

HOUSE OF REPRESENTATIVES STANDING COMMITTEE

FAMILY AND HUMAN SERVICES

ADDITIONAL INFORMATION ON FACSIA PROGRAMS AND RESEARCH FROM PUBLIC HEARING - 1 MARCH 2006

Child care

Question 1: The Chair, the Hon Bronwyn Bishop, MP, asked the following question about after school care data "Is it possible to break it down to nine year olds? Nine year olds still need a good deal of supervision. Or five to nine year olds."

Children 5-9 years using approved child care

The following table shows the percentage of children using approved child care as a percentage of the population. The table shows the decline in usage by age of child.

Age of children in years	5	6	7	8	9	10	11
% of children using approved child care	29	20	19	18	15	13	9

Question 2: Following a discussion of child care available for working parents, the Chair asked "Could you give us the figures for the number of CCB claimants who are in approved places and the number who are in registered places?"

Child Care Benefit claimants in approved and registered child care

Families may use a number of types of care for work related purposes, including approved, registered or informal care. According to the 2004 Australian Government Census of Child Care Services, 90 per cent of approved child care is used for work reasons.

The number of children in approved child care in the September 2005 quarter was around 804,000.

The most recent data available for registered care is for the 2003-04 financial year. This is because customers have until 12 months after the end of the financial year to claim CCB for this type of care. In 2003-04, there were 59,700 customers who used registered care with at least one successful claim for Child Care Benefit for 72,100 children. Children in registered care may also be counted in the number of children in approved care if their parents access both approved and registered child care.

Stronger Families and Communities Strategy

Question 3: Mr Alan Cadman, MP, asked “On page 6 of your submission there are a number of programs that I have a vague understanding of, and I would like some more detail. The Stronger Families and Communities Strategy had funding of \$226 million for the first four years, and then in 2004 the new strategy began with \$365.5 million. That funding was further extended to total \$490 million. Could we have some details on how Communities for Children is working out—which are the communities and what sorts of programs are being put in place?

And I would like a description of the programs—the recipients of the benefits, the amount, what sorts of programs they want to put in place and the funding over the five-year period. I would like similar information on Invest to Grow, which has \$70 million. Who is developing those early childhood programs, who is going to deliver them and what resources are going to be applied? With regard to Local Answers, it sounds very nice to give communities an opportunity to develop their own solutions, but in an administrative sense that is a pretty vague expression. We understand the volunteer small equipment grants, and I think every member here strongly endorses this initiative and wants it to continue. The idea of small amounts of money coming through to community groups is just great, it hits the button for many of them, but it is only \$14 million of a \$137 million program. That is the only detail we have on that program, and I would like the rest.

Choice and Flexibility in Child Care will continue the in-home care and extend incentives for long day care providers to set up in areas of high unmet need. Where and how are they doing that? Does it apply to both the private sector and the community sector? Are they long day care centres or are they outstations that can perhaps develop family day care or something like that—what sorts of programs, what sorts of communities, who is instigating them? Is this just allowing ABC, for instance, to spread its network? I would not have any idea, so I need to know about that. That leads me to my next question: what is recognised child care? There is some term you use that gives an impression that there is some type of care that is formal and sometimes some type of care that is informal. Can you help me with that?

Communities for Children

Under the *Communities for Children* initiative, which provides \$142 m over four years, the Australian Government is forging a new and innovative approach to policy development and service delivery. *Communities for Children* takes a collaborative approach in seeking to achieve better outcomes for children aged 0–5 and their families. It is implemented through a national framework which allows for tailored approaches at the local level and provides communities with the opportunity to develop flexible and innovative approaches that best reflect their circumstances.

Non-government organisations are funded as 'Facilitating Partners' in 45 community sites around Australia to develop and implement a strategic and sustainable whole of community approach to early childhood development, in consultation with local stakeholders. Details concerning these sites are provided in the table below.

Examples of activities that are being implemented in the sites, as part of this whole of community approach, are:

- home visiting;
- early learning and literacy programmes;
- early development of social and communication skills;
- parenting and family support programmes;

- child nutrition; and
- community events to celebrate the importance of children, families and the early years.

These local activities are grounded in evidence about what works best to support early childhood development.

Details concerning the 45 Communities for Children sites are at **Attachment A**.

Invest To Grow

Early Childhood - Invest to Grow provides \$70.5 m funding over the years 2004–2008 for early childhood programmes and resources. Its aim is to contribute to improved outcomes for young children through prevention and early intervention and to build the Australian evidence base about what works in prevention and early intervention in early childhood.

Invest to Grow also funds development of tools and resource materials for use by families, professionals and communities supporting families and young children. *Invest to Grow* aims to ensure that Australia continues to be one of the world leaders in best practice in the early childhood development arena.

Invest to Grow funds a range of successful established programmes as well as a number of developing early childhood programmes delivered by non-government organisations. This funding will enable these programmes to be further developed and evaluated to assess their effectiveness in achieving outcomes for young children, their families and communities. Funding will also support development of tools and resources such as the Parenting Information Website, the National Indigenous Child and Family Resource Centre and the Australian Early Development Instrument.

Details of Established and Developing Programmes are at **Attachment B**.

Local Answers

Local Answers, \$137 million (excluding VSEG) over five years, is an initiative of the *Stronger Families and Communities Strategy (2004–2009)*. This initiative funds community organisations to develop and implement local, small-scale, time limited projects that help disadvantaged communities to build skills and capacity for the benefit of their members.

