
F Community services preface

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Families are the principal providers of care for children, older people and people with disability (ABS 2001; Australian Government 2008a). Community services aim to:

- support families to fulfil their caring roles
- provide care when families are unable to
- provide interventions where individual needs are not able to be met within the community without special intervention.

Community services provide support to sustain and nurture the functioning of individuals, families and groups, to maximise their potential for development and to enhance community well being (Australian Council of Social Service 2009). Although community services generally target individuals, they can be delivered at an institutional level. Services are typically provided by government and the not-for-profit sector, but the for-profit sector also has an important role (for example, as owners of aged care facilities). Community services also contribute to the development of community infrastructure to service needs (AIHW 2005).

Community service activities

Although there is a broad understanding of the nature of community services, the sector is complex, and consistent aggregate reporting across the community services sector is not possible at this time.

Definitions of the sector vary in their scope and can change over time. Community service activities typically include activities that support individual and family functioning. They can include financial assistance and relief to people in crisis, and housing assistance of a short term or transitional nature, for example, the Supported Accommodation Assistance Program (SAAP). Community services activities exclude acute health care services, long term housing assistance and income support (such as social security pensions and allowances). Some of these interventions are included elsewhere in this Report; for example, Public hospitals (chapter 10), Health management issues (chapter 12) and Housing, including Commonwealth Rent Assistance (chapter 16).

In earlier reports, children's services and juvenile justice data were included in the community services section and preface respectively. From the 2008 Report onwards, the Children's services chapter has been moved to the renamed 'Early childhood, education and training' section. Where possible, children's services material previously in the community services preface has been moved to the Early childhood, education and training preface. However, due to the aggregate nature of much of the statistical material used, some community services data continue to reflect some elements of child care and preschool services. Juvenile justice data have been moved from the Community services preface to the Protection and support services chapter (chapter 15).

The definition of community services activities in this preface is based on the National Classification of Community Services developed by the Australian Institute of Health and Welfare (AIHW 2003) (box F.1). The scope of the preface is therefore somewhat broader than the three service specific chapters in this section of the Report (Aged care services, Services for people with disability, and Protection and support services).

Other definitions of community services have even broader scope. The National Community Services Information Agreement, managed by the National Community Services Information Management Group (NCSIMG), includes income support and concessions in its definition (NCSIMG 2008). Alternative definitions include activities such as advocacy, public transport, community safety and emotional support.

Box F.1 Community services activities

Community services activities include:

Personal and social support — activities that provide support for personal or social functioning in daily life. Such activities promote the development of personal skills for successful functioning as individuals, family members and members of the wider community. Personal and social support activities include the provision of information, advice and referral, personal advocacy, counselling, domestic assistance, provision of services that enable people to remain in their homes, disability services and other personal assistance services. The purpose of such support is to enable individuals to live and function in their own homes or normal places of residence.

Support for children, families and carers — activities that seek to promote child and family welfare by supporting families and protecting children from abuse and neglect or harm through statutory intervention.

Training, vocational rehabilitation and employment — activities 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 or, where appropriate, supported employment.

Financial and material assistance — activities that enhance personal functioning and facilitate access to community services, through the provision of emergency or immediate financial assistance and material goods.

Residential care and supported accommodation — activities that are provided in special purpose residential facilities, including accommodation in conjunction with other types of support, such as assistance with necessary day-to-day living tasks and intensive forms of care such as nursing care.

Corrective services — activities in relation to young people and people with intellectual and psychiatric disabilities on court orders that involve correctional and rehabilitative supervision and the protection of public safety, through corrective arrangements and advice to courts and releasing authorities.^a

Service and community development and support — activities that provide support aimed at articulating and promoting improved social policies; promoting greater public awareness of social issues; developing and supporting community based activities, special interest and cultural groups; and developing and facilitating the delivery of quality community services. Activities include the development of public policy submissions, social planning and social action, the provision of expert advice, coordination, training, staff and volunteer development, and management support to service providers.

^a This Report uses the term 'juvenile justice' to refer to detention and community based supervision services for young people who have committed or allegedly committed an offence while considered by law to be a juvenile (chapter 15).

Source: AIHW (2003); State and Territory governments (unpublished).

Profile of community services

This section examines the size and scope of the community services sector and the role of government in providing community services.

Roles and responsibilities

The Australian, State and Territory governments have a major role in the provision of community services. This role is based on a mandate to ensure basic rights and an acceptable standard of living, and a requirement to protect and support vulnerable people in society. Local governments are also important funders and providers of community services (AIHW 2005). However, community services funded solely by local government are outside the scope of this Report.

Government involvement in community services includes:

- providing services directly to clients
- funding non-government community service providers (which then provide services to clients)
- legislating for, and regulating, government and non-government providers
- undertaking policy development and administration
- undertaking evaluation of community services programs.

