
F Community services preface

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

- help families to undertake these roles
- fulfil these roles when families are not in a position to provide care
- provide interventions where individual needs are not able to be met by 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 wellbeing (LGCSA 2002). Although community services are generally targeted to the individual, they may 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).

What are community services?

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

Definitions of the sector vary in their scope and can change over time. Community service activities typically include those activities ‘which assist or support members of the community in personal functioning as individuals or as members of the wider

community' (AIHW 1997). They may include financial assistance and relief to people in crisis, and housing assistance of a short term or transitional nature, such as the Supported Accommodation Assistance Program (SAAP). They exclude acute health care services, long term housing assistance and income support (such as social security pensions and allowances). Some of these interventions are included elsewhere in this Report; for example, Public hospitals (chapter 10), Health management issues (chapter 12) and Housing, including Commonwealth Rent Assistance (chapter 16).

In earlier reports, children's services and juvenile justice data were included in the community services section and preface respectively. From the 2008 Report, 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 aggregated nature of much of the statistical material used, some 'community services' data will continue to reflect some elements of child care and preschool services. Juvenile justice data have been moved from the Community services preface to the Protection and support services chapter (chapter 15).

The definition of community services activities in this preface is based on the National Classification of Community Services developed by the Australian Institute of Health and Welfare (AIHW 2003) (box F.1). The scope of the preface is therefore somewhat broader than the three service specific chapters in this section of the report (Aged care services, Services for people with a disability, and Protection and support 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 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 may be 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 protect children from abuse and neglect or harm, through statutory intervention and support for families, are also included.

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

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

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

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

Other definitions of community services have 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 additional activities such as advocacy, public transport, community safety and emotional support.

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 the vulnerable in society. Local governments are also important funders and providers of community services (AIHW 2005). However, community services funded solely by local government are outside the scope of this Report.

Government involvement in community services includes:

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

The provision of community services is complex and the roles of the various tiers of government vary from program to program. Some services are funded solely by the Australian Government, some funded solely by State and Territory governments and some are funded jointly by the Australian, State and Territory governments.

Statutory child protection and placement, and juvenile justice services are primarily provided directly by government, while residential care, accommodation support and other community services activities are primarily provided by non-government organisations.

Disability services funded by government are partially delivered by government. Most of the recurrent funding for aged care services is provided by the Australian Government, whereas for juvenile justice, child protection and disability services, State and Territory governments contribute most of the recurrent funding.

Increasingly, governments at all levels are entering partnerships with non-government organisations. Responsibilities under these partnerships vary considerably depending on the service, and mirror the complexity of the provision of services.

Effective regulation of non-government providers (through licensing, accreditation and quality assurance) enables services to be provided in response to need within an appropriate framework of agreed standards. Examples include the accreditation of residential aged care services and Australian Government quality standards for Home and Community Care (HACC).

Policy development, resource allocation, performance assessment and service provision are key roles of government in the community services context. Requirements for effective service provision in the sector include understanding and responding to changing community expectations and the needs of individuals, meeting complex needs through the development of innovative solutions and case management, and the provision of capacity to meet future demand. Increasingly, governments are working with non-government providers of services to develop and plan service provision.

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.

The most recent data on the range of community services expenditures are identified in the AIHW publication *Welfare expenditure Australia 2005-06* (AIHW 2007a). It includes expenditure incurred by governments, non-government organisations and individual households in providing services to assist members of the community with special needs (limited to families and children, older people, people with a disability and other disadvantaged groups).

Welfare expenditure Australia 2005-06 identifies expenditure on welfare services in 2005-06 of \$28.9 billion (\$1404 per person), which represented 3.0 per cent of Gross Domestic Product (GDP) in that year. This expenditure excludes welfare payments. In 1998-99, this expenditure represented 2.9 per cent of GDP. Over this period, the average annual growth in expenditure on these services was similar to the average annual growth of GDP (AIHW 2007a).

Governments were the source of 70.8 per cent of all funding of welfare services in 2005-06 identified by *Welfare expenditure Australia 2005-06*, with the non-government sector providing the remaining 29.2 per cent of funding. Of this 29.2 per cent, households contributed 20.3 per cent and non-government community service organisations contributed the remaining 9.0 per cent (AIHW 2007a).

