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# F Community services preface

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Families are the principal providers of care for children, older people and people with disability (ABS 2010a; 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

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functioning. They can include financial assistance and relief to people in crisis however, 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) and Homelessness services (chapter 17).

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).

In the 2011 Report, the Supported Accommodation Assistance Program (SAAP) will no longer be reported in Protection and Support services (chapter 15). SAAP will now be reported in Homelessness services (chapter 17), which will be included in the Report for the first time in 2011.

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.

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## 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.<sup>a</sup>

**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.

<sup>a</sup> 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).

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Major improvements in reporting in the community services preface this year include:

- revising the expenditure section text and data on the community services sector, improving its timeliness by two years and its coverage to a broader set of services
- updated data and information on projections of demographics and their effects on demand for community services.

Another major revision is the removal of Supported Accommodation Assistance Program (SAAP) reporting from this preface. Overview material on SAAP has been relocated to section G of this Report, the new ‘Housing and homelessness’ sector summary.

Other major improvements in reporting on community services this year are identified in each of the service-specific community services chapters.

## **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 funders and providers of community services (AIHW 2005). However, community services funded solely by local government are not included in 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.

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

- statutory child protection, out-of-home care services, intensive family support services 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. Family support and early intervention (assessment and referral) services are funded by State and Territory governments and services are primarily delivered by non-government organisations
- specialist disability services are funded largely 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
- Home and Community Care (HACC) services are funded primarily by the Australian Government and delivered primarily by the State and Territory governments.

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 Home and Community Care National Service Standards.

## **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.

*Community Services Australia, 2008-09* (ABS 2010a) compiles, from a directly collected ABS survey, data on community services expenditure incurred by governments and non-government (for-profit and not-for-profit) organisations in

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providing services to assist members of the community with special needs including personal and social support, residential care and other social assistance services (covering organisations mainly engaged in providing a wide variety of social support services directly to their clients, including, but not limited to, welfare services, disabilities assistance and adult day care centre operation).

It estimates that during 2008-09 there was \$25.2 billion spent on direct community services activities and a further \$4.0 billion on non-direct and related community services activities. Total expenditure on direct activities comprised \$13.8 billion by not-for-profit organisations, \$6.7 billion by for-profit organisations, \$3.8 billion by Australian, State and Territory government organisations and \$0.9 billion by local government. In addition, Australian, State and Territory government organisations provided funding of \$9.5 billion to other private organisations and self-employed contractors for the direct provision of community services:

- Personal and social support comprises activities relating to information, advice and referral, individual and family support, independent and community living support and support in the home. During 2008–09, total expenditure on personal and social support was \$5.9 billion which accounted for 24 per cent of all direct community services expenditure. Not-for-profit organisations contributed the majority of this with \$4.3 billion. The main components of personal and social support expenditure were \$1.6 billion for individual and family support, \$1.5 billion for support in the home, and \$1.5 billion for other personal and social support
- Direct expenditure on residential care for 2008–09 was \$12.6 billion. Not-for-profit organisations had the largest allocation with \$7.2 billion, followed by for-profit organisations with \$3.3 billion, and government organisations with \$2.0 billion. Aged and disability care was the most significant activity within residential care, contributing \$10.3 billion to total expenditure. The main components of this were high care contributing \$6.8 billion (66 per cent), and low care contributing \$3.5 billion (34 per cent), of which not-for-profit organisations accounted for \$3.3 billion (48 per cent) and \$2.5 billion (73 per cent) respectively.

Related information for earlier years is available in *Welfare expenditure Australia 2005-06* (AIHW 2007a).

In 2008-09, social security and welfare expenditure also continued to be a significant area of government spending. Social security and welfare expenditure of \$135.9 billion amounted to 30.7 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 (\$78.0 billion),

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followed by welfare services (\$54.0 billion), and other services (\$4.0 billion) (ABS 2010c).

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 HACC
- 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, out-of-home care services and intensive family support 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 \$19.6 billion in 2009-10 (table F.1). This was equivalent to 1.5 per cent of GDP in that year, and 8.4 per cent of total government outlays (table F.1 and ABS 2010b).