The roles and funding arrangements for community services vary across service areas and programs:

- statutory child protection and juvenile justice services are primarily funded by State and Territory governments and services are primarily delivered by State and Territory governments, with some non-government sector involvement, particularly in the delivery of out-of-home care services
- specialist disability services are funded in large part by State and Territory governments (with some Australian Government contribution) and are primarily delivered by State and Territory governments and the non-government sector
- supported accommodation and assistance services are funded by Australian, State and Territory governments, and are delivered primarily by non-government organisations
- residential care is primarily funded by the Australian Government and services are primarily delivered by State and Territory governments and the non-government sector.

Effective regulation of non-government agencies (through licensing, accreditation and quality assurance) enables agencies to provide services within an appropriate framework of agreed standards. Examples include the accreditation of residential aged care services and the National Standards for the Home and Community Care (HACC) program.

Expenditure

Community services expenditure

Estimates of community services expenditure are influenced by the scope of the services to be included. The following broad estimates of community services expenditure provide context for material included in the relevant chapters of this Report.

Welfare expenditure Australia 2005-06 (AIHW 2007a) analyses community services expenditure incurred by governments, non-government organisations and individual households in providing services to assist members of the community with special needs (limited to families and children, older people, people with disability and other disadvantaged groups). It estimates that:

- expenditure on welfare services (excluding welfare payments) in 2005-06 was \$28.9 billion (\$1404 per person), which represented 3.0 per cent of Gross Domestic Product (GDP) in that year. In 1998-99, welfare services expenditure represented 2.9 per cent of GDP. Over this period, the average annual growth in expenditure on these services was similar to the average annual growth of GDP (AIHW 2007a)
- governments were the source of 70.8 per cent of all funding of welfare services in 2005-06, with the non-government sector providing the remaining 29.2 per cent of funding. Of this 29.2 per cent, households contributed approximately 20.3 per cent and non-government community service organisations contributed approximately 9.0 per cent (AIHW 2007a).

In 2007-08, social security and welfare expenditure continued to be a significant area of government spending. Social security and welfare expenditure of \$107.6 billion amounted to 27.8 per cent of total general government expenses (for all levels of government). Social security payments constituted the majority of government expenditure on social security and welfare expenditure (\$85.0 billion), followed by welfare services (\$19.0 billion), and other services (\$3.6 billion) (ABS 2009b).

The most recent Australian Bureau of Statistics (ABS) survey of community services (ABS 2001) identified government and non-government expenditure for the sector in 1999-2000. Information from the survey was included in the 2009 Report (SCRGSP 2009). The next ABS survey of community services is to be released in 2010.

Further analysis of community services expenditure data compiled as part of the *Indigenous Expenditure Report*, and data derived from the ABS General Government Expenses by Purpose collection will be included in future Reports.

Community services expenditure included in this Report

The following community services expenditure analysis relates only to the expenditure reported in the community services chapters of this Report (box F.2).

Box F.2 Major programs included in Community services expenditure in the Report

The major programs reported on include:

- aged care services — aged care assessment, residential care and community care programs and HACCC
- services for people with disability — services under the third Commonwealth State/Territory Disability Agreement and the National Disability Agreement
- protection and support services — child protection and out-of-home care services and Supported Accommodation Assistance Program (SAAP) services.

Each chapter includes more detailed analysis of expenditure items reported.

Recurrent expenditure included in the Report

Total Australia, State and Territory government recurrent expenditure on community services covered by this Report was estimated to be \$18.0 billion in 2008-09 (table F.1). This was equivalent to 1.5 per cent of GDP in that year, and 8.3 per cent of total government outlays (table F.1 and ABS 2009a).

Table F.1 Real government recurrent expenditure on community services (2008-09 dollars)^{a, b, c, d, e}

	<i>Unit</i>	<i>Aged care services</i>	<i>Services for people with disability</i>	<i>Protection and support services</i>	<i>Total</i>
2004-05	\$m	8 343.8	4 348.3	1 932.9	14 625.1
2005-06	\$m	8 565.2	4 476.0	2 050.0	15 091.1
2006-07	\$m	8 951.1	4 777.5	2 319.9	16 048.5
2007-08	\$m	9 708.1	4 971.4	2 589.5	17 269.0
2008-09	\$m	10 079.3	5 245.1	2 631.3	17 955.7
Increase 2004-05 to 2008-09	%	20.8	20.6	36.1	22.8

