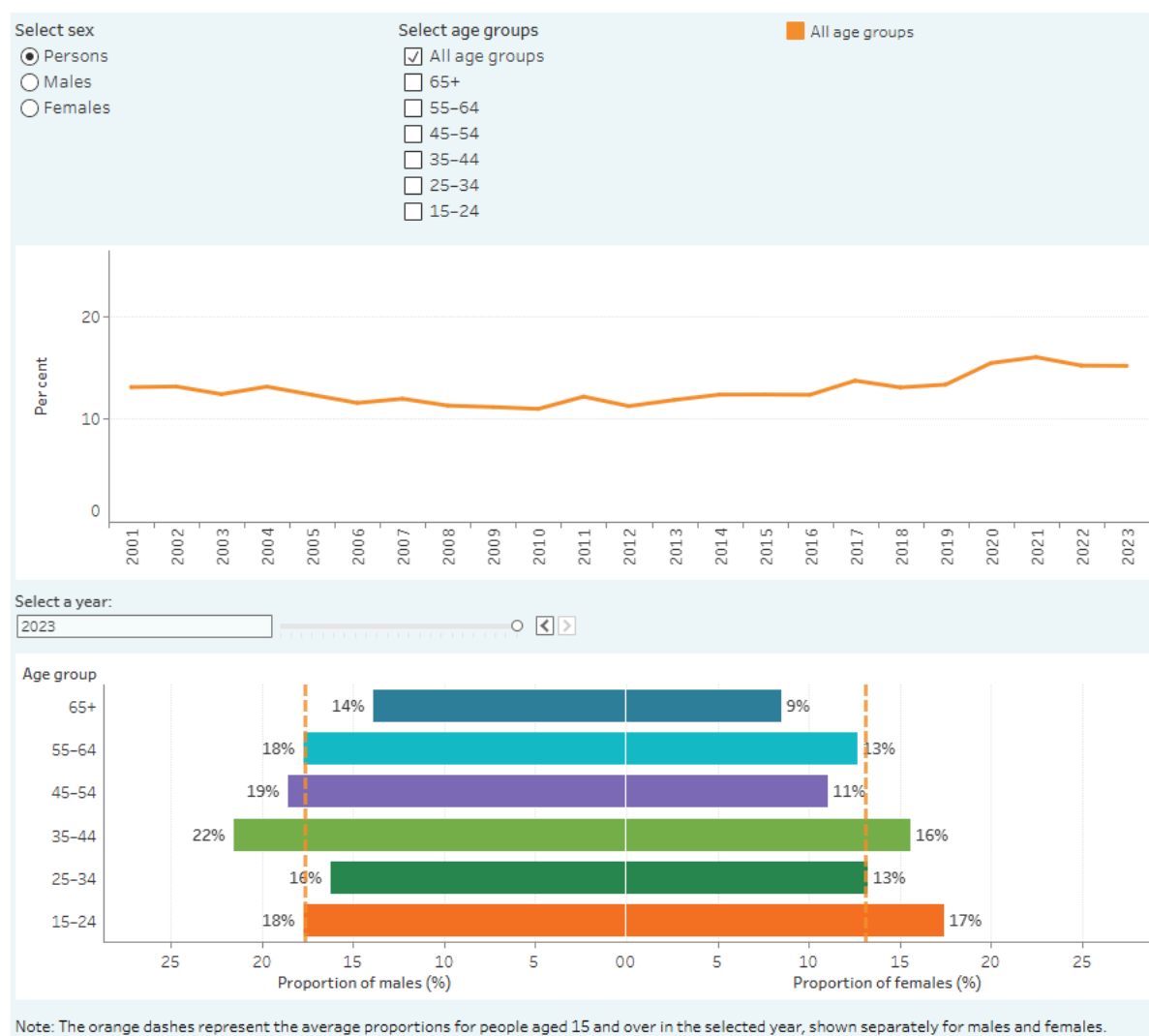
The difference between social isolation and loneliness

Social isolation 'means having objectively few social relationships or roles and infrequent social contact' (Badcock et al. 2022:7). It differs from loneliness, which is a 'subjective unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships' (Badcock et al. 2022:7). The 2 concepts may, but do not necessarily, coexist (Badcock et al. 2022; Relationships Australia 2018) – a person may be socially isolated but not lonely, or socially connected but feel lonely.

Who experiences social isolation?

According to the [Household, Income and Labour Dynamics in Australia \(HILDA\) survey](#), in 2023, an estimated 15% of Australians aged 15 and over were experiencing social isolation (17% of males and 13% of females). Compared with just before the pandemic (13% in 2019), the proportion of all people experiencing social isolation increased to 16% by 2021 but decreased for most age groups in the following years. The exception was the 35–44 age group where the proportion continued to rise, increasing from 16% in 2021 to 18% in 2023. Between 2001 and 2023, males across almost all age groups experienced higher levels of social isolation than females (Figure SIL 1).

Figure SIL 1: Proportion of people experiencing social isolation by sex and age, 2001–2023

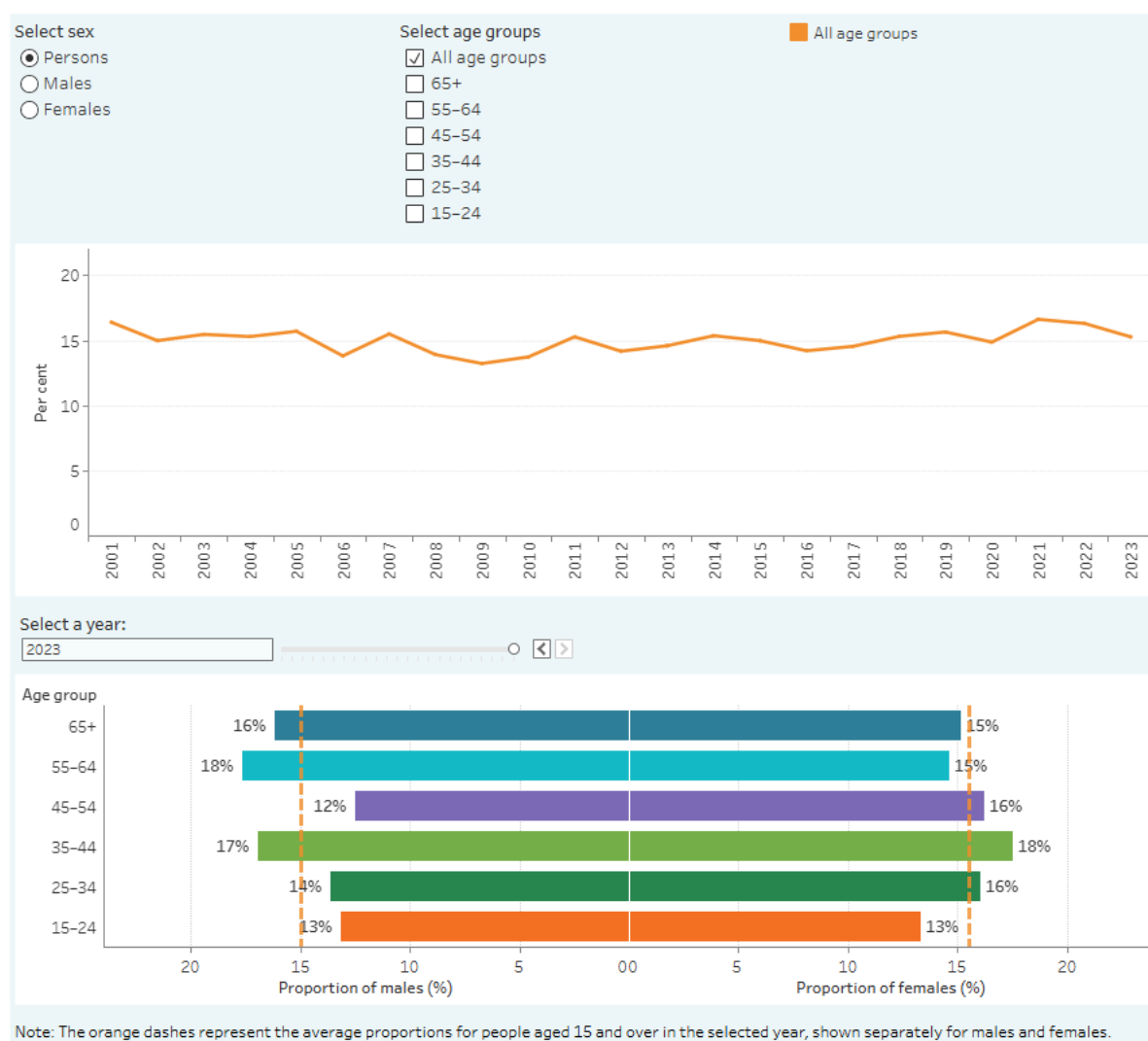


Source: AIHW analysis of Household and Labour Dynamics in Australia (HILDA) data, waves 1–23.

Who experiences loneliness?

In 2023, an estimated 15% of Australians (15% of males and 16% of females) were experiencing loneliness according to the HILDA survey. Females aged 25–54 reported higher proportions of loneliness than males aged 25–54 in 2023, continuing a long-term trend observed between 2001 and 2023. During the pandemic, loneliness increased across most age groups in 2021 but decreased in subsequent years. Among people aged 15–24, the proportion experiencing loneliness increased steadily from 2012 to 2020 but declined from 18% in 2020 to 13% in 2023. In contrast, loneliness among those aged 65 and over has declined since 2001 (Figure SIL 2).

Figure SIL 2: Proportion of people experiencing loneliness by sex and age, 2001–2023



Source: AIHW analysis of Household and Labour Dynamics in Australia (HILDA) data, waves 1–23.

Australia's available data on loneliness do not allow for reliable international comparisons. In a recent systematic review of loneliness in 113 countries led by Australian researchers, Australian data could not be compared with those of other countries due to a lack of comparable prevalence data – except for the adolescent age group (Surkalim et al. 2022). To date, the Organisation for Economic Co-operation and Development (OECD) has not reported comparable data for Australia on its measures of 'people feeling lonely' and 'people feeling left out of society' (OECD 2021, 2023).

Domestic and family violence

Family, domestic and sexual violence is a major health and welfare issue in Australia, occurring across all socioeconomic and demographic groups, but predominantly affecting women and children (AIHW 2022).

Social isolation is a well-recognised tactic of coercive control used by perpetrators to control their victims (Boxall and Morgan 2021). It ensures the victim does not hear other people's perspectives: perpetrators control the information the victim receives, reduce their help-seeking opportunities, and control the victim's ability to leave the abusive relationship (Stark 2007). Recent studies on the impact of the COVID-19 pandemic on Australians are identifying some adverse outcomes of stay-at-home orders associated with increased social isolation that put some women and children at higher risk of experiencing family violence (Morgan and Boxall 2020; Pfitzner et al. 2022).

For more information, refer to [Family, domestic and sexual violence](#).

Preventing and reducing social isolation and loneliness

Engaging in volunteer work and maintaining active memberships of sporting or community organisations are associated with reduced social isolation (Flood 2005). Participating in paid work and volunteering have been proposed as safeguards against loneliness. However, it is unclear whether community engagement can consistently act as a protective factor against loneliness. For example:

- one study found that loneliness is lower in people who spend at least some time each week volunteering (Flood 2005)
- another study found no relationship between loneliness and volunteering, or between loneliness and socialising and participating in sport and community organisations (Baker 2012).

For people aged 25–44, being in a relationship is a greater protective factor against loneliness for men than for women (Baker 2012). Women living with others and women living alone report similar levels of loneliness, while men living alone report higher levels of loneliness than men living with others (Flood 2005). Overall, preventing and reducing social isolation and loneliness requires a comprehensive socioecological framework that fosters a broader culture of connection, rather than relying solely on individual-level interventions or targeting only vulnerable communities (Lim et al. 2020).

The role of social media

Whether social media has potential benefits or negative impacts on people's experiences of social isolation has been discussed since the advent of this medium. There is no straightforward relationship however, between social media use and experiences of social isolation and loneliness, whether positive or negative.

Researchers have identified some positive impacts of how social media can help people feel socially connected, especially adolescents (aged 11–19) who are looking for peers online to boost their psychosocial wellbeing, discuss identity development and encourage a sense of belonging (Allen et al. 2014). Other research has shown that using social media benefited young people (aged under 21) who experienced higher levels of social anxiety by increasing their ability to socialise, reducing their feelings of social isolation (Lin et al. 2017).

Even though adolescents can use social media to create supportive communities, research shows that the relationship between its use and loneliness can work both ways. When it is used to escape physical social interactions, feelings of loneliness were found to increase. People experiencing loneliness may benefit from external support with the use of the Internet to ensure they engage in existing friendships and learn how to develop new ones online to reduce feelings of loneliness and social isolation (Nowland et al. 2017; Lim and Smith 2023).

Another international study investigating current research between online social networking and mental health outcomes for people aged 50 and over found that social media enhanced communication with family and friends, provided greater independence and self-efficacy, aided in the creation of new communities online, helped to form positive associations with wellbeing and life satisfaction, and was associated with decreased depressive symptoms (Chen et al. 2021).

As more studies are conducted through the pandemic and beyond, an understanding of how social media affects feelings of social isolation and loneliness may become clearer.

Although social isolation and loneliness are now well-recognised public health concerns, major gaps remain in understanding what works to resolve them (Smith and Lim 2020). Due to our diverse social needs, preferences and resources, there is no 'one size fits all' solution (Ending Loneliness Together 2022).

Companion animals

Pets can play an integral part in people's lives, regardless of the person's culture, profession or age. Companion animals are one source of external support that can bring both physical and mental health benefits (Brooks et al. 2016). All types of companion animals may contribute to reducing social isolation and feelings of loneliness (Brooks et al. 2018; Kretzler et al. 2022).

Multiple studies have found an association between pet ownership and lower experiences of social isolation, particularly for children (Christian et al. 2020; Hartwig and Signal 2020; Kretzler et al. 2022). Further, research suggests that companion animals may positively influence experiences for older people (aged 60 and over) by increasing their sense of purpose and meaning, facilitating increased social interaction, reducing loneliness and improving emotional resilience (Gan et al. 2019), as well as being potentially a protective factor against suicide (Young et al. 2020a). Owning a pet increases the opportunity for people to get to know their neighbours and for social interactions and forming friendships (Wood et al. 2015).

Brooks and colleagues (2018) systematically reviewed 17 studies that investigated the relationship between companion animals, specifically domestic animals, and the assistance these animals provided in helping people to manage their mental health conditions. The quantitative studies produced mixed findings, with people experiencing positive, negative and neutral impacts of their companion animal on their personal mental health.

Since the start of the COVID-19 pandemic, studies have mostly shown that the association between pet ownership, loneliness and social isolation has strengthened (Kretzler et al. 2022). One study found that cats gave people an outlet for stress through the strong bonds they had established with owners, and the affection and comfort they provided, thus acting as a buffer to the social isolation created by the lockdowns (Currin-McCulloch et al. 2021). Dogs provided people with daily reinforcement of positive behaviours such as routine, exercise and play, which all contributed to decreased feelings of social isolation (Bussolari et al. 2021).

It is not yet clear whether this strong relationship between people and their pets at the levels seen in the early years of the COVID-19 pandemic will persist in the future (Hughes et al. 2021; Young et al. 2020b).

Key data gaps and data improvement activities

Key data gaps

The Household, Income and Labour Dynamics in Australia (HILDA) survey does not cover certain population groups and areas in its sampling process due to high operational complexities and costs, resulting in specific data gaps (Watson and Wooden 2002).

Population groups not included:

- diplomatic personnel of overseas governments
- overseas residents who had stayed or intended to stay in Australia for less than one year
- members of non-Australian defence forces and their dependents
- residents of institutions (for example, hospitals, care facilities, military installations, correctional facilities, convents) and other non-private dwellings (for example, hotels, motels)
- individuals living in remotely or sparsely populated areas.

HILDA focuses on national-level research. Despite exclusions, HILDA provides robust representation for multiple sub-group analyses at the national level.

Data development activities

The HILDA survey collects data annually, typically running from July to March of the following year, with updates to the analysis made as new data becomes available.

Future updates are expected to include data from the National Study of Mental Health and Wellbeing, providing additional analyses to social isolation and loneliness. These updates will explore key factors that may influence social isolation and loneliness, such as the severity of mental health conditions and socioeconomic characteristics, including family structure, financial stress, income, and levels of socioeconomic advantage or disadvantage. This work aims to deepen understanding of social isolation and loneliness and support efforts to address these critical challenges affecting the wellbeing of Australians.

Where can I go for more information?

For more information about social isolation and loneliness, see:

- Bankwest Curtin – [Stronger together: loneliness and social connectedness in Australia](#)
- [Measuring what matters](#)
- [Ending Loneliness Together](#)

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Specialised support and informal care for First Nations people with disability

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On this page

How many First Nations people have disability?

Formal disability support

Informal care

Comparisons with non-Indigenous Australians

Where do I go for more information?

People with disability may need help with daily activities – for example, eating, showering, or moving around. They may also need help to participate in social and economic life. To do so, people with disability may use a range of specialist disability services and informal care.

Aboriginal and Torres Strait Islander (First Nations) people have a higher prevalence of disability compared with non-Indigenous Australians. They may also face a range of barriers in accessing culturally safe and inclusive services across many systems (AIHW and NIAA 2022; Disability RC 2023a).

In recent years, there have been several policy initiatives relating to disability that impact First Nations people (see below Disability policy initiatives).

