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Appendix 2: Key survey sources and data reports

Commissioned analyses

Analysis of poverty using the ABS survey of income and housing costs (details are provided in the technical notes in appendix 4)

Analysis of Victorian data from the Healthy Neighbourhoods School Survey

The Healthy Neighbourhoods Project was a large study undertaken in 2006 to look at the health and wellbeing of children and teenagers across Victoria, Queensland and Western Australia. Communities stratified by socioeconomic status and urban/rural location were randomly selected to take part in the project. During 2006, over 3500 young people in Years 6 and 8 were surveyed from 10 urban and eight rural local government areas across Victoria and these data were used to produce the analysis for this report.

The Healthy Neighbourhoods School Survey (HNSS) consisted of a computer-based questionnaire and the measurement of height, weight, blood pressure and pulse rate. The questionnaire was designed to provide information on rates of health and social problems experienced by young people and, in addition, provide information on the risk and protective (influencing) factors that predict these problems (see appendix 3). The aim of the project was to examine whether the causes of common adolescent health and behaviour problems (including mental illness, substance abuse, unhealthy weight, school and conduct problems) vary across different socioeconomic strata.

The commissioned analysis of HNSS Victorian data provides important information for this report about the health and wellbeing of young people (aged 11–13) as a whole, and by subgroup (age, gender, ATSI status, language spoken at home, urban/rural location and socioeconomic status). The sample was weighted according to its location and socioeconomic status so that the data estimated a representative sample of young people from the Victorian population.

Healthy Neighbourhoods was funded by a three-year grant from the Australian National Health and Medical Research Council (NHMRC). The researchers are based at the Murdoch Childrens Research Institute at the Royal Children's Hospital (Vic.), Griffith University (Qld), the Telethon Institute for Child Health Research (WA) and Curtin University of Technology (WA).

Participation rates of Victorian young people and sample sizes for all subgroups are provided below:

### Participation rates

<table>
<thead>
<tr>
<th>Year level</th>
<th>Number</th>
<th>Consent forms returned N (%)</th>
<th>Parent consent N (%)</th>
<th>Survey complete N (%)</th>
<th>Measurements complete N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>3468</td>
<td>2437 (70)</td>
<td>2211 (64)</td>
<td>2057 (59)</td>
<td>1963 (57)</td>
</tr>
<tr>
<td>8</td>
<td>4162</td>
<td>2222 (53)</td>
<td>1950 (47)</td>
<td>1751 (42)</td>
<td>1648 (40)</td>
</tr>
<tr>
<td>Total</td>
<td>7630</td>
<td>4659 (61)</td>
<td>4161 (55)</td>
<td>3808 (50)</td>
<td>3611 (47)</td>
</tr>
</tbody>
</table>

### Sample sizes

<table>
<thead>
<tr>
<th>Age</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>20</td>
<td>1049</td>
<td>1782</td>
<td>884</td>
<td>22</td>
<td>3757</td>
</tr>
<tr>
<td>(%)</td>
<td>(0.5)</td>
<td>(27.9)</td>
<td>(47.4)</td>
<td>(23.5)</td>
<td>(0.6)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (%)</td>
<td>1852</td>
<td>1941</td>
<td>3,793</td>
</tr>
<tr>
<td></td>
<td>(48.8)</td>
<td>(51.2)</td>
<td></td>
</tr>
</tbody>
</table>

---

*The main reasons for non-participation were (a) failure to return consent form, (b) absence from school on the day of the survey and (c) parental non-consent.*

*It should be noted that some students did not answer every question or participate in both parts of the survey.*

*Due to the small number of students who were 10 and 14 years of age, the results of the analysis by age are limited to those aged 11–13 years.*
The On Track survey is an annual telephone survey of Year 12 completers and early leavers in Victoria. School leavers from the previous year are contacted between April and May and destinations data are collected on two basic dimensions: education and training; and employment and occupation.

The On Track survey is designed to provide a valuable tool for guiding program policies both at the government and school level and at a local or regional level. The program enables schools to monitor how their students fare in a context of rapid labour market change and complex educational pathways. It is thus possible for schools to see, for example, how many exiting students are working, but also undertaking training, and how many are in tertiary study, but also have a job. On Track also collects background information on students, so that the destinations of particular subgroups can be considered such as those of Indigenous students. Transition differences between regions in Victoria are also documented in this report. This information is valuable not only for schools, but also for the Local Learning and Employment Networks (LLEN), regions, VET providers (particularly TAFE institutes) and for government agencies.

The On Track data were analysed by a research team in the Centre for Post-Compulsory Education and Lifelong Learning at the University of Melbourne for the then Victorian Department of Education (DOE). In 2006 a total of 32,343 responses (representing a response rate of 66.5 per cent of all Year 12 or equivalent completers) were included in the analysis.

The Victorian Secondary School Students use of Licit and Illicit Substances in 2005
The Australian Secondary Students Alcohol and Drug (ASSAD) survey is a triennial secondary school-based survey that monitors the use of tobacco, alcohol and other substances among adolescents in Australia. The most recent survey was conducted in 2005 and used a representative sample of over 20,000 secondary school students in years 7-12 across Australia.

This survey report relates to the Victorian data collected by this survey in 2005 that involved the collaboration of the Victorian Department of Human Services, the Cancer Council of Victoria and the Commonwealth Department of Health and Ageing.

Up to 80 students were surveyed from each school in a representative sample of 69 secondary schools (including government, Catholic and independent). The results represent the responses of a total of 4552 male and female students aged 12–17.
The Victorian Youth Alcohol and Drugs Survey (VYADS)

The Victorian Youth Alcohol and Drugs Survey (VYADS) measures the use of, and attitudes towards, alcohol and illicit drugs by young people in Victoria aged 16–24. The latest VYADS survey took place in 2004 with 6005 interviews conducted.

The 2004 sample consisted of young people aged 16–24 living in private dwellings in metropolitan and non-metropolitan Victoria. No homeless or institutionalised persons were included in the survey. Computer assisted telephone interviewing (CATI) using randomly selected telephone numbers from electronic white pages listings was undertaken between November 2004 and January 2005. Stringent privacy measures were in place for the survey and no identifying information was collected about respondents or their friends. Telephone numbers were stripped from the data set immediately after fieldwork was completed.

Victorian Population Health Survey

The Victorian Population Health Survey (VPHS) is an important component of the population health surveillance responsibilities of the Victorian Department of Human Services. The annual survey series is a computer-assisted telephone interview on the health of Victorians aged 18 and over.

Telephone interviewing was undertaken between August and December 2005 for the 2006 report. Approximately 7500 interviews were completed during the fieldwork period with a representative statewide sample of adults aged 18 years or over from each of the eight departmental health regions.

The survey samples were obtained from random samples generated from the electronic white pages. It should be noted that this form of sample selection – while useful for locating addresses of residence – is known to exclude certain people including those with silent numbers, those with unlisted mobile phones and those without telephones such as the homeless, those in institutional care and some people with disabilities. This bias needs to be considered when reviewing the results.

The 2006 report presents information on health and lifestyle, including physical activity, smoking, alcohol consumption, intake of fruit and vegetables, selected health screening, adult obesity, asthma and diabetes prevalence, psychological distress and social networks. Information from this report is compared with selected data items for the 2001 to 2004 surveys.

Community Indicators Victoria Survey

Community Indicators Victoria aims to establish a sustainable Victorian approach to the development and use of local community wellbeing indicators, with the purpose of improving citizen engagement, community planning and policy making. CIV has been developed to present and report on the wellbeing of Victorians using an integrated set of community wellbeing indicators. These indicators refer to a broad range of measures designed to identify and communicate economic, social, environmental, democratic and cultural trends and outcomes. It is a collaborative project, funded by VicHealth and hosted by the McCaughey Centre, School of Population Health, at the University of Melbourne. The McCaughey Centre works in partnership with a wide range of government, community, and academic organisations.

The 2007 CIV survey was administered to selected households at random using random digit dialling. Approximately 24,000 Victorians completed the CATI survey. Postcode localities of respondents were confirmed to ensure that the sample included 300 respondents aged 18 years or older in each of the 79 Victorian LGAs. Interviewing was conducted from late January until early April in 2007.

Respondents were asked to answer questions on their health, life satisfaction, transport issues, arts participation, personal safety, citizen engagement, cultural diversity, water conservation, employment, food security and general household demographics. The survey questionnaire was developed by CIV in consultation with key stakeholders. Standard and validated questions were used wherever possible such as those used in previous ABS surveys.
National surveys

**National Aboriginal and Torres Strait Islander Health Survey 2004-05**
The 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) is the largest health survey of Indigenous Australians conducted by the ABS. The sample size was 10,439 people (or about one in 45 of the total Indigenous population). This survey, which was conducted in remote and non-remote areas throughout Australia, was designed to collect a range of information from Indigenous Australians about health-related issues including health status, risk factors and actions, and socioeconomic circumstances.

The survey aims were to provide broad information about the health of Indigenous Australians at the national and state/territory levels and to allow for the relationships across the health status, risk factors and health-related actions of Indigenous Australians to be explored. The survey facilitates comparisons over time in the health of Indigenous Australians and provides comparisons with results for the non-Indigenous population.

**National Survey of Secondary Students and Sexual Health**
The National Survey of Secondary Students and Sexual Health has been conducted every five years throughout Australia since 1992. The latest survey was conducted in 2002 and involved 2388 young people (55 per cent young women) from Years 10 and 12 in all states and territories. For the first time students from both the Catholic and Independent school systems have been included in the survey. The surveys are designed to inform educational policy and practice within the domain of sexual health.

**National Nutrition Survey (1995)**
The National Nutrition Survey was conducted on a sub-sample of respondents from the 1995 National Health Survey from February 1995 to March 1996. Information was collected for approximately 13,800 people aged two years and over from urban and rural areas in all states and territories.