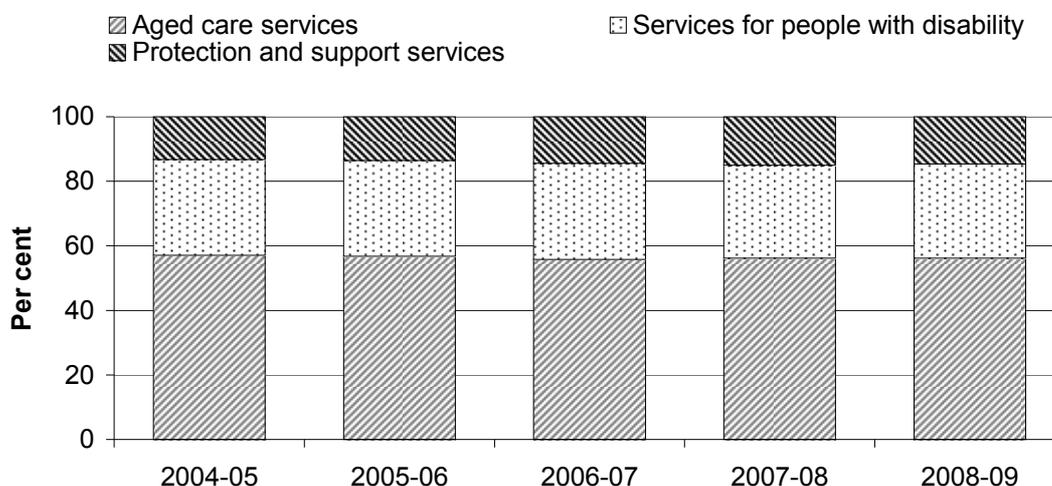
^a Data for 2004-05 to 2007-08 have been adjusted to 2008-09 dollars using the gross domestic product (GDP) price deflator in table AA.26 of appendix A. ^b Data for aged care services published in the 2008, and earlier, reports differ due to revised data and the inclusion of additional expenditure items in the 2008, 2009 and 2010 reports. The 2010 Report included new expenditure data for the Community Visitors Scheme, the Innovative Care Pool, CALD programs and Specific Purpose Payments. ^c Totals may not add as a result of rounding. ^d See box F.2 for the major programs included in expenditure for each service. ^e More detailed expenditure data can be found in the relevant chapters of the Report.

Source: Australian, State and Territory governments (unpublished); tables 13A.43, 14A.4, 15A.1, 15A.186 and AA.26.

Between 2004-05 and 2008-09, real government recurrent expenditure on community services increased by \$3.3 billion, or 22.8 per cent. The largest proportional increase in real expenditure was on protection and support services, which increased by 36.1 per cent between 2004-05 and 2008-09. The largest absolute dollar increase for a particular service between 2004-05 and 2008-09 was \$1.7 billion for aged care services (table F.1).

In 2008-09, 56.1 per cent of government recurrent expenditure on community services related to aged care services, 29.2 per cent related to services for people with disability, and 14.7 per cent related to protection and support services. These proportions have been fairly consistent from 2004-05 to 2008-09 (figure F.1).

Figure F.1 Government recurrent expenditure on community services^{a, b}



^a Data for aged care services published in the 2008 Report, and earlier reports differ due to revised data and additional expenditure items collected for aged care services in the 2008 and 2009 Reports. ^b See box F.2 for the major programs included in expenditure for each service. More detailed expenditure data can be found in the relevant chapters of the Report.

Source: Australian, State and Territory governments (unpublished); tables 13A.43, 14A.4, 15A.1 and 15A.186.

Expenditure available for reporting at a State and Territory level

Table F.2 and Figure F.2 identify expenditure on community services included in this Report, by jurisdiction, for 2008-09. This is expenditure by State and Territory governments and Australian Government expenditure available for reporting at the State and Territory level.

Table F.2 Government recurrent expenditure on community services, 2008-09^{a, b, c, d, e, f}

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Recurrent expenditure on community services										
Aged care services	\$m	3 327.9	2 528.5	1 848.1	863.5	995.0	281.2	112.8	58.5	10 015.4
Services for people with disability	\$m	1 731.2	1 398.8	857.5	483.7	383.6	134.3	78.7	41.8	5 109.7
Protection and support services	\$m	1 013.4	457.5	624.3	229.2	157.1	54.9	39.0	55.9	2 631.3
Total	\$m	6 072.5	4 384.8	3 329.9	1 576.4	1 535.7	470.4	230.5	156.2	17 756.4
Proportion of recurrent expenditure by service										
Aged care services	%	54.8	57.7	55.5	54.8	64.8	59.8	49.0	37.4	56.4
Services for people with disability	%	28.5	31.9	25.8	30.7	25.0	28.5	34.1	26.8	28.8
Protection and support services	%	16.7	10.4	18.7	14.5	10.2	11.7	16.9	35.8	14.8
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Recurrent expenditure on community services per person in the population^e										
Expenditure per person	\$	862.4	817.3	765.6	715.2	952.6	940.3	662.5	704.6	820.4

^a For aged care services and services for people with disability, Australian Government expenditure available for reporting at a State and Territory level is included in the analysis for the relevant jurisdiction. Australian Government expenditure not allocated to a State or Territory is not included (\$63.9 million in aged care services and \$135.4 million in services for people with disability). ^b Collection and reporting methods may vary across jurisdictions and services in this analysis, therefore, these data should be interpreted with care. ^c See box F.2 for the major programs included in expenditure for each service. More detailed expenditure data can be found in the relevant chapters of the Report. ^d Totals may not add due to rounding. ^e Population at 31 December 2008. ^f Expenditure for aged care does not include capital expenditure.

