F Community services sector overview

#### CONTENTS

F.1 Introduction F.1

F.2 Sector performance indicator framework F.7

F.3 Cross‑cutting and interface issues F.14

F.4 References F.14

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| Attachment tables |
| Attachment tables are identified in references throughout this sector overview by a ‘FA’ prefix (for example, table FA.1) and are available from the website at www.pc.gov.au/rogs/2017. |
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## F.1 Introduction

The community sector services covered in this report are Aged care services (chapter 14), Services for people with disability (chapter 15), Child protection services (chapter 16) and Youth justice services (chapter 17).

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). 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 (Australian Institute of Health and Welfare (AIHW) 2005).

### Profile of the community services sector

#### Sector outline

The scope of community services activities (box F.1) is based on the National Classification of Community Services developed by the AIHW (2003). The sector is complex, and consistent aggregate reporting across the community services sector is not possible at this time, hence the subset of four service‑specific chapters in this section of the Report.

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| Box F.1 Community services activities |
| Community services activities include:  *Personal and social support* — providing 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 and 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.  *Support for children, families and carers* — supporting families and protecting children from abuse and neglect or harm through statutory intervention.  *Training, vocational rehabilitation and employment* — assisting 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* — providing emergency or immediate financial assistance and material goods.  *Residential care and supported accommodation* — providing special purpose residential facilities, 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.  *Youth justice services* — providing supervision and case management of young people who have committed or allegedly committed an offence.a  *Service and community development and support* — providing 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 youth justice systems that are responsible for administering justice to young people who have committed or allegedly committed an offence while considered by law to be a child or young person (predominantly aged 10–17 years; chapter 17). |
| *Source*: AIHW (2003); State and Territory governments (unpublished). |
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#### 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. However, community services funded solely by local government are not included in this Report.

Government involvement in community services includes:

* providing services directly to clients
* funding non‑government community service providers (to 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 increasing 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 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. All governments are responsible for the cost of the NDIS. The NDIS is delivered nationally by the National Disability Insurance Agency (NDIA) and funded by all governments
* the funding, regulation and policy oversight of aged care services are predominantly the role of the Australian Government and services are largely delivered by non‑government organisations. State, Territory and local governments do fund and deliver some aged care services.

#### Expenditure

The following information relates only to expenditure on programs reported in the community services chapters of this Report. Further details on this expenditure can be found in the relevant service‑specific chapters.

Total Australian, State and Territory government recurrent expenditure on community services covered by this Report was estimated to be $30.7 billion in 2015‑16 (table F.1). This was equivalent to 1.9 per cent of GDP in that year, and 10 per cent of total government outlays (table F.1 and ABS 2016b).

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| Table F.1 Real government recurrent expenditure on community services (2015-16 dollars)**a, b** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Unit | ACS | SPWD | CPS | YJS | Total | | 2011‑12 | $m | 14 058.0 | 7 238.3 | 3 942.7 | 677.7 | **25 916.7** | | 2012‑13 | $m | 14 712.3 | 7 497.0 | 4 063.8 | 696.5 | **26 969.7** | | 2013‑14 | $m | 15 274.2 | 7 771.9 | 4 166.4 | 700.1 | **27 912.6** | | 2014‑15 | $m | 16 209.8 | 8 221.4 | 4 416.7 | 721.4 | **29 569.4** | | 2015‑16 | $m | 16 792.2 | 8 406.8 | 4 757.9 | 731.9 | **30 688.7** | | **Increase 2011‑12 to 2015‑16** | **%** | **19.4** | **16.1** | **20.7** | **8.0** | **18.4** | |
| ACS = Aged care services. SPWD = Services for people with disability. CPS = Child protection services. YJS = Youth justice services. a Totals may not add as a result of rounding. b See tables 14A.4, 15A.4, 16A.1, 17A.1 for detailed definitions, footnotes and caveats. |
| *Source*: Australian, State and Territory governments (unpublished); tables 14A.4, 15A.4, 16A.1, 17A.1 and 2A.48. |
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Between 2011-12 and 2015-16, real government recurrent expenditure on these services increased by 18.4 per cent. The largest proportional increase in real expenditure over this period was on child protection services, which increased by 20.7 per cent. Part of this increase is explained by the addition from 2011-12 onwards of expenditure data for family support services. The largest absolute dollar increase for a particular service between 2011‑12 and 2015-16 was $2.7 billion for aged care services (table F.1).

Table F.2identifies expenditure on community services included in this Report by jurisdiction and per person. In 2015‑16, Australian, State and Territory governments spent $1282 on community services per person in the population (table F.2).