**Table F.1 Real government recurrent expenditure on community services (2009-10 dollars)<sup>a, b, c, d e, f</sup>**

	<i>Unit</i>	<i>Aged care services</i>	<i>Services for people with disability</i>	<i>Child protection services</i>	<i>Total</i>
2005-06	\$m	8 770.7	4 543.8	1 703.5	15 018.0
2006-07	\$m	9 377.3	4 835.9	1 950.9	16 164.2
2007-08	\$m	9 821.5	5 029.6	2 223.4	17 074.4
2008-09	\$m	10 212.0	5 316.9	2 514.3	18 043.2
2009-10	\$m	11 013.6	5 747.7	2 820.1	19 581.4
Increase 2005-06 to 2009-10	%	25.6	26.5	65.5	30.4

<sup>a</sup> Data for 2005-06 to 2008-09 have been adjusted to 2009-10 dollars using the gross domestic product (GDP) price deflator in table AA.26 of appendix A. <sup>b</sup> 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 and later reports. The 2010 and 2011 reports included new expenditure data for the Community Visitors Scheme, the Innovative Care Pool, CALD programs and Specific Purpose Payments. <sup>c</sup> Totals may not add as a result of rounding. <sup>d</sup> See box F.2 for the major programs included in expenditure for each service. <sup>e</sup> More detailed expenditure data can be found in the relevant chapters of the Report. <sup>f</sup> Child protection services include child protection, out-of-home care and intensive family support services.

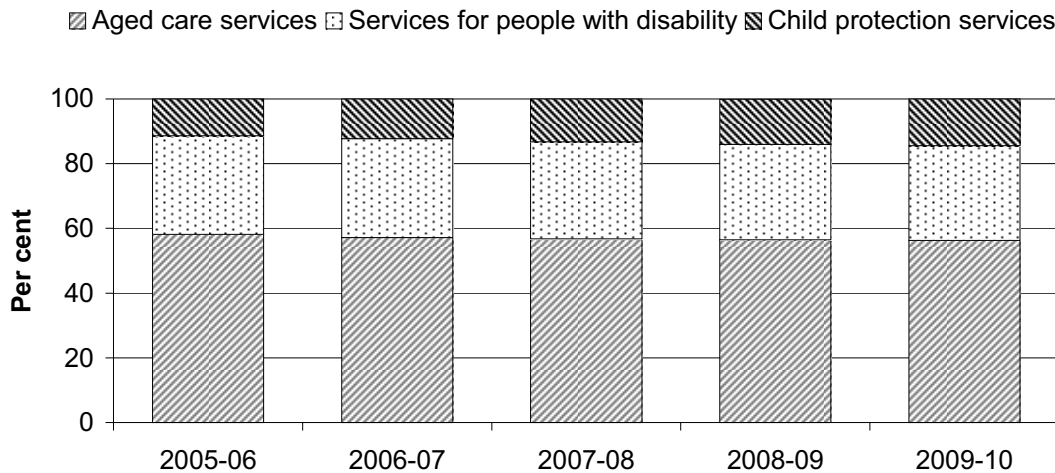
Source: Australian, State and Territory governments (unpublished); tables 13A.6, 14A.4, 15A.1 and AA.26.

Between 2005-06 and 2009-10, real government recurrent expenditure on community services increased by \$4.6 billion, or 30.4 per cent. The largest proportional increase in real expenditure was on child protection, out-of-home care and intensive family support services (hereafter referred to as child protection services), which increased by 65.5 per cent between 2005-06 and 2009-10. The largest absolute dollar increase for a particular service between 2005-06 and 2009-10 was \$2.2 billion for aged care services (table F.1).

In 2009-10, 56.2 per cent of government recurrent expenditure on community services related to aged care services, 29.4 per cent related to services for people with disability, and 14.4 per cent related to child protection services. These proportions have been fairly consistent from 2005-06 to 2009-10 (figure F.1).