Source: Australian, State and Territory governments (unpublished); tables 13A.43, 14A.4, 15A.1, 15A.186 and AA.2.

Figure F.2 Government recurrent expenditure on community services, 2008-09 (per cent)^{a, b, c}

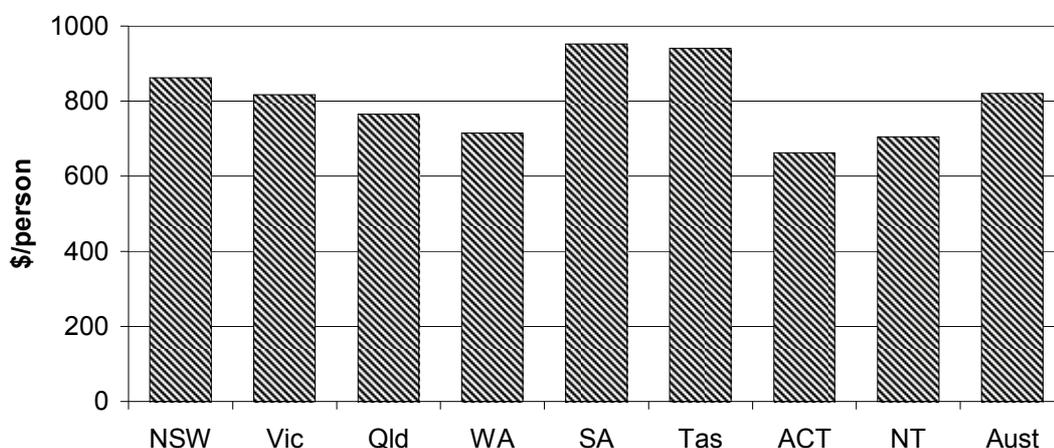


^a For aged care services and services for people with disability, Australian Government expenditure available for reporting at a State and Territory level is included in the analysis for the relevant jurisdiction. Australian Government expenditure not allocated to a State or Territory is not included (\$63.9 million in aged care services and \$135.4 million in services for people with disability). ^b Collection and reporting methods may vary across jurisdictions and services in this analysis, therefore, these data should be interpreted with care. ^c See box F.2 for the major programs included in expenditure for each service. More detailed expenditure data can be found in the relevant chapters of the Report.

Source: Australian, State and Territory governments (unpublished); table F.2.

In 2008-09, community services government recurrent expenditure was \$820 per person nationally. Expenditure varied across jurisdictions (figure F.3).

Figure F.3 **Government recurrent expenditure on community services, per person in the population, 2008-09^{a, b, c, d}**



^a For aged care services and services for people with disability, Australian Government expenditure available for reporting at a State and Territory level is included in the analysis for the relevant jurisdiction. Australian Government expenditure not allocated to a State or Territory is not included (\$63.9 million in aged care services and \$135.4 million in services for people with disability). ^b Collection and reporting methods may vary across jurisdictions and services in this analysis, therefore, these data should be interpreted with care. ^c See box F.2 for the major programs included in expenditure for each service. More detailed expenditure data can be found in the relevant chapters of the Report. ^d Population at 31 December 2008.

Source: Australian, State and Territory governments (unpublished); table F.2.

Size and scope

Current data on the size and scope of the community services sector are limited. The ABS Survey of Community Services collected data on the number of organisations that provided community services in 2000. Almost 9300 organisations were providing community services (covering the not-for-profit, government and for-profit sectors) as at 30 June 2000. Of these, 30 per cent were for-profit organisations, 63 per cent were not-for-profit organisations and 6 per cent were government organisations. If non-government sector child care services are excluded, 14 per cent were for-profit organisations, 76 per cent were not-for-profit organisations and 10 per cent were government organisations (ABS 2001). From 1995-96 to 1999-2000, the number of for-profit and not-for-profit organisations across the sector increased by 32 per cent and 10 per cent respectively.

Workforce information

There are difficulties identifying the true dimensions of the community services workforce, including identifying the community services sector in data sets (the

varying measurements in this preface reflect these difficulties), data gaps relating to sub-sectors of community services and the lack of regular and consistent data (AIHW 2006a).

Available information suggests increasing levels of employment within the community services sector over the past decade.

The ABS survey of community services provides a detailed description of the workforce. In 1999-2000, not-for-profit, government and for-profit organisations employed a total of 341 400 people. Of these, 59 246 were employed by government organisations, and 277 300 people were employed in direct service provision. If child care services are excluded from this analysis, 300 300 people were employed, including 238 900 in direct service provision. A further 299 400 volunteers (288 000 excluding child care services) assisted in community service activities (ABS 2001).

