



# THE PROFILE AND PULSE OF THE SECTOR

FINDINGS FROM THE 2019 AUSTRALIAN  
COMMUNITY SECTOR SURVEY

MARCH 2020



The research team would like to thank the 1454 community sector workers and leaders who generously shared their views in the survey. We are also grateful for support from ACOSS and the COSS network, including in shaping the survey instrument and distributing it to the sector. The team extends thanks to Community Sector Banking for support, and to the colleagues who provided expert advice on the survey instrument: Prof Alison Ritter, Prof Karen Fisher, Prof Gabrielle Meagher, and Dr Yuvisthi Naidoo. Of course, and errors or omissions are those of the authors.

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# The COSS Network

The Councils of Social Service across Australia have **unity of purpose and a compelling case to end inequality and poverty**. That's what motivates us.

Our combined national network has almost 4000 organisations and thousands more individuals working with them: that's the foundation of who we are, that is our power to influence.

One purpose, one message, one goal, thousands of voices.

The COSS Network is a voice not just for people surviving on the lowest of incomes and experiencing inequality and disadvantage, but for everyone who has a stake in a creating a more equal, prosperous and inclusive nation.

To achieve the goal of ending inequality and poverty we, and our allies, build resilience within communities by enabling and amplifying their voice to challenge policies, systems, behaviours and attitudes.

We equip them, and our strategic partners, with the compelling evidence – the big picture on the social, economic and political need for change, and the dramatic, moving human experiences that are the motivator for what we do.

We listen to people in communities through consultation and grassroots engagement, we mobilise the skills and experience in communities, so their voice grows in power, endurance and eloquence now and through the generations.

We speak not only of the challenges faced by communities and individuals but, most critically, the successes. They are a critical part of the evidence for change.

Yes, the number of organisations, alliances and individuals is one measure of the COSS network's influence.

But the supreme indicator of our powerful influence and success is in the number of lives we change and the number of communities we enrich through an end to poverty, inequality and disadvantage and the creation of a more equal and inclusive Australia.







People's issues are becoming **more** complicated.  
The most common issues people face are:

Affordability and cost of living  Housing and homelessness  Inadequate income support 

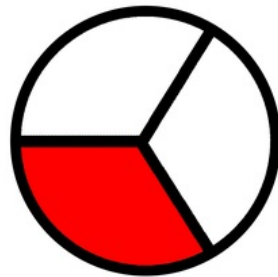
There are more people needing help than services can provide

Only 5% of staff said their service was completely able to meet demand  But government contracts are preventing organisations from speaking out 

Funding is inadequate

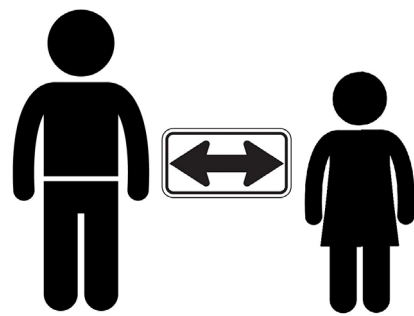
Competition for funding has increased  There is not enough emphasis on continued stability and continuity 

This led to further financial pressure, which impacts on service delivery



1/3 of organisations have stopped delivering one of their services or programs due to financial constraints in the past year

Withdrawal of funding for the 2012 Equal Remuneration Order (ERO) will result in fewer staff and less services delivered by the sector

Because the sector is heavily feminised, this could widen the gender pay gap 

# 1 Executive summary

This report profiles Australia's community sector, highlighting the sector's characteristics and strengths as it works to address poverty and disadvantage and deliver the services upon which we all rely. Information is based on responses to the Australian Community Sector Survey (ACSS) 2019, conducted by the Social Policy Research Centre, University of New South Wales, in collaboration with Australian Council of Social Service (ACOSS) and the COSS Network. The national survey was completed by 1454 community sector staff, including 406 organisational leaders, in October 2019.

## **Australia's community sector is addressing poverty and disadvantage**

Australia's community sector delivers vital services, builds communities and advocates for social justice. The community sector's contributions to social welfare and economic equity are especially important in the context of persistent poverty and disadvantage. Yet the data in this report demonstrates that in many domains of its activity, the sector is working against the tide, operating with levels of government support that fail to reflect its contribution and value. Overwhelmingly, community sector staff observed an increase in poverty and disadvantage among the people and communities they work with during 2019. The data shows:

- Four in five community sector staff report that complexity of need among the people they work with has increased in the last year, and over two thirds report that levels of poverty and disadvantage among the people they work with increased. Community sector workers outside the capital cities are most likely to report significant increases.
- The most common issues affecting people accessing services are affordability and cost of living pressures (seen by 81% of staff to be affecting people accessing services), housing pressures and homelessness (observed by 74%) and inadequate rates of income support (69%). Outside the capital cities, relatively high proportions of workers observe that people accessing services are grappling with energy costs, suspensions from income support, income management, and poor access to drug or rehabilitation services.

## **There is significant unmet demand for community services**

During 2019, there was significant unmet demand for community services (as outlined in ACOSS' Demand for Community Services Snapshot 2019)<sup>1</sup>

- The vast majority of community sector workers (82% in total) reported that in the last year, levels of demand in the community either 'increased' (50%) or 'increased significantly' (a further 32%).
- Three in five community sector workers (60%) reported that the numbers of

clients their service was unable to support increased during 2019.

- Around a quarter of respondents (24%) described that their main service was 'rarely' or 'never' able to meet demand, and only 5% said their service was 'completely' able to meet demand.
- Staff involved in housing and homelessness, financial counselling, and legal services were most likely to report demand pressures. High levels of unmet need were observed in regional and rural areas.

Community sector staff described how unmet demand for services was generating stress for people accessing services, undermining wellbeing, and contributing to cascading crises relating to housing, poverty, debt, violence, physical and mental health, and the law. Unmet need also impacts on workers, impeding their capacity to work effectively with people with the most complex needs, and to undertake advocacy work.

## **Funding adequacy, including the adequacy of indexation, is a major issue**

Public funding is the most important source of support to the sector:

- 84% of leaders reported that their organisation received funds from a State or Territory Government source, and it was the main source of funding for half (51%).
- Two thirds received Australian Government funding (67%), and it was the main source of funding for a quarter (26%).

Private funding sources are also important to the sector, although public funding remains the primary source of support.

- Almost two in three organisational leaders reported that their organisation received funds from commercial sources (64%), although it was the main source for only 14%.
- More than half (57%) received some form of philanthropy but it was the main income source for only 5%.

As government funding is of paramount importance for Australia's community sector, its adequacy is a major concern. Lack of indexation is a key issue:

- 61% disagreed with the statement "Indexation arrangements are adequate", and only 14% agreed.
- Most respondents disagreed that funding timeframes are long enough to plan for the future; that funding arrangements enable innovation; and that funding enables the organisation to attract and retain high quality staff.

Availability of funding is also an issue. For most, availability of funding had either decreased (37%) or stayed the same (40%), with only 17% reporting that funding opportunities had increased in the last year.

## **Competitive funding approaches impede collaboration and effective service delivery**

- Most community sector workers have observed competition for funding to have increased in the last 12 months (60%), with less than 1% reporting that it decreased.
- Many organisational leaders reported that government funders place too much emphasis on competition (41%). This was higher among those whose main income source is the Australian Government (57%).
- Half felt government funders place insufficient emphasis on fostering collaboration (50%), but this was higher among those focused on ageing, disability and carer services (63%).
- Large proportions of the sector reported that funders were not placing enough emphasis on ensuring stability and continuity (68%), or on co-designing services or strategies with people with lived experience (61%).
- When asked what is working well, many pointed to locally based, community led initiatives, and instances of cooperation between non-government organisations (NGOs) and government.

## **Financial pressure is impacting service delivery**

- 39% of organisational leaders reported that their organisation's financial position strengthened over the last year, while 30% said it deteriorated.
- To respond to financial pressure, 79% of organisational leaders reported actively seeking new funding sources in the last year, and 50% had drawn on their financial reserves.

However, the data also indicates that financial pressures have impacted on service delivery:

- One in three (33%) organisational leaders said they had ceased delivering a particular service or program in the last year for financial reasons;
- 15% had pulled out of a location for financial reasons; and
- 13% ceased delivering services to people with complex needs for financial reasons.

## **Funding arrangements are having a chilling effect on advocacy**

Advocacy is a key activity, and contribution, of Australia's community sector. However, many organisations are poorly supported to perform this, and cautious about the ways their advocacy may affect funding relationships.

- 2 in 3 organisations said they fund systemic advocacy from their own resources, without receiving government funding to do so.
- 1 in 4 organisational leaders said their ability to invest in systemic advocacy had decreased in recent years.
- 1 in 12 organisations said they have a funding contract which precludes them from using funding for systemic advocacy.
- Over 2 in 5 organisational leaders agreed that they need to be cautious about engaging in systemic advocacy because of their funding arrangements.

### **Withdrawal of ERO supplementation would be a major blow to services in local communities, and the predominantly female community sector workforce**

At the time of the survey, many organisations were determining how to manage the cessation of government funding to cover the increased wage costs associated with the 2012 Equal Remuneration Order (ERO). Organisational leaders reported that the cessation of supplementation in mid-2021 would have significant adverse impacts on their financial arrangements and sustainability, their staffing levels, and other employment conditions, and ultimately the level of service they provide to clients.

### **The community sector's workforce is highly qualified, but is feeling the pressure**

Community sector staff are highly qualified and experienced. Among survey respondents:

- 68% had either a bachelor degree or a postgraduate degree which was relevant to their work in the community sector.
- However, the proportion of degree-qualified staff was higher among workers based in capital cities (77%) compared with regional and remote staff (59% and 57% respectively).

Many respondents are feeling the pressure of working in the community sector.

- 59% report feeling emotionally drained from their work; 58% report feeling under pressure to work harder; and only 50% agree they receive decent pay for the work that they do. Almost half (48%) worry about the future of their job.
- Comments about employment conditions indicate that key issues for workers and leaders include the discrepancies between pay levels in the community sector and work in similar context (e.g. the public service). Addressing the lack of recognition of skill, overuse of short term contracts, and high emotional demands and risks of violence are also among priorities.

## 2 Introduction

Australia's not-for-profit community services sector makes a significant contribution to social welfare, and to the national economy. It delivers a range of universal services (such as aged care and early childhood education) and a range of services to support people experiencing poverty, disadvantage or crisis (such as homelessness, domestic violence, mental health and other services). The sector generates significant benefits to living standards, health, wellbeing, inclusion, safety, social justice, and community development, and invests over \$50 billion<sup>2</sup> each year in the course of performing its work. As a key part of Australia's health care and social assistance industry, the community sector is experiencing rapid growth. From 2013 to 2018 employment across the industry grew by 22%, more than any other sector, and it is expected to continue to lead national employment growth in coming years<sup>3</sup>.

This report contributes new information about the community sector's characteristics and contributions, and the challenges it faces in the current operating environment. The data is unique in that it comes from those who work in, and lead, community organisations. The information was captured in the Australian Community Sector Survey, conducted in September and October 2019. Analysis in this report amplifies the voices of community service workers, and highlights priorities for ensuring organisations are appropriately positioned to deliver high quality services, and advocate for social justice.

The material attests both to diversity within the community sector, and to some unifying features. It also attests to the challenging environment in which it operates. Funding arrangements present significant challenges for organisations, for the managers, staff and volunteers within them, and for the people and communities they serve. The combined impact of service funding reduction and the inadequacy of key social security payments has been that organisations have faced a squeeze on resources at the same time they have faced increased demand and have needed to adjust to market-based reform, including in disability and aged care. While the survey findings attest to these pressures, they also highlight some policy and funding arrangements which appear to be working well, and which offer a way to support the sector to achieve its aims.

## 2.1 About the survey

Information was gathered through survey responses provided by 1454 community sector staff, including 406 organisational leaders (such as CEOs or Executive Directors), collected during a six-week period from late September 2019.

Last conducted in 2014<sup>4</sup>, ACSS provides unique insight into the perspectives of sector staff nationally about their experiences of performing community sector work. It gives voice to the collective issues and priorities affecting community service delivery and advocacy and captures the rich diversity of perspectives and self-identities within community organisations.

Survey respondents included staff involved in service delivery, advocacy, organisational leadership, governance, policy and other functions. As the information was gathered from people who work closely with people accessing services and communities, it provides insight into the perceptions of practitioners and sector leaders about how service users are faring, the factors affecting sector capacity to address poverty and disadvantage, and what changes are needed to enhance capacity to respond to changing levels and patterns of service need. While core questions were asked of all respondents, additional questions were asked of organisational leaders, to capture insights into organisational-level issues. These included questions about funding arrangements and financial sustainability, support for advocacy, and other issues.

In 2019, the survey was conducted through a partnership between ACOSS, the COSS network and Community Sector Banking, and the Social Policy Research Centre at UNSW Sydney. Distribution of the survey was conducted primarily by ACOSS and the COSS network. Further information about the survey design and distribution is in Appendix A. Information about survey respondents is in Appendix B.

## 2.2 About the analysis

While the full sample consists of 1454 staff, on some indicators the number of respondents is slightly lower, where people skipped questions or chose not to leave comments. Some questions were asked only of the 406 organisational leaders, who were deemed to be best positioned to comment on matters for the organisation as a whole, while other questions were asked of the 705 people who were in organisational leadership, team leadership, co-ordination or management committee roles (combined).

Throughout the report, breakdowns are provided to illustrate points of commonality and difference among groups of respondents. On some measures, differences were found and reported on the basis of respondent characteristics such as location, or on the basis of characteristics of their role, such as the main service system they were involved in, or whether or not staff were involved in delivering the NDIS. On some measures, categories were merged due to small numbers of responses.

## 2.3 Structure of this report

This report firstly provides a profile of the sector's experiences in working to address poverty and disadvantage. Section 3 provides community sector workers' observations of levels of disadvantage and complexity, and the issues affecting people accessing services. Next, the report analyses the community sector's capacity to meet demand in 2019, based on observed changes in levels of demand in respondents' main service, and the impacts of any unmet demand (Section 4).

Section 5 then examines funding arrangements, providing a profile of funding sources, and perceptions on the adequacy of funding, which arrangements are working well, and priorities for strengthening the sector. Section 6 provides sector perspectives on the operating environment, including competition, collaboration, and what is working well, before Section 7 analyses organisation's financial position, responses to financial pressure, and investment priorities. Section 8 examines advocacy, while Section 9 examines perspectives on ERO supplementation and the impacts of its cessation. Section 10 examines workforce issues, including issues relating to qualifications (10.2), job quality (10.3), professional development (10.5), and retention (10.6). Further information is contained in the Appendices, including details of the survey method (Appendix A), characteristics of respondents (Appendix B) and detailed supplementary data (Appendix C).





## 3 Working to address poverty and disadvantage

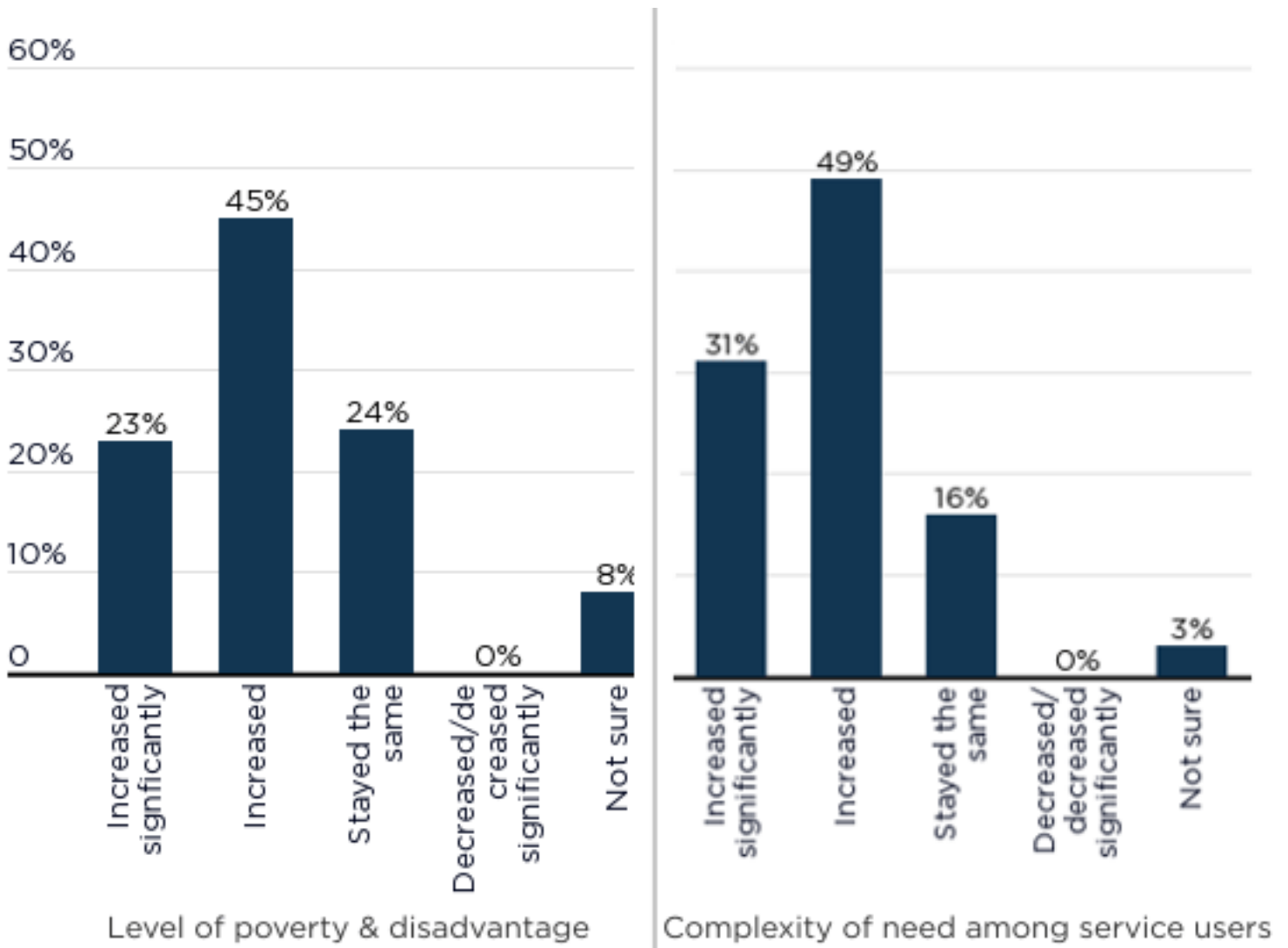
Australia's community sector works to prevent and address poverty and disadvantage, improve the lives of people experiencing adversity, and deliver the services that many of us rely on. The sector operates in a challenging context. More than 3 million people are experiencing poverty, including more than one in six children<sup>5</sup>. In this context, the survey asked sector staff about their observations of levels of disadvantage affecting people accessing services, and experiences of working with people affected by poverty and disadvantage.

### 3.1 Levels of disadvantage and complexity

Overwhelmingly, community sector staff reported that poverty and disadvantage is increasing, and that the needs of people accessing services are becoming more complex. Figure 1 shows that 45% of respondents reported that levels of poverty and disadvantage among the people who used their service had 'increased' in the last year, and a further 23% said it had 'increased significantly' (68% in total). In addition, 80% reported complexity of need had either 'increased' (49%) or 'increased significantly' (31%). The remainder reported that levels had stayed the same over the last year, and on each measure, less than 0.5% reported any decrease.

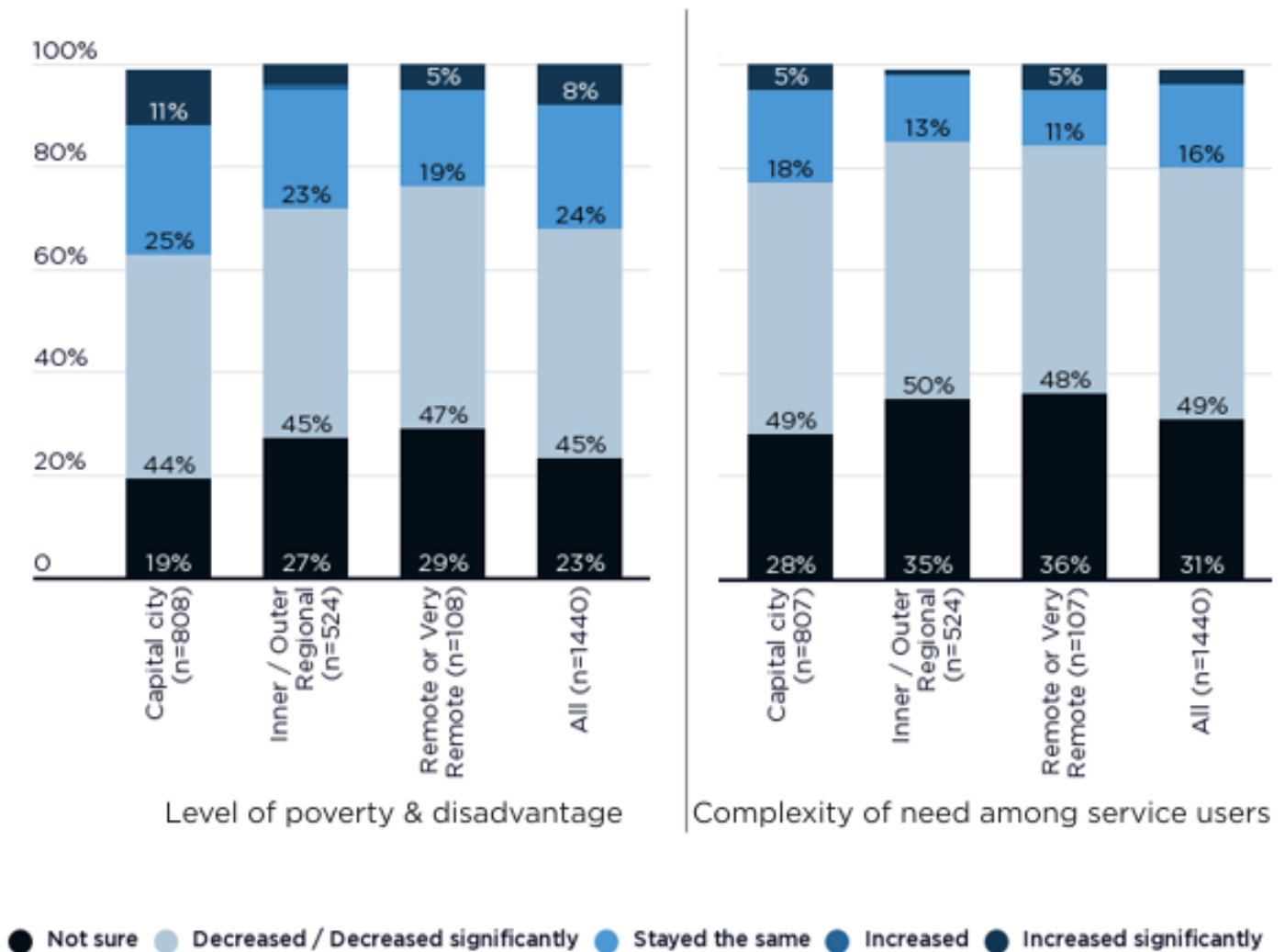
Figure 2 shows these data differed slightly by location. Staff based outside the capital cities were more likely than others to report significant increases. Whereas 19% of staff in capital cities said levels of poverty and disadvantage among people accessing services 'increased significantly' over the last year, this was the case for 27% of community sector staff in inner / outer regional areas, and 29% of those in remote or very remote areas. Similarly, complexity of need was observed to have 'increased significantly' by higher proportions of staff outside the capital cities (see Figure 2).

Figure 1 Whether poverty and disadvantage, and complexity of need, were perceived to have changed in the last year (% , n=1,440)



Note: As trends may vary across services or programs an individual staff member may be involved in, the question was asked in relation to their main service or program only.

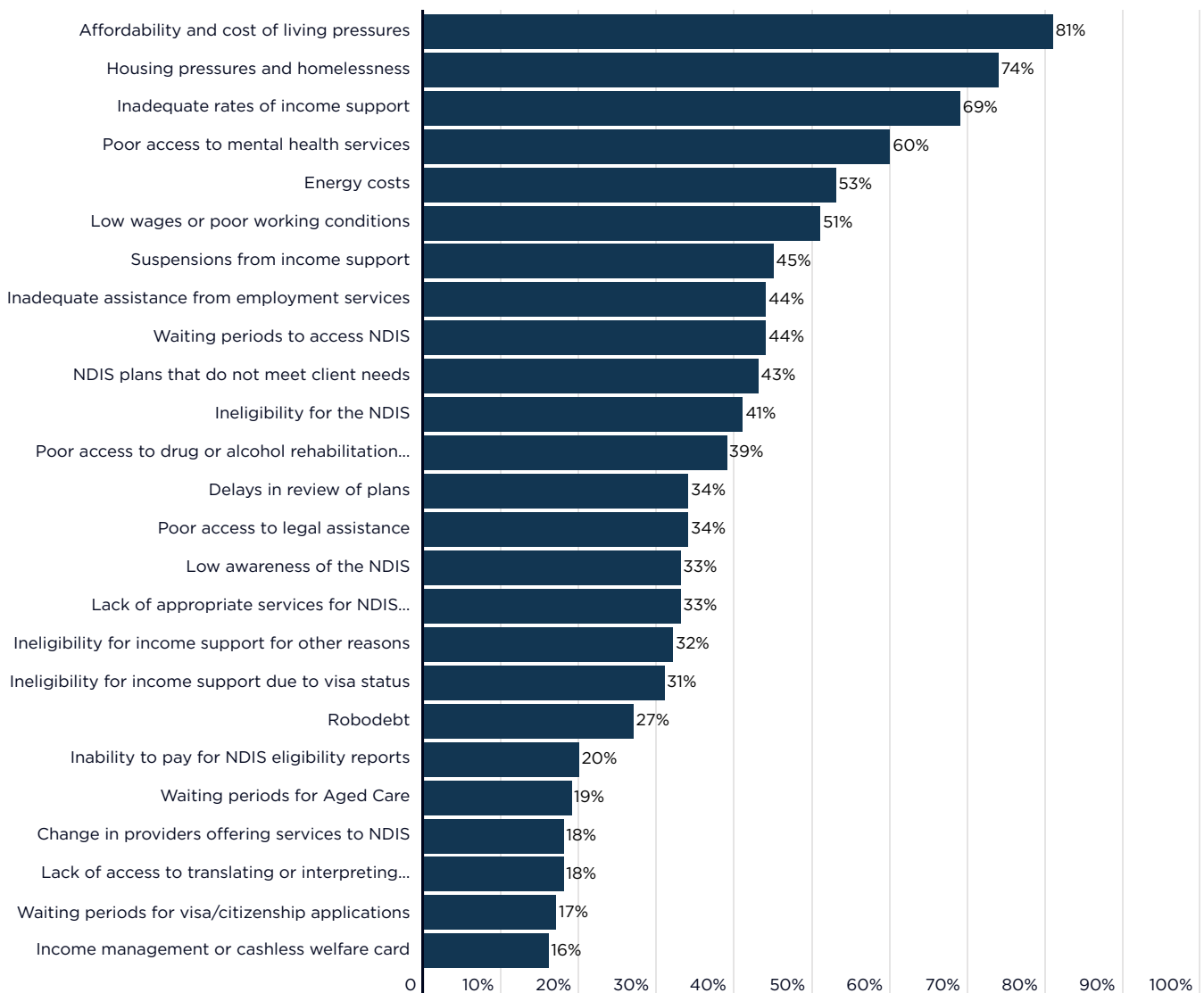
Figure 2 Whether poverty and disadvantage, and complexity of need, were perceived to have changed in the last year, by location (n=1440)



### 3.2 Issues affecting people accessing services

The survey asked community sector staff about the issues they had observed to adversely affect their people accessing services in the last year. On average, respondents selected 10 of the 26<sup>6</sup> issues listed, and shown in Figure 3. Affordability, adequacy of incomes and housing are closely related issues and were ranked as the top three by survey respondents. The most widespread issue nationally was affordability and cost of living pressures. Over 4 in 5 (81% of respondents) said this had affected the people accessing their service. Three quarters said the people accessing their service were affected by housing pressures and homelessness (74%), while 7 in 10 said (69%) said inadequate rates of income support were an issue. In addition, more than half said the people accessing their service were affected by poor access to mental health services (60%), along with energy costs (53%), and low wages or working conditions (51%).

**Figure 3 Percentage of respondents who reported issues had adversely affected people accessing their service in the last year, n=1,454 (%)**



Note: Question was “In the last year, which of the following factors have adversely affected the people who use your service?” Respondents were able to select all that applied.

### 3.2.1 Locational differences

Across capital cities, regional and remote areas, respondents identified the same top five issues affecting the people accessing their services:

- affordability and cost of living pressures;
- housing pressures and homelessness;
- inadequate rates of income support;
- poor access to mental health services; and
- energy costs.

However, locational differences were also evident. Appendix Figure C.1 shows the issues which were selected by higher proportions of respondents in regional and remote areas, compared with capital cities. Outside the capital cities, the following issues were more commonly identified:

- **Energy costs.** These were reported by 60% of respondents in regional and remote areas, compared with 48% of those based in capital cities.
- **Suspensions from income support.** 53% of respondents in remote areas reported suspensions had adversely affected the people accessing their services, compared with 43% of those in capital cities.
- **Income management or cashless welfare** was identified as an issue by 31% of community sector workers in remote and very remote areas compared with 15% in regional and metropolitan areas.
- **Poor access to drug or alcohol rehabilitation services** was an issue for 50% of respondents in remote or very remote areas, compared with 42% of respondents from regional areas and 35% of those based in capital cities.
- **Lack of appropriate services for NDIS participants** was also an issue for higher proportions of respondents outside capital cities, along with low awareness of NDIS (see Appendix Figure C.1).

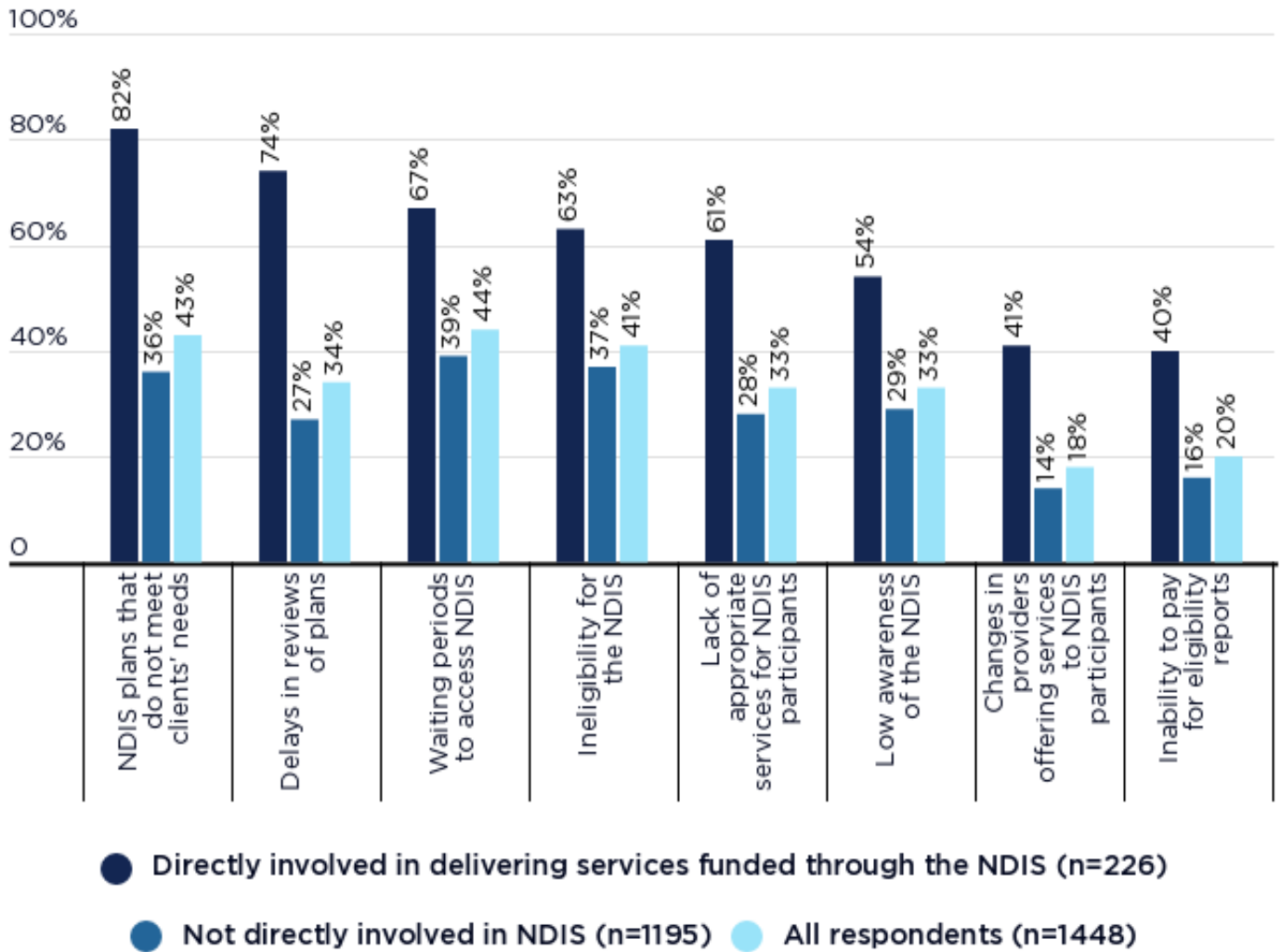
By contrast, higher proportions of respondents in the capital cities reported issues affecting multicultural populations (see Appendix Figure C. 2):

- Ineligibility for income support due to visa status was more commonly identified as an issue in capital cities, where 35% of respondents reported it, compared with 17% of those in remote areas.
- Waiting periods for visa or citizenship applications, along with lack of access to translating and interpreting services were also more commonly reported by respondents in capital cities (see Appendix C, Figure C. 2).

### 3.2.2 issues

Issues perceived to affect people accessing services also differed according to the type of service being delivered. Figure 4 shows that staff directly involved with the NDIS were much more likely than others to identify that issues with the Scheme were affecting the people accessing their services. However, the level of overall response indicates NDIS issues are having widespread impacts, beyond those directly involved in delivering the Scheme. Among the 226 people who said they were directly involved with delivering services and supports funded through the NDIS, the most common issue was NDIS plans that failed to meet clients' needs (82%) followed by delays in reviews of plans (74%). Two in three (67%) said clients were affected by waiting periods to access NDIS. Other issues included ineligibility for NDIS, lack of appropriate services, low awareness, change in providers, and paying for eligibility reports (see Figure 4). Respondents' comments highlighted lack of access and support for people with psychosocial disabilities; uncertainty, confusion and disruption associated with reductions in NDIS plans from year to year; and shortages of support workers.

Figure 4 Percentage of respondents reporting NDIS issues had adversely affected the people accessing their services in the last year (%)



Note: There were 27 respondents who were unsure of their involvement with NDIS and a further 6 who did not answer the question. The 27 who were unsure are included in 'all respondents' but not reported separately.

### 3.2.3 Other issues affecting people accessing services

In addition to the issues outlined above, respondents also commented on other factors adversely affecting people accessing services. Several highlighted how combinations of issues were affecting people accessing services, including homelessness, drug and alcohol issues, mental health, and family and domestic violence. Some pointed to general shortages in service systems or supports, including lack of affordable dental services and GPs; lack of access to transport in regional areas; and poor access to pensions and services for people with mental health conditions.

Several pointed to limitations in the aged care system, such as insufficient home care packages at higher levels, overly complicated processes of accessing aged care, and inappropriate reliance on internet-based information for older people who do not have online literacy or equipment, which was perceived to exacerbate the difficulties for users in navigating government service systems. Unmet need for social support and domestic assistance by people ineligible for My Aged Care or NDIS was also identified.

Many comments also related to consumer-financial issues affecting people accessing services, such as credit card debt, along with predatory and exploitative lending practices, such as payday loans, and consumer lease companies or others with high fees who filled the void (and make significant profits) where people lacked access to more appropriate supports. Ease of access to online gambling was also mentioned. Other issues related to digital inequality and poor access to communications, including expensive mobile data, expensive childcare, a lack of services for pre-teens requiring support, and inadequate access to specialist trauma counselling and other services for women experiencing family violence.



## 4 Demand for community services

Survey questions captured community sector staff and leaders' experiences of responding to demand, how demand for their services is changing, and how unmet demand is impacting in the community.

### 4.1 Capacity to meet demand

Data indicates significant unmet demand for community services during 2019.

- Only 5% of survey respondents said that the main service they were involved in was 'completely' able to meet demand, and a further 30% said they were 'mostly' able to meet demand (Figure 5).
- While around two in five said their service was 'somewhat' able to meet demand (41%), 15% were 'rarely' able to meet demand, and 9% were 'never' able to.

While capacity to meet demand did not differ significantly according to organisational size, regional location, or main funding source, some differences among service types, and jurisdictions were evident.

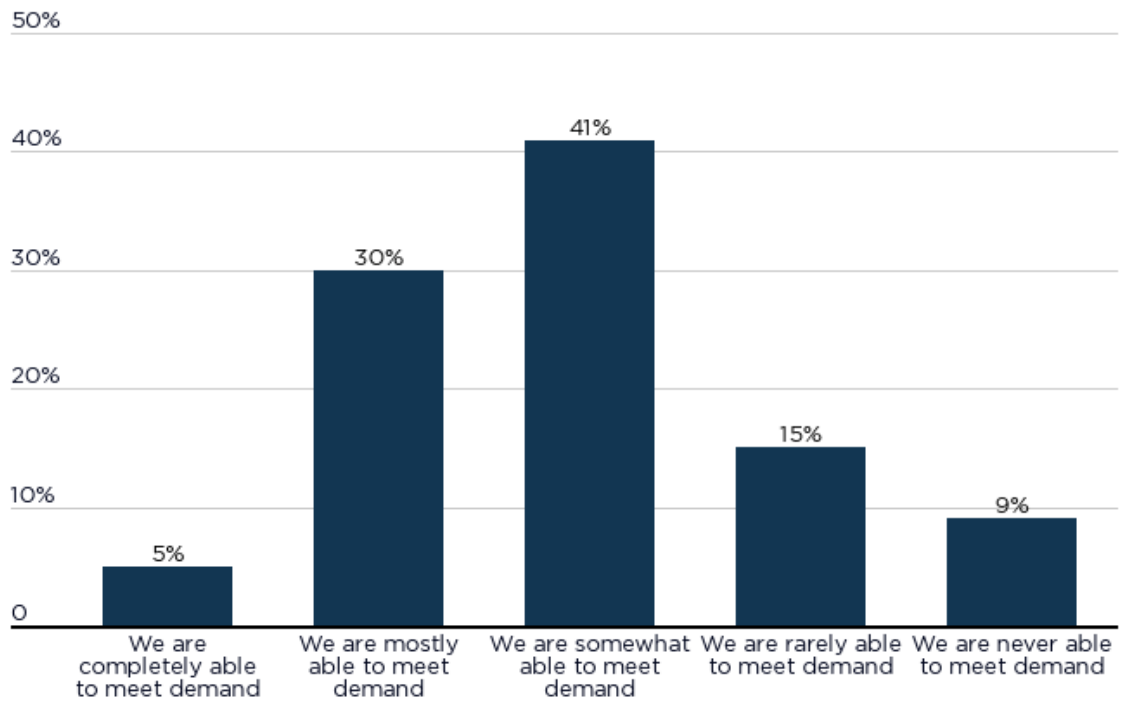
Figure 6 shows capacity to meet demand differed according to the main service the respondent was involved in.

- Of those involved in responding to housing and homelessness, a relatively high proportion (36%) said they were either rarely or never able to meet demand. This was also the case for those delivering financial counselling and support (35%) and legal services (33%).
- By contrast, relatively high proportions were mostly or fully able to meet demand in employment, education and training (51%) and in ageing, disability and carer services (46%), which may reflect the funding models for these services.

Figure 7 shows that compared with the national figure (35%), the proportion who were either 'completely' or 'mostly' able to meet demand was relatively high in NT (48%), SA (43%) and the ACT (41%), and relatively low in NSW and WA (each 29%). The proportion of staff who reported that the main service they were involved with was 'rarely' or 'never' able to meet demand ranged from 28% in NSW to 15% in the ACT.



**Figure 5 Proportion of respondents who perceived their main service or program was able to meet demand, n=1,433 (%)**



Note: Respondents were asked about capacity to meet demand in relation to the main service, program or activity they were involved in.

**Figure 6 Respondents' perception of capacity to meet demand, by main service system**

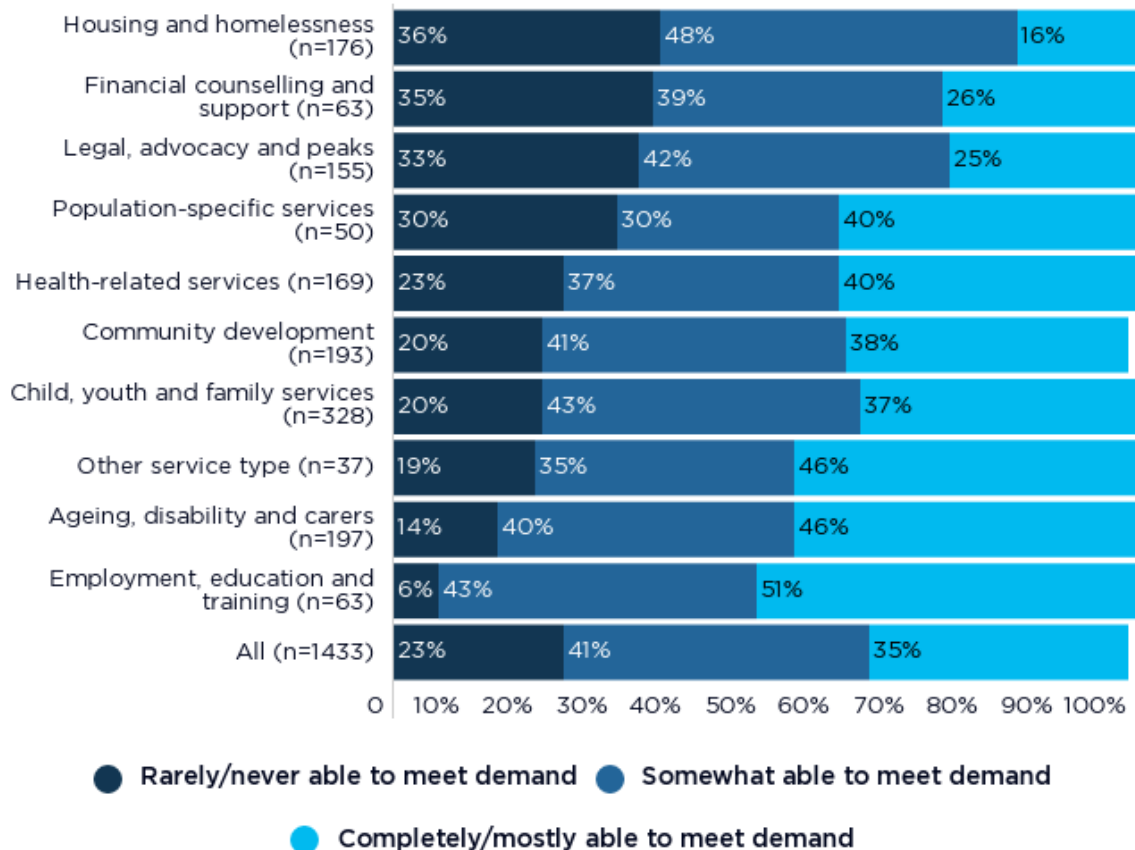
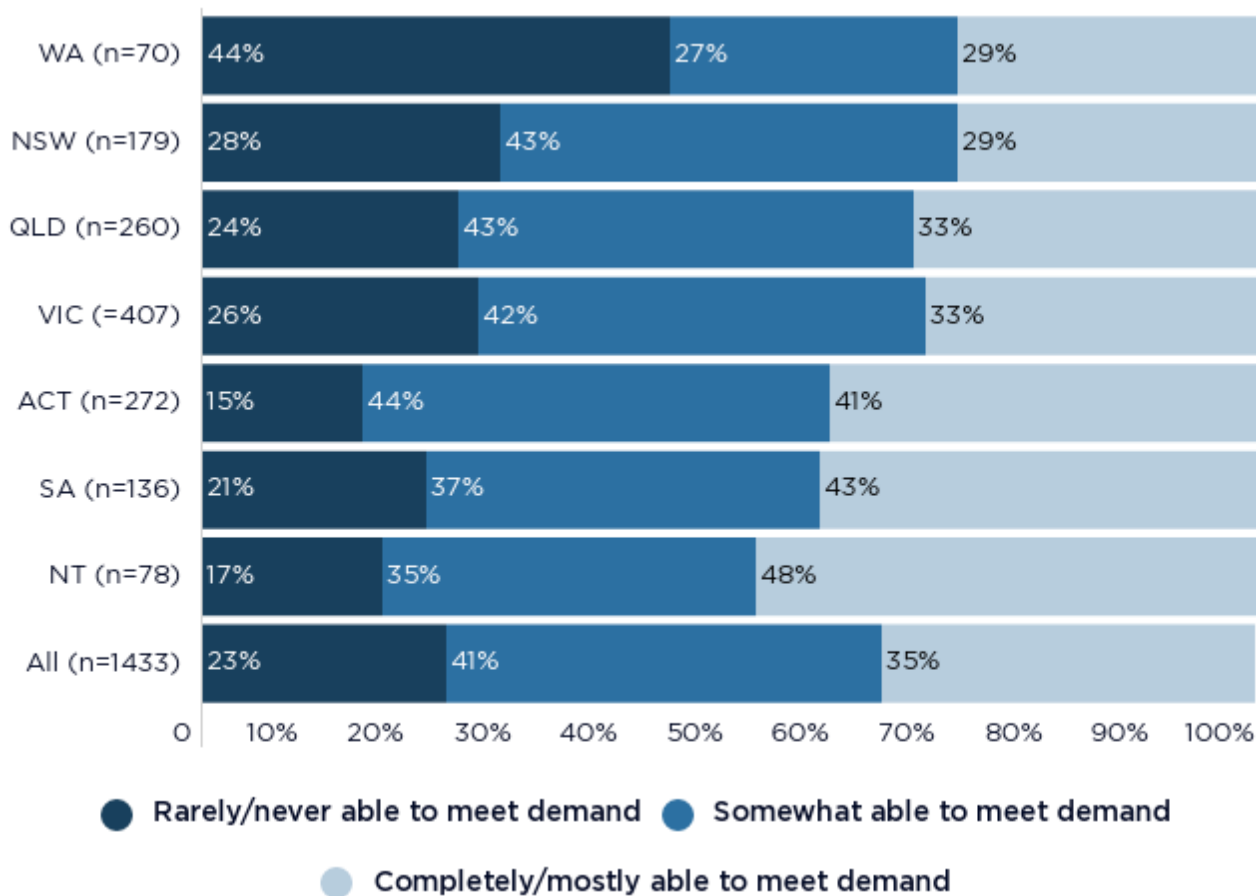


Figure 7 Staff perceptions of capacity to meet demand, by jurisdiction (n=1,433)



Note that responses from Tasmania are included in figures for 'All' but not separately reported due to low response numbers.

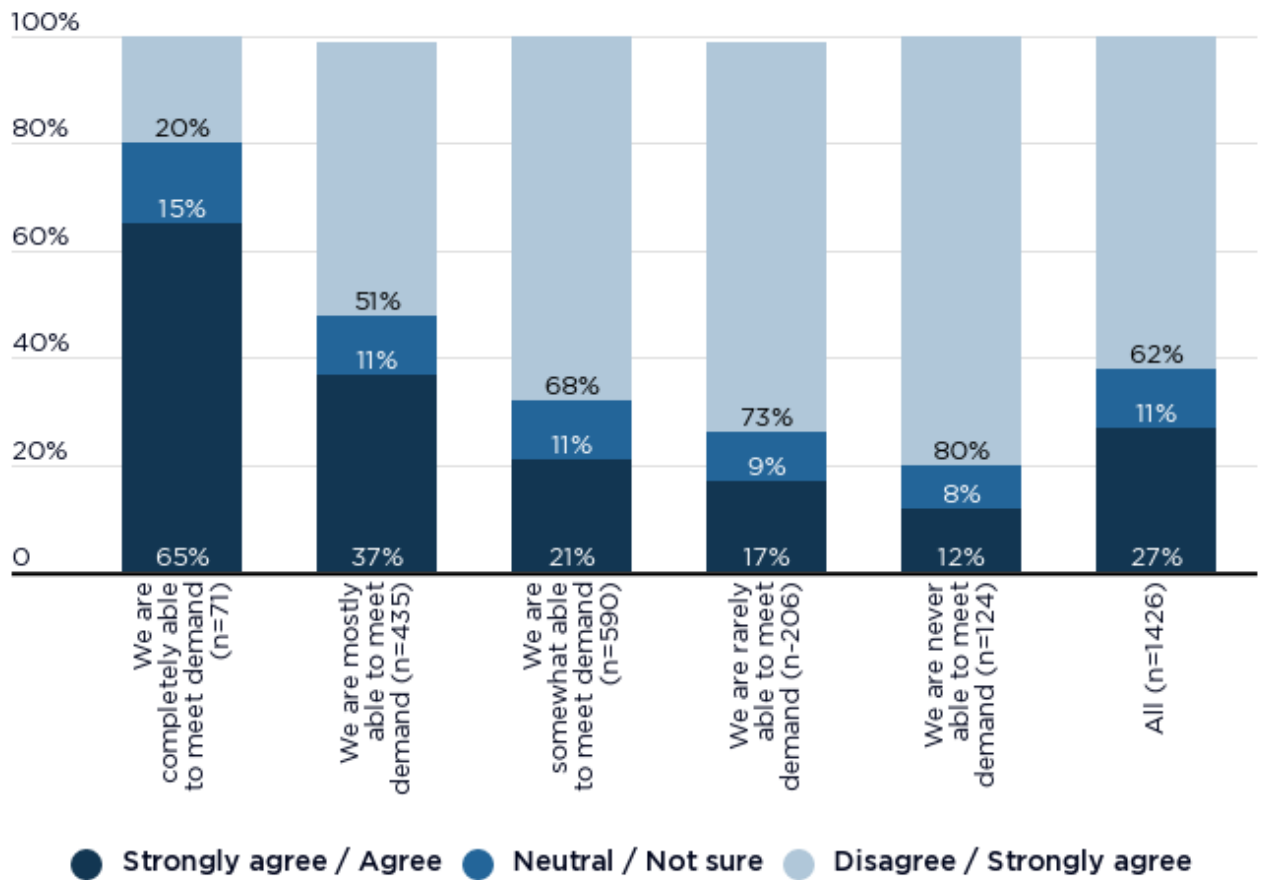
### 4.1.1 Differences by staffing levels

Capacity to meet demand also differed according to staff perceptions of the adequacy of staffing levels. This is shown in Figure 8.

- Among those who said their main service was 'completely' able to meet demand, 65% agreed (or strongly agreed) there were enough staff to get the work done.
- By contrast, among those 'never' able to meet demand, only 12% agreed they had enough staff to get the work done, and 80% disagreed.

As for the data relating to financial status presented above (in Section 4.1.2), this serves as a reminder of the direct links between resource levels and capacity to meet demand.

Figure 8 Capacity to meet demand, by whether respondent agreed or disagreed with the statement “There are enough staff in my service to get the work done”



## 4.2 Changes in demand over the last year

During 2019, staff reported working in a context of increasing demand.

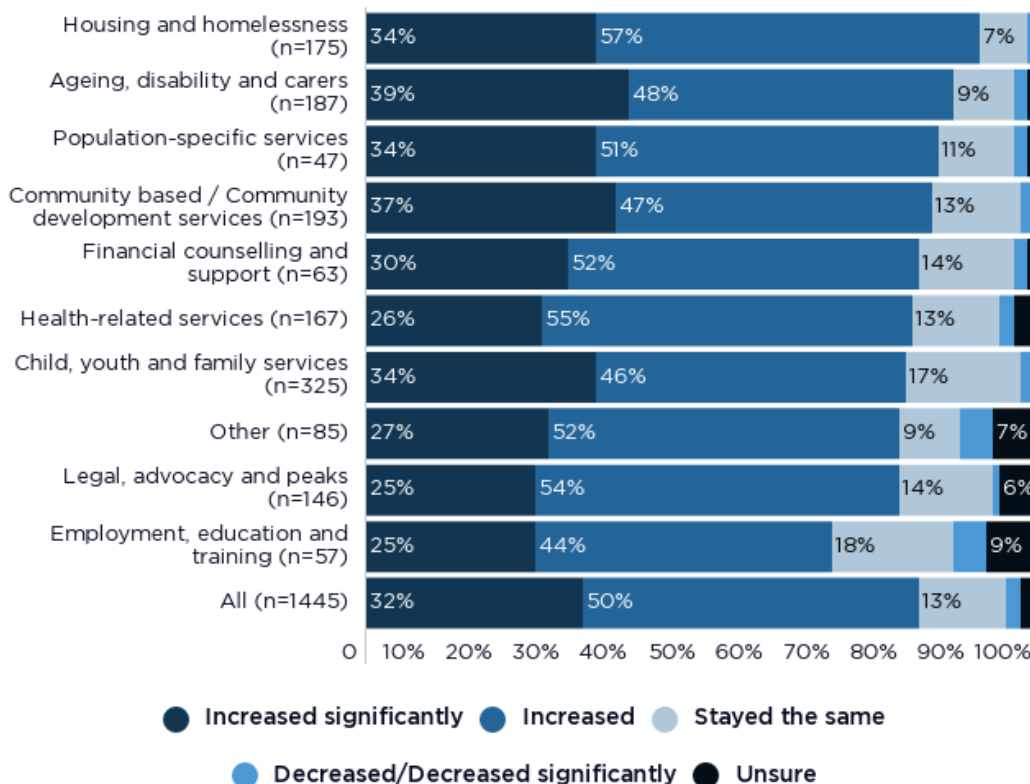
- As shown in Figure 9, the vast majority of staff reported that levels of demand in the community for their services had either increased (50%) or increased significantly (a further 32%).
- While 13% said demand had stayed the same, only 2% said demand had either decreased or decreased significantly, and 3% were unsure.

These figures varied according to the main service type respondents were involved in providing. However, for each service category, respondents overwhelmingly reported that demand had increased.

- Those focused on housing and homelessness services were under particular pressure: 91% said demand had either increased or increased significantly.

A breakdown by location is contained in Appendix C, Table C. 1. This shows a relatively high proportion of respondents outside the capital cities (38%) felt demand had increased significantly, compared with 28% of those based in capital cities.

**Figure 9 Perceptions of whether demand had increased, stayed the same, or decreased**



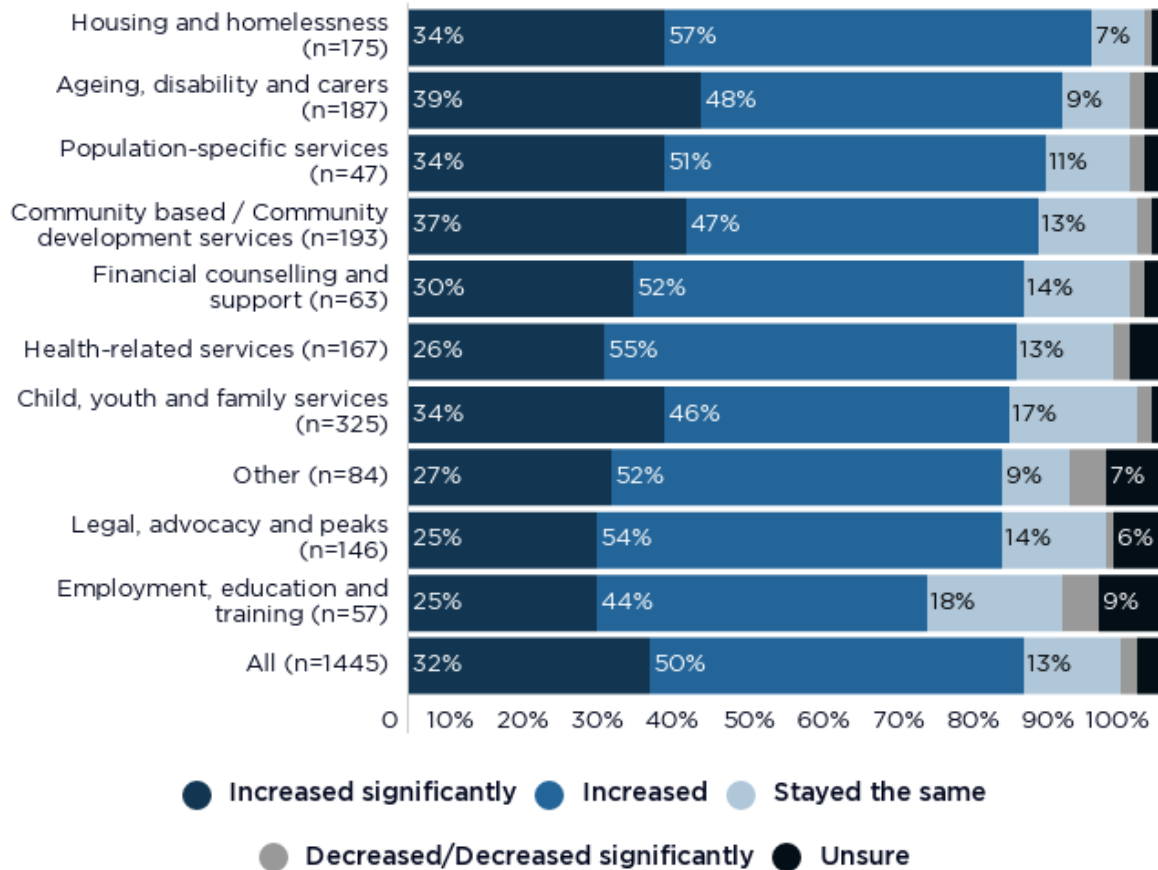
Note: The question was asked in relation to the main service or program they were involved in.

**“As the sole provider of this service, when we cannot meet demand, people go without.”** (Coordinator, community development service)

### 4.3 Unmet need

To explore any dynamics in the unmet demand for services, the survey asked for an indication of whether there had been changes in the numbers of clients that services were unable to support. Corresponding with their experiences of rising demand, a relatively high proportion of staff in housing and homelessness services (76%) reported that the numbers of clients their service was unable to support had increased, while a further 17% reported numbers had stayed the same (see Figure 10). A high proportion of respondents focused on financial counselling and support services also reported being unable to support a rising number of clients (see Figure 10).

**Figure 10 Whether numbers of clients the service was unable to support increased, stayed the same, or decreased**



#### 4.4 Impacts of unmet demand

Respondents were given an opportunity to respond to an open-ended question, ‘Would you like to make any brief comments about the impacts on individuals or communities when you are unable to meet demand?’ Around half of respondents used the opportunity to provide a response. In addressing the question, most discussed adverse impacts on people accessing services and their families. Often, they noted that failure to receive a service at time of need led to other more difficult problems, and, at times, cascading crises. For example, a coordinator at a housing and homelessness service observed that unmet demand led to:

Continued homelessness, continued trauma, the cycle of poverty, violence, trauma, intergenerational trauma and poverty continues for disadvantaged people, despair, hopelessness, worker burnout, children become less visible to agencies and therefore are at greater risk of abuse and neglect.

A financial counsellor made a similar comment, adding that failure to receive help the first time they approach a service for support, can deter people from seeking assistance to resolve their problems in the future:

The impact [on] individuals, if they cannot see a financial counsellor, include utility disconnection, eviction, increased mental health issues, and the inability to feed and appropriately clothe and medicate themselves and their families. Not being able to get help when they first build the courage to ask, then they are less likely to try again.

Respondents noted that if their service could not meet demand, some people accessing services might turn to or be referred to other services that do not meet their needs so well, or might miss out on support entirely.

No connection to other services in remote community - all referrals for more complex issues go to [the nearest urban centre], which is often inadequate because people accessing services need immediate/acute care. (Coordinator, child, youth and family service)

Victims then have to have over the phone support which does not make their lives easier in coping with the violence from abusers. (Practitioner, child, youth and family service)

Not enough funding and services for the people that require support. They go from service to service with no luck in been supported. (Administrator, community development service)

As the sole provider of this service, when we cannot meet demand, people go without. (Coordinator, community development service)

Without support, or with limited support, respondents said that community members might find themselves facing housing stress or homelessness; poverty, debt and other financial issues; experience continuing family violence or children being at risk; physical or mental ill health; and escalating legal problems among other challenges. For example:

People fall through the cracks and end up in hospitals, homelessness or the justice system. (Senior manager, legal, advocacy or peak)

There are people who are missing out on support to access community or get better outcomes as advocates are not available, for some this might mean putting up with sub-standard living, missing support or equipment from NDIS while waiting for reviews, staying in hospital longer, putting up with discrimination or poor services, higher risk of homelessness. (CEO, legal, advocacy or peak)

If they cannot get into the services, it does contribute to the stress of the person and often they get themselves into more debt to try get out, so it does cost them money. It also can contribute to arguments and separation, homelessness, hopelessness, continued addictive behaviour, illegal behaviours and day to day survival thinking. (Practitioner, financial counselling and support service)

Many respondents said these experiences combined to negatively affect people accessing services' emotional wellbeing, particularly in terms of frustration, stress and distress.

Frustration, distress, anger, disappointment. (CEO, legal, advocacy or peak)

Clients seem more stressed and with financial difficulties most of the time. (Coordinator, ageing, disability or carer service)

Distressing for both those who cannot be serviced, and on the staff who feel helpless in the face of demand. (CEO, multi-service agency)

The reflections of the service provider above reflect those of many other respondents, around a quarter of whom discussed the impact on their

organisation of not being able to meet demand. The impact on staff was the issue most often of concern. They raised increased workloads, burnout, frustration and stress.

Deleterious effect on worker's health with increasing anger of clients. (Management committee member, legal, advocacy or peak body organisation)

Demand for our services is increasing, however our core funding for administrative costs is not, which is placing strain on us. Our project based funding is increasing, but we cannot use this to meet the organisations day-to-day costs like rent, bookkeeping, utilities, etc. (CEO, ageing, disability or carer service)

A number of respondents said that they were decreasingly able to participate effectively in individual or system advocacy because of the demands on their time or funding constraints.

Voices go unheard when we can't respond to the need for advocacy and the voices least heard are the most vulnerable. (Senior manager, population specific service)

Our organisation has limited capacity to do systemic advocacy and empowerment of affected communities. (Management committee member, legal, advocacy or peak organisation)

The complexity of the NDIS, combined with the withdrawal of disability advocacy funding is having a huge impact on people with disability. Project, instead of core, funding means we don't have money for our organisation to run, but only for short term projects. All of this means that far too many people with disability don't get the assistance or representation that they need and deserve. (Senior manager, ageing, disability or carer service)

## **“We refer them to other agencies and cross our fingers.”**

Others said that it was increasingly difficult to meet the needs of the most complex cases. A coordinator at a housing and homelessness service made this point most clearly:

One of the worst ways in which we are unable to meet demand is that we assess many clients whose needs are too complex for our services to support. This is frustrating for service deliverers, but much worse for the clients. It's borne of two parallel developments - people have increasingly complex needs, and our funding is getting leaner and leaner, meaning that as an organisation, it is very difficult to make the choice to lean in to helping the most complex clients. There's just no 'extra' in any of the systems to make that possible. (Team leader, housing and homelessness service)

Feelings of frustration on the part of services and an inability to help potential services users was made more difficult when they could not be confident that any other services could be of assistance either. As practitioner at a housing and homelessness service in summed up, 'We refer them to other agencies and cross our fingers.'

## Unmet need in rural, regional and remote areas

Respondents located in regional, rural and remote areas noted that it was difficult for residents to access the support they needed locally. Often they go without necessary supports because in regional areas, if a service provider is unable to meet demand, then there are very limited alternative options for that same service.

Individuals and communities (especially remote ones) are left without legal representation for complex matters and ones that have a significant impact on their lives, such as Child Protection. (Practitioner, legal, advocacy or peak organisation)

Often we are the last line of support so if we can't provide our services no support is given to our clients. This is particularly so for our remote clients of which we have many. (Practitioner, legal, advocacy or peak organisation)

[We are] transport providers, when transport is limited, vulnerable people have less access to other services. (CEO, Ageing, disability and carer service)

There are significant gaps in the services provided to remote communities. (Practitioner, legal, advocacy or peak organisation)

Instead, they said community members often travelled large distances, accessed telephone services, or went without.

There are not enough people on the ground in regional areas to adequately support people in the way they need. People in this community want and need local face to face services not phone or online services which is what the government want everyone to use. (Practitioner, ageing, disability and carer service)

Limited resources locally can mean people have to look outside of the region we work in. (Coordinator, child, youth and family service)

Unmet demand and a high level of need, placed services and staff under great pressure.

In the remote and very remote communities we work within, often there are no other referral options available which increases the pressure on us to meet these needs where higher risks are evident. It can be really stressful for our team members and hard to the org to resource. (CEO, child, youth and family service)

Limited access to services led to similar cascading crises as described by other services above, but one service additionally noted that the consequences for community members could be devastating.

It's horrendous and heartbreaking! So many people of all ages are being hurt and placed into challenging predicaments. Desperate people tend to do desperate things. Sadly suicide is very high in our region. Life is so stressful. (Senior manager, community development service)



## 5 Funding arrangements

This section examines funding sources, organisations' financial position, financial pressures, and responses to financial pressure, using material collected from organisational leaders.

### 5.1 Funding sources

Public funding is critical to sector capacity. As Figure 11 shows:

- 84% of leaders reported that their organisation received funds from a State or Territory Government source, and it was the main source of funding for half (51%), although these figures varied across service types.
- Two thirds received Australian Government funding (67%), and it was the main source of funding for a quarter (26%).

However, private funding sources are also important (see Figure 11).

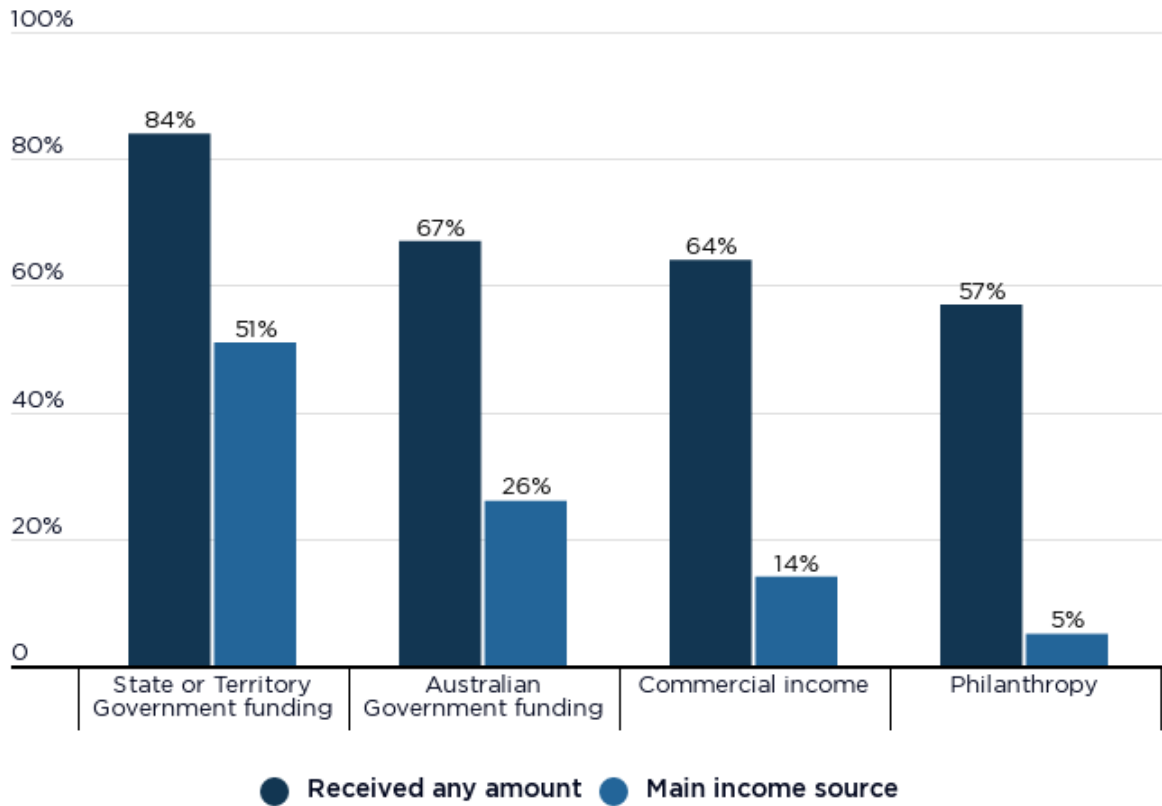
- Almost two in three organisational leaders reported that their organisation received self-generated funds or funds from commercial sources (64%), although it was the main source for only 14%.
- More than half (57%) received some form of philanthropy but it was the main income source for only 5%.

Breakdowns according to the main service focus of organisations are in Table C. 2 (public funding) and Table C. 3 (private funding).

The largest group of organisational leaders expects funding from each source to remain roughly stable for their organisation in the next few years. However, more expect private funding to grow than expect public funding to increase. Figure 13 shows that:

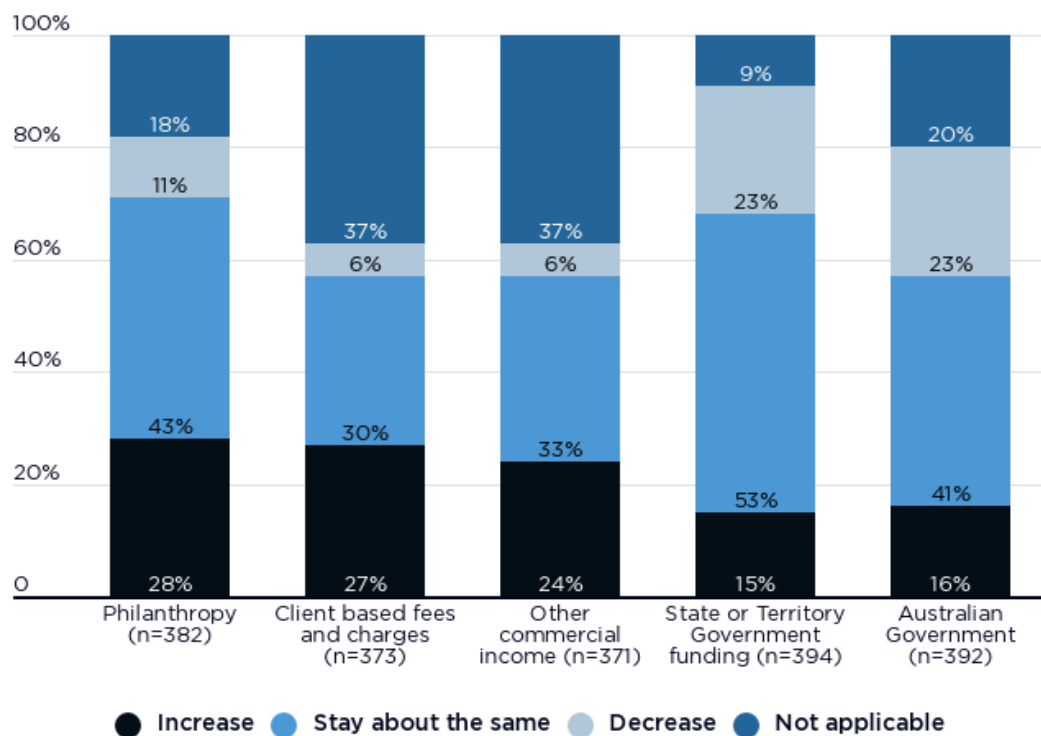
- 27% expect client-based fees and charges to increase, while only 6% anticipate it will decrease.
- 28% of respondents expect philanthropy to increase for their organisation in the next few years, while 11% expect it to decrease.
- Just over half (53%) expect State or Territory Government funding to remain stable for their organisation, but more expect it to decrease (23%) than increase (15%).
- Two in five expect stability in Australian Government funding, but more expect it to decrease (23%) than increase (16%).

**Figure 11 Leaders' reports of whether organisation received any amount of income from each source, and whether it was the main income source**



Note: A small number (4%) either reported a different main income source (e.g. local government), or were unsure about or did not report their income source.

**Figure 12 Proportion expecting funding from each source to increase, decrease or stay the same in the next few years**



## 5.2 Adequacy of government funding

Organisational leaders expressed a series of concerns about funding adequacy. The adequacy of indexation arrangements is a particular issue, evident in Figure 13.

- While around a quarter (26%) were neutral regarding the statement “Indexation arrangements are adequate”, 61% disagreed or strongly disagreed, and only 14% agreed.
- Leaders of organisations for which the Australian Government was the main source of funding were most likely to ‘strongly disagree’ with the statement (Figure 14).

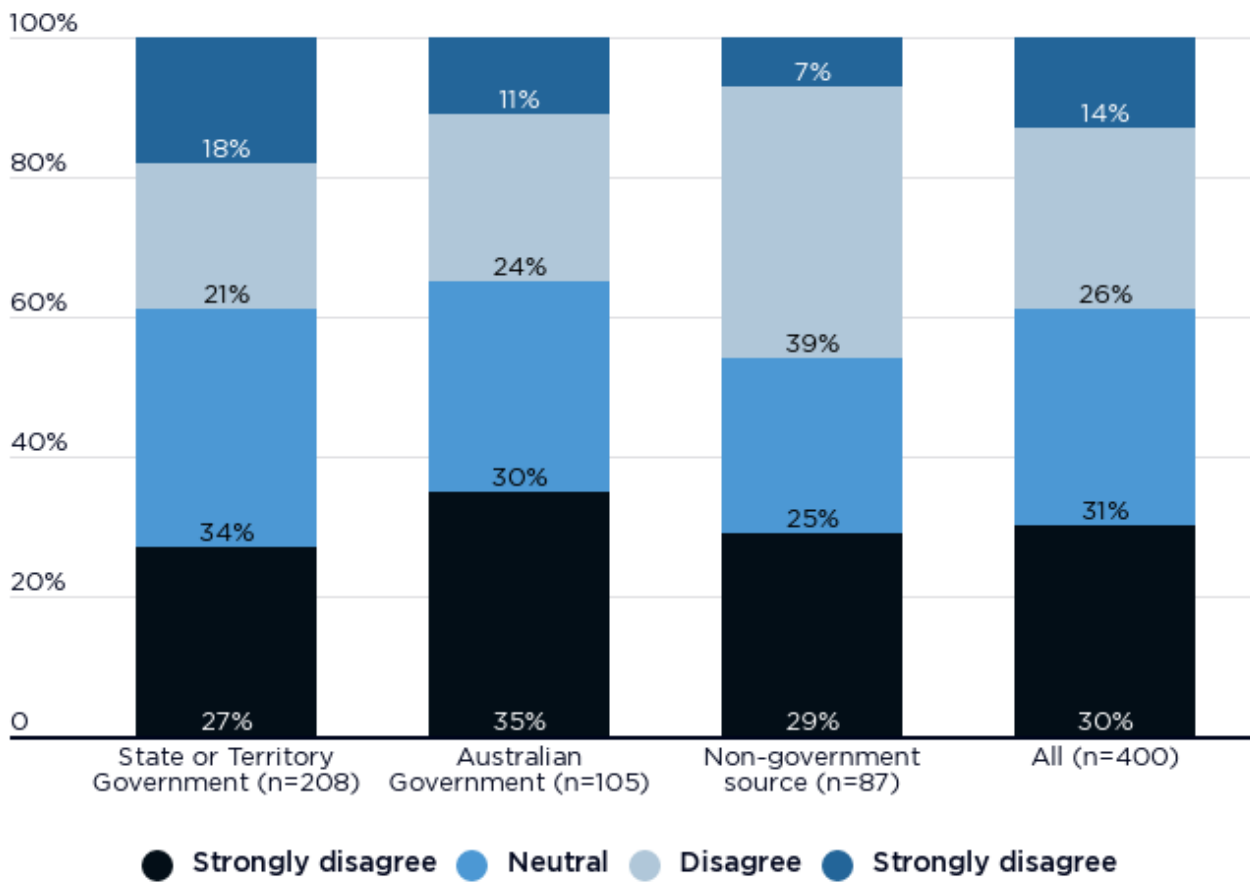
Responses on other measures are in Table 1 (adequacy in relation to innovation and service development) and Table 2 (adequacy in relation to staffing and user involvement). In relation to innovation and service development measures (Table 1), staff were much more likely to disagree than agree with each statement:

- 69% disagreed (or strongly disagreed) that funding provides resources for evaluation and only 16% agreed (or strongly agreed)
- 62% disagreed (or strongly disagreed) that funding time frames are long enough to plan for the future and only 24% agreed (or strongly agreed)
- 59% disagreed (or strongly disagreed) that funding arrangements allow them to innovate, and only 25% agreed (or strongly agreed)
- 48% disagreed (or strongly disagreed) that funding arrangements support collaboration and 29% agreed (or strongly agreed)

Table 2 shows the sector is more likely to consider that funding is inadequate for supporting staffing and user involvement:

- For the statement “Funding enables us to attract and retain high quality staff”, more than twice as many disagreed than agreed (52% compared with 25%).
- 51% disagreed with the statement “Funding enables provision of professional development”, while 30% agreed.
- 42% agreed that “Funding arrangements enable genuine involvement of consumers or people with lived experience” while 29% agreed.

Figure 13 Agreement with the statement “Indexation arrangements are adequate”, by main funding source



**Table 1 Agreement with statements about funding adequacy – innovation and service development**

	Funding arrangements allow us to innovate		Funding arrangements support us to collaborate		Funding provides resources for evaluation		Funding timeframes are long enough to plan for the future	
	n	%	n	%	n	%	n	%
Strongly agree	16	4	18	4	4	1	18	4
Agree	84	21	100	25	60	15	80	20
Neutral / unsure	66	16	89	22	60	15	55	14
Disagree	154	38	146	36	178	44	130	32
Strongly disagree	83	21	49	12	100	25	120	30
Total	403	100	402	100	402	100	403	100

**Table 2 Agreement with statements about funding adequacy – staffing and user involvement**

	Funding enables us to attract and retain high quality staff		Funding enables us to provide professional development for our staff		Funding arrangements enable genuine involvement of consumers or people with lived experience	
	n	%	n	%	n	%
Strongly agree	14	3	7	2	18	4
Agree	88	22	114	28	100	25
Neutral / unsure	88	22	66	16	112	28
Disagree	139	34	132	33	130	32
Strongly disagree	74	18	84	21	41	10
Total	403	100	403	100	401	100

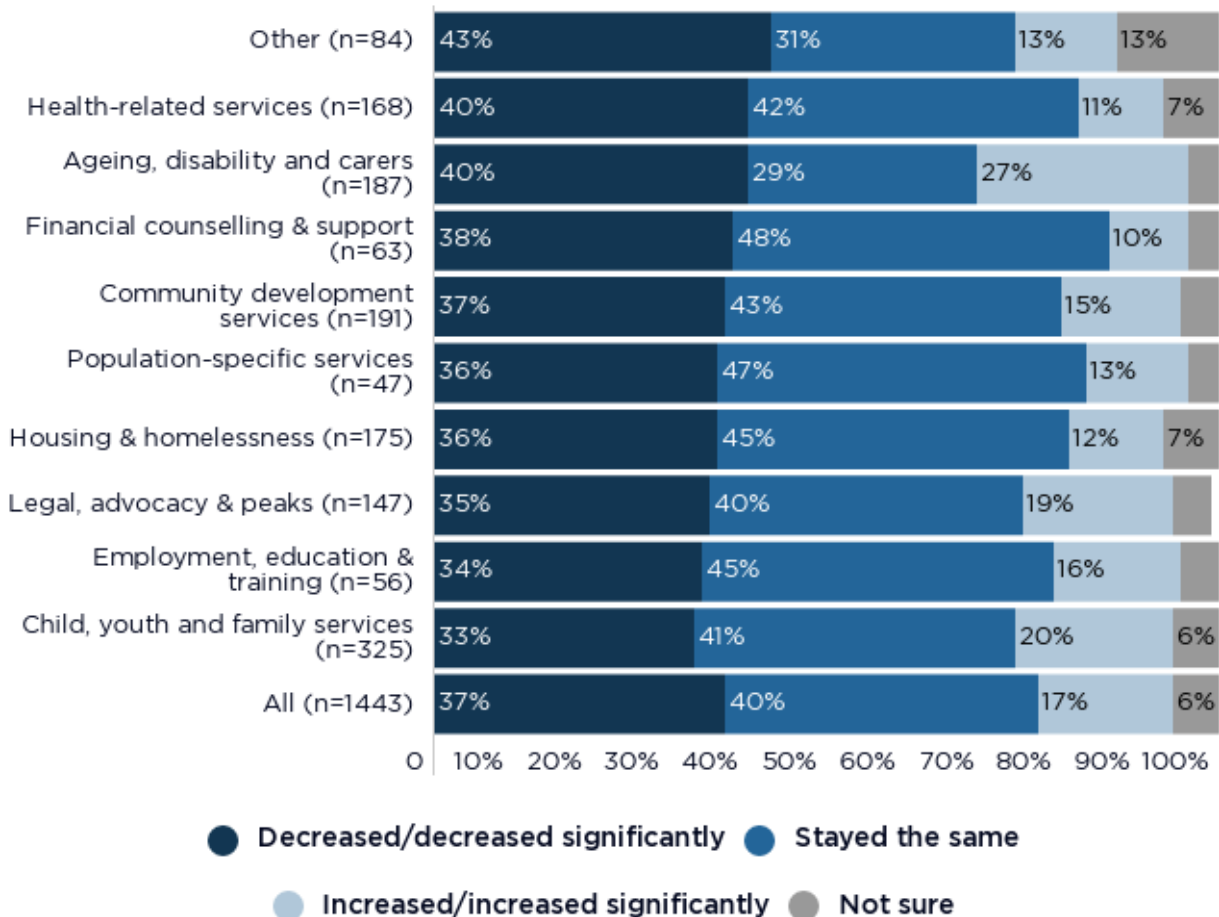
### 5.3 Changes in availability of funding in the last year

Staff were asked if, over the last year, funds for their work had increased, stayed the same, or decreased. A breakdown by main service type is provided in Figure 14.

- For most, availability of funding had either decreased (37%) or stayed the same (40%) rather than increased (17%).
- A relatively high proportion of staff focused on ageing, disability and carer supports reported increases in funds (27%), although the proportion who saw funds to have decreased was also relatively high (40%).
- Among those focused on financial counselling and support, health related services and housing and homelessness, a relatively low proportion said funding had increased (10-12%).

Breakdowns by service type and respondents' jurisdictions are shown in Appendix C, Table C. 4 and Table C. 5 respectively. Table C. 5 shows that availability of funds were perceived to have decreased by half of staff in SA (49%) and 46% of those in the NT, compared with 31% in the ACT.

**Figure 14 Whether availability of funds increased, stayed the same, or decreased, by main service type**



## 5.4 Comments on how funding sources are changing

Organisations were able to leave brief comments on how funding sources are changing or how they expected them to change. Most commonly, they described the funding pressures affecting their organisation. In many cases this related to inadequate government funding, including due to lack of indexation, and the changing structure of funding arrangements, for example:

Our [organisation's] income is rising at a slower rate than our costs which is starting to squeeze our financial viability. Funding is reducing or becoming tied to individual clients. This makes planning and development impossible. (CEO, housing and homelessness service)

The move from block funding to fee-for-service in three of our four main income streams has led to drastically increased administration costs to traverse the transition - this has not been recognised in funding models. (CEO, ageing, disability and carer organisation)

More and more grant & funding opportunities are excluding wages/staffing costs from the eligible activity list which makes things difficult when staff are already stretched. (CEO, child youth and family service)

Several mentioned the NDIS as a source of financial challenge, for example:

We have lost a significant amount of funding at both levels of government to the NDIS (over \$1m in total) and have not been able to recover this over the past 4 or so years. Currently NDIS services we run are covering cost but not contributing to overheads and thus while we have returned some of the income we lost we have lost the infrastructure and senior staff to manage it. (CEO, ageing, disability and carer organisation)

Some also mentioned it was uncertainty about government funding, rather than the funding itself, which impacted on the organisation's capacity for financial planning:

Government direction on some major nationally funded initiatives is not clear. We are one of many organisations that have multiple government funded contracts that are due to finish in June 2020. No announcements have yet been made about the future of these funding streams, which for our organisation provides a lot of uncertainty. (Senior Manager, child youth and family service)

In this context, organisations were overwhelmingly focused on generating new revenue streams to build up funds from non-government sources, including social enterprise, philanthropy and fee for service options. Some mentioned plans to do so, for example:

We are trying to figure out what we can do training or service wise on a fee for service basis that is in line with our mission and does not involve conflict of interest for our advocacy. (CEO, Advocacy focused organisation)

We are more looking at business/commercial development rather than government funding, as government funding is too fickle for financial security. (CEO, Neighbourhood Centre)

We expect to pull out of (NDIS) Support Coordination as it is not

sustainable. We expect to build up our Social Enterprise as it is our only revenue source that is free of Government price fixing and unrealistic contracts. (CEO, community development organisation)

Others were actively diversifying new income streams and had found strategies to promote growth.

We have invested in a strategic plan around fundraising for the organisation and we have increased the amount of money we raise through delivery of services to try and increase the financial stability of the organisation and diversify our funding streams. (CEO, child youth and family service)

NDIS is still growing for us, a new building will enable more co-located services = increased rent [+savings from decommissioning of old buildings] (CEO, health focused service)

**“The move from block funding to fee-for-service in three of our four main income streams has led to drastically increased administration costs to traverse the transition - this has not been recognised in funding models.”**

**(CEO, ageing, disability and carer organisation)**

However, some found turning to private income was not ideal. Many mentioned that generating income on a fee for service model was difficult, including where unit costs didn't allow for infrastructure costs or sustainability, where it was difficult to compete for clients, and a few mentioned withdrawing from NDIS services for financial reasons. Another described how it was unrealistic that they would be able to generate income from their client base:

Expectation that we will all have something to sell as a social enterprise when our client base is highly disadvantaged, at risk of homelessness and victims of FDV and other crime does not recognise the pressure to provide those services. (CEO, community legal service)

We are finding it more difficult to fill learning and development programs that require fees to participate. No fee learning and development activities fill up. (CEO, advocacy focused organisation)

Some explained the limitations of philanthropy, for example, which included unstable funding, because of cyclical patterns of donating, and because of increasing competition for, and demands of, philanthropic funding.

Philanthropy is difficult to rely upon for the bulk of the funding and can significantly reduce and change with the economy. (Senior manager, population-specific service)

Continued competition for philanthropic funding. Increased expectations from philanthropy re outcomes and impact of funding provided. (Senior manager, advocacy focused organisation).



## 5.5 Funding arrangements that are working well

Organisational leaders were asked if they have any examples of funding arrangements which are working well, or ideas for improvements. A number of respondents commented on arrangements that worked well for the sector focused on the duration of funding agreements, and their adequacy for covering the full costs of service delivery. In terms of duration, comments focused on how longer term funding works better, as it gives organisations more security and continuity, allows organisations to plan more strategically and attract better staff. This was seen favourably, although where longer funding contracts were on offer, this did not necessarily resolve every issue faced by the organisation:

4 year federal agreements have been great, a 5 year agreement is even better (CEO, legal and advocacy service)

[Our state] has introduced 3+3+3 contracts for NGO delivered services (CEO, peak body)

The shift to 5 year service agreements has been welcomed. However, there remains uncertainty in the sector and most staff are employed only part-time reducing our ability to retain quality staff. (CEO, child, family and youth)

Adequate levels of funding were strong themes, reflected in points made by participants about indexation and the need for funding to fully cover the work of the community sector. Several mentioned indexation, pointing out how government funding was not keeping up with rising operational costs such as wages, rent and administrative costs. For example:

Compounding indexation should be mandatory in all government contracts. Indexation equal to the annual rate of mandated wage increases should be mandatory in all government contracts. Federal Govt contracts should not be allowed to decrease funding in year 3 [of] a 5 year contract and expect the same level of service provision. (Senior manager, disability, ageing and carer service)

Some mentioned that as well as being indexed in line with CPI, funds also needed to be indexed in relation to population growth, as this was contributing to rising demand.

In addition to indexation, funding adequacy, in terms of coverage of staffing costs was also noted:

Specific funding arrangements that work well take into account the need for enough funding to support recruitment, training and development of suitably qualified and experienced employees to work safely with the people they support. (CEO, disability service)

Adequate coverage of staffing costs was especially important in the context of the potential cessation of ERO supplementation:

Our Federal Government funding has not been indexed in three years and will not be indexed going forward. When the ERO ceases in 2020 there is no plan for wage growth in the sector going forward. