
F Community services sector overview

CONTENTS

F.1 Introduction	F.1
F.2 Sector performance indicator framework	F.13
F.3 Cross-cutting and interface issues	F.37
F.4 Future directions in performance reporting	F.41
F.5 List of attachment tables	F.42
F.6 References	F.43

Attachment tables

Attachment tables are identified in references throughout this sector overview by a 'FA' prefix (for example, table FA.1). A full list of attachment tables is provided at the end of this sector overview, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

F.1 Introduction

This sector overview provides an introduction to the Aged care services (chapter 13), Services for people with disability (chapter 14) and Child protection and youth justice services (chapter 15) chapters of this Report. It provides an overview of the community services sector, presenting both contextual information and high level performance information.

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

Policy context

Families are the principal providers of care for children, older people and people with disability (ABS 2010; Australian Government 2008). Community services aim to:

- support families to fulfil their caring roles
- provide care when families are unable to
- provide interventions when a person's 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 and to enhance community wellbeing (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).

Sector scope

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 but exclude acute health care services and long term housing assistance. Some of these interventions are included elsewhere in this Report; for example, Public hospitals (chapter 10), Mental health management (chapter 12), Housing (chapter 16), and Homelessness services (chapter 17).

The definition of community services activities in this sector overview 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 sector overview 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 Child protection and youth justice services).

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, social and systemic 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 ‘youth 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).

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). Other definitions include activities such as advocacy, public transport, community safety and emotional support.

Profile of the community services sector

This section examines the size and scope of the community services sector and the role of government in providing community services. Detailed profiles for the services within the community services sector are reported in chapters 13, 14 and 15, and cover:

- size and scope of the individual service types
- funding and expenditure.

Roles and responsibilities

The Australian, State and Territory governments have major roles in the provision of community services. These roles are based on mandates 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.

Roles and responsibilities for the health sector were confirmed by COAG under the *National Health Reform Agreement* during 2011. Under that Agreement, changes in roles and responsibilities for the Home and Community Care (HACC) program across the aged care and disability services' sectors also came into effect on 1 July 2011 (for more detail see section F.3, box 13.1 and box 14.5).

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 strategic planning, policy development and administration
- undertaking monitoring and evaluation of community services programs.

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 youth justice services are funded and delivered primarily 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 delivered primarily by non-government organisations
- specialist disability services, excluding employment services, are funded primarily by State and Territory governments (with some Australian Government contribution) and are delivered primarily by State and Territory governments and the non-government sector. Employment services are funded and provided primarily by the Australian Government
- residential aged care is funded primarily by the Australian Government and services are delivered primarily by the non-government sector
- the funding and program responsibilities for HACC services across states and territories (except in Victoria and WA) are split — the Australian Government funds services for older people and State and Territory governments fund services for younger people. HACC services for older people and younger people are jointly funded by the Australian and Victorian governments in Victoria and the Australian and WA governments in WA. Services are delivered by a combination of local government, non-government community organisations, religious or charitable bodies, State and Territory government agencies, and private (for profit) organisations.

Effective regulation of non-government agencies (through licensing, accreditation and quality assurance) enables agencies to provide services within a framework of agreed standards. Examples include the accreditation of residential aged care services and the new Community Care Common Standards that came into effect on 1 March 2011. The Community Care Common Standards apply for the HACC program, Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), EACH-Dementia (EACH-D) and National Respite for Carers Program (NRCP).

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.

Australia's welfare 2011 (AIHW 2011) 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 (families and children, older people, people with disability and other disadvantaged groups). It estimates that:

- welfare expenditure broadly comprises spending on welfare services and cash payments. In 2008–09, welfare expenditure was estimated to be \$136.6 billion, \$94.4 billion of this was for cash payments while \$42.2 billion was for welfare services (AIHW 2011)
- expenditure on welfare services, excluding welfare payments (\$42.2 billion) in 2008–09 represented 3.4 per cent of Gross Domestic Product (GDP). The amount spent on welfare services between 1998–99 and 2008–09 increased on average each year by 4.9 per cent, much higher than GDP growth of 3.2 per cent (AIHW 2011)
- governments were the source of 73.0 per cent (\$30.9 billion) of all funding of welfare services in 2008–09, with the non-government sector providing the remaining 27.0 per cent (\$11.2 billion) (AIHW 2011).

Community Services Australia, 2008-09 (ABS 2010) provides data on community services expenditure incurred by governments and non-government organisations (for-profit and not-for-profit) in providing services to assist members of the community with special needs, including personal and social support, residential care and other social assistance services. These data apply to organisations engaged in providing a wide variety of social support services directly to clients, including (but not limited to), welfare services, disabilities assistance and the operation of adult day care centres.

Community Services Australia estimates that, during 2008-09, \$25.2 billion was spent on direct community services activities and a further \$4.0 billion on non-direct and related community services activities. The majority of services were provided by the not-for-profit sector, which received most of its funding from government. 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 governments and \$0.9 billion by local government. In addition, Australian, State and Territory governments 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 received the majority of this (\$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 across the community services sector was \$12.6 billion in 2008–09. 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, accounting for \$10.3 billion of total expenditure. The main components of this were high level care (\$6.8 billion or 66 per cent), and low level care (\$3.5 billion or 34 per cent). Not-for-profit organisations accounted for \$3.3 billion (48 per cent) of the high level care expenditure and \$2.5 billion (73 per cent) of the low level care expenditure.

Community services expenditure included in this Report

The following analysis relates only to expenditure on programs 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, including HACC services
- services for people with disability — services as outlined in the National Disability Agreement
- child protection and youth justice services — child protection, out-of-home care, family support services and intensive family support services, and youth justice services, including community and detention-based supervision and group conferencing.

Each chapter includes more detailed analysis of expenditure items reported.

Recurrent expenditure included in the Report

Total Australian, State and Territory government recurrent expenditure on community services covered by this Report was estimated to be \$24.2 billion in 2011-12 (table F.1). This was equivalent to 1.7 per cent of GDP in that year, and 9.3 per cent of total government outlays (table F.1 and ABS 2012).

Between 2007-08 and 2011-12, real government recurrent expenditure on these services increased by \$5.9 billion or 32.1 per cent. The largest proportional increase in real expenditure was on child protection and youth justice services, which increased by 87.3 per cent between 2007-08 and 2011-12. However, in part this increase is explained by the addition in 2011-12 of expenditure data for two new services: family support services and youth justice services. The largest absolute dollar increase for a particular service between 2007-08 and 2011-12 was \$2.3 billion for aged care services (table F.1).

Table F.1 **Real government recurrent expenditure on community services (2011-12 dollars)^{a, b, c, d, e}**

	<i>Unit</i>	<i>Aged care services</i>	<i>Services for people with disability</i>	<i>Child protection and youth justice</i>	<i>Total</i>
2007-08	\$m	10 562.3	5 408.9	2 391.1	18 362.3
2008-09	\$m	10 967.7	5 710.3	2 705.5	19 383.4
2009-10	\$m	11 868.1	6 193.7	3 044.2	21 106.0
2010-11	\$m	12 371.2	6 301.9	3 172.1	21 845.2
2011-12	\$m	12 861.3	6 914.2	4 479.0	24 254.5
Increase 2007-08 to 2011-12	%	21.8	27.8	87.3	32.1

^a Data for 2007-08 to 2010-11 have been adjusted to 2011-12 dollars using the gross domestic product (GDP) price deflator in table AA.51 of appendix A. ^b Totals may not add as a result of rounding. ^c See box F.2 for the major programs included in expenditure for each service. ^d Total expenditure includes a transfer of \$131 million from NSW to the Australian Government for the notional support costs for younger people receiving residential and packaged aged care, as required under the National Partnership Agreement on Transitioning Responsibilities for Aged Care and Disability Services. This expenditure is included in both the Aged Care expenditure and Services for people with disability expenditure. ^e More detailed expenditure data can be found in the relevant chapters of the Report.

Source: Australian, State and Territory governments (unpublished); tables 13A.6, 14A.4, 15A.1, 15A.179 and AA.51.

Expenditure available for reporting at a State and Territory level

Table F.2 identifies expenditure on community services included in this Report by State and Territory governments and the Australian Government, available for reporting by State and Territory for 2011-12.

Table F.2 **Government recurrent expenditure on community services, 2011-12^{a, b, c, d, e, f, g}**

<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										
ACS	\$m	4 176.0	3 251.8	2 436.8	1 146.8	1 214.0	345.3	146.4	72.2	12 861.3
SPWD	\$m	2 065.2	1 504.8	990.7	655.4	433.1	151.3	90.6	64.0	6 914.2
CPYJS	\$m	1 774.9	823.3	920.8	471.9	235.3	89.8	49.4	113.6	4 479.0
Total	\$m	8 016.1	5 579.9	4 348.3	2 274.0	1 882.4	586.4	286.4	249.8	24 254.5
Proportion of recurrent expenditure by service										
ACS	%	52.1	58.3	56.0	50.4	64.5	58.9	51.1	28.9	53.0
SPWD	%	25.8	27.0	22.8	28.8	23.0	25.8	31.6	25.6	28.5
CPYJS	%	22.1	14.8	21.2	20.8	12.5	15.3	17.2	45.5	18.5
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^f										
ACS	\$	576.2	583.3	540.0	480.4	738.0	674.8	394.9	310.7	572.0
SPWD	\$	285.0	269.9	219.5	274.5	263.3	295.7	244.5	275.4	307.5
CPYJS	\$	244.9	147.7	204.0	197.7	143.0	175.5	133.3	488.9	199.2
Total	\$	1 106.0	1 001.0	963.5	952.6	1 144.3	1 145.9	772.7	1 075.0	1 078.7

ACS = Aged care services. **SPWD** = Services for people with disability. **CPYJS** = Child protection and youth justice services.

^a For aged care services and services for people with disability, Australian Government expenditure not allocated to a State or Territory is included in the totals (\$72.1 million in aged care services and \$959.9 million in services for people with disability). ^b Collection and reporting methods may vary across jurisdictions and services, 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 sum due to rounding. ^e Expenditure for aged care does not include capital expenditure. ^f Population at 31 December 2011. ^g Total expenditure includes a transfer of \$131 million from NSW to the Australian Government for the notional support costs for younger people receiving residential and packaged aged care, as required under the National Partnership Agreement on Transitioning Responsibilities for Aged Care and Disability Services. This expenditure is included in both the Aged Care expenditure and Services for people with disability expenditure.

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

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 2010).

Social and economic factors affecting demand for services

In general, relatively disadvantaged members of the community live shorter lives and have higher rates of illness and disability than those whose circumstances are advantageous. For example, higher levels of education and income are associated

with a lower prevalence of health risk factors such as smoking and obesity, and better health outcomes generally (AIHW 2010).

Disadvantage also limits the extent to which individuals and families can participate in society. Economic participation conveys financial, health and social benefits to individuals, households and families and is central to population welfare. Economic participation can be described as a person's engagement in education and employment, and access to economic resources including income and wealth. The various aspects of economic participation are inter-related, and are also associated with positive social and health outcomes (AIHW 2011).

Child protection and youth justice services

No single factor can predict whether a child will require child protection services. Factors commonly associated with child protection involvement include: early child bearing, parental alcohol and drug use, family violence, adult mental illness, social isolation, children with health, disability or behavioural problems, and families under financial stress (families who are reliant on pensions and benefits are overrepresented in the child protection system) (Bromfield and Holzer 2008; Allen Consulting Group 2003).

Similarly, no single factor can predict which children will come into contact with the justice system or be subject to youth justice supervision. A range of factors are associated with youth justice system involvement, including a young person's lack of maturity, his or her propensity to take risks and susceptibility to peer influence, intellectual disability, and mental illness (Richards 2011).

Disability services

The Productivity Commission report (PC 2011a) into the disability care and support sector describes the sector as underfunded, unfair, fragmented, and inefficient, which gives people with disability little choice and no certainty of access to appropriate supports. The disability sector reflects social barriers such as prejudice, out-of-date practices, and poorly designed infrastructure. On 13 February 2011, COAG formally endorsed the National Disability Strategy 2010-2020. The Strategy outlines a ten-year national policy framework to improve the lives of people with disability, promote participation, and create a more inclusive society. It guides public policy across governments and aims to bring about change in all mainstream and specialist services and programs, as well as community infrastructure, to ensure they are accessible and responsive to the needs of people with disability. This change is important to ensuring that people with disability have the same

opportunities as other Australians – a quality education, health care, a job where possible and access to buildings, transport and social activities.

Aged care services

The National Health and Hospitals Reform Commission noted a number of challenges facing the aged care sector including significant shifts in the type of care demanded, due to reduced access to carers and family support caused by changes in social and economic circumstances (NHHRC 2009). The Productivity Commission report (PC 2011b) into caring for older Australians highlighted the increasing numbers of older people who are likely to require care (by 2050 it is estimated the 3.5 million Australians will use aged care services), along with their increasing expectations of care and the relative fall in the number of informal carers. The Australian Government's *Living Longer, Living Better* aged care reform package, announced during 2012, includes a focus on increased consumer choice and control; more affordable and easier access to a full range of services; improved and expanded home care, support and residential care; better information; and more sustainable financing arrangements.

Service-sector objectives

The overarching service sector objectives in box F.3 draw together the objectives from each of the specific services detailed in this Report. More detailed objectives can be found in chapters 13 (Aged care services), 14 (Services for people with disability) and 15 (Child protection and youth justice services).

Box F.3 Objectives for community services

The overarching objective of the community services sector is to ensure that older people, people with disability and vulnerable children are supported or assisted and have the opportunity to fully participate in the community.

The specific objectives of the services that comprise the community services sector are summarised below:

- Aged care services (chapter 13) aim to promote the wellbeing and independence of frail older people and their carers through the funding and delivery of care services that are accessible, appropriate to needs, high quality, efficient, and person-centred. These objectives are consistent with the Australian, State and Territory governments' long-term aged care objectives articulated under the NHA: that 'older Australians receive appropriate high quality and affordable health and aged care services' (COAG 2009).
- Services for people with disability (chapter 14) aim to enhance the quality of life experienced by people with disability by assisting them to live as valued and participating members of the community.
- Child protection and youth justice services (chapter 15) aim to support families to care for their children and to protect children who are at risk of harm. Youth justice services aim to contribute to a reduction in the frequency and severity of youth offending, recognise the rights of victims, and promote community safety.

Source: Chapters 13, 14 and 15.

F.2 Sector performance indicator framework

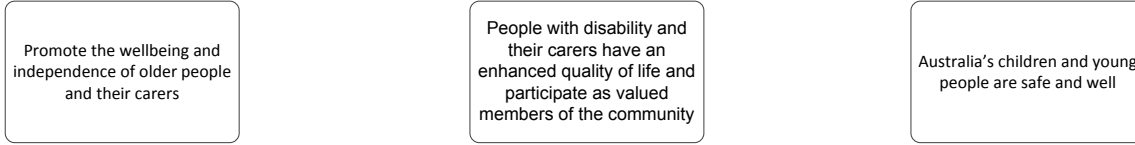
This sector overview is based on a sector performance indicator framework (figure F.1). This framework is made up of the following elements:

- Sector objectives — three sector objectives are a précis of the key objectives of the community services sector (box F.3)
- Sector-wide indicators — sector-wide indicators are high level indicators which cut across community services
- Service-specific indicators — information from the service-specific performance indicator frameworks that relate to community services. Discussed in more detail in chapters 13, 14 and 15, the service-specific frameworks provide comprehensive information on the equity, effectiveness and efficiency of these services.

This sector overview provides an overview of relevant performance information. Chapters 13, 14 and 15 and their associated attachment tables provide more detailed information.

Figure F.1 Community services performance indicator framework

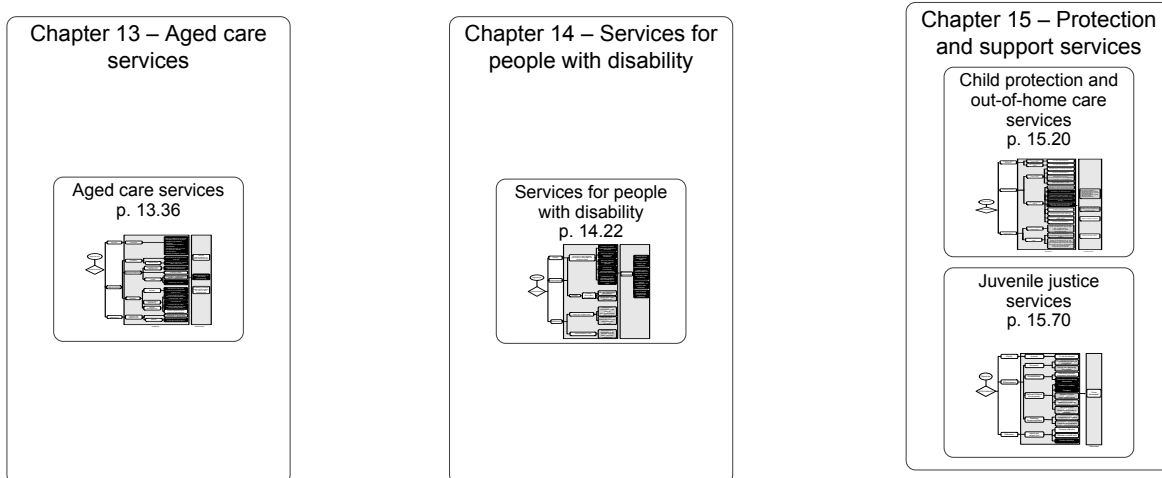
Sector objectives



Sector-wide indicators



Service-specific performance indicator frameworks



Sector-wide indicators

This section includes high level indicators of community services' outcomes. Many factors are likely to influence these outcomes — not solely the performance of government services. However, these outcomes inform the development of appropriate policies and the delivery of government services.

Wellbeing of older people

'Wellbeing of older people' is an indicator of governments' objective to promote the wellbeing and independence of older people and their carers (box F.4).

Box F.4 Wellbeing of older people

'Wellbeing of older people' is defined as overall life satisfaction of older people and is measured by the proportion of people aged 65 years or over who were mostly satisfied with their lives.

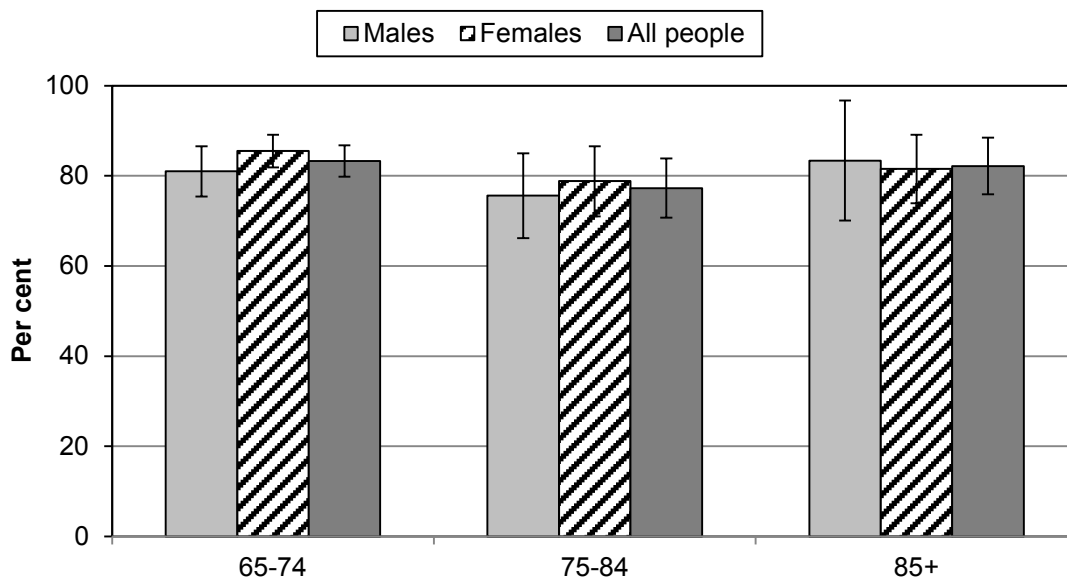
A high proportion of people who are mostly satisfied with their lives is desirable.

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Nationally in 2010, 83.3 per cent of people aged 65–74 years were mostly satisfied with their lives, 77.3 per cent of people aged 75–84 years were mostly satisfied with their lives and 82.2 per cent of people aged 85 years and over were mostly satisfied with their lives (figure F.2).

Figure F.2 Proportion of people aged 65 years or over who were mostly satisfied with their lives, 2010^{a, b, c}



^a. People who felt delighted, pleased or mostly satisfied with their lives as a proportion of all people who provided a response to overall life satisfaction. ^b Excludes those who did not provide a response or did not know how they felt. ^c Error bars represent the 95 per cent confidence interval associated with each point estimate.

Source: ABS 2011 (unpublished), *General Social Survey 2010*, Cat. no. 4159.0, Canberra; table FA.7.

Independence of older people and their carers

‘Independence of older people and their carers’ is an indicator of governments’ objective to promote the wellbeing and independence of older people and their carers (box F.5).

Box F.5 Independence of older people and their carers

‘Independence of older people and their carers’ is defined as participation in the community by older people and their carers and is measured by the number of people living in households aged 65 or over who participated in social or community activities away from home in the past 3 months divided by the number of people aged 65 years or over living in households.

A high proportion of people aged 65 years or over who participate in the community is desirable.