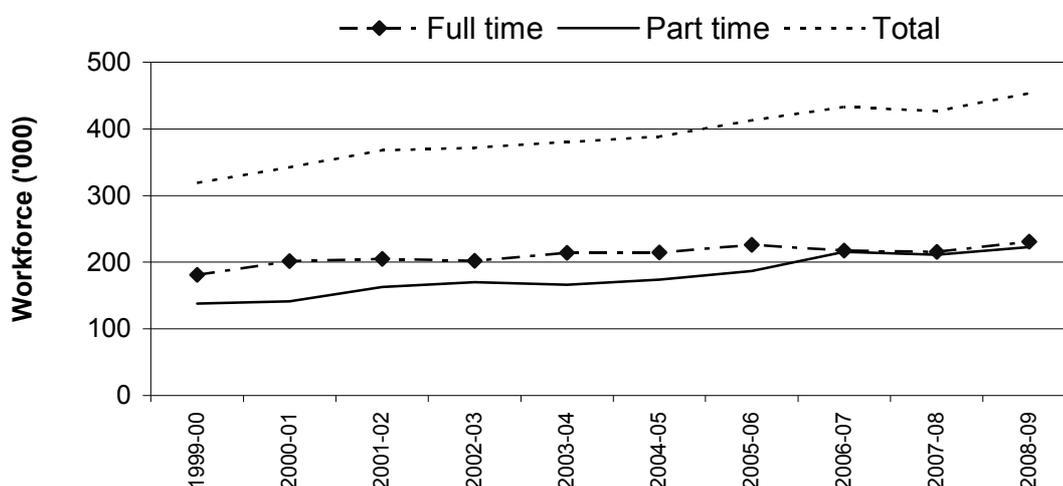
Subsequent developments in the community services workforce can be observed through ABS labour force survey data. These data provide a quarterly estimate of the full and part time workforce for the community services sector, within the broader industry classifications ‘residential care services’ and ‘other social assistance services’. These industry classifications include people working in the following sub-categories:

- residential care services — aged care residential services; children’s homes, hostels, crisis care accommodation, refuges, and respite care
- other social assistance services — disability assistance services, soup kitchens, marriage guidance, and adult and youth welfare services.

Industry classifications in the ABS labour force survey are based on the Australian and New Zealand Standard Industrial Classification (ANZSIC). Prior to the 2010 Report, ABS labour force data were based on the 1993 ANZSIC. For the 2010 Report, ABS labour force data are based on the revised 2006 ANZSIC. Therefore, workforce data in previous editions of this Report are not comparable to the data contained in figure F.4.

Quarterly ABS labour force data have been averaged for each year to measure annual trends in employment in the community services industry for the 10 year period 1999-2000 to 2008-09. Employment in the community services industry has grown from 331 800 people (57.8 per cent full time and 42.2 per cent part time) to 453 800 people (50.9 per cent full time and 49.1 per cent part time). This represents an average annual increase in employment in the community services sector of 4.0 per cent (figure F.4).

Figure F.4 **Full time, part time and total employment in residential care and other social assistance services, 1999-2000 to 2008-09^a**



^a Time series workforce data have been re-cast using the 2006 ANZSIC and are not comparable to workforce data in previous editions of this Report.

Source: ABS 2009, *Labour Force, Australia, Detailed, Quarterly, May 2009*, Cat. no. 6291.0.55.003, Canberra.

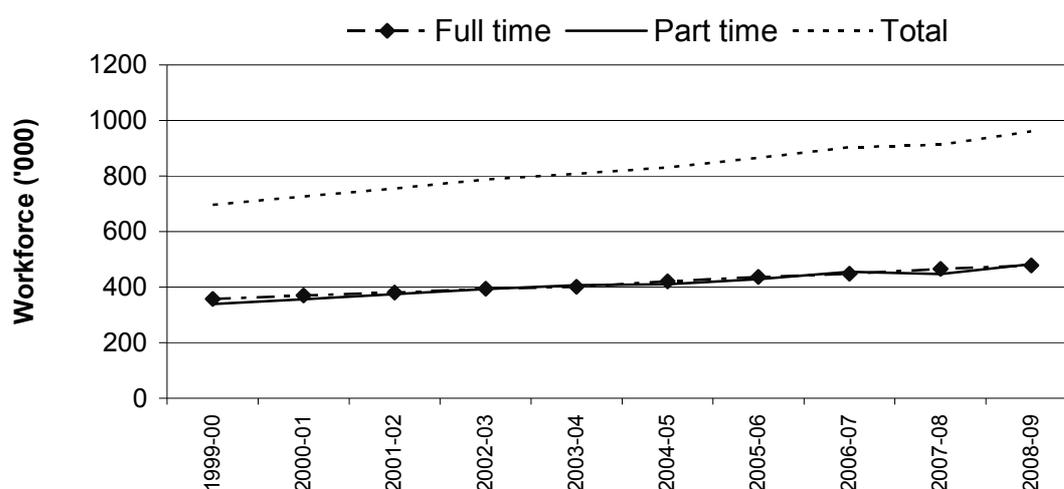
Caution should be exercised in using these data to estimate the size of the community services workforce. The number of people employed in a particular industry does not necessarily reflect the number of people employed in particular occupations. Employment in occupations typically associated with community services industries also occurs in other industries, for example, in education and health services. The AIHW reported that in 2006, over 188 000 workers were employed in community services occupations in other industries (AIHW 2007b).