Figure F.1 **Government recurrent expenditure on community services<sup>a, b, c</sup>**



<sup>a</sup> Data for aged care services published in the 2008 and earlier reports differ due to revised data and additional expenditure items collected for aged care services for the 2009 and future reports. <sup>b</sup> 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. <sup>c</sup> Child protection services include child protection, out-of-home care and intensive family support services.

Source: Australian, State and Territory governments (unpublished); tables 13A.6, 14A.4 and 15A.1.

*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 2009-10. This is expenditure by State and Territory governments and Australian Government expenditure available for reporting at the State and Territory level.

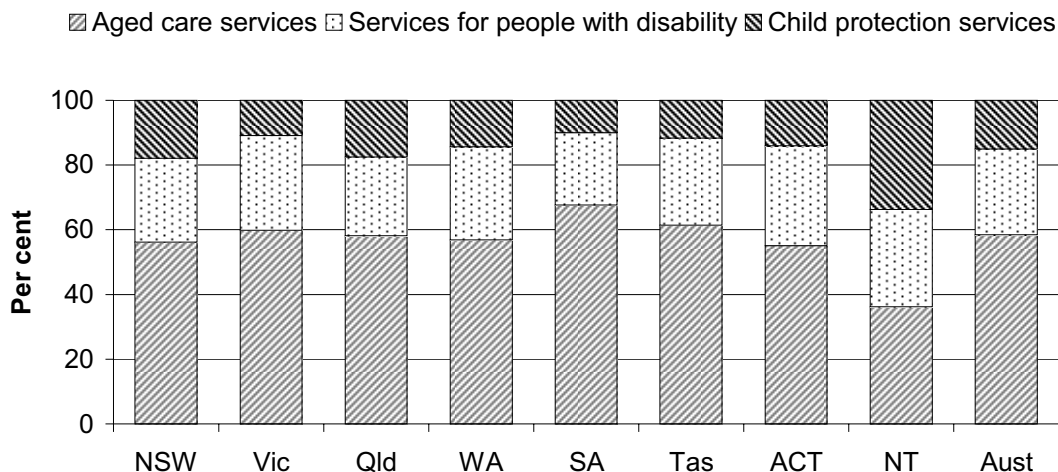
**Table F.2 Government recurrent expenditure on community services, 2009-10<sup>a, b, c, d, e, f</sup>**

	<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>
<b>Recurrent expenditure on community services</b>										
Aged care services	\$m	3 594.0	2 765.6	2 076.1	957.2	1 072.7	299.7	130.9	64.0	10 960.2
Services for people with disability	\$m	1 657.2	1 352.8	866.3	484.4	354.4	131.4	73.6	53.2	4 973.1
Child protection services	\$m	1 141.9	503.5	625.8	241.4	157.5	57.0	33.3	59.6	2 820.1
<b>Total</b>	<b>\$m</b>	<b>6 393.1</b>	<b>4 621.9</b>	<b>3 568.2</b>	<b>1 683.0</b>	<b>1 584.7</b>	<b>488.1</b>	<b>237.8</b>	<b>176.8</b>	<b>18 753.5</b>
<b>Proportion of recurrent expenditure by service</b>										
Aged care services	%	56.2	59.8	58.2	56.9	67.7	61.4	55.0	36.2	58.4
Services for people with disability	%	25.9	29.3	24.3	28.8	22.4	26.9	30.9	30.1	26.5
Child protection services	%	17.9	10.9	17.5	14.3	9.9	11.7	14.0	33.7	15.0
<b>Total</b>	<b>%</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Recurrent expenditure on community services per person in the population<sup>g</sup></b>										
Expenditure per person	\$	889.0	840.9	797.7	741.3	969.9	965.8	670.0	776.3	846.4

<sup>a</sup> 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 (\$53.3 million in aged care services and \$774.6 million in services for people with disability). <sup>b</sup> Collection and reporting methods may vary across jurisdictions and services in this analysis, therefore, these data should be interpreted with care. <sup>c</sup> 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. <sup>d</sup> Totals may not add due to rounding. <sup>e</sup> Expenditure for aged care does not include capital expenditure. <sup>f</sup> Child protection services include child protection, out-of-home care and intensive family support services. <sup>g</sup> Population at 31 December 2009.

