

The Institutional Population of Australia: 1976-1991. Report of a Feasibility Study

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SOCIAL POLICY RESEARCH CENTRE

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The Institutional Population of Australia: 1976 -1991

Report of a Feasibility Study

by

Michael Fine, Sara Graham
and George Matheson



THE UNIVERSITY OF
NEW SOUTH WALES

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Foreword

Welfare programs for particular groups in Australian society have changed dramatically since the 1970s when the policy of deinstitutionalisation for the mentally ill was first considered. Since then there has been an increased use of programs of community care for the elderly and people with disabilities, combined with diversion programs for those taken into custody. All of these affect the size of the population who are maintained in institutions of various kinds.

Yet despite these developments, those living in institutions are often excluded from sample surveys conducted by the Australian Bureau of Statistics and other agencies and are thus not covered in much of the data which is used to inform social policy research and analysis in this country. There is an information gap here which needs to be filled and this report is one step in that process.

The Social Policy Research Centre has been concerned with policies and programs such as the Home and Community Care program, programs for the homeless and income support for families with a child with a disability at home, but to date the subject of those remaining in institutions has not been a particular research interest at the Centre.

This study, commissioned by the Department of Human Service and Health (DHS) as part of the Centre's DHS portfolio research program, looks at available data on the population remaining in institutions. The institutions covered in the feasibility study vary greatly in nature, from hospitals to prisons. Their populations are also very different, ranging from children to the aged and from those forcibly held to those seeking care. There is not at this time a single, comprehensive source of information which can provide either an overview of the institutionalised population or details about specific sections of it.

This study begins to overcome this deficiency by presenting descriptive data using a number of demographic variables and then looks at changes over time for some of the most significant of those characteristics. The information is taken from the available sources of data which include both Australian Bureau of Statistics collections and other administrative collections made on an Australia-wide basis.

Hopefully, this report will provide a statistical basis for researchers who have an interest in assessing the direct and indirect effects of policy changes relating to the institutional population. It should also indicate, to those who collect the data, where there are gaps and what other information could be collected to provide a clearer picture of the current situation and allow changes to be monitored.

Peter Saunders
Director

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1 The Institutional Population of Australia: Some Conceptual and Methodological Issues

1.1 Introduction

In the 1970s, concerns about the overly important place of assistance provided in institutional settings became a major theme in discussions of welfare provision in Australia. These have since been expressed in a number of ways: through programs associated with the deinstitutionalisation of different groups of vulnerable people, such as those who are developmentally delayed or mentally ill; through the promotion of community care for older people and people with disabilities; through the introduction of community treatment orders and diversion programs for those in custody; through improved assessment and admission procedures to better match provision to need; and through efforts to improve the quality of life and the effectiveness of the care or management of those who reside in institutions.

Given this interest, it is perhaps surprising that there is relatively little detailed information about the population residing in institutions or the extent to which its size and characteristics have changed over time. This is not to say that information is not kept on this population. Quite the reverse. Administrative records of residents and inmates are scrupulously kept by most institutions. In some instances, such as hospitals and nursing homes, these are regularly collated for a variety of purposes. However, the information is not consistent between institutional types and indeed often differs between institutions of the same type. Furthermore, there is no uniform methodology used for its collection, holdings are dispersed and, in some cases, inaccessible. As a consequence it is not possible to bring the information together in a form which enables those with an interest in this area to gain a comprehensive picture of the overall population or of different sections of it. Nor is it possible to monitor trends in the institutional population as a whole from these records, or to compare their characteristics with those of the general population. What is clearly needed is a consistent and comprehensive body of data on those in institutions against which change can be measured and through which speculated trends can be tested against the evidence. This would also serve to provide a more complete picture of the total population of Australia and its distribution than is available presently, covering both those residing in private households and those in residential institutions.

The purpose of this study is to examine the feasibility of using existing data sources to develop such a picture. The remainder of this introductory chapter is dedicated to two tasks. Firstly, it is appropriate to consider in more detail what it is that we mean, in this context, by the term 'institution', and why it is that these facilities are of interest to social policy. Thereafter, we outline the nature of our data sources and

consider their strengths and limitations, prior to presenting an overview of what is to follow in our analyses.

1.2 Conceptual Issues

What Are Institutions?

The term 'institution' is often used rather pejoratively to indicate a large scale residential setting in which residents or inmates are segregated from the ordinary life of the community for varying lengths of time for the purpose of care, treatment or custody. This notion of the institution, intuitive and colloquial as it might seem, is actually similar to the way in which such entities are defined in much of the social policy literature. Thus Jones and Fowles (1984: 206) observe that for social policy analysts, the term 'institution' denotes 'residential establishments such as prisons and hospitals, particularly large establishments with long-stay populations.'

Institutions in this sense have long been of interest to social theorists and researchers. From Talcott Parsons' theoretical writings on mental hospitals as social systems to Michel Foucault's historical studies of prisons and asylums as part of modernity's structure of 'governmentality', with Peter Townsend's reform-oriented empirical research into old-age homes en route, institutions have exercised the imaginations of an enormously varied collection of social scientists (Parsons, 1957; Foucault, 1973, 1977; Townsend, 1962).

From the sociological and psychological literature any number of definitions of an institution may be discerned. Perhaps the most widely cited, however, is that of Irving Goffman, who suggested that the central features of what he called a 'total institution' were that:

First, all aspects of life are conducted in the same place and under the same single authority. Second, each phase of the members daily activity is carried on in the company of a large batch of others, all of whom are treated alike and required to do the same thing together. Third, all phases of the day's activities are tightly scheduled, with one activity leading at a prearranged time into the next, the whole sequence of activities being imposed from above by a system of explicit formal rulings and a body of officials. Finally, the various enforced activities are brought together in a single rational plan purportedly designed to fulfil the official aims of the institution (Goffman, 1968: 16)

Although this all embracing definition is not without its difficulties (Fine, 1984), Goffman has clearly been influential in developing an awareness of the nature and problems of institutions. He and others have pointed out their common elements and dramatised their detrimental social and psychological effects. However, in doing

this, Goffman paid insufficient attention to the variety and range of institutional forms and the heterogeneity of institutional populations. In this report we hope to be able to go some way in pointing to the character and diversity of these populations.

Why the Interest in Institutions?

Recognition of the detrimental effects of institutional living on the lives of those intended to benefit has been an important catalyst for policy reforms in which alternative forms of provision have been sought. Whilst Goffman and others emphasised the role of institutions in making their inmates dependent, critics often failed to recognise adequately that dependency might well precede admission.

Public interest in institutions has, however, also been prompted by their costs and cost efficiency. For the cost of supporting a single person in an institution, it has often been argued that it is possible to support several people in a non-institutional setting. Furthermore, despite their high cost, it is frequently argued that these settings provide ineffectual treatment regimes, are detrimental to the rehabilitative process, and often have the unintended effect of compounding the problem they are designed to solve (Jones and Fowles, 1984).

Yet, despite these negative attributions and their changing fortunes, institutions have a durability and a continuity which suggest that the security they offer both the residents inside and the populations outside, provides a much needed service. It is difficult to deny that institutions provide, and are likely to continue to provide, for people with intractable problems which cannot be adequately managed elsewhere. Without making any judgements about the legitimacy of institutions, it is certainly worth identifying the dimensions and features of their populations, with the eventual aim of comparing them, for demographic and planning purposes, with those outside institutions. Setting aside policy considerations, this is a population deserving of attention in its own right, even though historically it has been segregated, stigmatised and for demographic purposes, often discounted.

1.3 Rationale for the Study

Over this century, institutions have tended to become specialised in terms of their clientele, each kind having developed to cater for a distinctive area of need. Given their history, as workhouses, almshouses and asylums, it is not surprising that the populations of institutions continue to be regarded as, in some respects, homogeneous. At the same time, one would expect that the population of any single institutional setting would vary in its composition in much the same way as a non-institutional population. A knowledge of the demographic features of these populations should enable us to identify the degree to which each reflects or differs from the general population.

A knowledge of the characteristics of the institutional population is also important for the development of social policies. Institutional populations nowadays are

primarily comprised of those who are consumers rather than generators of resources. Their needs and capacities vary greatly. Since most of the institutionalised population relies heavily on government funding, a systematic account of it may contribute to an understanding of the resources required to meet its needs and the options that exist for planning future developments. The study of the institutional population becomes all the more important in the light of the rapid ageing and other foreseeable changes in the demographic characteristics of the population which are occurring side by side with policies which promote deinstitutionalisation and community care. Although the focus of the present study is upon empirical description rather than on theory development or the prescription of policy, the development of social policies on institutionalisation and its alternatives can only benefit from an awareness of the structure and dynamics of this section of the population.

1.4 Methodology

The principal source of data for this study is the five-yearly Census of Population and Housing conducted by the Australian Bureau of Statistics (hereafter ABS). Using a single methodology, it provides a standardised data set which enables the construction of the most comprehensive picture available on the population of Australia, including the institutional population.

The national census is conducted by the ABS in order to measure the number and key characteristics of people and dwellings on census night 'to support the planning, administration, policy development and evaluation activities of governments and other users' (ABS, 1988: 1).

This study uses data from four censuses, 1976, 1981, 1986 and 1991, to describe the institutional population over a period which many would argue represents a turning point in the development of welfare policies. The report describes the limitations of the census data, compares the census figures with the most closely comparable administrative data and suggests how further research in this area might be undertaken.

To identify the institutional population, as enumerated in the census, it has been necessary to develop an operational definition of institutions which is based upon those categories employed by the ABS. Accordingly, the term 'institutional population' is used here to refer to those people living in 'non-private dwellings', as defined by the ABS, which are **specifically dedicated to the care, treatment or custody of individuals on a residential basis**. We acknowledge that this description is somewhat problematic and is often applied in a rather arbitrary, if common sense, manner. It is difficult, for example, to know where a small scale institution ends and a 'normal' residence begins. Is, for example, a boarding house or a group home an institution or an ordinary residential dwelling? Can a hospital, in which most of the patients are only temporarily housed, be regarded as a residential institution?

In order to use the ABS definitions, it has been necessary to put aside these concerns for the time being. The following institutions have been included in this review:

General and Acute Hospitals, both public and private;

Psychiatric Hospitals and Institutions, including psychiatric units or wards of approved general hospitals;

Hostels for the Disabled, including institutions for handicapped children and homes for the 'deaf, dumb and blind';

Nursing Homes, both public and private, including nursing homes which are part of hospitals;

Homes for the Aged, including hostels and self care units that are part of a larger complex such as a retirement village;

Shelters for the Homeless, which include night shelters, halfway houses for homeless people and refuges;

Corrective Institutions for Children, catering for the detention and reform of child offenders below 18 years of age;

Prisons and Detention Centres for Adults; and

Other Institutions, which provide residential and health related care or treatment, but which were not allocated by the ABS to any of the above categories (ABS, 1986a).

Information relating to other residences classified by the ABS as 'non-private dwellings' such as motels, hotels, defence establishments, schools, boarding houses and guest houses, has been excluded from consideration as being outside the scope of this study, not being dedicated to care, treatment or custody. Group homes are also excluded from the ABS data on non-private dwellings as they are considered to be 'private dwellings'.

The ABS data are made available in a number of forms: as published tables in various census publications, as tables on microfiche, floppy disk and magnetic tape, and as unit records in one per cent sample files. In addition, customised tables and data matrices can be produced by the ABS on request. In this report, we make use of census data provided in the form of published tables on microfiche, for 1976, 1981 and 1986. In the absence of comparable published data from the 1991 census, data was purchased from the ABS in the form of customised matrices.

The census suffers from certain well recognised limitations. For example, it relates to only one night in each five years. Inevitably, therefore, it does not permit some of the most interesting issues associated with institutions, for example, length of stay and rate of turnover, to be addressed. Short stays in hospital for example, are

indistinguishable from much more stable, long term arrangements, such as found in prisons or orphanages.

The snapshot picture the census provides is unavoidably restricted in its detail and, for our purposes, the published data on non-private dwellings suffers from particular shortcomings¹. For example, it does not cover the full range of variables used to describe people in private dwellings. Nor does it provide any descriptive information on the dwellings themselves. In contrast, the information published on private dwellings includes such relevant items as the number of bedrooms, people per bedroom and the type of dwelling. Thus, for private dwellings one is able to relate people and their living circumstances. Regrettably, in the case of non-private dwellings, this is not possible.

It is also extremely important to bear in mind that personal details of the residents of institutions are in many cases provided by proxy which, as the ABS itself recognises, can result in 'information which is less accurate than most other census variables' (ABS, 1988: 60). In addition, there have been changes over time in the categorisation of various institutions, which can lead to difficulties in determining trends in the institutional population. Anomalies in the data have been identified throughout the report but we have tried to limit our speculation as to the causes of these.

1 In this context, we are grateful for the following comments from the ABS which we reproduce here in full.

Availability of data on persons enumerated in non-private dwellings

All persons enumerated in Non-Private Dwellings are asked the same questions as persons enumerated in Private Dwellings, with the sole exception of the question on Relationship. (Also, dwelling information is not collected from Non-Private Dwellings.) In the 1991 Census, people in Non-Private Dwellings were not asked about family relationship but were instead asked whether they were a 'Hotel guest, patient, boarder etc.' or 'Staff member, owner or family of staff member or owner'. Use of this variable may have helped in the analysis of the extent to which people whose age was inconsistent with the type of institution were members of staff or residents. The same information on socio-economic characteristics collected for people counted in Private Dwellings was available for people in Non-Private Dwellings, although no tables were published.

For the 1991 Census, data were made available free to users through the Library Extension Program and for a small cost through publications and Community Profiles. These data were designed to meet the needs of the majority of users of Census data. For users with more specialised requirements, a service was available to produce customised tables on a user-pays basis. Thus, some of the statements about the limited availability of data from the 1991 Census are incorrect - the range of data available from the 1991 Census was much greater than ever before through this customised service. The cost of customised tables has fallen greatly within the last year and should fall even further for the 1996 Census. This service can also provide data for the 1976, 1981 and 1986 Censuses.

There are a range of other problems associated with the access to and use of census data for our purposes. The data that it is possible to use for 1976, 1981 and 1986 was confined to that available in published tables and microfiche and this inevitably limited the scope of our analysis. In the case of 1991 the data the ABS published were even more limited. While it might seem that the availability of the one per cent sample files could circumvent some of these shortcomings, there are real difficulties of a statistical nature associated with using these sample data to study a small subsection of the population such as the institutionalised. Consequently it was necessary to purchase data in the form of customised tables from the ABS. Recent developments in their data services, such as the provision on request of multivariable data matrices, have done much to facilitate this. Nevertheless, there are obstacles to the use of made-to-order data sources as well, cost being an obvious example. In any case, for earlier census years, this option does not present itself; published figures are the only ones available.

Data availability *per se* is but one of the difficulties associated with the utilisation of figures from the population census. One of the main problems is the lack of documentation of the various variables used. The definitions provided in the census dictionary are often incomplete. Although this dictionary should, presumably, explain each variable covered in the census data collection it merely provides a list of them with limited further explanation. For example, the definition of a non-private dwelling in the 1986 census states that:

A non-private dwelling is a hospital, home for the aged, motel, etc. which had communal eating facilities. These were mostly listed prior to the census from the following sources: information from the 1981 census; lists supplied by the Departments of Social Security and Health; and other ABS collections (ABS, 1986a: 112).

The Census dictionary does not, in fact, provide definitions of the various types of non-private dwellings included in this broad category. We were informed by the ABS in personal communication that the operationalisation of various types of non-private dwellings (NPD) often relied on the perception of census collectors, or, in 1991, the person in charge who was responsible for categorising their own facility from a check-list.

A list was provided to census collectors to ensure where possible that previously identified and classified NPDs were correctly enumerated. Other NPDs were found during the collection phase of the census and each was classified in accordance with responses provided by the owner / staff of the NPD (ABS, 1986a: 112)

In this context, it is worth noting that the enumeration of people in some types of non-private dwellings (such as youth refuges and women's refuges) may be particularly problematic as considerable efforts are sometimes made to provide the residence with the appearance of a private dwelling. If such dwellings are not

recognised as non-private this might well lead to an underestimation of the number of people in such dwellings.

A further problem with the ABS data arises from changes in the way that institutions have been classified between censuses. This requires great care to be exercised in comparing the populations of different types of institutions over time. Furthermore, the classifications employed for certain other variables of interest have also undergone changes. An important example is the age classification of the population. Data for 1976 and 1981 allow a breakdown by age up to the category of '85 years and older', but this cannot be done for subsequent census years, where the published classification was truncated at 75 years and above. Similar problems occur with other classificatory variables, such as country of birth. As far as possible, we have sought, in our analyses, to standardise the categories employed from one census to another. Even so, we were unable to achieve consistency in every instance.

Notwithstanding these difficulties with census data, we maintain that the census provides the best possible overall picture of the institutional population, over time. Use of the census makes possible consistent comparisons of the various institutional populations with the general population from which they are drawn.

Despite these obvious advantages, the limitations of the census, together with the need for an independent check on its results, led us to supplement these data with others from relevant administrative statistical collections. The Australian Institute of Health and Welfare has published estimates of hospital and psychiatric patients, as well as of children in care, on the basis of hospital records and other administrative data holdings. Information on residents of nursing homes and various types of hostels (for the aged, disabled and homeless) is available from the publications of the Department of Health, Housing, (Local Government) and Community Services, which compiles its figures from a number of administrative, census and survey data collections. Finally, the Australian Institute of Criminology constitutes an authoritative source on those persons in adult and juvenile correctional institutions. The reports of these organisations from which we draw our data will be identified more specifically later in this report. For the time being, we note that these administrative statistics vary considerably in form and content, not least because the programs they are intended to inform vary at least as much as the types of institutions to which they refer. In this context, it is worth noting that the coverage of the statistical collections is confined to those people and facilities which fall within the ambit of a particular government program, for example the Disability Services Program (DSP) or the Supported Accommodation Assistance Program (SAAP). For this reason, these statistical collections do not provide as comprehensive a coverage of the institutional population as the census.

In this report we have used the ABS census and the administrative statistical collections to describe the institutional population. In the process we have examined how these sources of data diverge and commented upon their strengths and

weaknesses. To describe what we have done with the data by way of analysis is also to outline the content of the following chapters, and it is to this that we now turn.

Organisation of the Report

The presentation and analysis of the data in this report is intended to contribute to our understanding of the populations of institutions and changes in these in recent years. The questions that have guided our analysis revolve around whether demographic changes or changes in policies associated with the provision of care, treatment and custody have led to a change in the institutional population. If changes in the population have occurred, have these been across the board or has there been a differential impact on institutions of different kinds? Have the changes affected all sections of the population or only some? Are institutions serving more appropriate populations than formerly, thus suggesting that changes in policy have led to a better matching of need and resources? Is there any evidence that the changes we detect are long term, or are they simply indicative of statistical aberrations or short-term fluctuations?

With these questions in mind, we begin the analysis in Section 2 by using the census data to look at trends in the development of the institutional population between 1976 and 1991. At this stage, little disaggregation is attempted beyond the totals for each institution type, macro-level trends being the primary concern. In Section 3, we move from the examination of broad changes in the sizes of the different institutional populations to a more detailed consideration of the composition of these populations in the census years of 1986 and 1991. This entails an investigation of those resident in particular types of institutions, in terms of their age, sex, marital status, place of birth, Aboriginality and location of residence. The various institutional populations can thus be compared with each other and the general population, while a comparison of the rates of institutionalisation by demographic category forms part of the same exercise. Section 4 expands the focus of the study from the census findings to look at the variety of administrative data described above, and compares the pictures of the institutional population which emerge from each.

We conclude the report in Section 5 with an appraisal of the overall significance of our findings. In addition to summarising our major conclusions regarding the composition of and trends in the institutional population, we offer some observations on the adequacy of existing data sources. Suggestions are also made regarding future data collection in this area. Above all, we seek to return to our initial questions concerning the nature of change in the scope and utilisation of institutional care, treatment and custody as an historical phenomenon, and attempt to draw out some of the implications for social policy.

Thus the main focus of this report is on the analysis of the populations of different institutions over time. In many instances these data shed light on the questions prompting the study. In others, they merely raise more questions which, important as they may be, do not lie within the scope of the present study.

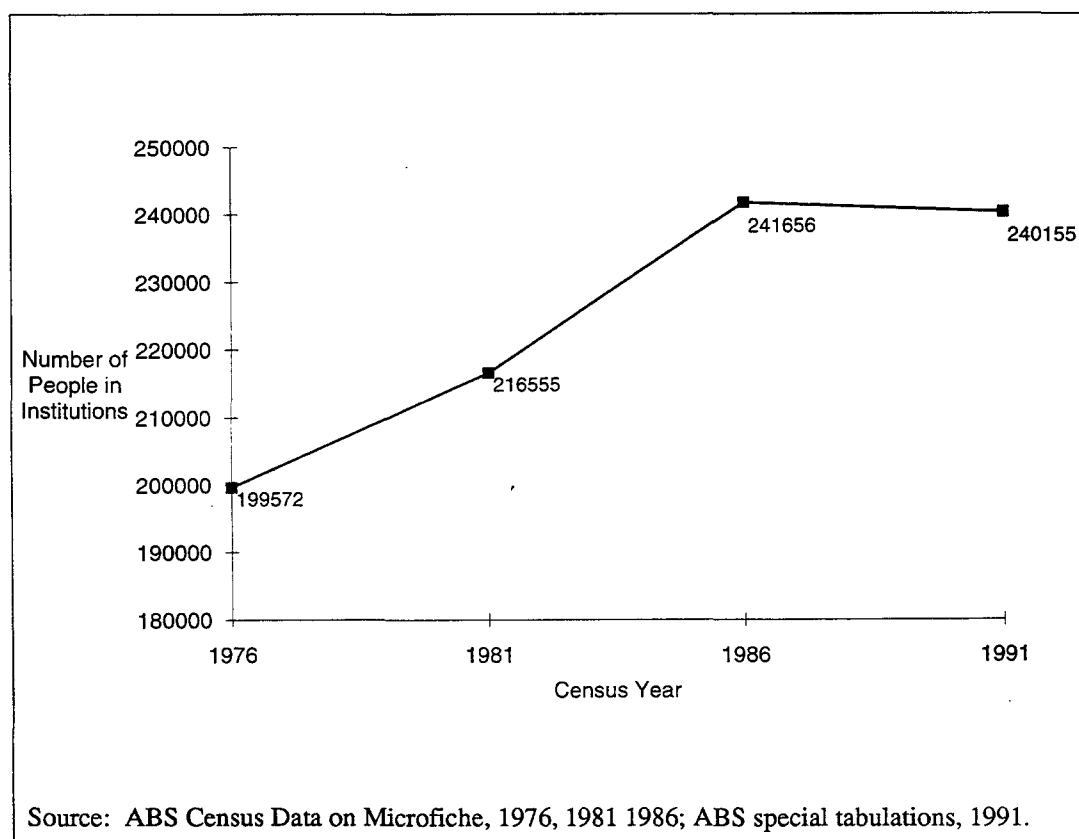
2 Trends in the Institutional Population

2.1 Introduction

In 1991, almost a quarter of a million people, (240,155) were reported by the ABS to be residing in non-private dwellings dedicated to care, treatment or custody. This represented, in numerical terms, a very small decline from the 241,656 people reported in 1986 (see Figure 2.1). When we look at changes in the rate of institutional residence, in terms of numbers per thousand of the population, the decline becomes somewhat more evident. The figures presented in Table 2.1, show that whereas in 1986 there were 15.5 persons per thousand enumerated in institutions, by 1991 this figure had dropped to 14.3 per thousand, a decline of almost eight per cent.

Despite the attention paid to such policies as deinstitutionalisation, community care and diversionary sentencing in the decade from 1976 to 1986, there was no uniform policy for reducing the population of institutions. It is therefore perhaps not surprising that the overall number of people reported in institutions in 1986 was greater than in either 1976 or 1981. The growth in the residential population over this period was apparent both in terms of the total numbers of people involved, which increased by almost 50,000 from the 195,916 reported in 1976, and in the proportion of the population accommodated in institutions of various types over this period. As Table 2.1 shows, the number of people enumerated in institutions increased between 1976 and 1986 at a rate which exceeded that of the growth in the Australian population. The increase, measured both in absolute numbers and as a proportion of the population (the rate of institutional residence), was greater amongst females than males. Since then, however, both the absolute numbers and the rate has fallen for both males and females, returning in 1991 to a proportion of the total population which for females was almost identical to that reported for 1981, and for males was approximately the same as in 1976.

Yet, despite the growth in the total institutional population until 1986, the numbers of people reported by the ABS in many types of facilities actually decreased significantly over the period under study while, in contrast, the reported populations of other facilities grew. There is no indication, therefore, of a uniform pattern of either a reduction or a growth of institutional populations. Rather, the evidence from the census suggests that the populations of different types of institutions have undergone a series of distinct developments. These changes are summarised in Tables 2.2 and 2.3, and in Figures 2.2 and 2.3.

Figure 2.1: Total Population of Institutions: 1976-1991**Table 2.1: Changes in the Population of Curative, Therapeutic and Custodial Institutions, Females, Males and Persons: 1976-1991**

Year	Females			Males			Persons		
	Inst. Pop. N	Aust. Pop. N	Rate N/1000	Inst. Pop. N	Aust. Pop. N	Rate N/1000	Inst. Pop. N	Aust. Pop. N	Rate N/1000
1976	115,214	7,001,049	16.46	84,358	7,032,034	12.00	199,572	14,033,083	14.22
1981	127,662	7,309,253	17.47	88,893	7,267,077	12.23	216,555	14,567,330	14.86
1986	146,329	7,833,840	18.68	95,327	7,768,314	12.27	241,656	15,602,154	15.49
1991	147,113	8,487,711	17.33	93,042	8,362,617	11.13	240,155	16,850,328	14.25

Source: ABS Census Data on Microfiche, 1976, 1981, 1986; ABS special tabulations, 1991.

Table 2.2: Female Institutional Population, Numbers and Rate of Residence, ABS: 1976-1991

Type of Institution ^(a)	1976		1981		1986		1991	
	N	Rate	N	Rate	N	Rate	N	Rate
Hospitals	45,725	6.53	42,153	5.77	39,996	5.11	36,190	4.26
Psychiatric Institutions	10,233	1.46	9,283	1.27	6,163	0.79	4,008	0.47
Hostels for the Disabled	1,307	0.19	1,601	0.22	3,928	0.50	5,614	0.66
Nursing Homes	36,401	5.20	49,640	6.79	59,981	7.66	46,597	5.49
Homes for the Aged	16,287	2.33	19,661	2.69	31,298	4.00	50,753	5.98
Hostels for the Homeless	212	0.03	1,494	0.20	1,664	0.21	1,908	0.22
Childcare Institutions	3,528	0.50	2,272	0.31	1,448	0.18	340	0.04
Child Corrective Institutions	482	0.07	359	0.05	187	0.02	55	0.01
Prisons	289	0.04	409	0.06	695	0.09	722	0.09
Other	780	0.11	790	0.11	969	0.12	926	0.11
All Institutions	115,214	16.46	127,662	17.47	146,329	18.68	147,113	17.33

Notes: a) Types of non-private dwellings as defined by the ABS (see Section 1 of this report).