Figure F.5 plots the average annual number of people employed in ‘community and personal service occupations’ for the period 1999-2000 to 2008-09. Occupation classifications in the ABS labour force data are based on the Australian and New Zealand Standard Classification of Occupations (ANZSCO). According to the ANZSCO, the category ‘community and personal service workers’ comprises:

- health and welfare support workers
- carers and aides
- hospitality workers
- protective service workers
- sports and personal service workers.

Employment in ‘community and personal service occupations’ has increased over the past 10 years from 690 300 people (51.8 per cent full time and 48.2 per cent part time) to 961 300 people (49.8 per cent full time and 50.2 per cent part time). This represents an average annual increase in employment in ‘community and personal service occupations’ of 3.6 per cent (figure F.5).

Figure F.5 Full time, part time and total employment in community and personal service occupations, 1999-2000 to 2008-09



Source: ABS 2009, *Labour Force, Australia, Detailed, Quarterly, May 2009*, Cat. no. 6291.0.55.003, Canberra.

The Australian Community Sector Survey 2009 recorded an estimated 3.4 per cent increase in the community services workforce during 2007-08. This same survey found that demand for a broad range of community services (measured by the number of people assisted by agencies) increased by 19 per cent from 2006-07 to 2007-08 (Australian Council of Social Service 2009).

Volunteers

Although this Report focuses on government provision of services, it is important to recognise that volunteering provides a significant contribution to the community services sector, not generally identified in workforce data. In 2006, 16.3 per cent of all voluntary involvement was in the ‘community/welfare’ sector (which includes community services), and 90.4 per cent of this volunteer work occurred in the not-for-profit sector. The highest proportion of volunteers in this sector were aged 65 years and over. Just over 7 per cent of all people in the community aged 18 years and over volunteered in this sector (ABS 2007).

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) [previously the Department of Families, Community Services and Indigenous Affairs (FaCSIA)] estimated that the total imputed dollar value of the time donated to welfare services by volunteers in 2001-02 (\$27.4 billion) was almost double the total cash amount spent by all governments and non-government sources (\$13.7 billion). Informal help to family, friends and neighbours generated over two thirds of the imputed value of the services (FaCSIA 2006).

The ABS 2003 *Survey of Disability, Ageing and Carers* (ABS 2004a) found that the number of people with reported disability or with a profound or severe core activity limitation receiving assistance from informal providers (predominantly families), is significantly greater than the number of people receiving formal services (from government or non-government providers). The survey found that approximately 16 per cent of the Australian population aged 15 years or over provided regular or sustained care to another person. Data from the 2009 *Survey of Disability, Ageing and Carers* are expected to be available in 2010.

A range of financial supports are available to carers, some of which are mainstream benefits, for example, the Age Pension and Rent Assistance. The Carer Allowance and Carer Payment are specifically available to carers. In June 2008, approximately 422 900 people were receiving Carer Allowance and 130 700 people were receiving Carer Payment (AIHW 2009). The number of people receiving carer-specific payments has increased significantly over the past decade. This is attributable to population ageing, greater demand for home-based care and greater awareness of carer-specific payments (AIHW 2009).

Community services developments

The continued growth of the community services sector is, in part, a response to changes occurring more broadly in society. Although these developments are not necessarily readily quantified, the following discussion summarises some of the trends observed in recent years.

The community services sector is influenced by demographic changes. For example, increases in the number and proportion of older people in the population might have an impact on demand for aged care and disability services, and the ability of the community to respond to these demands. Disability prevalence increases with age. Of the population aged 0–34 years, an estimated 9.2 per cent had a disability, whereas 21.9 per cent of the population aged 35–64 years were estimated to have a disability. Of the population aged 65 years or over in 2003, an estimated 55.7 per cent had a disability (AIHW 2006b).

The Australian Government's second Intergenerational Report (Australian Government 2007a) provides an indication of the extent to which such demographic changes might influence the sector in the future, and the impact of these changes on revenue and expenditure (box F.3). The Australian Government's third Intergenerational Report is expected to be released prior to the 2010-2011 Budget.

