
F Community services preface

Care for children, older people and people with a disability is principally provided by families. Community services can help families to undertake this role and can fulfil this role where families are not in a position to provide care.

Community service activities typically include those activities ‘which assist or support members of the community in personal functioning as individuals or as members of the wider community’ (AIHW 1997). They include financial assistance and relief to people in crisis and short term or transitional housing support, but exclude acute health care services, long term housing assistance and income support (such as social security pensions).

Community services in this Report encompass aged care services, services for people with a disability, children’s services, and protection and support services (child protection, supported placements and supported accommodation and assistance). This preface, however, discusses a broader range of community service activities (box F.1).

Performance information on community services as a whole is not currently reported. While there are many interactions between the various community services, the services are too varied to enable aggregate community services reporting.

Profile of community services

Roles and responsibilities

Government involvement in community services includes:

- funding non-government community service organisations (which then provide community services to clients);
- directly delivering services to clients;
- regulating non-government providers; and
- undertaking activities such as policy development.

Box F.1 **Community service activities**

Personal and social support — services that provide support for personal and social functioning in daily life.

Child care — the delivery of care and development activities, by persons other than the child's parents, in a group setting or carer's home.

Training and employment — services that assist people who are disadvantaged in the labour market by providing training, job search skills, help in finding work, placement and support in open employment and, where appropriate, supported employment.

Financial and material assistance — services that enhance personal functioning and facilitate access to community services through the delivery of emergency (or immediate) financial assistance and material goods.

Residential care and accommodation support — services that help people who are disadvantaged (in terms of their capacity for independent living) to access suitable community housing arrangements and other appropriate community resources.

Statutory protection and placement — services that protect clients from physical, sexual or emotional harm or physical neglect, through appropriate statutory intervention or other means. (Foster care and other residential care are included under residential care and accommodation support)

Selected corrective services — services that provide correctional and rehabilitative supervision and that protect public safety through the provision of corrective arrangements and advice to courts and parole boards for juvenile offenders or offenders with intellectual or psychiatric disabilities. (Corrective activities for adults other than those with an intellectual or psychiatric disability are excluded).

Other community service activities — other direct community service activities, such as preschool activities.

Community service related activities — policy, community and service development and support, and payments to overseas individuals and organisations for community service needs, fundraising, business activities and self care.

Source: ABS (1998b).

The relative contribution of government to the direct delivery of services varies across community service activities. Statutory protection and placement, and corrective services are provided primarily by government, while residential care and accommodation support, and other community services activities are primarily provided by non-government organisations.

Funding

Total expenditure on community services was an estimated \$14.2 billion in 1997-98, of which \$9.7 billion was provided by the government sector (derived from AIHW 1999a, AIHW 1999b, and AIHW 2000). Total community services expenditure was equivalent to 1.5 per cent of gross domestic product and 4.4 per cent of total government outlays.

The Commonwealth Government provided 42 per cent of community services funding in 1997-98, while State, Territory and local governments provided just over 26 per cent. Non-government community service organisations provided around 9 per cent and service consumers provided the remaining 23 per cent (table F.1).

Table F.1 **Funding of community services, 1997-98**

	<i>Funding</i>	<i>Share</i>
	\$'000	%
Commonwealth Government	5 940	42
State, Territory and local governments	3 754	26
Non-government organisations ^a	1 229	9
Households	3 265	23
Total	14 187^b	100

^a Excludes non-government organisations that do not receive government funding and capital expenditure funded by non-government own source funds. ^b May not equal sum of parts as a result of rounding.

Sources: Derived from AIHW (1999a, 1999b, 2000).

Just over 23 per cent of government expenditure in 1997-98 related to family and child services, 52 per cent was for services for the aged, around 20 per cent was for services for people with a disability, and around 5 per cent was for other community services (derived from AIHW 1999a, AIHW 1999b, AIHW 2000).