Disability policy initiatives

In recent years, several key policy-relevant initiatives and reports have been released that specifically relate to, or reference, First Nations people with disability. These include the release of:

- [Australia's Disability Strategy 2021–2031](#), including the release of [summaries](#) in 5 First Nations languages. One of the Associated Plans under the Strategy is the [National Disability Advocacy Framework 2023–2025](#).
- The [Disability Sector Strengthening Plan](#) was developed by the Joint Council on Closing the Gap to support the achievement of Priority Reform 2 of the National Agreement on Closing the Gap to build the community-controlled disability sector. The Department of Social Services (DSS) is embedding disability as a [cross-cutting](#)

[outcome](#) under the National Agreement, prioritising the needs of First Nations people with disability.

- The National Disability Insurance Scheme's co-designed [First Nations Strategy](#).
- The final report from the [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#) which includes a [volume](#) specifically related to First Nations people with disability.
- The Department of Health and Aged Care's [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#).
- The DSS's [National Carer Strategy 2024–2034](#).

Disability data sources

There are 3 main sources of data on First Nations people with disability, each from the Australian Bureau of Statistics (ABS):

- the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) – uses the summarised Short Disability Module to determine disability status and severity. While this module is not as detailed as the method used in the Survey of Disability, Ageing and Carers (SDAC), it was designed to generate results that are representative for First Nations people. The survey includes non-remote (Major cities, Inner regional, Outer regional) areas, remote (Remote and Very remote) areas and discrete First Nations communities.
- the Survey of Disability, Ageing and Carers (SDAC) – uses the most comprehensive method to determine disability status and severity but it was not specifically designed to collect data about First Nations people and it also has limited coverage of smaller geographies and populations. In particular, it excludes First Nations people from Very remote areas and discrete First Nations communities.
- Census of Population and Housing (the Census) – aims to capture every person in Australia but collects limited information on disability. Rather than being a broad measure of people with disability, it only captures people with more severe forms of disability (referred to as 'needing assistance with core activities' and equivalent to severe or profound disability as collected in the SDAC and the NATSIHS). Census data presented on this page excludes 'not stated' need for assistance, level of highest educational attainment and labour force status responses and may differ from that published elsewhere.

It should be noted that these data sources cover different time periods – Census night was 10 August 2021, the SDAC was collected between June 2022 and February 2023, and the NATSIHS was collected between August 2022 and March 2024. Key events that occurred while these surveys were in the field may have affected results, though it is difficult to be definitive about the extent of the impact. For example, the Census was conducted during the peak of the COVID response, the SDAC was in the field as the COVID response measures were winding down, and the NATSIHS was in the field as the

COVID response was winding down and during the lead up to, the day of and the aftermath of the First Nations Voice referendum in October 2023..

How many First Nations people have disability?

There are 3 main ABS sources of data on First Nations people with disability (for information on each source, see above Disability data sources). While each data source has different purposes and methodologies for capturing disability, and their estimates of overall disability among First Nations people vary, their estimates of severe or profound disability are broadly similar.

- The 2022–23 NATSIHS estimated that:
 - 37% of First Nations people had disability (or around 368,000 out of 994,000) (ABS 2024a)
 - 7.0% (69,200) of First Nations people had severe or profound disability (ABS 2024a).
- The 2022 SDAC estimated that:
 - 25% of First Nations people had disability (184,000 out of 727,000), similar to the proportion in 2019 and 2015 (both 24%)
 - 12% (84,400) of First Nations people had severe or profound disability, compared with 8.5% in 2018 (ABS and Avery 2025).
- The 2021 Census estimated that 8.6% (66,400 out of 813,000) of First Nations people needed assistance with core activities (ABS 2022a). This was an increase from 7.2% in 2016 and 5.8% in 2011 (ABS 2011, 2016).

Despite these differences, the 3 data sources all indicate that for First Nations people:

- proportions with disability are generally similar for males and females
- those aged 55 and over are more likely to experience disability than those aged under 55 (tables 1 and 2).

Table 1: Proportion of First Nations people with disability, by selected population characteristics and data source (%)^(a)

	2022–23 NATSIHS	2022 SDAC
Aged 55 and over	66.7	48.4 ^(b)
Aged under 55	32.4	23.1
Male	36.4	24.8
Female	37.4	25.9
Major cities	38.7	n.a.
Inner regional areas	39.5	n.a.
Outer regional areas	34.6	n.a.
Remote areas	37.3	n.a.
Very remote areas	26.7	n.a.
Total (with disability)	37.0	25.3

n.a. not available

1. Each data source has different purposes and methodologies for capturing information about disability, and therefore their estimates of disability vary.
2. Proportion has a high margin of error and should be used with caution.

Sources: ABS 2024a, 2024b; ABS and Avery 2025.

Table 2: Proportion of First Nations people with severe or profound disability, by selected population characteristics and data source (%)^(a)

	2022-23 NATSIHS	2022 SDAC	2021 Census ^(b)
Aged 55 and over	12.2	26.4 ^(c)	21.3
Aged under 55	6.2	9.6	6.6
Male	7.0	10.9	9.3
Female	6.9	12.4	7.9
Major cities	7.6	n.a.	9.3
Inner regional areas	6.4	n.a.	9.7
Outer regional areas	7.6	n.a.	8.2
Remote areas	6.3	n.a.	5.9
Very remote areas	4.8	n.a.	4.3
Total (with severe or profound disability)	7.0	8.5	8.6

n.a. not available

- Each data source has different purposes and methodologies for capturing information about disability, and therefore their estimates of disability vary.
- For the Census, ‘severe or profound disability’ refers to ‘needed assistance with core activities.’ Calculations exclude ‘not stated’ need for assistance.
- Proportion has a high margin of error and should be used with caution.

Sources: ABS 2022b, 2024a, 2024b; ABS and Avery 2025.

Education and employment

Disability can affect participation in education and in the labour force (Disability RC 2023a, 2023b; Figure 1). The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (The Royal Commission) highlighted that First Nations people with disability have experienced racism and unsafe cultural practices in education and employment settings and services (Disability RC 2023a, 2023b).

According to the 3 main sources of data, compared with First Nations people without disability:

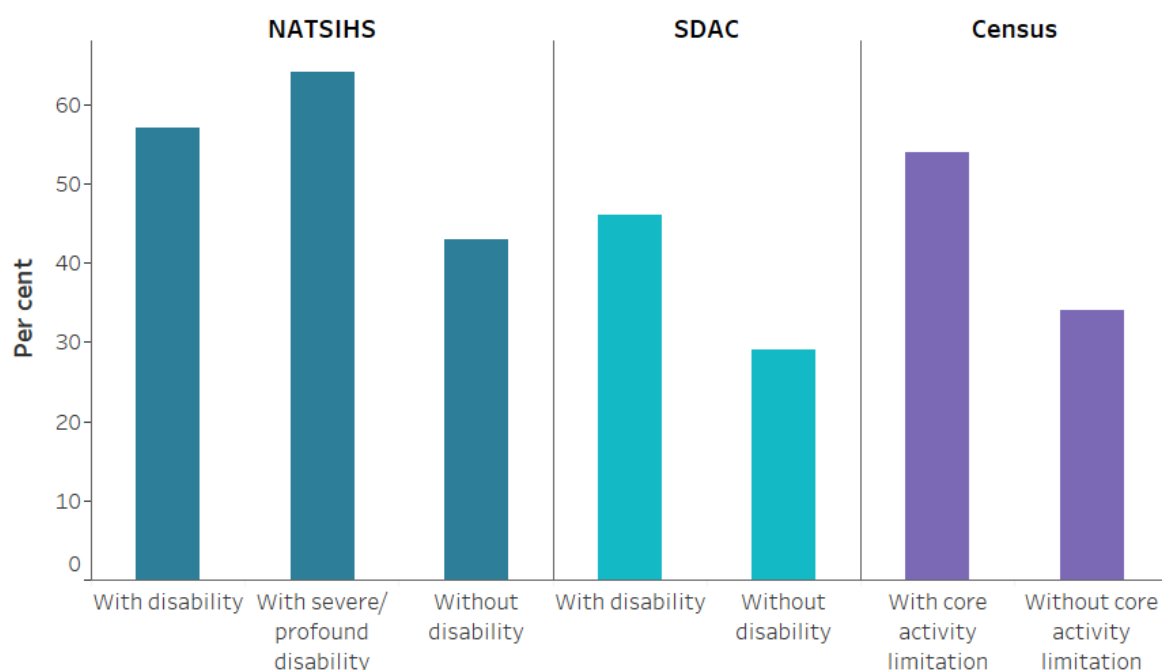
- First Nations people aged 15 and over with disability were more likely to have Year 10 or below as their highest level of education:
 - The 2022–23 NATSIHS estimated that 57% (169,000) of First Nations people aged 15 and over with disability, and 64% (30,300) of First Nations people aged 15 and over with severe or profound disability, had Year 10 or below as their highest level of education. This compares with 43% (or 158,000) of First Nations people aged 15 and over without disability (ABS 2024b).
 - The 2022 SDAC estimated that 46% (60,700) of First Nations people aged 15 and over with disability had Year 10 or below as their highest level of education, compared with 29% (90,000) of First Nations people aged 15 and over without disability (ABS and Avery 2025).
 - The 2021 Census estimated that 54% (23,900) of First Nations people aged 15 and over who needed assistance with core activities had Year 10 or below as their highest level of education, compared with 34% (150,000) of First Nations people aged 15 and over who did not need assistance with core activities (ABS 2022b).
- First Nations people aged 15–64 with disability were less likely to be employed:
 - The 2022–23 NATSIHS estimated that 46% (118,000) of First Nations people aged 15–64 with disability, and 23% (9,500) of First Nations people aged 15–64 with severe or profound disability, were employed. This compares with 66% (228,000) of First Nations people aged 15–64 without disability (ABS 2024b).
 - The 2022 SDAC estimated that 40% (45,600) of First Nations people aged 15–64 with disability were employed, compared with 75% (220,000) of First Nations people aged 15–64 without disability (ABS and Avery 2025).
 - The 2021 Census estimated that 15% (5,200) of First Nations people aged 15–64 who needed assistance with core activities were employed, compared with 57% (246,000) of First Nations people aged 15–64 who did not need assistance with core activities (ABS 2022b).

Figure 1: Disability status among First Nations people aged 15 and over who had Year 10 or below as their highest level of education and First Nations People aged 15–64 who were employed, by data source

Select characteristic:

☒ Aged 15 and over who had Year 10 or below as their highest level of education

☐ Aged 15–64 who were employed



Notes

1. Each data source has different purposes and methodologies for capturing information about disability, and therefore their estimates of disability vary.
2. Census calculations exclude 'not stated' need for assistance.
3. The NATSIHS estimate for First Nations people aged 15 and over with disability who had Year 10 or below as their highest level of education has a high margin of error and should be used with caution.

Sources: ABS 2022b, 2024b; ABS and Avery 2025.

<https://www.aihw.gov.au>

Formal disability support

Specialist disability support services

Specialist disability support services assist people with disability to participate fully in all aspects of everyday life. Specialist disability support services in Australia are now largely provided through the National Disability Insurance Scheme (NDIS).

First Nations people, however, can face a range of barriers in applying to the NDIS and in accessing support (Disability RC 2023a, 2023b). For example, a lack of culturally safe assessment tools can contribute to the underdiagnosis or misdiagnosis of disability among First Nations people by failing to adequately account for First Nation people's culture. There may also be discrimination in different stages of the application process or in obtaining evidence to support applications.

Research presented at the Royal Commission found that, while demand is growing for First Nations disability services, in 2021 First Nations NDIS participants were 28% less likely to receive care via the NDIS than non-Indigenous Australians and suggested that some NDIS services may be 'unsafe, traumatising and inequitable' for First Nations people (Deloitte 2023).

The National Aboriginal Community Controlled Health Organisation (NACCHO) serves as a leading advocate in the disability sector. They support Aboriginal Community Controlled Organisations (ACCHOs) in expanding the delivery of culturally safe disability services under the NDIS (NACCHO 2025). The Aboriginal Disability Liaison Officer (ADLO) program assists First Nations people with disabilities to become active participants of the NDIS (NACCHO 2025).

There are also a range of other government and mainstream services that support First Nations people with disability. The eligibility criteria for each vary and people can receive more than one. For example, a First Nations person may be eligible to receive both NDIS support and income support payments. For more information on disability support services, see [People with disability – specialised support services](#).

Data sources for specialist disability support services

Data for specialist disability support services provided through the NDIS are sourced from the National Disability Insurance Agency's publicly released reports. The NDIS quarterly reports and data downloads contain the latest available data on the funding and provision of NDIS supports. However, these do not include comprehensive breakdowns for all participant groups, such as First Nations people. Data on specific participant groups are periodically released in a series of special reports, such as [Aboriginal and Torres Strait Islander participants: 30 June 2019](#).

First Nations people aged under 65 are eligible to apply for the NDIS (NDIA 2023), and those aged 50 and over are eligible to apply for government-funded aged care services (see [Aged care for First Nations people](#)). First Nations people aged 50–64, therefore, may choose to apply for aged care services rather than NDIS services depending on eligibility (NDIS Review 2023).

The proportion of NDIS participants who are First Nations people has increased over time – from 7.9% (or around 51,200) in March 2023 to 8.1% (58,100) in March 2025 (NDIA 2025c). In March 2025, around 5.5% of an estimated 1.1 million First Nations people were participants of the NDIS (based on the ABS 2021 Census-based annual estimates of the First Nations population at 30 June 2025) (ABS 2023, NDIA 2025c).

The average annualised committed support provided to First Nations NDIS participants can provide an indication of the relative amount of support they receive. Not all committed support, however, may have been accessed or used by participants. The average annualised committed support is calculated using participants' support budget converted to a yearly rate and divided by the number of participants (rounded to the nearest thousand dollars).

Among the First Nations NDIS participants on 31 March 2025:

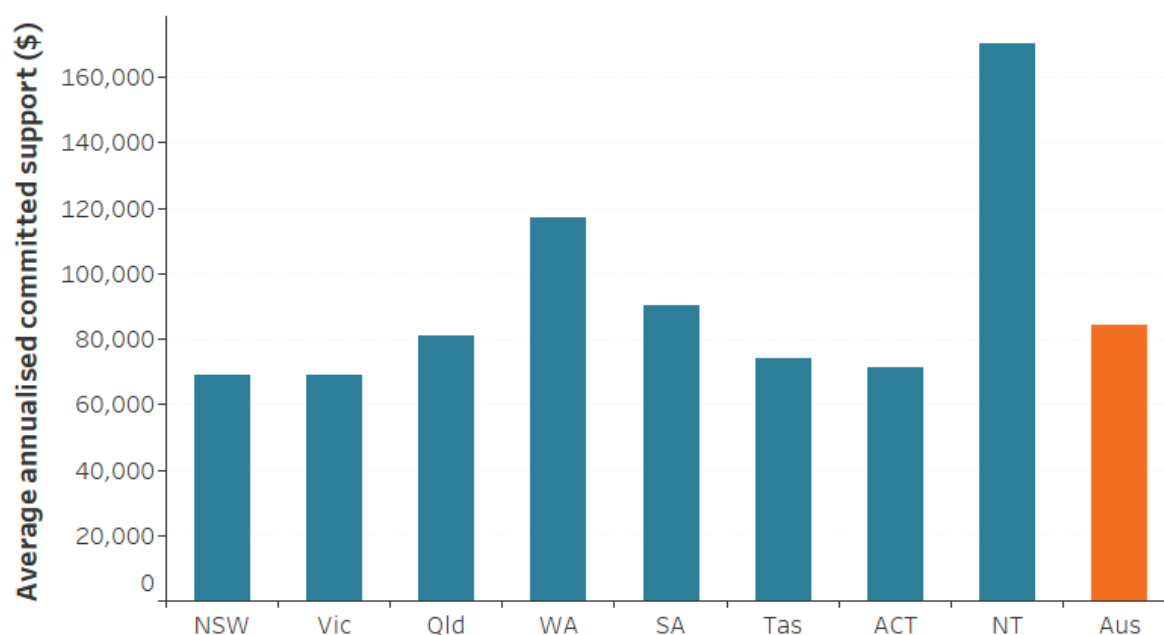
- the average annualised committed support was \$84,000
- there were 26,800 participants in *Major cities*, 25,900 participants in *Inner and outer regional* areas and 5,400 participants in *Remote and very remote* areas
- participants in *Major cities*, *Inner and outer regional* areas and *Remote and very remote* areas averaged annual support amounts of \$81,000, \$77,800 and \$126,000, respectively
- the Northern Territory had the highest average support with \$170,000 annually, while New South Wales and Victoria had the lowest average support with \$69,000 (NDIA 2025b, 2025c; figures 2 and 3).

Figure 2: Average annualised committed support amounts for First Nations NDIS participants and proportion of First Nations NDIS participants, by jurisdiction, at 31 March 2025

Select characteristic:

☒ Average annualised support

☐ NDIS participants in that jurisdiction

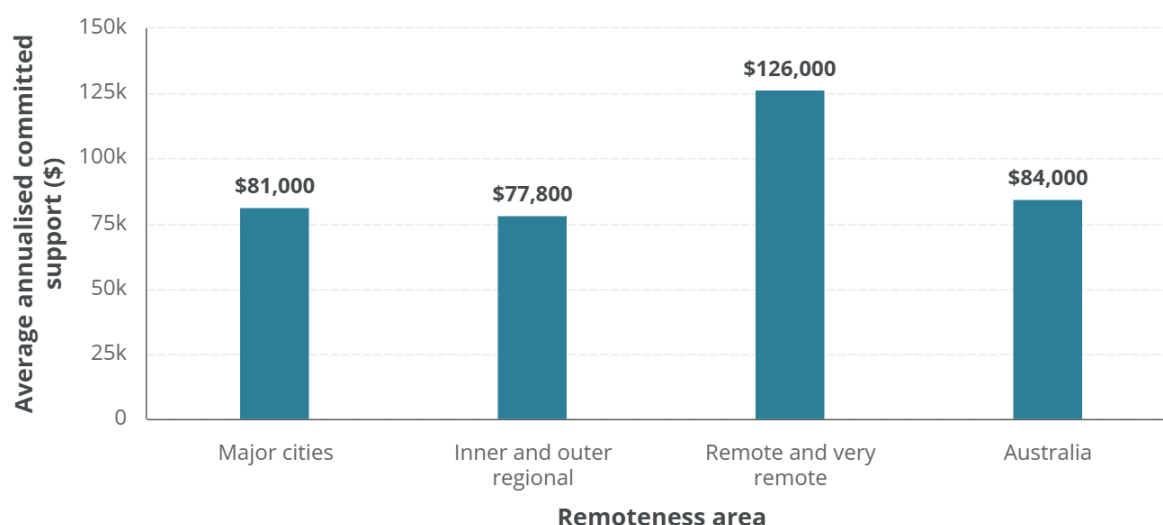


Note: The average annualised committed support amounts are rounded to the nearest thousand dollars.