The most recent Australian Bureau of Statistics (ABS) survey of community services (ABS 2001) identified government and non-government expenditure for the sector in 1999-2000. The scope of this survey included:

- nursing homes
- child care services
- accommodation for the aged
- residential care services not elsewhere classified
- non-residential care services not elsewhere classified
- employment placement services (only organisations supporting people with a disability)
- interest groups not elsewhere classified (only organisations involved in community service advocacy services)
- government administration (only government organisations responsible for funding community services or directly involved in the provision of community services).

Some categories of government expenditure included in this Report were regarded as out-of-scope for the ABS survey. These included expenditure of \$307 million on the Residential Care Subsidy, which was paid to non-community services organisations such as hospitals and allied health organisations, Commonwealth State/Territory Disability Agreement funding of \$180 million paid to organisations providing community nursing services, \$176 million in Child Care Assistance paid to educational organisations such as primary and secondary schools and corporations providing child care in-house, and HACC Program funding of \$148 million, also paid to organisations providing community nursing services (ABS 2001).

In total, ABS identified \$12.6 billion spent on community services and related activities during 1999-2000 (\$11.5 billion excluding child care services). This expenditure included \$10.7 billion of direct community service expenditure (\$9.6 billion excluding child care services). Including direct and indirect expenditure, \$2.1 billion was expended by for-profit organisations, \$7.1 billion by not-for-profit organisations and \$3.4 billion by government organisations. Direct expenditure only, excluding child care services, was \$1.5 billion by for-profit organisations, \$5.6 billion by not-for-profit organisations and \$2.5 billion by government organisations (ABS 2001). The next ABS survey of community services is planned for 2009.

Alternative sources of information on community services expenditure, including national accounts data, will be explored in future reports.

Community services expenditure included in this Report

The following more detailed 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 a disability — services under the third Commonwealth State/Territory Disability Agreement
- protection and support services — child protection and out-of-home care services.

Each chapter includes more detailed analysis of expenditure items reported.

All recurrent expenditure included in the Report

Total government recurrent expenditure on community services covered by this Report (expenditure by State and Territory governments and the Australian Government) was estimated to be \$16.5 billion in 2007-08 (table F.1). This was equivalent to 1.5 per cent of GDP in that year, and 8.3 per cent of total government outlays (table F.1 and ABS 2008a).

Table F.1 Real government recurrent expenditure on community services (2007-08 dollars)^{a, b, c, d}

	<i>Unit</i>	<i>Aged care services</i>	<i>Services for people with a disability</i>	<i>Protection and support services</i>	<i>Total</i>
2003-04	\$m	7 556.9	3 878.8	1 687.9	13 123.6
2004-05	\$m	7 924.7	4 129.9	1 886.7	13 941.4
2005-06	\$m	8 135.5	4 251.4	2 001.3	14 388.3
2006-07	\$m	8 801.0	4 538.7	2 254.8	15 594.5
2007-08	\$m	9 242.2	4 732.8	2 514.8	16 489.7
Increase 2003-04 to 2007-08	%	22.3	22.0	49.0	25.6

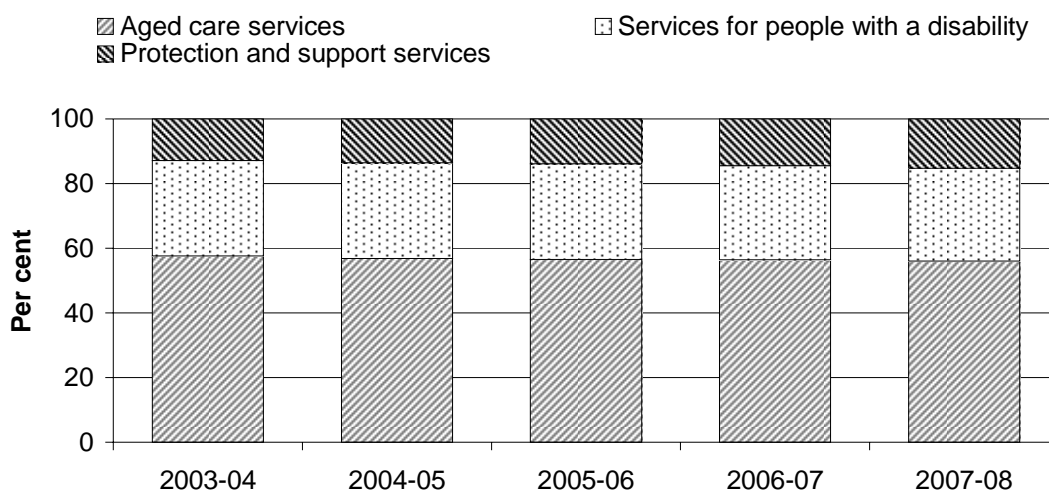
^a Data for 2003-04 to 2006-07 have been adjusted to 2007-08 dollars using the gross domestic product (GDP) price deflator in table AA.26 of appendix A. ^b Data for aged care services published in the 2008, and earlier, reports differ due to revised data and additional expenditure items collected for aged care services in the 2008 and 2009 Reports. ^c Totals may not add as a result of rounding. ^d See box F.2 for the major programs included in expenditure for each service. More detailed expenditure data can be found in the relevant chapters of the Report.

Source: Australian, State and Territory governments (unpublished); tables 13A.44-48, 13A.68-69, 14A.7, 15A.1, 15A.179 and AA.26.

Between 2003-04 and 2007-08, real government recurrent expenditure on community services increased by \$3.4 billion, or 25.6 per cent. The largest proportional increase in real expenditure was on protection and support services, which increased by 49.0 per cent between 2003-04 and 2007-08. The largest absolute dollar increase for a particular service between 2003-04 and 2007-08 was \$1.7 billion for aged care services (table F.1).

In 2007-08, 56.0 per cent of government recurrent expenditure on community services related to aged care services, 28.7 per cent related to services for people with a disability, and 15.3 per cent related to protection and support services. These proportions have been fairly consistent from 2003-04 to 2007-08 (figure F.1).

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



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

Source: Australian, State and Territory governments (unpublished); tables 13A.44-48, 13A.68-69, 14A.7, 15A.1 and 15A.179.

Expenditure available for reporting at a State and Territory level

Figure F.2 identifies expenditure on community services included in this Report, by jurisdiction, for 2007-08. This is expenditure by State and Territory governments and Australian Government expenditure available for reporting at the State and Territory level (table F.2 and figure F.2).

Table F.2 Government recurrent expenditure on community services, 2007-08^{a, b, c, d}

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Recurrent expenditure on community services										
Aged care services	\$m	3 055.8	2 317.2	1 696.3	790.2	914.0	265.2	104.4	54.7	9 197.6
Services for people with a disability	\$m	1 534.3	1 307.1	735.2	415.0	371.0	132.9	72.0	38.9	4 606.4
Protection and support services	\$m	937.4	457.9	610.4	203.0	156.3	57.4	43.1	48.8	2 514.8
Total	\$m	5 527.5	4 082.1	3 041.9	1 408.2	1 441.3	455.6	219.6	142.5	16 318.9
Proportion of recurrent expenditure by service										
Aged care services	%	55.3	56.8	55.8	56.1	63.4	58.2	47.6	38.4	56.4
Services for people with a disability	%	27.8	32.0	24.2	29.5	25.7	29.2	32.8	27.3	28.2
Protection and support services	%	17.0	11.2	20.1	14.4	10.8	12.6	19.6	34.3	15.4
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Recurrent expenditure on community services per person in the population^e										
Expenditure per person	\$	798.0	778.1	719.4	660.9	905.4	918.9	644.2	654.9	770.5

^a For aged care services and services for people with a 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 (\$44.8 million in aged care services and \$126.4 million in services for people with a disability). ^b Collection and reporting methods may vary across jurisdictions and services in this analysis, therefore, these data should be interpreted with care. ^c See box F.2 for the major programs included in expenditure for each service. More detailed expenditure data can be found in the relevant chapters of the Report. ^d Totals may not add due to rounding. ^e Population at 31 December 2007.

Source: Australian, State and Territory governments (unpublished); tables 13A.44-48, 13A.68-69, 14A.7, 15A.1, 15A.179 and AA.2.

Figure F.2 **Government recurrent expenditure on community services, 2007-08 (per cent)^{a, b, c}**