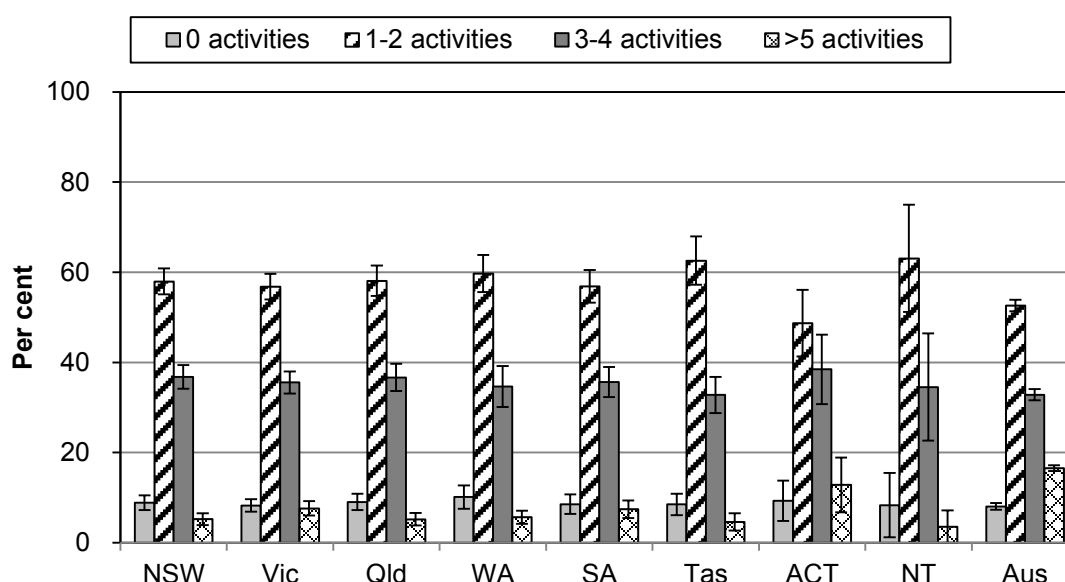
Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Nationally, in 2009, among people aged 65 years or over living in households:

- 52.6±1.3 per cent participated once or twice in social or community activities in the past 3 months
- 32.8±1.3 per cent participated 3 or 4 times in social or community activities in the past 3 months
- 16.5±0.6 per cent participated 5 times or more in social or community activities in the past 3 months
- 8.0±1.3 per cent did not participate in social or community activities in the past 3 months (figure F.3).

Figure F.3 **Proportion of all people living in households aged 65 years or over, who participated in social or community activities away from home in the past 3 months, 2009^a**



^a Error bars represent the 95 per cent confidence interval associated with each point estimate.

Source: DoHA analysis of ABS Survey of Disability, Ageing and Carers 2009 Confidentialised Unit Record File (unpublished); table FA.1.

Quality of life

‘Quality of life’ is an indicator of governments’ objective for people with disability and their carers to have an enhanced quality of life and participate as valued members of the community (box F.6).

Box F.6 Quality of life

'Quality of life' is defined as overall life satisfaction of people with disability and their carers, and is measured by the number of people with disability who were mostly satisfied or better with their lives divided by the total number of people with a mild, moderate, severe or profound disability who provided a response.

A high proportion of people with disability who were mostly satisfied with their lives is desirable.

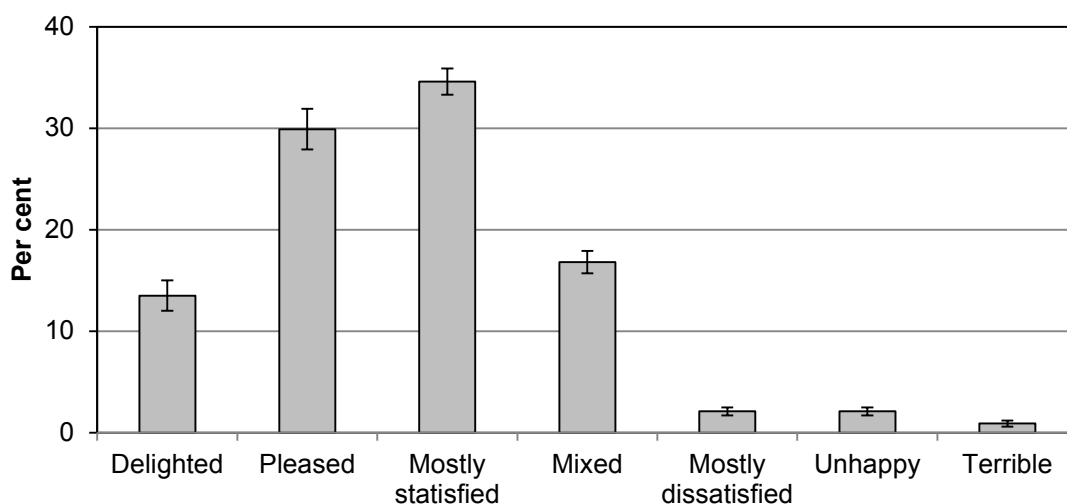
Overall life satisfaction is a summary indicator of subjective wellbeing. A number of circumstances may influence overall life satisfaction, such as health, education, employment, income, personality, family and social connections, civil and human rights, levels of trust and altruism, and opportunities for democratic participation (Diener 1984; Stutzer and Frey 2010).

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Nationally, in 2010, about 78.0 per cent of people with a disability described their satisfaction with their lives as mostly satisfied or better, compared with 16.8±1.1 per cent who described their satisfaction as mixed, 2.1±0.4 per cent mostly dissatisfied, 2.1±0.4 per cent unhappy and 0.9±0.3 per cent terrible (figure F.4).

Figure F.4 Proportion of people with disability who were satisfied with their lives, 2010 ^{a, b}



^a Excludes those who did not provide a response or did not know how they felt. ^b Error bars represent the 95 per cent confidence interval associated with each point estimate.

Source: ABS 2011 (unpublished), *General Social Survey 2010*, Cat. no. 4159.0, Canberra; table FA.6.

Participation of people with disability and their carers in the community

‘Participation of people with disability and their carers in the community’ is an indicator of governments’ objective for people with disability and their carers to participate as valued members of the community and have an enhanced quality of life (box F.7).

Box F.7 Participation of people with disability and their carers in the community

‘Participation of people with disability and their carers in the community’ is defined as social and community participation of people with disability and their carers’ and is measured by:

- the proportion people with disability and their carers who participated in social or community activities (away from home or at home) in the past 3 months
- the proportion of primary carers who participated in social or community activities (away from home or at home) in the past 3 months.

A high proportion of people with disability and their carers who participated in social or community activities is desirable.

Data reported for this indicator are comparable.

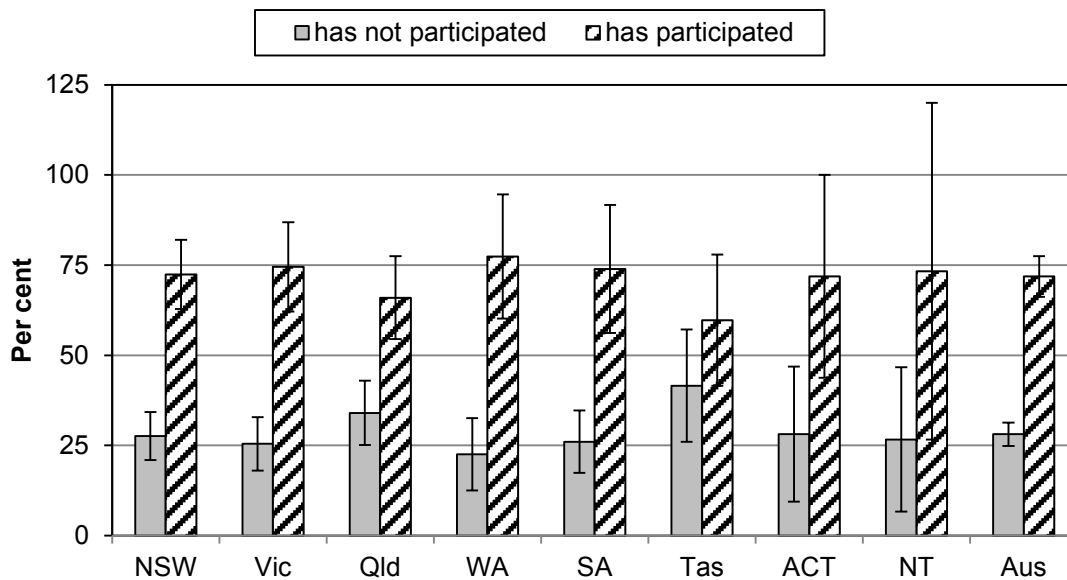
Data quality information for this indicator is under development.

Nationally in 2006, 65.1 ± 8.9 per cent of people with a profound/severe disability attended selected cultural venues and events in the past 12 months. This was significantly less than all people with disability (85.4 ± 2.3 per cent) and for people with disability (91.2 ± 1.9 per cent) (see table 14A.133).

Other data on participation of people with disability in selected social and community activities are reported in chapter 14 attachment tables 14A.119–148.

Nationally in 2009, 71.6 ± 5.6 per cent of primary carers participated in social or community activities away from home and without the recipient of care in the past 3 months, while 28.1 ± 3.2 per cent of primary carers did not participate in social or community activities away from home without the recipient of care in the past 3 months (figure F.5).

Figure F.5 Proportion of primary carers who participated in social or community activities away from home and without the recipient of care in the past 3 months 2009^{a, b}



^a Excludes carers who were disabled or aged 60 years and over. ^b Error bars represent the 95 per cent confidence interval associated with each point estimate.

Source: ABS Survey of Disability, Ageing and Carers 2009; table FA.2.

Jobless families with children as a proportion of all families

‘Jobless families with children as a proportion of all families’ is an indicator of governments’ objective to ensure positive family environments for Australia’s children and young people (box F.8). This indicator is consistent with the Australian Government’s Social Inclusion Agenda, and the activities of the Australian Social Inclusion Board, which identifies a reduction in family joblessness as a key priority for addressing the barriers and entrenched disadvantage faced by some households (Australian Government 2011).

The Australian Social Inclusion Board notes that a reduction in the number of jobless families is important, as there are many costs to the country of family joblessness, including:

- the direct costs of lost national output and supporting families who are not participating in the workforce
- the indirect costs of reduced labour market attachment of children from jobless families, poorer health outcomes, and reduced income and overall wellbeing arising from joblessness (Commonwealth of Australia 2011).

Box F.8 Jobless families with children as a proportion of all families

'Jobless families with children as a proportion of all families' is defined as the number of families with children without jobs as a proportion of all families. Family is defined as two or more people, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who are usually resident in the same household. The basis of a family is formed by identifying the presence of a couple relationship, lone parent-child relationship or other blood relationship. Some households will, therefore, contain more than one family (ABS 2007).