Source: NDIA 2025b, 2025c.

<https://www.aihw.gov.au>

Figure 3: Average annualised committed support amounts for First Nations NDIS participants, by remoteness, at 31 March 2025



Note: The average annualised committed support amounts are rounded to the nearest thousand dollars.

Source: NDIA 2025b. | [Data source overview](#)

First Nations people with disability in remote communities, along with their families and carers, can also face challenges such as:

- limited service choice and availability
- the need for travel and transportation
- availability of trained professionals who are culturally competent
- issues relating to service/support quality
- a lack of alternative accommodation options (Disability RC 2023a, 2023b; NDIA 2016; PwC 2018).

The higher average annualised committed NDIS support for First Nations people in *Remote and very remote* areas compared with other remoteness areas could be one indication of these challenges. This also applies to the Northern Territory, as a significant proportion of the population in the Northern Territory live in rural, remote and very remote locations (NTMHC 2017).

Income support payments

Disability Support Pension (DSP) is an income support payment for people aged 16 and up to Age Pension age with disability who have a reduced capacity to work because of their impairment. In December 2024, 67,800 First Nations people were receiving DSP, making up 8.3% of total recipients (DSS 2025).

Carer Payment provides income support for carers aged 16 and up to Age Pension age who are unable to support themselves through substantial paid employment because of the demands of providing constant care to a person with disability, a medical condition,

or who is frail aged. In December 2024, 22,700 First Nations people were receiving Carer Payment, making up 7.1% of total recipients (DSS 2025).

Carer Allowance is a supplementary payment for carers who provide additional daily care and attention to someone with disability, a medical condition, or who is frail aged. In December 2024, 33,700 First Nations people were receiving Carer Allowance, making up 5.0% of total recipients (DSS 2025).

Indigenous status identification in Services Australia is voluntary and self-identified (Services Australia 2024). This may influence the quality and completeness of the data and subsequent reporting on the number and proportion of First Nations people receiving income support payments, especially among older First Nations people.

For more information on these payments, see [Income and finance of First Nations people](#), [People with disability – specialised support services](#), [Income support payments for the working age population](#), [Income support for older Australians](#) and [Informal carers](#).

Homelessness services

People with disability of any age who are homeless or at risk of homelessness can receive support from specialist homelessness services (SHS). In 2023–24, 26% (2,100) of SHS clients with severe or profound disability who provided information about their Indigenous status were First Nations people (AIHW 2024). Of around 1,130 First Nations people who were identified as needing disability services or assistance, 44% (495) were provided with this assistance and 16% (180) received a referral, while 40% (460) were not provided with or referred for disability services.

For more information on homelessness services, see [Specialist homelessness services annual report 2023–24](#), [First Nations clients - Australian Institute of Health and Welfare](#).

Informal care

A person's interaction with both formal and informal welfare support and services can help support their wellbeing. Informal (unpaid) care provided by family, friends or neighbours within the context of an existing relationship often complements formal (paid) services from government and other organisations. The demands of the role, however, often go beyond what would normally be expected of the relationship.

Caring is often seen as an important cultural responsibility in First Nations communities, and a significant proportion of First Nations carers are young carers and/or providing multi-generational care. The availability of support and services for carers can be particularly limited in regional and remote areas, with First Nations carers particularly impacted by this issue which is more pronounced in remote communities (DSS 2024b).

The 2022–23 NATSIHS collected data on whether First Nations people aged 15 and over had provided unpaid care, help or assistance to someone with a long-term health condition, disability or a problem related to old age. The assistance must be ongoing, or likely to be ongoing, for at least 6 months. These data showed that:

- an estimated 17% (or 113,000 First Nations people) were providing unpaid care
- an estimated 20% (or 70,200) of First Nations females had provided unpaid care, compared with 13% (or 43,300) of First Nations males
- the proportion who had provided unpaid care was slightly higher among First Nations people living in remote than non-remote areas (an estimated 20% or 21,400, and 16% or 92,000, respectively) (ABS 2024a).

The 2022 SDAC collected data on First Nations people of all ages who had provided any informal assistance (help or supervision) to people with disability or older people (aged 65 years and over). The assistance must be ongoing, or likely to be ongoing, for at least 6 months. These data showed that:

- An estimated 14% (or 103,000 First Nations people) were providing informal assistance. Of these informal carers, 36% (or 37,100) had disability and 63% (or 64,600) did not.
- An estimated 15% (or 57,400) of First Nations females had provided informal assistance, compared with 12% (or 41,600) of First Nations males.
- An estimated 9.5% (or 9,700) of First Nations people who had provided informal assistance were aged under 15, 35% were aged 15–34, 38% were aged 35–54, and 17% aged 55 and over.

The 2021 Census included a question about whether First Nations people aged 15 and over had provided unpaid assistance to someone with disability, a long-term health condition or a problem related to old age in the 2 weeks before Census night. In 2021, of those for whom responses to this question were provided:

- an estimated 15% (or 76,600 First Nations people) had provided unpaid assistance to someone with disability, a long-term health condition or a problem related to old age in the 2 weeks before Census night, staying constant from the proportion in 2016 (15%)
- an estimated 18% (or 48,100) of First Nations females had provided unpaid assistance, compared with 12% (28,500) of First Nations males
- the proportion of First Nations people who had provided unpaid assistance was similar among those living in remote and non-remote areas (an estimated 16% or 11,600, and 15% or 46,700, respectively) (ABS 2022b).

For more information on informal carers, see [Informal carers](#).

Comparisons with non-Indigenous Australians

Based on the 2022–23 NATSIHS, after adjusting for differences in the age structure between the 2 populations, First Nations people were 1.5 times as likely as non-Indigenous Australians to have disability (42% and 29%, respectively) and 2.0 times as likely to have a severe or profound disability (7.6% and 3.9%, respectively) (AIHW forthcoming 2025).

Based on the 2021 Census, the proportion of those with severe or profound disability was higher in First Nations people compared with non-Indigenous Australians. Based on age-standardised rates, the proportion of First Nations people with severe or profound disability was 2.1 times as high as for non-Indigenous Australians (Table 3) (AIHW and NIAA 2022).

Table 3: Proportion^(a) of severe or profound disability^(b), by Indigenous status and selected population characteristics, 2021

	First Nations people	Non-Indigenous Australians
Male	11.0	5.2
Female	10.4	5.2
Major cities	11.6	5.1
Inner regional areas	11.6	5.7
Outer regional areas	10.2	5.3
Remote areas	8.5	3.9
Very remote areas	7.5	3.3
Overall	10.8	5.2

a. Age-standardised using the Australian 2001 standard population (5-year age groups to 75+).

b. For the Census, 'severe or profound disability' refers to 'needed assistance with core activities'. Calculations exclude 'not stated' responses for Indigenous status and need for assistance.

Source: AIHW and NIAA 2022.

For both First Nations and non-Indigenous Australians aged 15–64, compared with those without severe or profound disability:

- the proportion who had Year 10 or below as their highest level of education was higher among those with severe or profound disability (48% for First Nations people with severe or profound disability and 37% for non-Indigenous Australians with severe or profound disability, compared with 33% and 14% without severe or profound disability).
- the employment rate was lower among those with severe or profound disability (15% for First Nations people with severe or profound disability and 21% for non-Indigenous Australians with severe or profound disability, compared with 57% and 77% without severe or profound disability).
- the proportion of those providing unpaid care was slightly higher among those with severe or profound disability (18% for First Nations people with severe or profound disability and 15% for non-Indigenous Australians, compared with 15% and 12% without severe or profound disability (Table 4) (ABS 2022b).

Table 4: Education, employment and informal care among people aged 15–64 (selected measures), by severe or profound disability status and Indigenous status, 2021 (%)

Variable	Severe or profound disability	First Nations people	Non-Indigenous Australians
Proportion with Year 10 or below as their highest level of education	Have severe or profound disability	47.9	37.0
	Does not have severe or profound disability	32.7	13.8
Employment rate	Have severe or profound disability	14.6	20.6
	Does not have severe or profound disability	57.2	76.6
Proportion providing unpaid care	Have severe or profound disability	17.6	15.4
	Does not have severe or profound disability	14.9	12.4

Notes

1. 'severe or profound disability' status is determined using the ABS Census of and Population and Housing variable 'Core activity need for Assistance'.
2. Calculations exclude 'not stated' responses for Indigenous status, severe or profound disability, highest level of education, labour force status and whether they were providing unpaid assistance.
3. Proportions are crude and may differ from age-standardised rates.

Source: ABS 2022b.

Informal care

Based on the 2021 Census, after adjusting for differences in the age structure between the 2 populations, the proportion of First Nations people providing unpaid care to a person with disability, long-term health condition or problems related to old age was 1.3 times the proportion for non-Indigenous Australians (AIHW and NIAA 2022).

Key data gaps and data improvement activities

Key data gaps

Traditional data collection methods have often underestimated the prevalence of disability among First Nations people because of siloed data collections and a lack of culturally appropriate methodologies. There is also a scarcity of data that reflect the cultural contexts and specific needs of First Nations people with disability. This includes how disability is perceived within different communities, the types of support considered appropriate and the effectiveness of existing services. Furthermore, there are insufficient data comprehensively detailing how First Nations people with disability access services, as well as the barriers they encounter, and the outcomes of these interactions (NIAA 2025).

Data are not always collected or readily available by both disability status and Indigenous status. For example, while First Nations people faced increased risk of contracting and developing serious illness from COVID-19 compared with non-Indigenous Australians (Disability RC 2020), there were limited data available about the number of infections or outcomes for First Nations people with disability.

As a result of a variety of factors, such as sampling issues, lack of full coverage of the First Nations population in some data collections, and potential biases in how data are collected and interpreted, First Nations carers are likely under-represented in national data collections.

Key data improvement activities

Since 2022 the First Peoples Disability Network (FPDN) has been funded by the Commonwealth to develop and implement their National Disability Footprint. The National Disability Footprint ensures reforms are informed by the intersectional challenges for First Nations people with disability, advocating for a more inclusive disability sector (FPDN 2024).

From mid-2022, the National Indigenous Australians Agency (NIAA) has been conducting the First Nations Disability Data Scoping Study (NIAA 2025). The aim of the study is to identify existing data gaps in the prevalence of disability among First Nations people and to assess current administrative and community-led data infrastructures. It includes the development of a First Nations Data Strategy to enhance the collection, administration and analysis of relevant data.

The Closing the Gap Data Development Plan 2022–2030, approved by Joint Council in August 2022, prioritises work on data gaps and more frequent data collection (NIAA 2025).

The NDIA's First Nations Strategy 2025–2030 outlines actions to improve outcomes for First Nations participants, their families, carers, and communities (NDIA 2025a). It aims to make the NDIS more equitable, culturally safe, community-centred and coordinated for First Nations people.

As part of Australia's Disability Strategy 2021–2031, the Data Improvement Plan 2024 emphasises partnering with First Nations people with disability, Disability Representative Organisations and stakeholders (DSS 2024b). The aim is to improve data collection and use, address existing data gaps and ensure data are relevant, accurate, and culturally appropriate.

Where do I go for more information?

For more information on disability for First Nations people, see:

- [ABS Survey of Disability, Ageing and Carers: Aboriginal and Torres Strait Islander people with disability](#)
- [People with disability in Australia](#)
- [Reporting on Australia's Disability Strategy.](#)

For more information on First Nations participants of the NDIS, see the NDIA's:

- [Quarterly Reports](#)
- [Data and insights](#)
- [Aboriginal and Torres Strait Islander participants 30 June 2019.](#)

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Understanding welfare and wellbeing

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In the broadest sense, welfare refers to the wellbeing of individuals, families and the community. The terms welfare and wellbeing are often used interchangeably.

While there is no exact definition or interpretation of wellbeing, it is generally agreed among researchers that wellbeing is multi-dimensional (Hone et al. 2015) and encompasses a range of inter-related factors that act together to impact on an individual's quality of life and life satisfaction (such as work, education, housing, income, health and functioning, social connection and participation). A commonly used definition of wellbeing is 'how people feel and how they function both on a personal and social level, and how they evaluate their lives as a whole' (Michaelson et al. 2012). Feeling happy, healthy and having positive wellbeing means different things to different people within and across communities and countries (ACT Government 2020) and definitions of wellbeing can differ across disciplines, the lifespan and cultures (Jarden and Roache 2023).

Policies at all levels of government can substantially influence the wellbeing of individuals and communities. Welfare services and assistance are just one part of a larger network of services and assistance provided by governments and non-government organisations to improve wellbeing in Australia. They include, for example, income support payments and employment, homelessness, disability and aged care services. A key focus of the AIHW's *Australia's welfare* biennial report is to provide information and statistics on the provision of welfare services to Australians. It goes further – to look at broader services and factors associated with wellbeing – such as education, employment and social functioning.

This page provides high level information on wellbeing, factors influencing wellbeing and formal welfare services and supports. It acknowledges but does not cover informal supports for wellbeing, or other government services and systems that contribute to

overall wellbeing and can influence the need or demand for welfare services – such as the education and health systems.

Conceptual framework for Australia's welfare

Figure 1 presents a conceptual framework for *Australia's welfare*, incorporating 3 main elements. This page then explores the 3 elements of the framework in greater depth.

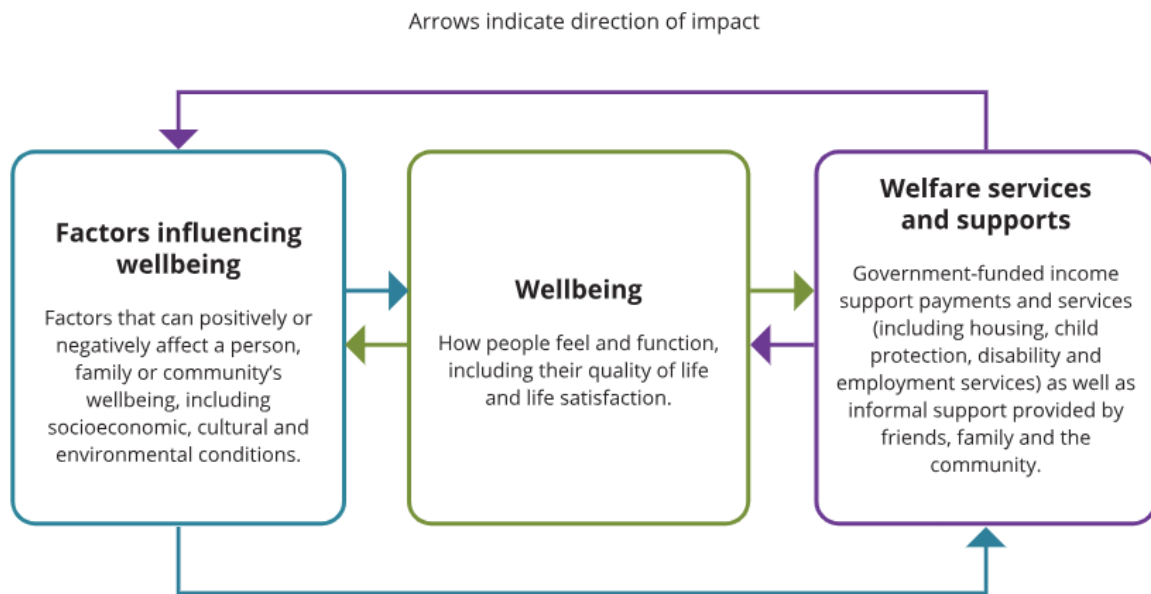
The framework in Figure 1 aims to show how many interrelated factors affect wellbeing. It recognises the role that individual and community level influencing factors play in improving wellbeing outcomes and in impacting an individual's need for welfare services and supports. It illustrates that welfare-related services and supports can impact both our wellbeing and the factors that can influence our wellbeing. It acknowledges that the formal and/or informal assistance a person, family or community receives in a time of need can be critical for their wellbeing.

Figure 1 is not a comprehensive framework for wellbeing or measuring wellbeing. It is for use in understanding the AIHW's report *Australia's welfare*. The welfare topics examined as part of this report (such as education, housing, justice and safety) fall within the 3 elements. Whether a topic is deemed to be an influencing factor or measure of wellbeing for example, depends on the context in which it is being considered.

Comprehensive frameworks for wellbeing in Australia include:

- The Treasury's [Measuring what matters](#) (The Treasury 2023)
- the [ACT Wellbeing Framework](#) (Australian Capital Territory Government 2020).

Figure 1: Conceptual framework for *Australia's welfare*



Wellbeing

Wellbeing can be thought of as 'How people feel and how they function both on a personal and social level, and how they evaluate their lives as a whole' (Michaelson et al. 2012). Wellbeing is multidimensional, covering aspects of life including work, education, housing, income, health and functioning, social connection and participation. These inter-related factors act together to impact on an individual's quality of life and life satisfaction.