Source: Australian, State and Territory governments (unpublished); tables 13A.5, 14A.4, 15A.1 and AA.2.

Figure F.2 **Government recurrent expenditure on community services, 2009-10 (per cent)<sup>a, b, c</sup>**

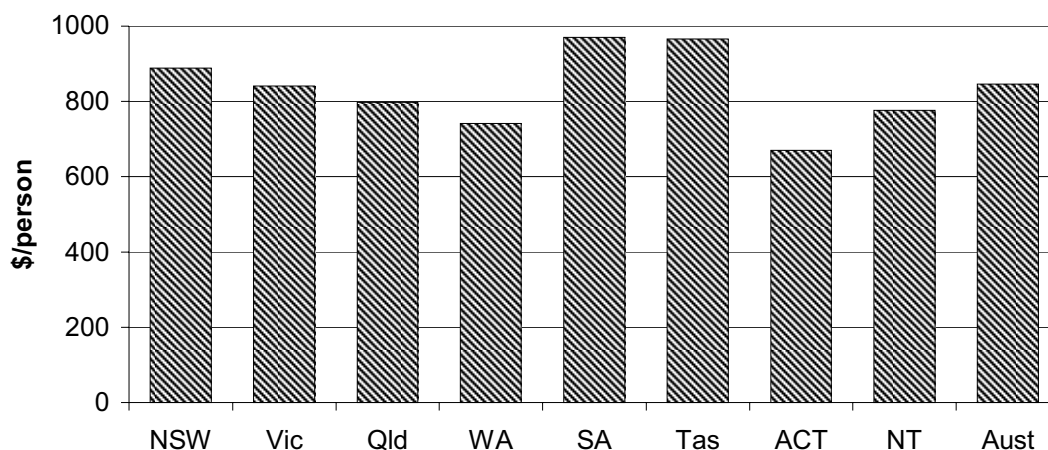


<sup>a</sup> Collection and reporting methods may vary across jurisdictions and services in this analysis, therefore, these data should be interpreted with care. <sup>b</sup> See box F.2 for the major programs included in expenditure for each service. More detailed expenditure data can be found in the relevant chapters of the Report. <sup>c</sup> Child protection services includes child protection, out-of-home care and intensive family support services.

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

In 2009-10, community services government recurrent expenditure was \$846 per person nationally. Expenditure varied across jurisdictions (figure F.3).

**Figure F.3 Government recurrent expenditure on community services, per person in the population, 2009-10<sup>a, b, c</sup>**



<sup>a</sup> Collection and reporting methods may vary across jurisdictions and services in this analysis, therefore, these data should be interpreted with care. <sup>b</sup> 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. <sup>c</sup> Population at 31 December 2009.

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 2009. Almost 11 000 organisations were providing community services. These included 5 809 not for profit organisations, 4 638 for profit organisations, and 520 government organisations (ABS 2010a).

## 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. Over half a million people were employed by organisations providing

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community services, 78 per cent of whom were female. Most employees were aged between 26 and 46 years and over 42 per cent were employed on a permanent part time basis.

There were 325 440 volunteers assisting community services organisations during 2008-09, providing 78 hours of voluntary services on average (ABS 2010a).