The jobless rate is reported for:

- all families as a proportion of all families
- families with dependants (including children aged under 15 years) as a proportion of all families with dependants (including children aged under 15 years)
- families with children aged under 15 years as a proportion of all families with children aged under 15 years

A low or decreasing number of jobless families as a proportion of all families is desirable.

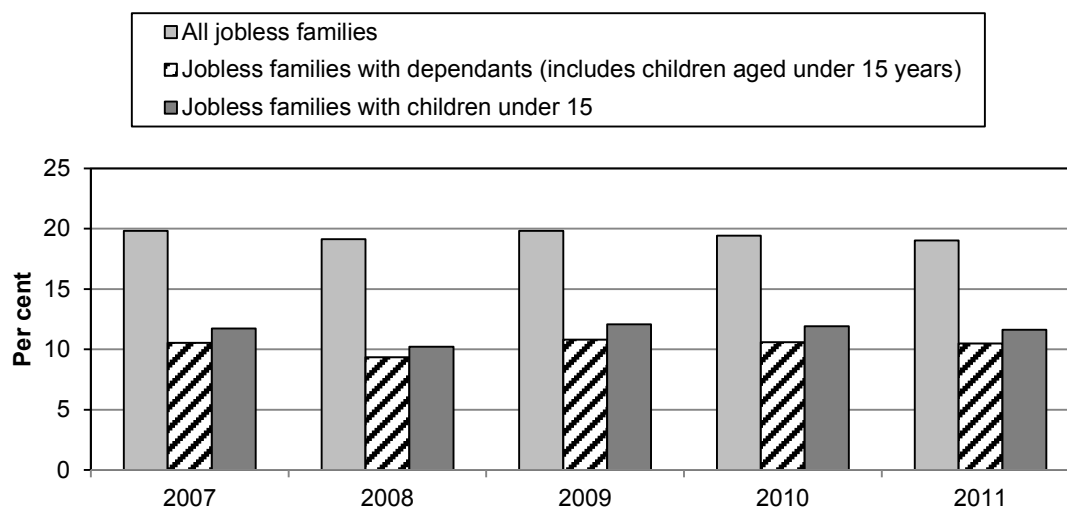
Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Nationally, at 30 June 2011:

- 19.0 per cent of all families were jobless
- 10.5 per cent of families with dependants (including children under 15) were jobless
- 11.6 per cent of families with children aged under 15 years were jobless (figure F.6).

Figure F.6 **Jobless families as a proportion of all families, at June**



Source: ABS, *Labour Force, Australia: Labour Force Status and Other Characteristics of Families, June 2011*, Cat. no. 6224.0.55.001; table FA.4

Improving child development

‘Improving child development’ is an indicator of governments’ objective to ensure that Australia’s children and young people are safe and well (box F.9).

Box F.9 Improving child development

'Improving child development' is defined as the proportion of children who are developmentally vulnerable on one or more Australian Early Development Index (AEDI) domains.

A low or decreasing proportion of children who are developmentally vulnerable on one or more AEDI domains is desirable.

The AEDI is a population measure of young children's development as they enter school. A population measure places the focus on all children in the community and therefore the AEDI reports on early childhood development across the whole community. Every three years, teachers complete a checklist for children in their first year of full-time school. The checklist measures five key areas, or domains, of early childhood development:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills (school-based)
- communication skills and general knowledge.

These areas are closely linked to the predictors of good adult health, education and social outcomes.

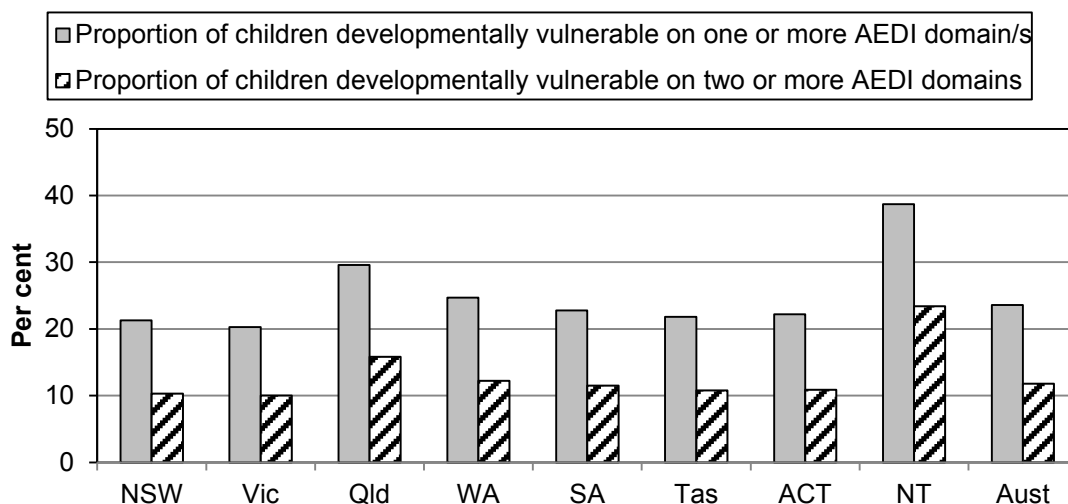
The next data collection for the AEDI will take place from May to July 2012, with results expected to be available in 2013.

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Nationally, in 2009, 23.6 per cent of children were developmentally vulnerable on one or more AEDI domain/s, while 11.8 per cent of children were developmentally vulnerable on two or more AEDI domains (F.7).

Figure F.7 **Children developmentally vulnerable, June 2009**



Source: Centre for Community Child Health and Telethon Institute for Child Health Research (2009). *A Snapshot of Early Childhood Development in Australia - AEDI National Report 2009*, Australian Government, Canberra; table FA.5.

Service-specific performance indicator frameworks

This section summarises information from the Aged care services' service-specific indicator framework in chapter 13, the Services for people with disability service-specific indicator framework in chapter 14 and the Child protection and youth justice services' service-specific indicator framework in chapter 15.

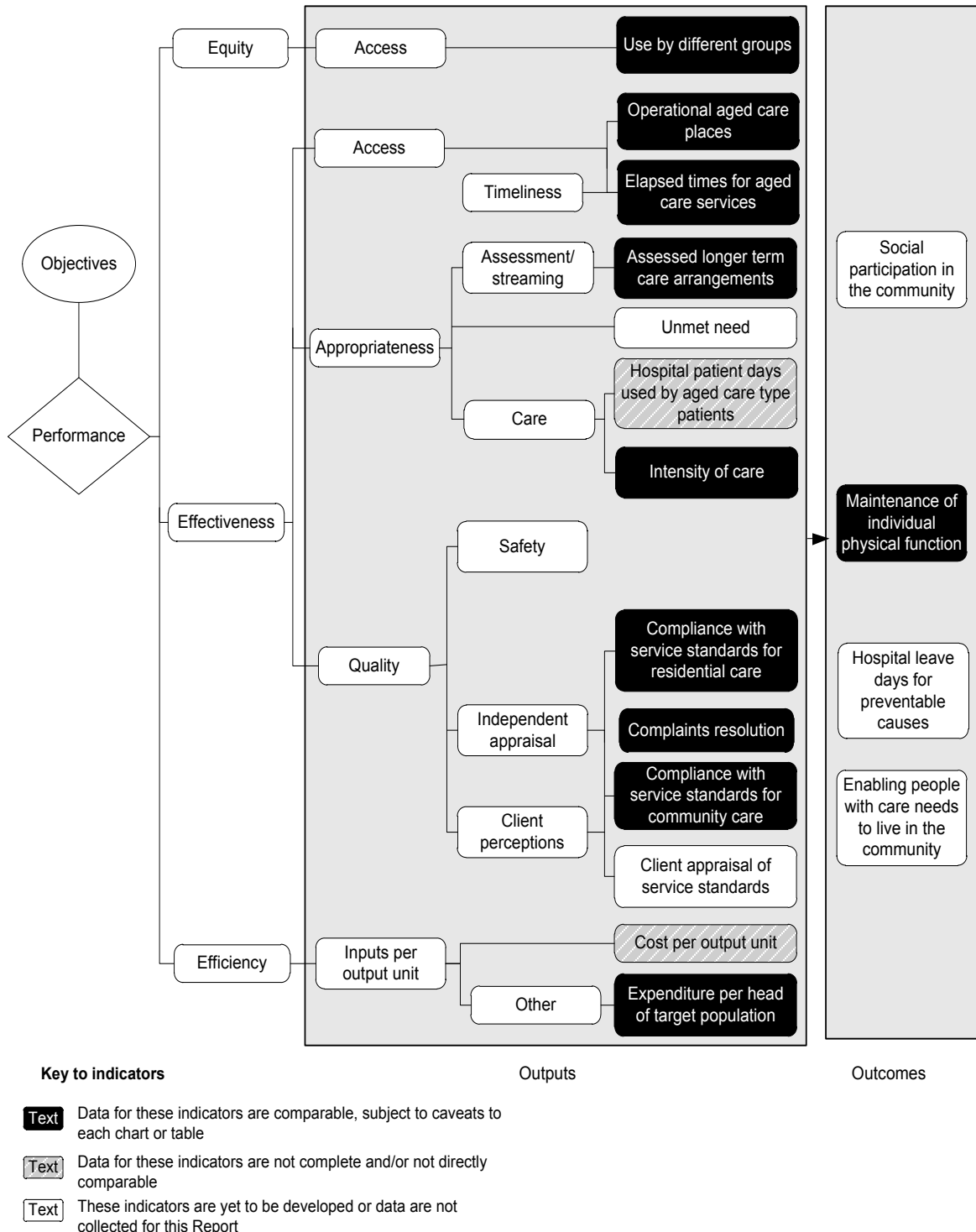
Additional information is available to assist the interpretation of these results:

- indicator interpretation boxes, which define the measures used and indicate any significant conceptual or methodological issues with the reported information (chapters 13, 14 and 15)
- caveats and footnotes to the reported data (chapters 13, 14 and 15 and attachments 13A, 14A and 15A)
- additional measures and further disaggregation of reported measures, for example, by Indigenous status, remoteness, language background, sex and age (chapters 13, 14 and 15 and attachments 13A, 14A and 15A)
- data quality information for many indicators (chapters 13, 14 and 15 Data Quality Information).

Aged care services

The performance indicator framework for aged care services is presented in figure F.8. This framework provides comprehensive information on the equity, effectiveness, efficiency and the outcomes of aged care services.

Figure F.8 **Aged care services performance indicator framework**



An overview of aged care performance indicator results are presented in table F.3. Information to assist the interpretation of these data can be found in the indicator interpretation boxes in chapter 13 and the footnotes in attachment 13A.