Total government expenditure on community services grew by an average 6.6 per cent per year (in real terms) between 1992-93 and 1997-98 (table F.2). The largest areas of expenditure growth were family and child community services and community services for the aged, with an annual average growth rate of 8 per cent, followed by community services for people with a disability (5 per cent per year) and other community services (4 per cent per year) (derived from AIHW 1999a, AIHW 1999b, AIHW 2000).

Table F.2 Total government real expenditure on community services (1997-98 dollars)

<i>Year</i>	<i>Total government outlays</i>	<i>Government outlays per capita</i>
	\$m	\$
1992-93	7 041	399
1993-94	7 361	412
1994-95	7 955	440
1995-96	8 310	454
1996-97	8 986	485
1997-98	9 694	518

Sources: Derived from AIHW (1999a, 1999b, 2000) and ABS (1998a).

Size and scope

A variety of organisations (ABS 1998b) covering the not-for-profit, government and for-profit sectors provide community services. The numbers and types of service vary across community service activities. In personal and social support, nearly six million contacts for information, advice and referral were made in 1995-96. In child care, around 103 000 children each day were in centre based long day care in that year. In residential care and accommodation support, an average of 73 000 residents per day were in intensive residential care (such as nursing homes and residential support institutions for people with a disability) and 491 000 people were provided with crisis accommodation.

More detail on the size and scope of the community services sector can be found in previous reports.

Interactions

Many community services clients have complex needs and require a number of services. These services are typically provided by a range of service providers funded or provided by both government and non-government organisations, within each jurisdiction and across tiers of government. This means clients usually have contact with, and receive services from, a number of organisations.

An important issue for government is to determine how to assist these clients in meeting their complex needs and to assess performance in meeting these needs. Governments have introduced case management and policy coordination at a more central level to improve the delivery of services. Local area coordination in WA, for example, offers service coordination and direct funding to people with a disability to develop sufficient support to remain with their family and community (SCRCSPP

1998). The NT has introduced a new on line client system to improve coordination (SCRCSSP 1999), NSW has implemented the Population Group Planning model (SCRCSSP 2000) and SA has developed Integrated Community Planning (box F.2). The current measurement frameworks in this Report assess performance for individual services, but there are challenges in assessing the links between these services.

There are also links between community services and other government services. The performance of community services may influence outcomes for clients of education, health, housing and justice sector services, while these other service areas, in turn, affect outcomes for clients of community services.

Box F.2 Integrated Community Planning in SA

Integrated Community Planning establishes a framework for integrated service provision across the three key areas of the Department of Human Services: health, housing and community services. It enables human service managers at an area level to identify shared local priorities in order to ensure that the human service needs of country communities are met in a flexible, creative and effective manner. This is illustrated by an example in Ceduna.

Accommodation and integrated service needs of transient and homeless Anangu people in Ceduna are being addressed after extensive consultation with Anangu residents and local service providers. A strategy has been developed that draws upon experiences of Aboriginal homeland movement on and around the Far West Coast and 'wet' and 'dry' areas in Alice Springs. The Ceduna-based community development and liaison officer is assisting in the establishment of:

- culturally appropriate accommodation and habitat for residents and transient Anangu people on the new homeland;
- a medical step-down facility for needy and unwell Anangu people. (Plans are under-way to put a house on the site and Aboriginal Hostels Ltd are funding a manager);
- a project officer to develop a Substance Abuse Strategy;
- a Mobile Assistance Program; and
- Aboriginal management for the Sobering-up Unit.

The need for a safety house for vulnerable Aboriginal women, children and frail aged people is being assessed. A Memorandum of Understanding has been signed between the Department of Human Services, District Council of Ceduna, Aboriginal Housing Authority, Ceduna/Koonibba Aboriginal Health Service, Ceduna ATSI Office, Yalata Community, Maralinga Tjuratja and nominated Elders of Kuhlmann Street.

Source: SA Department of Human Services (unpublished).