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| Table F.2 Government recurrent expenditure on community services, 2015-16**a, b, c, d, e, f** |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Units | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Aust | | **Recurrent expenditure on community services** | | | | | | | | | | | | ACS | $m | 5 301.3 | 4 438.4 | 3 084.8 | 1 603.0 | 1 494.8 | 414.5 | 237.1 | 98.4 | 16 792.2 | | SPWD | $m | 2 481.3 | 1 813.8 | 1 273.7 | 908.6 | 649.8 | 170.7 | 93.3 | 87.9 | 8 406.8 | | CPS | $m | 1 739.2 | 958.4 | 940.8 | 460.3 | 336.4 | 81.4 | 56.9 | 184.6 | 4 757.9 | | YJS | $m | 198.6 | 142.8 | 169.9 | 104.8 | 42.1 | 15.8 | 21.3 | 36.6 | 731.9 | | **Total** | **$m** | **9 720.4** | **7 353.3** | **5 469.1** | **3 076.7** | **2 523.1** | **682.4** | **408.6** | **407.5** | **30 688.7** | | **Proportion of recurrent expenditure by service** | | | | | | | | | | | | ACS | % | 54.5 | 60.4 | 56.4 | 52.1 | 59.2 | 60.7 | 58.0 | 24.1 | 54.7 | | SPWD | % | 25.5 | 24.7 | 23.3 | 29.5 | 25.8 | 25.0 | 22.8 | 21.6 | 27.4 | | CPS | % | 17.9 | 13.0 | 17.2 | 15.0 | 13.3 | 11.9 | 13.9 | 45.3 | 15.5 | | YJS | % | 2.0 | 1.9 | 3.1 | 3.4 | 1.7 | 2.3 | 5.3 | 9.0 | 2.4 | | **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** | | | | | | | | | | | | ACS | $ | 4 229.2 | 4 769.4 | 4 207.6 | 4 344.9 | 4 848.2 | 4 127.4 | 4 734.6 | 3 752.3 | 4 452.7 | | SPWD | $ | 384.2 | 356.4 | 310.0 | 402.6 | 463.1 | 405.1 | 271.0 | 387.9 | 413.9 | | CPS | $ | 1 014.8 | 727.3 | 829.4 | 771.1 | 934.7 | 715.7 | 645.7 | 2 909.5 | 883.1 | | YJS | $ | 271.4 | 257.5 | 345.8 | 417.4 | 266.0 | 309.9 | 602.5 | 1 375.0 | 318.2 | | **Total** | **$** | **1 267.2** | **1 226.3** | **1 137.3** | **1 181.6** | **1 481.7** | **1 318.9** | **1 039.7** | **1 670.0** | **1 281.9** | |
| ACS = Aged care services. SPWD = Services for people with disability. CPS = Child protection services. YJS = Youth justice services. a See tables 14A.4, 15A.4, 16A.1, 17A.1 for detailed definitions, footnotes and caveats. b For aged care services, recurrent expenditure per person is calculated using population data for all persons aged over 65 years and for people of Aboriginal and Torres Strait Islander descent over 50 years. c For services for people with disability, recurrent expenditure per person is calculated using population data for all persons aged 0‑64 years. d For child protection services and youth justice services, recurrent expenditure per person is calculated using population data for children 0–17 years (child protection) and 10–17 years (youth justice) e The total expenditure figure covers amount spent on the four community services areas on a per head of population basis. f The Australian totals for aged care services and services for people with disability include other expenditure that cannot be attributed to individual states or territories. |
| *Source*: Australian, State and Territory governments (unpublished); tables 2A.2, 14A.4, 15A.4, 16A.1 and 17A.1. |
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### Social and economic factors affecting demand for services

In general, disadvantaged members of the community live shorter lives and have higher rates of illness and disability than those whose circumstances are advantageous, although there is not necessarily a direct causal link. For example, higher levels of education and income are associated with lower prevalence of health risk factors such as smoking and obesity and better health outcomes generally (AIHW 2016).

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 2015).

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 (Bromfield and Holzer 2008; Scott and Nair, 2013; Scott 2014).

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, mental illness, and entrenched socioeconomic disadvantage (Richards 2011).

The ageing population is one of the key factors that will affect the demand for aged care services into the future. The number of people aged 65 years or over is expected to increase from 15.5 per cent of the total population in June 2016 (table 14A.1) to 22.6 per cent by 2054‑55, with a bigger relative increase (around four times) anticipated in the number of people aged over 85 years (Treasury 2015). This age cohort comprises the main users of aged care services (PC 2011). Future challenges include increasing numbers of older people who are likely to require care (by 2050 it is estimated that 3.5 million Australians will use aged care services), expectations of care and a relative decrease in the number of informal carers (PC 2011).