Table F.3 Performance indicators for aged care services^{a, b}

	<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>	<i>Source</i>
Equity — access indicators										
Use by different groups										
Access to residential aged care services by all people — aged care recipients per 1000 in the target population, 2011-12										
Data for this indicator are comparable, subject to caveats (chapter 13)										
no.	54.3	54.2	48.5	47.5	60.1	50.2	44.9	30.8	52.6	13A.28
Access to residential aged care services by Indigenous Australians — Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over, 2011-12										
Data for this indicator are comparable, subject to caveats (chapter 13)										
no.	12.7	25.2	19.5	26.6	43.2	7.6	10.6	34.3	21.2	13A.35
Veterans in residential care per 1000 eligible veterans 70 years or over, 2011-12										
Data for this indicator are comparable, subject to caveats (chapter 13)										
no.	162.2	169.1	135.1	133.7	166.3	132.8	99.1	62.2	153.2	13A.14
Access to the HACC program — service hours per 1000 people aged 65 years or over and Indigenous people aged 50–64 years, 2011-12 (no.)										
Data for this indicator are comparable, subject to caveats (chapter 13)										
Major cities	8 738	10 673	11 079	10 666	10 958	..	8 835	..	10 069	13A.50
Inner regional	7 323	12 046	9 813	9 309	9 463	10 838	9 497	13A.52
Outer regional	9 098	15 113	10 569	12 699	11 565	8 506	..	5 453	10 797	13A.54
Remote	12 240	25 968	15 123	10 469	12 792	7 204	..	8 122	12 434	13A.56
Very remote	13 315	..	15 714	16 376	29 877	13 244	..	14 476	16 752	13A.58
All areas	8 440	11 286	10 805	10 729	11 025	9 977	8 835	8 417	10 083	13A.48
Effectiveness — access indicators										
Total operational aged care places per 1000 people aged 70 years or over (excluding transition care), 2011-12										
Data for this indicator are comparable, subject to caveats (chapter 13)										
no.	111.4	110.6	108.7	114.3	116.4	109.3	118.2	214.0	111.8	13A.24
Elapsed times for aged care services — proportion of people entering high care residential services entered within 3 months of approval, 2011-12										
Data for this indicator are comparable, subject to caveats (chapter 13)										
%	74.8	77.9	67.9	69.4	70.8	76.2	68.7	49.5	73.2	13A.83
Effectiveness — appropriateness indicators										
Assessed longer term care arrangements — proportion of clients recommended to remain in the community, 2010-11										
Data for this indicator are comparable, subject to caveats (chapter 13)										
%	47.5	58.0	39.0	51.8	40.6	58.6	65.9	69.0	49.4	13A.87

Table F.3 (continued)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Source
Hospital patient days used by aged care type patients — proportion of separations for 'aged care type' public hospitals patients that were 35 days or longer, 2010-11										
Data for this indicator not complete or not directly comparable (chapter 13)										
%	8.0	34.5	20.4	12.7	9.9	23.1	8.9	10.7	13.3	13A.89
Intensity of care — proportion of people who stayed in the same residential aged care service when changing from low care to high care, 2011-12										
Data for this indicator are comparable, subject to caveats (chapter 13)										
%	89.7	93.0	93.9	90.3	95.0	95.5	93.5	90.3	92.1	13A.39
Effectiveness — quality indicators										
Compliance with service standards for residential care — proportion of re-accredited residential aged care services that were granted a re-accreditation approval for a period of three years, 2011-12										
Data for this indicator are comparable, subject to caveats (chapter 13)										
%	96.7	96.4	83.0	91.2	92.1	100.0	91.7	55.6	93.5	13A.91
Complaints — number of complaints received by the Complaints Scheme per 1000 permanent care recipients, 1 September 2011 to 30 June 2012										
Data for this indicator are comparable, subject to caveats (chapter 13)										
no.	15.8	21.6	21.9	19.8	18.8	17.3	31.0	46.6	19.3	13A.95
<i>Compliance with service standards for community care — proportion of CACP, EACH, EACH-D and NRCP service reviews for which an Outcome 1 'effective processes and systems in place was received'</i>										
Data for this indicator are comparable, subject to caveats (chapter 13)										
no.	73.7	92.0	67.9	68.3	79.2	53.8	44.4	41.2	73.3	13A.98
Efficiency indicators										
Cost per ACAT assessment — Australian Government expenditure on aged care assessments, per assessment, 2010-11										
Data for this indicator not complete or not directly comparable (chapter 13)										
\$	414	320	446	384	374	393	363	821	388	13A.100
Expenditure per head of target population — Australian Government (DoHA and DVA) real expenditure on residential services per person aged 65 years or over and Indigenous Australians aged 50–64 years (including payroll tax), 2011-12										
Data for this indicator are comparable, subject to caveats (chapter 13)										
\$	2 597	2 729	2 334	2 318	3 044	2 361	2 091	1 245	2 566	13A.102
Outcome indicators										
Maintenance of individual functioning — improvement in Transition Care Program (TCP) client's level of functioning, reflected in the movement from the average Modified Barthel Index (MBI) score on entry to the average MBI score on exit, 2011-12										
Data for this indicator are comparable, subject to caveats (chapter 13)										
Average MBI on entry										
no.	80.2	65.6	78.2	60.1	67.0	68.8	78.4	77.0	72.4	13A.106
Average MBI on exit										
no.	91.0	73.2	90.4	66.8	83.0	85.0	93.4	90.4	82.9	13A.106

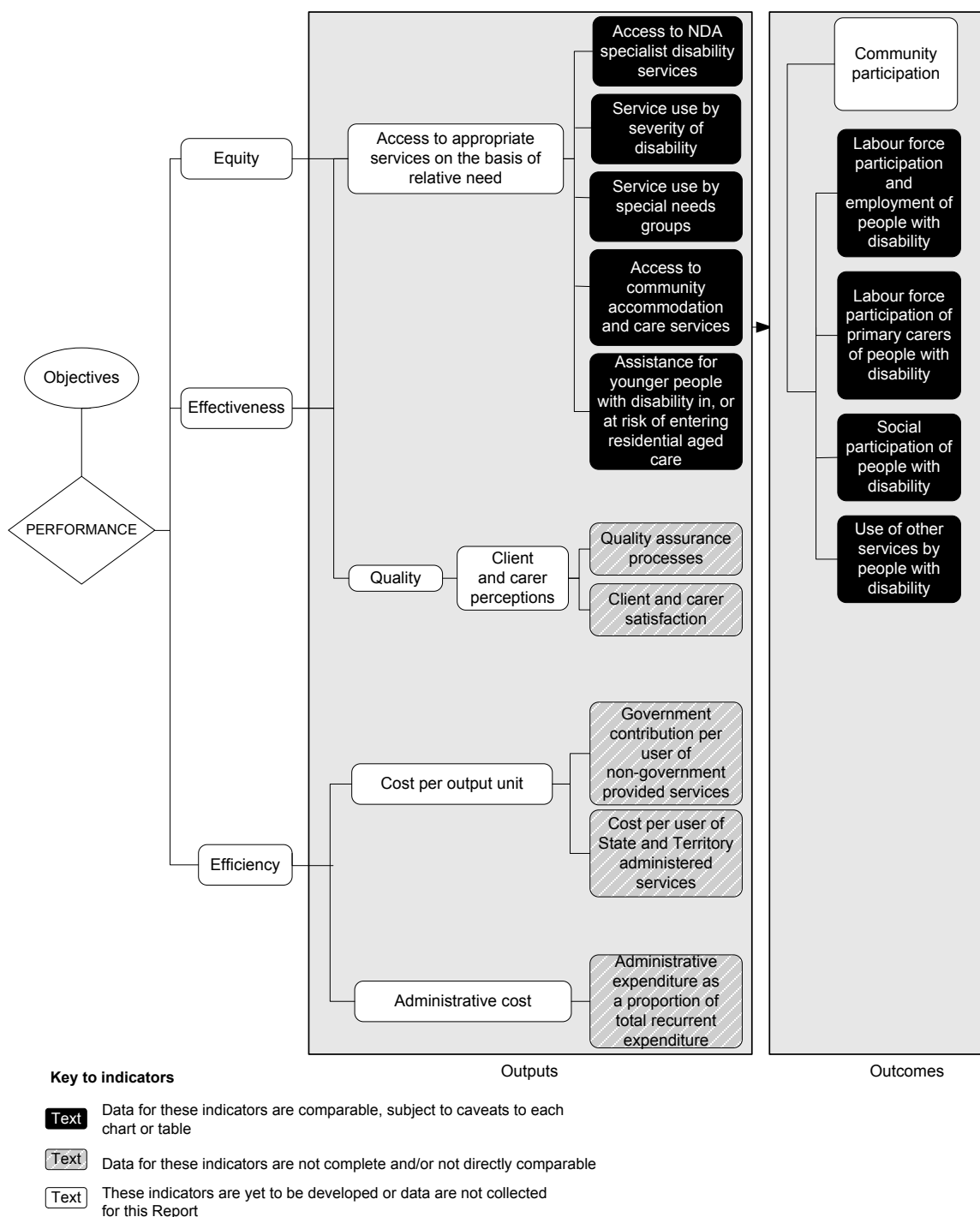
^a Caveats for these data are available in Chapter 13 and Attachment 13A. Refer to the indicator interpretation boxes in Chapter 13 for information to assist with the interpretation of data presented in this table. ^b Some data are derived from detailed data in Chapter 13 and Attachment 13A. **na** Not available. – Nil or rounded to zero.

Source: Chapter 13 and Attachment 13A.

Services for people with disability

The performance indicator framework for services for people with disability is presented in figure F.9. This framework provides comprehensive information on the equity, effectiveness, efficiency and the outcomes of disability services.

Figure F.9 **Services for people with disability performance indicator framework**



An overview of services for people with disability performance indicator results for 2010-11 are presented in table F.4. Information to assist the interpretation of these data can be found in the indicator interpretation boxes in chapter 14 and the footnotes in attachment 14A.