Source: As for Table 2.1

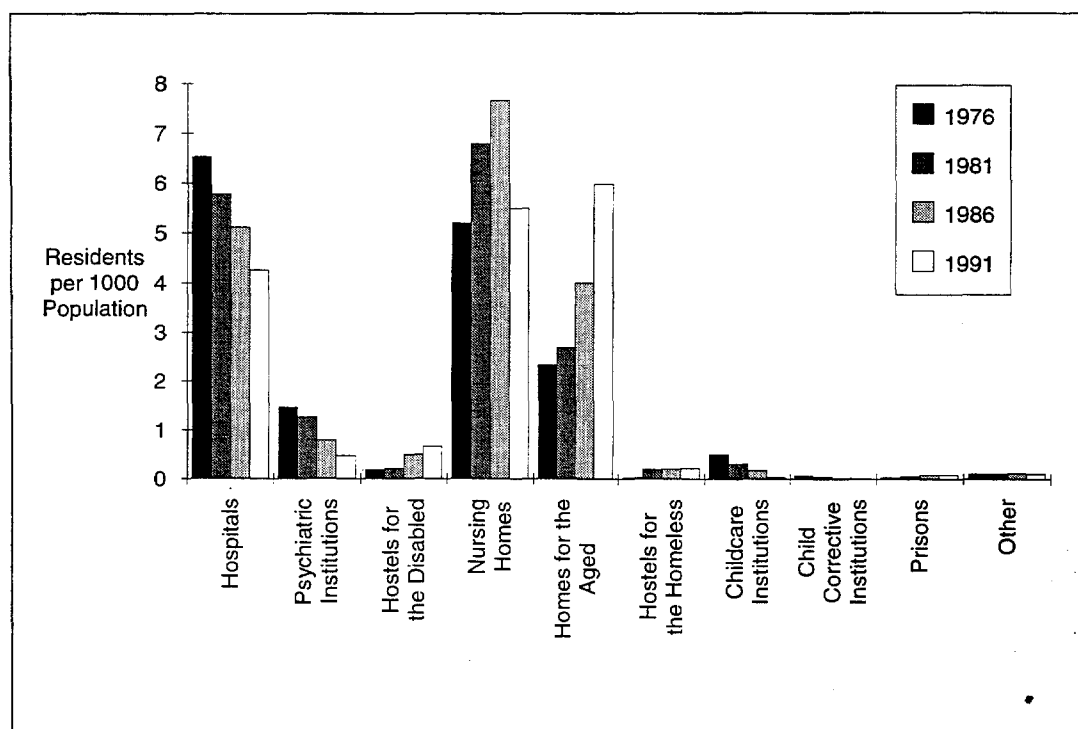
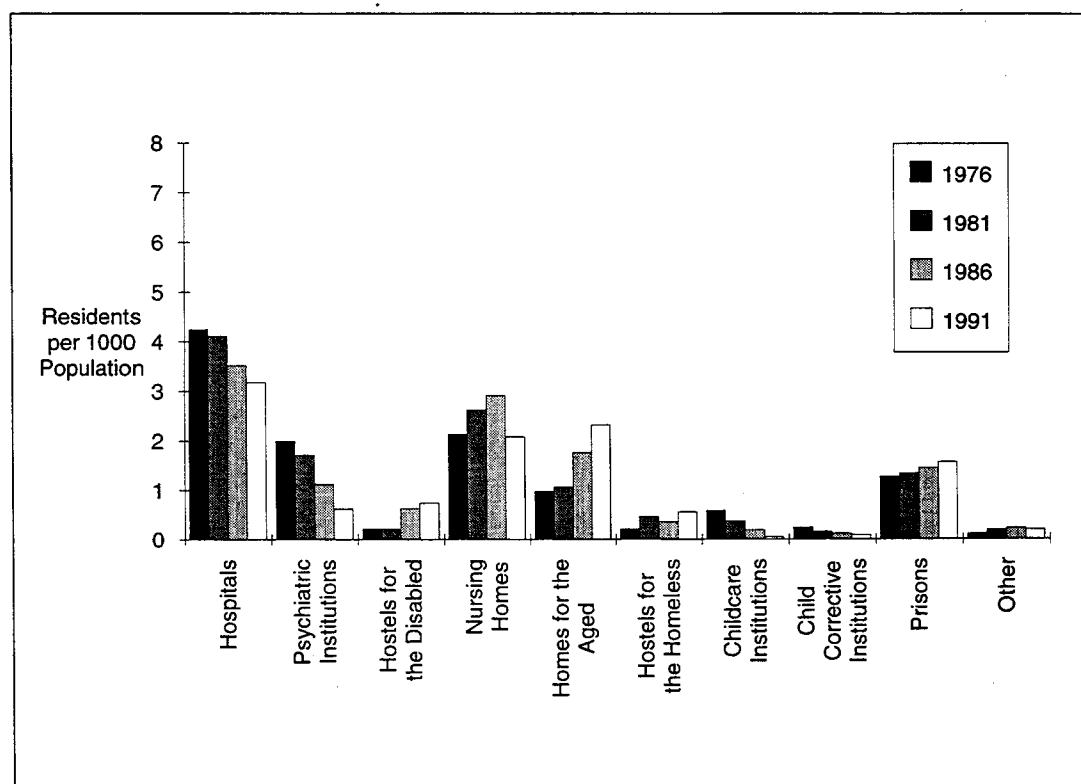
Figure 2.2: Changes in the Rate of Residence of Females in Institutions, ABS: 1976-1991

Table 2.3: Male Institutional Population, Numbers and Rate of Residence, ABS: 1976-1991

Type of Institution	1976		1981		1986		1991	
	N	Rate	N	Rate	N	Rate	N	Rate
Hospitals	29,868	4.25	29,895	4.11	27,342	3.52	26,550	3.17
Psychiatric Institutions	14,020	1.99	12,393	1.71	8,693	1.12	5,189	0.62
Hostels for the Disabled	1,544	0.22	1,619	0.22	4,882	0.63	6,192	0.74
Nursing Homes	14,970	2.13	19,027	2.62	22,610	2.91	17,365	2.08
Homes for the Aged	6,791	0.97	7,701	1.06	13,675	1.76	19,422	2.32
Hostels for the Homeless	1,517	0.22	3,381	0.47	2,832	0.36	4,718	0.56
Childcare Institutions	4,124	0.59	2,680	0.37	1,453	0.19	432	0.05
Child Corrective Institutions	1,783	0.25	1,182	0.16	899	0.12	766	0.09
Prisons	8,933	1.27	9,642	1.33	11,155	1.44	10,752	1.56
Other	808	0.11	1,373	0.19	1,786	0.23	1,656	0.20
All Institutions	84,358	11.70	88,893	12.23	95,327	12.27	93,042	11.13

Source: As for Table 2.1

Figure 2.3: Changes in the Rate of Residence of Males in Institutions, ABS: 1976-1991

2.2 Reductions in the Institutional Population

Perhaps the most notable development is the complete disappearance from ABS figures after 1981 of the entire category of institutions termed **Aboriginal Mission/Settlement**². In that year, over 500 people, 252 women and 266 men, were recorded as residing in these. This represented a marked fall from the almost 9,000 people (4,163 women and 4,319 men) who had been reported in such settings in the 1976 census. The disappearance of Aboriginal Settlements from ABS statistics has been so complete that it has been necessary to exclude them from further tabulations in this report, which draws heavily on statistics for the years 1986 and 1991.

The decline reported in the populations of **Childcare Institutions**, referred to in the 1976 Census as 'Orphanages', is also quite dramatic. Between 1976 and 1986, the total number of residents reported in these institutions was reduced by almost two thirds, from 7,652 to 2,901. For the age group most likely to be found in these homes, children aged 14 or under, the rate of residence decreased from 1.7 per 1,000 to 0.4 per 1,000 for males, and from 1.2 to 0.3 per 1,000 for females. By 1986, less than one child in each 3,000 was likely to be housed in these congregate settings. This steady decline in numbers of children reported in these settings actually appears to have accelerated after this, so that in 1991 the population of 772 people, less than a quarter of that reported in 1986, represented only 0.17 per thousand for males aged under 14 and 0.12 for females of the same age. As a result, the population of children's homes was reduced by almost 90 per cent over the 15 year period from 1976. This reduction in the number of people reported occurred alongside changes in the form and type of living environment, which the census attempted to capture in 1981 by breaking down the statistics on 'Child Care Homes' to present them under the various headings of 'family group home' 'campus home' and 'juvenile hostel', each of which could be either 'state operated' or 'not state operated'. This somewhat complex classification was not continued in the ABS 1991 census as detailed information was not collected in this form.

A similar decline is also apparent in the population of **Corrective Institutions for Children**, where the population reported by the ABS was reduced by more than half, from 2,265 in 1976, to 1,085 in 1986 and 821 in 1991. Amongst the group most likely to be affected, males aged 15-24, the custodial rate fell from 0.8 to 0.5 per 1,000 in the decade 1976 to 1986, with a further marginal decline evident to 0.47 per 1,000 in 1991. Amongst males aged 14 or under an even more marked decline, from 0.37 to 0.07 per 1,000 in 1986 and 0.06 per 1,000 in 1991 was also evident. The proportion of females reported in Juvenile Corrective Institutions, far lower than

2 This disappearance is the result of the introduction of special procedures for enumerating Aboriginal and Torres Strait Islander people in remote areas. Communities (which would include Missions/Settlements) were treated similarly to Non-Private Dwellings but a special Remote Area Interview Form (similar to the Personal Form) was used to obtain information for people. These procedures were not just used for institutions defined as 'Aboriginal Mission/Settlement' as many other people were included. In 1986, 37,097 people were counted using these special procedures; in 1991, 59,227 people were counted. (Personal communication, ABS, 1994)

males in each year, also fell, from 0.48 to 0.03 per 1,000 females aged 15-24, and from 0.11 to 0.01 for females aged 14 or less in the years 1976 to 1991.

The reduction in the population of institutions for juveniles has been significant, but it is clearly not unique. As can be seen in Figures 2.2 and 2.3, there has also been a reduction in the proportion of both women and men in **Hospitals** and **Psychiatric Institutions**. While these reductions were most apparent in the rates of residence of the institutional population (the numbers of occupants per thousand of the general population), there was also a significant decline in the absolute numbers of people reported as resident in these institutions. For hospitals, a constant decline in both numbers of people reported and the population rates is evident in each of the years under consideration. In contrast, in Psychiatric Hospitals, which prior to 1986 were recorded by the ABS as 'Mental Hospitals' and 'Other Mental Institutions', the number of people reported as resident rose slightly between 1976 and 1981, from 20,565 to 21,676, before falling by almost one third to 14,856 in 1986. The population reported has continued to decline since then, with only 9,197 people being reported in 1991, approximately 42 per cent of the number reported only a decade earlier. The size of the reduction in population over these years suggests that it was policies introduced in the early and mid-1980s, rather than demographic factors, which may have been responsible for the reduction. These policies, which affected the availability of facilities, through reductions in bed numbers and more restrictive admission criteria, also had an impact on the size of the population (Burdekin, 1993). Another factor which needs to be taken into account is that the category 'other mental institutions' (in use until 1986) probably contained a substantial number of people with intellectual disabilities. Since then, there has been a considerable reduction in the institutionalisation of such people and a growth of alternative facilities, in particular, of hostels and group homes for people with disabilities. This is described later in this section.

An interesting insight into changes in the populations reported for hospitals is provided by an examination of figures on the populations of public and private hospitals, which are available for the census years 1981, 1986 and 1991. These show that there has been a far greater decline in the populations reported for public hospitals than for private hospitals. The 48,575 people reported in public hospitals in 1991 was 85.2 per cent of the number in 1981. In private hospitals, the 1991 population was 94.2 per cent of that reported ten years earlier.

2.3 Increases in Institutional Populations

In contrast to these reductions, there were marked increases in the populations of the remaining institutions under consideration, namely **Disability Hostels**, **Nursing Homes**, **Homes for the Aged**, **Prisons** and **Refuges/Hostels for the Homeless**.

Growth in the institutional population was most apparent in those institutions which provide long term care and accommodation to aged people and people with disabilities. In nursing homes, 'homes for the aged' and in specialised disability hostels, the increase in populations well exceeded that of the general population.

The numbers of residents in nursing homes, for example, increased from 51,371 in 1976 to 82,591 in 1986, becoming in that year the largest institutional population reported, exceeding the numbers of people reported in hospitals by over 14,000. The numbers reported, however fell again to 63,962 in 1991.³

These fluctuations are related to the interplay between demographic and policy developments. The growth of the nursing home population reported from 1976 to 1986 exceeded the increase in the general population, reflecting both the increase in the numbers of people aged 70 and over in the Australian population and the lack of government controls over the provision of nursing homes (McLeay, 1982). However, since 1986 the use of nursing homes has been significantly affected by policy changes intended to restrict their availability. Most notable amongst these are the introduction in the mid-1980s of a long term benchmark for nursing home beds set at 40 beds per 1,000 people aged 70 and above, the tightening of admission criteria and the promotion of community care as an alternative form of support. At the same time a benchmark of 60 beds per 1,000 was also established to expand the provision of hostels for older people (Department of Community Services and Health, DCSH, 1991).

Demographic ageing has also been associated with an increase in the proportion of women resident in institutions. As shown in Tables 2.2 and 2.3, the numbers of women reported in nursing homes were far higher than men in each census. The rate of residence for women rose from 5.20 to 7.67 per 1,000 females between 1976 and 1986, increasing at a faster rate than that for men, which rose from the lower base of 2.13 per 1,000 males in 1976 to 2.19 per thousand in 1986. When the analysis is confined to people aged over 70 the differences in the rates for men and women are even more pronounced. In 1986, nursing homes accommodated more than 81 of every 1,000 women aged 70 and over compared to 38 men per 1,000. This represented only a slight rise from the rates calculated from the figures available for 1981 and 1976 for males and females in this age group (Appendix, Tables A1, A2, A3, A4, A5, A6, A7 and A8; see also Gibson, Liu and Choi, 1994).

In the residential institutions referred to by the ABS as 'homes for the aged' and 'disability hostels', policy decisions linked to those that have affected the provision of nursing homes have been significant determinants of growth in the years 1976 to 1991. The ineffectiveness of 'growth controls' imposed on non-government nursing homes in the late 1970s and early 1980s ensured that the number of nursing home beds increased at a rate that exceeded the growth of the aged population (McLeay, 1982). This rapid growth is clearly evident in the disproportionate increase in the population of nursing homes between 1976 and 1981. The subsequent imposition of controls on nursing home bed numbers after the election of the Hawke ALP government in 1983, and the encouragement given to the development of hostels as a less restrictive and more economic form of residential accommodation following this

3 This ABS figure for 1991 is not corroborated by other official figures, which indicate, in contrast, that the number of people in nursing homes remained approximately the same in 1991 as in 1986. The discrepancy between the ABS figure and other official figures is discussed in Sections 3 and 4 of this report.

accommodation following this (Department of Community Services, DCS, 1986), is also apparent in the marked increase in the populations of hostels for the disabled and homes for the aged in the years 1981 to 1991, which can be seen in almost all the figures and tables in this section of the report.

Policy decisions reflecting broader social and economic developments, also underlie the expansion of the population of **hostels and refuges for the homeless**. The population reported in these facilities rose between 1976 and 1981, from 1,729 to 4,875, falling off slightly to 4,496 in 1986 before rising again to 6,626 in 1991, almost four times the number reported only 15 years previously. This pattern of rise and fall appears to reflect the impact of economic cycles in the 1980s and 1990s, with two major recessions with a period of economic growth in the intervening years. The longer term growth in the population of hostels and refuges for the homeless may, to some extent, also be the result of the deinstitutionalisation policies which have resulted in an increase in the numbers of people leaving psychiatric hospitals (Burdekin, 1993). In addition, there has been an increase in the funding of facilities for the homeless over this time, a process which has been consolidated in recent years through the expansion of the Supported Accommodation Assistance Program (SAAP).

The impact of policy decisions is most apparent in the increased number of women residents reported since 1981. In 1976 there were only 212 women reported by the ABS as residents of institutions for the homeless (see Figures 2.2, 2.3 and Tables 2.2, 2.3). The numbers of women reported subsequently increased at a far greater rate than for men, rising sharply to 1,494 in 1981, then more gradually to 1,664 and to 1,908 in 1991. The increase appears to be a direct result of the recognition of problems of domestic violence and the establishment of women's refuges in the late 1970s. Specialised facilities for women were first included in the census as non-private dwellings by the ABS in 1981.

For men, in contrast, there was a sharp increase between 1976 and 1981 in the numbers reported in institutions for the homeless, but this was followed by a subsequent decline, both in absolute numbers and in rates of residence per 1,000, in 1986. Between 1986 and 1991, however, the number of men reported in refuges for the homeless again increased markedly, from 2,833 to 4,718. This number is approximately three times greater than the number of males reported in 1976. These figures are thus indicative of important differences in the causes of homelessness between men and women. The fall in the number of resident males in the mid-1980s (not found amongst women) also suggests that the period of relative economic prosperity experienced at that time had a greater impact in the reduction of homelessness amongst males than amongst females.

Prisons represent another type of institutional population which grew between 1976 and 1986 in a way which cannot be explained by demographic developments. Women constituted less than six per cent of the entire population of 11,850 reported for prisons in 1986, an increase from three per cent of the total of 9,222 reported in 1976. But, as the figures presented in Tables 2.2 and 2.3 show, the rate of imprisonment increased for both men and women in the period 1976 to 1986 before falling off again slightly in 1991. Interestingly, this increase was most marked

amongst those aged over 25, a process referred to by the Australian Institute of Criminology (AIC) as the ageing of the prison population (AIC, 1992a). While it is not possible to fully explore the factors underlying the changes in the use of prisons here, it is clear that until after 1986, the figures offer little evidence of the impact of policies such as diversionary criminal sentencing and community service orders. Neither can demographic change fully account for them, as the detailed figures presented in the Appendix make clear (see Tables A1, A2, A3, A4, A5, A6, A7 and A8).

2.4 Conclusion

The evidence presented in this section does not lend support to the argument that there has been a uniform process of deinstitutionalisation or substitution affecting most of the traditional forms of therapeutic and custodial institution. Rather, the figures provided by the ABS census data indicate that the different sorts of facilities have been affected by a series of distinct developments. These appear to reflect a diverse range of influences, including the impact of demographic developments such as the ageing of the Australian population; broad-ranging social, economic and technological changes which have affected life in Australian communities and led to changed perceptions of the need for institutional accommodation; and policy initiatives which have had a direct effect on the demand for and the provision of institutional accommodation of various kinds.

Reductions in the institutional population have resulted from the abolition of Aboriginal missions, the near disappearance of childcare institutions (orphanages) and institutions for juveniles and from the reduction in the populations of hospitals and psychiatric institutions, numerically the most the significant of all reductions. By contrast, there was an increase in the population reported in homes for the aged and hostels for the disabled, and a less pronounced but nevertheless unmistakable increase in the numbers of people reported in institutions for the homeless and in prisons. The population enumerated in nursing homes also rose markedly between 1976 and 1986 before falling in 1991.

The disproportionate growth in the populations enumerated in nursing homes and homes for the aged indicates that much of the increase in the institutional population in the years 1976 to 1986 can be attributed to the ageing of the population. However, it is clear, from the reductions in the populations reported for many of the institutions considered, as well as from the rise and fall patterns reported for nursing homes, that policy decisions as well as broader social and economic changes have also been important factors underlying the growth of the overall institutional population in the decade 1976 to 1986 and its fall since that date.

The trends examined in this chapter, it should be emphasised, reflect differences in the numbers of people reported by the ABS, and these are not necessarily corroborated by other sources of information. Before examining a number of alternative sources of data on this population in Section 4, we present a more detailed analysis of the demographic and social characteristics of the institutional population reported in the ABS statistics for 1986 and 1991.

3 The Demographic Characteristics of the Institutional Population

3.1 Introduction

In the last section we used ABS data to describe the changes that have occurred in recent years in the composition of the institutional population of Australia. Our analysis has shown that over the years the institutional population as a whole has increased but that the changes have not been uniform within institutional types or consistent between them.

In this section, we focus our analysis on the population enumerated in institutions on census night 1991, using the ABS Census data for that year. These provide the latest and most comprehensive information available on the demographic characteristics of this population overall, although other publications may provide more detailed information for particular sections of that population, for example, for prisoners or children in care, and we shall be commenting on this data in the next section. In this one we examine how the characteristics of the reported institutional population vary between types of institution in respect of such key variables as age, sex, marital status, country of birth, Aboriginal and Torres Strait Islander origin and State or Territory of residence. Where possible, we compare the institutionalised with the total population of Australia. One of the key findings to emerge is that interstate variations in the institutional populations, and variations in the proportion of the population from different ethnic groups are closely associated with the influence of the age and sex profiles of the non-institutional population.

Although the major concern of this section is with a description of these populations at a point in time, we conclude with some comparisons between the 1986 and 1991 censuses to examine recent changes in the major demographic characteristics of the populations in question.

3.2 Characteristics of the Institutional Population in 1991⁴

The Overall Distribution

The enumerated institutional population on census night 1991 comprised 240,155 people. This was about 1.43 per cent of the total population of Australia (see Table 3.1). If we exclude the 62,740 people enumerated in hospitals, many of whom were

4 In addition to the tabulations and figures provided in the body of this chapter, more detailed statistical tables are presented in the Appendix as Tables A9 to A19.

Table 3.1: Distribution of the Institutional Population by Type of Institution, Males, Females and Persons: 1991

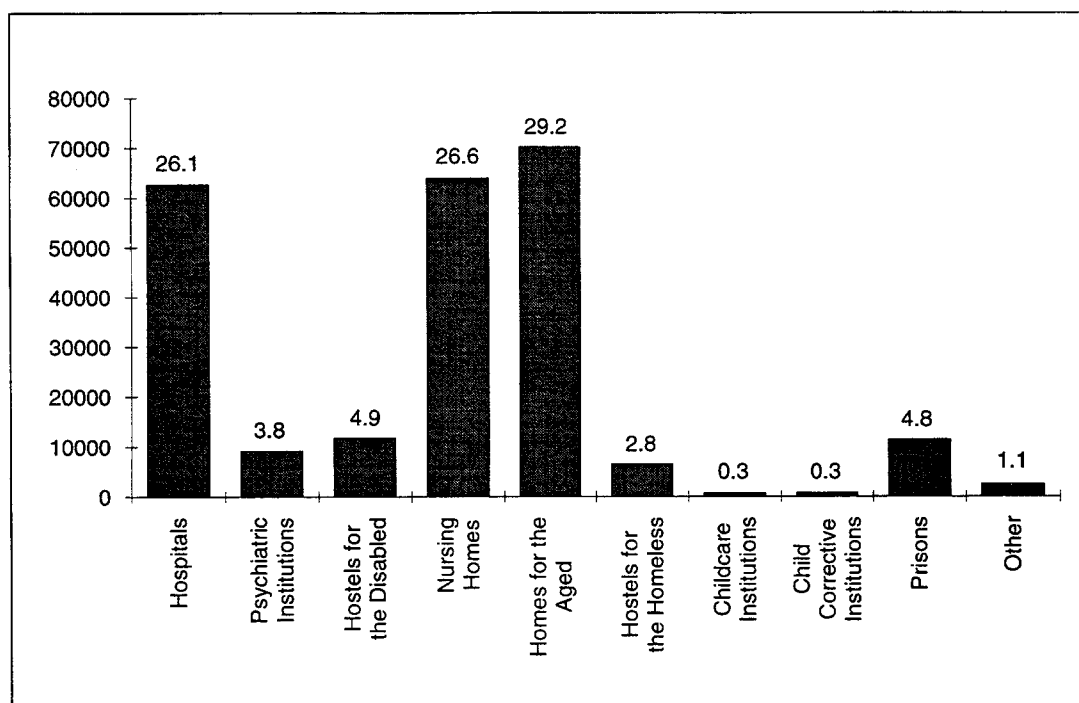
A Numbers in Institutions and Percentages of Institutional Population in Each Type of Institution						
	Males		Females		Persons	
	N	%	N	%	N	%
Hospitals	26,550	28.54	36,190	24.60	62,740	26.12
Psychiatric Institutions	5,189	5.58	4,008	2.72	9,197	3.83
Hostels for the Disabled	6,192	6.66	5,614	3.82	11,806	4.92
Nursing Homes	17,365	18.66	46,597	31.67	63,962	26.63
Homes for the Aged	19,422	20.87	50,753	34.50	70,175	29.22
Hostels for the Homeless	4,718	5.07	1,908	1.30	6,626	2.76
Childcare Institutions	432	0.46	340	0.23	772	0.32
Child Corrective Institutions	766	0.82	55	0.04	821	0.34
Prisons	10,752	11.56	722	0.49	11,474	4.78
Others	1,656	1.78	926	0.63	2,582	1.08
Total	93,042	100	147,113	100	240,155	100

B Numbers in Institutions per 1000 Population			
	Males	Females	Persons
Hospitals	3.17	4.26	3.72
Psychiatric Institutions	0.62	0.47	0.55
Hostels for the Disabled	0.74	0.66	0.70
Nursing Homes	2.08	5.49	3.80
Homes for the Aged	2.32	5.98	4.16
Hostels for the Homeless	0.56	0.22	0.39
Childcare Institutions	0.05	0.04	0.05
Child Corrective Institutions	0.09	0.01	0.05
Prisons	1.29	0.09	0.68
Others	0.20	0.11	0.15
Total	11.13	17.33	14.25
Population	8,362,617	8,487,711	16,850,328

Source: ABS special tabulations, 1991.

likely to have been there for only short periods of time, the institutional population drops to about 1.05 per cent of the total Australian population. Thus, although this group forms a significant section of Australian society from the point of view of social policies and programs, it is in fact quite small in relation to the general population.

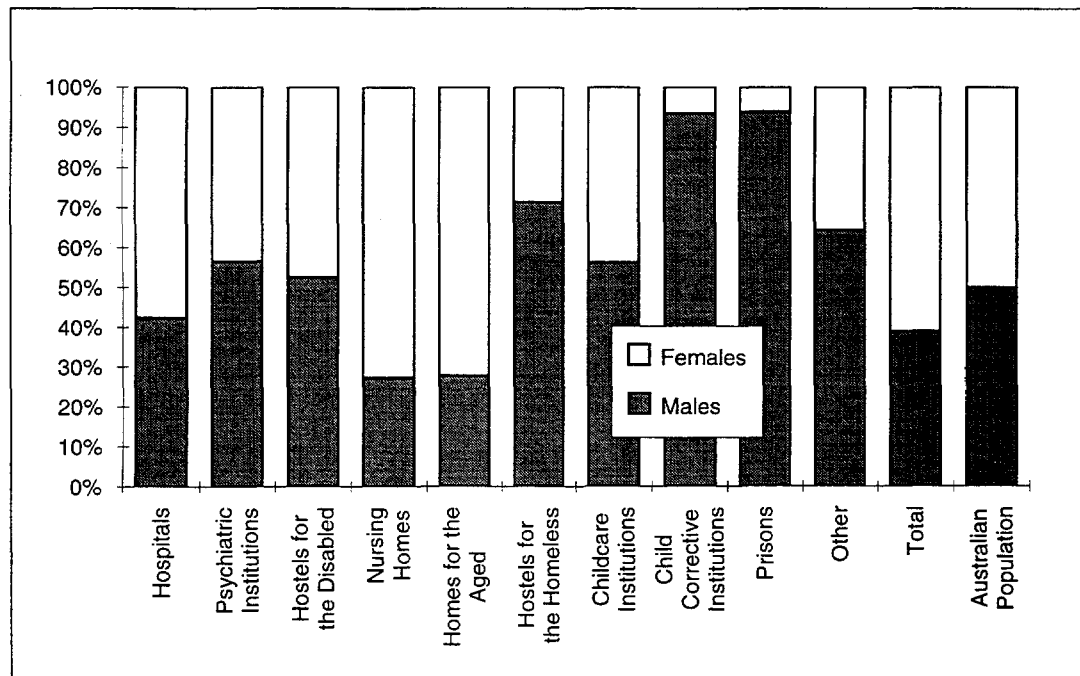
Table 3.1 presents some summary statistics for the overall size and distribution of the institutionalised population, while the composition by type of institution is repeated in Figure 3.1. From these it can be seen that the ten types of institutions

Figure 3.1: Distribution of the Institutional Population, Numbers and Percentages: 1991

which we identify account for dramatically different numbers of people. More than half of all persons enumerated were in residences for the elderly, comprising nursing homes and aged persons' homes, while a little over a quarter of all institutional residents on census night were in hospitals. In contrast, institutions for the care or custody of children, even when combined, account for less than one percent of the total. It should therefore be borne in mind that 'the institutional population' denotes a diversity of situations but is far from evenly spread among them. To re-iterate the earlier point, however, the small size of a population should not blind us to its significance in both policy and political terms, prisons and psychiatric hospitals being obvious examples.

Sex Distribution

In 1991 the majority of those enumerated in institutions of all kinds were females (61.3 per cent of all residents). Figure 3.2 shows that, although females outnumbered males in hospitals, nursing homes and homes for the aged, males outnumbered females in psychiatric hospitals and homes for the disabled, hostels for the homeless and corrective institutions, be they for juveniles or adults. The difference between the numbers of males and females was particularly great in nursing homes and homes for the aged, where females outnumbered males, and in prisons, where males outnumbered females.