Health and wellbeing are inextricably linked. The World Health Organisation (WHO) defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (WHO 1946). This recognises that health is multi-dimensional, and a person's health is linked to their wellbeing. For example, a person may have positive wellbeing in part, arising from good physical and mental health and timely access to quality, affordable health services and support.

Accurate and reliable data are critical to understanding how the different aspects of our wellbeing interact and affect people's lives. Data at the national, community, service and individual level can provide a strong evidence base, help measure progress over time and enable better policies and decision making for improved outcomes for Australians.

Measuring wellbeing

In 2023, the Australian Government established Australia's first national wellbeing framework, [Measuring What Matters](#) (The Treasury 2023). Its purpose is to help understand how Australia is tracking in key indicators of wellbeing. It gives a better foundation for understanding Australia's economy and society in ways that will support policy making at all levels (The Treasury 2023).

The framework has 5 themes: healthy, secure, sustainable, cohesive and prosperous. These themes are supported by 50 key indicators, to monitor and track progress. The indicators have been selected for having consistent, comparable and reliable data, including logical alignment with available indicators already captured through existing strategies and plans. The indicators are available on an online dashboard, updated annually (The Treasury 2023). The Treasury has continuing responsibility for managing the framework and the Australian Bureau of Statistics (ABS) has responsibility for updates of the dashboard (ABS 2024).

Data improvements are underway to support reporting on the Measuring What Matters framework.

In the 2024–25 Budget the Australian Government committed \$14.8 million over 5 years for the ABS to deliver the General Social Survey (GSS) on an annual ongoing basis from 2025 (Chalmers 2024).

The survey will be conducted annually to deliver more timely data, the sample size will be increased to ensure that the survey provides insights into sub-groups of the population, and it will be expanded to include new questions (Chalmers 2024).

The expanded GSS will increase the number of Measuring What Matters indicators and metrics that can be updated annually, for example, the overall life satisfaction indicator. It will enable collection of data across a range of topics, with a focus on measuring what matters most to Australians, including participation in volunteering, experience of discrimination and prevalence of serious psychological distress and chronic conditions (Chalmers 2024).

More frequent data will strengthen the capacity of the Measuring What Matters Framework to identify opportunities to improve wellbeing and inform policy change.

The first results from the expanded GSS will be available in 2026.

For more information about data improvement and development activities being undertaken by the AIHW, see [Improving Australia's welfare data](#).

Factors influencing wellbeing

Many factors can positively or negatively affect a person, family or community's wellbeing. These include general socioeconomic, cultural and environmental conditions; political structures; commercial practices; living and working conditions; social and community networks; family situation; and individual behavioural and biological factors. Each person's unique circumstances and experiences contributes to their wellbeing.

Our broader environment plays a critical role in our wellbeing, and can be protective of wellbeing, or be a risk factor negatively influencing wellbeing. Our climate – and the impacts of climate change – is a good example of this.

Health and wellbeing impacts from climate change

Climate is interlinked with a range of elements that sustain life, including water, food, biodiversity, health and wellbeing. Climate change is continuing to impact the natural and built environment. The global average surface temperature in 2024 was 1.55°C (with a margin of uncertainty of $\pm 0.13^\circ\text{C}$) above the 1850–1900 average, going beyond 1.5°C for the first time on record. The last 10 years have all been in the top 10 highest on record (WMO 2025).

Climate risks to health and wellbeing and associated services, are created through the interaction of climate hazards, exposure and vulnerability of the population. Climate hazards include bushfires, floods, severe storms, tropical cyclones, unusually hot temperatures and drought. These events cause people to be exposed to risks such as air pollution and high temperatures which, in turn, can have direct impacts such as loss of income, ill health and death. Consecutive climate hazards can also compound impacts.

Appropriate adaptation of health and welfare services is needed to address climate risk. Aspects of welfare such as access to, and quality of, housing as well as access to welfare services are important factors in mediating the effects of climate change. This has been recognised in the [National Health and Climate Strategy](#), which identifies a 'Health in All Policies' approach as critical in addressing health impacts as well as the wider determinants of health.

Impacts of extreme weather events – floods

Recent climate events in Australia demonstrate the impact of climate change on health and wellbeing. The floods in Australia in 2021–22 and 2025 had major impacts across large parts of Queensland and New South Wales. For example, during the 2022 calendar year, there were 38 deaths attributed to either flooding or cataclysmic storms compared with an average of 5.8 deaths annually over the previous 9 years (ABS 2023). In 2024, an estimated 32,000 people were displaced due to cyclones, storms and floods (IDMC 2025). Prior to this, there was a substantial increasing trend in the number of people displaced due to weather-related disaster from 2008 (Beggs et al. 2023).

Extreme weather events can be a cause of food insecurity. Households were more likely to experience food insecurity in states heavily affected by the floods, when compared to the national average, according to the 2022 Foodbank Hunger Report. Natural disasters were reported as a factor for 25% of New South Wales households experiencing food insecurity and 23% of those in Queensland, compared with 19% nationally (Miller and Li 2022).

The cascading effects of multiple extreme weather events in an area can cause housing vulnerability. For example, floods in the Northern Rivers in Queensland 2022 compounded other recent events such as flooding in 2021 and 2017, bushfires in 2019 and the COVID-19 pandemic in 2020 and 2021, placed further pressure on a housing climate that was already strained, leading to high levels of 'housing vulnerability' and reduced the availability of affordable rental or temporary/transitional housing options (van den Nouwelant and Cibi 2022).

The intersection of vulnerabilities, for example, social and geographical factors, can exacerbate vulnerability (Howard et al. 2018). People with disability and their carers have also been found to be more likely to have homes that flood, find flood warning messaging difficult to access after evacuation, and may be at increased risk of post-traumatic stress disorder (Bailie et al. 2022).

Homelessness Inclusive Disaster Risk Reduction and Disability Inclusive Disaster Risk Reduction are examples of initiatives aimed at addressing this issue (Queensland Government Department of Housing and Public Works 2021, 2023; Villeneuve et al. 2021). These participatory research partnership projects support communities to develop inclusive risk reduction, for example through raising awareness and developing educational resources.

Welfare services and support

Our wellbeing can also be affected and influenced by the services and supports we receive. The AIHWs [Australia's welfare](#) biennial publication provides comprehensive coverage of welfare services and supports provided to Australians, reporting on the latest data and trends. This section describes the types of services and supports that are considered to be 'welfare' services, and who funds and provides these. Welfare support can come from both:

- informal assistance from family, friends and the community; and/or

- formal assistance from government and non-government organisations.

Use of formal assistance can be mediated by informal supports and the availability of other services at community or individual levels. This section focuses primarily on formal services and support. See also, summary information about [Informal carers](#).

While the responsibility for funding and managing welfare services and support mainly lies with the Australian Government or state and territory governments, arrangements for delivering welfare services are complex. Government welfare assistance in Australia is a network of government payments and services.

The level of formal welfare assistance a person receives depends on their life stage, level of disadvantage, and the interactions among these factors. A person's need for assistance can change over time. People may access welfare services and support temporarily when circumstances and need arise (for instance, emergency temporary accommodation for flood or bushfire affected communities), or longer term (for instance, Age Pension) (DSS 2024c). When an event triggers a change in a person's life, it is often the point at which that person contacts government support services (Qu et al. 2012).

Welfare services

Welfare services aim to encourage participation and independence and can help enhance a person's wellbeing (DSS 2024b). Welfare services are provided to people and families of different ages and social and economic circumstances.

Examples of welfare services include:

- [employment services](#) to help people secure and maintain stable employment
- [disability services](#) to help people with disability and their carers participate in society
- [aged care](#) services to help older people with their living arrangements
- [child protection](#) services to assist vulnerable children
- [youth justice](#) services to support young people to rehabilitate and reintegrate into the community
- family support services to support with [family, domestic and sexual violence](#) circumstances
- [homelessness services](#) to provide people who are homeless or at risk of homelessness with support and short- to medium-term accommodation
- [social housing](#) to provide people with low incomes and housing need with affordable and secure housing
- carer services to support and improve the lives of Australia's unpaid or [informal carers](#).

Welfare services are often closely linked to health services. One example is aged care, with home care packages providing domestic assistance, personal care and social support as well as clinical and allied health care services.

A number of welfare-related programs operate to support specific target cohorts to participate socially or economically, such as the Strong and Resilient Communities program and volunteering programs.

Non-government organisations

In many cases, profit or not-for-profit non-government organisations (NGOs) deliver services. These NGOs are predominantly 'approved providers', meaning they have been formally authorised, contracted and/or funded by government to provide particular services – although not all NGOs receive government funding. Further, service delivery can be shared between NGOs and local governments or state and territory governments.

Government payments

Government payments aim to support eligible people who cannot fully support themselves by providing targeted payments and assistance. Programs include:

- working age payments (such as JobSeeker and Youth Allowance (other) payments)
- support for families (such as Family Tax Benefit and paid parental leave)
- housing support (such as Commonwealth Rent Assistance)
- support for older Australians (such as Age Pension)
- financial support for people with disability (such as Disability Support Pension)
- financial support for carers (such as Carer Payment and Carer Allowance)
- student payments (such as Youth Allowance (student or Australian Apprentices)) (DSS 2024a).

Government payments can be available short- or long-term, or for a transitional period, and the eligibility requirements and amounts received vary.

General concessions, allowances and supplements can apply to people at different points in their lives, including the Pharmaceutical Allowance, Utilities Allowance and Remote Area Allowance. Supporting infrastructure – such as financial information services and a voluntary bill-paying service for Services Australia's customers – are also available (DSS 2024a).

For the latest data about government payments, see the [Income support payments for the working age population](#).

Tax offsets and concession cards

Tax offsets are available to support a person financially for welfare purposes. For example, a taxpayer may be entitled to claim a tax offset if a close family member receiving a disability support pension or invalidity service pension is a dependent (ATO 2022). The Australian Government can also provide support with tax and superannuation obligations for people experiencing personal crisis, including experiencing family and domestic violence or financial difficulties (ATO 2021).

Governments at all levels, and some non-government organisations, also issue concession and health care cards to eligible Australians for certain discounts (Services Australia 2022).

Where do I go for more information?

For more information on welfare services and wellbeing, see:

- Department of Social Services [Strong and Resilient Communities Activity](#)
- Services Australia [Government payments and services](#)
- Australian Bureau of Statistics [Measuring What Matters dashboard](#)
- Australian Bureau of Statistics [General Social Survey](#).

For further information on the natural and built environment and health and wellbeing, see [Natural environment and health](#) and [Built environment and health](#). Also visit:

- Australian Institute of Health and Welfare [Climate change and environmental health indicators: reporting framework](#)
- Department of Health, Disability and Ageing [National Health and Climate Strategy](#).

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Volunteers

Find the most recent version of this topic summary at:
<https://www.aihw.gov.au/reports/australias-welfare/volunteers>

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How often and where do people volunteer?

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Volunteers substantially benefit their communities through providing important services to others. They may also bring new insights to the organisations or groups for which they volunteer, increase efficiencies and improve effectiveness.

Volunteering broadens people's networks and professional skills, and serves as an indicator of wellbeing and social cohesion. It also has links to the economic and health status of a nation. By volunteering, people can become more outwardly focused, which may strengthen social interactions or even reduce anxiety (Department of Health 2019).

People can volunteer formally through an organisation ('formal volunteering'), or informally through the provision of unpaid work and support to non-household members, excluding family members ('informal volunteering'). Informal volunteers and informal carers may be involved in similar forms of unpaid work, however, while some informal carers care for people living in the same household, informal volunteers provide unpaid support to people who are not family and do not live in the same household. For more information, see [Informal carers](#).

National Strategy for Volunteering 2023–2033

The National Strategy for Volunteering was funded by the Australian Government Department of Social Services, led by Volunteering Australia and co-designed with a broad range of stakeholders involved in volunteering (Volunteering Australia 2023). It provides a strategic framework for enabling safe, supported and sustainable volunteering (Volunteering Australia 2023). It sets out desired outcomes for volunteering in Australia over the next 10 years, and includes the following:

- a vision for volunteering to be achieved over the National Strategy for Volunteering's ten-year timeframe
- 3 focus areas, which includes aims of the National Strategy for Volunteering
- 11 strategic objectives, which detail the work required to achieve the vision and aim

- a timeline for phased implementation (Volunteering Australia 2023).

For more information, see [The National Strategy](#) and [Action Plan 2024–2027](#).

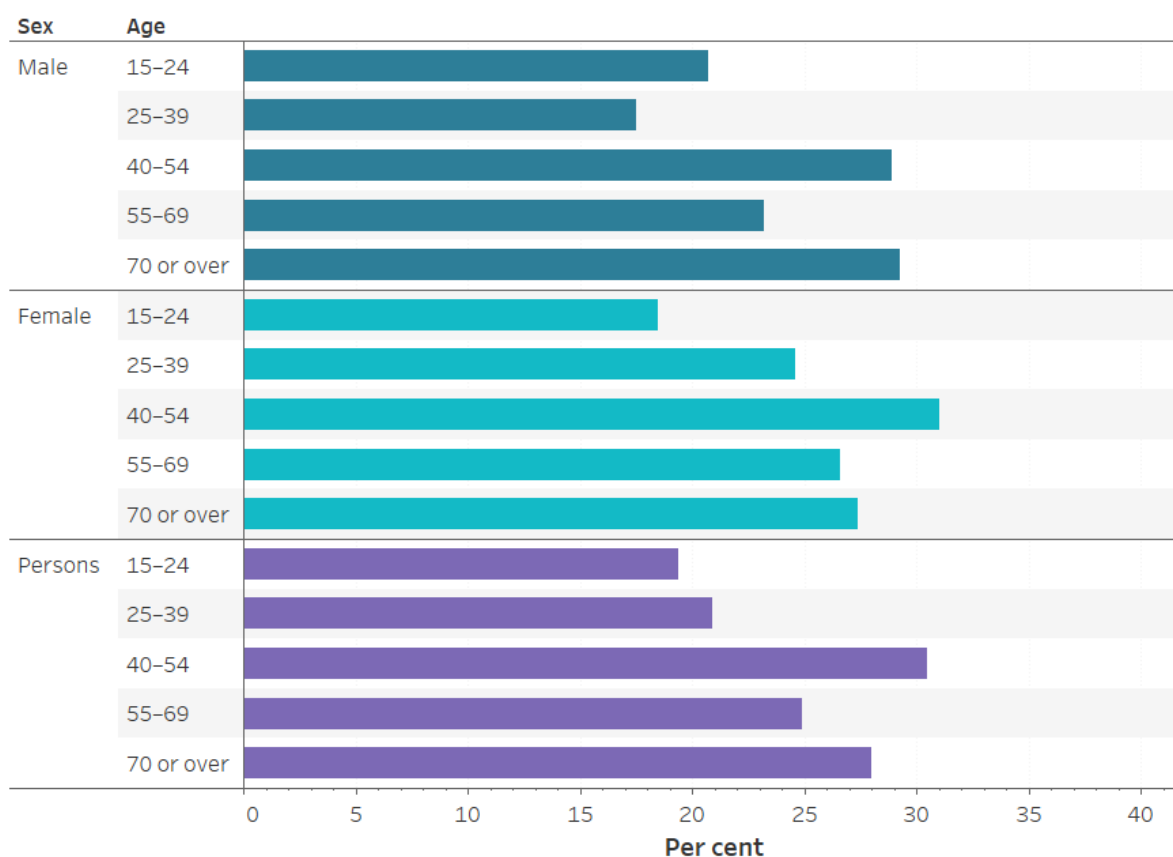
Data about people in Australia who volunteer are primarily drawn from the Australian Bureau of Statistics (ABS) General Social Survey (GSS). The most recent GSS was conducted in 2020 and every 4 years from 2002 to 2019. In this survey, volunteering is defined as providing unpaid help (time, service or skills) to an organisation or group, excluding work done overseas (ABS 2018).

Who volunteers?

In 2020, just over an estimated 5 million people aged 15 years and over participated in voluntary work through an organisation. The proportion of females (26%) who participated in voluntary work was slightly higher than males (23%), and the proportion of people volunteering fluctuated with age. People aged 40–54 (31%) were most likely to have participated in unpaid voluntary work through an organisation followed by people aged 70 and over (28%) (Figure 1).

Figure 1: Proportion of people aged 15 and over who undertook voluntary work (last 12 months) or informal voluntary work (last 4 weeks), by age and sex, 2020

Type of volunteering:
 ● Voluntary work
 ○ Informal volunteering



Source: ABS 2021
<https://www.aihw.gov.au/>

The proportion of people who participated in voluntary work in 2020 was higher among people who had attained a Bachelor degree or above (31%) or an Advanced diploma (25%), compared with those whose highest qualification was a primary or secondary school qualification (18%).

Couples with children (30%) were more likely to volunteer than other family compositions, such as single individuals (22%).

How often and where do people volunteer?

Volunteers in Australia are generous with their time. In 2020, 34% of people who volunteered in the previous 12 months had contributed 21 to 99 hours during that period, and 28% contributed 100 or more hours. Just over 2 in 5 (42%) volunteers had been volunteering for more than 10 years. A similar proportion of males (43%) and females (41%) had been volunteering for that period of time.

In 2020, two-thirds (66%) of people who volunteered did so for one organisation, 23% for 2 organisations and 10% for 3 or more. The most common types of organisations were:

- sports and recreation (31%)
- religious groups (23%)
- education and training (19%)
- community/ethnic groups (16%).

The most common reason for people's first involvement with unpaid voluntary work was that they knew someone involved or were asked to volunteer.