Box F.3 Future demographics and the Intergenerational Report 2007

Projections in the Intergenerational Report 2007 show that over the next 40 years:

- the Australian population will continue to increase in size but with a higher proportion of older people. The proportion of those over 65 is predicted to nearly double to 25 per cent of the population
- economic growth per person will slow as the proportion of the population of traditional working age falls
- substantial fiscal pressures will emerge due to projected increases in government spending, particularly in the areas of health, age pensions and aged care.

The report identifies productivity, population and participation as contributors to real GDP, which in turn, is a key factor in the ability of the economy to sustain service provision, including provision of community services.

Source: Australian Government (2007a).

In addition to an ageing population, other pertinent economic, demographic and social changes that might have influenced demand for community services include:

- labour market changes, such as greater numbers of women entering paid employment
- changing family structures, characterised by lower birth rates, increased family breakdown and less reliance on extended families
- decreasing engagement in neighbourhood and community life.

These developments can provide some explanation of the increase in demand for a range of community services, although the explanations for changes in demand for any given service or an individual's demand for a particular service are likely to be complex (de Vaus 2004; Davies and Taylor 2005; Human Rights and Equal Opportunity Commission 2007; Office for Women 2007). For example, an individual or family's awareness of and capacity to access a particular service will influence their demand for and use of a service.

Social capital and social inclusion

The concepts of ‘social capital’ and ‘social inclusion’ are of increasing interest nationally and internationally. Box F.4 defines and explains these concepts. Social capital and social inclusion are multifaceted concepts which can be difficult to measure. The ABS (2006) has identified some broad indicators of social capital, which include social participation, community support, economic participation and reciprocity. In addition, the Australian Government’s Social Inclusion Board has released a compendium of social inclusion indicators, which comprise measures related to poverty and low income, employment, the availability of social networks, accessibility and health (Australian Government 2009).

Box F.4 Social capital and social inclusion

Social capital

The OECD defines social capital as ‘the norms and social relations embedded in societal structures that enable people to co-ordinate action to achieve desired goals’.

Social capital can generate benefits for a community in a number of ways:

- by reducing the costs of conducting day-to-day affairs and of doing business
- by facilitating the spread of knowledge and innovation
- by promoting cooperative and/or socially-minded behaviour in situations where self-interest alone does not generate good outcomes for society
- through individual benefits — people with good access to social capital are more likely to be ‘hired, housed, healthy and happy’ than those without
- through associated social spill-overs, such as lower health and welfare expenditures, and higher tax receipts.

Social inclusion

Although interpretations vary, definitions of social inclusion (or conversely, social exclusion) commonly concern access to opportunities such as education and employment and the capacity required to capitalise on those opportunities. Specific dimensions used to measure social inclusion or exclusion often include the presence or absence of: geographic disadvantage (for example, having limited or no access to public transport and other community and neighbourhood resources), joblessness, intergenerational disadvantage, child poverty, chronic ill-health and homelessness.

Source: ABS (2004b); Australian Government (2008b; 2009); Hunter (2009); Productivity Commission (2003); Scutella, Wilkins and Horn (2009).

The Steering Committee plans to expand reporting in this preface on measures of social capital and social inclusion, particularly with reference to reporting arising

from the Australian Government's Social Inclusion Board and other such initiatives across Australian State and Territory governments.

Cross-cutting community services issues

Community services pathways

Although this Report discusses three areas of community services in separate chapters, it is recognised that there are many linkages between different community services. Governments are increasingly emphasising the need for integrated, client centred community services.

Many community services are linked by the provision of different services to individuals at different stages of life. Other services are not as strictly age-specific and some individuals may receive multiple services at the same time — for example, a child who is in receipt of juvenile justice services together with homelessness, child protection or disability services. Disability services can continue throughout an individual's lifetime and overlap with the provision of aged care services.

The sequence of interventions or services can be referred to as 'pathways' of community service provision. However, there is limited information on the patterns of access by individuals to the range of community services, either concurrently or in succession over a lifetime. A greater understanding of the links between the use of various community services, the nature of these links, and whether interventions in one area of service provision result in reduced need for other services, will help to inform government social policy agendas.

Examples of relevant research include:

- a cohort study carried out in Queensland, which found a correlation between contact with child protection services and the juvenile justice system. Of the 24 255 children born in 1983 or 1984 who had a contact with one or more of child protection services, police cautioning or children's courts, 6.2 per cent had both a child protection services contact and a children's court appearance. These 1500 children represented 28.7 per cent of those with a children's court appearance and 15.7 per cent of those with a child protection history (Stewart, Dennison and Hurren 2005)
- a Community and Disability Services Ministers' Advisory Council (CDSMAC) funded project being undertaken by the AIHW involving the linkage of three national data collections: Supported Accommodation Assistance Program