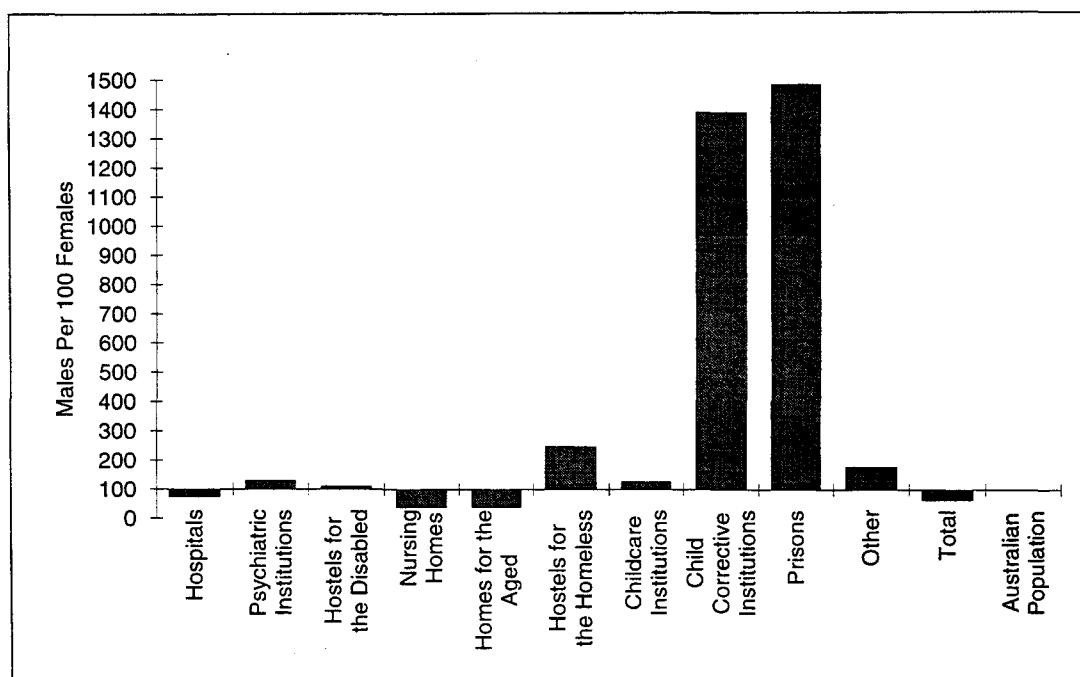
Figure 3.2: Composition of Institutional Populations by Sex: 1991

Sex ratios represent another way of expressing the number of males to females in a given population. In 1991, Australia's institutional population had a sex ratio of only 63 males to 100 females. This ratio was much lower than the prevailing sex ratio for the Australian population as a whole, which was approximately 98.5 males to 100 females.

Figure 3.3 shows that there were wide variations in the sex ratios across institutions. Childbirth and the longevity of women relative to men explain the low sex ratios in general hospitals. The exceptionally low sex ratios in nursing homes and homes for the aged can also be attributed to the greater longevity of women and the associated loss of social support of the kind that assists frail elderly people to remain in their own homes.

In contrast, the relatively high sex ratios in psychiatric hospitals, hostels for the homeless and corrective institutions for both young people and adults would suggest that males are more at risk of imprisonment, admission to psychiatric institutions and of homelessness than females in contemporary Australian society.

In summary, whilst the need for care explains the main locations of both female and male institutionalisation in 1991, institutionalisation associated with custody remains much more common amongst males than females. Males were about 15 times more likely to be inmates of prisons than females. Amongst young people, boys were 14 times more likely than girls to be in juvenile corrective institutions.

Figure 3.3: Sex Ratios for Institutional Populations: 1991

Age Distribution

We saw above that the largest proportion of the institutionalised population reside in institutions which cater predominantly for elderly people, that is, nursing homes and homes for the aged. Consequently, it comes as no surprise that in 1991 nearly 60 per cent of the overall institutional population was over 70 years of age. However, disaggregation by type of institution reveals some interesting variations among the age profiles of the different categories of institution. Table 3.2 presents the results of this exercise, while the graphical representation in Figure 3.4 makes the contrasts more apparent. Thus, for instance, childcare institutions are comprised mostly of those under 15, while teenagers and young adults predominate in juvenile corrective facilities. Rather more interesting is the finding that most prisoners are aged between 15 and 44, there being very few elderly people in custody. In contrast, institutions for the disabled, the homeless and the mentally ill have relatively even distributions across age groups, suggesting that age is less of a contributing factor to institutionalisation in these circumstances.

Another way of looking at the question of age and institutional residence is to compare the rate of residence in institutions across age groups in the population (Table 3.3). As might be anticipated, the rate of institutionalisation overall increases dramatically with age. In the data for 1991, the proportion almost doubles between the age groups 55 to 64 and 65 to 69, rising from 10.40 to 20.81 per thousand.

Table 3.2: Age Composition of the Institutional Populations, Males, Females and Persons: 1991 (Column Percentages)

Age Group	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Males												
0-14	18.03	7.61	12.27	2.39	1.93	17.38	77.78	16.32	10.46	10.33	10.00	23.11
15-24	6.36	9.56	13.10	0.63	0.29	17.36	15.05	83.29	27.79	19.81	8.60	16.11
25-34	6.85	14.84	17.97	1.08	0.47	15.60	2.08	0.00	33.52	30.07	9.49	16.19
35-44	6.85	15.26	16.89	1.53	0.73	14.26	1.62	0.00	17.98	18.36	7.50	15.24
45-54	7.56	13.05	12.92	2.25	1.81	12.65	2.78	0.00	7.10	11.96	6.23	11.10
55-64	12.22	11.89	11.05	7.61	6.14	12.82	0.69	0.00	2.07	6.10	8.59	8.50
65-69	9.09	8.54	5.14	8.42	8.78	4.51	0.00	0.00	0.50	1.45	7.13	3.71
70+	33.05	19.25	10.66	76.08	79.86	5.40	0.00	0.39	0.58	1.93	42.46	6.05
Females												
0-14	11.77	4.97	10.22	2.19	1.92	24.63	65.59	32.73	6.79	13.39	5.38	21.59
15-24	9.68	10.00	11.40	0.33	0.23	28.30	18.82	67.27	23.41	22.03	3.96	15.45
25-34	14.41	13.35	16.10	0.46	0.26	20.96	4.71	0.00	44.88	25.49	5.42	16.14
35-44	8.01	15.54	15.78	0.67	0.49	10.95	3.82	0.00	16.90	19.55	3.73	15.08
45-54	6.46	12.45	11.10	1.07	0.99	6.92	3.53	0.00	5.54	10.37	3.20	10.54
55-64	7.67	12.85	8.48	2.75	3.11	4.30	1.76	0.00	1.66	4.86	4.60	8.36
65-69	6.06	7.68	4.15	3.50	4.94	1.31	0.88	0.00	0.83	2.38	4.71	4.03
70+	35.94	23.15	22.76	89.09	88.06	2.62	0.88	0.00	0.00	1.94	68.99	8.82
Persons												
0-14	14.42	6.46	11.30	2.25	1.92	19.47	72.41	17.42	10.23	11.43	7.17	22.34
15-24	8.28	9.75	12.29	0.41	0.25	20.51	16.71	82.22	27.51	20.60	5.76	15.77
25-34	11.21	14.19	17.08	0.63	0.32	17.14	3.24	0.00	34.23	28.43	7.00	16.16
35-44	7.52	15.39	16.36	0.91	0.55	13.31	2.59	0.00	17.91	18.78	5.19	15.16
45-54	6.92	12.79	12.05	1.34	1.22	11.00	3.11	0.00	7.00	11.39	4.37	10.82
55-64	9.60	12.31	9.83	4.07	3.95	10.37	1.17	0.00	2.05	5.65	6.15	8.43
65-69	7.34	8.17	4.67	4.84	6.00	3.59	0.39	0.00	0.52	1.78	5.65	3.87
70+	34.72	20.95	16.42	85.56	85.79	4.60	0.39	0.37	0.54	1.94	58.71	7.45

Table 3.3: Numbers in Institutions per 1000 Population by Age, Males, Females and Persons: 1991

Age Group	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Males												
0-14	2.48	0.20	0.39	0.21	0.19	0.42	0.17	0.06	0.58	0.09	4.82	1,932,361
15-24	1.25	0.37	0.60	0.08	0.04	0.61	0.05	0.47	2.22	0.24	5.94	1,346,888
25-34	1.34	0.57	0.82	0.14	0.07	0.54	0.01	0.00	2.66	0.37	6.52	1,353,729
35-44	1.43	0.62	0.82	0.21	0.11	0.53	0.01	0.00	1.52	0.24	5.48	1,274,566
45-54	2.16	0.73	0.86	0.42	0.38	0.64	0.01	0.00	0.82	0.21	6.24	928,156
55-64	4.56	0.87	0.96	1.86	1.68	0.85	0.00	0.00	0.31	0.14	11.24	710,738
65-69	7.78	1.43	1.03	4.72	5.50	0.69	0.00	0.00	0.17	0.08	21.40	309,993
70+	17.33	1.97	1.30	26.10	30.64	0.50	0.00	0.01	0.12	0.06	78.05	506,186
Total	3.17	0.62	0.74	2.08	2.32	0.56	0.05	0.09	1.29	0.20	11.13	8,362,617
Females												
0-14	2.32	0.11	0.31	0.56	0.53	0.26	0.12	0.01	0.03	0.07	4.32	1,832,328
15-24	2.67	0.31	0.49	0.12	0.09	0.41	0.05	0.03	0.13	0.16	4.45	1,311,104
25-34	3.81	0.39	0.66	0.16	0.17	0.29	0.01	0.00	0.24	0.17	5.83	1,369,524
35-44	2.26	0.49	0.69	0.25	0.19	0.16	0.01	0.00	0.15	0.14	4.29	1,280,163
45-54	2.61	0.56	0.70	0.52	0.56	0.15	0.01	0.00	0.04	0.11	5.26	894,598
55-64	3.91	0.73	0.67	1.81	2.22	0.12	0.01	0.00	0.02	0.06	9.55	709,448
65-69	6.42	0.90	0.68	4.78	7.33	0.07	0.01	0.00	0.02	0.06	20.28	341,666
70+	17.37	1.24	1.71	55.43	59.68	0.07	0.00	0.00	0.00	0.02	135.52	748,880
Total	4.26	0.47	0.66	5.49	5.98	0.22	0.04	0.01	0.09	0.11	17.33	8,487,711
Persons												
0-14	2.40	0.16	0.35	0.38	0.36	0.34	0.15	0.04	0.31	0.08	4.57	3,764,689
15-24	1.95	0.34	0.55	0.18	0.07	0.51	0.05	0.25	1.19	0.20	5.20	2,657,992
25-34	2.58	0.48	0.74	0.15	0.08	0.42	0.01	0.00	1.44	0.27	6.17	2,723,253
35-44	1.85	0.55	0.76	0.23	0.15	0.35	0.01	0.00	0.80	0.19	4.88	2,554,729
45-54	2.38	0.65	0.78	0.47	0.47	0.40	0.01	0.00	0.44	0.16	5.76	1,822,754
55-64	4.24	0.80	0.82	1.83	1.95	0.48	0.01	0.00	0.17	0.10	10.40	1,420,186
65-69	7.07	1.15	0.85	4.75	6.46	0.37	0.00	0.00	0.09	0.07	20.81	651,659
70+	17.36	1.54	1.54	43.60	47.97	0.24	0.00	0.00	0.05	0.04	112.34	1,255,066
Total	3.72	0.55	0.70	3.80	4.16	0.39	0.05	0.05	0.68	0.15	14.25	16,850,328

Thereafter, going from the second-oldest to the oldest age category, there is a more than fivefold increase, from 20.81 to 112.34 per thousand. As Table 3.3 indicates, the age-associated increase is much more dramatic amongst females than males.

With the marked exception of corrective institutions, the rate of institutional residence in 1991 increased with age amongst all institutions catering for adults. However, the increase was neither as pronounced nor as consistent for some institutional types as for others. For example, it increased less dramatically in the case of hostels for the disabled and psychiatric hospitals and institutions than it did for general hospitals, nursing homes and homes for the aged. As one would expect, there was an inverse relationship between age and the rate of residence in institutions which catered for children.

It is worth drawing attention to those people who, on the basis of their ages, one would not expect to find in the kinds of institutions in which they had been enumerated. About 2,500 people under the age of 55 were enumerated in homes for the aged and about 300 people who were 65 years and over were residing in childcare institutions. Explanations offered by ABS staff for these apparent anomalies is that they arise, in part, from the use of ABS data on the 'enumerated' and not the 'usual resident' population⁵. Hence some sleep-over staff and visitors were included in the figures. But in other cases, the figures indicate that some people were residing, perhaps temporarily, in accommodation that was clearly inappropriate, for want of something more suitable. It would be interesting to know more about these people.

Marital Status

Table 3.4 describes the marital status of the people enumerated in institutions in 1991. As one would expect, given the preponderance of older people in the institutional population, the proportion of widows and widowers was particularly large (38 per cent compared with 6.51 per cent in the general population). Since spouses usually care for their partners at home for as long as they can, it is not surprising that a relatively low proportion of people residing in either nursing homes or homes for the aged were currently married: 17 and 23 per cent respectively compared with 58 per cent in the general population. Curiously, Table 3.4 shows that just over a quarter of the people enumerated in childcare institutions either were or had been married. This is consistent with the fact that sleep-over staff have been included in the enumerated institutional population.

A substantial proportion of the population in institutions (29 per cent) had never been married. In this respect, some of the differences between males and females are interesting. Overall, a considerably higher proportion of the males than the

5 See footnote 1.

Table 3.4: Marital Status of the Institutional Population Aged 15+, Males, Females and Persons: 1991 (Row Percentages)

	Never Married	Married	Separated/ Divorced	Widowed
Males				
Hospitals	24.40	52.03	10.20	13.38
Psychiatric Institutions	65.56	15.25	13.37	5.82
Hostels for the Disabled	79.64	6.57	7.00	6.79
Nursing Homes	20.69	37.00	8.85	33.46
Homes for the Aged	19.25	35.86	10.39	34.50
Hostels for the Homeless	64.52	6.34	24.42	4.72
Childcare Institutions	77.08	16.67	3.13	3.13
Child Corrective Institutions	96.57	0.78	1.40	1.25
Prisons	57.63	25.50	14.69	2.18
Others	68.48	6.73	22.69	2.09
Total	35.50	33.84	11.27	19.39
Population	33.13	56.93	7.45	2.49
Females				
Hospitals	20.79	40.65	7.71	30.85
Psychiatric Institutions	48.57	17.06	17.77	16.59
Hostels for the Disabled	66.77	6.31	6.13	20.79
Nursing Homes	13.09	12.97	3.24	70.71
Homes for the Aged	13.74	14.03	4.55	67.68
Hostels for the Homeless	57.09	11.61	24.83	6.47
Childcare Institutions	66.67	11.97	18.80	2.56
Child Corrective Institutions	100.00	0.00	0.00	0.00
Prisons	48.44	32.10	16.34	3.12
Others	76.31	11.60	10.72	1.37
Total	19.06	19.63	5.58	55.73
Population	25.76	55.35	8.83	10.06
Persons				
Hospitals	22.25	45.26	8.72	23.77
Psychiatric Institutions	58.04	16.05	15.32	10.59
Hostels for the Disabled	73.44	6.45	6.58	13.53
Nursing Homes	15.15	19.48	4.76	60.61
Homes for the Aged	15.27	20.07	6.17	58.50
Hostels for the Homeless	62.52	7.76	24.53	5.19
Childcare Institutions	71.36	14.08	11.74	2.82
Child Corrective Institutions	96.76	0.74	1.33	1.18
Prisons	57.03	25.93	14.80	2.24
Others	71.23	8.44	18.50	1.84
Total	25.23	24.97	7.71	42.08
Population	29.38	56.13	8.15	6.34

females enumerated in institutions had never been married. The proportion of those who had never been married was considerably higher than the general population in the case of males but slightly lower in the case of females. The proportion of males residing in hostels for the disabled, hostels for the homeless and prisons who had never married was exceptionally high and, in all of these types of institutions, considerably higher than for females.

Place of Birth

Table 3.5 and Figure 3.5 show the distribution of the institutional population according to its place of birth. In some cases, place of birth refers to a single country. This is when the country in question represents a significant proportion of the foreign-born population. In other cases several countries have been combined into a single category. This aggregation has been undertaken to ensure that, for the purpose of analysis, each category or grouping contains a sufficient number of people. In some cases, as Table 3.5 clearly shows, countries have been combined on the basis of their geographic proximity. In other cases, for example, the Rest of Europe and the USSR, the grouping is merely a residual category. In the process of amalgamating birthplaces, the capacity to interpret the data inevitably diminishes in some respects. Nevertheless, we would argue that this is preferable to having a large number of single-country categories which frequently have only a very small level of representation in particular types of institutions.

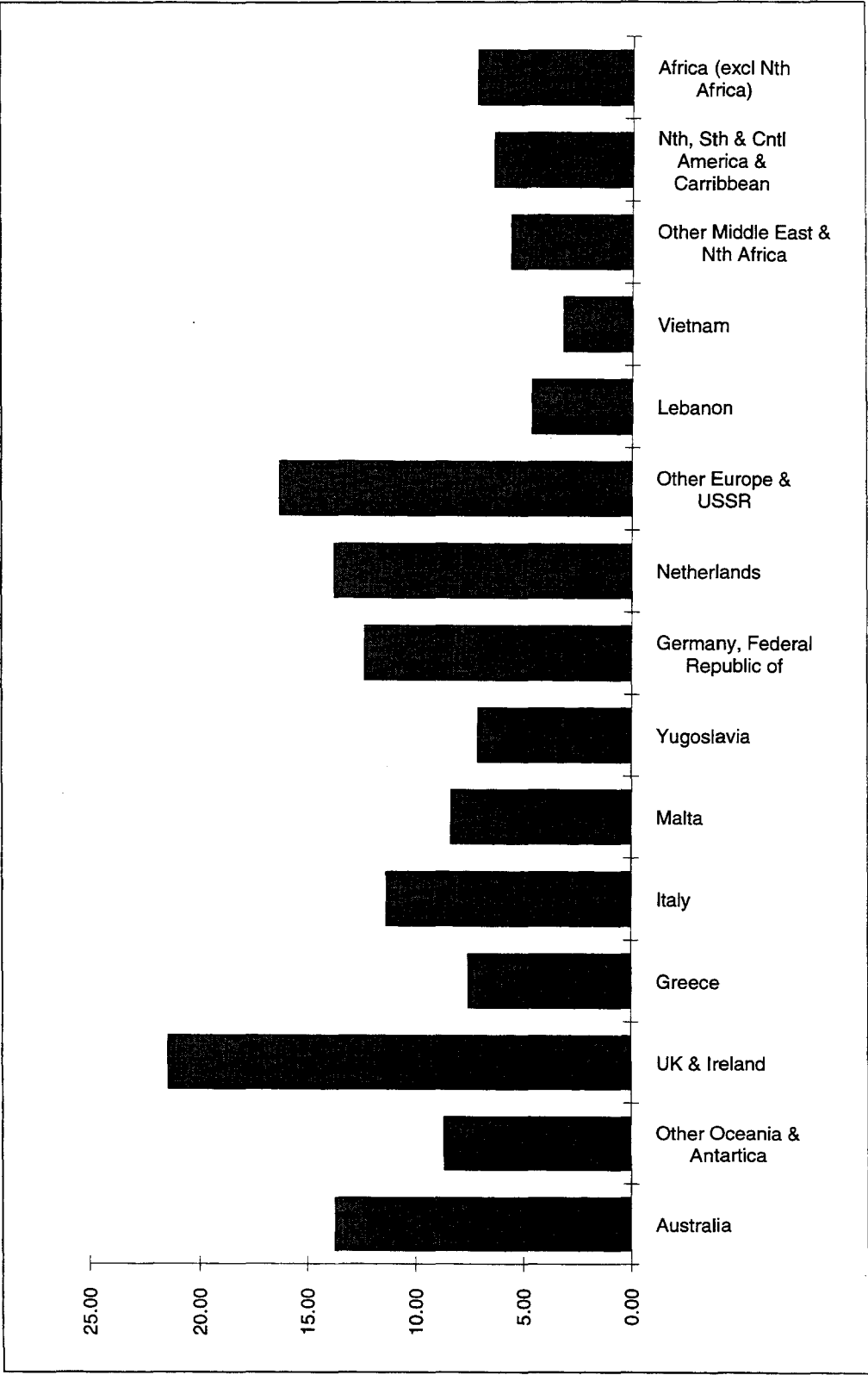
One further difficulty deserves particular attention in this part of the analysis. The proportion of the institutional population for which place of birth is 'not stated' is large. Indeed in 1991 this group was not only considerably larger than for the general population of Australia, but also comprised a larger proportion of the institutionalised population than all places of birth except Australia and the UK and Ireland. One can only speculate as to why the 'not stated' category should be so large and indeed so much larger for this than any other variable that we consider. Perhaps it is because it is difficult to obtain this kind of information from residents of some types of institution, particularly from those where residents may suffer from cognitive or behavioural problems. Others, for a variety of reasons, may not wish to disclose their country of birth. On the other hand, perhaps it is because the administrators responsible for collecting personal data on clients at the time of their intake attach less importance to their place of birth than to other kinds of information and consequently the staff who are responsible for providing personal details of residents to the census collectors and who rely on administrative records to do this, lack any appropriate source of information. Or, perhaps, the information might just be considered too unimportant to report accurately. As we shall see later, a similar problem arises in the determination of the proportion of Aboriginal or Torres Strait Islander people amongst the institutional population.

Nevertheless, some aspects of the distribution of the institutional population are worth noting. As Table 3.5 shows, the Australian-born are under-represented in all

Table 3.5: Institutional Population by Birthplace: 1991 (Column Percentages)

Age Group	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Australia	72.29	74.59	88.11	68.89	72.89	70.01	81.91	90.01	71.81	79.33	72.51	75.53
Other Oceania and Antarctica	1.51	1.13	0.86	0.75	0.98	3.61	0.39	3.29	3.33	2.34	1.26	2.08
UK and Ireland	8.11	5.93	4.00	11.31	15.24	6.60	1.57	1.34	3.64	6.46	10.45	6.97
Greece	0.54	0.63	0.23	0.68	0.13	0.27	0.00	0.00	0.52	0.00	0.43	0.81
Italy	1.46	1.56	0.35	1.66	0.88	0.38	0.00	0.00	0.65	0.35	1.20	1.52
Malta	0.21	0.23	0.08	0.21	0.16	0.14	0.00	0.00	0.16	0.35	0.19	0.32
Yugoslavia	0.64	1.24	0.26	0.48	0.19	0.68	0.00	0.00	0.93	0.12	0.48	0.96
Germany, Federal Republic of	0.68	0.81	0.45	0.61	0.51	0.72	0.00	0.37	0.41	0.62	0.59	0.68
Netherlands	0.56	0.73	0.25	0.47	0.71	0.56	0.00	0.00	0.24	0.35	0.55	0.57
Other Europe and USSR	1.80	3.23	0.93	2.64	1.98	2.58	0.00	0.37	1.79	1.13	2.09	1.83
Lebanon	0.27	0.16	0.03	0.07	0.01	0.09	0.00	0.37	0.66	0.00	0.13	0.41
Vietnam	0.22	0.26	0.08	0.05	0.01	1.06	0.52	0.85	0.74	0.35	0.16	0.73
Other Middle East and Nth Africa	2.20	1.60	0.74	1.23	1.03	4.09	0.79	1.95	2.63	1.13	1.56	3.96
Nth, Sth and Cntl America and Carribn	0.50	0.51	0.17	0.22	0.26	1.90	0.00	0.73	0.69	0.93	0.39	0.87
Africa (excl. Nth Africa)	0.32	0.29	0.13	0.20	0.34	0.48	0.00	0.00	0.29	0.12	0.28	0.56
Inadequately described	0.01	0.00	0.03	0.00	0.02	0.05	0.00	0.00	0.05	0.00	0.01	0.02
Not stated	8.69	7.02	3.33	10.50	4.66	6.79	14.81	0.73	11.47	6.42	7.71	2.18

Figure 3.5: Numbers in Institutions per 1000 Population by Place of Birth: 1991



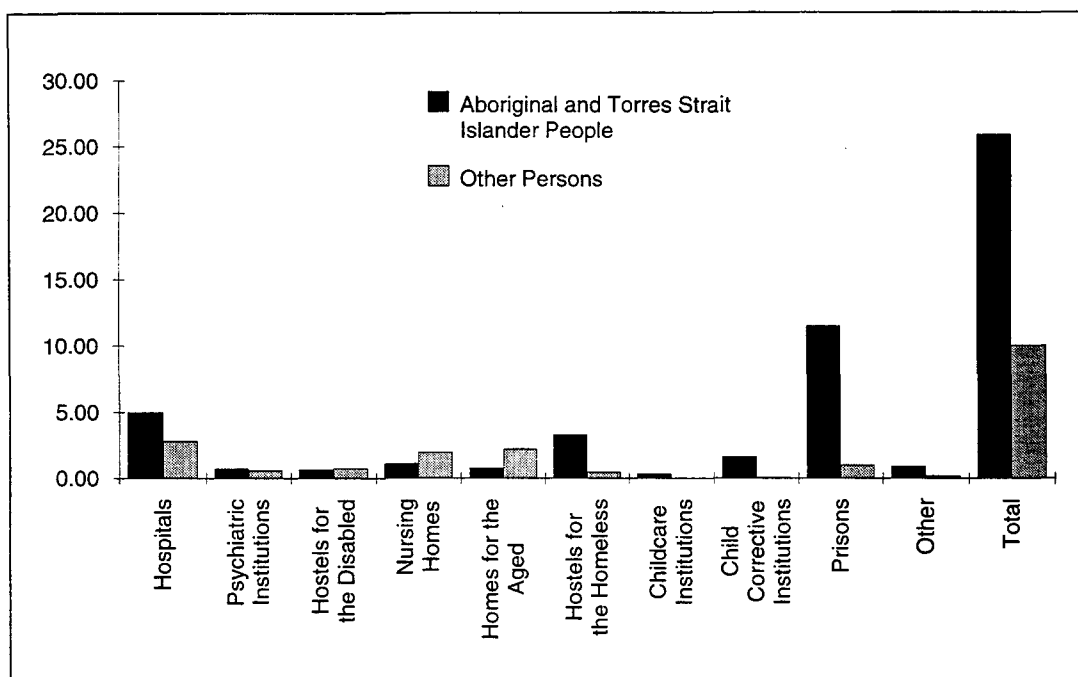
types of institutions except hostels for the disabled, childcare and corrective institutions for juveniles. The UK and Irish born, on the other hand, are over-represented in hospitals, nursing homes and homes for the aged. The European-born and particularly those originating in Mediterranean countries are under-represented in most types of institutions. Amongst the Vietnamese, who comprise the most recent and youngest wave of immigrants, there are virtually none residing in nursing homes and homes for the aged. Vietnamese people are, however, somewhat over-represented in institutions for children, although not to the same degree as the Australian-born. Finally, despite the small numbers, it is worth drawing attention to the over-representation of people, particularly women, from Oceania who are in juvenile and adult corrective institutions and hostels for the homeless.

What explanations can we offer for these differences? As we have learnt from our earlier analysis, institutionalisation is highly correlated with age. In some instances, for example residence in general hospitals, nursing and aged homes, amongst those from the UK and Ireland as well as those from the Rest of Europe and USSR, the age of the population is clearly a particularly important determining factor. However, this is far from the full story. In the case of those born in Greece, despite the fact that this population is relatively old, they are under-represented in nursing and aged homes. It seems apparent from this that any comprehensive explanation of institutionalisation by birthplace must take account of both demographic and cultural factors.

In some ways the rates of institutionalisation per thousand of the population, as shown in Figure 3.5, probably provide a better measure than the composition of the institutional population as such, because this eliminates the obfuscating influence of the 'Not Stated' category. Indeed a very different picture now emerges. Although the UK and Ireland have the highest rate (and this is, as we have already noted, related to the age of this group) several other countries vie for second place: the Australian-born, and those from Italy, Germany, the Netherlands and the residual European category. These all tend to be populations with an older age profile (see Appendix Tables A18 and A19). There are very significant differences in the rates according to birthplace. At the two extremes, those born in the UK and Ireland have a rate of 21.44 per thousand (with particularly high rates in nursing and aged homes) and the Vietnamese-born have a rate of only 3.19 per thousand with exceptionally low rates, compared with those from other places of birth, in all institutional types. Again, the age profiles of the various birthplace groups would seem to constitute the major, but not the only, factor responsible for these patterns.