**The NSW Schools Physical Activity and Nutrition Survey (SPANS)**
The NSW Schools Physical Activity and Nutrition Survey (SPANS) conducted in 2004 is a key initiative in the Prevention of Obesity in Children and Young People: NSW Government Action Plan 2003–2007. Almost 5500 school-aged students in NSW participated in the survey, which was conducted to determine the prevalence of overweight and obesity in children and young people as well as fitness, physical activity, sedentary behaviours, food habits, and risk factors for chronic disease.

**The YouthSCAN bi-annual survey of young people**
Quantum Market Research has carried out a bi-annual YouthSCAN survey since 1992. This national survey focuses on young people aged 10–17. The survey provides a valuable source of data in relation to young people's views and their engagement with their families and their communities. It is important to note that this is a small-scale survey of 1000 young people, including only 300 Victorian young people. Nevertheless the data provide some useful insights into change across a considerable time span (1992 to 2007).

**The Exercise, Recreation and Sport Survey (ERASS)**
ERASS is a joint initiative of the Australian Sports Commission and state and territory departments of sport and recreation. The annual survey was first conducted in 2001.

ERASS collects information on the frequency, nature and type of activities of persons aged 15 years and over for exercise, recreation and sport participation during the 12 months prior to interview. Participation means active ‘playing’ participation and does not include coaching, refereeing and spectating or activities related to work or household chores.

The scope of the survey is all persons aged 15 years and over living in occupied private dwellings (excludes people in special dwellings such as hospitals, hotels, nursing homes and so on).

The total participation rate in physical activity for exercise, recreation and sport does not reflect the number of people who are physically active on a regular basis. The frequency and duration data provide an indication of the number of people who are regularly active.
In 2006, AC Nielsen Research completed the fieldwork, and supplied the data tables provided in the ERASS report. The report was then prepared by AC Nielsen Research for the Australian Sports Commission in consultation with the states and territories.

All interviews were conducted using AC Nielsen’s computer-assisted telephone interviewing (CATI) system. The sample design was a random survey stratified by each participating state and territory. The sample was selected from the electronic white pages and one person was randomly selected per dwelling to complete the interview (based on the last birthday method).

The total sample of records used to produce estimates for 2006 was 13,710 and the overall response rate was 42 per cent.

The questionnaire covers three main areas:

- Physical activity for exercise, recreation and sport over the past 12 months — identifying up to 10 different types of activities participated in over the last 12 months, and for each type of activity determining whether it was organised by a club or association, the type of club or association and the number of times that activity was engaged in.
- Physical activity for exercise, recreation and sport over the past two weeks — of the three activities respondents participated in most over the 12 months before interview, identifying the frequency and duration of participation in these three activities during the two weeks prior to interview. This section was first added in 2005 and was again collected in 2006.
- Demographics — covers sex, age, marital status, number and age of children, educational qualifications, employment status, Indigenous status, language spoken at home and postcode.


Key data reports

**Young Australians: their health and wellbeing**

“Young Australians: their health and wellbeing 2007” is the third national statistical report on young people in Australia and was produced by the Children, Youth and Families Unit at the AIHW, assisted by funding from the Australian Government Department of Health and Ageing.

The report uses a set of key indicators of health and wellbeing of young people, and brings together the most up-to-date national data from a variety of sources on the health status of young Australians aged 12–24 and the factors influencing their health. Information is presented on self-assessed health status, disability, injury, mental health, chronic disease, communicable diseases, hospitalisations and mortality. Factors influencing health addressed in this report include family and community environments, environmental factors, socioeconomic factors including education, employment and income and health behaviour such as weight, physical activity, nutrition and substance use.

This report also includes a special section on the health and welfare of Aboriginal and Torres Strait Islander young people. Timely, comprehensive and accurate information on these factors will enable the formulation of appropriate and effective policies and interventions to achieve long-term health and wellbeing for young people.

**Profile of young Australians: facts, figures and issues (Pitman et al. 2003)**

The Profile of Young Australians provides information about the status and wellbeing of young Australians aged 12–24. The report was published by The Foundation for Young Australians in 2003 and draws on a wide range of data including 2001 Census data, administrative data collected by the AIHW and by government departments and survey data relating to the wellbeing of young people. The report presents a national profile, but also includes state and territory data. Data are also presented in comparative form between age groups and genders, and rural remote and urban locations, and by Indigenous status and across time.
Child Protection Australia
This report is prepared annually by the AIHW and is based on state/territory data on child protection notifications, investigations and substantiations, children on care and protection orders and children in out-of-home care. Most of the data in this report covers the current financial year, although data on trends in child protection are also included. Each state and territory has its own legislation, policies and practices in relation to child protection, which accounts for some of the differences between jurisdictions in the data provided. Australian totals have not been provided for those data that are not comparable across the states and territories.

Juvenile Justice in Australia
Responsibility for juvenile justice rests at state and territory level and there is marked diversity in the legislation, policy and practices among jurisdictions. The age when young people are considered juveniles or adults by the justice system, key policy directions, diversionary options, possible court outcomes, and specific programs and services available to young people are all areas of variation throughout Australia. The AIHW has worked with the Australasian Juvenile Justice Administrators (AJJA) to develop nationally consistent data on one part of this system, juvenile justice supervision.

This report is based on two data collections of the Juvenile Justice National Minimum Data Set (NMDS):

- young people under juvenile justice supervision
- juvenile justice episodes (supervision periods).

These data, which include both community-based and detention-based supervision, are collected by the AIHW from the departments in each state and territory with particular responsibility for juvenile justice. The data in this report cover the period 2005 to 2006.
Appendix 3: The risk and protective factors framework

Risk factors are characteristics of school, community, and family environments, and characteristics of students and their peer groups, that are known to independently predict increased likelihood of harmful drug use, crime, violent behaviour, school dropout and mental health problems among youth (Hawkins, Catalano & Miller 1992, Hawkins, Arthur & Catalano 1995, Bond, Thomas, Toumbourou, Patton & Catalano 2000, Brewer, Hawkins, Catalano & Neckerman 1995, Lipsey & Derzon 1998). For example, children who live in disorganised communities with high rates of crime and drug use are more likely to become involved in crime and drug use than are children who live in areas that have low rates of these problems.

Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that children and young people will develop health and social problems. Protective factors identified through research include strong bonding to family, school, community and peers, and healthy beliefs and clear standards for behaviour. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behaviour. According to the social development model (Catalano & Hawkins 1996) three conditions must be present in communities, neighbourhoods, schools, families and peer groups for young people to develop strong bonds to these social units:

- **opportunities** for active contribution and involvement in these units
- **skills** to be successful in meeting the opportunities they encounter
- **consistent recognition** or reinforcement for their efforts and accomplishments.

Strong bonds to community, family, school, and peers that have healthy beliefs and set clear standards for behaviour are essential for healthy development.

Research on risk and protective factors has important implications for children's success across a wide range of areas including education, positive youth development, and prevention of health and social problems such as drug abuse, crime, sexual risk taking and mental illness. In order to promote wellbeing, educational success and positive youth development and to prevent developmental problems, it is necessary to create healthy social environments by addressing the local factors that predict these outcomes.

By measuring young people's experience of the risk and protective factors within their community, specific factors that are elevated and widespread can be identified and targeted by policies, programs and actions shown to reduce those risk factors and to promote protective factors. Prevention activities are likely to be most successful where they work in a coordinated way to improve conditions for healthy youth development over many years. In work being conducted by the Centre for Adolescent Health the application of similar risk and protective factors has been demonstrated to be of value in supporting a range of prevention targets including sexual risk taking and mental health. By pooling the knowledge, experience and resources of planners from crime prevention, substance abuse prevention, health and mental health promotion a more coordinated and integrated local prevention strategy can emerge.
Risk and protective factors

Responses to items on the HNSS addressing risk and protective factors were integrated into the scales developed previously by Bond et al. (2000). Student responses were coded according to whether or not their answers indicated that the risk or protective factor applied in their life. The role these factors play in healthy youth development and examples of the types of questions in each of the scales presented in this report are given below.

**Protective factors**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Factor</th>
<th>Description</th>
<th>Example question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community domain</td>
<td>Community opportunities for prosocial involvement</td>
<td>When opportunities for positive participation are available in a community, children are more likely to become bonded to the community. Example question: 'Which of the following activities for people your age are available in your community? Sports teams, scouts/guides, youth groups, community service.'</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community rewards for prosocial involvement</td>
<td>Recognition for positive participation in community activities helps children bond to the community, thus lowering their risk for problem behaviour. Example question: 'My neighbours notice when I am doing something well and let me know.'</td>
<td></td>
</tr>
<tr>
<td>Family domain</td>
<td>Family attachment</td>
<td>Young people who feel strongly bonded to their family are less likely to engage in substance use and other problem behaviour. Example question: 'Do you feel very close to your mother?'</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family opportunities for prosocial involvement</td>
<td>When parents, siblings, and other family members praise, encourage, and recognise things done well by their child, children are more likely to develop strong bonds to the family. Example question: ‘How often do your parents tell you they’re proud of you for something you’ve done?’</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family rewards for prosocial involvement</td>
<td>When parents, siblings, and other family members praise, encourage, and recognise things done well by their child, children are more likely to develop strong bonds to the family. Example question: ‘How often do your parents tell you they’re proud of you for something you’ve done?’</td>
<td></td>
</tr>
<tr>
<td>School domain</td>
<td>School opportunities for prosocial involvement</td>
<td>When young people are given more opportunities to participate meaningfully in the classroom and school, they are more likely to develop strong bonds of attachment and commitment to school. Example question: ‘In my school, students have lots of chances to help decide things like class activities and rules.’</td>
<td></td>
</tr>
<tr>
<td></td>
<td>School rewards for prosocial involvement</td>
<td>When young people are recognised for their contributions, efforts, and progress in school, they are more likely to develop strong bonds of attachment and commitment to school. Example question: ‘My teachers praise me when I work hard in school.’</td>
<td></td>
</tr>
</tbody>
</table>
### Risk factors