Currently, assistance is provided by governments to people with disability and their carers, through specialist disability services provided under the National Disability Agreement (NDA) and through the NDIS. Unlike arrangements under the NDA, which provide funding to providers for supports based on available places in a set number of programs, the NDIS is intended to provide more choice and control to the person with disability over how and when support is provided (AIHW 2015). The NDIS is being rolled out progressively across the country and will largely replace the current provision of services provided under the NDA.

### The role of carers across Australia

Carers play a vital role in supporting people in need to remain in the community. Although some care is provided by formal providers, currently it is often undertaken informally by friends and family. Carers enable older people to remain in their homes and support people with disability and long‑term health conditions to remain in the community (ABS 2014). In 2015, there were 2.7 million carers across Australia, around 855 800 of whom were primary carers (table FA.1). This equates to approximately 3.7 per cent of the Australian population being primary carers of people with disability or older people. Chapter 15 includes further information on carers of people with disability, including the labour force participation of primary carers and the proportion of primary carers who report a need for further assistance in their caring roles.

### Service‑sector objectives

The overarching service sector objectives in box F.2draw together the objectives from each of the specific services detailed in this Report.

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| Box F.2 Objectives of 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 14) aim to promote the wellbeing and independence of older people (and their carers), by enabling them to stay in their own homes or by assisting them in residential care * Services for people with disability (chapter 15) aim to help people with disability and their carers have an enhanced quality of life, enjoy choice and wellbeing, achieve independence, social and economic participation, and full inclusion in the community * Child protection services (chapter 16) aim to promote child and family wellbeing by enabling families to care for and protect children and young people, and protecting children and young people who are at risk of abuse and neglect within their families or whose families do not have the capacity to provide care and protection, and supporting children and young people in the child protection system to reach their potential * Youth justice services (chapter 17) aim to promote community safety, rehabilitate and reintegrate young people who offend, contribute to a reduction in youth re-offending, and recognise the rights of victims. |
| *Source*: Chapters 14, 15, 16 and 17. |
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## F.2 Sector performance indicator framework

This sector overview is based on a sector performance indicator framework (figure F.1). 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.2)
* Sector‑wide indicators — sector‑wide indicators are high level indicators which cut across community services.

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| Figure F.1 Community services performance indicator framework |
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#### Wellbeing of older people

‘Wellbeing of older people’ is an indicator of governments’ objective to promote the wellbeing and independence of older people (box F.3).

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| Box F.3 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 at least satisfied with their lives.  A high proportion of people who are at least satisfied with their lives is desirable.  Data are no longer available for reporting against this indicator. Data for 2010 can be found in the 2015 Report. |
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#### Independence of older people

‘Independence of older people’ is an indicator of governments’ objective to promote the wellbeing and independence of older people (box F.4).

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| Box F.4 Independence of older people |
| ‘Independence of older people’ is defined as participation in the community by older people and is measured by the proportion of people aged 65 or over living in households, who participated in social or community activities away from home in the past 3 months.  A high proportion of people aged 65 years or over who participated in social or community activities is desirable.  Data reported for this indicator are:   * comparable (subject to caveats) across jurisdictions for 2015 * complete (subject to caveats) for the current reporting period. All required 2015 data are available for all jurisdictions.   The Survey of Disability, Ageing and Carers does not include people living in discrete Indigenous communities and very remote areas, which affects the comparability of NT results. |
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Nationally, in 2015, among people aged 65 years or over living in households, the proportion who participated in social or community activities away from home in the past 3 months was 93.6 per cent (figure F.2).

| Figure F.2 People 65 years or over living in households, who participated in social/community activities away from home in the past 3 months, 2015**a, b** |
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| | Figure F.2 People 65 years or over living in households, who participated in social or community activities away from home in the past 3 months, 2015  More details can be found within the text surrounding this image. | | --- | |
| a See box F.4 and table FA.2 for detailed definitions, footnotes and caveats. b Error bars represent the 95 per cent confidence interval associated with each point estimate. |
| *Source*: ABS (unpublished) Survey of Disability, Ageing and Carers (SDAC) 2015; table FA.2. |
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#### Quality of life of people with disability

‘Quality of life of people with disability’ is an indicator of governments’ objective for people with disability to have an enhanced quality of life and participate as valued members of the community (box F.5).