Table F.4 Performance indicators for services for people with disability, 2010-11^{a, b, c, d}

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Source
Equity — access indicators										
Access to NDA specialist disability services										
Data for this indicator are comparable, subject to caveats (chapter 14)										
<i>Proportion of potential population (aged 0-64 years) who used disability support services</i>										
%	31.0	45.9	23.0	30.4	51.7	53.2	51.9	22.2	34.9	14A.16
Service use by severity of disability										
Data for this indicator are comparable, subject to caveats (chapter 14)										
<i>Proportion of users of NDA services (aged 0-64 years), by severity of disability who need help with Assisted Daily Living</i>										
Data for this indicator are comparable, subject to caveats (chapter 14)										
%	72.5	46.5	81.3	84.6	81.0	85.1	80.8	45.0	67.9	14A.28
Service use by special needs groups										
<i>Proportion of Indigenous potential population who use disability support services</i>										
Data for this indicator are comparable, subject to caveats (chapter 14)										
%	36.2	63.6	26.0	53.0	65.5	19.9	64.7	55.3	40.5	14A.45
Access to community accommodation and care services										
<i>Users of NDA community accommodation and care services as a proportion of all accommodation support service users</i>										
Data for this indicator are comparable, subject to caveats (chapter 14)										
%	85.3	96.2	88.8	91.2	88.9	83.7	100.0	100.0	89.9	14A.62
Assistance for younger people with disability in residential aged care										
<i>Rate of younger people admitted to permanent residential aged care per 10 000 potential population (2011-12)</i>										
Data for this indicator are comparable, subject to caveats (chapter 14)										
%	40.1	38.6	32.9	26.0	46.9	56.1	24.6	8.1	36.9	14A.68
Efficiency indicators										
Government contribution per user of non-government provided services										
<i>Government funding per user of non-government provided accommodation support services in institutional/residential setting</i>										
Data for this indicator not complete or not directly comparable (chapter 14)										
\$	59 106	36 185	51 967	83 852	58 101	38 445	54 556	14A.81

(continued on next page)

Table F.4 (continued)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Source
Cost per user of State and territory administered services										
<i>Total estimated expenditure per service user, State and Territory government administered programs</i>										
Data for this indicator not complete or not directly comparable (chapter 14)										
\$	35 663	23 229	37 717	32 958	17 764	23 414	19 179	24 053	33 128	14A.84
Administrative expenditure as a proportion of total recurrent expenditure										
<i>Administration expenditure as a proportion of total expenditure (excluding actual and imputed payroll tax) (2011-12)</i>										
Data for this indicator not complete or not directly comparable (chapter 14)										
%	8.8	8.4	7.6	4.2	4.4	5.5	8.3	4.7	7.3	14A.85
Outcome indicators										
Labour force participation and employment of people with disability										
<i>Employment rate for people with a profound/severe core activity limitation (2009)</i>										
Data for this indicator are comparable, subject to caveats (chapter 14)										
%	90.4	89.0	87.9	88.1	89.3	89.7	96.6	96.3	89.4	14A.86
	±0.9	±0.9	±0.9	±1.0	±0.9	±0.9	±1.0	±1.0	±0.9	
Labour force participation of primary carers of people with disability										
<i>Labour force participation rate for primary carers aged 15-64 years (2009)</i>										
Data for this indicator are comparable, subject to caveats (chapter 14)										
%	56.0	51.7	52.4	53.5	52.8	52.9	63.7	60.1	53.7	14A.104
	±5.6	±6.3	±7.6	±11.2	±9.5	±12.4	±16.1	±19.7	±3.1	
Social participation of people with disability										
<i>People with a profound/severe disability aged 5-64 years who have had face to face contact with ex-household family or friends in the previous week (2009)</i>										
Data for this indicator are comparable, subject to caveats (chapter 14)										
%	69.5	76.0	71.5	76.9	71.1	70.1	77.8	78.6	72.5	14A.119
	±5.1	±5.1	±6.4	±3.5	±4.2	±9.2	±11.8	±20.4	±3.4	
Use of other services by people with disability										
<i>People with a profound/severe disability (children aged 3-5 years) who attended pre-school</i>										
%	51.1	45.5	30.4	36.8	41.6	25.3	48.4	44.1	42.6	14A.144

^a Caveats for these data are available in Chapter 14 and Attachment 14A. Refer to the indicator interpretation boxes in Chapter 14 for information to assist with the interpretation of data presented in this table. ^b Some data are derived from detailed data in Chapter 14 and Attachment 14A. ^c Data are for 2011 except where noted. ^d Data are as at 30 June 2011 except where noted. **na** Not available.

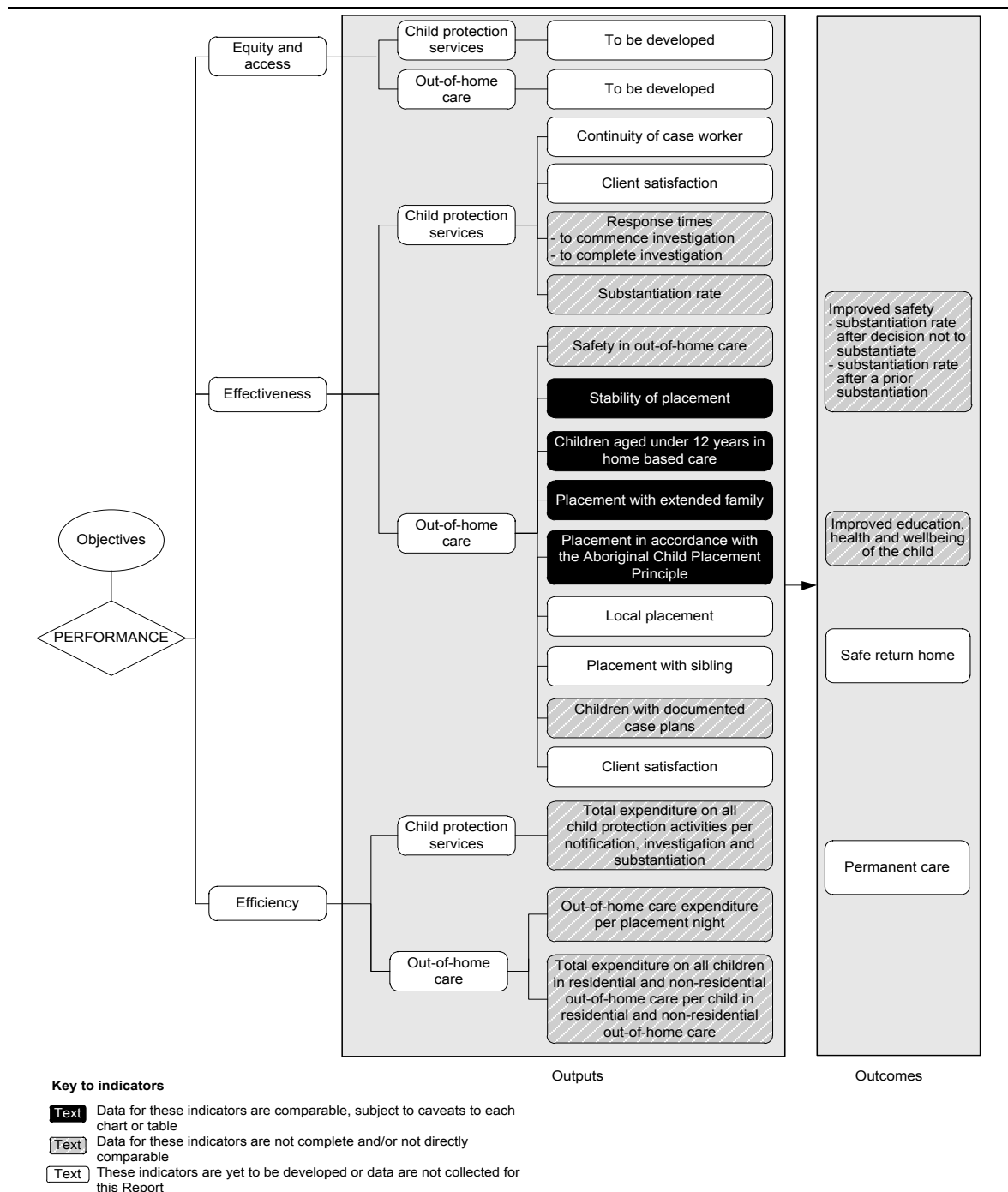
.. Not applicable.

Source: Chapter 14 and Attachment 14A.

Child protection and youth justice services

The performance indicator framework for child protection and out-of-home care services is presented in figure F.10. This framework provides comprehensive information on the equity, effectiveness, efficiency and the outcomes of child protection and youth justice services.

Figure F.10 **Child protection and out-of-home care services performance indicator framework**



An overview of child protection and out-of-home care services performance indicator results for 2011-12 are presented in table F.5. Information to assist the interpretation of these data can be found in the indicator interpretation boxes in chapter 15 and the footnotes in attachment 15A.

Table F.5 Performance indicators for child protection and out of home care services, 2011-12^{a, b}

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Source
Effectiveness — child protection indicators										
Response times										
Data for this indicator are not complete or not directly comparable (chapter 15)										
<i>Proportion of investigations completed within 28 days of notification</i>										
%	46.5	30.3	20.0	29.7	41.5	44.9	58.1	57.2	..	15A.15
<i>Proportion of investigations completed in more than 90 days from notification</i>										
%	30.8	27.1	36.7	33.6	19.4	10.9	3.1	14.1	..	15A.15
Substantiation rate										
Data for this indicator are not complete or not directly comparable (chapter 15)										
<i>Proportion of finalised child protection investigations that were substantiated</i>										
%	46.8	60.2	34.9	31.4	50.4	68.3	41.7	48.6	..	Fig.15.6
Effectiveness — out-of-home care indicators										
Safety in out-of-home care										
Data for this indicator are not complete or not directly comparable (chapter 15)										
<i>Children in care who were the subject of a substantiation as a proportion of all children in care</i>										
%	0.3	1.0	3.7	0.3	0.3	2.1	1.0	na	..	15A.26
Stability of placement										
Data for this indicator are comparable, subject to caveats (chapter 15)										
<i>Proportion of children on a care and protection order exiting care after less than 12 months in 1 or 2 placements</i>										
%	90.0	88.4	81.8	na	77.4	94.4	81.1	83.0	86.7	15A.25
<i>Proportion of children on a care and protection order exiting care after 12 months or more in 1 or 2 placements</i>										
%	52.7	53.9	38.2	na	44.4	51.3	47.9	40.5	48.0	15A.25
Children aged under 12 years in home-based care										
Data for this indicator are comparable, subject to caveats (chapter 15)										
<i>Proportion of children aged under 12 years in out-of-home care who were in a home-based placement at 30 June</i>										
%	99.5	98.0	97.4	93.1	91.0	97.8	99.2	90.2	97.5	15A.24
Placement with extended family										
Data for this indicator are comparable, subject to caveats (chapter 15)										

(continued on next page)

Table F.5 (continued)