Local Answers supports projects that build effective parenting and relationships skills, promote economic self reliance, assist young parents to further their education or access to training, and assist members of the community to get involved in community life through local volunteering or mentoring of young people or training to build community leadership and initiative.

Up to \$300,000 is available per project and since 2004 more than 260 community-based projects worth over \$40 million have been funded nationally.

Funding rounds of *Local Answers* are advertised widely in the press and on the FaCSIA website at www.facs.gov.au/sfcs. A list of funded projects is at **Attachment C**.

Choice and Flexibility in Child Care

Long Day Care Incentive Scheme

The Department required the applicants in the Long Day Care Incentive Scheme (LDCIS) 2004–05 funding rounds to demonstrate high, unmet demand in their selected region by meeting the criteria below:

- No access to long day care services in the selected region; and
- No access to child care in surrounding regions due to:
 - There not being a child care service in that region; or
 - Fully populated waiting list at child care services in that region; or
 - Distance (i.e., distance to travel is unreasonable); or
 - Transport restrictions (i.e., no public transport between regions).

The Department identified the list of '*potential areas*' based on the following:

- they are a rural or urban fringe area;
- their total population is greater than 1000; and
- there is currently no existing long day care centre within 10kms.

Applicants were able to select areas not on the Department's list as long as they could substantiate high, unmet demand. The Department did not determine the level of unmet demand for centre-based long day care in these areas.

Twenty three services were approved for funding. To date two services have opened, and sixteen are due to open this calendar year with the remaining six still in the development stage, with opening dates next calendar year. The services are located in rural and regional Queensland, New South Wales, Victoria, Western Australia and South Australia.

The Long Day Care Incentive Scheme (LDCIS) is available to both the private sector and the community sector. All long day care centres have the option to broaden their services to include other care types.

Question 4: Mrs Markus, MP, asked "I want to come back to in-home care. Is the type of assistance available in rebates or CCB very different in the amount that would be provided in comparison to, say, long day care or family day care? Mr Cadman, MP, asked "And the take-up pattern? By state or district? Has there been a consistent take-up between the states on home care or not?"

In Home Care

In home care is a targeted form of child care where an approved carer provides care in the child's home. In home care is aimed at providing care for children within the family unit. There are currently 4,325 places allocated across Australia.

Eligibility for in home care is strictly limited to families that have no other child care options, or whose child care needs cannot be met by existing service providers.

To be eligible, families must meet one of the following eligibility criteria and meet one of the categories.

The criteria are:

- there is no other child care service available (eg remote location); and/or
- there is no child care service available that can meet the child care needs (eg non standard working hours); and

the categories are:

- Family lives in a rural or remote area;
- Non standard working hours;
- Multiple births (more than two) and/or more than two children of non school age;
- Seriously ill or disabled parent;
- Seriously ill or disabled child.

In the December 2004 quarter there were around 1,400 families using the In Home Care program.

In Home Care places are allocated at the state level.

Fertility research

Question 5: The Chair asked “I want to go to the part of your submission about publications that you have funded, the ones discussing fertility, and particularly the one, *An analysis of the relationship between fertility rates and economic conditions in Australia between 1976 and 2000* . From all that funding that you put into that research I wondered what the outcome of that has been and whether you have done anything with it. This is research that you have done between 2001 and 2004.?”

An overview of FaCSIA research on fertility is available at **Attachment D**. Note: All references in Attachment D are publicly available.

Child support policy change

Question 6: The Chair asked about changes to child support policy “It is brand new and I think we do need to ask questions about it, because there are going to be winners and losers. I would really like to know if any work has been done to identify who the likely losers are—what their profile is, what sort of people they are.”

The Ministerial Taskforce on Child Support stated, in its report, that its recommendations were developed in response to what it saw as “many anomalies” in the current scheme, and that the correction of these must result in changes in the amount of child support people pay and receive.

In some cases, payees will receive more child support. Factors driving this result include:

- increased minimum payments;
- introduction of the fixed payment where payers cannot substantiate their true circumstances;
- the new formula’s recognition of the higher costs of teenagers;
- more equitable treatment of the earnings of resident parents above average weekly earnings; and
- measures to improve compliance.

In other cases, payees will receive less child support. Factors driving this result include:

- the new formula’s recognition that expenditure on children declines as a percentage of household income as incomes increase;
- the new formula’s recognition of regular contact;
- lower percentages applicable to children aged 0–12.

Chapter 16 of the taskforce report provides a more detailed analysis of the expected outcomes of the new formula.

ATTACHMENT A

Communities for Children sites

Under Communities for Children, Non-Government Organisations (NGOs) are engaged as 'Facilitating Partners' in 45 communities, or sites, around Australia to develop and implement a strategic and sustainable whole of community approach to early childhood development in consultation with local stakeholders. This model supports the development of partnerships between stakeholders, including different levels of government, service providers, community leaders, businesses and other early childhood stakeholders including parents. Funding for each site ranges from \$1.24 million to \$3.8 million.

NSW

Site	Organisation/Consortium
Fairfield - encompassing Fairfield, Fairfield East, Fairfield Heights and Fairfield West	The Smith Family
Campbelltown - encompassing Ambarvale, Rosemeadow	The Benevolent Society
Blacktown - encompassing Blackett, Mount Druitt, Dharruk, Emerton, Hebersham, Minchinbury, Whalan	Mission Australia
Wyong - encompassing Berkeley Vale, Chittaway Bay, Chittaway Point, Glenning Valley, Killarney Vale, Bateau Bay, Shelley Beach, Tumbi Umbi, Blue Bay, Long Jetty, The Entrance, The Entrance North, Toowoomb Bay	The Benevolent Society
Dubbo - encompassing Dubbo, Wellington, Narromine	Centacare Diocese of Wilcannia-Forbes
Raymond Terrace	<i>Consortium:</i> Raymond Terrace Communities for Children (Led by The Smith Family and including The Family Action Centre)
Taree - encompassing the Greater Taree LGA	Mission Australia
Shellharbour –encompassing Shellharbour LGA on the South Coast includes Albion Park and other suburbs in postcode 2527 and Shellharbour, and other suburbs in postcode 2529. Suburbs with 2527 postcode: Albion Park, Albion Park Rail, Calderwood, Croom, Tongarra, Tullimbar, Yellow RockSuburbs with 2529 postcode: Balarang, Blackbutt, Dunmore, Flinders, Oak Flats, Shell Cove, Shellharbour City Centre, Shellharbour Square.LGA	Barnados Australia
Lismore Murwillumbah – adjunct site to Lismore	YWCA NSW
Miller and surrounds	Mission Australia

VICTORIA

Site	Organisation/Consortium
Hume/Broadmeadows - encompassing Broadmeadows, Dallas, Jacana, Coolaroo, Meadow Heights, Campbellfield	<i>Consortium:</i> Opportunities for All Children - A communities for children project (Led by Broadmeadows Uniting Care and including Dianella Community Health Inc and Orana Family Services)
Brimbank - encompassing Albion, Sunshine, Sunshine North, Sunshine West, Ardeer	<i>Consortium:</i> TSFISIS (Led by The Smith Family and including ISIS Primary Care)
Greater Dandenong - encompassing Dandenong, Dandenong North, Dandenong South, Bangholme	<i>Consortium:</i> Mission Australia - Greater Dandenong (Led by Mission Australia and including the City of Greater Dandenong)
Bendigo - encompassing North Bendigo, Long Gully, California Gully, White Hills, Ironbark, Eaglehawk	St Luke's Anglicare
Frankston North - encompassing Frankston North, Karingal, Carrum Downs	Anglicare Victoria
Cranbourne – encompassing the selected suburbs in the Cranbourne area of Cranbourne Central, North, East and West.	Windermere Child & Family Services Inc
East Gippsland Shire	Kilmany Uniting Care
Swan Hill/Robinvale	St Luke's Anglicare and Mallee Family Care

QUEENSLAND

Site	Organisation/Consortium
Deception Bay	BoysTown
Gladstone - encompassing the SLAs of Gladstone and Calliope Part B, and Calliope Part A including Tannum Sands and the towns of Calliope, Benaraby, Wurdon Heights and Beecher and the settlements of River Ranch, West Stowe, Burua and Boyne Islands	<i>Consortium:</i> Gladstone Communities for Children Consortium (Led by Gladstone Area Promotion and Development Ltd and including Anglicare Central Queensland Ltd)
Kingston/Loganlea/Waterford West	The Salvation Army (Queensland) Property Trust as part of The Salvation Army Australia Eastern Territory
Inala-Ipswich - encompassing Inala, Durack, Richlands, Wacol, Carole Park Goodna and Gales	Mission Australia
Mt Isa City and surrounds – encompassing the suburbs of Mount Isa City, Breakaway, Lanskey, Menzies, Miles End, Pioneer, Ryan, Soldiers Hill, Sunset, Winston, Mornington, Parkside, The Gap, Town View, Healy Hannu	Centacare – Townsville - Mt Isa - Bowen

Valley, Spreadborough, Mica Creek, Kalkadoon, and Fisher	
Townsville West - including the suburbs of Vincent, Gulliver, and Heatley	The Smith Family Good Beginnings Consortium
Cairns - encompassing the statistical local areas of Cairns Part B and Cairns Trinity (Yarrabah, Aloomba, Meerawa, Little Mulgrave, Fishery Falls, McDonnell Cr, Deeral, Bellenden Babinda, Bartle Frere, Edmonton, Gordonvale, Woree, White Rock, Giangura)	Mission Australia
Coomera, Cedar Creek and surrounds	Lifeline

SOUTH AUSTRALIA

Site	Organisation/Consortium
Onkaparinga - encompassing Morphett Vale, Hackham, Hackham West, Christies Downs, Lonsdale	<i>Consortium:</i> Healthy Families, Strong Communities (Led by Anglicare SA Inc. and including UnitingCare Wesley Adelaide)
Port Augusta	UnitingCare Wesley Port Pirie
Salisbury - encompassing Salisbury East, Pooraka, Para Hills, Ingle Farm and Para Hills West	The Salvation Army (South Australia) Property Trust
Murray Bridge Area - including the Rural City of Murray Bridge and towns of Tailem Bend, Callington and Mannum	Murraylands Connecting Communities Consortium (led by Anglican Community Care Inc and also including Flinders University Rural Clinical School)
North Western Adelaide	UnitingCare Wesley Port Adelaide

WESTERN AUSTRALIA

Site	Organisation/Consortium
Kwinana - encompassing Medina, Orelia, Parmelia, Bertram, Leda, Calista, Wellard	The Smith Family
East Kimberley - encompassing the SLAs of Wyndham-East Kimberley and Halls Creek	<i>Consortium:</i> Yambaba Consortium (Led by Lingiari Foundation Inc. and including Save the Children Australia)
Armadale - encompassing Armadale, Brookdale, Forrestdale, Kelmscott, Champion Lakes, Seville Grove and Mount Richon	Communicare (Inc.)
West Pilbara - covering the Shire of Roebourne and the Shire of Ashburton. The Shire of Roebourne includes the towns of	Pilbara Area Consultative Committee (Redlow Consortium)

Dampier, Wickham, Roebourne, Cossack, Point Samson and Karratha. Aboriginal communities within the shire are Cheeditha, 5-Mile, Cheratta and Ngarawwana. The Shire of Ashburton including the towns of Onslow, Pannawonica, Paraburdoo and Tom Price.	
Lower Great Southern - encompassing the City of Albany and the towns of Katanning, Denmark and Mount Barker. Any small townships located within the boundaries of this site would also be included.	Great Southern Division of General Practice Ltd (Great Southern Communities for Children Consortium)
Girrawheen, Koondoola, Balga and Mirrabooka	The Smith Family

NORTHERN TERRITORY

Site	Organisation/Consortium
Palmerston/Tiwi Islands - encompassing Durack, Bakewell, Driver, Moulden, Woodroffe, Gray and the Tiwi Islands	Australian Red Cross Northern Territory Division
East Arnhem - encompassing Nhulunbuy (Gove), Alyangula, Milingimbi, Ramingining, Galiwinku, Gapuwiyak, Yirrkala, Gunyangara, Milyakburra, Angurugu, Umbakumba, Numbulwar	Synod of the Diocese of the Northern Territory incorporated (Anglicare NT)
Katherine - including the SLAs of Katherine (T), Gulf, Victoria, and Elsey Balance.	The Smith Family Good Beginnings Consortium

TASMANIA

Site	Organisation/Consortium
Burnie and surrounds - encompassing Burnie (C) LGA	Centacare Tasmania
Launceston and surrounds	Anglicare Tasmania
South East Tasmania - Including Derwent Valley (M) LGA, Brighton (M) LGA, Central Highlands (M) SLA, and Southern Midlands (M) SLA.	The Salvation Army Property Trust

A.C.T.

Site	Organisation/Consortium
Inner North Canberra - encompassing Ainslie, Turner, Braddon, Watson, Downer, Dickson, Lyneham, Reid, O'Connor	Northside Community Service Inc

ATTACHMENT B

Established and Developing Programmes, Tools and Resources

Established Programmes

Organisation	Programme
<u>Autism Spectrum Australia – ASPECT</u>	Building Blocks Early Intervention Service
<u>The Benevolent Society</u>	Partnerships in Early Childhood
<u>Children's Protection Society</u>	"I'm a Dad"
<u>Core of Life</u>	Pregnancy, Birth, Breastfeeding and Early Parenting
<u>Good Beginnings Australia</u>	National Parenting and Early Childhood programmes
<u>Kurrajong Waratah</u>	Rural Beginnings
<u>Lady Gowrie Child Centre Inc</u>	Through the Looking Glass
<u>NPY Women's Council Aboriginal Corporation</u>	Child Nutrition Programme
<u>Playgroup Association of OLD</u>	Sing and Grow
<u>Royal Institute for Deaf and Blind Children</u>	Remote Early Learning Programme
<u>St Giles Society</u>	Vital Early Years Therapy and Family Support Programme
<u>Victorian Parenting Centre and University of Sydney</u>	Healthy Start

Developing Programmes

Organisation	Programme
<u>Association for Services to Torture and Trauma Survivors</u>	Good Food for New Arrivals
<u>Autism Queensland Inc</u>	ProAQtive – Early Intervention for Young Children Diagnosed with Autism Spectrum Disorders
<u>CHEGS Incorporated</u>	Goonellabah Early Childhood Transition Programme
<u>Key Centre for Women's Health in Society, The University of Melbourne</u>	Mothers, Fathers and Newborns: Preventing Distress and Promoting Confidence Program
<u>KU Children's Services</u>	Early Learning and Literacy Initiative Programme
<u>Lifeline Community Care</u>	Parent-Child Interaction Therapy
<u>Macquarie Research Ltd and StaR Inclusive Early Childhood Education Association</u>	Special Teaching and Research (StaR) Project
<u>Murdoch Children's Research Institute</u>	Platforms Strategy
<u>Northern Rivers Division of General Practice</u>	Parenting Support Project
<u>Phoenix House</u>	"BumbleBees" Therapeutic Pre-School Service Association Inc
<u>School for Social and Policy Research, Charles Darwin University</u>	Let's Start: Exploring Together for Indigenous Preschools

Tools and Resources

Organisation	Resource
Secretariat for National Aboriginal and Islander Child Care (SNAICC)	Development of a National Indigenous Child and Family Resource Centre
<u>Raising Children Network</u>	Parenting Information Website
Murdoch Children's Research Institute	Australian Early Development Instrument
Australian Research Alliance for Children and Youth	Support further development of collaborative multidisciplinary network
<u>Australian Research Alliance for Children and Youth</u>	Funding for Evidence Request and Capacity Building Services to support SFCS projects
Families Australia	Families Week
Australian Childhood Foundation	Every Child is Important campaign

Summary of FACSIA research on fertility

Background

- Australia's Total Fertility Rate¹ (TFR) in 2004 was 1.77, up from 1.75 in 2003. This is still well below population replacement level (2.1).
- Since 1997, the TFR has been relatively stable, varying between 1.73 and 1.78. This suggests that the significant declines in fertility recorded in Australia since the 1970s may have halted.
- Widespread discussion of concerns about delaying childbearing for too long may be supporting the slightly higher TFR. It may also be a reflection of the higher number of Australian women reaching their prime child bearing years.
- The changing age of mothers, declining family size, and childlessness are all related to low fertility. Behind these changes are factors such as delays in relationship formation, perceptions around the risk of relationships breaking down in the future, changing economic and social aspirations of people in the prime child-rearing ages and increased access to and reliability of birth control.
- Typically, people cite two main pre-conditions as necessary before having children: finding a secure, stable and adequate partner; and having a secure, stable and adequate income. These conditions appear to be becoming harder for people to meet in their twenties.
- International evidence suggests that to increase fertility, both social and economic settings must be right, including: high female workforce participation; and policies to support families in the workforce and in their caring roles.
- FaCSIA has researched Australian fertility trends through literature reviews, analyses of HILDA data, macroeconomic modelling, and funding a fertility decision-making survey. The findings of the major pieces of research are summarised below.