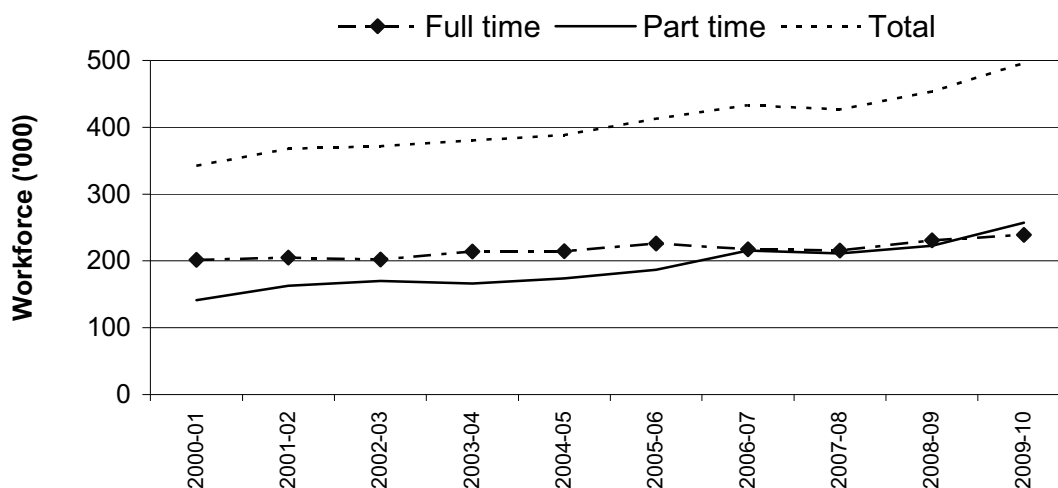
Subsequent developments in the community services workforce can be observed through ABS labour force survey data. These data provide a quarterly estimate of the full and part time workforce for the community services sector, within the broader industry classifications ‘residential care services’ and ‘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 and 2011 reports, ABS labour force data are based on the revised 2006 ANZSIC. Therefore, workforce data included prior to the 2010 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 2000-01 to 2009-10. Employment in the community services industry has grown from 342 600 people (58.8 per cent full time and 41.2 per cent part time) to 496 100 people (48.1 per cent full time and 51.9 per cent part time). This represents an average annual increase in employment in the community services sector of 4.2 per cent (figure F.4).

**Figure F.4 Full time, part time and total employment in residential care and other social assistance services, 2000-2001 to 2009-10<sup>a</sup>**



<sup>a</sup> Time series workforce data have been re-cast using the 2006 ANZSIC and are not comparable to workforce data included prior to the 2010 Report.

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

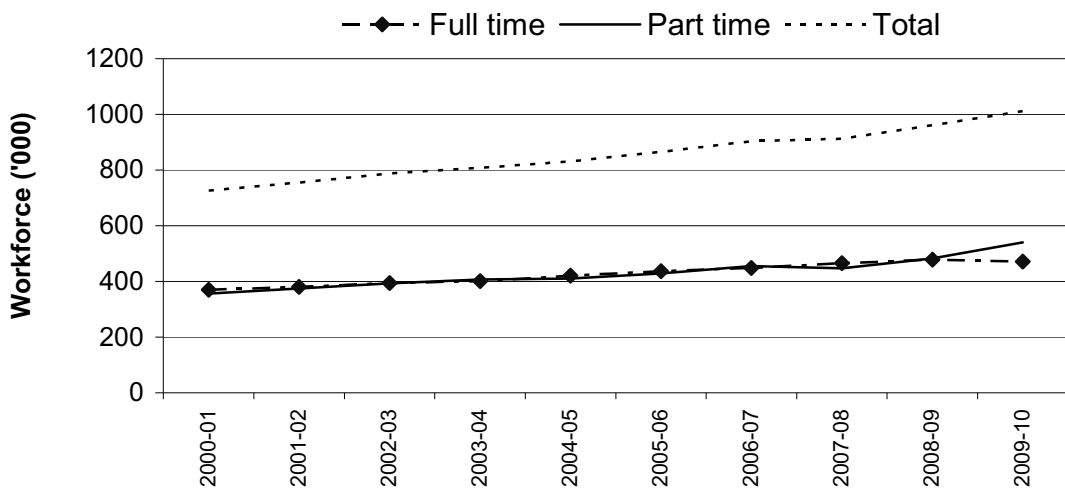
Caution should be exercised in using these data to estimate the size of the community services workforce. The number of people employed in a particular industry does not necessarily reflect the number of people employed in particular occupations. Employment in occupations typically associated with community 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 2000-01 to 2009-10. 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 726 900 people (51.0 per cent full time and 49.0 per cent part time) to 1 011 100 people (46.6 per cent full time and 53.4 per cent part time). This represents an average annual increase in employment in ‘community and personal service occupations’ of 3.7 per cent (figure F.5).