People of Aboriginal and Torres Strait Islander Origin

Figure 3.6 shows that in 1991 the rate of residence in most types of institutions was considerably greater amongst Aboriginal and Torres Strait Islander people than amongst non-Aboriginal people. However, it is important to note that the rates varied considerably between males and females. The rate per thousand amongst

Figure 3.6: Numbers in Institutions per 1000 Population by Aboriginal and Torres Strait Island Origin: 1991

Aboriginal and Torres Strait Islander males was well over twice that of non-Aboriginal people, whereas in the case of females there was very little difference. Indeed, if anything, there was a higher rate of institutional residence amongst non-Aboriginal than Aboriginal and Torres Strait Islander females.

Although amongst Aboriginal and Torres Strait Islander people much of the male institutionalisation is accounted for by high rates of imprisonment, in fact their rates of institutionalisation are higher in all types of institutions except hostels for the disabled, nursing homes and homes for the aged.

Amongst Aboriginal and Torres Strait Islander females, the rates of institutionalisation, as for men, are relatively high in hostels for the homeless and low in nursing homes and homes for the aged. There was almost twice as much hospitalisation amongst both male and female Aboriginal and Torres Strait Islander people than amongst non-Aboriginal people.

Table 3.6, which compares the distribution of the Aboriginal population in institutions with that of the general population, shows that Aboriginal and Torres Strait Islander people are considerably over-represented in general hospitals, hostels for the homeless, childcare institutions, and custodial institutions for both young people and adults. These patterns appear to reflect the high morbidity and mortality rates, the low socio-economic status, and the general marginality of this section of

Table 3.6: Composition of Institutional Population by Aboriginal and Torres Strait Island Origin and Sex: 1991 (Column Percentages)

	Aboriginal and Torres Strait Islander People	Australian Population
Males		
Hospitals	19.19	27.93
Psychiatric Institutions	2.87	5.86
Hostels for the Disabled	2.55	7.28
Nursing Homes	4.31	19.34
Homes for the Aged	2.96	22.07
Hostels for the Homeless	12.72	4.76
Childcare Institutions	1.35	0.40
Child Corrective Institutions	6.21	0.68
Prisons	44.42	9.88
Others	3.43	1.80
Females		
Hospitals	44.40	24.11
Psychiatric Institutions	2.05	2.76
Hostels for the Disabled	5.52	3.99
Nursing Homes	9.20	31.70
Homes for the Aged	5.89	35.08
Hostels for the Homeless	18.34	1.14
Childcare Institutions	2.36	0.19
Child Corrective Institutions	1.31	0.02
Prisons	6.31	0.43
Others	4.62	0.58
Persons		
Hospitals	28.22	25.56
Psychiatric Institutions	2.58	3.94
Hostels for the Disabled	3.61	5.24
Nursing Homes	6.06	27.00
Homes for the Aged	4.01	30.13
Hostels for the Homeless	14.73	2.52
Childcare Institutions	1.71	0.27
Child Corrective Institutions	4.46	0.27
Prisons	30.78	4.03
Others	3.86	1.04

the Australian population. Their under-representation in nursing homes and homes for the aged, on the other hand, probably reflects their lower life expectancy, a preference for family as opposed to institutional care, and quite possibly the inadequacy of residential facilities which are appropriate for Aboriginal and Torres Strait Islander peoples.

Geographic Distribution: States and Territories

So far we have considered the relationship between institutionalisation and such personal, social and cultural factors as age, sex, marital status, place of birth and Aboriginal and Torres Strait Islander origin. We now look at the effect of location and examine the extent to which institutionalisation varies among the various States and Territories of Australia.

As Table 3.7 and Figure 3.7 show, the two smallest Territories, the Australian Capital Territory (ACT) and the Northern Territory, have the lowest rates of institutionalisation. In South Australia and Western Australia, on the other hand, the rates are relatively high, with New South Wales, Victoria, Queensland and Tasmania occupying a middle position.

It is worth drawing attention to some of the main differences among the States and Territories. In terms of their rates of hospitalisation there is relatively little variation. However, this is not the case for all 'health establishments'. In both the ACT and the Northern Territory, the rates of institutionalisation in nursing homes, homes for the aged are exceptionally low compared with all other States. These institutions cater primarily for elderly people and the ACT and the Northern Territory have a lower proportion of people who are 65 years and over than the other States. By contrast, the low rates of residence in hostels for the disabled and psychiatric hospitals, is a reflection of the level of provision of such facilities in the ACT and the Northern Territory than elsewhere. The fact that there was not a single patient enumerated in a psychiatric hospital or institution in the Northern Territory, for example, is due to the absence of such facilities in the Northern Territory. Territory residents requiring admission are placed in South Australian facilities.

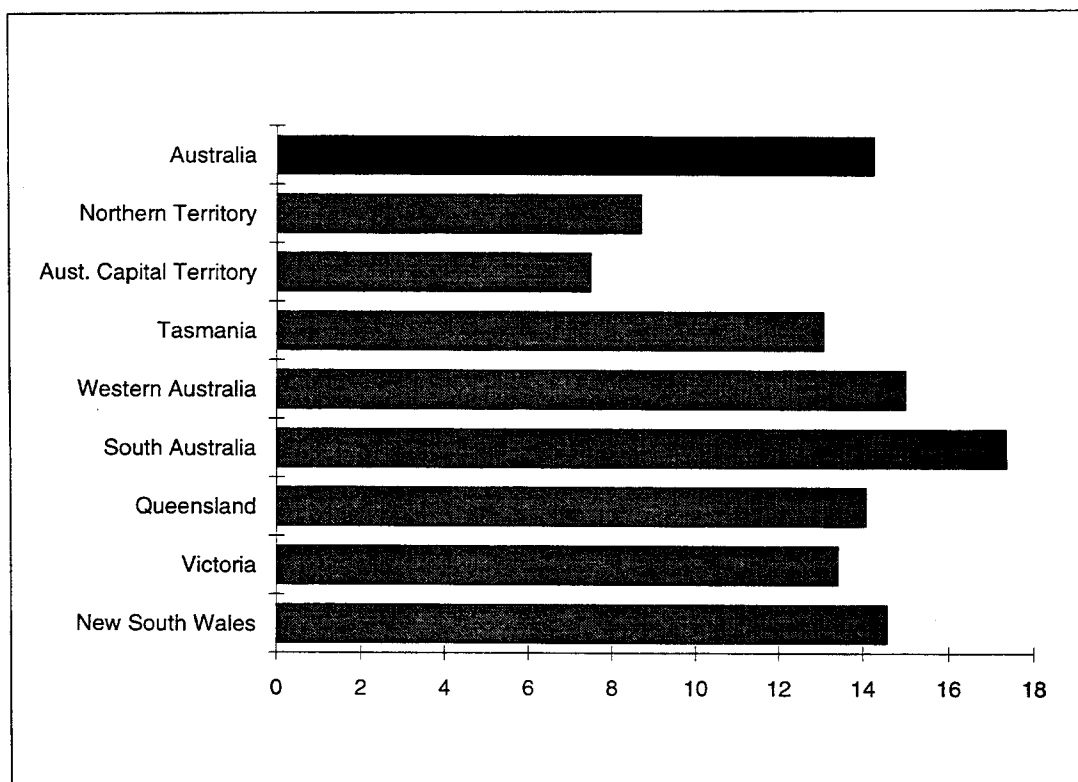
A relatively high rate of imprisonment is another distinguishing feature of the institutionalised population of the Northern Territory. It is almost three times higher than New South Wales or Western Australia and more than three times higher than any other State or Territory of Australia. Clearly, variations in social and demographic composition, as well as differences in crime patterns, policing and sentencing patterns are important determinants of interstate variations in the rate of imprisonment (AIC, 1992). It is also notable that the Northern Territory also had the highest rate of institutional residence in hostels for the homeless.

Although not exceptional in other ways, it is worth drawing attention to South Australia's relatively high rate of institutionalisation in nursing homes and homes for the aged. Demographic factors probably go some of the way in explaining this for South Australia, amongst all States and Territories, has the highest proportion of people aged 65 years and over, according to the 1991 census data.

Next we consider the composition of the institutionalised population across States and Territories. We first look at the extent to which the distribution of the institutionalised population differs from what might be expected given the

Table 3.7: Numbers in Institutions per 1000 Population by States and Territories: 1991

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	ACT	Northern Territory	Australia
Hospitals	3.70	3.72	3.68	4.33	3.50	3.72	3.11	3.37	3.72
Psychiatric Institutions	0.48	0.67	0.47	0.65	0.58	0.55	0.19	0.00	0.54
Hostels for the Disabled	0.74	0.55	0.69	1.03	0.71	1.15	0.34	0.07	0.70
Nursing Homes	4.64	3.26	3.21	4.53	3.58	3.03	1.69	0.68	3.80
Homes for the Aged	3.41	4.37	4.61	5.66	5.25	3.32	1.59	0.96	4.16
Hostels for the Homeless	0.44	0.28	0.43	0.37	0.35	0.53	0.35	0.96	0.39
Childcare Institutions	0.07	0.03	0.03	0.0	0.04	0.07	0.00	0.05	0.05
Child Corrective Institutions	0.08	0.02	0.03	0.05	0.07	0.03	0.02	0.09	0.05
Prisons	0.85	0.35	0.75	0.65	0.80	0.60	0.06	2.33	0.68
Others	0.16	0.17	0.18	0.08	0.12	0.08	0.14	0.19	0.15
Total	14.58	13.43	14.08	17.35	15.00	13.07	7.50	8.69	14.25
Population	5732032	4244221	2977810	1400623	1586825	452838	280096	175892	16850337

Figure 3.7: Numbers in Institutions per 1000 Population by States and Territories: 1991

distribution of the general population. Table 3.8 shows that the proportion of the institutional population in each State and Territory did not, in general, differ greatly from the corresponding proportion of the general population. In New South Wales, Queensland, Western Australia and South Australia there was a slight over-representation of people in institutions relative to their populations generally and in Victoria, Tasmania, the ACT and the Northern Territory there was a slight under-representation. However, it was only in the ACT that there was a considerable under-representation of the institutional population.

More interesting, however, were the variations among institutions in the various States and Territories. With the exception of institutions for juveniles, New South Wales, with 34 per cent of the Australian population, had approximately the same proportion of each institutional population. In Victoria there was rather more fluctuation between institutions. For example, whilst there was a considerable over-representation of psychiatric hospital patients, there was an under-representation of institutionalised children, prison inmates and of people in hostels both for the homeless and for the disabled. In Queensland there was an under-representation of children in institutions but some over-representation in nursing homes and homes for the aged. In South Australia the proportion of children in childcare institutions was exceptionally low. In Western Australia and in the Northern Territory the prison population was over-represented.

Table 3.8: Distribution of Institutional Populations by States and Territories: 1991 (Row Percentages)

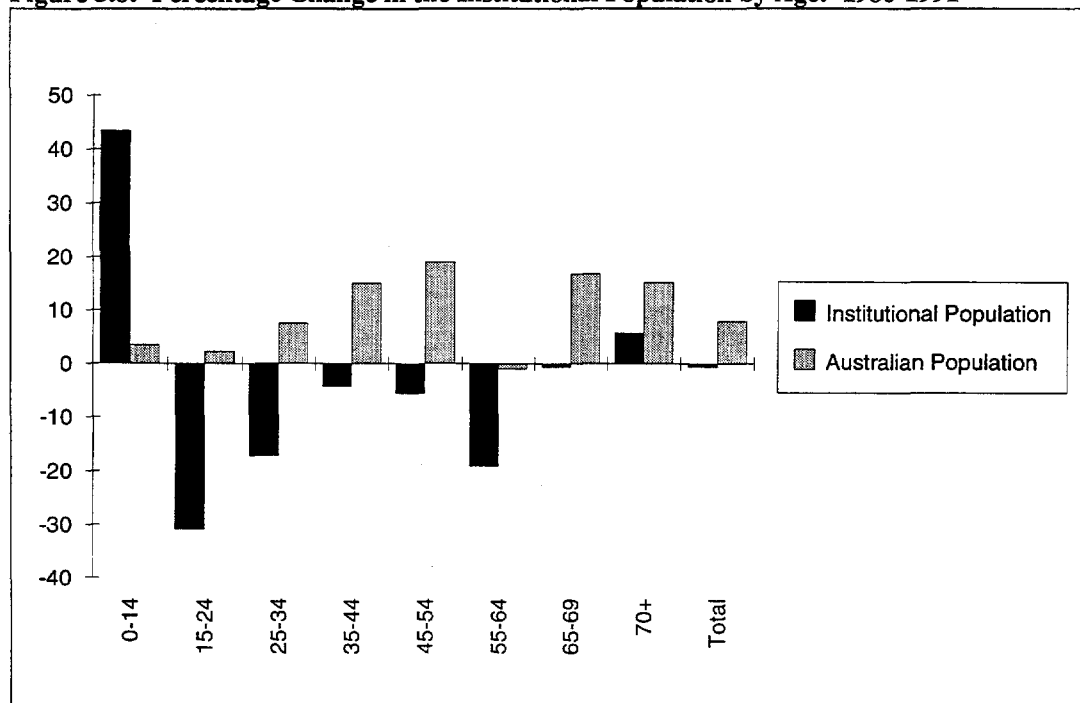
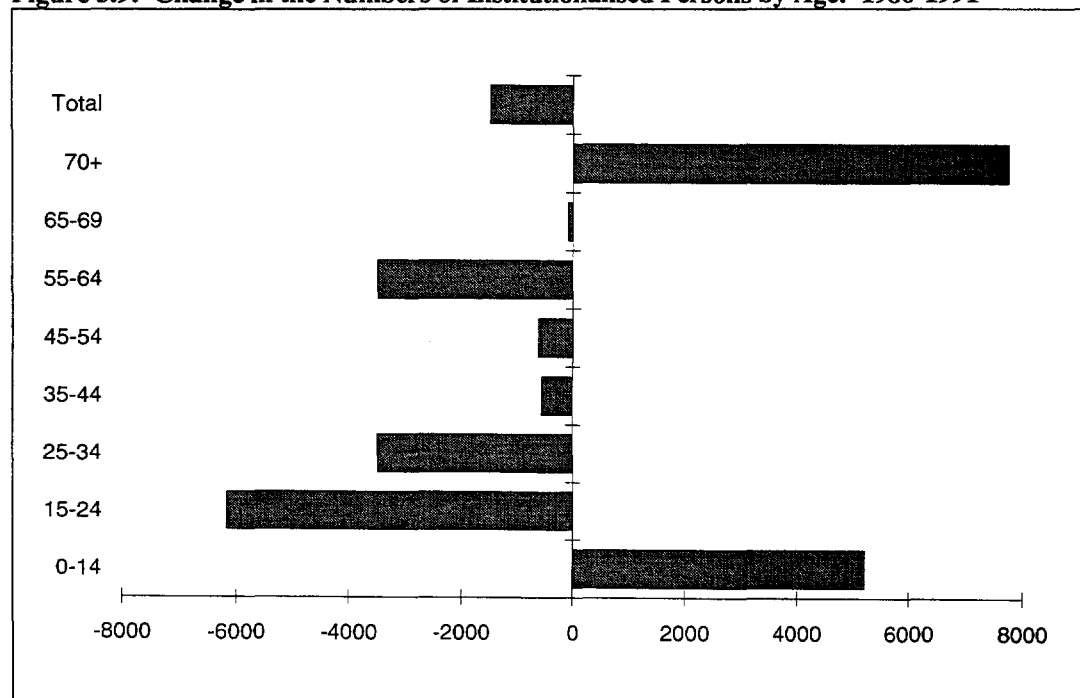
	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	ACT	Northern Territory
Hospitals	33.80	25.17	17.48	9.68	8.86	2.68	1.39	0.95
Psychiatric Institutions	30.29	31.24	15.12	10.00	10.03	2.73	0.59	0.00
Hostels for the Disabled	35.94	19.72	17.34	12.19	9.47	4.41	0.81	0.11
Nursing Homes	41.58	21.61	14.96	9.90	8.88	2.14	0.74	0.19
Homes for the Aged	27.82	26.42	19.55	11.31	11.88	2.14	0.63	0.24
Hostels for the Homeless	38.60	18.16	19.45	7.78	8.35	3.62	1.50	2.54
Childcare Institutions	54.23	18.86	12.74	0.91	8.06	4.16	0.00	1.04
Child Corrective Institutions	53.37	11.45	10.12	7.95	12.77	1.57	0.84	1.93
Prisons	42.62	12.87	19.45	7.93	11.07	2.37	0.13	3.58
Others	34.93	27.61	21.30	4.32	7.71	1.36	1.48	1.29
Total	34.79	23.73	17.46	10.12	9.91	2.47	0.87	0.64
Total Population	34.02	25.19	17.67	8.31	9.42	2.69	1.66	1.04

3.3 Demographic Change in the Institutional Populations, 1986 to 1991

We saw in Section 2 that the institutionalised, as a proportion of the Australian population, increased over the decade to 1986 and thereafter fell in the five years to 1991. Before concluding our overview of census data on the detailed characteristics of the institutional population, it may therefore be of interest to consider some of the changes in the composition of this population between 1986 and 1991. Has the impact of deinstitutionalisation policies been felt more in some demographic categories than others? Of the variables considered in the preceding section, some lend themselves to addressing this question better than others, for reasons of the availability of consistently categorised data. Thus, it did not prove to be possible to make comparisons of the institutionalised populations in the two years by birthplace or marital status, for example. However, just looking at recent changes in the age/sex profile of the institutionalised may be of general interest, while a consideration of changes in the geographic distribution of these people might shed some light on the differential impact of State-level policy regimes and other cross-regional factors on the use of institutional care, custody and treatment.

Age and Sex

Changes over time in the composition of the institutional populations by sex were dealt with in Section 2. Consequently, this section begins with an overview of shifts in the age composition between 1986 and 1991, before going on to break this down into females and males. The simplest way of approaching this issue consists of just looking at the percentage growth in the institutional population by age group, and comparing this with the corresponding figures for the total Australian population. The results, given in Figures 3.8 and 3.9, show an absolute decline in numbers of institutional residents across most age brackets, coupled in most instances with a corresponding growth in the general population, thus reducing the rate of institutionalisation. There are two noticeable exceptions to this pattern, these being the very youngest and very oldest age groups. The number of children (ie., under 15s) in institutional settings grew by over 40 per cent, which as the figure makes apparent was far in excess of the growth of this age group in the population as a whole. At the other end of the scale, the number of institutionalised persons who were septuagenarians or older also increased, albeit more modestly and certainly at a slower rate than the corresponding general population category. These percentages need to be kept in perspective, however. Although the increase in the 70+ category is proportionately much smaller than that in the 0-14 age range, the former refers to a substantially greater number of actual persons, purely because, as we have seen, the aged comprise the greatest part of the total institutional population. This point is reinforced by Figure 3.9, which converts the percentage changes into absolute numbers. Having said this, it is still the case that the number of institutionalised children increased by over 5,000 in the five-year period under scrutiny, in marked contrast to a general decline in institutionalisation.

Figure 3.8: Percentage Change in the Institutional Population by Age: 1986-1991**Figure 3.9: Change in the Numbers of Institutionalised Persons by Age: 1986-1991**

Going beyond these broad aggregates, Table 3.9 breaks down changes in the rate of institutionalisation by age, sex and type of institution. What emerges is a basically similar picture to the preceding, but in rather more detail. Thus we can see that while the rate of institutional residence per 1000 of the population decreased most substantially in the oldest age group, the decrease was considerably greater for women than for men. Furthermore, this varied by institution type: among both males and females, the rate of residence in nursing homes dropped dramatically, but was partly offset by a rise in the rate of residence in homes for the aged. The decrease in the former and the increase in the latter were both greater for women than for men. In part, this seemingly substantial change may reflect something as prosaic as the reclassification of many institutions for the elderly for census purposes, perhaps as a consequence of leaving the choice of institutional category to the respondents rather than the census collectors: such institutional administrators may prefer to designate their establishments as something other than the potentially stigmatising 'nursing home'.

Turning to the rise in institutionalisation rates among children, the most striking aspect lies in the distribution of this increase across types of institutions. While the rate of residence of the very young increased over the five years in most types of institutions, the most notable exceptions were those specifically geared towards children, that is, childcare and child correctional facilities. Again, these findings would appear to raise more questions than they answer.

Apart from the case of the very young, the general trend of the late 1980s would appear to be a decline in institutionalisation rates across age-sex categories, although there are some further exceptions which should be noted. Rates of residence in hostels for the homeless increased among the young and the middle-aged, and in the case of males, all age groups apart from those 70 and over. Is this an unintended consequence of deinstitutionalisation policies or instead the effect of economic hardship in some sections of the population? The ABS data do not permit us to say.

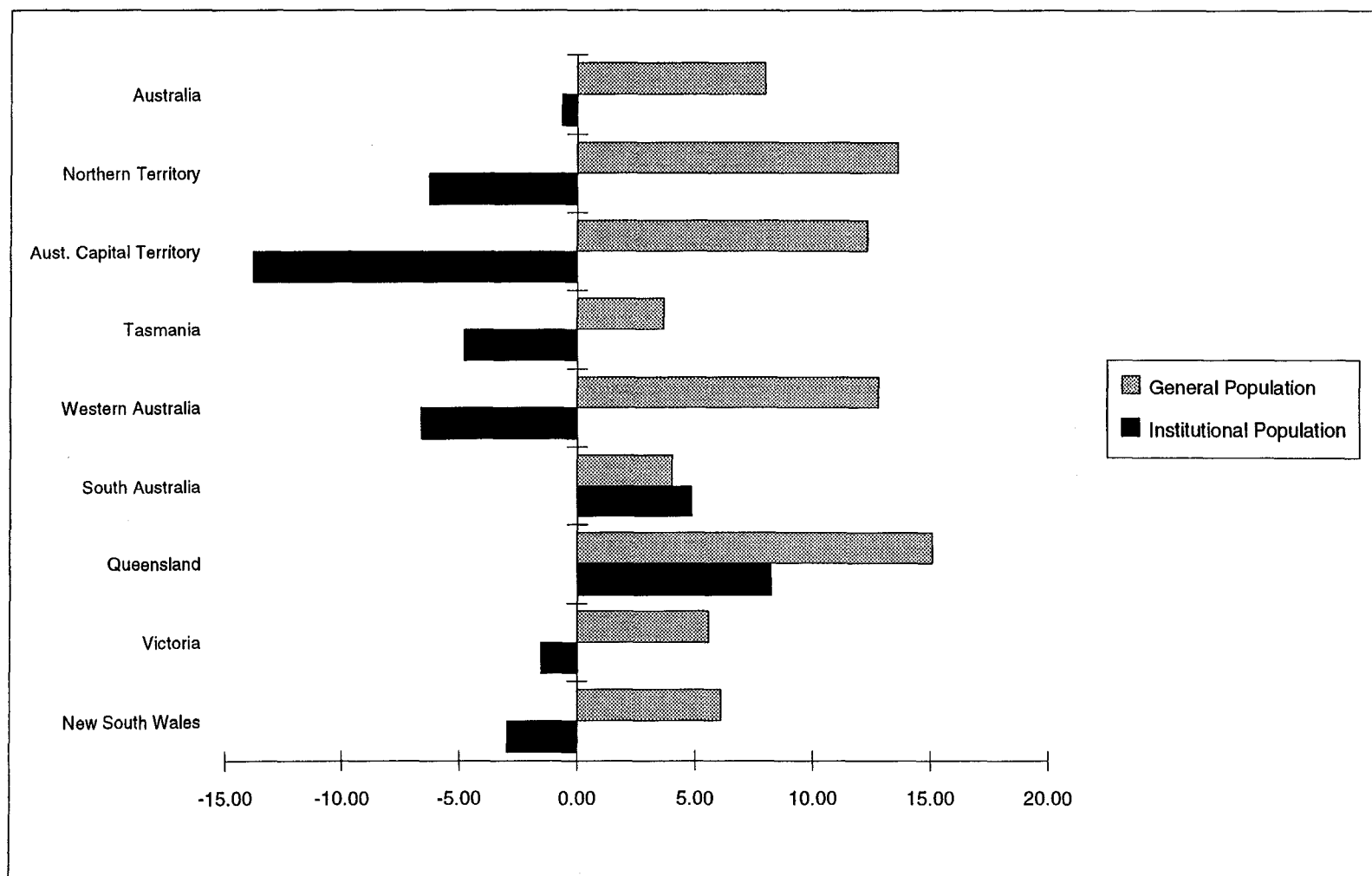
It can also be seen from the table that the rates of institutionalisation in facilities for the disabled increased in all age and sex categories, with the (perhaps odd) exception of both females and males in the young adult category of 15 to 24. In this, as in a number of the preceding findings of this section of the analysis, speculation as to the reasons for these patterns of change is likely to be futile in the absence of more detailed research.

Geographic Distribution: States and Territories

In considering changes in the institutional populations between 1986 and 1991, it is apparent from Figure 3.10 that the variations between States and Territories were substantial. While the national population of people in institutions fell by 0.63 per cent over this period and the New South Wales and Victorian components by slightly more than this, the drop in numbers was proportionately greater in Tasmania, Western Australia, the Northern Territory and especially the ACT, whose

Table 3.9: Change in the Numbers in Institutions per 1000 Population by Age and Sex: 1986-1991

Age Group	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total
Males											
0-14	0.34	0.04	0.16	0.04	0.16	0.23	-0.25	-0.00	0.56	-0.00	1.20
15-24	-0.46	-0.55	-0.21	-0.19	-0.11	0.13	-0.24	-0.08	-0.88	-0.08	-2.66
25-34	-0.32	-0.82	0.00	-0.14	-0.18	0.23	-0.06	-0.02	-0.73	0.04	-2.00
35-44	-0.28	-0.48	0.14	-0.19	-0.24	0.21	-0.05	-0.01	-0.09	0.02	-0.97
45-54	-0.69	-0.58	0.26	-0.46	-0.37	0.16	-0.04	-0.01	0.01	-0.05	-1.77
55-64	-0.83	-1.06	0.30	-0.98	-0.22	0.36	-0.03	-0.01	0.00	-0.14	-2.61
65-69	-1.34	-0.95	0.53	-2.39	0.68	0.25	-0.02	0.00	0.07	-0.15	-3.33
70+	-2.51	-0.70	0.44	-12.05	8.72	-0.02	-0.13	0.01	0.06	-0.18	-6.28
Total	-0.35	-0.50	0.11	-0.83	0.56	0.20	-0.13	-0.02	-0.15	-0.03	-1.14
Females											
0-14	0.49	0.02	0.08	0.38	0.49	0.07	-0.16	-0.02	0.01	-0.02	1.34
15-24	-1.33	-0.30	-0.12	-0.22	-0.00	0.07	-0.24	-0.05	-0.07	-0.06	-2.32
25-34	-1.10	-0.47	0.01	-0.09	-0.03	0.06	-0.09	-0.01	0.03	0.01	-1.69
35-44	-0.66	-0.31	0.18	-0.18	-0.01	0.03	-0.07	-0.01	0.01	0.03	-0.98
45-54	-0.60	-0.38	0.23	-0.47	0.04	0.03	-0.07	-0.00	-0.01	0.01	-1.22
55-64	-0.81	-0.46	0.23	-1.08	0.20	-0.01	-0.07	0.00	-0.00	-0.04	-2.05
65-69	-1.31	-0.42	0.28	-3.23	0.80	-0.02	-0.07	0.00	0.00	-0.01	-3.98
70+	-4.13	-0.77	0.84	-25.82	18.57	-0.31	-0.35	0.00	0.00	-0.05	-12.02
Total	-0.84	-0.31	0.16	-2.17	1.98	0.01	-0.14	-0.02	-0.00	-0.01	-1.35
Persons											
0-14	0.41	0.03	0.09	0.21	0.32	0.15	-0.21	-0.01	0.29	-0.01	1.27
15-24	-0.88	-0.43	-0.17	-0.21	-0.06	0.10	-0.24	-0.07	-0.48	-0.07	-2.50
25-34	-0.70	-0.64	0.01	-0.12	-0.10	0.14	-0.07	-0.02	-0.36	0.02	-1.85
35-44	-0.46	-0.40	0.16	-0.19	-0.12	0.12	-0.06	-0.01	-0.05	0.03	-0.99
45-54	-0.65	-0.48	0.24	-0.46	-0.17	0.09	-0.05	-0.01	-0.00	-0.02	-1.51
55-64	-0.82	-0.76	0.27	-1.03	-0.01	0.18	-0.05	-0.00	-0.00	-0.09	-2.33
65-69	-1.31	-0.66	0.40	-2.84	0.72	0.11	-0.05	0.00	0.04	-0.08	-3.66
70+	-3.49	-0.74	0.68	-20.48	14.50	-0.19	-0.26	0.00	0.03	-0.07	-10.02
Total	-0.59	-0.41	0.14	-1.50	1.28	0.10	-0.14	-0.02	-0.08	-0.02	-1.24

Figure 3.10: Percentage Change in Institutional Populations by States and Territories: 1986-1991

institutional population decreased by nearly 14 per cent. Moreover, the numbers in institutions in Queensland and South Australia actually increased. In South Australia, the percentage increase of institutionalised was in fact slightly greater than the corresponding increase in the state's population as a whole.

Table 3.10 seeks to expand upon these findings by disaggregating the data according to institution type. Thus we can see, for instance, that the main component driving the increases in Queensland and South Australia is homes for the aged. Furthermore, the type of institution makes a difference to the extent of geographic variation. Across the board, numbers in aged homes rose, while numbers in psychiatric hospitals fell. In nearly all States and Territories there was a percentage increase in the numbers in hostels for the disabled. The application of normalisation policies for people with disabilities could account for the increase in the number of such people enumerated in these hostels. This is only to be expected in each case: population ageing and the trend away from institutional psycho-therapeutic treatment might reasonably be considered national phenomena. On the other hand, the prison population grew to varying degrees in New South Wales, South Australia and Tasmania, while shrinking - again, by differing amounts - in the other States and Territories. Similar variation by State is evident in the case of correctional facilities for children.

Consequently, any attempt at an explanation of regional differences in the expansion or contraction of the institutional population would have to take account of a variety of factors. While differences in State-level policy and administration might well be relevant to the lack of any national pattern in the populations of corrective institutions, an account of the varying growth rates in institutions for the aged would need to incorporate differential population ageing and patterns of internal migration (for instance, upon retirement).

3.4 Conclusions

In this section, we have used recent census data to examine the demographic factors associated with the rate of institutional residence and the composition of institutional populations. Some of these would seem to be of greater importance than others. The risk of institutionalisation of one kind or another depends to a large extent upon age and sex. Indeed, to talk of 'the institutional population' is, in the plurality of cases, to talk of elderly and usually widowed women in nursing homes and homes for the aged. Nevertheless, age and sex are also relevant to understanding the less numerous institutional populations, while other ascriptive characteristics also play an important role. An obvious example of the latter is Aboriginality. Finally, the nature of the institutional population also varies geographically by States and Territories.

Notwithstanding its limitations, data from the population census is of considerable value in examining all of the aforementioned characteristics of the institutional

Table 3.10: Percentage Change in Institutional Populations by States and Territories: 1986-1991

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	ACT	Northern Territory	Australia
Hospitals	9.67	7.07	5.97	7.30	15.93	12.20	3.11	6.46	6.84
Psychiatric Institutions	41.09	40.62	30.42	20.54	33.07	65.89	28.00		38.33
Hostels for the Disabled	24.15	59.92	48.16	5.70	51.01	137.90	166.67	35.00	34.20
Nursing Homes	8.44	26.20	33.26	29.23	31.83	46.69	17.62	36.70	22.52
Homes for the Aged	15.35	59.64	112.39	125.85	47.43	442.96	3.73	44.44	55.98
Hostels for the Homeless	50.27	96.72	101.10	68.52	2.13	71.94	73.10	25.37	48.27
Childcare Institutions	60.77	83.67	76.78	96.46	66.30	30.43	100.00	87.69	73.41
Child Corrective Institutions	25.14	77.22	5.62	20.00	4.95	53.57	75.86	15.79	23.99
Prisons	14.12	25.93	0.71	13.50	29.52	2.26	16.67	8.48	3.26
Others	18.97	122.26	33.05	9.02	58.40	66.67	74.83	60.24	6.45
Total	2.96	1.51	8.25	4.86	6.62	4.78	13.76	6.25	0.63
General Population	6.11	5.59	15.09	4.06	12.79	3.69	12.31	13.59	8.00

population. As should be apparent by this juncture, however, the approach does have its weaknesses. Such characteristics as birthplace and Aboriginality are often not collected for people who are institutionalised, resulting in disproportionately large 'not stated' categories, while even for those variables where data are available, it is not always possible to find comparable figures from year to year. The limitations of the census thus lead us to consider the data on institutional populations available from other administrative sources. This is the task of the next section.

4 Beyond the Census: Alternative Data Sources on Institutions

4.1 Introduction

The effective administration of institutional facilities requires that accurate records are maintained on all residents. Records provided by individual facilities of the kind included in this report are, in most cases, incorporated into national statistical collections. In this section we review these collections, consider their value as a means of monitoring changes in the institutional population and, where possible, compare them to those available through the ABS census.

The analysis has been extended beyond the census to other national sources for a number of reasons. First, as discussed in the previous chapter, the published census data on the population of non-private dwellings limits the analysis to a small number of variables and does not cover the range of information available for the general population⁶. It was hoped that other data sources would provide additional information which would complement and enhance the analysis possible using ABS census data. Second, it was expected that the use of other sources would provide some points of comparison with, and hence corroboration of, the census data. Finally, it appears increasingly likely that in the future, administrative statistics will provide an even more important means of generating an up-to-date picture of the institutional population than the census. Detailed census data for 1991 on the population of non-private dwellings were not published by the ABS. This situation is likely to continue in the future. In these circumstances, it is useful to consider the adequacy and availability of alternative sources of information.

The available data collections differ in a number of respects. They are made with varying degrees of frequency and regularity, they contain different items of information about the populations covered and they vary in the degree of detail they provide about these populations. They also differ in their modes of presentation. Yet, because they are officially endorsed, having usually been collected for purposes of planning, these data sources often represent the preferred source of information for the institutions they cover. In addition, once these alternative statistical collections have been traced, and this is not always easy, the data, in contrast to ABS data, are available in published form.

An overview of the different sources is presented in the next part of this section. Following this we compare the statistics from administrative collections and the ABS census on one single variable, the number of people in each type of facility. In the final part of the section we discuss the contents of statistical collections and

6 See footnote 1.

present a case study on the information contained in one of these in order to consider the extent to which it sheds light on a particular population.

The brief review of data sources presented in this section is not a comprehensive evaluation of different data sources, but is intended simply as a preliminary attempt to consider issues associated with the current collection and publication of official data on the populations of selected residential institutions. The analysis and use of examples presented is illustrative only. Although, as noted earlier, the data collections are officially endorsed, we have no way of comparing their level of accuracy with the information provided in the ABS census. Our intention in this section is not to endorse or reject one source or another, but rather to comment on the strengths and weaknesses of the different sources of data and suggest ways in which their use can best advance comparative analysis.

4.2 An Overview of Administrative Statistical Collections

The most readily available statistical collections are those compiled by the Australian Institute of Health and Welfare and the Australian Institute of Criminology, statutory bodies established by the Commonwealth Government of Australia. Other important sources have been Commonwealth Government departments, in particular, the Department of Health, Housing, Local Government and Community Services which has responsibility for programs which serve many of the institutional populations with which we have been concerned in this study.

Table 4.1 describes the administrative statistical collections used in this report and summarises various features of them. These reports represent the most recent data available and in nearly all cases refer to 1991 or later. In most cases the statistics are based on annual or biannual collections. However, the data on disability hostels was obtained from a census which, like the ABS census, is conducted at five-yearly intervals. In the case of hostels for aged persons, the 1992 report was the first published. For hospitals, nursing homes and hostels, data is collected on a continuing basis, and annual or biannual figures made available.

Identifying the Enumerated Population

Perhaps the most significant feature of the administrative collections, for this report, lies in the selection of the population which is enumerated. In most cases it is clear that the populations covered reside in a particular kind of residential facility, such as a hospital, nursing home, refuge or prison. However, because the primary purpose of most of the collections is to inform and report on the operation of particular government programs, the residential facilities and the people residing in them are not necessarily the focus of their attention. Furthermore, people residing in institutions which are not funded by government programs are also excluded.

Table 4.1: Outline of National Administrative Statistical Collections on Institutional Populations

Type of Institution	Main Source of Current Data	Types of Facilities Covered	Year of Most Recent Data Collection	Year Data Collection First Published; Frequency of Publication	Method of Data Collection	Main Data Variables Used in Published Tables	Other Remarks
Hospitals	Australian Institute of Health and Welfare (AIHW) (1992), <i>Hospital Utilisation and Costs Study</i> , 1989-90	<ul style="list-style-type: none"> • Public acute hospitals • Repatriation Hospitals • Private hospitals 	1989-90	1985. Biannual collection (other comparable annual figures available through Dept. of Health Annual reports and elsewhere)	Hospital records provided to AIHW	<ul style="list-style-type: none"> • Separations • Bed days • Average length of stay • Occupancy rate • Interstate comparisons 	For 4 years from 1991-92, AIHW and ABS will conduct annual surveys of health institutions using agreed definitions set out in the National Minimal Data Set for Institutional Health Care (NMDS).
Psychiatric	Australian Institute of Health and Welfare (1992), <i>Hospital Utilisation and Costs Study</i> , 1989-90.	<ul style="list-style-type: none"> • Public and private psychiatric hospitals 	1989-90	1988. Biannual collection (other details as for acute hospitals).	Hospital records provided to AIHW	<ul style="list-style-type: none"> • Admission rates • Bed days • Occupancy rate • Interstate comparisons 	AIHW notes that figures are difficult to interpret due to varying extent to which psychiatric illness is treated in acute hospitals, which varies between States, and to variations in treatment patterns.
Accommodation for People with Disabilities	AGB Australia (1991) <i>1991 Census of Disability Services, Final Report</i> , Dept. of Health Housing and Community Services.	Accommodation and accommodation support provided by the Disability Services Program (DSP) under sections 10 and 13 of the Disability Services Act	1991	1986 (no longer available). Report published in 1991 as interim measure. AIHW currently developing a minimum data set for services funded under the Commonwealth/State Disability Agreement	Census approach. Data collected by consultants using mailed questionnaire. Figures reported represent 94% response rate to survey.	<ul style="list-style-type: none"> • Av. number of clients per service. • Client involvement in community activities • Tenure and ownership of accommodation. Other details, provided for all DSP program clients, include: clients of non-English speaking background, clients' primary disability, clients' secondary disability, level of support required (low, med, high), length of time with service.	Some information presented on all clients assisted in 1989-90. Other information relates to the incidence on census night. Definitions provided of accommodation types make it impossible to identify an 'institutional population', especially for those services funded under section 10.

Table 4.1: Outline of National Administrative Statistical Collections on Institutional Populations (cont.)

Type of Institution	Main Source of Current Data	Types of Facilities Covered	Year of Most Recent Data Collection	Year Data Collection First Published; Frequency of Publication	Method of Data Collection	Main Data Variables Used in Published Tables	Other Remarks
Nursing Home	Dept. of Health, Housing, Local Government and Community Services, Aged and Community Care Planning Section, Residential Program Management Branch (1993) <i>Nursing Homes for the Aged - A Statistical Overview (1991-92)</i>	All nursing homes approved under the National Health Act, with the exception of specialised nursing homes for people with disabilities.	1991-92	1988 Statistical overview published each two years. Some data available annually.	Data obtained from the Nursing Home Payment System, using information from the NH3, NH4 and NH5 forms, the latter being the major source.	<ul style="list-style-type: none"> • Sex • Age • Length of stay • Admissions, separations and month of admission • Marital status • Prior living arrangements • Whether in hospital prior to admission • Whether carer claimed DNCB • Pension status • Aboriginality • Country of birth • Preferred language • Resident dependency (RCI score) • Size of nursing home • Type of nursing home ownership • Compensation claims • Interstate variations in provision 	The information presented is confined to nursing homes for the aged. Nursing homes for people with disabilities are excluded.
Aged Persons Hostels	Dept. of Health, Housing and Community Services, Aged and Community Care Planning Section, Programs and Planning Branch (1992) <i>Aged Persons Hostels - A Statistical Overview (1991-92)</i>	Aged persons hostels.	1991-92	1991-92 First year of publication	Data obtained from computerised administrative records, using the MERLIN/CHIPS data base.	<ul style="list-style-type: none"> • Age of residents • Sex • Length of stay • Month of admission of new residents • Separations • Prior living arrangements • Country of birth • Preferred language • Resident dependency 	Information is confined to hostel residents in receipt of Commonwealth funding.

Table 4.1: Outline of National Administrative Statistical Collections on Institutional Populations (cont.)

Type of Institution	Main Source of Current Data	Types of Facilities Covered	Year of Most Recent Data Collection	Year Data Collection First Published; Frequency of Publication	Method of Data Collection	Main Data Variables Used in Published Tables	Other Remarks
Homeless Refuge	Supported Accommodation Program (1993) <i>Home for a Night. One Night Census, November 1992.</i> Commonwealth Dept. of Health, Housing, Local Government and Community Services	Services funded under the Supported Accommodation Assistance Program (SAAP). These are categorised as services for: <ul style="list-style-type: none"> • youth • women escaping domestic violence • families • single women • single men • multiple target groups 	1992. Census conducted yearly until 1991, twice yearly since then.	1989. Published biannually since 1991.	National one night census, completed by service providers.	<ul style="list-style-type: none"> • Age • Sex • Number and sex of accompanying children • Aboriginality • Main language spoken • Sources of income • Previous accommodation • Length of stay 	<p>The data available in previous reports covers only a proportion of services, and readers are cautioned against comparing results from different censuses.</p> <p>A second element of the census is a national 'two week census', conducted twice a year since 1991.</p>
Children in Care	G. Angus and K. Wilkinson (1993) <i>Children Under Care and Protection Orders, 1990-91.</i> Australian Institute of Health and Welfare	Residential child care facilities for: <ul style="list-style-type: none"> • handicapped people; • juvenile hostels; • family group homes; • Campus homes; • other Residential care facilities: <ul style="list-style-type: none"> • hospitals/nursing • home; • boarding schools; • resident adult care 	1991	New series, continues from WELSTAT collection commenced in 1976.	Data provided by State and Territory Departments concerning children under care and protection orders (including adopted and unaccompanied child immigrants) on 30.6.1991, as well as admissions to and discharges from State wardship during 1990-91.	<ul style="list-style-type: none"> • Number of children • Sex • Age • State variations in provision <p>NB. The classification of residences does not provide any indication of the size or institutional character of the facilities included.</p>	The authors note that 'the tables and figures in this report are based on the data provided by State and Territory Welfare Departments, and are dependent on factors such as the scope and completeness of data collection, reporting procedures, policy guidelines and judicial requirements of the particular State or Territory'.

Table 4.1: Outline of National Administrative Statistical Collections on Institutional Populations (cont.)

Type of Institution	Main Source of Current Data	Types of Facilities Covered	Year of Most Recent Data Collection	Year Data Collection First Published; Frequency of Publication	Method of Data Collection	Main Data Variables Used in Published Tables	Other Remarks
Corrective Institutions for Juveniles	Australian Institute of Criminology (1993b), <i>Persons in Juvenile Corrective Institutions</i> . Facts and Figures Series No. 62.	All juvenile correctional institutions	1993	1977. Data form currently used was first introduced in 1982. Information on Aboriginal and Torres Strait Islander Juveniles first included in March 1993	Information provided by State authorities using records obtained from the Correctional Institutions, in most cases on a quarterly basis	<ul style="list-style-type: none"> • Age • Sex • Aboriginal and Torres Strait origin • State variations 	<p>Some variations were noted in the coverage of different States and Territories.</p> <p>Some juveniles are imprisoned in adult prisons</p>
Prisons	Australian Institute of Criminology (1992a), <i>Australian Prisoners, 1991</i> (Compiled by John Walker assisted by J. Hallinan and D. Dagger)	All adult correctional institutions	1993 (not yet available)	1982. Data form currently in use was first used in 1987.	Annual prison census conducted on the night of 30th June. Data collection co-ordinated by the National Correctional Statistics Committee using data provided by State and Territory Departments. Most information was obtained from existing records, supplemented by interviews with prisoners in some cases.	<ul style="list-style-type: none"> • Age • Sex • Country of birth • Aboriginality • Marital status • Location of last known address • Employment status at time of arrest • Highest educational level • Date of most recent admission • Information on nature of offence • Information on nature of sentence inc. legal status of prisoner • Time served • State variations 	Some variations were noted in the coverage of different States and Territories.

In the case of accommodation for people with disabilities, for example, the population referred to in the current statistical collection is that funded under Sections 10 and 13 of the *Disability Services Act*. Figures which pertain to the newer services, which are funded under Section 10 of the *Act*, do not differentiate between the people accommodated in residential establishments and those supported by a range of other measures used to provide support with accommodation. These accommodation support measures range from financial assistance with rent and help with transport to and from home, to the provision of support staff. For residential facilities funded under Section 13 of the *Act*, on the other hand, figures are provided on the number of residents. Separate figures are presented for residents of 'nursing homes' and 'other residential' accommodation (AGB, 1991: 12, 15).

A similar situation arises for children in care (this includes orphans and state wards). In this instance, the statistics presented refer only to those children with care and protection orders living in residential facilities. It is not clear whether there are any children without care and protection orders residing in these facilities (AIHW, 1993).

The focus on program accountability also affects the specific items of information published on facilities of various types. The statistics available for nursing homes, for example, refer specifically to nursing homes for the aged. Residents of nursing homes for the disabled are not covered by the collection, and it is not clear how or where they are enumerated, as there is no reference made to a companion volume of statistics. Similarly, data on hostels for the aged refers exclusively to registered hostels. There is no information presented on other homes for the aged which are not administered under the same regulations.

Under the circumstances described above, it is extraordinarily difficult to identify the numbers of people accommodated in any particular form of residential setting, not least because detailed explanatory notes are unusual. Thus it is not clear where there has been undercounting or double-counting. We do not know, for example, whether a person with a disability accommodated in a nursing home is included in the statistics for nursing homes or in the statistics for people with disabilities funded under Section 13 of the *Disability Services Act*, or in both. Nor, to provide another example, do we know whether a child with a disability, who is under a protection order, is double-counted, appearing in both the disability services collection and the childcare collection. But a matter of even greater concern is that the populations covered by the statistical collections do not include those people or facilities which are excluded from government programs. This means that there has almost certainly been an undercounting of the overall population residing in residential facilities. Private facilities which do not receive government funding, such as private retirement villages, special accommodation homes or convalescent homes, are therefore omitted.

Methods of Data Collection

The methods of data collection also vary considerably between the different collections, as Table 4.1 indicates. The most common method is the extraction of data from administrative records. For nursing homes and homes for the aged, this process has been computerised and information, collected at the national level by a single administrative authority, is collated each two years for publication. In many other cases the task is more complex, as records are maintained by State and Territory Departments for the programs they administer. In such instances a number of intermediaries, often applying different criteria, are involved in the supply of information. Painstaking work has been required by the Australian Institute of Health and Welfare (AIHW) to collate State data on hospitals and psychiatric institutions⁷. A similar exercise has been undertaken by the Australian Institute of Criminology concerning prisons and juvenile detention centres.

In a limited number of cases, data on residents has been collected directly by means of a census. In the case of prisons and refuges for the homeless the methodology of the census appears to be similar to that employed by the ABS, with questionnaires being completed by all facility administrators. For people with disabilities, information was obtained by means of a mailed questionnaire, which, after repeated attempts at follow-up, had a response rate that covered 94 per cent of services. The variability encountered when information is collected using such methodologies, undoubtedly affects the coverage and quality of the data.

4.2 Population Figures

As this overview has shown, the differences between collections make it impossible to provide a detailed demographic profile of the institutional population comparable to that presented in the previous chapter using data from the census. Nevertheless, the availability of administrative data provides an opportunity to review the numbers of people in each type of facility at different points in time and to compare the figures from the two sources.

Table 4.2. compares the number of people in each type of facility, on the basis of data drawn from administrative statistical collections and the ABS censuses of 1986 and 1991. Not unexpectedly, there are considerable differences between the two sets of figures, although these are greater in the case of some types of institution than others.

Overall, as Table 4.2 shows, the institutional population derived from the census figures is slightly higher than that derived from the administrative statistics. By way of explanation, we have already alluded to the problem of undercounting in the

7 It is understood that in future, the data collection for disability services will also be the responsibility of the AIHW.

Table 4.2: Institutional Populations, ABS: 1986 and 1991; and for Administrative Statistical Collections: Most Comparable Years

	ABS 1986	Admin	Year	ABS 1991	Admin	Year
Hospital	67338	59,334	1985-86 ^(a)	62,740	57,898	1989-90 ^(b)
Psychiatric Institutions	14,855	12,741	1985-86 ^(c)	9,197	7,644	1989-90 ^(d)
Hostels for the Disabled	8,809	8,809	1986 ^(e)	11,806	11,718	1991 ^(f)
Nursing Home	82,589	70,445	1988 ^(g)	63,962	72,062	1992 ^(h)
Homes for the Aged	44,974	34,885	1985 ⁽ⁱ⁾	70,175	46,658	1992 ^(j)
Hostels for the Homeless	4,497	6,926	1989 ^(k)	6,626	7,838	1991 ^(l)
Childcare Institutions	2,899	2,536	1986 ^(m)	772	3,886	1991 ⁽ⁿ⁾
Child Corrective Institutions	1,085	855	1986 ^(o)	821	694	1991 ^(p)
Prison	11,849	11,320	1986-87 ^(q)	11,474	15,021	1991 ^(r)
All Institutions (Total)	238,895	207,851		237,573	225,020	

Note: The category 'other welfare institutions', included in previous chapters as enumerated by the ABS, has been omitted from this table, as there are no administrative statistical collections comparable to that of the ABS.

- Sources:
- a) AIHW (1992a), *Australia's Health*, Table 3.9 (Calculated as: Total bed days, Public and Private Hospitals, 1985-86, divided by 365).
 - b) AIHW (1992b), *Hospital Utilisation and Costs Study, 1989-90*: 40 (Calculated as: Total bed days, Public and Private Acute Hospitals, 1989-90, divided by 365).
 - c) AIHW (1992a), *Australia's Health*, Table 3.6 (Calculated as: Total available beds, Public Psychiatric Hospitals, 1985-86).
 - d) AIHW (1992b), *Hospital Utilisation and Costs Study, 1989-90*: 40 (Calculated as: Total bed days, Public and Private Psychiatric Hospitals, 1989-90, divided by 365).
 - e) ABS (1986a), Figures from ABS 1986 census on microfiche. Alternative administrative figures for 1986 were not available.
 - f) AGB (1991), *1991 Census of Disability Services*, Tables 6 and 12. Accommodation funded under both section 10 and 13; see also Table 4.3.
 - g) DCSH (1988), *Nursing Homes for the Aged - A Statistical Overview (30 June 1988)*: 25.
 - h) DHHLGCS (1993), *Nursing Homes for the Aged. A Statistical Overview (1991-1992)*: 13.
 - i) DCS (1986), *Nursing Homes and Hostels Review*: 48.
 - j) DHHCS (1992), *Aged Persons Hostels, A Statistical Overview (1991-1992)*: 14.
 - k) SAAP (1989), *National Client Census. Home for a Night, November 1989*: 12.
 - l) SAAP (1992), *National Client Census, Home for a Night. One-night census, May 1991*: 27. (NB: Data also available for more recent years)
 - m) WELSTAT (1986), *Welstat 1986. Annual Report to the Council of Social Welfare Ministers Conference*, Table 3. Figures refer to 'children subject to orders', placed in 'family group homes, campus homes, juvenile hostels and other homes for children'.
 - n) Angus and Wilkinson (1993), *Children Under Care and Protection Orders*: 12-15. Figures cover children under care and protection orders, children under guardianship orders and children under non-guardianship orders, in residential childcare for handicapped people, juvenile hostels, family group homes, campus homes and 'other'.
 - o) WELSTAT (1986), *Welstat 1986. Annual Report to the Council of Social Welfare Ministers Conference*, Table 6. Figures cover children under care and protection orders in juvenile corrective institutions.
 - p) AIC (1994), *National Trends for Juvenile Persons in Corrective Institutions and Adult Prisons, 1981 to 1992*, Table 1a.
 - q) AIC (1993a), *Basic Indicators of Imprisonment Trends by Jurisdiction, 1981-82, 1990-91*, Table 1.
 - r) AIC (1992a), *Australian Prisoners 1991 (National Prison Census 30.6.1991)*: 8.

latter. Differences between the numbers of people reported by the ABS and administrative collections can be observed in all facilities. The scale of these differences varies between time periods and institutions. Although it is not possible to account for them individually, they appear to be associated with differences in data collection methods. The most important of these are:

- the categories used to describe the accommodation in the administrative collections are insufficiently detailed to differentiate various forms of accommodation funded under the same program;
- the dates of both the census and the administrative data collections varied; and
- the administrative collections were compiled using a range of methodologies. Whilst the method used to collect data for all nursing homes, hostels for the aged and prisons, was consistent within collections, the approach was less uniform in the case of other kinds of institutions with coverage being, in some instances, less than complete.

There were also significant differences in methodology between the different collections.

The differences in the two sets of figures for nursing homes, set out in Table 4.2, merits special attention. The 1986 ABS figure (82,589) exceeds the comparable administrative figure (70,445) by more than 12,000. Although some difference is to be expected given that the dates for the two figures differ, the difference is greater than one would expect from this factor alone. An alternative explanation for the discrepancy is that the populations were specified in different ways in the two data sources. The administrative statistics were confined to Commonwealth-funded and approved 'nursing homes for the aged' only. Commonwealth approval was not, however, a defining characteristic of nursing homes in the ABS Census. Furthermore, whilst the administrative figures refer to the number of nursing home beds available at that time, the ABS figure covers the enumerated population. Given all these circumstances, it is not unexpected that the ABS figure exceeds the administrative figure by a considerable amount. In 1991, however, the administrative figure (72,062) exceeds that of the ABS (63,962). The only explanation we can suggest for this anomaly is that in 1991 a change was introduced in the method of categorising facilities in the ABS census⁸. In 1986, the census collector categorised the facility. In 1991, on the other hand, the categorisation was undertaken by the 'person-in-charge' who was responsible for completing the census

8 The ABS has commented on this anomaly as follows:

There was no change in the procedures for completing the summary form for Non-Private Dwellings between 1986 and 1991. In NPDs with more than 30 people, a special collector, often an employee of the Institution, was employed and was responsible for the completion of the summary form. In NPDs with fewer than 30 people, the Census collector responsible for the Collection District would have completed the summary form, possibly with the assistance of the owners or staff of the institution.

form. This may have led to a mis-classification of some facilities and an under-reporting of the nursing home population for that year.

Despite the differences identified between the data sets, the total institutional population as enumerated in the census and in the national administrative collections shows a remarkable similarity. Whilst we are not in a position to assess either the validity or the reliability of any of the individual figures, it is difficult to believe that the similarities are entirely coincidental. Interestingly, however, if one looks at trends, the ABS figures show a small decrease between 1986 and 1991 whereas the administrative figures show a small increase over this period. Perhaps the best explanation for this lies in the fact that whereas the ABS figures refer to people who have been enumerated in non-private dwellings, the administrative collections refer to those assisted by programs of various kinds. One might therefore suggest that we are seeing in these figures the effects of an evolution and diversification of policies of social support, with an increase in the client population of programs despite a reduction in the number of people maintained in residential institutions.

4.3 The Content of Statistical Collections

As shown earlier in this section (see Table 4.1), the amount of detail made available on the demographic, social and economic characteristics of the different populations, varies considerably between the different administrative data sources. In some cases, notably that of nursing homes, aged persons hostels, prisons and accommodation for the homeless, an attempt has been made to provide information on residents which is quite detailed, often exceeding the amount provided by the census. For the remainder of the institutional population, however, the amount of information provided is considerably less.

There is no richer source of information about residents of a particular type of facility than the statistical collection covering nursing homes for the aged (DHHLGCS, 1993). This has been published every two years since 1988 by the Aged and Community Care Planning Section of what is currently the Department of Human Services and Health. Yet even these statistics have shortcomings. We present below a brief discussion of this data collection as a case study to illustrate some points of difference from the census and to indicate some of the strengths and weaknesses of data collections more generally.

Data on Nursing Homes for the Aged: A Case Study

The topics on which information about the nursing home population is published, summarised in Table 4.3, provide a basic demographic profile of the residents, an overview of factors associated with residents' need for assistance, data on the length of stay and the turnover of residents, and some basic information on the ownership and size of nursing homes. Cross tabulations of many of these variables are also available.

Table 4.3: Data Published on Residents of Nursing Homes for the Aged

Basic demographic profile of residents

- the sex and age of residents
- the current marital status of residents
- Aboriginal and Torres Strait Islander origin, country of birth and preferred language of residents

Other factors possibly associated with residents' need for admission or support

- the living arrangements of residents prior to their admission
- whether residents were in hospital prior to admission
- whether the carer claimed the Domiciliary Nursing Care Benefit (DNCB) prior to their admission
- the pension status of residents
- the relative dependency of residents (the RCI score)

Data concerning the length of stay and turnover of residents in nursing homes

- length of stay of residents
- numbers of annual admissions and separations
- month of admission for new residents

Other data concerning the provision and operation of facilities

- size of home and type of nursing home ownership
 - interstate variations in provision
-

Source: DHHLGCS (1993), *Nursing Homes for the Aged. A Statistical Overview (1991-92)*.

The age breakdown of residents provided in the collection is considerably more detailed than that available from the census. In 1992, 81 per cent of all nursing home residents were aged 75 or over. Over half of these, 43 per cent of all residents, were aged 85 or over. Almost half of all the women living in nursing homes, 49.1 per cent of all female residents, were in this older age group. This information could be combined to good effect with the detailed demographic projections of the entire Australian population, also provided in the publication, to plan provisions for the older population.

Although accommodation in a nursing home appears to be long term for most of the current residents, there are indications in the collection that the pattern of residency is quite varied. The average length of stay reported in 1992 was just over three years. In all, 68.7 per cent of the 72,062 residents present in June 1992 were reported to have lived in the nursing home for at least one year and almost 20 per cent of the residents had been resident for five years or more. Alongside this longer term population, however, there appears to be a sizeable proportion of the population whose stay in nursing homes is of a much shorter duration. A total of 38,756 residents were reported discharged in the year to 30 June 1992, representing just over half the total number of residents present on that date. Over a quarter of all people discharged, (27.7 per cent), had been in the nursing home for less than four weeks, and, in total, 60.8 per cent of all people discharged had been in the nursing

home for less than a year. This type of information, crucial for planning, is not available from the census.

Despite the effort made to provide detailed information, the statistics have limitations. For example, data which many would consider to be important, such as the education level, previous occupation, and home ownership of residents, is omitted entirely. Similarly, there is no information presented on the medical conditions affecting residents. But perhaps most surprising, is that so little information is provided about the facilities or institutions themselves. There is, for example, no information on the number of residents per dwelling, the number of residents per bedroom or whether the dwellings themselves are independent or part of a larger complex, and similar questions. The only variable concerning dwellings is the number of occupants.

Another limitation of this data collection is that information is incomplete ('not stated') for a relatively high proportion of residents on a number of items. The marital status of 13.6 per cent of residents, for example, is recorded as 'not stated'. The usual residence before admission was 'not stated' for 37.9 per cent of residents. Although the statistics indicated that just over one fifth of all residents (20.8 per cent) had lived alone before admission, while 11.6 lived together with their spouse only, the 'prior living arrangements' of 38.4 per cent of all nursing home residents in 1992 were reported as 'not stated'. The country of birth of 41.1 per cent of residents was similarly recorded as 'not stated', as was the preferred language of 38.8 per cent of residents. Similarly, the pension status of a large proportion of the populations was reported as 'not stated', as was the receipt of a Domiciliary Nursing Care Benefit by a carer prior to the resident's admission. These 'not stated' items represent significant gaps in the information available on residents. On the other hand, the census provides no information whatsoever on most of these items.

The poor response rates affecting some of the data, however, are restricted to the personal demographic details of residents. Information concerned with the operation of facilities or the payment of subsidies is far more comprehensive. For example, the dependency level of all current residents, which determines the level of funding for each resident, has been carefully noted.

This brief outline of data on the population of Australian nursing homes for the aged in 1992 is not intended to be comprehensive or in any way to substitute for the more complete statistics presented in the Departmental statistical overview (DHHLGCS, 1993). Rather, the selective sampling of figures has been presented with the aim of providing an indication of the capacity of existing statistical collections to inform administrators, planners and others, of the characteristics of the population of existing residential institutions. Typically, administrative collections, like the census, do not provide the capacity to monitor the circumstances of residents and for this reason fail to advance our knowledge of their living arrangements and changes in them over time. In the case of the census, this is perhaps to be expected as the information presented must reflect a general rather than a specialist concern. But the lack of detail in administrative collections cannot be justified in this way.

4.4 Summary and Conclusions

Earlier in this report, data from the ABS census was used to describe the Australian institutional population and changes in it over time. However, census data represents only one source of information on this population. In this section we have examined alternative national sources and considered their potential to supplement and possibly replace ABS data.

Locating and accessing this type of information in a number of cases proved difficult. The information on this admittedly diverse population is scattered and there is no single body responsible for either its collection, dissemination or publication. In nearly all instances the administrative data obtained referred only to people and services funded under particular programs. Information on the clients constituted only a small part of the data collections, and in most cases relatively little or no information was provided on the social and demographic characteristics of the residents or the dwellings in which they resided. The absence of this latter information seemed a particular weakness of these data sources. The inadequacies identified impose considerable constraints on the capacity of these collections to provide a comprehensive picture of the entire institutional population and limit their value as monitoring tools.

Much of this section has been concerned with comparing and contrasting the data obtained from the census and from administrative data collections. Some of the problems identified in this process have led us to question the purpose for which information about the institutional population is collected and, given this, the kind of information that should be collected. We return to these questions in the last section.

5 Summary and Conclusions

5.1 Aims and Objectives of the Study

Most analyses of the population focus on people who live in private dwellings and pay relatively little attention to the characteristics of those who reside in non-private dwellings or institutional settings. To provide a more complete picture of the Australian population this study has examined the feasibility of using existing national data sources to describe the institutional population and trends over time, and has reviewed the adequacy of these sources of data.

A further aim of the study has been to provide information that would inform social policy and planning at a time of fundamental change in the provision of welfare. Currently, there is much interest in the development of innovative alternatives to institutional living and, under these circumstances, there is a particular danger that people in institutions will be overlooked. Knowledge and understanding of people who are dependent upon such traditional forms of provision become all the more important as a benchmark against which achievements in community-based alternatives can be assessed.

The study had three broad objectives:

- to identify the various sources of data on the institutional population and bring them together;
- to describe, as completely as possible, the characteristics of this population and identify changes in it over time; and
- to critically assess the available data, identify gaps in them and consider the value of further work in this area.

We now consider each of these, in turn.

5.2 Sources of Data on the Institutional Population

The Census

The most obvious starting point in the study of any population is the population census. Using a standard or uniform methodology, the census provides the most complete demographic picture of the total population at a point in time and over time, allowing the comparison of different groups within it. In this study the ABS census has formed the main source of information.

Our analyses have been confined to those non-private dwellings dedicated to the care, treatment or custody of their residents or inmates. Such dwellings are referred to in this report as 'institutions'. We have noted the dilemmas associated with following the ABS classification which includes acute care hospitals alongside other non-private dwellings because, unlike acute hospitals, they typically combine long term residence with other functions.

The census uses a number of demographic and socio-economic variables to describe the general population and their dwellings, but the information published on the population living in non-private dwellings is considerably more restricted. As a result, the profile of the institutional population that it has been possible to construct is limited to a consideration of the following small number of variables: age, sex, marital status, birthplace, Aboriginal and Torres Strait Islander origin; and State or Territory of residence. Information on such socio-economic variables as educational attainment, employment and income, has not been included as these are not published by the ABS. In addition, the mode of completion of census forms, which is normally by proxy, does not lend itself to the gathering of accurate or complete information about certain personal details, such as an individual's educational attainment. Indeed, for a number of those variables which are included, the amount of missing information and the number of 'not stated' responses is considerable.

In this context, it is important to record that the 1991 Census of Population and Housing provides less detailed published information on the population in non-private dwellings than did previous censuses. Consequently, for purposes of comparison with previous years it has been necessary to purchase from the ABS the figures used in this report. As a publicly funded research unit we were in the fortunate position of being able to purchase such data, albeit on a limited scale. Other interested parties may not be in a position to do so and, for this reason, the reduction in access to publicly available data is regrettable.

Other Sources

To supplement the ABS census, other national data sources, referred to in this report as 'administrative statistical collections', were examined. These focus on specific sections of the institutionalised population which it was expected would prove to be a richer and more accessible source of information for these populations than the census. In the event, even though we confined ourselves to national collections, these proved to be somewhat elusive. Simply obtaining them presented a problem as there is no centralised agency, such as the ABS or AGPS, which is responsible for their distribution. It was therefore necessary to rely on a chain of referrals and, in some instances personal contacts, to identify or locate them.

A further, and perhaps more worrying aspect of these collections, is the varying detail and quality of their coverage. This is because their content, in most instances, is determined by the need to satisfy the requirements of Program administration. In the process of reconciling State differences, compromises, associated with both the methods of data collection and the type of the information collected, have often been

necessary. Information on the characteristics of clients also seemed to be of secondary concern in many of these statistical collections and was usually quite limited. With the marked exception of the statistics on the prison population, on residents of nursing homes and hostels for the aged and on the recipients of supported accommodation, the demographic and socio-economic information contained in the statistical collections was considerably less complete than that provided by the ABS census.

The Uses of the Different Sources of Data

Throughout this report we have compared and contrasted the ABS census and the administrative statistical collections and given consideration to what each can offer. It is apparent that each has different strengths which can be related to their distinctive purposes. Because it uses a standardised methodology, the census provides data which enables us to talk about the whole population of Australia and to compare the various components of it, with some confidence that like is being compared with like. In contrast to this holistic approach, the statistical data collections each provide unique and distinct sets of data which are specific to particular programs rather than, as is the case with the census, to particular types of non-private dwellings. As these data sources are intended to inform the operation of programs, they provide a most useful source of information in matters concerning social policy and its development. Their strengths lie in their specialist nature. In general, they are not helpful in drawing a broad brush picture of the entire population of Australia.

On the basis of the review of the data sources that we have conducted, we have concluded that to provide a more complete picture of the population of Australia, the first objective of our study, the census would appear to be the most appropriate. To inform the development of policies, the study's second objective, the statistical collections seem to be better placed.

5.3 The Principal Findings

The difficulty of combining different data sources, the absence of detail in the different statistical collections and the absence of historical data from these sources has meant that the only way of compiling a profile of the total population across institutions, despite its limitations, was through the use of ABS census data.

Size of Population

The size of the reported institutional population has fluctuated in recent years. In the decade from 1976 to 1986 it increased, both in absolute numbers and in relation to the general population. Between 1986 and 1991 it decreased slightly, from 241,656 to 240,155 falling, due to the growth of the general population, from approximately 1.5 to 1.4 per cent of the population.

In the overall scenario, health establishments exercise a dominant influence and contribute the largest proportion of the institutional population. Developments which affect the population of hospitals, nursing homes and homes for aged therefore have a disproportionate impact on the overall picture.

In some types of institutions changes in the populations have shown consistent trends over the 15 year period surveyed. In acute general hospitals, psychiatric hospitals and institutions, as well as in child care institutions and juvenile corrective institutions the populations have consistently decreased. In the light of de-institutionalisation policies, perhaps of greatest public interest is the large decline in the numbers of patients and residents of psychiatric institutions reported. But the decline in the number of residents of institutions for children and juveniles is also noteworthy. The reported populations of institutions which cater for the elderly, for people with a disability and for the homeless have, in contrast, increased over this period though not, in all cases, consistently. The ABS data suggest that there was an increase in the rates of institutionalisation until 1986, but a slight decline thereafter, in the populations of prisons and nursing homes.

By and large, with the notable exceptions of the populations of prisons, nursing homes and child care institutions, the trends apparent in the ABS data are confirmed by the other statistical collections that we have used. According to these and in contrast to the census figures, the populations of these latter institutions continued to increase after 1986.

Sex and Age

Perhaps the most striking feature of the current institutional population is that women are much more likely to be institutionalised than men. Indeed, in 1991, there were almost two females to every male in institutions. This imbalance is clearly related to the dominance of the large 'health establishments' (such as hospitals, nursing homes and hostels for the aged) which for reasons of their childbearing and their greater longevity and consequent need for care in advanced old age, are more likely to be used by women. On the other hand, men and those of younger age groups, predominate in psychiatric institutions, prisons and hostels for the homeless.

Marital Status

A common characteristic of those in institutions is the absence of binding marital ties, reflecting the social isolation and marginality which often underlies the admission of people to facilities of this kind. Relative to the general population, a high proportion of the adult population reported in institutions was either widowed or had never been married. A particularly high proportion of people who have never married are found in those institutions dominated by males, namely prisons, hostels for the homeless, and psychiatric hospitals. In turn, both widows and widowers form a strikingly high proportion of the populations of nursing homes and aged persons homes.

Country of Birth

Country of birth was another dimension along which rates of institutionalisation varied. Whilst cultural factors are well recognised as playing an important part, the age structures of people from different countries are also important determinants. For example, people born in the UK and Ireland had relatively high rates of institutionalisation, particularly in homes for the aged and nursing homes, reflecting the older age profile of people born in these countries. People born in Vietnam, on the other hand, have very low rates of institutionalisation, reflecting the relative youth of this population.

Aboriginal and Torres Strait Islander People

A particularly noteworthy feature of the institutional population was the marked over-representation of Aboriginal and Torres Strait Islander people amongst the prison population. They were also over-represented in other custodial institutions such as corrective institutions for juveniles and hostels for the homeless. There was also an over-representation of Aboriginal and Torres Strait Islander people in general hospitals. In nursing homes and hostels for the aged, however, there were few people of Aboriginal background, probably reflecting their low life expectancy and the paucity of these kinds of specialised facilities for Aboriginal people.

States and Territories

The different State and Territory administrations, under which institutions operate, might have been expected to result in considerable variations in the rates of institutionalisation across Australia. However, this was not the case. With some exceptions, the rates were similar between jurisdictions. It is worth drawing attention, however, to the low rates of institutionalisation in the ACT and the Northern Territory. In part, these reflect the relative youth of the populations of these Territories. In addition, their small populations and administrative and social histories also play a part. Institutionalisation in the Northern Territory has a particularly distinctive character being dominated by the prison and hospital populations. The number of residents of nursing homes and homes for the aged is relatively low in the Northern Territory and there are no patients in psychiatric institutions. People in need of psychiatric treatment are either treated in acute hospitals or sent interstate for treatment.

5.4 Concluding Comments

The present study shows clearly that the ABS census provides but a partial picture of that portion of the population in institutions and that its published information on this section of the population is much more restricted than for the non-institutional population. Furthermore, the census tells us nothing about the conditions under which those in institutions live since data on the nature of dwellings is lacking. The

other sources of information, the statistical collections, fail to shed a great deal of additional light either on the characteristics of the people living in the institutions they cover, or on the characteristics of the facilities themselves. This is all the more surprising given that for most of the people in institutions quite copious personal files are maintained and the details of their dwellings are readily at hand.

Despite the apparent inadequacies in the data sources, this review has shed light on developments affecting a small but significant section of the Australian population. The evidence suggests that whilst there was a slight decline in the institutional population between 1986 and 1991, the number of people in all institutions in 1991 still exceeded the numbers in 1976 and 1981. Policies over the last decade and a half have cast doubt on the efficiency and effectiveness of large scale institutions, and this has led to a reappraisal of their place within social policy. The evidence suggests, however, that institutions continue to play an important part in care, treatment and custody.

The data available provide a picture of a heterogeneous and changing population with considerable variation in the characteristics of different types of facilities. Although our study has not been able to consider the changing nature of institutions, there is little doubt that, in many instances, these are being transformed in terms of both scale and character. For example, many larger facilities are devolving into smaller residential units, and other establishments are being developed with more specialised functions in order to cater for an increasingly diverse range of social problems.

The historical process evident in the development of institutions has already seen an increasing differentiation in facilities throughout the twentieth century. Early in this century, their role was often primarily one of protecting the community from the potentially dangerous influences of the inmates. With developments in medical technology and changes in social policy, a greater emphasis has come to be placed on care and treatment. While the two different principles of custody and care continue to co-exist, institutions have become much more specialised and each now serves quite distinct purposes. An important question for policy which we hope that this study has highlighted is whether the changes are occurring in ways that will make institutional provisions more relevant, appropriate and effective.

The persistence of institutions in the face of widespread social criticism, provides evidence that they have a resilience and social importance. Yet, the deficiencies identified in the statistics reflect the continuing marginality of this hidden population. To overcome these will require that the data are improved and developed in ways which are capable of providing policy makers and others with a thorough understanding of these populations. We conclude with some suggestions.

Some Recommendations

Given the inadequacies identified in the existing sources of data there seems little to be gained from its further exploitation. However, we would hope that this work has

pointed to the value of enhancing the data. The coverage of both the ABS census and the administrative statistical collections should be extended to include details of the dwellings and the nature of their occupancy. Were this not possible, we see some merit in establishing a special ABS census of institutional dwellings. The value of the data would, we believe, be enhanced if it were to include an account of the socio-economic characteristics of residents. For the administrative data collections, there is a case to be made for more standardised pro formas. In addition the data should be much more readily available than at present perhaps, as we argue below, through a single agency such as the Australian Institute of Health and Welfare.

Like the information published by the Department of Health, Housing, Local Government and Community Services on nursing homes and hostels for the aged, that published by the Australian Institute of Criminology on the prison population provides evidence that superficiality is not inevitable. Their data are much more detailed than those provided either by the ABS or by the administrative collections for most other populations. In the case of many of the institutional populations with which we have been concerned, the difficulty of obtaining data and the absence of detailed information in a published form, suggests that these populations have, in some senses, been set apart from the remainder of the population.

Responsibility for overcoming these deficiencies appears to lie with the administrative bodies responsible for the collection of data about their clients and the operation of their facilities. Because, in Australia, there are so many different bodies responsible for the administration of services, with differences between States and between State and Federal responsibilities complicating the collection and publication of data, it is easy to find justification for the continuation of the existing practices. However, as the examples we have highlighted demonstrate, these difficulties can be overcome.

Whilst we would welcome the publication of more of the ABS data which is collected for census purposes, without a special ABS census of institutional dwellings, we would not expect the quality or content of this data to substantially change. On the other hand, the administrative data collections are not only better placed to obtain accurate and detailed information on their clients but it is also within their interests to do so. We therefore look primarily to these bodies for an improvement in the data available. The Australian Institute of Health and Welfare is an independent statistics and resource agency within the Federal Human Services and Health portfolio. Its responsibilities in relation to welfare are to gather, enhance and disseminate national data on welfare services. According to the legislation 'Welfare Services' include housing assistance, aged care services, child care services, child welfare services, services for people with disabilities and other community services. Given their current experience with both the development of the National Minimum Data Set for Institutional Health Care (AIHW, 1993) and their increasing involvement with data on welfare services, the Institute appears to be ideally placed to have an important role in the development and co-ordination of statistics in this area.

Appendix: Additional Tables

- Table A1: Age Composition of the Institutional Populations, Males, Females and Persons: 1976
- Table A2: Numbers in Institutions per 1000 Population by Age, Males, Females and Persons: 1976
- Table A3: Age Composition of the Institutional Populations, Males, Females and Persons: 1981
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- Table A6: Numbers in Institutions per 1000 Population by Age, Males, Females and Persons: 1986
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- Table A9: Marital Status of the Institutional Populations Aged 15+, Males, Females and Persons: 1991
- Table A10: Institutional Populations by Aboriginal and Torres Strait Islander Origin, Males, Females and Persons: 1991
- Table A11: Number in Institutions per 1000 Population by Aboriginal and Torres Strait Islander Origin, Males, Females and Persons: 1991
- Table A12: Institutional Populations by Birthplace, Males, Females and Persons: 1991
- Table A13: Numbers in Institutions per 1000 Population by Birthplace, Males, Females and Persons: 1991
- Table A14: Institutional Population by States and Territories, Males, Females and Persons: 1986
- Table A15: Numbers in Institutions per 1000 Population by States and Territories, Males, Females and Persons: 1986
- Table A16: Institutional Population by States and Territories, Males, Females and Persons: 1991
- Table A17: Numbers in Institutions per 1000 Population by States and Territories, Males, Females and Persons: 1991
- Table A18: Australian Population, Birthplace by Age: 1991
- Table A19: Australian Population, Birthplace by Age: 1991
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Table A1: Age Composition of the Institutional Populations, Males, Females and Persons: 1976

Age Group	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Males												
0-14	5,468	1,437	650	369	46	43	3,215	716	4	119	12,067	1,940,582
15-24	2,505	2,332	353	342	40	103	574	1,033	3,905	116	11,303	1,236,483
25-34	2,227	1,893	132	323	38	150	88	6	2,683	98	7,638	1,102,342
35-44	2,089	1,634	96	373	69	261	78	12	1,163	103	5,878	819,361
45-54	3,320	2,307	80	908	182	416	76	8	757	176	8,230	804,812
55-64	4,372	2,201	93	1,814	522	270	40	8	317	117	9,754	602,997
65-69	2,441	874	22	1,504	730	98	12	0	67	32	5,780	218,207
70+	7,446	1,342	118	9,339	5,164	176	41	0	37	47	23,710	307,250
Total	22,422	12,678	1,426	14,970	1,627	1,341	4,083	1,783	8,896	761	69,987	6,724,784
Females												
0-14	4,712	1,001	510	344	35	54	2,223	208	1	147	9,235	1,846,513
15-24	6,832	1,775	261	579	142	49	573	222	123	197	10,753	1,197,652
25-34	6,229	1,398	88	437	103	29	185	15	82	119	8,685	1,056,333
35-44	3,285	1,037	56	452	123	27	140	12	35	104	5,271	773,191
45-54	3,540	1,359	70	996	290	25	174	9	25	77	6,565	767,137
55-64	4,249	1,345	75	2,168	916	21	119	16	15	77	9,001	632,853
65-69	2,428	637	29	2,081	1,156	3	33	0	5	16	6,388	247,930
70+	14,450	1,681	217	29,344	13,492	4	81	0	3	43	59,315	479,440
Total	31,275	8,552	1,307	7,057	2,765	208	3,447	482	286	737	56,116	6,521,609
Persons												
0-14	10,180	2,438	1,160	713	81	97	5,438	924	5	266	21,302	3,787,095
15-24	9,337	4,107	614	921	182	152	1,147	1,255	4,028	313	22,056	2,434,135
25-34	8,456	3,291	220	760	141	179	273	21	2,765	217	16,323	2,158,675
35-44	5,374	2,671	152	825	192	288	218	24	1,198	207	11,149	1,592,552
45-54	6,860	3,666	150	1,904	472	441	250	17	782	253	14,795	1,571,949
55-64	8,621	3,546	168	3,982	1,438	291	159	24	332	194	18,755	1,235,850
65-69	4,869	1,511	51	3,585	1,886	101	45	0	72	48	12,168	466,137
70+	21,896	3,023	335	38,683	18,656	180	122	0	40	90	83,025	786,690
Total	75,593	24,253	2,851	51,371	23,048	1,729	7,652	2,265	9,222	1,588	199,572	14,033,083

Table A2: Numbers in Institutions per 1000 Population by Age, Males, Females and Persons: 1976

Age Group	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Males												
0-14	2.82	0.74	0.33	0.19	0.02	0.02	1.66	0.37	0.00	0.06	6.22	1,932,361
15-24	2.03	1.89	0.29	0.28	0.03	0.08	0.46	0.84	3.16	0.09	9.14	1,346,888
25-34	2.02	1.72	0.12	0.29	0.03	0.14	0.08	0.01	2.43	0.09	6.93	1,353,729
35-44	2.55	1.99	0.12	0.46	0.08	0.32	0.10	0.01	1.42	0.13	7.17	1,274,566
45-54	4.13	2.87	0.10	1.13	0.23	0.52	0.09	0.01	0.94	0.22	10.23	928,156
55-64	7.25	3.65	0.15	3.01	0.87	0.45	0.07	0.01	0.53	0.19	16.18	710,738
65-69	11.19	4.01	0.10	6.89	3.35	0.45	0.05	0.00	0.31	0.15	26.49	309,993
70+	24.23	4.37	0.38	30.40	16.81	0.57	0.13	0.00	0.12	0.15	77.17	506,186
Total	4.25	1.99	0.22	2.13	0.97	0.22	0.59	0.25	1.27	0.11	12.00	8,362,617
Females												
0-14	2.55	0.54	0.28	0.19	0.02	0.03	1.20	0.11	0.00	0.08	5.00	1,832,328
15-24	5.70	1.48	0.22	0.48	0.12	0.04	0.48	0.19	0.10	0.16	8.98	1,311,104
25-34	5.90	1.32	0.08	0.41	0.10	0.03	0.18	0.01	0.08	0.11	8.22	1,369,524
35-44	4.25	1.34	0.07	0.58	0.16	0.03	0.18	0.02	0.05	0.13	6.82	1,280,163
45-54	4.61	1.77	0.09	1.30	0.38	0.03	0.23	0.01	0.03	0.10	8.56	894,598
55-64	6.71	2.13	0.12	3.43	1.45	0.03	0.19	0.03	0.02	0.12	14.22	709,448
65-69	9.79	2.57	0.12	8.39	4.66	0.01	0.13	0.00	0.02	0.06	25.77	341,666
70+	30.14	3.51	0.45	61.20	28.14	0.01	0.17	0.00	0.01	0.09	123.72	748,880
Total	6.53	1.46	0.19	5.20	2.32	0.03	0.50	0.07	0.04	0.11	16.46	8,487,711
Persons												
0-14	2.69	0.64	0.31	0.19	0.02	0.03	1.44	0.24	0.00	0.07	5.62	3,764,689
15-24	3.84	1.69	0.25	0.38	0.07	0.06	0.47	0.52	1.65	0.13	9.06	2,657,992
25-34	3.92	1.52	0.10	0.35	0.07	0.08	0.13	0.01	1.28	0.10	7.56	2,723,253
35-44	3.37	1.68	0.10	0.52	0.12	0.18	0.14	0.02	0.75	0.13	7.00	2,554,729
45-54	4.36	2.33	0.10	1.21	0.30	0.28	0.16	0.01	0.50	0.16	9.41	1,822,754
55-64	6.98	2.87	0.14	3.22	1.16	0.24	0.13	0.02	0.27	0.16	15.18	1,420,186
65-69	10.45	3.24	0.11	7.69	4.05	0.22	0.10	0.00	0.15	0.10	26.10	651,659
70+	27.83	3.84	0.43	49.17	23.71	0.23	0.16	0.00	0.05	0.11	105.54	1,255,066
Total	5.39	1.73	0.20	3.66	1.64	0.12	0.55	0.16	0.66	0.11	14.22	16,850,328

Table A3: Age Composition of the Institutional Populations, Males, Females and Persons: 1981

Age Group	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Males												
0-14	4,744	1,141	519	128	9	416	1,729	314	27	118	9,145	1,872,147
15-24	2,693	2,391	382	173	25	513	610	811	3,627	297	11,522	1,273,121
25-34	2,425	2,021	215	226	37	571	147	29	3,344	256	9,271	1,192,307
35-44	2,083	1,419	158	309	69	480	91	8	1,427	212	6,256	919,275
45-54	2,830	1,571	97	834	207	607	60	10	709	224	7,149	758,175
55-64	4,495	1,848	90	1,994	646	524	21	1	340	150	10,109	650,930
65-69	2,568	738	31	1,951	740	145	10	3	75	46	6,307	243,879
70+	8,063	1,263	123	13,413	5,969	127	9	5	88	71	29,131	357,242
Total	29,895	12,393	1,619	19,027	7,701	3,381	2,680	1,182	9,642	1,374	88,894	7,267,076
Females												
0-14	3,867	741	420	113	12	377	1,159	146	18	83	6,936	1,784,757
15-24	5,634	1,740	278	425	43	404	701	129	152	230	9,736	1,233,691
25-34	6,270	1,545	168	337	76	325	150	24	152	121	9,168	1,184,074
35-44	3,217	1,039	119	442	145	142	96	22	40	76	5,338	880,659
45-54	2,990	948	103	820	314	83	73	8	18	58	5,415	722,508
55-64	3,831	1,110	88	2,191	898	96	56	12	8	66	8,356	675,287
65-69	2,502	545	39	2,402	1,251	33	15	5	2	27	6,821	281,006
70+	13,840	1,610	386	42,911	16,920	38	21	11	11	128	75,876	547,272
Total	42,153	9,283	1,601	49,640	19,661	1,494	2,272	359	409	790	127,662	7,309,254
Persons												
0-14	8,611	1,882	939	241	21	793	2,888	460	45	201	16,081	3,656,904
15-24	8,327	4,131	660	598	68	917	1,311	940	3,779	527	21,258	2,506,812
25-34	8,695	3,566	383	563	113	896	297	53	3,496	377	18,439	2,376,381
35-44	5,300	2,458	277	751	214	622	187	30	1,467	288	11,594	1,799,934
45-54	5,820	2,519	200	1,654	521	690	133	18	727	282	12,564	1,480,683
55-64	8,326	2,958	178	4,185	1,544	620	77	13	348	216	18,465	1,326,217
65-69	5,070	1,283	70	4,353	1,991	178	25	8	77	73	13,128	524,885
70+	21,903	2,873	509	56,324	22,889	165	30	16	99	199	105,007	904,514
Total	72,048	21,676	3,220	68,667	27,362	4,875	4,952	1,541	10,051	2,164	216,556	14,576,330

Table A4: Numbers in Institutions per 1000 Population by Age, Males, Females and Persons: 1981

Age Group	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Males												
0-14	2.53	0.61	0.28	0.07	0.00	0.22	0.92	0.17	0.01	0.06	4.88	1,932,361
15-24	2.12	1.88	0.30	0.14	0.02	0.40	0.48	0.64	2.85	0.23	9.05	1,346,888
25-34	2.03	1.70	0.18	0.19	0.03	0.48	0.12	0.02	2.80	0.21	7.78	1,353,729
35-44	2.27	1.54	0.17	0.34	0.08	0.52	0.10	0.01	1.55	0.23	6.81	1,274,566
45-54	3.73	2.07	0.13	1.10	0.27	0.80	0.08	0.01	0.94	0.30	9.43	928,156
55-64	6.91	2.84	0.14	3.06	0.99	0.81	0.03	0.00	0.52	0.23	15.53	710,738
65-69	10.53	3.03	0.13	8.00	3.03	0.59	0.04	0.01	0.31	0.19	25.86	309,993
70+	22.57	3.54	0.34	37.55	16.71	0.36	0.03	0.01	0.25	0.20	81.54	506,186
Total	4.11	1.71	0.22	2.62	1.06	0.47	0.37	0.16	1.33	0.19	12.23	8,362,617
Females												
0-14	2.17	0.42	0.24	0.06	0.01	0.21	0.65	0.08	0.01	0.05	3.89	1,832,328
15-24	4.57	1.41	0.23	0.34	0.03	0.33	0.57	0.10	0.12	0.19	7.89	1,311,104
25-34	5.30	1.30	0.14	0.28	0.06	0.27	0.13	0.02	0.13	0.10	7.74	1,369,524
35-44	3.65	1.18	0.14	0.50	0.16	0.16	0.11	0.02	0.05	0.09	6.06	1,280,163
45-54	4.14	1.31	0.14	1.13	0.43	0.11	0.10	0.01	0.02	0.08	7.49	894,598
55-64	5.67	1.64	0.13	3.24	1.33	0.14	0.08	0.02	0.01	0.10	12.37	709,448
65-69	8.90	1.94	0.14	8.55	4.45	0.12	0.05	0.02	0.01	0.10	24.27	341,666
70+	25.29	2.94	0.71	78.41	30.92	0.07	0.04	0.02	0.02	0.23	138.64	748,880
Total	5.77	1.27	0.22	6.79	2.69	0.20	0.31	0.05	0.06	0.11	17.47	8,487,711
Persons												
0-14	2.35	0.51	0.26	0.07	0.01	0.22	0.79	0.13	0.01	0.05	4.40	3,764,689
15-24	3.32	1.65	0.26	0.24	0.03	0.37	0.52	0.37	1.51	0.21	8.48	2,657,992
25-34	3.66	1.50	0.16	0.24	0.05	0.38	0.12	0.02	1.47	0.16	7.76	2,723,253
35-44	2.94	1.37	0.15	0.42	0.12	0.35	0.10	0.02	0.82	0.16	6.44	2,554,729
45-54	3.93	1.70	0.14	1.12	0.35	0.47	0.09	0.01	0.49	0.19	8.49	1,822,754
55-64	6.28	2.23	0.13	3.16	1.16	0.47	0.06	0.01	0.26	0.16	13.92	1,420,186
65-69	9.66	2.44	0.13	8.29	3.79	0.34	0.05	0.02	0.15	0.14	25.01	651,659
70+	24.22	3.18	0.56	62.27	25.31	0.18	0.03	0.02	0.11	0.22	116.09	1,255,066
Total	4.94	1.49	0.22	4.71	1.88	0.33	0.34	0.11	0.69	0.15	14.86	16,850,328

Table A5: Age Composition of the Institutional Populations, Males, Females and Persons: 1986

Age Group	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Males												
0-14	3,989	301	553	331	65	364	795	126	44	165	6,733	1,864,020
15-24	2,266	1,207	1,072	361	205	625	377	733	4,096	420	11,362	1,321,715
25-34	2,108	1,749	1,036	357	313	405	84	19	4,293	418	10,782	1,264,796
35-44	1,918	1,245	768	449	389	362	70	9	1,809	246	7,265	1,126,456
45-54	2,233	1,030	471	688	587	380	41	5	638	208	6,281	783,491
55-64	3,853	1,382	475	2,028	1,357	356	23	6	223	200	9,903	714,509
65-69	2,369	618	130	1,846	1,252	114	5		26	59	6,419	259,594
70+	8,606	1,160	376	16,548	9,508	227	56		25	70	36,576	433,733
Total	27,342	8,692	4,881	22,608	13,676	2,833	1,451	898	11,154	1,786	95,321	7,768,314
Females												
0-14	3,259	153	406	306	69	335	498	53	40	156	5,275	1,772,823
15-24	5,111	776	781	435	114	440	367	101	250	268	8,643	1,277,214
25-34	6,220	1,094	826	315	157	294	125	19	259	210	9,519	1,266,737
35-44	3,205	874	562	468	221	146	83	9	90	121	5,779	1,094,687
45-54	2,404	698	352	746	391	87	59	5	37	72	4,851	748,146
55-64	3,404	858	316	2,087	1,459	87	58		15	71	8,355	720,840
65-69	2,304	395	120	2,388	1,948	27	23		4	23	7,232	298,185
70+	14,089	1,315	565	53,236	26,939	248	235			48	96,675	655,208
Total	39,996	6,163	3,928	59,981	31,298	1,664	1,448	187	6	969	145,640	7,833,840
Persons												
0-14	7,248	454	959	637	134	699	1,293	179	84	321	12,008	3,636,843
15-24	7,377	1,983	1,853	796	319	1,065	744	834	4,346	688	20,005	2,598,929
25-34	8,328	2,843	1,862	672	470	699	209	38	4,552	628	20,301	2,531,533
35-44	5,123	2,119	1,330	917	610	508	153	18	1,899	367	13,044	2,221,143
45-54	4,637	1,728	823	1,434	978	467	100	10	675	280	11,132	1,531,637
55-64	7,257	2,240	791	4,115	2,816	443	81	6	238	271	18,258	1,435,349
65-69	4,673	1,013	250	4,234	3,200	141	28	0	30	82	13,651	557,779
70+	22,695	2,475	941	69,784	36,447	475	291	0	25	118	133,251	1,088,941
Total	67,338	14,855	8,809	82,589	44,974	4,497	2,899	1,085	11,849	2,755	241,650	15,602,154

Table A6: Numbers in Institutions per 1000 Population by Age, Males, Females and Persons: 1986

Age Group	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Males												
0-14	2.14	0.16	0.30	0.18	0.03	0.20	0.43	0.07	0.02	0.09	3.61	1,932,361
15-24	1.71	0.91	0.81	0.27	0.16	0.47	0.29	0.55	3.10	0.32	8.60	1,346,888
25-34	1.67	1.38	0.82	0.28	0.25	0.32	0.07	0.02	3.39	0.33	8.52	1,353,729
35-44	1.70	1.11	0.68	0.40	0.35	0.32	0.06	0.01	1.61	0.22	6.45	1,274,566
45-54	2.85	1.31	0.60	0.88	0.75	0.49	0.05	0.01	0.81	0.27	8.02	928,156
55-64	5.39	1.93	0.66	2.84	1.90	0.50	0.03	0.01	0.31	0.28	13.86	710,738
65-69	9.13	2.38	0.50	7.11	4.82	0.44	0.02	0.00	0.10	0.23	24.73	309,993
70+	19.84	2.67	0.87	38.15	21.92	0.52	0.13	0.00	0.06	0.16	84.33	506,186
Total	3.52	1.12	0.63	2.91	1.76	0.36	0.19	0.12	1.44	0.23	12.27	8,362,617
Females												
0-14	1.84	0.09	0.23	0.17	0.04	0.19	0.28	0.03	0.02	0.09	2.98	1,832,328
15-24	4.00	0.61	0.61	0.34	0.09	0.34	0.29	0.08	0.20	0.21	6.77	1,311,104
25-34	4.91	0.86	0.65	0.25	0.12	0.23	0.10	0.01	0.20	0.17	7.51	1,369,524
35-44	2.93	0.80	0.51	0.43	0.20	0.13	0.08	0.01	0.08	0.11	5.28	1,280,163
45-54	3.21	0.93	0.47	1.00	0.52	0.12	0.08	0.01	0.05	0.10	6.48	894,598
55-64	4.72	1.19	0.44	2.90	2.02	0.12	0.08	0.00	0.02	0.10	11.59	709,448
65-69	7.73	1.32	0.40	8.01	6.53	0.09	0.08	0.00	0.01	0.08	24.25	341,666
70+	21.50	2.01	0.86	81.25	41.12	0.38	0.36	0.00	0.00	0.07	147.55	748,880
Total	5.11	0.79	0.50	7.66	4.00	0.21	0.18	0.02	0.09	0.12	18.68	8,487,711
Persons												
0-14	1.99	0.12	0.26	0.18	0.04	0.19	0.36	0.05	0.02	0.09	3.30	3,764,689
15-24	2.84	0.76	0.71	0.31	0.12	0.41	0.29	0.32	1.67	0.26	7.70	2,657,992
25-34	3.29	1.12	0.74	0.27	0.19	0.28	0.08	0.02	1.80	0.25	8.02	2,723,253
35-44	2.31	0.95	0.60	0.41	0.27	0.23	0.07	0.01	0.85	0.17	5.87	2,554,729
45-54	3.03	1.13	0.54	0.94	0.64	0.30	0.07	0.01	0.44	0.18	7.27	1,822,754
55-64	5.06	1.56	0.55	2.87	1.96	0.31	0.06	0.00	0.17	0.19	12.72	1,420,186
65-69	8.38	1.82	0.45	7.59	5.74	0.25	0.05	0.00	0.05	0.15	24.47	651,659
70+	20.84	2.27	0.86	64.08	33.47	0.44	0.27	0.00	0.02	0.11	122.37	1,255,066
Total	4.32	0.95	0.56	5.29	2.88	0.29	0.19	0.07	0.76	0.18	15.49	16,850,328

Table A7: Age Composition of the Institutional Populations, Males, Females and Persons: 1991

Age Group	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Males												
0-14	4,786	395	760	415	375	820	336	125	1,125	171	9,308	1,932,361
15-24	1,689	496	811	109	56	819	65	638	2,988	328	7,999	1,346,888
25-34	1,819	770	1,113	188	91	736	9	0	3,604	498	8,828	1,353,729
35-44	1,819	792	1,046	266	141	673	7	0	1,933	304	6,981	1,274,566
45-54	2,006	677	800	391	352	597	12	0	763	198	5,796	928,156
55-64	3,244	617	684	1,321	1,192	605	3	0	223	101	7,990	710,738
65-69	2,413	443	318	1,463	1,705	213	0	0	54	24	6,633	309,993
70+	8,774	999	660	13,212	15,510	255	0	3	62	32	39,507	506,186
Total	26,550	5,189	6,192	17,365	19,422	4,718	432	766	10,752	1,656	93,042	8,362,617
Females												
0-14	4,258	199	574	1,021	974	470	223	18	49	124	7,910	1,832,328
15-24	3,505	401	640	154	118	540	64	37	169	204	5,832	1,311,104
25-34	5,215	535	904	215	133	400	16	0	324	236	7,978	1,369,524
35-44	2,898	623	886	314	248	209	13	0	122	181	5,494	1,280,163
45-54	2,337	499	623	465	503	132	12	0	40	96	4,707	894,598
55-64	2,777	515	476	1,283	1,577	82	6	0	12	45	6,773	709,448
65-69	2,192	308	233	1,633	2,506	25	3	0	6	22	6,928	341,666
70+	13,008	928	1,278	41,512	44,694	50	3	0	0	18	101,491	748,880
Total	36,190	4,008	5,614	46,597	50,753	1,908	340	55	722	926	147,113	8,487,711
Persons												
0-14	9,044	594	1,334	1,436	1,349	1,290	559	143	1,174	295	17,218	3,764,689
15-24	5,194	897	1,451	263	174	1,359	129	675	3,157	532	13,831	2,657,992
25-34	7,034	1,305	2,017	403	224	1,136	25	0	3,928	734	16,806	2,723,253
35-44	4,717	1,415	1,932	580	389	882	20	0	2,055	485	12,475	2,554,729
45-54	4,343	1,176	1,423	856	855	729	24	0	803	294	10,503	1,822,754
55-64	6,021	1,132	1,160	2,604	2,769	687	9	0	235	146	14,763	1,420,186
65-69	4,605	751	551	3,096	4,211	238	3	0	60	46	13,561	651,659
70+	21,782	1,927	1,938	54,724	60,204	305	3	3	62	50	140,998	1,255,066
Total	62,740	9,197	11,806	63,962	70,175	6,626	772	821	11,474	2,582	240,155	16,850,328

Table A8: Numbers in Institutions per 1000 Population by Age, Males, Females and Persons: 1991

Age Group	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Males												
0-14	2.48	0.20	0.39	0.21	0.19	0.42	0.17	0.06	0.58	0.09	4.82	1,932,361
15-24	1.25	0.37	0.60	0.08	0.04	0.61	0.05	0.47	2.22	0.24	5.94	1,346,888
25-34	1.34	0.57	0.82	0.14	0.07	0.54	0.01	0.00	2.66	0.37	6.52	1,353,729
35-44	1.43	0.62	0.82	0.21	0.11	0.53	0.01	0.00	1.52	0.24	5.48	1,274,566
45-54	2.16	0.73	0.86	0.42	0.38	0.64	0.01	0.00	0.82	0.21	6.24	928,156
55-64	4.56	0.87	0.96	1.86	1.68	0.85	0.00	0.00	0.31	0.14	11.24	710,738
65-69	7.78	1.43	1.03	4.72	5.50	0.69	0.00	0.00	0.17	0.08	21.40	309,993
70+	17.33	1.97	1.30	26.10	30.64	0.50	0.00	0.01	0.12	0.06	78.05	506,186
Total	3.17	0.62	0.74	2.08	2.32	0.56	0.05	0.09	1.29	0.20	11.13	8,362,617
Females												
0-14	2.32	0.11	0.31	0.56	0.53	0.26	0.12	0.01	0.03	0.07	4.32	1,832,328
15-24	2.67	0.31	0.49	0.12	0.09	0.41	0.05	0.03	0.13	0.16	4.45	1,311,104
25-34	3.81	0.39	0.66	0.16	0.10	0.29	0.01	0.00	0.24	0.17	5.83	1,369,524
35-44	2.26	0.49	0.69	0.25	0.19	0.16	0.01	0.00	0.10	0.14	4.29	1,280,163
45-54	2.61	0.56	0.70	0.52	0.56	0.15	0.01	0.00	0.04	0.11	5.26	894,598
55-64	3.91	0.73	0.67	1.81	2.22	0.12	0.01	0.00	0.02	0.06	9.55	709,448
65-69	6.42	0.90	0.68	4.78	7.33	0.07	0.01	0.00	0.02	0.06	20.28	341,666
70+	17.37	1.24	1.71	55.43	59.68	0.07	0.00	0.00	0.00	0.02	135.52	748,880
Total	4.26	0.47	0.66	5.49	5.98	0.22	0.04	0.01	0.09	0.11	17.33	8,487,711
Persons												
0-14	2.40	0.16	0.35	0.38	0.36	0.34	0.15	0.04	0.31	0.08	4.57	3,764,689
15-24	1.95	0.34	0.55	0.10	0.07	0.51	0.05	0.25	1.19	0.20	5.20	2,657,992
25-34	2.58	0.48	0.74	0.15	0.08	0.42	0.01	0.00	1.44	0.27	6.17	2,723,253
35-44	1.85	0.55	0.76	0.23	0.15	0.35	0.01	0.00	0.80	0.19	4.88	2,554,729
45-54	2.38	0.65	0.78	0.47	0.47	0.40	0.01	0.00	0.44	0.16	5.76	1,822,754
55-64	4.24	0.80	0.82	1.83	1.95	0.48	0.01	0.00	0.17	0.10	10.40	1,420,186
65-69	7.07	1.15	0.85	4.75	6.46	0.37	0.00	0.00	0.09	0.07	20.81	651,659
70+	17.36	1.54	1.54	43.60	47.97	0.24	0.00	0.00	0.05	0.04	112.34	1,255,066
Total	3.72	0.55	0.70	3.80	4.16	0.39	0.05	0.05	0.68	0.15	14.25	16,850,328

Table A9: Marital Status of the Institutional Populations Aged 15+, Males, Females and Persons: 1991

	Never Married	Married	Separated/ Divorced	Widowed	Total
Males					
Hospitals	5,311	11,323	2,219	2,911	21,764
Psychiatric Institutions	3,143	731	641	279	4,794
Hostels for the Disabled	4,326	357	380	369	5,432
Nursing Homes	3,507	6,272	1,500	5,671	16,950
Homes for the Aged	3,666	6,830	1,979	6,572	19,047
Hostels for the Homeless	2,515	247	952	184	3,898
Childcare Institutions	74	16	3	3	96
Child Corrective Institutions	619	5	9	8	641
Prisons	5,548	2,455	1,414	210	9,627
Others	1,017	100	337	31	1,485
Total	29,726	28,336	9,434	16,238	83,734
Population	2,130,394	3,660,749	478,814	160,299	6,430,256
Females					
Hospitals	6,638	12,981	2,462	9,851	31,932
Psychiatric Institutions	1,850	650	677	632	3,809
Hostels for the Disabled	3,365	318	309	1,048	5,040
Nursing Homes	5,964	5,910	1,475	32,227	45,576
Homes for the Aged	6,841	6,982	2,267	33,689	49,779
Hostels for the Homeless	821	167	357	93	1,438
Childcare Institutions	78	14	22	3	117
Child Corrective Institutions	37	0	0	0	37
Prisons	326	216	110	21	673
Others	612	93	86	11	802
Total	26,532	27,331	7,765	77,575	139,203
Population	1,714,435	3,683,708	587,900	669,340	6,655,383
Persons					
Hospitals	11,949	24,304	4,681	12,762	53,696
Psychiatric Institutions	4,993	1,381	1,318	911	8,603
Hostels for the Disabled	7,691	675	689	1,417	10,472
Nursing Homes	9,471	12,182	2,975	37,898	62,526
Homes for the Aged	10,507	13,812	4,246	40,261	68,826
Hostels for the Homeless	3,336	414	1,309	277	5,336
Childcare Institutions	152	30	25	6	213
Child Corrective Institutions	656	5	9	8	678
Prisons	5,874	2,671	1,524	231	10,300
Others	1,629	193	423	42	2,287
Total	56,258	55,667	17,199	93,813	222,937
Population	3,844,829	7,344,457	1,066,714	829,639	13,085,639

Table A10: Institutional Populations by Aboriginal and Torres Strait Islander Origin, Males, Females and Persons: 1991

	Aboriginal and Islander People	Other Persons	Not Stated	Total
Males				
Hospitals	655	22,385	3,510	26,550
Psychiatric Institutions	98	4,696	395	5,189
Hostels for the Disabled	87	5,835	270	6,192
Nursing Homes	147	15,499	1,719	17,365
Homes for the Aged	101	17,684	1,637	19,422
Hostels for the Homeless	434	3,815	469	4,718
Childcare Institutions	46	321	65	432
Child Corrective Institutions	212	545	9	766
Prisons	1,516	7,918	1,318	10,752
Others	117	1,444	95	1,656
Total	3,413	80,142	9,487	93,042
Population	131,438	7,972,095	259,084	8,362,617
Females				
Hospitals	845	31,429	3,916	36,190
Psychiatric Institutions	39	3,593	376	4,008
Hostels for the Disabled	105	5,199	310	5,614
Nursing Homes	175	41,333	5,089	46,597
Homes for the Aged	112	45,742	4,899	50,753
Hostels for the Homeless	349	1,492	67	1,908
Childcare Institutions	45	244	51	340
Child Corrective Institutions	25	30	0	55
Prisons	120	566	36	722
Others	88	752	86	926
Total	1,903	130,380	14,830	147,113
Population	134,013	8,077,989	275,709	8,487,711
Persons				
Hospitals	1,500	53,814	7,426	62,740
Psychiatric Institutions	137	8,289	771	9,197
Hostels for the Disabled	192	11,034	580	11,806
Nursing Homes	322	56,832	6,808	63,962
Homes for the Aged	213	63,426	6,536	70,175
Hostels for the Homeless	783	5,307	536	6,626
Childcare Institutions	91	565	116	772
Child Corrective Institutions	237	575	9	821
Prisons	1,636	8,484	1,354	11,474
Others	205	2,196	181	2,582
Total	5,316	210,522	24,317	240,155
Population	265,451	16,050,084	534,793	16,850,328

Table A11: Number in Institutions per 1000 Population by Aboriginal and Torres Strait Islander Origin, Males, Females and Persons: 1991

	Aboriginal and Islander People	Other Persons	Not Stated	Total
Males				
Hospitals	4.98	2.81	13.55	3.17
Psychiatric Institutions	0.75	0.59	1.52	0.62
Hostels for the Disabled	0.66	0.73	1.04	0.74
Nursing Homes	1.12	1.94	6.63	2.08
Homes for the Aged	0.77	2.22	6.32	2.32
Hostels for the Homeless	3.30	0.48	1.81	0.56
Childcare Institutions	0.35	0.04	0.25	0.05
Child Corrective Institutions	1.61	0.07	0.03	0.09
Prisons	11.53	0.99	5.09	1.29
Others	0.89	0.18	0.37	0.20
Total	25.97	10.05	36.62	11.13
Population	131,438	7,972,095	259,084	8,362,617
Females				
Hospitals	6.31	3.89	14.20	4.26
Psychiatric Institutions	0.29	0.44	1.36	0.47
Hostels for the Disabled	0.78	0.64	1.12	0.66
Nursing Homes	1.31	5.12	18.46	5.49
Homes for the Aged	0.84	5.66	17.77	5.98
Hostels for the Homeless	2.60	0.18	0.24	0.22
Childcare Institutions	0.34	0.03	0.18	0.04
Child Corrective Institutions	0.19	0.00	0.00	0.01
Prisons	0.90	0.07	0.13	0.09
Others	0.66	0.09	0.31	0.11
Total	14.20	16.14	53.79	17.33
Population	134,013	8,077,989	275,709	8,487,711
Persons				
Hospitals	5.65	3.35	13.89	3.72
Psychiatric Institutions	0.52	0.52	1.44	0.55
Hostels for the Disabled	0.72	0.69	1.08	0.70
Nursing Homes	1.21	3.54	12.73	3.80
Homes for the Aged	0.80	3.95	12.22	4.16
Hostels for the Homeless	2.95	0.33	1.00	0.39
Childcare Institutions	0.34	0.04	0.22	0.05
Child Corrective Institutions	0.89	0.04	0.02	0.05
Prisons	6.16	0.53	2.53	0.68
Others	0.77	0.14	0.34	0.15
Total	20.03	13.12	45.47	14.25
Population	265,451	16,050,084	534,793	16,850,328

Table A12: Institutional Populations by Birthplace, Males, Females and Persons: 1991

	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Males												
Australia	18,726	3,846	5,467	11,849	13,687	3,229	354	684	7,680	1,251	66,773	6,249,911
Other Oceania and Antarctica	377	51	57	142	190	173	3	27	351	44	1,415	174,482
UK and Ireland	2,162	298	208	1,888	3,174	340	3	11	390	134	8,608	586,954
Greece	176	26	18	153	29	9	0	0	59	0	470	69,653
Italy	479	88	28	366	206	16	0	0	71	6	1,260	136,114
Malta	55	6	3	54	26	6	0	0	18	3	171	28,358
Yugoslavia	182	75	16	135	67	39	0	0	104	3	621	85,592
Germany, Federal Republic of	180	32	21	109	88	36	0	3	44	16	529	56,204
Netherlands	155	36	16	94	160	28	0	0	27	9	525	50,530
Other Europe and USSR	550	178	66	601	524	146	0	3	192	23	2,283	159,337
Lebanon	63	3	3	18	0	6	0	3	76	0	172	36,203
Vietnam	59	21	6	19	0	31	4	7	85	6	238	63,860
Other Middle East and Nth Africa	512	67	44	224	209	170	3	16	282	20	1,547	319,343
Nth, Sth and Cntl America and Carribbean	113	29	15	57	55	73	0	6	73	15	436	72,440
Africa (excl. Nth Africa)	84	12	6	32	63	16	0	0	30	3	246	46,731
Inadequately described	0	0	3	0	3	0	0	0	6	0	12	1,417
At sea	0	3	0	0	3	0	0	0	0	0	6	101
Not elsewhere classified	0	0	0	0	0	0	0	0	0	0	0	32
Not stated	2,689	398	202	1,661	945	394	62	6	1,275	113	7,745	186,800
Total	26,562	5,169	6,179	17,402	19,429	4,712	429	766	10,763	1,646	93,057	8,324,062

Table A12: Institutional Populations by Birthplace, Males, Females and Persons: 1991 (cont.)

	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Females												
Australia	26,661	2,996	4,933	32,233	37,473	1,410	271	55	542	787	107,361	6,429,177
Other Oceania and Antarctica	570	53	44	339	495	66	0	0	30	16	1,613	174,109
UK and Ireland	2,930	246	264	5,352	7,522	97	9	0	27	32	16,479	583,104
Greece	161	32	9	284	63	9	0	0	0	0	558	66,568
Italy	438	55	13	698	412	9	0	0	3	3	1,631	118,364
Malta	78	15	6	82	89	3	0	0	0	6	279	25,366
Yugoslavia	221	39	15	171	69	6	0	0	3	0	524	75,141
Germany, Federal Republic of	244	42	32	284	272	12	0	0	3	0	889	58,211
Netherlands	198	31	13	209	336	9	0	0	0	0	796	45,060
Other Europe and USSR	579	118	44	1,089	868	25	0	0	13	6	2,742	148,046
Lebanon	104	12	0	26	6	0	0	0	0	0	148	32,739
Vietnam	81	3	3	14	9	39	0	0	0	3	152	58,283
Other Middle East and Nth Africa	870	80	43	560	512	101	3	0	19	9	2,197	345,721
Nth, Sth and Cntl America and Carribbean	202	18	5	83	126	53	0	0	6	9	502	73,770
Africa (excl. Nth Africa)	116	15	9	98	173	16	0	0	3	0	430	47,048
Inadequately described	6	0	0	3	10	3	0	0	0	0	22	1,421
At sea	0	3	0	3	0	0	0	0	0	0	6	108
Not elsewhere classified	0	0	0	0	0	0	0	0	0	0	0	35
Not stated	2,764	246	191	5,058	2,323	56	51	0	38	52	10,779	179,703
Total	36,223	4,004	5,624	46,586	50,758	1,914	334	55	687	923	147,108	8,461,974

Table A12: Institutional Populations by Birthplace, Males, Females and Persons: 1991 (cont.)