(SAAP) data, juvenile justice data and child protection data. At present, linked data are being used to analyse the pathways and characteristics of clients who are common to both SAAP and juvenile justice services. Future phases of this project will extend data linkage to include child protection data (when unit record data become available for this service area) and include more years of data so that longitudinal analyses can be carried out. It is anticipated that the project will contribute to the long term outcome of reducing the extent to which clients of child protection become clients of juvenile justice and SAAP, or to which clients of SAAP services become clients of child protection and juvenile justice

- a FaHCSIA longitudinal study of Indigenous children (*Footprints In Time*) into the links between early childhood experiences and later life outcomes for Aboriginal and Torres Strait Islander children, covering areas such as health, culture, education, housing and family relationships (FaHCSIA 2008)
- an ARC linkage grant project entitled *Accommodating the Needs of People with Lifelong Intellectual Disability in Residential Aged Care*, which is being conducted by the Australian Catholic University and La Trobe University. The aims of the research project are to: analyse pathways into residential aged care; identify important decision-making points and factors that influence those decisions; and examine the consequences of placing people with intellectual disabilities in residential aged care settings. For a period of three years, the project will track people with intellectual disabilities as they transition from the disability sector to the residential aged care sector. It is expected that the findings will inform the aged care, disability and health sectors about the support needs of this client group (Webber et al., 2006).

In addition, in September 2009, the Australian Government launched the Australian Institute for Population Ageing Research (AIPAR), based at the University of New South Wales. The AIPAR will bring together cross-disciplinary research on the issue of population ageing to inform economic and social policy. The AIPAR will also maintain a 'Longevity Index' to track the extent to which Australians are able to maintain their living standards over their lifetime (UNSW 2009).

There are also links between community services and other government services. Access to effective community services can influence outcomes for clients of education, health, housing and justice sector services. In turn, access to these other service areas may affect community services outcomes.

The community services and health sectors are closely related and their effective interaction assists the provision of services in both sectors. The disability sector is also strongly linked to health services by the needs of clients, as people with disability tend to have a larger number of poor health conditions than the general

population (AIHW 2006b). Other links, such as the role of medical and other health professional staff as a source of child protection notifications, also reinforce the importance of the relationship between community services and health.

HACC across the community services sector

Within the Report, HACC services are included in the Aged care services chapter, but the scope of the program is wider than aged care. Provision of HACC services is primarily to older people, but younger people with disability and their carers are also important recipients of HACC assistance. The HACC National Program Guidelines note that the Program provides funding for services that support both frail aged people and younger people with disability and their carers:

- who live at home and whose capacity for independent living is at risk
- who are at risk of premature or inappropriate admission to long term residential care (Australian Government 2007b).

In 2008-09, 23.1 per cent of HACC clients were aged under 65 years (up from 22.5 per cent in 2005-06). Analysis of data from the HACC program in 2008-09 indicates that clients aged under 65 years were significantly over-represented in particular assistance types, including carer counselling support (38.1 per cent), nursing care (centre) (33.2 per cent), and respite care (52.0 per cent) (DoHA unpublished).

In 2008-09, 14.0 per cent of HACC clients nationally were in receipt of a Disability Support Pension. This proportion had increased from 13.2 per cent in 2005-06. In 2008-09, 32.4 per cent of HACC clients classified as care recipients reported that they were also receiving assistance from a relative or friend/carer (DoHA unpublished).

Future directions in performance reporting

The Steering Committee intends to continue expanding reporting in this preface on the characteristics of the community services sector. In particular, developments that span various community services, such as measures of social capital and social inclusion, will be considered. Ongoing investigation of cross-cutting issues might allow improved reporting for community services as a whole.

COAG developments

COAG has agreed six National Agreements to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services, (see chapter 1 for more detail on reforms to federal financial relations). The National Healthcare Agreement, the National Disability Agreement, and the National Affordable Housing Agreement cover the areas of aged care, disability, and homelessness (formerly SAAP) services, while the National Indigenous Reform Agreement establishes specific outcomes for reducing the level of disadvantage experienced by Indigenous Australians. The agreements include sets of performance indicators, for which the Steering Committee collates annual performance information for analysis by the COAG Reform Council (CRC).

Report on Government Services alignment with National Agreement reporting

It is anticipated that future editions of the Community services preface will align with applicable National Agreement indicators, including the National Indigenous Reform Agreement (NIRA). Further alignment between the Report and National Agreement indicators, and other reporting changes, might result from future developments in National Agreement and National Partnership reporting.

Outcomes from review of Report on Government Services

COAG agreed to Terms of Reference for a Heads of Treasuries/Senior Officials review of the Report on Government Services in November 2008, to report to COAG by end-September 2009. The review examined the ongoing usefulness of the Report in the context of new national reporting under the Intergovernmental Agreement on Federal Financial Relations.

No significant changes from this review are reflected the 2010 Report. Any COAG endorsed recommendations from the review are likely to be implemented for the 2011 Report.

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