¹ TFR represents the average number of babies that a woman could expect to bear during her reproductive lifetime.

Barnes, A 2001, *Low Fertility: A Discussion Paper, Occasional Paper no 2*, Department of Family and Community Services, Canberra.

- The paper provides a general overview of the data available up to 2001. It considers whether the decline in the fertility rate matters in terms of social policy and reviews relevant academic work relating to possible causes. It considers policy intervention and briefly nominates some broad strategies that could be considered by government.
- Key points in the paper include:
 - Fertility in Australia, in line with trends in other developed countries, has been falling for a long time: the rate has fallen from 3.6 in 1961 to 1.75 in 1999 (well below the replacement rate of 2.1).
 - The population will continue to increase for some decades because there are and will be large numbers of women of reproductive age having children. Natural population increase will begin to fall in the 2030s, however immigration will keep the population growing for the ensuing 20 years. However, whilst immigration can ameliorate the situation, it cannot reverse it.
 - The dependency ratio will rise: based on current trends, those in the workforce compared to those not in it, as a percentage, will fall and ultimately the growth in the working age population will also decline (from 180 000 per year to 140 000 during the 2020s). The associated shrinking of the tax base and growth of demand on age related social security will result in fiscal pressure.
 - Women are having fewer children than they would wish – lower levels of fertility are not a result of women modifying their preferences over time. Causes include: direct and opportunity costs of children; cultural and institutional contexts around family formation; responsibilities (child care, for example) that women still predominantly face; work and family clashes; relationship breakdown and problems with partnering.
- The policy response should be aware of the very slow nature of demographic change – change is steady and lower fertility at the current levels does not represent a crisis. However international evidence indicates that it is possible for fertility to fall far below current levels to a point that would have serious ramifications.
- A sensible policy response should be directed towards enabling women to have the number of children they would like to have. Because of the wide ranging nature of the drivers of fertility, policies directed at childcare, social welfare, education and workplace conditions are potentially more important than policies specifically and immediately directed towards influencing population outcomes.

Fisher, K 2002, *Fertility Pathways in Australia: Relationships, opportunities, work and parenting*, Department of Family and Community Services, Canberra.

- This analysis of the HILDA Wave 1 data has shown that fertility is a complex issue that needs to be understood within the social context of relationships and the broader socio-economic conditions. While there are clearly many factors affecting fertility rates overall, this paper points to some of the ways in which these are likely to be affecting groups in different ways.
- This preliminary study of declining fertility rates highlights important links between fertility, relationships and work opportunities for both men and women.
- This paper indicates that, overall, expectations of having children appear to be in decline for both men and women. However, individual fertility expectations and outcomes vary and the data indicate that the pathways to low fertility are different for men and women. Among women, higher education, income and occupation status is associated with lower fertility, while among men the reverse seems to be true. Although the associations are not as clear or strong as they are among women, among younger men, lower education and employment opportunities are more likely to be linked to lower fertility expectations. In addition, younger men overall tend to expect to have fewer children than younger women and are more likely to expect to remain childless. These findings highlight the neglected role of men in understanding fertility decline. They also raise questions about the impact of individual and household income, as well as labour market changes on fertility expectations.
- The data show that the impacts of education and employment opportunities on fertility are complex and, for both men and women, appear to be linked to problems with partnering. For instance, among those who do not expect to have children, particularly men, there are considerably lower proportions in stable married or de facto relationships. This analysis confirms the critical role of relationship formation and stability in fertility expectations and outcomes and the need to understand contemporary pressures on relationships.
- This study further confirms that working parents are under pressure. It points to tensions within families about the share of family workload and the balance of work and family responsibilities. While women, particularly those working full-time, seem to experience more pressure and dissatisfaction with their share of family responsibilities than men, there are indications that working fathers also experience tensions. In particular, men seem to experience somewhat more workplace inflexibility in meeting their family responsibilities than women.

Fisher, K and Charnock, D 2003, 'Partnering and Fertility Patterns: Analysis of the HILDA Survey, Wave 1', conference paper presented to the HILDA Conference, Melbourne University, 13 March.

- A key aim of the analysis was to assess the consistency of the HILDA data with previous research in the area of fertility, concentrating on social-structural variables. The analysis examines the association of these factors with fertility for three main parity progressions. These included 0 to 1 or more children; 1 to 2 or more children and 2 to 3 or more children. Men and women 30 to 49 years were the primary focus of the analysis, though analyses were also carried out for younger (18 to 29 years) and older (50 years and over) men and women. In addition to this, relationship formation problems among 30 to 49 year olds were also examined with reference to the contention that a mismatch in marriage markets has resulted in higher educated women and lower educated men being less likely to be partnered.

Key findings:

Partnering and relationship formation

- Partnering was found to play a key role in explaining expectations of childlessness and, to a lesser extent, having only one child. Lack of relationship formation and the relative instability of the relationships were clearly linked to higher expectations of childlessness. This association was found for both men and women across all age groups. One-child expectations seemed to be linked to relationship breakdown.
- The authors examined difficulties in relationship formation by looking at the factors associated with never having been married (and not currently being in a defacto relationship) among 30 to 49 year old men and women. This analysis provided some support for Birrell and Rapson's (1998) contention that lower income, work insecure men are more likely to not be partnered. Furthermore, this analysis seemed to demonstrate that men's capacity to fulfil the breadwinner role is positively related to the likelihood of being partnered. Similarly, there was some support for Birrell and Rapson's (1998) argument that higher educated women tend to be more likely to not to be partnered, although the associations to work and income are less clear, given the tendency for women to change their work status when they partner. Overall, however, the findings indicate that those that have never been married are a more diverse group than those proposed by Birrell and Rapson's (1998). For both men and women they appear to include those that are more financially secure as well as those that appear to be more financially and work disadvantaged. However, for both men and women those who rated themselves as dissatisfied with their overall satisfaction with life were more likely to have never been married.

Socio-economic status

- This study broadly confirmed that, in Australia, higher socio-economic status tends to be associated with lower fertility expectations. In addition, this analysis demonstrates the value of examining parity progressions of additional children by pointing to the existence of some changes in associations with particular social-economic factors for different progressions.
- In particular, it showed that women's education was clearly linked to higher expectations of childlessness, yet it was far less important in understanding expectations for one child and two child families. However, as was pointed out earlier, the higher rates of childlessness among higher educated women can also be partially explained by their lower likelihood of being partnered. In addition, some of the analyses seem to indicate that work involvement, rather than education per se, is more important in understanding the tendency for women to expect fewer children. Women with lower levels of work involvement were more likely to have more children in each parity progression, which is consistent with the tendency for women to remain the primary care-givers. As well as this, there is evidence that women with lower work and financial security have a greater likelihood of having larger families (3 or more children). These findings were thus largely

consistent with McDonald's 1997 analysis that women who face higher work opportunity costs are more likely to trade-off fertility for work.

- This study highlighted the importance of examining the circumstances and characteristics of men in understanding the patterns of fertility rates in Australia. It is very apparent that the circumstances of men that are associated with lower fertility rates are distinctive from women. There is an overarching theme that men with higher capacity as a breadwinner, including higher income and work involvement are more likely to have positive fertility expectations up to two children. The relationship appears to reverse after this, and men with higher levels of education tend to be more likely to expect two rather than three or more children. In contrast, it appears to be men with lower education levels and lower work and financial security that are more likely to have the largest families. What this analysis seems to indicate is that the importance of men's circumstances for understanding fertility expectations appears to increase after first births, a finding which is consistent with some other studies.
- This suggests that the relationships with income and financial security are complex, involving changing values as well as income effects on fertility rates.
- In juxtaposition to this finding, however, the analysis showed a clear connection between financial security, in the form of owning your home outright, and lower fertility expectations across the parity progression, sex and, to some extent, age groups. This finding is somewhat surprising, given that financial security is often associated with higher fertility and it has been suggested that declining fertility may be linked with lack of housing affordability.

Other factors

- Finally, for both men and women, self-employment fairly consistently, and somewhat surprisingly, showed significant associations that tended towards higher fertility expectations. This association was particularly clear in distinguishing those that expect to have three or more children rather than two. This finding is consistent with findings, at least for men, in studies of parity progressions in the U.K. While self-employed men and women were also significantly more likely to be partnered, the reasons for these associations with fertility at this stage remain open. There was some evidence that lack of available women dampened the fertility expectations for men in outer and inner regional areas. A somewhat surprising finding was the lower likelihood for younger women (18 and 29 years) living in remote and very remote areas to expect to have children.
- There was a tendency, overall, for expectations of having children among migrants (particularly those from main English-speaking countries) to be lower than those born in Australia. The patterns of association indicated that these may be related to the context and circumstances of arrival, including the disruptive effects on family formation of migration itself.

Martin, J 2004, 'The Ultimate Vote of Confidence: Fertility Rates and Economic Conditions in Australia, 1976–2000', *Australian Social Policy 2002–03*, pp. 31–54.

- This paper gave an overview of the theoretical relationship between economic growth and fertility; compared Australia's fertility trends with macroeconomic data; canvassed major social and economic changes; and used quantitative modelling to examine the relationship between the TFR and a number of independent variables.
- The three arguments presented in the article to describe the complicated relationship between economic conditions and fertility are:
 - Changes in the prevalent economic conditions appear to be associated with changes in the fertility rate. While the total fertility rate in Australia has been trending downwards over the past 25 years, times of negative economic growth are associated with particularly pronounced declines. Conversely, when strong and sustained economic growth is observed, a slower rate of decline in fertility is also observed. The tail end of periods of sustained economic growth appears to correspond to some increases in fertility.
 - The spikes which appear in spite of overall trends, evident immediately following fertility declines associated with economic downturns, may be the response to a 'pent-up' demand for births, resulting from previous delays.
 - Overall, Australia's fertility is affected by those factors which appear to be influencing most developed western nations, and is generally trending downwards as a result. However, the magnitude of 'waves' within this overall trend appears to bear some relationship to macroeconomic conditions.
- Contrary to antiquated thinking which links fertility growth to growth in economic conditions and industrialisation, the modern view is that the general relationship between economic growth and fertility is actually an inverse one.
- A likely driver behind this inverse relationship is the number and variety of opportunities available to women, especially due to increases in female education. Educated women delay child bearing due to study and workforce commitments.
- Since most births still occur in marriage, falls in marriage rates and later entry into marriage (again because of higher levels of education among women) are factors.
- Although there is a general inverse trend, baby busts and baby booms seem to accompany major economic disruptions in anomalous ways. In times of depression or war, for example, fertility rates drop sharply. One view is that radical changes in income produce different effects than gradual changes.
- Part of the reason behind the overall inverse trend is that, in modern industrialised society, children cost money rather than make it – adding a child to a family reduces its financial well-being over a long period.
- Some researchers have pinpointed 'future outlook' (or the economic prospects of a family) as a causal link to fertility: a 'feeling of insecurity about the future', especially unemployment and job security, will lead to an associated fall in child bearing.
- The existing body of knowledge suggests that the state of childlessness is, rather than the result of a single decision not to have children, caused by a series of delays.