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| Box F.5 Quality of life of people with disability |
| ‘Quality of life of people with disability’ is defined as overall life satisfaction of people with disability, and is measured by the number of people with disability who were at least mostly satisfied 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 at least mostly satisfied with their lives is desirable.  Overall life satisfaction is a subjective indicator of 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 are no longer available for reporting against this indicator. Data for 2010 can be found in the 2015 Report. |
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#### 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.6).

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| Box F.6 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 reported by two measures:   * the proportion of 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 of people with disability who participated in social or community activities (away from home or at home) and without the care recipient in the past 3 months. |
| (continued next page) |
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| Box F.6 (continued) |
| A high proportion of people with disability and their carers who participated in social or community activities is desirable.  Data are not available for the first measure. Data reported for the second measure are:   * comparable (subject to caveats) across jurisdictions for 2015 but a break in series means that data for 2009 and earlier years are not comparable to data for 2015 * the carers participation in social or community activities ‘at home’ data item is not comparable between 2012 and 2015 due to slight differences in response categories for this topic. The ‘Away from home’ data item is comparable between 2012 and 2015 * complete (subject to caveats) for the current reporting period. All required 2015 data are available for all jurisdictions.   The SDAC does not include people living in discrete Indigenous communities and very remote areas, which affects the comparability of the NT results. |
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Nationally in 2015, 76.0 per cent of primary carers participated in social or community activities *away from home* and without the care recipient in the past 3 months (figure F.3).

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| Figure F.3 Primary carers who participated in social or community activities away from home in the last 3 months, 2015**a, b** |
| Figure F.3 Primary carers who participated in social or community activities away from home in the last 3 months, 2015  More details can be found within the text surrounding this image. |
| a See box F.6 and table FA.3 for detailed definitions, footnotes and caveats. b Error bars represent the 95 per cent confidence interval associated with each point estimate. |
| *Source*: ABS (2016a) SDAC 2015; table FA.3. |
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Nationally in 2015, 76.2 per cent of primary carers participated in social or community activities *at home* and without the recipient of care in the past 3 months (table FA.3).

#### 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 Australia’s children are safe and well (box F.7).

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| Box F.7 Jobless families with children |
| ‘Jobless families with children’ is defined as the number of families without jobs who have children 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 2015a).  Jobless families with children is reported by three measures:   * jobless families as a proportion of all families * jobless families with dependants (including children aged under 15 years) as a proportion of all families with dependants (including children aged under 15 years) * jobless 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 (subject to caveats) from 2012 onwards * complete (subject to caveats) for the current reporting period (2015). |
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Nationally, 20.5 per cent of families were jobless as at 30 June 2015, whilst for families with dependents or children under 15 years this was 11.9 per cent (table FA.4).

#### Improving child development

‘Improving child development’ is an indicator of governments’ objective to ensure that Australia’s children are safe and well (box F.8).

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| Box F.8 Improving child development |
| ‘Improving child development’ is defined as the proportion of children who are developmentally vulnerable on one or more Australian Early Development Census (AEDC) domains.  A low or decreasing proportion of children who are developmentally vulnerable on one or more AEDC domains is desirable.  The AEDC is a population measure of young children’s development as they enter school and therefore 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 which measures five key areas, or domains, of early childhood development: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; communication skills and general knowledge.  Data reported for this indicator are:   * comparable (subject to caveats) across jurisdictions and over time * complete (subject to caveats) for the current reporting period. All required 2015 data are available for all jurisdictions. |
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Nationally, in 2015, 22.0 per cent of children were developmentally vulnerable on one or more AEDC domains, while 11.1 per cent of children were developmentally vulnerable on two or more AEDC domains (figure F.4).

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| Figure F.4 Proportion of children who were developmentally vulnerable, 2015**a** |
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| a See box F.8 and table FA.5 for detailed definitions, footnotes and caveats. |
| *Source*: Centre for Community Child Health and Telethon Institute for Child Health Research (2016), *A Snapshot of Early Childhood Development in Australia ― AEDC National Report 2015*; table FA.5. |
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## F.3 Cross‑cutting and interface issues

Although this Report covers four areas of community services in separate chapters, it is recognised that there are many linkages between community services and 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 (or 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 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 inform government policy.

There are also links between community services and other government services. Access to effective community services can influence outcomes for clients of education, health, housing and justice sector services. In turn, access to these other service areas can affect community services outcomes. The community services and health sectors are closely related and their effective interaction assists the provision of services in both sectors. The disability sector is also closely linked to health services by the needs of clients. A higher proportion of people with disability have long term health conditions and more difficulty accessing health services than the general population (ABS 2015b and unpublished).

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