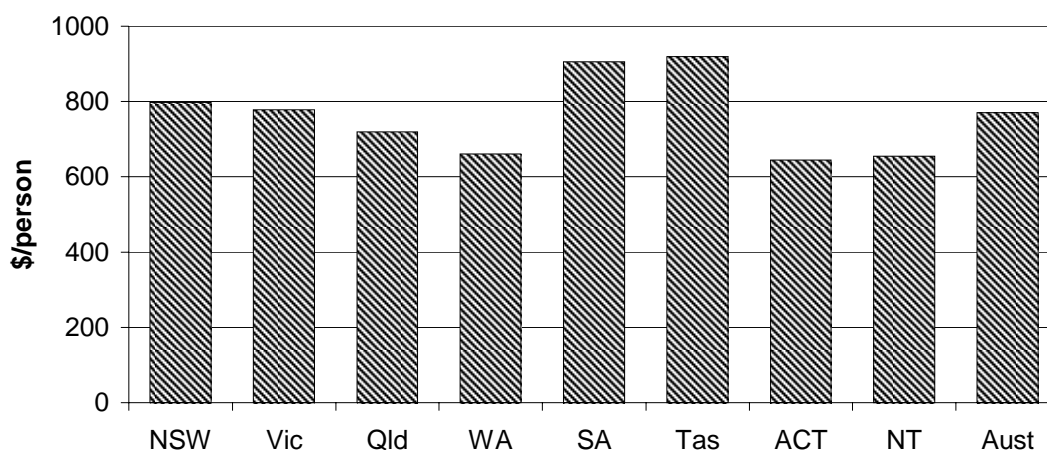


^a For aged care services and services for people with a disability, Australian Government expenditure available for reporting at a State and Territory level is included in the analysis for the relevant jurisdiction. Australian Government expenditure not allocated to a State or Territory is not included (\$44.8 million in aged care services and \$126.4 million in services for people with a disability). ^b Collection and reporting methods may vary across jurisdictions and services in this analysis, therefore, these data should be interpreted with care. ^c See box F.2 for the major programs included in expenditure for each service. More detailed expenditure data can be found in the relevant chapters of the Report.

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

In 2007-08, community services government recurrent expenditure was \$770 per person nationally. This expenditure (State and Territory government expenditure and Australian Government expenditure available for reporting at the State and Territory level) varied across jurisdictions (table F.2 and figure F.3).

Figure F.3 **Government recurrent expenditure on community services, per person in the population, 2007-08^{a, b, c, d}**



^a For aged care services and services for people with a 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 (\$44.8 million in aged care services and \$126.4 million in services for people with a disability). ^b Collection and reporting methods may vary across jurisdictions and services in this analysis, therefore, these data should be interpreted with care. ^c See box F.2 for the major programs included in expenditure for each service. More detailed expenditure data can be found in the relevant chapters of the Report. ^d Population at 31 December 2007.

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

Size and scope

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

Workforce information

The AIHW has noted difficulties identifying the true dimensions of the community services workforce. These difficulties include identifying the community services

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

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

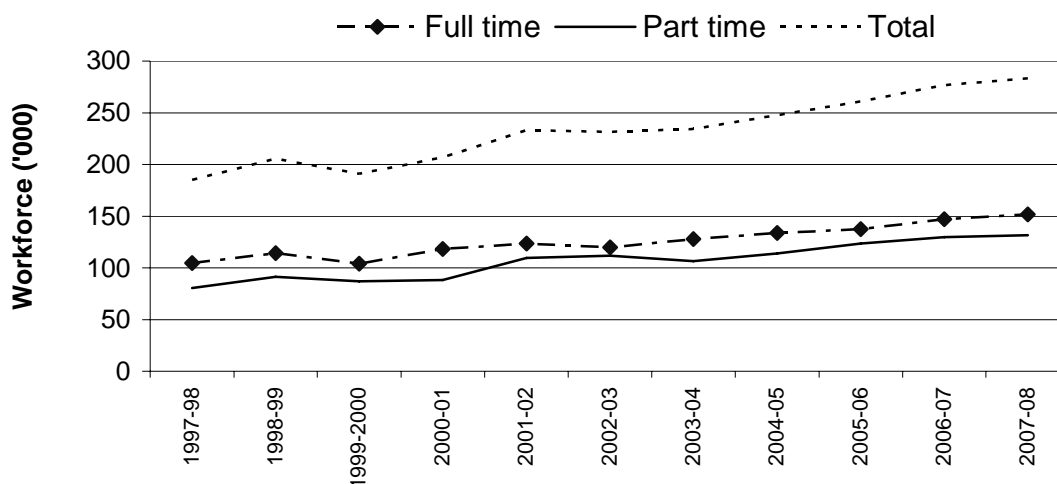
The ABS survey of community services provides a detailed description of the workforce. In 1999-2000, not-for-profit, government and for-profit organisations employed a total of 341 400 people. Of these, 59 246 were employed by government organisations, and 277 300 people were employed in direct service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

Subsequent developments in the community services workforce may be observed through ABS labour force survey data (ABS 2008b). These data provide a quarterly estimate of the full and part time workforce for the community services sector, within the broader industry classification 'Health and Community services'. This enables an ongoing measure of community services employment, although the 'Community services' classification is restricted to the following sub-categories of the Australian and New Zealand Standard Industrial Classification:

- nursing homes
- child care services
- accommodation for the aged
- residential care services not elsewhere classified
- non-residential care services not elsewhere classified.

Quarterly data have been averaged to provide an annual measure, which identifies that, from 1997-98 to 2007-08, the community services workforce has grown from 185 200 people (56.5 per cent full time and 43.5 per cent part time) to 283 300 people (53.5 per cent full time and 46.5 per cent part time). This represents an average annual increase in employment in the community services sector of 4.3 per cent (figure F.4).

Figure F.4 **Full time, part time and total employment in community services, 1997-98 to 2007-08**



Source: ABS 2008, *Labour Force, Australia, Detailed, Quarterly, August 2008*, Cat. no. 6291.0.55.003, Canberra.

Caution should be exercised in using these data to estimate the community services workforce. The numbers employed in a particular industry do not necessarily reflect the numbers of people 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 has reported that in 2006, over 188 000 workers were employed in community services occupations in other industries (AIHW 2007b).

The Australian Community Sector Survey 2008, published by the Australian Council of Social Service (ACOSS), recorded an estimated five per cent increase in the community services workforce during 2006-07. The same survey reports that demand for a broad range of community services (measured by the number of people assisted by agencies) increased by 6.3 per cent from 2005-06 to 2006-07 (ACOSS 2008).

Volunteers

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

7 per cent of all people in the community aged 18 years and over volunteered in this sector (ABS 2007).

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), (previously the Department of Families, Community Services and Indigenous Affairs [FaCSIA]) estimated that the total imputed dollar value of the time donated to welfare services by volunteers in 2001-02 (\$27.4 billion), was almost double the total cash amount spent by all governments and non-government sources (\$13.7 billion), in Australia. Informal help to family, friends and neighbours generates over two thirds of the imputed value of the services (FaCSIA 2006). The ABS 2003 *Survey of Disability, Ageing and Carers* (ABS 2004a) reveals that the number of people with a 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).

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 movements observed in recent years.

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

The Australian Government's second Intergenerational Report (Australian Government 2007a) provides an indication of the extent to which such demographic changes may influence the sector in the future, and the impact of these changes on revenue and expenditure (box F.3).

Box F.3 **Future demographics and the Intergenerational Report 2007**

The projections in the Intergenerational Report 2007 show that over the next forty years:

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

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

Source: Australian Government (2007a).

In addition to an ageing population, some commentators consider that rapidly changing economic and social environments over recent years have adversely affected family and community strength and the capacity to deal with issues. Some analysis has referred to a ‘... perceived decline in social cohesion which has placed stress on family and social functioning’ (Zubrick et al. 2000, quoted in Davies and Taylor 2005). These economic and social changes can partly be attributed to:

- labour market changes, associated with growth in technology and service industries
- population movements, associated with most Australians living in, or moving to, urban settings
- changing family structures, characterised by increased family breakdown and less reliance on the extended family
- decreasing engagement in community life (Davies and Taylor 2005).

These developments may provide some background to the increasing demand for a range of community services, although the explanations for changes in demand for any given service or an individual’s demand for that service are likely to be complex.

The development of social capital (box F.4) as a result of the activities of community services and individuals is increasingly recognised as contributing to the wellbeing of society, and many government policies now explicitly aim to improve ‘social inclusion’. Although social capital is multifaceted and difficult to measure,

the ABS has identified some broad indicators of social capital, which include social participation, community support, economic participation and reciprocity (ABS 2006).

Box F.4 Community services, developing social capital and social inclusion

Social capital relates to the resources available within communities, including the not-for-profit sector, in networks of mutual support, reciprocity and trust. It is a contributor to community strength. The OECD defines social capital as ‘networks, together with shared norms, values and understandings which facilitate cooperation within or among groups’ and this is becoming a generally accepted definition.

Creation of social capital can generate benefits in a number 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 narrow self-interest alone does not generate good outcomes for society
- through individual benefits — people with good access to social capital tend to be more ‘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 capital may affect a range of areas of community and individual well being. Development of social capital may reduce the demand on community services — for example, increased social capital may result from employment, volunteering or from increased contact with family and friends, which in turn may reduce the reliance on community services. Conversely, provision of well designed accessible community services may develop social capital within society.

The development of social inclusion is of increasing interest in Australia and a range of international and Australian research and policy developments address it. Although interpretations vary, common aspects of Australian and international definitions of social inclusion (or conversely, social exclusion) are characterised by discussion of access to opportunities and limitations of the capabilities required to capitalise on these opportunities, along with reference to the social and economic dimensions of exclusion. Specific aspects of social exclusion may include locational disadvantage, jobless families, intergenerational disadvantage, children at risk, child poverty, unemployment of people with a disability, and homelessness. Policy approaches aim to move disadvantaged groups or individuals from exclusion to inclusion.

Source: ABS (2004b); Productivity Commission (2003); Australian Government (2008).

The Human Rights and Equal Opportunity Commission’s 2007 report *It’s About Time: Women, men, work and family* Final Paper 2007 (HREOC 2007) identifies a

range of possible solutions to the pressures faced by individuals managing the balance between work and family life. Many of these pressures relate to providing support in areas where community service interventions often occur, including support for people with a disability and older people. The report notes:

Demographic changes such as low birth rates mean that in future many more people will not have family members living with them as they age. Providing support and care for people outside of one's home is likely to become a larger part of what we consider to be family and carer responsibilities. This also raises the need to consider care as a community responsibility, rather than simply that of individual households. This is particularly important for elder care, as many frail older people are choosing — and are increasingly encouraged — to remain in their own homes as they age. (HREOC 2007)

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 these 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 may continue throughout an individual's lifetime and overlap with provision of aged care services.

The sequence of interventions or services may 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 enhance the effectiveness and efficiency of the sector overall.

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 involving the linkage of three national data collections. The first phase of this project established the value and feasibility of data linkage between national data collections for SAAP, juvenile justice and child protection. The second phase involves the linkage of data for clients of juvenile justice and SAAP. The linked data will be used to analyse the pathways and characteristics of clients who are common to both juvenile justice and SAAP, to provide information for the development and monitoring of early intervention services for young people in the two sectors. Further phases of the project would extend the data linkage to include the child protection data collection when unit record data become available, and to include more years of data so that analysis can be carried out for a longer time period. It is anticipated 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).

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

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 a 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. The National Program Guidelines for the HACC Program note that the Program provides funding for services which support those who are frail aged people and younger people with a disability and their carers:

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

Provision of HACC services is primarily to older people, but younger people including people with a disability, and their carers are also important recipients of HACC assistance.

In 2007-08, 23.3 per cent of HACC clients were aged under 65 years (up from 23.2 per cent in 2002-03). Analysis of data from the HACC program in 2007-08 indicates that clients aged under 65 years were significantly over-represented in particular assistance types, including carer counselling support (46.1 per cent), nursing care (centre) (34.5 per cent), and respite care (54.0 per cent) (DoHA 2003, DoHA unpublished).

In 2007-08, 13.6 per cent of HACC clients nationally were in receipt of a Disability Support Pension. This proportion had increased from 12.0 per cent in 2002-03. In 2007-08, 32.9 per cent of HACC clients classified as care recipients reported that they were also receiving assistance from a relative or friend/carer (DoHA 2003, DoHA unpublished).

Future directions in performance reporting

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

Reform of Specific Purpose Payments

In December 2007, COAG agreed to reform Specific Purpose Payments (SPPs). SPPs are financial agreements between the Australian Government and State and Territory governments involving a contribution by the Australian Government to the funding of services which are considered a joint Australian and State and Territory government responsibility. The Commonwealth State/Territory Disability Agreement and Home and Community Care payments were such SPPs.

At its 29 November 2008 meeting, COAG agreed to six new National Agreements, five of which are associated with a National SPP. In the area of Disability services, there is a National Disability Agreement associated with the National Disability Services SPP (COAG November 2008). Under the reforms, the National Disability Agreement contains the objectives, outcomes, outputs and performance indicators for disability services. The National Healthcare Agreement may also have implications for aged care services. The performance of governments in achieving these mutually agreed outcomes will be assessed by the COAG Reform Council (CRC). The Steering Committee has been requested by COAG to provide the SPP performance information to the CRC (COAG July 2008).

The National Agreements/SPPs will be supplemented by a range of National Partnerships (NPs): project, facilitation and reward agreements. Funding for NPs may be conditional on states and territories meeting agreed milestones and performance benchmarks.

The Steering Committee and the various working groups will ensure that reporting in this preface reflects the COAG priorities identified in the National Disability Agreement, the National Disability Services SPP and relevant NPs.

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