Weston, R, Qu, L, Parker, R & Alexander, M 2004, *It's Not for Lack of Wanting Kids: A report on the Fertility Decision Making Project*, Research Report no 11, prepared by AIFS for Office for Women in the Department of Family and Community Services, Canberra.

- This study used a sample of 3,201 respondents (1,250 men and 1,951 women) aged 20–39 years to examine fertility decision-making.
- This report shows that Australia's fertility rate is low despite people's desire to have children, not because of deliberate childlessness. Most childless people report that they definitely want children, and most people with one child wanted a second.
- Fertility decision-making is affected by expectations of what needs to be in place before having children. Typically, people cite two main preconditions as necessary before having children: finding a secure, stable and adequate partner; and having a secure, stable and adequate income. These conditions appear to be becoming harder for people to meet in their twenties.
- Key findings are:
 - Regardless of age, the most popular "ideal number of children" that people between the ages of 20 and 39 reported wanting to have was two. The second most popular ideal number of children was three. The average ideal family size was 2.4 children for men and 2.5 children for women.
 - On average, the number of children that people expected to have was less than their ideal number of children. While most people expected to meet their ideal family size, a sizeable proportion of people expected to have fewer children than they would really like. Around one third of men and women reported that they expected to achieve fewer children than they would really like, while only 6 per cent of men and 4 per cent of women thought they would have more children than they wanted.
 - Two thirds of male respondents and 41 per cent of female respondents were childless, but only 7 to 8 per cent of men and women said they definitely did not want children. Reasons for not wanting children included practical considerations (such as age, lack of a partner, health and fecundity issues); a dislike of children; work, financial and lifestyle choices; concerns about being a good parent; the belief that the world is not good for children; and concerns about overpopulation.
 - Women in their twenties and thirties with lower levels of education were not generally more likely than women with higher levels of education to want to have children but they were more likely to have had children.
 - Regardless of age, men with lower levels of education were more likely than men with higher levels of education to have fathered children. Of men in their thirties, those with no post-school qualifications were less likely than other men to be currently partnered.
 - Married people in their twenties and thirties were more likely to have or to want children than both cohabiting and single people.
 - Regardless of age, women in full-time work were less likely than women in either part-time or no paid work to have children. Within the 30–39 years age category, these women were also less likely to have achieved their ideal number of children.

Tesfaghiorghis, H 2004, 'Education, work and fertility: a HILDA survey based analysis', Australian Social Policy 2004, pp. 51-73.

- This study used data from HILDA Wave 1 to contribute to an understanding of work and family balance issues for working-age women through examination of the effect of education, labour force participation, number and age of resident children on fertility and vice versa.

Summary

- There were substantial fertility differences by education and labour force status. The younger the age of leaving school, the higher the fertility, irrespective of the current age of women. The research found that time since full-time education is an important influence on fertility, where substantial childbearing occurs on average only after 10 years of leaving full-time education. Increasing educational level is associated with lower fertility. For women that completed their fertility, it found that education lowers fertility. For younger women, education postpones fertility but may not lower their actual fertility, as they have incomplete fertility.
- Labour force participation is associated with low fertility, particularly full-time employment. Compared to those employed full-time, women employed part-time have higher fertility, particularly those who work part-time to care for children or for other personal/ family responsibilities. Those who worked full-time, particularly 41 hours or more per week, had the lowest fertility.
- This analysis also found that higher education and full-time employment are associated with lower fertility. It is likely that the opportunity cost to these women will be higher in terms of lost earnings and taking time off to have children. The analysis found that women employed full-time had higher education levels than those employed part-time or in other labour force statuses.
- How does labour force participation influence fertility? The analysis of the relationship between labour force status and age and number of own resident children found that most women who worked full-time or looked for full-time work had no resident children aged 0–4 years in the household. By contrast, a significant proportion of those employed part-time and not in the labour force had children aged 0–4 years. Thus, it appears that labour force decisions women make are influencing fertility.
- How does fertility relate to labour force participation? It found that women with 0–4 year-olds have lower employment rates, particularly full-time. The full-time employment rate is small if they have two or more children aged 0–4 years. When the employment rate of mothers with 0–4 year-olds is considered by age of child, it is found that maternal employment rate is low, when the child is less than one year. The maternal employment rate increases substantially with child's age after the child's first birthday. Mothers return to employment primarily through part-time employment. It is also found that a high number of children ever born, particularly for prime working-age women, are associated with lower labour force participation. It is not clear from these associations whether the age and number of young children women have is influencing labour supply decisions or whether women's labour supply decisions are influencing their fertility decisions. It is very likely that there is reciprocal causality between fertility and labour supply decisions.

Conclusions

- There are several conclusions from this research that raise many issues and challenges. First, it appears that women delay childbearing after completing full-time education for, on average, up to 10 years. This may indicate that young women are delaying their fertility until such time as they build

their relationships and/or careers, or because they find it difficult to combine work with childbearing.

- Second, those who work full-time have lower fertility, while part-time workers and those out of the labour force have higher fertility. Is this because those employed full-time are giving priority to their jobs over childbearing or because of the difficulties they face in combining work and childbearing? Women who are not in the labour force have the highest fertility, and it is likely that many of the mothers currently not in the labour force are doing so to care for their children. A significant proportion of employed women are working part-time so that they can care for their children, and these mothers have the highest fertility among part-time workers.
- Third, most women who currently work full-time have no children aged 0–4 years. Of those mothers with own resident children (younger than five years), the majority were either out of the labour force or in part-time employment. Only a modest proportion of mothers with 0–4 year-olds were in full-time employment. The finding of increasing maternal labour force participation by age of children aged 0–4 years is relevant to targeting assistance to support maternal fertility and work.
- This research has only attempted to identify the key issues in work and family balance by preliminary investigation of the factors involved and their associations. The next phase of the research is to undertake a multivariate analysis of factors that influence fertility and labour force participation, so as to establish the independent and joint effects of the key variables identified in this research.

Tesfagiorghis, H 2005, 'Australia's fertility: A HILDA based Analysis', *Australian Social Policy Journal* 2005

- This study is based on primary analysis of the 2001 Household, Income and Labour Dynamics in Australia (HILDA) Survey Wave 1 and aims to establish, through analysis of completed cohort fertility trend, whether completed cohort fertility is falling to below replacement, as is current fertility.
- Australia has experienced a declining fertility rate over the last four decades which has, from 1998 onwards, seemed to have leveled out at about 1.75 children per woman. Concerns about fertility are commonly focused on period (cross-sectional) fertility, which is the fertility experience of different cohorts of women who gave birth in a particular year or a given period.
- The paper, however, examines cohort fertility, as measured by the completed fertility rate (CFR). The CFR is measured by the average number of children that a cohort of women has had over their reproductive lifetime. The mean number of children ever born (MCEB) to women aged less than 40 years represents incomplete fertility, while that for women aged 40 years and over is assumed to represent completed fertility.
- The 2001 HILDA survey data-based estimates showed that Australia's CFR has declined from a peak of 3.2 children for cohorts born in 1927–36 to 2.2 children for cohorts born in 1957–61. The decline in completed cohort fertility slowed down for those born between 1952 and 1961.
- Despite Australia's TFR, measured by period fertility rates, falling to below replacement level, this paper's estimates of completed fertility of real cohorts show that Australia's CFR has not so far fallen to below replacement level. In contrast to Australia, the CFR in many western countries has fallen to below replacement.
- The extent of childlessness in the population, measured by the proportion of women aged 45–49 years that are childless, has remained at 11 per cent both in the 1996 Census and the 2001 HILDA survey. The extent of childlessness is increasing with successive younger cohorts, as childlessness was around 5-6% for cohorts born in the late 1920s to early 1930s.
- It is likely that Australia is experiencing fertility postponement followed by a strong catch up at later ages, although cohort fertility over time needs to be followed to prove it. Analysis of trends in cross sectional fertility rates (number of births per 1000 women) lends support to this idea. ABS data shows that fertility rates have consistently fallen for women aged less than 30 years and increased for women aged 30 years and over, with peak fertility shifting from 25–29 to 30–34 years.
- The estimation for young women, based on data in HILDA on their fertility intentions and children ever born, indicate that they could, on average, achieve replacement fertility level if they achieved their fertility intentions. However, women's intentions may not materialise as some may revise down their intentions due to life experiences and constraints as they grow older. International and Australian evidence suggests that fertility behaviour falls short of intentions.
- The period fertility (TFR) is likely to stabilise at about its current level of 1.75 children per woman or even rise in the future, as fertility catch up takes place. It is difficult to know exactly at what level the TFR will settle.
- Increasing Commonwealth supported child care places, increasing financial assistance to families with dependent children and the Government's policy focus on supporting families to balance family and work responsibilities may result in CFR of future cohorts remaining at near replacement fertility levels.

Tesfaghiorghis, H 2005, 'Comparative study of partners' fertility desires and intentions: a HILDA Survey based analysis', presented to SPRC Australian Social Policy Conference, Sydney, 20 July.

- This paper uses HILDA to examine whether or not there is congruence in future fertility desires and expectations between members of a couple. It compares the fertility desires, expectations and intentions of each partner in a couple.
- While there is a lot of agreement about desire and expectation, this was not perfect as there is some mismatch within couples. Mismatch is higher regarding the number of number of children a couple intends to have.
- Not all women and partners will achieve their fertility intentions, because of the level of mismatch between couples.
- Where there is mismatch between members of a couple in terms of desires, expectations and intentions to have children, this may indicate current or future problems with the stability and/or quality of their relationship. As the AIFS (2004) Survey found, lack of stable relationships and secure and adequate income was an important factor in men and women not being able to have the children they wanted.
- In terms of future analysis, the HILDA survey provides a great opportunity to study the congruence of partners' future fertility desires, expectations and intentions according to a broad range of demographic and socio-economic variables.
- It is too early to draw any policy implications from this preliminary research.