**Figure F.5 Full time, part time and total employment in community and personal service occupations, 2000-2001 to 2009-10**



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).

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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 (ABS forthcoming) are expected to be available in 2011.

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 2010, approximately 508 600 people were receiving Carer Allowance and 168 900 people were receiving Carer Payment (Australian Government unpublished; table 14A.1). 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 (Australian Government unpublished; table 14A.1).

## **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).



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The Australian Government's third Intergenerational Report (Australian Government 2010a) 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 government finances (box F.3).

**Box F.3 Future demographics and the *Intergenerational Report 2010***

Projections in the *Intergenerational Report 2010* show that over the next 40 years:

- the Australian population will continue to increase in size but at slightly lower rates than over the past 40 years, with a higher proportion of older people. The proportion of those over 65, 13.5 per cent in 2010, is predicted to reach 23 per cent of the population by 2050
- economic growth per person will slow as the proportion of the population of traditional working age falls
- substantial fiscal pressures will emerge due to predicted costs of climate change and projected increases in government spending, particularly in the areas of health, age related pensions and residential 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. Projected growth in real GDP, however, is expected to slow relative to the past 40 years.

*Source:* Australian Government (2010a).

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.

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## *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 initiatives

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across Australian, State and Territory governments such as *A Stronger, Fairer Australia – a new social inclusion strategy* (Australian Government 2010b).

## **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: SAAP data, juvenile justice data and child protection

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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 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).

On 30 April 2009, COAG endorsed *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020* ("the National Framework"). The National Framework argues that Australia needs to think more broadly about the notion of 'protecting children'. Rather than defining 'protecting children' as a statutory response to abuse and neglect, the National Framework contends protecting children should be seen as a community and cross-sector responsibility. The National Framework is intended to deliver a more integrated response to protecting Australia's children and emphasises the role of government, the non-government sector, and the community in achieving these aims. As

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reporting for the National Framework progresses, the Steering Committee will consider the suitability of some of the high-level, cross-sector performance indicators in the National Framework for inclusion in the Community services sector summary in the 2012 Report.

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 can 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 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 2007).

The HACC program is jointly funded by the Australian Government and State and Territory governments under the HACC Review Agreement. In 2008-09, government expenditure on the HACC program was around \$1.9 billion. The Australian Government provided 61 per cent of funding and the State and Territory governments 39 per cent (table 13A.9). The HACC Review Agreement and the associated Special Purpose Payment (SPP) will cease from 30 June 2011. Commencing 1 July 2011, the Australian Government will assume funding and program responsibility for aged care including HACC services provided to people aged 65 years or over (aged 50 years or over for Indigenous Australians) for states and territories (with the exception of Victoria and WA). States and territories will assume responsibility for funding and regulating HACC services delivered to

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people aged under 65 years (aged 50 years or under for Indigenous Australians) (COAG 2010a; COAG 2010b).

In 2009-10, 22.7 per cent of HACC clients were aged under 65 years (down from 23.2 per cent in 2007-08). Analysis of data from the HACC program in 2009-10 indicates that clients aged under 65 years were significantly over-represented in particular assistance types, including respite care (68.6 per cent), case management (51.1 per cent), carer counselling support (45.5 per cent) and personal care (42.5 per cent) (DoHA unpublished). In 2009-10, 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 2006-07. In 2009-10, 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 replace this preface with a Community services sector summary and continue to expand reporting 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.

Each chapter (aged care, services for people with disability and protection and support services) contains a service specific section on future directions in performance reporting. The aim of this section is to provide an insight into other related and overarching developments on reporting in the community services sector.

### *Outcomes from review of Report on Government Services*

COAG endorsed recommendations of a review of the Report in December 2009. Those recommendations implemented during 2010 are reflected in this Report.

Further recommendations will be reflected in future Reports, including implementation of Independent Reference Group and Steering Committee recommendations arising from the 'Review of the general performance indicator framework' and the 'Review of the performance indicators and their associated measures'.

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