	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Persons												
Australia	45,387	6,842	10,400	44,082	51,160	4,639	625	739	8,222	2,038	174,134	12,679,088
Other Oceania and Antarctica	947	104	101	481	685	239	3	27	381	60	3,028	348,591
UK and Ireland	5,092	544	472	7,240	10,696	437	12	11	417	166	25,087	1,170,058
Greece	337	58	27	437	92	18	0	0	59	0	1,028	136,221
Italy	917	143	41	1,064	618	25	0	0	74	9	2,891	254,478
Malta	133	21	9	136	115	9	0	0	18	9	450	53,724
Yugoslavia	403	114	31	306	136	45	0	0	107	3	1,145	160,733
Germany, Federal Republic of	424	74	53	393	360	48	0	3	47	16	1,418	114,415
Netherlands	353	67	29	303	496	37	0	0	27	9	1,321	95,590
Other Europe and USSR	1,129	296	110	1,690	1,392	171	0	3	205	29	5,025	307,383
Lebanon	167	15	3	44	6	6	0	3	76	0	320	68,942
Vietnam	140	24	9	33	9	70	4	7	85	9	390	122,143
Other Middle East and Nth Africa	1,382	147	87	784	721	271	6	16	301	29	3,744	665,064
Nth, Sth and Cntl America and Carribbean	315	47	20	140	181	126	0	6	79	24	938	146,210
Africa (excl. Nth Africa)	200	27	15	130	236	32	0	0	33	3	676	93,779
Inadequately described	6	0	3	3	13	3	0	0	6	0	34	2,838
At sea	0	6	0	3	3	0	0	0	0	0	12	209
Not elsewhere classified	0	0	0	0	0	0	0	0	0	0	0	67
Not stated	5,453	644	393	6,719	3,268	450	113	6	1,313	165	18,524	366,503
Total	62,785	9,173	11,803	63,988	70,187	6,626	763	821	11,450	2,569	240,165	16,786,036

Table A13: Numbers in Institutions per 1000 Population by Birthplace, Males, Females and Persons: 1991

	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Males												
Australia	3.00	0.62	0.87	1.90	2.19	0.52	0.06	0.11	1.23	0.20	10.68	6,249,911
Other Oceania and Antarctica	2.16	0.29	0.33	0.81	1.09	0.99	0.02	0.15	2.01	0.25	8.11	174,482
UK and Ireland	3.68	0.51	0.35	3.22	5.41	0.58	0.01	0.02	0.66	0.23	14.67	586,954
Greece	2.53	0.37	0.26	2.20	0.42	0.13	0.00	0.00	0.85	0.00	6.75	69,653
Italy	3.52	0.65	0.21	2.69	1.51	0.12	0.00	0.00	0.52	0.04	9.26	136,114
Malta	1.94	0.21	0.11	1.90	0.92	0.21	0.00	0.00	0.63	0.11	6.03	28,358
Yugoslavia	2.13	0.88	0.19	1.58	0.78	0.46	0.00	0.00	1.22	0.04	7.26	85,592
Germany, Federal Republic of	3.20	0.57	0.37	1.94	1.57	0.64	0.00	0.05	0.78	0.28	9.41	56,204
Netherlands	3.07	0.71	0.32	1.86	3.17	0.55	0.00	0.00	0.53	0.18	10.39	50,530
Other Europe and USSR	3.45	1.12	0.41	3.77	3.29	0.92	0.00	0.02	1.20	0.14	14.33	159,337
Lebanon	1.74	0.08	0.08	0.50	0.00	0.17	0.00	0.08	2.10	0.00	4.75	36,203
Vietnam	0.92	0.33	0.09	0.30	0.00	0.49	0.06	0.11	1.33	0.09	3.73	63,860
Other Middle East and Nth Africa	1.60	0.21	0.14	0.70	0.65	0.53	0.01	0.05	0.88	0.06	4.84	319,343
Nth, Sth and Cntl America and Carribbean	1.56	0.40	0.21	0.79	0.76	1.01	0.00	0.08	1.01	0.21	6.02	72,440
Africa (excl. Nth Africa)	1.80	0.26	0.13	0.68	1.35	0.34	0.00	0.00	0.64	0.06	5.26	46,731
Inadequately described	0.00	0.00	2.12	0.00	2.12	0.00	0.00	0.00	4.23	0.00	8.47	1,417
At sea	0.00	29.70	0.00	0.00	29.70	0.00	0.00	0.00	0.00	0.00	59.41	101
Not elsewhere classified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32
Not stated	14.40	2.13	1.08	8.89	5.06	2.11	0.33	0.03	6.83	0.60	41.46	186,800
Total	3.19	0.62	0.74	2.09	2.33	0.57	0.05	0.09	1.29	0.20	11.18	8,324,062

Table A13: Numbers in Institutions per 1000 Population by Birthplace, Males, Females and Persons: 1991 (cont.)

	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Females												
Australia	4.15	0.47	0.77	5.01	5.83	0.22	0.04	0.01	0.08	0.12	16.70	6,429,177
Other Oceania and Antarctica	3.27	0.30	0.25	1.95	2.84	0.38	0.00	0.00	0.17	0.09	9.26	174,109
UK and Ireland	5.02	0.42	0.45	9.18	12.90	0.17	0.02	0.00	0.05	0.05	28.26	583,104
Greece	2.42	0.48	0.14	4.27	0.95	0.14	0.00	0.00	0.00	0.00	8.38	66,568
Italy	3.70	0.46	0.11	5.90	3.48	0.08	0.00	0.00	0.03	0.03	13.78	118,364
Malta	3.07	0.59	0.24	3.23	3.51	0.12	0.00	0.00	0.00	0.24	11.00	25,366
Yugoslavia	2.94	0.52	0.20	2.28	0.92	0.08	0.00	0.00	0.04	0.00	6.97	75,141
Germany, Federal Republic of	4.19	0.72	0.55	4.88	4.67	0.21	0.00	0.00	0.05	0.00	15.27	58,211
Netherlands	4.39	0.69	0.29	4.64	7.46	0.20	0.00	0.00	0.00	0.00	17.67	45,060
Other Europe and USSR	3.91	0.80	0.30	7.36	5.86	0.17	0.00	0.00	0.09	0.04	18.52	148,046
Lebanon	3.18	0.37	0.00	0.79	0.18	0.00	0.00	0.00	0.00	0.00	4.52	32,739
Vietnam	1.39	0.05	0.05	0.24	0.15	0.67	0.00	0.00	0.00	0.05	2.61	58,283
Other Middle East and Nth Africa	2.52	0.23	0.12	1.62	1.48	0.29	0.01	0.00	0.05	0.03	6.35	345,721
Nth, Sth and Cntl America and Caribbean	2.74	0.24	0.07	1.13	1.71	0.72	0.00	0.00	0.08	0.12	6.80	73,770
Africa (excl. Nth Africa)	2.47	0.32	0.19	2.08	3.68	0.34	0.00	0.00	0.06	0.00	9.14	47,048
Inadequately described	4.22	0.00	0.00	2.11	7.04	2.11	0.00	0.00	0.00	0.00	15.48	1,421
At sea	0.00	27.78	0.00	27.78	0.00	0.00	0.00	0.00	0.00	0.00	55.56	108
Not elsewhere classified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35
Not stated	15.38	1.37	1.06	28.15	12.93	0.31	0.28	0.00	0.21	0.29	59.98	179,703
Total	4.28	0.47	0.66	5.51	6.00	0.23	0.04	0.01	0.08	0.11	17.38	8,461,974

Table A13: Numbers in Institutions per 1000 Population by Birthplace, Males, Females and Persons: 1991 (cont.)

	Hospitals	Psychiatric Institutions	Hostels for the Disabled	Nursing Homes	Homes for the Aged	Hostels for the Homeless	Childcare Institutions	Child Corrective Institutions	Prisons	Other	Total	Australian Population
Persons												
Australia	3.58	0.54	0.82	3.48	4.03	0.37	0.05	0.06	0.65	0.16	13.73	12,679,088
Other Oceania and Antarctica	2.72	0.30	0.29	1.38	1.97	0.69	0.01	0.08	1.09	0.17	8.69	348,591
UK and Ireland	4.35	0.46	0.40	6.19	9.14	0.37	0.01	0.01	0.36	0.14	21.44	1,170,058
Greece	2.47	0.43	0.20	3.21	0.68	0.13	0.00	0.00	0.43	0.00	7.55	136,221
Italy	3.60	0.56	0.16	4.18	2.43	0.10	0.00	0.00	0.29	0.04	11.36	254,478
Malta	2.48	0.39	0.17	2.53	2.14	0.17	0.00	0.00	0.34	0.17	8.38	53,724
Yugoslavia	2.51	0.71	0.19	1.90	0.85	0.28	0.00	0.00	0.67	0.02	7.12	160,733
Germany, Federal Republic of	3.71	0.65	0.46	3.43	3.15	0.42	0.00	0.03	0.41	0.14	12.39	114,415
Netherlands	3.69	0.70	0.30	3.17	5.19	0.39	0.00	0.00	0.28	0.09	13.82	95,590
Other Europe and USSR	3.67	0.96	0.36	5.50	4.53	0.56	0.00	0.01	0.67	0.09	16.35	307,383
Lebanon	2.42	0.22	0.04	0.64	0.09	0.09	0.00	0.04	1.10	0.00	4.64	68,942
Vietnam	1.15	0.20	0.07	0.27	0.07	0.57	0.03	0.06	0.70	0.07	3.19	122,143
Other Middle East and Nth Africa	2.08	0.22	0.13	1.18	1.08	0.41	0.01	0.02	0.45	0.04	5.63	665,064
Nth, Sth and Cntl America and Caribbean	2.15	0.32	0.14	0.96	1.24	0.86	0.00	0.04	0.54	0.16	6.42	146,210
Africa (excl. Nth Africa)	2.13	0.29	0.16	1.39	2.52	0.34	0.00	0.00	0.35	0.03	7.21	93,779
Inadequately described	2.11	0.00	1.06	1.06	4.58	1.06	0.00	0.00	2.11	0.00	11.98	2,838
At sea	0.00	28.71	0.00	14.35	14.35	0.00	0.00	0.00	0.00	0.00	57.42	209
Not elsewhere classified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67
Not stated	14.88	1.76	1.07	18.33	8.92	1.23	0.31	0.02	3.58	0.45	50.54	366,503
Total	3.74	0.55	0.70	3.81	4.18	0.39	0.05	0.05	0.68	0.15	14.31	16,786,036

Table A14: Institutional Population by States and Territories, Males, Females and Persons: 1986

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory	Australia
Males									
Hospitals	9,703	6,603	4,472	2,669	2,553	699	386	254	27,339
Psychiatric Institutions	2,915	2,701	1,217	644	777	401	51	0	8,706
Hostels for the Disabled	1,865	762	802	890	400	122	20	14	4,875
Nursing Homes	7,928	4,797	4,130	2,367	2,508	704	100	83	22,617
Homes for the Aged	4,976	3,259	2,296	1,132	1,740	85	117	76	13,681
Hostels for the Homeless	976	468	387	199	306	68	304	110	2,818
Childcare Institutions	446	499	267	84	103	34	7	23	1,463
Child Corrective Institutions	317	292	83	50	98	24	21	17	902
Prisons	3,968	1,874	2,171	764	1,670	252	18	438	11,155
Others	733	191	574	60	97	13	81	44	1,793
Total	33,827	21,446	16,399	8,859	10,252	2,402	1,105	1,059	95,349
Population	2,684,570	1,991,470	1,295,631	665,960	707,570	216,840	125,134	81,502	7,768,677
Females									
Hospitals	13,770	10,393	5,875	3,880	4,057	1,219	514	303	40,011
Psychiatric Institutions	1,799	2,122	775	510	596	332	24	0	6,158
Hostels for the Disabled	1,555	695	581	637	341	97	16	6	3,928
Nursing Homes	21,134	13,945	10,213	6,589	5,829	1,866	303	105	59,984
Homes for the Aged	11,946	8,352	4,163	2,381	3,915	192	312	41	31,302
Hostels for the Homeless	721	142	252	106	258	71	64	24	1,638
Childcare Institutions	617	389	155	114	81	12	19	42	1,429
Child Corrective Institutions	37	125	6	5	3	4	8	2	190
Prisons	310	116	73	36	129	13	0	10	687
Others	374	128	243	62	28	8	70	39	952
Total	52,263	36,407	22,336	14,320	15,237	3,814	1,330	572	146,279
Population	2,717,311	2,028,009	1,291,686	679,985	699,359	219,872	124,272	73,346	7,833,840

Table A14: Institutional Population by States and Territories, Males, Females and Persons: 1986 (cont.)

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory	Australia
Persons									
Hospitals	23,473	16,996	10,347	6,549	6,610	1,918	900	557	67,350
Psychiatric Institutions	4,714	4,823	1,992	1,154	1,373	733	75	0	14,864
Hostels for the Disabled	3,420	1,457	1,383	1,527	741	219	36	20	8,803
Nursing Homes	29,062	18,742	14,343	8,956	8,337	2,570	403	188	82,601
Homes for the Aged	16,922	11,611	6,459	3,513	5,655	277	429	117	44,983
Hostels for the Homeless	1,697	610	639	305	564	139	368	134	4,456
Childcare Institutions	1,063	888	422	198	184	46	26	65	2,892
Child Corrective Institutions	354	417	89	55	101	28	29	19	1,092
Prisons	4,278	1,990	2,244	800	1,799	265	18	448	11,842
Others	1,107	319	817	122	125	21	151	83	2,745
Total	86,090	57,853	38,735	23,179	25,489	6,216	2,435	1,631	241,628
Population	5,401,881	4,019,479	2,587,317	1,345,945	1,406,929	436,712	249,406	154,848	15,602,517

Table A15: Numbers in Institutions per 1000 Population by States and Territories, Males, Females and Persons: 1986

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory	Australia
Males									
Hospitals	3.61	3.32	3.45	4.01	3.61	3.22	3.08	3.12	3.52
Psychiatric Institutions	1.09	1.36	0.94	0.97	1.10	1.85	0.41	0.00	1.12
Hostels for the Disabled	0.69	0.38	0.62	1.34	0.57	0.56	0.16	0.17	0.63
Nursing Homes	2.95	2.41	3.19	3.55	3.54	3.25	0.80	1.02	2.91
Homes for the Aged	1.85	1.64	1.77	1.70	2.46	0.39	0.93	0.93	1.76
Hostels for the Homeless	0.36	0.24	0.30	0.30	0.43	0.31	2.43	1.35	0.36
Childcare Institutions	0.17	0.25	0.21	0.13	0.15	0.16	0.06	0.28	0.19
Child Corrective Institutions	0.12	0.15	0.06	0.08	0.14	0.11	0.17	0.21	0.12
Prisons	1.48	0.94	1.68	1.15	2.36	1.16	0.14	5.37	1.44
Others	0.27	0.10	0.44	0.09	0.14	0.06	0.65	0.54	0.23
Total	12.60	10.77	12.66	13.30	14.49	11.08	8.83	12.99	12.27
Population	2,684,570	1,991,470	1,295,631	665,960	707,570	216,840	125,134	81,502	7,768,677
Females									
Hospitals	5.07	5.12	4.55	5.71	5.80	5.54	4.14	4.13	5.11
Psychiatric Institutions	0.66	1.05	0.60	0.75	0.85	1.51	0.19	0.00	0.79
Hostels for the Disabled	0.57	0.34	0.45	0.94	0.49	0.44	0.13	0.08	0.50
Nursing Homes	7.78	6.88	7.91	9.69	8.33	8.49	2.44	1.43	7.66
Homes for the Aged	4.40	4.12	3.22	3.50	5.60	0.87	2.51	0.56	4.00
Hostels for the Homeless	0.27	0.07	0.20	0.16	0.37	0.32	0.51	0.33	0.21
Childcare Institutions	0.23	0.19	0.12	0.17	0.12	0.05	0.15	0.57	0.18
Child Corrective Institutions	0.01	0.06	0.00	0.01	0.00	0.02	0.06	0.03	0.02
Prisons	0.11	0.06	0.06	0.05	0.18	0.06	0.00	0.14	0.09
Others	0.14	0.06	0.19	0.09	0.04	0.04	0.56	0.53	0.12
Total	19.23	17.95	17.29	21.06	21.79	17.35	10.70	7.80	18.67
Population	2,717,311	2,028,009	1,291,686	679,985	699,359	219,872	124,272	73,346	7,833,840

Table A15: Numbers in Institutions per 1000 Population by States and Territories, Males, Females and Persons: 1986 (cont.)

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory	Australia
Persons									
Hospitals	4.35	4.23	4.00	4.87	4.70	4.39	3.61	3.60	4.32
Psychiatric Institutions	0.87	1.20	0.77	0.86	0.98	1.68	0.30	0.00	0.95
Hostels for the Disabled	0.63	0.36	0.53	1.13	0.53	0.50	0.14	0.13	0.56
Nursing Homes	5.38	4.66	5.54	6.65	5.93	5.88	1.62	1.21	5.29
Homes for the Aged	3.13	2.89	2.50	2.61	4.02	0.63	1.72	0.76	2.88
Hostels for the Homeless	0.31	0.15	0.25	0.23	0.40	0.32	1.48	0.87	0.29
Childcare Institutions	0.20	0.22	0.16	0.15	0.13	0.11	0.10	0.42	0.19
Child Corrective Institutions	0.07	0.10	0.03	0.04	0.07	0.06	0.12	0.12	0.07
Prisons	0.79	0.50	0.87	0.59	1.28	0.61	0.07	2.89	0.76
Others	0.20	0.08	0.32	0.09	0.09	0.05	0.61	0.54	0.18
Total	15.94	14.39	14.97	17.22	18.12	14.23	9.76	10.53	15.49
Population	5,401,881	4,019,479	2,587,317	1,345,945	1,406,929	436,712	249,406	154,848	15,602,517

Table A16: Institutional Population by States and Territories, Males, Females and Persons: 1991

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory	Australia
Males									
Hospitals	9,028	6,466	4,775	2,592	2,370	676	376	268	26,551
Psychiatric Institutions	1,656	1,581	863	424	512	132	25	0	5,193
Hostels for the Disabled	2,201	1,167	1,129	774	573	286	54	7	6,191
Nursing Homes	7,215	3,604	2,542	1,819	1,663	383	117	46	17,389
Homes for the Aged	5,452	4,948	4,137	2,059	2,191	436	120	88	19,431
Hostels for the Homeless	1,793	875	979	343	387	171	43	118	4,709
Childcare Institutions	245	68	54	4	36	14	0	3	424
Child Corrective Institutions	420	78	77	62	100	10	7	12	766
Prisons	4,530	1,377	2,132	867	1,179	259	15	390	10,749
Others	655	359	343	76	148	9	38	29	1,657
Total	33,195	20,523	17,031	9,020	9,159	2,376	795	961	93,060
Population	2,844,579	2,096,684	1,482,406	690,768	793,709	223,755	139,156	91,604	8,362,661
Females									
Hospitals	12,176	9,329	6,190	3,479	3,187	1,008	496	325	36,190
Psychiatric Institutions	1,121	1,283	523	493	407	118	29	0	3,974
Hostels for the Disabled	2,045	1,163	920	666	546	235	42	6	5,623
Nursing Homes	19,395	10,228	7,030	4,519	4,020	987	357	73	46,609
Homes for the Aged	14,068	13,588	9,581	5,875	6,146	1,068	325	81	50,732
Hostels for the Homeless	757	325	306	171	165	68	56	50	1,898
Childcare Institutions	172	77	44	3	26	18	0	5	345
Child Corrective Institutions	23	17	7	4	6	3	0	4	64
Prisons	352	97	96	41	89	12	0	20	707
Others	242	350	204	35	50	26	0	4	911
Total	50,351	36,457	24,901	15,286	14,642	3,543	1,305	568	147,053
Population	2,887,453	2,147,537	1,495,404	709,855	793,116	229,083	140,940	84,288	8,487,676

Table A16: Institutional Population by States and Territories, Males, Females and Persons: 1991 (cont.)

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory	Australia
Persons									
Hospitals	21,204	15,795	10,965	6,071	5,557	1,684	872	593	62,741
Psychiatric Institutions	2,777	2,864	1,386	917	919	250	54	0	9,167
Hostels for the Disabled	4,246	2,330	2,049	1,440	1,119	521	96	13	11,814
Nursing Homes	26,610	13,832	9,572	6,338	5,683	1,370	474	119	63,998
Homes for the Aged	19,520	18,536	13,718	7,934	8,337	1,504	445	169	70,163
Hostels for the Homeless	2,550	1,200	1,285	514	552	239	99	168	6,607
Childcare Institutions	417	145	98	7	62	32	0	8	769
Child Corrective Institutions	443	95	84	66	106	13	7	16	830
Prisons	4,882	1,474	2,228	908	1,268	271	15	410	11,456
Others	897	709	547	111	198	35	38	33	2,568
Total	83,546	56,980	41,932	24,306	23,801	5,919	2,100	1,529	240,113
Population	5,732,032	4,244,221	2,977,810	1,400,623	1,586,825	452,838	280,096	175,892	16,850,337

Table A17: Numbers in Institutions per 1000 Population by States and Territories, Males, Females and Persons: 1991

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory	Australia
Males									
Hospitals	3.17	3.08	3.22	3.75	2.99	3.02	2.70	2.93	3.17
Psychiatric Institutions	0.58	0.75	0.58	0.61	0.65	0.59	0.18	0.00	0.62
Hostels for the Disabled	0.77	0.56	0.76	1.12	0.72	1.28	0.39	0.08	0.74
Nursing Homes	2.54	1.72	1.71	2.63	2.10	1.71	0.84	0.50	2.08
Homes for the Aged	1.92	2.36	2.79	2.98	2.76	1.95	0.86	0.96	2.32
Hostels for the Homeless	0.63	0.42	0.66	0.50	0.49	0.76	0.31	1.29	0.56
Childcare Institutions	0.09	0.03	0.04	0.01	0.05	0.06	0.00	0.03	0.05
Child Corrective Institutions	0.15	0.04	0.05	0.09	0.13	0.04	0.05	0.13	0.09
Prisons	1.59	0.66	1.44	1.26	1.49	1.16	0.11	4.26	1.29
Others	0.23	0.17	0.23	0.11	0.19	0.04	0.27	0.32	0.20
Total	11.67	9.79	11.49	13.06	11.54	10.62	5.71	10.49	11.13
Population	2,844,579	2,096,684	1,482,406	690,768	793,709	223,755	139,156	91,604	8,362,661
Females									
Hospitals	4.22	4.34	4.14	4.90	4.02	4.40	3.52	3.86	4.26
Psychiatric Institutions	0.39	0.60	0.35	0.69	0.51	0.52	0.21	0.00	0.47
Hostels for the Disabled	0.71	0.54	0.62	0.94	0.69	1.03	0.30	0.07	0.66
Nursing Homes	6.72	4.76	4.70	6.37	5.07	4.31	2.53	0.87	5.49
Homes for the Aged	4.87	6.33	6.41	8.28	7.75	4.66	2.31	0.96	5.98
Hostels for the Homeless	0.26	0.15	0.20	0.24	0.21	0.30	0.40	0.59	0.22
Childcare Institutions	0.06	0.04	0.03	0.00	0.03	0.08	0.00	0.06	0.04
Child Corrective Institutions	0.01	0.01	0.00	0.01	0.01	0.01	0.00	0.05	0.01
Prisons	0.12	0.05	0.06	0.06	0.11	0.05	0.00	0.24	0.08
Others	0.08	0.16	0.14	0.05	0.06	0.11	0.00	0.05	0.11
Total	17.44	16.98	16.65	21.53	18.46	15.47	9.26	6.74	17.33
Population	2,887,453	2,147,537	1,495,404	709,855	793,116	229,083	140,940	84,288	8,487,676

Table A17: Numbers in Institutions per 1000 Population by States and Territories, Males, Females and Persons: 1991 (cont.)

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory	Australia
Persons									
Hospitals	3.70	3.72	3.68	4.33	3.50	3.72	3.11	3.37	3.72
Psychiatric Institutions	0.48	0.67	0.47	0.65	0.58	0.55	0.19	0.00	0.54
Hostels for the Disabled	0.74	0.55	0.69	1.03	0.71	1.15	0.34	0.07	0.70
Nursing Homes	4.64	3.26	3.21	4.53	3.58	3.03	1.69	0.68	3.80
Homes for the Aged	3.41	4.37	4.61	5.66	5.25	3.32	1.59	0.96	4.16
Hostels for the Homeless	0.44	0.28	0.43	0.37	0.35	0.53	0.35	0.96	0.39
Childcare Institutions	0.07	0.03	0.03	0.00	0.04	0.07	0.00	0.05	0.05
Child Corrective Institutions	0.08	0.02	0.03	0.05	0.07	0.03	0.02	0.09	0.05
Prisons	0.85	0.35	0.75	0.65	0.80	0.60	0.05	2.33	0.68
Others	0.16	0.17	0.18	0.08	0.12	0.08	0.14	0.19	0.15
Total	14.58	13.43	14.08	17.35	15.00	13.07	7.50	8.69	14.25
Population	5,732,032	4,244,221	2,977,810	1,400,623	1,586,825	452,838	280,096	175,892	16,850,337

Table A18: Australian Population, Birthplace by Age: 1991

	0-14	15-24	25-44	45-64	65+	Total
Australia	3,391,340	2,196,521	3,721,353	2,092,493	1,323,491	12,725,198
Other Oceania and Antarctica	44,752	68,027	162,656	55,541	20,484	351,460
UK and Ireland	48,864	90,828	438,715	365,702	230,736	1,174,845
Greece	1,784	4,139	40,244	74,436	15,739	136,342
Italy	1,584	5,132	69,476	124,122	54,435	254,749
Malta	779	1,457	21,833	23,310	6,442	53,821
Yugoslavia	5,161	10,859	62,620	66,422	15,995	161,057
Germany, Federal Republic of	3,453	6,112	40,127	47,818	17,428	114,938
Netherlands	1,754	3,426	31,145	40,314	19,179	95,818
Other Europe and USSR	16,407	22,461	94,571	96,221	78,999	308,659
Lebanon	5,198	11,313	34,007	14,887	3,596	69,001
Vietnam	16,126	29,219	58,663	14,350	3,973	122,331
Other Middle East and Nth Africa	83,393	113,314	302,642	123,094	46,586	669,029
Nth, Sth and Cntl America and Caribbean	21,640	25,343	63,177	28,642	8,285	147,087
Africa (excl. Nth Africa)	12,174	15,269	42,380	17,990	6,299	94,112
Inadequately described	203	437	1,554	460	207	2,861
At sea	3	13	72	37	84	209
Not elsewhere classified	3	10	28	20	6	67
Not stated	110,062	54,147	92,708	56,997	54,816	368,730
Total	3,764,680	2,658,027	5,277,971	3,242,856	1,906,780	16,850,314

Table A19: Australian Population, Birthplace by Age: 1991 (Row Percentages)

	0-14	15-24	25-44	45-64	65+
Australia	26.65	17.26	29.24	16.44	10.40
Other Oceania and Antarctica	12.73	19.36	46.28	15.80	5.83
UK and Ireland	4.16	7.73	37.34	31.13	19.64
Greece	1.31	3.04	29.52	54.60	11.54
Italy	0.62	2.01	27.27	48.72	21.37
Malta	1.45	2.71	40.57	43.31	11.97
Yugoslavia	3.20	6.74	38.88	41.24	9.93
Germany, Federal Republic of	3.00	5.32	34.91	41.60	15.16
Netherlands	1.83	3.58	32.50	42.07	20.02
Other Europe and USSR	5.32	7.28	30.64	31.17	25.59
Lebanon	7.53	16.40	49.28	21.58	5.21
Vietnam	13.18	23.89	47.95	11.73	3.25
Other Middle East and Nth Africa	12.46	16.94	45.24	18.40	6.96
Nth, Sth and Cntl America and Caribbean	14.71	17.23	42.95	19.47	5.63
Africa (excl. Nth Africa)	12.94	16.22	45.03	19.12	6.69
Inadequately described	7.10	15.27	54.32	16.08	7.24
At sea	1.44	6.22	34.45	17.70	40.19
Not elsewhere classified	4.48	14.93	41.79	29.85	8.96
Not stated	29.85	14.68	25.14	15.46	14.87
Total	22.34	15.77	31.32	19.25	11.32

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