Informal volunteering

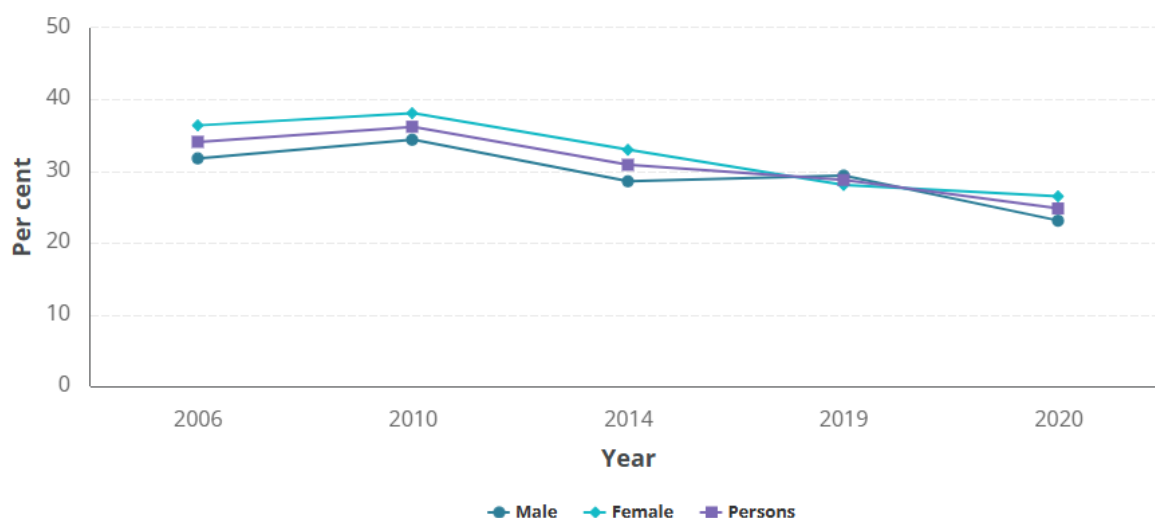
In addition to voluntary work for organisations, people may participate in informal volunteering, which is the provision of unpaid work and support to non-household members, excluding family members. Examples of informal volunteering include providing transport or running errands, unpaid childcare for a friend or neighbour, and providing emotional support. Almost one-third (32%) of the Australian population aged 15 and over participated in informal volunteering in the 4 weeks prior to the 2020 GSS.

Unpaid work undertaken for anyone within a person's household falls outside the scope of informal volunteering and is referred to as informal caring (ABS 2018). Formal volunteering is distinct from informal caring, but informal volunteering can be closely related to informal caring. For more information on informal caring, see [Informal carers](#).

Trends in volunteering

Overall, the proportion of Australians who participate in voluntary work has decreased since 2006. More than 1 in 3 people aged 18 and over reported undertaking unpaid voluntary work through an organisation in the last 12 months in 2006 (34%) and 2010 (36%). This progressively decreased in subsequent years with 31% of people volunteering in 2014, 29% in 2019 and 25% in 2020 (Figure 2). In contrast, informal volunteering rates – only measured since 2019 – remained steady. One-third (33%) of people aged 15 and over participated in informal volunteering in the 4 weeks prior to the survey in 2019, compared with 32% in 2020.

Figure 2: Proportion of people aged 18 and over who undertook voluntary work in the last 12 months, by sex, 2006 to 2020



Source: ABS 2021.

The decrease in people volunteering through an organisation reflects the broader changes noted in the 2020 GSS: there has been a decrease in the time and opportunity that Australians have for recreation and leisure, and social and community interaction (ABS 2014). Between 2010 and 2020, the proportion of people involved in social, community support and civic/political groups has decreased (ABS 2021).

Data collected by the Australian National University from 2019 to 2024 showed that volunteering fell during the COVID-19 pandemic and has not since returned to pre-pandemic levels. The proportion of adults who had volunteered in the previous 12 months declined from 36% in 2019 to 27% in April 2022. This equates to around 1.86 million fewer volunteers at the start of 2022 compared to levels prior to the pandemic. Whilst there was a slight increase in volunteering between 2021 and 2022, volunteering remained well below the pre-pandemic rate (Biddle et al 2022). By April 2023, levels of volunteering were well above the pandemic low of 33% but were still significantly lower than prior to the pandemic (Biddle and Gray 2023). The latest data from October 2024 showed a decline to 28%.

Key data gaps and data improvement activities

The latest GSS referenced throughout this page was conducted in 2020 during the COVID-19 pandemic, where there was no face-to-face follow up for households that did not complete the survey. As such, there was a higher than usual proportion of non-response (38%).

More broadly, notable data gaps identified in the National Strategy for Volunteering include but are not limited to:

- measuring and understanding the volunteer experience

- measuring and understanding the predictors of effective volunteering
- volunteering and inclusion (people with disability, LGBTQIA+ people, and other priority populations)
- the relationship between volunteering and gender
- volunteering and power dynamics
- exploitation and misconduct in volunteering
- volunteering in regional, rural and remote Australia
- volunteering in First Nations communities
- volunteering on boards and committees
- the role of volunteering in addressing climate change
- volunteering in grassroots organisations and service clubs
- family volunteering (Volunteering Australia 2023).

The GSS was previously conducted in 2019 and every 4 years from 2002 to 2014. As part of the action plan to address priorities from the National Strategy for Volunteering, the ABS will resume regular collection and publication of data on volunteering through the GSS (Volunteering Australia 2024). This will produce policy-relevant official data on volunteering, updated to align with the Strategic Objectives of the National Strategy for Volunteering, collected and published annually. The revised GSS will include a module on volunteering which is being updated to reflect the contemporary data needs of the volunteering sector in the context of the National Strategy for Volunteering. Further, the GSS will be expanded and updated from 2025 onwards to better report on measures for reporting on Australia's wellbeing framework: *Measuring What Matters* - of which participation in [volunteering is an indicator](#). This enhancement will strengthen our understanding of volunteering and enable changes to be monitored more effectively over time.

Where do I go for more information?

For the latest data and more information on volunteers in Australia, see:

- ABS [General Social Survey](#)
- [Volunteering Australia](#)
- [National Strategy for Volunteering](#).

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Youth justice

Find the most recent version of this topic summary at:
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On this page

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Young people who commit or allegedly commit a crime when they are old enough to meet the minimum age of criminal responsibility (12 years old in the Australian Capital Territory and Northern Territory, and 10 years old in all other states and territories as of 2023–24) may be dealt with under the youth justice system. Each state and territory in Australia has its own youth justice legislation, policies and practices but the general processes by which young people are charged, and the types of legal orders available to the courts, are similar.

Some people aged 18 and over may also be supervised in the youth justice system. Depending on the jurisdiction, this may be because they were apprehended for a crime that was (allegedly) committed when they were 17 or younger, their existing supervision continues once they turn 18 (instead of being transferred to the adult correctional system), or a court determines that they should be detained in a youth justice facility due to their vulnerability or immaturity.

Young people may be supervised when they are unsentenced – that is, when they are awaiting the outcome of their court matter or sentencing – or they may be sentenced to supervision after being proven guilty in court. Both unsentenced and sentenced supervision can take place in the community or in a detention facility (see [glossary](#)).

Reporting of young people under youth supervision

Data on this page are taken from the Australian Institute of Health and Welfare's (AIHW) [Youth Justice National Minimum Data Set \(YJ NMDS\)](#) and includes information about young people in Australia who were under youth justice supervision during 2023–24 and recent trends (AIHW 2024). Numbers include young people of all ages (including those aged 18 and over) unless otherwise specified. Population rates are only calculated for people aged 10–17. For ease of interpretation, rates will refer to young people aged 10–17, even when the

rates are for the 12–17 population (the Australian Capital Territory and Northern Territory in 2023–24 following the increase to the minimum age of criminal responsibility in these jurisdictions).

How many people are under youth justice supervision?

On an average day in 2023–24, 4,227 young people aged 10 and over were under youth justice supervision in Australia (excluding the Northern Territory as average day data was unavailable in the Northern Territory for all supervision and community-based supervision in 2023–24). Among the population aged 10–17, this was a rate of 12 per 10,000 young people. A total of 9,224 young people were supervised by youth justice at some time during the year (from 1 July 2023 to 30 June 2024).

Just over 4 in 5 (82%) young people under supervision on an average day in 2023–24 were supervised in the community, and 1 in 5 (20%) were in detention. The number of young people under all supervision will not equal the sum of community-based supervision and detention because young people can be in both types of supervision on the same day.

On an average day in 2023–24:

- most (83%) young people under community-based supervision were serving a sentence
- most (80%) young people under supervision in detention were unsentenced.

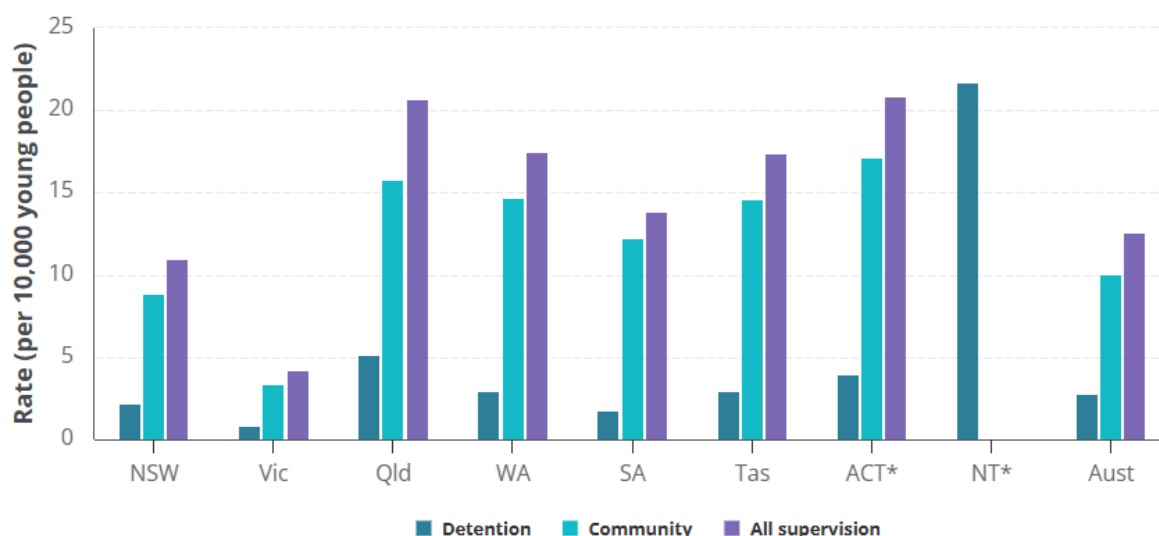
Variation in rates of supervision

On an average day in 2023–24, for young people aged 10–17:

- Aboriginal and Torres Strait Islander (First Nations) people were about 19 times as likely as non-Indigenous Australians to be under supervision, about 19 times as likely to be under community-based supervision, and about 27 times as likely to be in detention (see [Community safety for First Nations people](#)).
- Males were about 3 times as likely as females to be under supervision.
- Young people from *Very remote* areas were about 11 times as likely as those from *Major cities* to be under supervision (see [Remoteness Areas](#)).
- Young people from the lowest socioeconomic areas were about 6 times as likely as those from the highest socioeconomic areas to be under supervision.

Among the states and territories, rates of supervision for young people aged 10–17 years on an average day ranged from 4.1 per 10,000 young people in Victoria to 21 per 10,000 in Queensland. For young people aged 12–17, the rate of supervision on an average day was 21 per 10,000 in the Australian Capital Territory (Figure 1).

Figure 1: Rate of young people aged 10–17 under supervision on an average day, by supervision type, states and territories, 2023–24



*Rates for the Australian Capital Territory and Northern Territory in 2023–24 are for young people aged 12–17 due to the increase to the minimum age of criminal responsibility from 10 to 12 in those jurisdictions.

Note: The number and rate of young people on an average day was not available for the Northern Territory in 2023–24 for all supervision and community-based supervision.

Source: AIHW 2024

Time under supervision

Individual periods of supervision completed during 2023–24 lasted for a median of 92 days (about 13 weeks).

- Completed periods of community-based supervision were much longer than completed periods of detention, with a median duration of 95 days (about 14 weeks) compared with 6 days.
- The median duration of completed periods of sentenced detention was longer than unsentenced detention, with a duration of 42 days (6 weeks) compared with 6 days.

When the total time spent under supervision during 2023–24 is considered (including multiple periods and those not yet completed), young people supervised during the year spent an average of 182 days or about 6 months under supervision.

Trends in supervision

Over the 5 years from 2019–20 to 2023–24, the number of young people aged 10 and over who were under supervision on an average day (excluding the Northern Territory) fell by 18% (5,158 to 4,227). The rate for young people aged 10–17 decreased from 16 to 12 per 10,000 young people (Figure 2).

Under community-based supervision:

- the number of young people on an average day (excluding the Northern Territory) fell by 20% (4,353 to 3,471) over the 5-year period
- the rate for young people aged 10–17 decreased from 14 to 10 per 10,000 young people between 2019–20 and 2023–24.

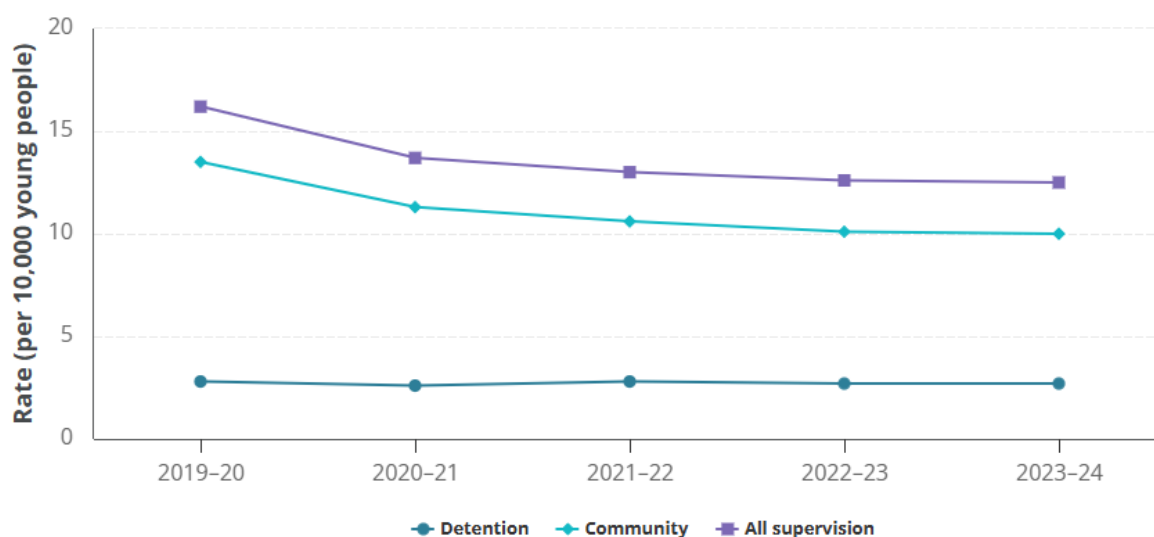
In detention:

- the number of young people on an average day fell by 3.7% (858 to 827) over the 5-year period
- the rate for people aged 10–17 decreased from 2.8 to 2.7 per 10,000 young people between 2019–20 and 2023–24.

In comparison with the previous year, the number of young people under supervision was stable across all supervision types. The number of young people under supervision on an average day fell marginally (from 4,250 in 2022–23 to 4,227 in 2023–24) and the rate for people aged 10–17 decreased from 13 to 12 per 10,000 young people.

- In community-based supervision, the number fell marginally (from 3,496 in 2022–23 to 3,471) and the rate was unchanged at 10 per 10,000.
- In detention, the number fell marginally (from 835 in 2022–23 to 827) and the rate was unchanged at 2.7 per 10,000.

Figure 2: Rate of young people aged 10–17 under supervision on an average day, by supervision type, 2019–20 to 2023–24



Notes

1. The number and rate of young people on an average day was not available for the Northern Territory in 2023–24 for all supervision and community-based supervision.
2. Rates for the Australian Capital Territory and Northern Territory in 2023–24 are for young people aged 12–17 due to the increase to the minimum age of criminal responsibility from 10 to 12 in those jurisdictions.

Source: AIHW 2024

Interaction with other services

Many vulnerable young people under youth justice supervision are also involved with other services. Data are available on young people's involvement with:

- youth justice and alcohol and other drug treatment services
- youth justice and child protection.

Alcohol and other drug treatment

People aged 10–17 under youth justice supervision at any time between June 2012 and July 2016 were 30 times as likely as the general population to have received alcohol and other drug treatment services during that period (33% compared with just over 1%) (AIHW 2018).

Child protection

About 2 in 3 (65%) young people aged 10 and over under youth justice supervision during 2022–23 had received a child protection service in the 10 years from 1 July 2013 to 30 June 2023 (AIHW 2024).

Impact of COVID-19 on youth justice data

In an effort to reduce the spread of COVID-19, restrictions were put in place across Australia throughout 2020 and 2021, including non-essential service shutdowns and social distancing. During 2022, small restrictions remained in place in a variety of settings for all jurisdictions.

While youth justice centres and other places of custody, courts or tribunals were considered essential services (Prime Minister of Australia 2020), COVID-19 still had a substantial impact on the operations of these services and restrictions may have continued beyond the easing of restrictions in the general community. The impact may differ from jurisdiction to jurisdiction (Judicial College of Victoria 2020).

- In New South Wales, for example, Children's Court hearings were vacated from 24 March to 1 May 2020 with few exceptions. This led to a decrease in the number of court finalisations between March and June 2020, which resulted in a reduction of young people in sentenced detention.
- Between 24 March to 1 May 2020, there was also a decline in unsentenced detention as more young people were discharged to bail and fewer young people had their bail revoked when breaching bail conditions (Chan 2021).