<table>
<thead>
<tr>
<th>Community domain</th>
<th>Low community attachment</th>
<th>Neighbourhoods where residents report low levels of bonding to the neighbourhood have higher rates of juvenile crime, violence and drug use. Example question: ‘I’d like to get out of my neighbourhood.’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community disorganisation</td>
<td>Neighbourhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime have higher rates of juvenile crime, violence and drug use. Example question: ‘How much do you agree with the following statements? There are fights in my neighbourhood.’</td>
<td></td>
</tr>
<tr>
<td>Personal transitions and mobility</td>
<td>Young people without stability and strong personal relationships are more likely to use drugs and become involved in anti-social behaviours. Example question: ‘Have you moved house in the past year (past 12 months)?’</td>
<td></td>
</tr>
<tr>
<td>Community laws/norms favourable to substance use</td>
<td>Communities where laws regulating alcohol and other drug use are poorly enforced have higher rates of youth alcohol and drug use, violence, and delinquency. Further, rates of youth alcohol and drug use and violence are higher in communities where adults believe it is normative or acceptable for minors to use alcohol or other drugs. Example question: ‘How wrong would most adults in your neighbourhood think it is for kids your age to drink alcohol?’</td>
<td></td>
</tr>
<tr>
<td>Perceived availability of drugs</td>
<td>The availability of cigarettes, alcohol, marijuana, and other illegal drugs is related to a higher risk of drug use and violence among adolescents. Example question: ‘How easy would it be for you to get marijuana?’</td>
<td></td>
</tr>
<tr>
<td>Family domain</td>
<td>Poor family management</td>
<td>Parents’ use of inconsistent and/or unusually harsh or severe punishment with their children places the children at higher risk for substance use and other problem behaviour. Example question: ‘The rules in my family are clear.’</td>
</tr>
<tr>
<td>Family conflict</td>
<td>Children raised in families high in conflict are at risk for violence, delinquency, school dropout, teen pregnancy, and drug use. Example question: ‘We argue about the same things in my family over and over again.’</td>
<td></td>
</tr>
<tr>
<td>Family history of anti-social behaviour</td>
<td>Children from families with a history of problem behaviours (e.g. crime, violence or alcohol or drug abuse or dependence) are more likely to engage in these behaviours. Example question: ‘Has anyone in your family ever had a severe alcohol or drug problem?’</td>
<td></td>
</tr>
<tr>
<td>Parental attitudes favourable to drug use</td>
<td>In families where parents are tolerant of their children’s alcohol or drug use, children are more likely to become drug abusers. The risk is further increased if parents involve children in their own drug or alcohol using behaviour; for example, by asking the child to light the parent’s cigarette or get the parent a beer from the refrigerator. Example question: ‘How wrong do your parents feel it would be for you to smoke cigarettes?’</td>
<td></td>
</tr>
<tr>
<td>Parental attitudes favourable to anti-social behaviour</td>
<td>In families where parents are tolerant of their children’s misbehaviour, including violent and delinquent behaviour, children are more likely to become involved in violence and crime during adolescence. Example question: ‘How wrong do your parents feel it would be for you to pick a fight with someone?’</td>
<td></td>
</tr>
<tr>
<td>School domain</td>
<td>School failure</td>
<td>Beginning in the late primary school years (years 4-6), children who fall behind academically for any reason are at greater risk of drug abuse, school dropout, teenage pregnancy and violence. Example question: ‘Putting them altogether, what were your marks like last year?’</td>
</tr>
<tr>
<td>Low commitment to school</td>
<td>Factors such as not liking school, spending little time on homework, and perceiving coursework as irrelevant are predictive of drug use, violence, delinquency and school dropout. Example question: ‘Now, thinking back over the past year in school, how often did you try to do your best work in school?’</td>
<td></td>
</tr>
</tbody>
</table>

Source: Williams 2007
Appendix 4: Technical notes on poverty analysis conducted by NATSEM for the Victorian Office for Children

Notes provided by Alicia Payne, NATSEM
August 2007

Data
This analysis of poverty uses Confidentialised Unit Record File (CURF) data from the ABS Survey of Income and Housing Costs (SIH). The most recent available release is for 2003–04. The releases for 2002–03, 2000–01, 1999–2000 and 1997–98 have also been analysed. Each release includes three CURF files, one each for persons, income units and households. In the household file, for example, each record in the data set is one household. These results reflect the releases of the CURFs current as of August 2007.

Each household is given a ‘weight’ that is used to produce estimates for the whole population. The weight, created by the ABS and included in the dataset, represents the estimated number of similar households in Australia. For example a household weight of 400 means that it is estimated that the record represents 400 households in terms of characteristics. For more detailed information on weights refer to the technical paper for each release, available from the ABS website.

As this study analyses poverty at the household level, most information used is from the household level files, however some information about people’s characteristics has been drawn from the person and income unit files also. While household level income is the basis for this study, poverty rates are based on the percentage of people in households defined as being in poverty. As households differ in size, reporting the total number of people in such households gives a better representation of poverty than the percentage of households.

The following table shows the sample sizes of unweighted households for Australia and Victoria for each of the CURFs used.

Table 1 Unweighted sample sizes for SIH CURFs

<table>
<thead>
<tr>
<th>Survey of Income and Housing CURF households</th>
<th>Australia, total number of households</th>
<th>Australia, number of households in poverty</th>
<th>Victoria, total number of households</th>
<th>Victoria, number of households in poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003–04</td>
<td>11,361</td>
<td>1525</td>
<td>2385</td>
<td>341</td>
</tr>
<tr>
<td>2002–03</td>
<td>10,210</td>
<td>1584</td>
<td>2066</td>
<td>319</td>
</tr>
<tr>
<td>2000–01</td>
<td>6786</td>
<td>956</td>
<td>1400</td>
<td>188</td>
</tr>
<tr>
<td>1999–2000</td>
<td>6637</td>
<td>900</td>
<td>1383</td>
<td>185</td>
</tr>
<tr>
<td>1997–98</td>
<td>7025</td>
<td>743</td>
<td>1467</td>
<td>136</td>
</tr>
</tbody>
</table>

Analysing poverty
The analysis of poverty and the various methodological approaches to it are the subject of ongoing debate between researchers and commentators, with no general consensus being reached on the ‘best’ way to measure poverty. There has in recent years, however been a move towards analysing poverty at the household, rather than income unit level. It is now recommended by the ABS that household income be used as the basis for an analysis of income distribution. A key reason for this is that young people who live at home, although not dependent on their parents, may benefit from the income of their parents. While two parents and a non-dependent child who live together would be two income units, they would be one household for the purposes of the survey. Thus it is currently perceived that household income better represents living standards than income unit income (see ABS 2007, 6523.0).
This study is an analysis of relative income poverty, as it defines ‘poverty’ as having a household income below a certain point relative to the income distribution of the whole population. This poverty line has been set at half the median OECD equivalent household disposable income. The median is calculated by ranking persons by their household income, as the number of persons in households is not evenly distributed across the income distribution. Using this method, people living in households with income less than half the equivalised household income of all Australians are deemed to be in poverty. Setting income poverty at 50 per cent of the median equivalised disposable income is currently the most widely accepted definition of income poverty in Australia (see, for example, Marks 2007, Saunders & Bradbury 2006).

**Income measure**

The measure of income used as the basis for this study is current weekly household disposable (after tax) income as recorded in the surveys. Some incomes in the survey are recorded as negative (for example for some households with business income).

In the 2003–04 CURF the ABS took a new approach to collecting information on business and investment income. This could impact on the way total disposable income is calculated for the year, and thus it is not clear how reliable comparisons between income in 2003–04 and earlier years are. The possible impact of this change will become clearer as later surveys are released. See the 2003–04 SIH CURF Technical Paper for more detail (ABS 2007, 6540.0.00.001).

**Equivalising income**

In order to compare household incomes with the aim of capturing a representation of standards of living, incomes are equivalised to account for the different needs of different household types. For example a single person household with a weekly disposable income of $800 is likely to enjoy a higher living standard than a couple with two children sharing the same income. Equivalence scales give ‘points’ to each adult and child in the household, and then the household’s disposable income is divided by the sum of these points so that incomes can be compared across different types of households.

Various equivalence scales are used to analyse income poverty. This study uses the OECD equivalence scale. The OECD scale assigns the following values:

- First adult = 1
- Other adults = 0.5
- Dependent children under 15 years of age = 0.3

Therefore the equation used to determine the equivalence scale is as follows:

\[ \frac{(1 + 0.5 \times \text{number of adults} - 1) + 0.3 \times \text{number of dependent children}}{2.1} \]

with 2.1 being the number of ‘points’ allocated to a ‘standard’ household of 2 adults and 2 dependent children.

The division of the household’s ‘points’ by 2.1 (the ‘standard’ family) means that the poverty line (half the median equivalised household disposable income) represents the level of income below which this standard family would be classified as being in poverty, and that all other household type incomes have been made comparable to this. Therefore the poverty lines shown in table 2 were set for each of the years, and can be quoted as the poverty line for a couple with two children under 15.
Table 2 Half-median OECD equivalent household disposable income poverty lines for a household with two adults and two dependent children under 15

<table>
<thead>
<tr>
<th>Year</th>
<th>Equivalent dollars for the given year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003–04</td>
<td>$518.49</td>
</tr>
<tr>
<td>2002–03</td>
<td>$471.92</td>
</tr>
<tr>
<td>2000–01</td>
<td>$436.58</td>
</tr>
<tr>
<td>1999–2000</td>
<td>$401.10</td>
</tr>
<tr>
<td>1997–98</td>
<td>$369.69</td>
</tr>
</tbody>
</table>

Note: The dollar amounts cannot be ‘compared’ between years because they have not been adjusted to reflect a particular year’s dollars. They reflect the survey year dollars.

For the purposes of the equivalence scale, dependants under 15 have been included as ‘dependent children’ and given a value of 0.3, while dependent children 15–24 have been counted as adults and given a value of 0.5.

Further details about equivalence scales are provided in Greenwell, Lloyd and Harding (2001).

References


## Appendix 5: 2006 Victorian electoral enrolment statistics (young people aged 18–24)

### Total electors aged 18–24

<table>
<thead>
<tr>
<th>District</th>
<th>Total electors aged 18–24</th>
<th>Electors aged 18–24 who voted (percentage)</th>
<th>Total electors</th>
</tr>
</thead>
<tbody>
<tr>
<td>367,200</td>
<td>90</td>
<td>* refers to numbers of people in the age bracket who are currently enrolled</td>
<td></td>
</tr>
</tbody>
</table>

### Districts with Elector Data

<table>
<thead>
<tr>
<th>District</th>
<th>Total electors aged 18–24</th>
<th>Electors who voted aged 18–24 (percentage)</th>
<th>Total electors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert Park District</td>
<td>3156</td>
<td>80%</td>
<td>43,926</td>
</tr>
<tr>
<td>Altona District</td>
<td>4550</td>
<td>92%</td>
<td>41,888</td>
</tr>
<tr>
<td>Ballarat East District</td>
<td>4311</td>
<td>88%</td>
<td>37,648</td>
</tr>
<tr>
<td>Ballarat West District</td>
<td>5109</td>
<td>89%</td>
<td>41,283</td>
</tr>
<tr>
<td>Bass District</td>
<td>3728</td>
<td>90%</td>
<td>39,847</td>
</tr>
<tr>
<td>Bayswater District</td>
<td>4299</td>
<td>92%</td>
<td>36,321</td>
</tr>
<tr>
<td>Bellarine District</td>
<td>3986</td>
<td>90%</td>
<td>40,888</td>
</tr>
<tr>
<td>Benalla District</td>
<td>3185</td>
<td>87%</td>
<td>35,788</td>
</tr>
<tr>
<td>Benambra District</td>
<td>4120</td>
<td>86%</td>
<td>35,224</td>
</tr>
<tr>
<td>Bendigo East District</td>
<td>5048</td>
<td>89%</td>
<td>38,000</td>
</tr>
<tr>
<td>Bendigo West District</td>
<td>4371</td>
<td>86%</td>
<td>39,557</td>
</tr>
<tr>
<td>Bentleigh District</td>
<td>3410</td>
<td>93%</td>
<td>37,250</td>
</tr>
<tr>
<td>Box Hill District</td>
<td>4262</td>
<td>91%</td>
<td>37,970</td>
</tr>
<tr>
<td>Brighton District</td>
<td>3546</td>
<td>87%</td>
<td>36,932</td>
</tr>
<tr>
<td>Broadmeadows District</td>
<td>4349</td>
<td>89%</td>
<td>36,713</td>
</tr>
<tr>
<td>Brunswick District</td>
<td>3967</td>
<td>86%</td>
<td>39,734</td>
</tr>
<tr>
<td>Bulleen District</td>
<td>3903</td>
<td>94%</td>
<td>34,692</td>
</tr>
<tr>
<td>Bundoora District</td>
<td>3926</td>
<td>92%</td>
<td>35,354</td>
</tr>
<tr>
<td>Burwood District</td>
<td>4060</td>
<td>91%</td>
<td>38,284</td>
</tr>
<tr>
<td>Camberwell District</td>
<td>3751</td>
<td>91%</td>
<td>39,516</td>
</tr>
<tr>
<td>Caulfield District</td>
<td>3567</td>
<td>85%</td>
<td>36,491</td>
</tr>
<tr>
<td>Clayton District</td>
<td>3588</td>
<td>91%</td>
<td>33,398</td>
</tr>
<tr>
<td>Cranbourne District</td>
<td>4796</td>
<td>90%</td>
<td>40,541</td>
</tr>
<tr>
<td>Dandenong District</td>
<td>3990</td>
<td>90%</td>
<td>34,489</td>
</tr>
<tr>
<td>Demiut District</td>
<td>3936</td>
<td>91%</td>
<td>35,906</td>
</tr>
<tr>
<td>Doncaster District</td>
<td>3841</td>
<td>92%</td>
<td>35,524</td>
</tr>
<tr>
<td>Eltham District</td>
<td>5441</td>
<td>93%</td>
<td>38,242</td>
</tr>
<tr>
<td>Essendon District</td>
<td>4040</td>
<td>90%</td>
<td>37,601</td>
</tr>
<tr>
<td>Evelyn District</td>
<td>4964</td>
<td>92%</td>
<td>37,693</td>
</tr>
<tr>
<td>Ferntree Gully District</td>
<td>4962</td>
<td>93%</td>
<td>40,994</td>
</tr>
<tr>
<td>Footscray District</td>
<td>3282</td>
<td>89%</td>
<td>37,293</td>
</tr>
<tr>
<td>Forest Hill District</td>
<td>3790</td>
<td>93%</td>
<td>36,669</td>
</tr>
<tr>
<td>Frankston District</td>
<td>3996</td>
<td>90%</td>
<td>35,465</td>
</tr>
<tr>
<td>Geelong District</td>
<td>4586</td>
<td>87%</td>
<td>39,307</td>
</tr>
<tr>
<td>Gembrook District</td>
<td>4624</td>
<td>91%</td>
<td>38,722</td>
</tr>
<tr>
<td>Gippsland East District</td>
<td>3410</td>
<td>86%</td>
<td>39,024</td>
</tr>
<tr>
<td>Gippsland South District</td>
<td>3985</td>
<td>89%</td>
<td>37,314</td>
</tr>
<tr>
<td>Hastings District</td>
<td>4762</td>
<td>90%</td>
<td>39,913</td>
</tr>
<tr>
<td>Hawthorn District</td>
<td>4694</td>
<td>88%</td>
<td>38,017</td>
</tr>
<tr>
<td>Ivanhoe District</td>
<td>3897</td>
<td>91%</td>
<td>37,162</td>
</tr>
<tr>
<td>Keilor District</td>
<td>6131</td>
<td>93%</td>
<td>46,060</td>
</tr>
<tr>
<td>Kew District</td>
<td>4197</td>
<td>91%</td>
<td>36,049</td>
</tr>
<tr>
<td>Electoral District</td>
<td>Enrolled Population</td>
<td>% Enrolled</td>
<td>Total Enrolled Population</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------</td>
<td>------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Kilsyth District</td>
<td>4526</td>
<td>92%</td>
<td>38,358</td>
</tr>
<tr>
<td>Kororoit District</td>
<td>4439</td>
<td>91%</td>
<td>38,186</td>
</tr>
<tr>
<td>Lara District</td>
<td>4747</td>
<td>89%</td>
<td>40,485</td>
</tr>
<tr>
<td>Lowan District</td>
<td>3817</td>
<td>90%</td>
<td>38,181</td>
</tr>
<tr>
<td>Lyndhurst District</td>
<td>4339</td>
<td>91%</td>
<td>36,605</td>
</tr>
<tr>
<td>Macedon District</td>
<td>5279</td>
<td>92%</td>
<td>42,700</td>
</tr>
<tr>
<td>Malvern District</td>
<td>3964</td>
<td>87%</td>
<td>37,452</td>
</tr>
<tr>
<td>Melbourne District</td>
<td>4839</td>
<td>83%</td>
<td>38,853</td>
</tr>
<tr>
<td>Melton District</td>
<td>5281</td>
<td>91%</td>
<td>38,693</td>
</tr>
<tr>
<td>Mildura District</td>
<td>3620</td>
<td>86%</td>
<td>36,320</td>
</tr>
<tr>
<td>Mill Park District</td>
<td>5208</td>
<td>94%</td>
<td>38,365</td>
</tr>
<tr>
<td>Mitcham District</td>
<td>3488</td>
<td>92%</td>
<td>36,374</td>
</tr>
<tr>
<td>Monbulk District</td>
<td>4498</td>
<td>92%</td>
<td>36,262</td>
</tr>
<tr>
<td>Mordialloc District</td>
<td>3852</td>
<td>91%</td>
<td>39,249</td>
</tr>
<tr>
<td>Mornington District</td>
<td>3547</td>
<td>90%</td>
<td>36,934</td>
</tr>
<tr>
<td>Morwell District</td>
<td>4597</td>
<td>89%</td>
<td>36,667</td>
</tr>
<tr>
<td>Mount Waverley District</td>
<td>3845</td>
<td>92%</td>
<td>36,604</td>
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<td>Mulgrave District</td>
<td>3830</td>
<td>92%</td>
<td>33,982</td>
</tr>
<tr>
<td>Murray Valley District</td>
<td>3666</td>
<td>87%</td>
<td>36,739</td>
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<tr>
<td>Narracan District</td>
<td>4338</td>
<td>90%</td>
<td>38,846</td>
</tr>
<tr>
<td>Narre Warren North District</td>
<td>5170</td>
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<td>5485</td>
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<td>45,871</td>
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<td>Nepean District</td>
<td>2551</td>
<td>88%</td>
<td>36,451</td>
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<td>Niddrie District</td>
<td>3624</td>
<td>93%</td>
<td>36,148</td>
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<td>Northcote District</td>
<td>3118</td>
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<td>38,584</td>
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<td>Oakleigh District</td>
<td>2982</td>
<td>90%</td>
<td>34,478</td>
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<td>3463</td>
<td>89%</td>
<td>38,591</td>
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<td>4176</td>
<td>89%</td>
<td>40,403</td>
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<tr>
<td>Prahran District</td>
<td>3255</td>
<td>81%</td>
<td>38,332</td>
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<tr>
<td>Preston District</td>
<td>3362</td>
<td>91%</td>
<td>37,858</td>
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<tr>
<td>Richmond District</td>
<td>3307</td>
<td>84%</td>
<td>38,941</td>
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<td>Ripon District</td>
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<td>90%</td>
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<td>38,112</td>
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<td>Thomastown District</td>
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<td>Yan Yean District</td>
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<td>93%</td>
<td>41,083</td>
</tr>
<tr>
<td>Yuroke District</td>
<td>5576</td>
<td>93%</td>
<td>41,502</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>367,200</strong></td>
<td><strong>90%</strong></td>
<td><strong>3,353,845</strong></td>
</tr>
</tbody>
</table>

* refers to people in that age bracket who are currently enrolled
** total number of enrolled people in electorate
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Introduction


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