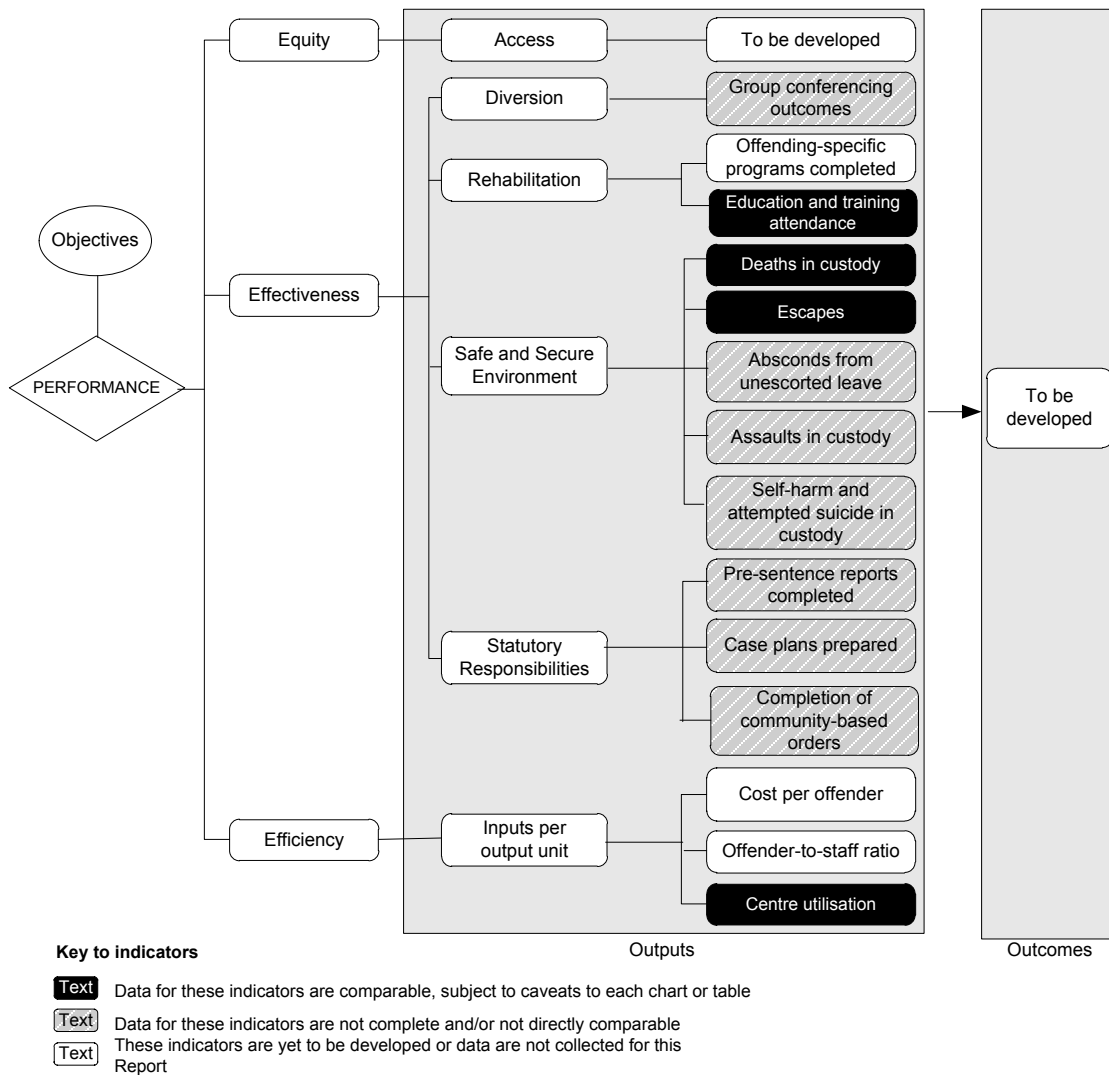
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Source
<i>Proportion of children in out-of-home care placed with relatives/kin at 30 June</i>										
%	55.8	45.6	34.6	43.1	43.3	30.3	51.6	23.3	46.7	15A.22
Placement in accordance with Aboriginal Child Placement Principle										
Data for this indicator are comparable, subject to caveats (chapter 15)										
<i>Proportion of Indigenous children placed in accordance with the Aboriginal Child Placement Principle</i>										
%	81.6	56.3	53.7	69.3	74.4	45.7	65.4	38.1	68.8	15A.23
Efficiency – child protection services										
Total expenditure on all child protection activities, per notification, investigation and substantiation										
Data for this indicator are not complete or not directly comparable (chapter 15)										
<i>Expenditure per notification</i>										
\$	3118	2886	12337	8191	2651	1927	954	5175	..	15A.2
<i>Expenditure per investigation</i>										
\$	5913	11462	12337	10971	9940	13196	5376	10295	..	15A.2
<i>Expenditure per substantiation</i>										
\$	13358	20300	39870	40806	23617	22247	13755	24189	..	15A.2
Efficiency – out-of-home care services										
Total expenditure on all out-of-home care divided by the number of children in all out-of-home care at 30 June										
Data for this indicator are not complete or not directly comparable (chapter 15)										
\$	43393	56652	49515	60493	55569	39333	47438	80256	..	15A.3
Out-of-home care expenditure per placement night										
Data for this indicator are not complete or not directly comparable (chapter 15)										
\$	120.2	149.7	140.7	167.5	155.8	108.0	131.9	226.2	136.9	15A.34
Outcomes										
Improved safety										
Data for this indicator are not complete or not directly comparable (chapter 15)										
<i>Substantiation rate after decision not to substantiate, 3 months</i>										
%	4.1	2.0	3.2	1.2	5.8	7.4	7.1	4.3	..	15A.9
<i>Substantiation rate after decision not to substantiate, 12 months</i>										
%	12.7	12.8	9.6	7.0	13.1	17.4	16.7	15.5	..	15A.9
<i>Substantiation rate after a prior substantiation, 3 months</i>										
%	8.2	1.2	8.8	1.5	12.0	7.7	11.8	7.6	..	15A.10
<i>Substantiation rate after a prior substantiation, 12 months</i>										
%	19.7	10.1	19.0	8.1	22.9	18.6	31.9	20.5	..	15A.10

^a Caveats for these data are available in Chapter 15 and Attachment 15A. Refer to the indicator interpretation boxes in Chapter 15 for information to assist with the interpretation of data presented in this table. ^b Some data are derived from detailed data in Chapter 15 and Attachment 15A. .. Not applicable. **na** Not available. – Nil or rounded to zero.

Source: Chapter 15 and Attachment 15A.

The performance indicator framework for youth justice services is presented in figure F.11. This framework provides comprehensive information on the equity, effectiveness, efficiency and the outcomes of youth justice services.

Figure F.9 Youth justice services performance indicator framework



An overview of youth justice services performance indicator results for 2011-12 are presented in table F.6. Information to assist the interpretation of these data can be found in the indicator interpretation boxes in chapter 15 and the footnotes in attachment 15A.

Table F.6 Performance indicators for youth justice services, 2011-12^{a, b}

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Source
Effectiveness — diversion										
Group conferencing outcomes										
Data for this indicator are not complete or not directly comparable (chapter 15)										
<i>Proportion of group conferences resulting in an agreement</i>										
%	98.9	100.0	94.8	na	na	94.9	99.3	100.0	96.8	15A.191
Effectiveness — rehabilitation										
Education and training attendance										
Data for this indicator are comparable, subject to caveats (chapter 15)										
<i>Proportion of young people in detention of compulsory school age attending an education course</i>										
%	100.0	95.8	100.0	85.1	100.0	100.0	100.0	100.0	97.8	15A.193
Effectiveness – safe and secure environment										
Deaths in custody										
Data for this indicator are comparable, subject to caveats (chapter 15)										
no.	-	-	-	-	-	-	-	-	-	15A.192
Escapes										
Data for this indicator are comparable, subject to caveats (chapter 15)										
<i>Rate of escapes from detention per 10 000 custody nights</i>										
%	-	0.2	-	-	3.6	2.6	-	6.5	0.6	15A.194
<i>Rate of escapes from escorted movement per 10 000 escorted movements</i>										
%	7.4	6.4	-	na	-	18.9	na	-	6.1	15A.194
Absconds from unescorted leave										
Data for this indicator are not complete or not directly comparable (chapter 15)										
<i>Rate of absconds per 1000 periods of unescorted leave</i>										
%	0.3	-	..	na	-	-	na	-	0.2	15A.195
Assaults in custody										
Data for this indicator are not complete or not directly comparable (chapter 15)										
<i>Rate of young people and staff injured as a result of a serious assault per 10 000 custody nights</i>										
%	-	-	0.4	na	na	-	2.4	4.3	..	15A.196
<i>Rate of young people and staff injured as a result of an assault per 10 000 custody nights</i>										
%	2.3	na	8.4	na	na	np	4.8	36.2	..	15A.197

(continued on next page)

Table F.6 (continued)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Source
<i>Self-harm and attempted suicide in custody</i>										
Data for this indicator are not complete or not directly comparable (chapter 15)										
<i>Rate of incidents of self-harm in custody requiring hospitalisation per 10 000 custody nights</i>										
%	0.2	0.2	-	na	na	-	-	0.7	..	15A.198
<i>Rate of incidents of self-harm in custody that did <u>not</u> require hospitalisation per 10 000 custody nights</i>										
%	2.6	0.2	1.0	na	na	-	3.6	15.9	..	15A.198
Effectiveness – statutory responsibilities										
Pre-sentence reports completed										
Data for this indicator are not complete or not directly comparable (chapter 15)										
<i>Proportion of pre-sentence reports completed by youth justice agencies</i>										
%	100.0	100.0	100.0	99.6	na	100.0	100.0	100.0	99.9	15A.190
Completion of orders										
Data for this indicator are not complete or not directly comparable (chapter 15)										
<i>Proportion of community-based orders successfully completed</i>										
%	87.6	86.0	81.7	67.3	85.8	92.2	na	57.6	83.0	15A.199
Case plans prepared										
Data for this indicator are not complete or not directly comparable (chapter 15)										
<i>Proportion of case plans prepared or reviewed within 6 weeks of commencing a sentenced detention order</i>										
%	100.0	90.3	77.4	100.0	na	na	72.2	100.0	91.6	15A.200
<i>Proportion of case plans prepared or reviewed within 6 weeks of commencing a sentenced community-based order</i>										
%	98.5	95.0	75.0	73.1	na	na	95.1	9.1	84.0	15A.200
Efficiency indicators										
Centre utilisation										
Data for this indicator are comparable, subject to caveats (chapter 15)										
%	73.3	81.6	76.7	82.9	74.2	58.8	57.1	59.1	75.2	15A.201

^a Caveats for these data are available in Chapter 15 and Attachment 15A. Refer to the indicator interpretation boxes in Chapter 15 for information to assist with the interpretation of data presented in this table. ^b Some data are derived from detailed data in Chapter 15 and Attachment 15A. .. Not applicable. **na** Not available. **np** Not published. – Nil or rounded to zero.

Source: Chapter 15 and Attachment 15A.

F.3 Cross-cutting and interface 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, or not at all, age-specific, and some individuals may receive multiple services at the same time — for example, a child who is in receipt of youth 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 a paucity of 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.

Examples of relevant research include:

- a cohort study carried out in Queensland, which found a correlation between contact with child protection services and the youth 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 available Supported Accommodation Assistance Program data, youth justice data and child protection data. This project involves analysing the characteristics and pathways of children and young people who are involved in these sectors

-
- 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)
 - the Australian Community Sector Survey (ACSS) is an annual national survey which collects data about the non-government, non-profit community services and welfare sector (Australian Council of Social Service 2011).

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 brings together cross-disciplinary research on the issue of population ageing to inform economic and social policy. The AIPAR also maintains 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 emphasises that 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. The Second Action Plan 2012–15 was released in 2012. It prioritises early intervention, prevention and collaboration with mental health, domestic and family violence, drug and alcohol, education, health and other services. As reporting for the National Framework progresses, the Steering Committee will further consider the suitability of some of the high-level, cross-sector performance indicators in the National Framework for inclusion in the Community services sector overview in future Reports.

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.

A recent report, *Children and young people at risk of social exclusion* (AIHW 2012), presents findings from analysis of linked client data across three service areas: homelessness, youth justice, and child protection. This analysis revealed that people with involvement in one of these three services are more likely to be involved in another of these services than the general population. For example:

-
- approximately 15 per cent of young people under youth justice supervision received specialist homelessness support the year before their most recent period of supervision, and 8 per cent received specialist homelessness support in the year after their most recent period of youth justice supervision. Approximately 6 per cent of children who were the subject of a child protection notification received specialist homelessness support in the year prior to the notification, and 7 per cent received specialist homelessness support in the year after their most recent substantiated notification. These figures are in stark contrast to the general population, where approximately 1 per cent of people aged 10 and older receive specialist homelessness support in a year, and approximately 2 per cent receive specialist homelessness support as an accompanying child in a year
 - approximately 10 per cent of adult specialist homelessness clients had a history of youth justice supervision, compared to approximately 1 per cent of the general population aged 16 or 17 years (the peak age for youth justice supervision).

The results of this analysis highlight the extent of multiple-sector involvement across these service areas. Further analysis of pathways through these services, and common factors giving rise to contact with these services, is likely to assist governments in targeting prevention and rehabilitation activities.

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 closely 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 2006). 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

Historically within the Report, HACC services have been 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 recipients of HACC assistance.

In previous editions, HACC data were reported in the Aged care services chapter only. For this Report onwards, information on HACC clients outside the Aged care services chapter's target population (65 years and older and Indigenous Australians 50–64 years) will be reported in the Disability services chapter. Expenditure data

for this group were not available for this Report, but are expected to be reported in future editions.

The Australian, State and Territory governments committed to the National Health Reform Agreement (NHRA) on 2 August 2011. The NHRA reaffirmed previous commitments on health and aged care (and their implications for services for people with disability) under the National Health and Hospitals Network Agreement and the Heads of Agreement — National Health Reform.

Changes to roles and responsibilities under the National Health Reform Agreement are aimed at creating a national aged care system and a national disability services system. Under the National Health Reform Agreement:

- the Australian Government is responsible for:
 - regulating packaged community (CACP, EACH and EACH-D) and residential aged care
 - funding packaged community and residential aged care for people aged 65 years or over (50 years or over for Indigenous Australians)
 - funding and regulating basic community care services (previously delivered under the HACC program) for people aged 65 years or over (50 years or over for Indigenous Australians)
 - funding specialist disability services delivered by the State and Territory governments under the NDA for people aged 65 years or over (50 years or over for Indigenous Australians).
- the State and Territory governments are responsible for:
 - regulating specialist disability services delivered under the NDA
 - funding and regulating basic community care services (previously delivered under the HACC program) for people aged under 65 years, except for Indigenous Australians aged 50 years or over
 - funding packaged community (CACP, EACH and EACH-D) and residential aged care for people aged under 65 years, except for Indigenous Australians aged 50 years or over.

The basic community care reforms (HACC reforms) occurred over two phases (except in Victoria and WA). On 1 July 2011, the Australia Government assumed funding and policy responsibility for basic community care services for people aged 65 years or over (50 years or over for Indigenous Australians), and on 1 July 2012 they also assumed operational responsibility for these services. On 1 July 2011, State and Territory governments (except in Victoria and WA) assumed full funding

and program responsibility for basic community care services provided to younger people aged under 65 years (or under the age of 50 for Indigenous Australians).

The changes to roles and responsibilities for basic community care, aged care and specialist disability services do not apply to Victoria and WA. In these states, basic community care continues to be delivered under HACC as a joint Australian and State governments' funded program. The Australian Government and the Victorian and WA governments have maintained bilateral agreements for that purpose.

Housing

Livable Housing Australia (LHA) is a not-for-profit organisation established to encourage Australians constructing new homes to comply with design standards to meet the changing needs of home occupants across their lifetime. LHA promotes greater understanding of the value of universal housing design practices and has developed guidelines to help guide the residential and building industry and all levels of government. The Livable Housing Design guidelines seek to raise national awareness about the benefits of designing homes for everyone, irrespective of their abilities.

The housing industry, the disability and the ageing sectors are working towards having all new homes built to reflect the new standards by 2020. They have also committed to a strategic plan that provides a pathway over the next decade to work towards this target.

The Australian Government is investing \$1 million to drive this innovative partnership with the building and property sectors to promote universal housing design.

F.4 Future directions in performance reporting

This community services sector overview will continue to be developed in future reports.

The Aged care services, Service for people with disability, and Child protection and youth justice services chapters contain a service-specific section on future directions in performance reporting.

F.5 List of attachment tables

Attachment tables are identified in references throughout this appendix by an ‘FA’ prefix (for example, table FA.1). Attachment tables are available on the Review website (www.pc.gov.au/gsp).

Table FA.1	All people living in households aged 65 and over, number of social or community activities participated in away from home in the past 3 months ('000)
Table FA.2	Primary carers living in households, whether participated in social activities at home in past 3 months without the recipient of care ('000)
Table FA.3	Self-assessed health status of disabled people aged 18 years and over (000's)
Table FA.4	Jobless families, at June
Table FA.5	Australian Early Development Index (AEDI) Data
Table FA.6	Overall life satisfaction, by sex, 2010 (per cent)
Table FA.7	Adults at least satisfied with their lives, by age, 2010 (per cent)

F.6 References

- ABS (Australian Bureau of Statistics), 2007 www.abs.gov.au/Ausstats/abs@.nsf/0/93E468A5C48B343ECA25703C0082B0D6?opendocument accessed on 16 October 2012).
- 2010, *Community Services Australia, 2008-09*, Cat. no. 8696.0, Canberra.
- 2012, *Australian National Accounts: National Income, National Expenditure and Product*, Cat. no. 5206.0, Canberra.
- Allen Consulting Group 2003, *Protecting children: The child protection outcomes project*, Allen Consulting Group, Sydney.
- Australian Council of Social Service 2009, *Australian Community Sector Survey Report 2009*, Strawberry Hills.
- 2011, *Australian Community Sector Survey*, ACOSS Paper 173, Volume 1 — National.
- Australian Government 2007, *National Program Guidelines for the Home and Community Care Program*, Commonwealth of Australia, Canberra.
- 2008, *Families in Australia: 2008*, Commonwealth of Australia, Canberra.
- 2010a, *Intergenerational Report 2010*, Commonwealth of Australia, Canberra.
- 2010b, *A stronger, fairer Australia — a new social inclusion strategy*, Commonwealth of Australia, Canberra.
- 2011, *Addressing barriers for jobless families: Australian Social Inclusion Board*, Commonwealth of Australia, Canberra.
- AIHW (Australian Institute of Health and Welfare) 2003 (and previous issues), *National Classifications of Community Services, Version 2.0*, Cat. no. HWI 40, Canberra.
- 2005, *National Community Services Information Strategic Plan 2005–2009*, Cat. no. AUS 68, Canberra.
- 2006, *Disability and disability services in Australia*. Cat. no. DIS 43. Canberra.
- 2010, *Australia's health 2010*, Cat. no. AUS 122, Canberra.
- 2011, *Australia's welfare 2011*, Australia's welfare series no. 10. Cat. no. AUS 142, Canberra.
- 2012, *Children and young people at risk of social exclusion: Links between homelessness, child protection and juvenile justice*, Data linkage series no. 13. Cat. no. CSI 13. Canberra: AIHW.

-
- Bromfield, L. M., and Holzer, P. J., 2008, *NCPASS comparability of child protection data: Project report*, Australian Institute of Family Studies, Melbourne.
- Council of Australian Governments (COAG) 2009, *National Healthcare Agreement*,
www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/IGA_FR_ScheduleF_National_Healthcare_Agreement.rtf (accessed 15 October 2010).
- 2010a, *Communiqué*, 20 April, www.coag.gov.au/coag_meeting_outcomes/2010-04-19/docs/communique_20_April_2010.pdf (accessed 15 October 2010-10-17).
- 2010b, *National Health and Hospitals Network Agreement*, www.coag.gov.au/coag_meeting_outcomes/2010-04-19/docs/NHHN_Agreement.pdf (accessed 15 October 2010).
- 2011, *National Disability Strategy 2010*. (ed., Prime Minister and Cabinet). Canberra.
- Diener, E. 1984, Subjective well-being. *Psychological Bulletin*, 95, 542-575.
- FaHCSIA (Department of Families, Housing, Community Services and Indigenous Affairs) 2008, *Research News*, Issue 31, Canberra.
- 2012, *National Framework for Protecting Australia's Children — Second Three Year Action Plan 2012-2015*. FaHCSIA, Canberra.
- NCSIMG (National Community Services Information Management Group) 2008, website, www.aihw.gov.au/committees/ncsimg/index.cfm (accessed 10 October 2008).
- NHHRC (National Health and Hospitals Reform Commission) 2009, *A Healthier Future for All Australians – Final Report June 2009*, Canberra.
- Productivity Commission 2011a, *Disability Care and Support*, Report no. 54, Canberra.
- 2011b, *Caring for Older Australians*, Report No. 53, Final Inquiry Report, Canberra.
- Richards, K. 2011, What makes juvenile offenders different from adult offenders? *Trends & Issues in Crime and Criminal Justice*, 409, Canberra: Australian Institute of Criminology.
- Stewart, A., Dennison, S., and Hurren, E. 2005, *Final Report, Juvenile Offending Trajectories: Pathways from Child Maltreatment to Juvenile Offending, and Police Cautioning in Queensland*, Griffith University.

Stutzer, A. and Frey, B.S. (2010) “Recent Advances in the Economics of Individual Subjective Wellbeing” Discussion Paper No. 4850. Institute for the Study of Labor (IZA): Zurich.

UNSW (University of New South Wales), Australian Institute for Population Ageing Research website, 2009,
www2.business.unsw.edu.au/nps/servlet/portalservice?GI_ID=System.LoggedOutInheritableArea&maxWnd=T_AIPAR_home (accessed 2 October 2009).