This page includes data from March 2020 to June 2022, which coincides with the presence of COVID-19 in Australia. However, the direct impact of COVID-19 and related social restrictions on the number of young people in youth justice supervision is difficult to determine due to a range of factors including:

- variability of the data
- variations in state-based legislation, policy and practice
- small numbers of young people under supervision.

More research is required to better understand the impact of COVID-19 and related social restrictions on youth justice supervision across Australia.

Key data gaps and data improvement activities

There are opportunities to improve our understanding about how young people with experience of youth justice supervision interact with other government agencies and support services.

The AIHW is actively addressing these opportunities through the following integrated data activities using the [Youth Justice National Minimum Data Set \(YJ NMDS\)](#):

- Child Wellbeing Data Asset (CWDA): The CWDA aims to improve outcomes for children and young people by enabling holistic analysis of pathways through government services through enduring, nationally integrated, child-centred data across sectors. The CWDA is planned to be operational and ready for use in 2025.

- National crime and justice data linkage project: To improve the evidence base on First Nations people involved with the criminal justice system by linking the YJ NMDS with the Australian Bureau of Statistics' Criminal Justice Data Asset (CJDA), which contains information on adults in the criminal justice system. Linking the YJ NMDS with the CJDA will help explore the flow of young people from the youth justice system to the adult justice system.

Where do I go for more information?

For more information on youth justice, see the following AIHW reports:

- [Youth justice in Australia 2023–24](#)
- [Youth detention population in Australia 2024](#)
- [Young people returning to sentenced youth justice supervision 2021–22](#)
- [Young people under youth justice supervision and their interaction with the child protection system 2022–23](#)
- [Overlap between youth justice supervision and alcohol and other drug treatment services: 1 July 2012 to 30 June 2016.](#)

For more on this topic, see [Youth justice](#).

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The Treasury

Volunteering Australia

Glossary

Aboriginal and/or Torres Strait Islander household

Household that contains one or more people identified as being of Aboriginal and/or Torres Strait Islander origin.

Aboriginal and/or Torres Strait Islander people

People who have identified themselves or have been identified by a representative (for example, another household member, a parent or guardian), as being of Aboriginal and/or Torres Strait Islander origin. Also referred to as First Nations or Indigenous.

ABSTUDY (Living Allowance)

A group of means-tested payments (which may include a living allowance and/or other supplementary benefits) for eligible First Nations students and apprentices who are in an approved course, Australian Apprenticeship or traineeship.

activities of daily living

Include core activities (self-care, mobility, communication) and non-core activities of independent living (cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, meal preparation).

administrative data collections

Data set that results from the information collected for the purposes of delivering a service or paying the provider of the service. This type of collection is usually complete (all in-scope events are collected), but it may not be fully suitable for population-level analysis because the data are collected primarily for an administrative purpose.

Age Pension

Income-support payment paid to older Australians who have reached the qualifying age and residency requirements, subject to income and asset tests. The qualifying age has changed over time and depends on a person's date of birth. Between 1 July 2013 and 30 June 2017, the age pension age was 65 years. From 1 July 2017, the qualifying age increased to 65 years and 6 months and increased by 6 months every 2 years to reach 67 years by 1 July 2023.

Age Pension age

Age at which a person becomes eligible to receive Age Pension (subject to income, asset and residency requirements). The age has changed over time and depends on a person's date of birth. Between 1 July 2013 and 30 June 2017, the age pension age was 65 years. From 1 July 2017, the qualifying age increased to 65 years and 6 months, and increased by 6 months every 2 years to reach 67 years by 1 July 2023.

age structure

Relative number of people in each age group in a population.

aged care

Various assistance, personal care and nursing services aimed at [older people](#). See also [home support](#), [home care](#) and [residential aged care](#).

aged care services

Regulated care delivered in residential or community settings, including a person's own home. Most formal care is subsidised through government programs.

aged care workforce

Direct carers who directly provide or manage care in residential and community [aged care](#) settings. They are registered nurses, enrolled nurses, personal care attendants, community care workers and allied.

age-standardised rate

Rate for which the influence of age is removed by converting the age structures of the different populations to the same 'standard' structure. This provides a more valid way to compare rates from populations with different age structures.

air pollution

This OECD measure is of the average of annual concentrations of particulate matters less than 2.5 microns in diameter (PM2.5) in the air.

ancillary funds

Funds that provide a link between people who want to donate and organisations that can receive tax deductible donations (deductible gift recipients, or DGRs).

apprentices and trainees

People who enter into a legal contract (training agreement or contract of training) with an employer, to serve a period of training to attain tradesperson status in a recognised trade.

asset test

Test to determine eligibility for government payments based on property or items an individual or their partner owns, or has an interest in.

Austudy

Means-tested payment for full-time students and Australian apprentices aged 25 and over.

average

Sum of all the values in a set of values, divided by the number of values in that set. Often used as a representative value of that set.

average annualised committed support

Under the National Disability Insurance Scheme, the total annualised budget for participants' active plans, divided by the number of active participants, rounded to the nearest thousand dollars. This represents the average of the annualised amounts in the participants' active plans, and gives an indication of the relative amount of support that participants of different demographics receive. See also [committed support](#).

Average Weekly Ordinary Time Earning (AWOTE):

Seasonally adjusted estimates of average weekly ordinary time earnings for full-time adult employees, excluding overtime and irregular bonuses. This measure reflects regular income and is the preferred measure for tracking wage growth, rather than income from all earnings, as short-term fluctuations in overtime can distort the underlying trend in wage growth and is commonly excluded to allow for more reliable comparisons of trends over time. Movements in average weekly earnings can be affected by changes in both wage rates and in the composition of employment.

Data on AWOTE are sourced from the [Survey of Average Weekly Earnings](#).

bequest

A gift of property to a person or organisation in a Will. In common usage, the term bequest is used to include gifts of money.

Canadian National Occupancy Standard (CNOS)

A measure of the appropriateness of housing that is sensitive to both household size and composition. The CNOS specifies that:

- no more than 2 people shall share a bedroom
- parents or couples may share a bedroom
- children under 5, either of the same sex or opposite sex, may share a bedroom
- children under 18 of the same sex may share a bedroom
- a child aged 5–17 should not share a bedroom with a child aged under 5 of the opposite sex
- single adults aged 18 and over and any unpaired children require a separate bedroom.

care and protection orders

Legal orders or arrangements that give child protection departments some responsibility for a child's welfare. See also finalised guardianship or custody order, finalised thirdparty parental responsibility order, finalised supervisory order, interim and temporary order, and administrative arrangement.

carer

Person who cares for another person (often a relative or friend) and has the responsibility for making decisions about that person's daily care. In the Australian Bureau of Statistics Survey of Disability, Ageing and Carers, a carer is defined as a person who provides any informal assistance (help or supervision) to people with disability or older people, with assistance being ongoing, or likely to be ongoing, for at least 6 months. See also [informal carer](#) and [primary carer](#).

Carer Allowance

An income-tested fortnightly supplement for those who give additional daily care to a person with a disability, medical condition, or who is frail aged.

Carer Payment

Means-tested income support payment for people providing constant care for a person with physical, intellectual or psychiatric disability, severe medical condition, or who is frail aged and, due to their caring role, are unable to support themselves through substantial paid employment.

casual workers

Employed person who generally has no set or regular weekly hours, is not entitled to paid leave and has no notice period for ending employment. Casual workers may work full time or part time. See also [full-time workers](#) and [part-time workers](#).

census

A study of every unit, everyone or everything, in a population.

Centrelink

The Australian government service that delivers social security payments and services, administered by Services Australia for retirees, the unemployed, families, carers, parents, people with disability, First Nations people, and people from diverse cultural and linguistic backgrounds.

charity

An entity established for charitable purposes for the public benefit, as defined by the *Charities Act 2013* (Cth). Often used as a synonym for voluntary or not-for-profit organisations, such as those that raise funds for or offer support to the disadvantaged in society.

chronic conditions

A diverse group of diseases/conditions, such as heart disease, cancer and arthritis, which tend to be long lasting and persistent in their symptoms or development. Although these features also apply to some [communicable diseases](#), the term is usually confined to non-communicable diseases.

civilian population

All usual residents of Australia aged 15 and over, except members of the permanent Defence Force, certain diplomatic personnel of overseas governments customarily excluded from Census and estimated population counts, overseas residents in Australia, and members of non-Australian defence forces (and their dependants) stationed in Australia.

committed support

Under the National Disability Insurance Scheme (NDIS), this is the cost of supports contained within an NDIS participant's plan, approved to be provided to support a participant's needs. This is sometimes annualised to allow for comparison of plans of different lengths. See also [average annualised committed support](#).

Commonwealth Home Support Programme

An Australian Government-funded aged care program which provides entry-level support services such as domestic assistance for [older people](#) so that they can continue to live independently at home. Effective from 1 July 2015, the program integrates various services previously providing basic home support (including the Commonwealth Home and Community Care program, National Respite for Carers, Day Therapy Centres and Assistance with Care and Housing for the Aged).

Commonwealth Rent Assistance

is a non-taxable income supplement, paid fortnightly to eligible recipients. It is paid at 75 cents for every dollar above a minimum rental threshold until a maximum rate is reached. Minimum thresholds and maximum rates vary depending on the household or family situation. This includes the number of children (DSS 2019). Pensioners, allowees and those receiving more than the base rate of Family Tax Benefit Part A, who rent in the private rental market or community housing, may be eligible for Rent Assistance.

communicable disease

Diseases that are capable of being transmitted between individuals, including AIDS, HIV, hepatitis, malaria, meningitis, sexually transmitted infections, and vaccine-preventable diseases such as chickenpox and influenza.

Community-based supervision

A legal arrangement that requires a young person to be supervised by a youth justice agency within the community. Community-based supervision may be unsentenced or sentenced. Unsentenced community-based legal orders include supervised or conditional bail and home detention bail – sentenced community-based orders include probation and similar orders, suspended detention, and parole or supervised release.

core activity

Term used in discussions of disability, referring to the basic activities of daily living, namely self-care, mobility and communication.

core activity limitation

Limitation where someone needs help with – or is having difficulty or uses aids and equipment for – self-care, mobility and/or communication.

See also [disability](#) and severe or profound core activity limitation.

Coronavirus Supplement

A supplement that was provided for new and existing recipients of select government payments, from 27 April 2020 to 31 March 2021, including JobSeeker Payment, Parenting Payment, Youth Allowance, Austudy, Widow Allowance, Partner Allowance, ABSTUDY living allowance, Farm Household Allowance and Special Benefit.

COVID-19

A disease caused by the coronavirus SARS-CoV-2 virus, a novel type of coronavirus which emerged in December 2019 and was classified as a global pandemic in March 2020 by the World Health Organization.

data custodians

A person or position with delegation to exercise overall responsibility for a specific data collection, in accordance with legislation, policies, guidelines and any specific conditions for use applicable to that data collection. Subject to these requirements, a data custodian has the power to release data to other bodies or persons.

data linkage/linked data

Bringing together (linking) information from 2 or more data sources believed to relate to the same entity, such as the same individual or the same institution. This linkage can provide more information about the entity. In certain cases it can provide a time sequence, helping to tell a story, show pathways and perhaps unravel cause and effect. The term is used synonymously with record linkage and data integration.

declared earnings

Earnings from employment in the preceding fortnight including wages, salaries, stipends, commissions or honoraria, bonuses, penalty rates and overtime.

deductible gift recipient (DGR)

An organisation that is a registered charity and has been endorsed by the Australian Tax Office as a DGR. Financial donations to these charities can be tax-deductible. Some not-for-profit entities, such as some fire and emergency services, have DGR status and are not registered as charities.

detention

A legal arrangement that requires a young person to be detained in a youth justice facility. This includes both sentenced and unsentenced detention.

determinant

Any factor that can increase the chances of ill health (risk factors) or good health (protective factors) in a population or individual. By convention, health services or other programs that aim to improve health are usually not included in this definition.

developmentally at risk

Children who scored between the 10th and 25th percentiles on one or more of the 5 domains of the Australian Early Development Census. The domains are physical health and wellbeing, social competence, emotional maturity, language and cognition skills, and communication skills and general knowledge.

developmentally on track

Children who scored above the 25th percentile (top 75 per cent) of the national population on one or more of the 5 domains of the Australian Early Development Census (AEDC). The domains are physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge.

The AEDC report a summary indicator, on track on all 5 domains, which is the number and proportion of children assessed as being developmentally on track on all 5 domains of the AEDC.

developmentally vulnerable

Children who scored in the 10th percentile on one or more of the 5 domains of the Australian Early Development Census. The domains are physical health and wellbeing, social competence, emotional maturity, language and cognition skills, and communication skills and general knowledge.

disability

Umbrella term for impairments, activity limitations and participation restrictions, all of which can interact with a person's health condition(s) and environmental and/or individual factors to hinder their full and effective participation in society on an equitable basis with others. There are varying degrees of disability – from experiencing limitation in core activities (self-care, mobility, and/or communication) and/or restrictions in schooling or employment, to having no specific limitations or restrictions. Disability can be associated with genetic disorders, illnesses, accidents, ageing, injuries, or a combination of these factors.

Disability Employment Services

The Disability Employment Services (DES) program supports people with disability to prepare them to find – and keep – a job (includes help with resumé preparation and interview skills, in-workplace support for employers, and workplace modifications). It is the main [employment service](#) for people with disability, injury and/or health condition.

The DES program will be replaced by a new specialist disability employment program, called Inclusive Employment Australia. The new program is designed to help more

people with disability, injury, and/or a health condition to prepare for and find sustainable employment.

Disability Support Pension

Means-tested income support payment for people aged 16 and over but under Age Pension age (at claim) who have reduced capacity to work (in other words unable to work for 15 hours or more per week at or above the relevant minimum wage), because of their disability.

dischargee

A person aged at least 18 who is expected to be released from full-time prison custody during the data collection period, or due to be released within 4 weeks following the data collection period. People who were being transferred from one facility to another were not included as dischargees.

disposable income

Income after taxes and other essential costs are deducted from total income. See also [equivalised household income \(disposable or gross\)](#).

donation

Unconditional voluntary transfers of money, goods or services to community organisations, institutions, government entities, or individuals, in which the donating organisation is not expected to receive anything in return.

educational attainment

Defined by the Organisation for Economic Co-operation and Development 'as 'the highest grade completed within the most advanced level attended in the educational system of the country where the education was received'.

employed

People aged 15 and over who, during the reference week of the Australian Bureau of Statistics Labour Force Survey, worked for 1 hour or more for pay, profit, commission, or payment in kind in a job or business, or on a farm, or worked for 1 hour or more without pay in a family business or on a farm (contributing family workers). Includes employees who had a job but were not at work and were away from work for less than 4 weeks up to the end of the reference week, or away from work for more than 4 weeks up to the end of the reference week and received pay for some or all those 4 weeks. Also includes those away from work as a standard work or shift arrangement, on strike or locked out, on workers' compensation and expected to return to their job, or were employers or own account workers, who had a job, business or farm, but were not at work. This definition applies to the Australian Bureau of Statistics Labour Force Survey and may differ somewhat from definitions in other collections. Compare with [unemployed](#). See also [labour force](#).

employee households' living costs

The ABS Analytical Living Cost Indexes (ALCIs) account for the extent to which the impact of price change varies across different groups of households in the Australian population.

ALCIs are prepared for four types of Australian households. Households have been categorised based on the principal source of household income, derived from the 2015-16 Household Expenditure Survey (HES).

These include employee households, age pensioner households, other government transfer recipient households and self-funded retiree households.

The principal source of income for employee households consists of wages and salaries.

As an example, employee households allocate a higher proportion of their expenditure to Education and Insurance and financial services (which includes Interest charges) than the other household types. See [Selected Living Cost Indexes, Australia methodology-external site opens in new window](#) for more details.

employment placement

One of commonly reported Disability Employment Services (DES) outcomes, the number of employment placements refers to the number of DES employment (and, in some cases, education) placements where a person with disability has been placed in a job appropriate to their work capacity. The reported numbers refer to claims rather than people, since one person can have multiple employment placements within a reporting period.

employment rate

Number of employed persons expressed as a percentage of the civilian population in the same group. The denominator includes persons who are unemployed or not in the labour force. Also referred to as employment-to-population ratio.

Describes the number of employed people aged 15 and over as a proportion of the [civilian population](#). Employed people includes those who have a job (for at least 1 hour during the reference period). This could be full time, part time, or away from work during the reference period. The employment rate refers to the 'working age population', those aged 15–64. This age restriction has been applied as it is important to account for the size of the population when monitoring longer term trends in employment rates, given the growth in the population aged 65 and over in recent decades.

Despite increases to the qualifying age for Age Pension in recent years (from 65.5 on 1 July 2017 to 67 on 1 July 2023), the 'working age' population is defined as those aged 15–64 for consistency with previous reporting and for comparability across the reporting period (1978 to 2023).

employment services

The Australian Government funds employment services so that people receiving income support have access to support that will help them find and keep a job. The kinds of services typically included in employment services programs include:

- services that help individuals during their job search, such as helping to find jobs or writing resumés
- training programs aimed at helping to improve the employability of people who are unemployed
- services that help unemployed individuals start their own business
- work experience programs that place unemployed people in work-like activities (such as Work for the Dole) .

enrolled

Registration of a student at a training delivery location for the purpose of undertaking a program of study. The enrolment is considered valid only if the student has undertaken enrolment procedures, met their fee obligations, and has engaged in learning activity regardless of mode of delivery.

enrolment

Registration of a student at a training delivery location for the purpose of undertaking a program of study. The enrolment is considered valid only if the student has undertaken enrolment procedures, met their fee obligations, and has engaged in learning activity regardless of mode of delivery.

entrant

A person aged at least 18, entering full-time prison custody, either on remand (awaiting a trial or sentencing) or on a sentence. Prisoners who have been transferred from one prison to another are not included as entrants.

equivalised household income (disposable or gross)

Adjustment made to total household income to facilitate comparison of income levels between households of differing size and composition. An indicator of the economic resources available to a standardised household. For a lone-person household, equal to income received. For a household comprising more than one person, an indicator of the household income that a lone-person household would require to enjoy the same level of economic wellbeing as the household in question. Can be measured as gross (total) income, net (after tax) income, or disposable income (after taxes and other essential costs are deducted from total income).

excess mortality

The difference between the actual number, and the expected numbers, of deaths from all causes in a specific period. Expected deaths are deaths that would be anticipated under 'normal' conditions (for example, in the absence of the COVID-19 pandemic). Excess deaths are additional deaths above their normal or trend level.

family and domestic violence

Any violence between family members as well as current or former intimate partners. Can include acts of violence between a parent and a child. Family violence is the preferred term used to identify experiences of violence for First Nations people as it encompasses the broad range of extended family and kinship relationships in which violence may occur.

Family Tax Benefit

Income-tested government benefits to assist with the everyday costs of raising children.

fertility rate (total)

A commonly used summary measure for the number of children a woman is expected to have during her lifetime. This provides an indication of the number of children a woman would have during her life if she experienced the age-specific fertility rates for that year over her entire lifetime.

financial stress

Experience of financial stress refers to an inability to meet basic financial commitments because of a shortage of money, as derived from 7 financial stress factors. In the Household, Income and Labour Dynamics in Australia (HILDA) Survey, the self-completion questionnaire contains the following questions in each wave (except for wave 10): 'Since January [survey year] did any of the following happen to you because of a shortage of money?'

- Could not pay electricity, gas or telephone bills on time
- Could not pay the mortgage or rent on time
- Pawned or sold something
- Went without meals
- Was unable to heat home
- Asked for financial help from friends or family
- Asked for help from welfare/community organisations.

Respondents are asked to indicate which of the 7 events had occurred. At least one factor must be experienced for a person to be classified as in financial stress.

First Nations

Person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person.

First Nations households

A household that contains one or more [Aboriginal and/or Torres Strait Islander people](#). See also [other household](#).

First Nations people

People who have identified themselves or have been identified by a representative (for example, another household member, a parent or guardian), as being of Aboriginal and/or Torres Strait Islander origin.

flexible care (aged care)

An aged care stream that addresses people's needs, in either a residential or home care setting, in ways other than the care provided through the mainstream residential and home care programs.

Flexible care programs include [Multi-Purpose Services](#), the National Aboriginal and Torres Strait Islander Flexible Aged Care Program and Innovative Pool. Some publications also include transition care and short-term restorative care under the term "flexible care".

full-rate payment

Government payment received by an individual that is the full amount that may be received for that particular benefit type. Whether an individual is eligible for full- or part-payment is often determined based on whether the income they earn is below or above a certain threshold.

full-time employees

Employed people who usually worked 35 hours or more a week (in all jobs) and those who, although usually working fewer than 35 hours a week, worked 35 hours or more during the reference week of the Australian Bureau of Statistics (ABS) Labour Force Survey. Compare with [part-time worker](#).

full-time employment

a person who worked, or usually works 35 hours or more each week at the time of survey. This includes people who were employed in two or more part-time jobs and in total worked more than 35 hours.

full-time employment rate

The proportion of the total working age (15–64 years) population currently in full-time employment. The denominator includes persons who work in a less than full-time capacity, along with those who are unemployed or not in the labour force.

full-time workers

Employed people who usually worked 35 hours or more a week (in all jobs) and those who, although usually working fewer than 35 hours a week, worked 35 hours or more during the reference week of the Australian Bureau of Statistics (ABS) Labour Force Survey. Compare with [part-time worker](#).

gambling

Gambling/betting requires a player to risk losing something of value (usually money) for the chance of winning more. Gambling outcomes may depend on correctly predicting an uncertain outcome (such as a particular horse coming first in a race), or luck (such as a winning combination of symbols on a poker machine).

gambling-related harm

Adverse consequences which occur as a result of someone's gambling. Gambling-related harm can be divided into key areas: financial harm, relationship disruption, emotional or psychological distress, decrements to health, cultural harm, reduced work or study performance and criminal activity.

These harms can further be considered as general harms (which occur at any time), crisis harms, which are associated with attempts to seek help, and legacy harms, which occur long after gambling has ceased. Gambling-related harm can be experienced by other gambler and others close to them (affected others).

gender gap in feeling safe

The percentage point difference between women and men in the perception of safety in the community when walking alone a night.

Gini coefficient

Statistical measure of economic distribution, ranging from 0 to 1. Zero represents perfectly equal income distribution (all people have the same amount of money), while 1 represents perfectly unequal income distribution (one person has all available money).

greatest need (social housing)

Households in greatest need which is, at the time of allocation, either homeless or at risk of homelessness, in housing inappropriate to their needs, in housing placing them at risk or in housing with very high rental costs. These households are prioritised for placing in social housing.

greenhouse gases

Refers to the groups of gases that concentrate in the earth's atmosphere and absorb infrared radiation, not allowing heat to escape to outer space and generating what is known as the natural greenhouse effect.

gross domestic product (GDP)

Statistic commonly used to indicate national income. The total market value of goods and services produced within a given period after deducting the cost of goods and services used in the process of production, but before deducting allowances for the consumption of fixed capital.

health literacy

The ability of people to access, understand and apply information about health and the health care system, to make decisions that relate to their health.

home care (aged care)

Support and care services given to [older people](#) in their own homes. See also [Home Care Packages Program](#).

Home Care Packages Program

An Australian Government-funded aged care program which provides support and care to [older people](#) in their own homes. Services are offered in packages of care, which can consist of personal care and domestic support, as well as clinical and allied health services. There are 4 levels of care to support those with basic (Level 1), low (Level 2), intermediate (Level 3) and high (Level 4) care needs.

Home Care Packages were started in 2013, combining 3 previous programmes: Community Aged Care Package, Extended Aged Care at Home and Extended Aged Care at Home Dementia. The Home Care Packages Program transitioned to the Support at Home program on 1 July 2025. This new program will replace both the Home Care Packages Program and the Short-Term Restorative Care Programme.

home ownership

Household residing in a dwelling that at least one member of the household owns, with or without a mortgage.

home support (aged care)

Entry-level support for [older people](#) in their homes. See also [Commonwealth Home Support Programme](#).

homeless

A person living in non-conventional accommodation, sleeping rough, or staying in short-term or emergency accommodation due to a lack of other options.

See also [homelessness](#).

homelessness

There is no single definition of homelessness.

The Specialist Homelessness Services Collection defines a person as homeless if they are living in either:

- non-conventional accommodation or sleeping rough (such as living on the street)
- short-term or emergency accommodation due to a lack of other options (such as living temporarily with friends and relatives).

The Australian Bureau of Statistics (ABS) defines homelessness, for the purposes of the Census of Population and Housing, as the lack of one or more of the elements that represent home. According to the ABS, when a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate
- has no tenure, or if their initial tenure is short and not extendable
- does not allow them to have control of and access to space for social relations.

house price-to-income ratio

The nominal house price index divided by the nominal disposable income per head, using 2015 as the base year.

housing stress

Households spending more than 30% of their disposable household income on housing costs. The PolicyMod data uses disposable income for estimating housing stress rather than gross income as it provides a more reasonable comparison, given the low/no tax rate for low-income households compared with higher tax rate for high-income households.

housing tenure

Describes whether a household rents or owns an occupied dwelling, or whether it is occupied under another arrangement.

illicit drug use

Includes use of:

- any drug that is illegal to possess or use
- any legal drug used in an illegal manner, such as
a drug obtained on prescription, but given or sold to another person to use
glue or petrol which is sold legally, but is used in a manner that is not intended, such as
inhaling fumes
stolen pharmaceuticals sold on the black market (such as pethidine)
- any drug used for 'non-medical purposes', which means drugs used
either alone or with other drugs to induce or enhance a drug experience
for performance enhancement (for example, athletic)
for cosmetic purposes (for example, body shaping).

impairment

Loss or abnormality of psychological, physiological or anatomical structure or function.

income and asset testing

Tests to determine eligibility for government payments based on income and assets. Refer to definitions of [asset test](#) and [means tested](#).

income support payment

Sub-category of benefits paid by the Australian Government which are regular payments that assist with the day-to-day costs of living, which serves as a person's primary source of income.

income threshold

For the purposes of income support payments and other benefits, the income threshold is the amount a person can earn before their payment is reduced.

income unit

One person or a group of related persons within a household, whose command over income is shared, or any person living in a non-private dwelling who is in receipt of personal income.

Index of Relative Socio-economic Disadvantage

One of the set of Socio-economic Indexes for Areas for ranking the average socioeconomic conditions of the population in an area. Summarises attributes of the population such as low income, low educational attainment, high unemployment and jobs in unskilled occupations.

Indigenous status

Whether a person has identified themselves, or has been identified by a representative (for example, their parent or guardian), as being of Aboriginal and/or Torres Strait Islander origin.

inflation adjusted

An adjustment factor is applied to dollar values reported in previous years to align them with the value of a reference year (for example, 2024). This accounts for the effect of inflation, which decreases the value of money over time.

informal carer

Person who provides unpaid assistance or supervision to someone – usually family and friends – who needs help because of disability, physical or mental health condition, end-of-life health condition or old age, with assistance being ongoing, or likely to be ongoing, for at least 6 months.

In the Australian Bureau of Statistics Survey of Disability, Ageing and Carers, informal assistance may include instances where small amounts of money, or payments for expenses incurred, are paid to the carer by the person that they care for, or where assistance is received from family or friends who are living in the same household, whether or not the carer is paid.

informal volunteer

A person who provides unpaid help, in the form of time, skills or services outside a formal organisation or group, to non-household members. It can include providing assistance to a member outside of their household with errands, chores, transport,

childcare or providing emotional support and personal care. It excludes support provided only to family members living outside the household.

JobKeeper Payment

A fortnightly wage subsidy introduced by the Australian Government in March 2020, designed to support the economy during the COVID-19 pandemic by helping to keep businesses trading and people employed. Eligible organisations had to pay their employees the full JobKeeper amount (after tax) – regardless of whether an employee had undertaken any work – after which the organisation received the JobKeeper Payment from the Australian Tax Office.

JobSeeker Payment

Means-tested income support payment for working-age Australians (aged over 22 but under the [Age Pension](#) qualifying age) who are looking for work, participating in approved activities that may increase their chances of finding a job, or earning under the income threshold. Receipt of this payment is typically subject to asset tests and [mutual obligation requirements](#) (such as looking for work or engaged in activities that will assist with finding work in the future). In March 2020 this payment replaced [Newstart Allowance](#), consolidating it with several other payments (such as Sickness Allowance and Bereavement).

labour force

People employed or unemployed but actively looking for work during the reference week of the Australian Bureau of Statistics (ABS) Labour Force Survey. This definition applies to the ABS Labour Force Survey and may differ somewhat from the definitions in other collections. See also [not in the labour force](#).

labour force participation rate

For any group, the labour force (employed or unemployed) expressed as a percentage of the civilian population aged 15 and over in the same group.

life expectancy

A measure of how long a person is expected to live if the rest of their life follows the age and sex-specific mortality rates applicable to their respective year of birth. This is the expectation of the average years that a person lives at a specific age. In this report, 'life expectancy' refers to 'life expectancy at birth'.

living cost index

An index to account for different living expenses (prices) faced by different households and at different points of the income distribution. As an example, rises in living costs were more substantial for higher income households in 2022 mostly due to mortgage cost increases impacting higher income households more so than lower income households who are more likely to rent.

logistic regression

Logistic regression is a statistical method used to analyse and predict outcomes based on independent variables. Unlike linear regression, which predicts continuous values,

logistic regression is specifically designed for binary outcome variables. Therefore, the outcome variable falls into one of two categories (for example, 'yes' or 'no').

loneliness

A negative subjective appraisal of social relationships, arising when an individual perceives their social connections as insufficient in meeting their social needs.

longitudinal data

Data source that collects data from the same sample of subjects multiple times over a given time.

longitudinal data

Data source that collects data from the same sample of subjects multiple times over a given time.

long-term unemployment rate

Proportion of labour force that have been unemployed for 12 months or more.

looking for work

The proportions refer to the duration a currently unemployed person has been looking for work, not the length of time they have been 'unemployed' or the total length of 'spell' of unemployment.

low-risk gambling

Low-risk gambling is characterised by the experience of a low level of problems with few or no identified negative consequences. Low-risk gamblers have scores of one or two on the [Problem Gambling Severity Index](#).

mainstream employment service

Mainstream [employment service](#) programs include Workforce Australia Services, Workforce Australia Online and Transition to Work.

- **Workforce Australia:** is the Australian Government's key mainstream program to support individuals to find and keep a job, change jobs or create their own job. It includes an online service and a network of providers to deliver personalised support. In July 2022, Workforce Australia replaced jobactive as the mainstream employment services program.
- **Transition to Work:** aims to assist 15–24-year-olds into work (including apprenticeships and traineeships) or education through practical intervention and work experience.

mean

Average of a group of numbers. Calculated as the sum of all the values in a set of values, divided by the number of values in that set. Often used as a representative value of that set. See also [average](#).

means tested

Most social security payments are means-tested; a formal process used to determine eligibility for full or part payment based on whether a person's income from all sources (income, investments, assets) is below certain [income thresholds](#).

median

Midpoint of a list of observations ranked from smallest to largest.

mental distress

High or very high risk of mental distress based on risk categories derived from the Kessler Psychological Distress Scale (K10).

K10 is a scale measuring non-specific psychological distress (ABS 2001).

Available in The Household, Income and Labour Dynamics in Australia (HILDA) Survey for the years 2007, 2009, 2011, 2013, 2015, 2017, 2019, 2021 and 2023.

mental illness/mental health disorder

Range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people. Mental health disorders are diagnosed using certain criteria. They include depression, anxiety, substance use disorders, personality disorders and psychoses.

mental or behavioural condition

As defined in the Australian Bureau of Statistics (ABS) National Health Survey, and includes harmful use or dependence on alcohol and/or drugs, mood (affective) disorders, anxiety related disorders, problems of psychological development, organic mental disorders and other mental and behavioural conditions.

Also includes self-reported mental and behavioural conditions that are not based on any diagnostic screening tool. For more information, see [Comparing ABS long-term health conditions- external site opens in new window](#) data sources.

moderate-risk gambling

Moderate-risk gambling is characterised by the experience of a moderate level of problems from gambling, with some negative consequences, like spending more than you can afford, losing track of time or feeling guilty about your gambling. Moderate-risk gamblers have scores of 3 to 7 on the [Problem Gambling Severity Index](#).

Multi-Purpose Service

Services in regional, rural and remote areas, providing access to a mix of aged care, health, and community services.

mutual obligation requirements

Mutual obligations are designed to ensure that people receiving activity tested income support payments are actively looking for work and participating in activities that will assist them into employment. Mutual obligation requirements differ depending on the recipient's age, assessed work capacity and whether they are the primary carer of a

dependent child. Examples of mutual obligation requirements include accepting offers of suitable paid work, job search, attending appointments with employment services providers, and participating in approved education or training courses or programs.

net overseas migration

The net gain or loss of population through immigration to, and emigration from, Australia. It is measured by counting people who stay in Australia for 12 months or more over a 16-month period. This includes individuals on both permanent and temporary visas, as well as returning and departing Australian citizens.

Newstart Allowance

Means-tested income support payment for working-age Australians (aged over 22 but under the [Age Pension](#) qualifying age) who are looking for work, participating in approved activities that may increase their chances of finding a job, or earning under the income threshold. This payment was replaced by the [JobSeeker Payment](#) in March 2020.

nominal dollars

Dollar values reported for a particular year, unadjusted for inflation.

non-Indigenous

People who indicated they are not of Aboriginal and/or Torres Strait Islander origin.

non-remote areas

Regions that include major cities, inner regional centres and outer regional areas, defined in accordance to the Australian Statistical Geography Standard and characterised by a measure of relative geographic access to services measured using [Accessibility/Remoteness Index of Australia Plus \(ARIA+\)](#)- [external site opens in new window](#).

non-school qualification

Educational attainments other than those of pre-primary, primary and secondary education. Include qualifications at these levels: Post-graduate degree, Graduate Diploma and Graduate Certificate, Bachelor degree, Advanced Diploma and Diploma, and Certificates I, II, III and IV. Non-school qualifications may be attained concurrently with school qualifications. Also called post-school qualification.

not in the labour force

People not employed and not looking for work or about to begin work (unemployed). Includes retirees, students and people taking care of children or other family members among others. See also [labour force](#).

not potential workers

People who are not currently employed and do not want to work or are permanently unable to work.

not-for-profit

Organisations whose primary objective is something other than the generation of profit. Not-for-profit or community organisations range from sporting clubs and hobby groups to community centres, neighbourhood houses, traditional charities, health promotion organisations, aged care homes, disability support groups, etc.

older people

Generally defined as all people ([Aboriginal and/or Torres Strait Islander](#) and [non-Indigenous](#)) aged 65 and over, plus Aboriginal and/or Torres Strait Islander people aged 50–64.

Organisation for Economic Co-operation and Development (OECD)

An organisation of 38 countries, including Australia, that collaborate to develop, evaluate, and promote policies that will improve economic and social wellbeing through sustainable economic growth.

other household

A household in which nobody identified as being Aboriginal and/or Torres Strait Islander origin. May include people for whom information on Indigenous status was not available.

out-of-home care

Overnight care for children aged under 18 for which there is ongoing case management and financial payment (including where a financial payment has been offered but has been declined by the carer). See also family group homes, foster care, relative/kinship care, independent living, other out-of-home care, and residential care.

overcrowding

Situation in a dwelling when one or more additional bedrooms are required to adequately house its inhabitants, according to the [Canadian National Occupancy Standard](#). Compare with [underutilisation](#).

owner-occupier

A household in which at least one member owns the dwelling in which they reside, either with or without a housing mortgage on that dwelling.

Parenting Payment Partnered

Means-tested income support payment for partnered parents until their youngest child turns 6.

Parenting Payment Single

Means-tested income support payment for single parents where the youngest child is aged under 8. Single parents must satisfy part-time mutual obligation requirements of 30 hours per fortnight once their youngest child turns 6 (unless exempt; see [Partial Capacity to Work](#)).

Note, the May 2023 budget announced a change to expand the eligibility to include single parents with children aged under 14 years, which was implemented on 20 September 2023.

parenting payments

Means-tested income support payment for principal carers in recognition of the impact that caring for young children can have on a parent's capacity to undertake full-time employment. See also [Parenting Payment Single](#) and [Parenting Payment Partnered](#).

partial capacity to work

A person with a physical, intellectual or psychiatric impairment has a partial capacity to work if the impairment prevents them from working at least 30 hours per week at the relevant minimum wage or above, independently of a program of support, within the next 2 years. Work capacity is assessed for activity-tested payments, such as [JobSeeker Payment](#), [Parenting Payment Single](#) and [Youth Allowance \(other\)](#) Payment.

participation

The International Classification of Functioning, Disability and Health defines participation in terms of involvement in life situations, from basic learning and applying knowledge, through general tasks and demands, to domestic life, relationships, education and employment, and community life.

Partner Allowance

An allowance that provides income support for older partners of income support recipients who face barriers to finding employment because of their previous limited participation in the workforce. Partner Allowance has been closed to new entrants since 20 September 2003.

part-rate payment

Government payment received by an individual that is not the full amount that may be received for that particular benefit type. Whether an individual is eligible for full or part payment is often determined based on whether the income they earn is below or above a certain threshold.

part-time employment

People who worked, or usually work, less than 35 hours a week at the time of survey or census.

part-time employment rate

The proportion of the total working age (15–64 years) population currently in part-time employment. The denominator includes persons who work in a full-time capacity, along with those who are unemployed or not in the labour force.

part-time worker

Employed person who usually worked fewer than 35 hours a week (in all jobs) and did so during the reference week of the Australian Bureau of Statistics (ABS) Labour Force Survey or was not at work in the reference week. This definition applies to the ABS Labour Force Survey and may differ somewhat from definitions in other collections. Compare with [full-time worker](#). See also [employed](#).

philanthropy

The giving of money, time, information, goods and services, influence and voice to improve the wellbeing of humanity and the community.

PolicyMod

The Australian National University's (ANU) microsimulation model that effectively creates a new ABS Survey of Income and Housing (SIH) for each year beyond the base year (in this case 2019–20 SIH).

The results are only a simulation of income change. The simulation updates incomes using the best publicly available data, such as wages and employment, and also updates to social security and personal income taxation policy. The simulated data cannot be expected to accurately cover all changes in the economy and do not directly model behavioural change that may flow from policy change.

potential workers

People who are not currently employed and want to work.

preschool

Services licensed and/or funded by state or territory governments to deliver structured educational program services at a particular location. Comprises a structured educational program provided by a qualified teacher in various settings, usually aimed at children in the year before they start formal schooling. Programs can be delivered by a preschool or a centre-based day care service.

prevalence

The number or proportion (of cases, instances, and so forth) in a population at a given time. For example, in relation to cancer, refers to the number of people alive who had been diagnosed with cancer in a prescribed period (for example 1, 5, 10 or 26 years).

primary carer

Subgroup of informal carers who provide the majority of help or supervision that a person requires with core activities.

prison

Place administered and operated by a justice department, where individuals are detained while under the supervision of the relevant justice department on a pre-sentence or sentenced detention episode.

prisoner

A person (aged 18 and over) held in custody whose confinement is the responsibility of a correctional services agency. Includes sentenced prisoners and prisoners held in custody awaiting trial or sentencing (remandees).

Does not include youth offenders, persons in psychiatric custody, police cell detainees, those in periodic detention, asylum seekers or Australians held in overseas prisons.

Problem Gambling Severity Index (PGSI)

A Canadian screening tool for use in community settings (Ferris and Wynne 2001). It has been adapted for use in Australia and is commonly used in Australian studies to assess problem gambling prevalence and also as a self-assessment tool ([take the quiz- external site opens in new window](#)).

problem/high risk gambling

Problem gambling is characterised by difficulties in limiting money and/or time on gambling, which leads to adverse consequences for the person gambling and often others in the community. Problem gamblers have scores of 8 or more on the [Problem Gambling Severity Index](#). In this topic summary problem gambling has been labelled as 'high-risk gambling'.

purchasing power parities

Rates of currency conversion that try to equalise the purchasing power of different currencies, by eliminating the differences in price levels between countries.

qualifying age (Age Pension)

Age at which a person becomes eligible to receive Age Pension (subject to income, asset and residency requirements).

The age has changed over time and depends on a person's date of birth. Between 1 July 2013 and 30 June 2017, the age pension age was 65 years. From 1 July 2017, the qualifying age increased to 65 years and 6 months, and increased by 6 months every 2 years to reach 67 years by 1 July 2023.

quintile

Group derived by ranking a population according to specified criteria (for example, income) and dividing it into 5 equal parts. Can also mean the cut-points that make these divisions – that is, the 20th, 40th, 60th and 80th percentiles – but the first use is the more common one. Commonly used to describe socioeconomic groups based on socioeconomic position. Also used to describe income groups.

Each income quintile represents 20% of the population, with quintile 1 representing the lowest income group and quintile 5 representing the highest income group.

rate

One number (numerator) divided by another (denominator), to indicate relative presence of the numerator. The numerator is commonly the number of events in a specified, time, or a population of interest. The denominator is the population "at risk" of the event, or the population that the population of interest is compared to. Rates are generally multiplied by a large number, such as 1,000 or 100,000, to create whole numbers.

real wages

Real wages refer to wages that have been adjusted for inflation (for example, using the Consumer Price Index). Accounting for inflation when reporting on trends in wages is important to determine if wage increases are actually improving workers' ability to afford goods and services or just keeping up with rising costs. Inflation may cause individuals to be worse off if nominal wages growth does not keep pace with inflation.

recipient (aged care)

Any person who received care and support, either in their own home or in a residential aged care facility.

remote areas

Regions that include remote and very remote areas, defined in accordance to the Australian Statistical Geography Standard and characterised by a measure of relative geographic access to services measured using [Accessibility/Remoteness Index of Australia Plus \(ARIA+\)](#)- [external site opens in new window](#).

remoteness area

Classification that divides each state and territory into several regions based on their relative accessibility to goods and services (such as general practitioners, hospitals and specialist care) as measured by road distance. These regions are based on the Accessibility/Remoteness Index of Australia and defined as Remoteness Areas by the Australian Standard Geographical Classification (before 2011) or the Australian Statistical Geographical Standard (from 2011 onwards) in each Census year.

replacement-level fertility

The number of babies a female would need to have over her reproductive life span to replace herself and her partner. Given that not all babies survive to reproductive age and babies are more likely to be male, replacement fertility is around 2.1 babies per woman in most advanced economies.

residency requirements

Requirements for a person to be a citizen or hold certain visas in order to be eligible for particular government benefits.

residential aged care

A service where older people who can no longer live independently receive accommodation, personal care, and access to nursing and healthcare services in a supervised environment, such as an Australian Government-approved aged care home. Services include accommodation (bedding and other furnishings, meals, laundry, social activities), personal care (bathing, showering, toileting, dressing, eating, moving about), and nursing and allied health services if required. Residential aged care can be provided on a permanent basis, or a short-term basis for respite or emergency support.

residential aged care facility

Facilities that provide Australian Government-funded [residential aged care](#) either on a permanent or short-term ([respite](#)) basis to people. The service must meet specified standards in the quality of the built environment, care and staffing levels in accordance with the Aged Care Act 1997. Some people refer to these services as 'nursing homes'.

respite (aged care)

An alternative care arrangement for dependent people living in the community, giving people – or their carers – a short break from their usual care arrangements. Friends, family, or the community may provide informal respite. Formal respite services are provided by [residential aged care facilities](#) and by the [Commonwealth Home Support Programme](#).

retirement

People who have previously worked for 2 weeks or more, have retired from work, or from looking for work, or are not intending to look for, or take up, work. This definition applies to the Australian Bureau of Statistics Labour Force Survey and may differ somewhat from definitions in other collections.

risk factor

Any factor that represents a greater risk of a health disorder or other unwanted condition or event. Some risk factors are regarded as causes of disease, other are not necessarily so.

school attendance (rate)

Number of actual full-time equivalent student days attended by full-time students as a percentage of the total number of possible student attendance days attended over the period.

secondary carer

Subgroup of informal carers who provide care with at least one of the core activities, for at least one hour per week, however they do not provide the most care (i.e. they are not the primary carer).

severe or profound disability

Limitation where a person always (profound) or sometimes (severe) needs help with one or more core activities (self-care, mobility and/or communication), has difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication.

severely crowded dwelling

Dwelling that requires four or more extra bedrooms to accommodate the usual residents of that dwelling, according to the [Canadian National Occupancy Standard](#). This definition applies to the Australian Bureau of Statistics Census and may differ somewhat from definitions in other collections. See also [overcrowding](#).

sexual assault

Sexual act carried out against a person's will through the use of physical force, intimidation or coercion, including any attempts to do this. Includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, and penetration by objects, forced sexual activity that did not end in penetration and attempts to force a person into sexual activity. These acts are an offence under state and territory criminal law.

social housing

Rental housing funded or partly funded by government and owned or managed by the Australian Government or a community organisation and let to eligible persons. See also [social housing programs](#).

social housing programs

Australian Government programs to fund, or partly fund, rental housing, where the housing is owned or managed by the government or a community organisation.

Australia has four main social housing programs:

- public rental housing
- state owned or managed Indigenous housing
- mainstream community housing
- Indigenous community housing.

social isolation

State of having minimal contact with others; the absence of social interactions.

social security

The social security system and payments aim to encourage self-reliance and provide for a minimum acceptable standard of living, with payments targeted to people who do not have the means to support themselves. Payments are administered by Services Australia to those unable to work, those pursuing post-school learning, families with the cost of raising dependent children, and rental costs.

socioeconomic disadvantage

A rank of relative socioeconomic advantage and disadvantage by geographic area based on data from the Census. Measured using the Australian Bureau of Statistics (2021) Socio-Economic Indexes for Areas (SEIFA).

Special Benefit

An income support payment for people who are not eligible for other income support payments and experiencing financial hardship due to reasons beyond their control, such as not meeting age or residency requirements of payments.

specialist disability services

Services provided under the National Disability Insurance Scheme, as well as a range of other government services for people with disability so they can access the support and services they need for an enhanced quality of life and to participate as valued members of the community.

specialist homelessness services

Assistance provided by a specialist homelessness agency to a client aimed at responding to or preventing homelessness. Includes accommodation provision, assistance to sustain housing, domestic/family violence services, mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, other specialist services and general assistance and support.

student attendance rate

Number of actual full-time equivalent student days attended by full-time students as a percentage of the total number of student attendance days attended over the period.

student payments

Range of Centrelink payments available to support people who are studying or undertaking an apprenticeship. It is focused on means-tested income support payments, including [Youth Allowance \(student or apprentices\)](#), [ABSTUDY \(Living Allowance\)](#) and [Austudy](#) (for those aged 25 and over). Student payments are subject to other eligibility criteria, including personal, parental and partner income tests.

substantiated notification (child protection)

Substantiations of notifications received during the current reporting year refer to child protection notifications made to relevant authorities between 1 July and 30 June of the relevant financial year, which were investigated and the investigation was finalised by 31 August, and where it was concluded that there was reasonable cause to believe that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed.

Substantiation does not necessarily require sufficient evidence for a successful prosecution and does not imply that treatment or case management was provided. Substantiations may also include cases where there is no suitable caregiver, such as children who have been abandoned or whose parents are deceased.

superannuation

Money set aside over a person's lifetime to provide for their retirement. Can be accessed when a person reaches eligible age (between 55 and 60, depending on year of birth) and retires, or when they turn 65. Access can be through pension payments or a lump sum.

survey data collection

Data set that results from sampling individual units from the population. No sample will ever be fully representative of the population, but if carefully designed and implemented, samples will be highly representative for drawing conclusions about characteristics of the whole population.

suspended from payments

An income support payment can be suspended due to changes in circumstances that affect eligibility or if a recipient does not meet their [mutual obligation](#) or participation requirements.

sustained employment outcome

One of commonly reported Disability Employment Services (DES) outcomes, the number of sustained employment outcomes refers to the number of DES placements that were kept (sustained) for a period of at least 13, 26, or 52 weeks (referred to as 13-, 26-, and 52-week outcomes). The reported numbers refer to claims rather than people, since one person can achieve multiple sustained employment outcomes within a reporting period.

tenure type

Circumstances in which a household resides in a dwelling that is owned outright or with a mortgage, rented privately, or part of a social housing program or some other tenure type.

tertiary education

In Australia, tertiary education can be broadly categorised as higher education or vocational education and training (VET). Higher education is generally delivered in a university setting, leading to a Bachelor, Masters or Doctoral degree. VET focuses on delivering skills and knowledge for a specific industry, leading to Certificate and Diploma qualifications. It is delivered by registered training organisations such as technical and further education institutions.

trend terms:

The Australian Bureau of Statistics (ABS) defines a trend series as a seasonally adjusted series that has been further adjusted to remove irregular effects and 'smooth' out the series to show the overall 'trend' of the data over time.

The ABS considers that trend estimates provide a more reliable guide to the underlying direction of the data, and are more suitable than either the seasonally adjusted or original estimates for most business decisions and policy advice (see [Labour Force, Australia methodology- external site opens in new window](#)).

underemployed

Employed persons aged 15 and over who want, and are available for, more hours of work than they have. Comprises: people employed part time who want to work more hours and are available to start work with more hours, either in the reference week or in the 4 weeks after the survey; or persons employed full time who worked part-time hours in the reference week (fewer than 35 hours) for economic reasons (including being stood down or insufficient work being available). This definition applies to the Australian Bureau of Statistics Labour Force Survey and may differ somewhat from definitions in other collections.

underemployment rate

Number of underemployed workers expressed as a percentage of the labour force.

Describes the proportion of the population aged 15 and over in the labour force who are underemployed. Underemployed is defined as those who are either:

- employed part time who want to work more hours and are available to start working more hours within the next 4 weeks or
- employed full time but worked fewer than 35 hours during the survey reference week for economic reasons (including being stood down or insufficient work being available).

underutilisation

A situation where a dwelling contains one or more bedrooms surplus to the needs of the household occupying it, according to the [Canadian National Occupancy Standard](#).

unemployed

People aged 15 and over who were not employed during the reference week of the Australian Bureau of Statistics Labour Force Survey, and had actively looked for work in the previous 4 weeks and were available for work in the reference week, or were waiting to start a new job within 4 weeks of the end of the reference period and could have started had it been available. This definition applies to the Labour Force Survey and may differ somewhat from definitions in other collections. Compare with [employed](#).

unemployment payments

Benefits or payments available to working-age people (aged 16 and over but under the [Age Pension](#) qualifying age) looking for work or earning under the income threshold, including [Youth Allowance \(other\)](#), [JobSeeker Payment](#) and [Newstart Allowance](#) (ceased 20 March 2020). Individuals receiving these payments are required to be looking for work or be engaged in activities that will help them find work in the future (such as volunteering or training) – these are known as mutual obligation requirements.

university qualification

Bachelor degree or post-graduate qualification at a university.

vocational education and training (VET)

VET focuses on delivering skills and knowledge for a specific industry, leading to Certificate and Diploma qualifications. It is delivered by registered training organisations such as technical and further education institutions.

volunteer

A person who willingly provides unpaid help, in the form of time, service or skills, to an organisation or group excluding work done overseas.

Wage Price Index (WPI)

The Wage Price Index (WPI) measures changes in the price of labour (that is, wage rates). This measure is compiled using hourly rates of pay for a sample of employee jobs and is therefore not affected by compositional shifts in employment.

The WPI presented on this page refers to the Total Hourly Rates of Pay excluding Bonuses Index, including overtime and irregular payments. The WPI covers total hourly rates of pay and is therefore unaffected by the quality and quantity of work performed.

Please refer to the ABS [Wage Price Index, Australia methodology- external site opens in new window](#) for more details.

wagering

All legal forms of gambling on racing, sporting events and other approved events (for example, elections). Wagering includes all the racing and sports betting activities.

Widow Allowance

Widow Allowance provides income support for older working age women who lose the support of a partner and face barriers to finding employment because of limited participation. Access to Widow Allowance is restricted with new grants only being made available to women who were born on or before 1 July 1955.

working age population

Generally refers to people aged 15–64 years.

Youth Allowance (other)

Means-tested income support payment for young people aged 16–21 who are looking for work, temporarily unable to work, or undertaking approved activities. Qualifying for this payment is subject to a parental income test unless the young person is considered independent.

Youth Allowance (student and apprentices)

Means-tested income support payment for full-time students and Australian Apprentices aged 16–24.

youth justice system

youth justice system: The set of processes and practices for managing children and young people who have committed, or allegedly committed, an offence.

zero rate of payment

An income support payment can be reduced to \$0 if the recipient remains qualified for the payment (including meeting the employment qualifications) but their ordinary income exceeds certain thresholds. Income includes their own and their partner's income. Nil rate is another term to describe zero rate.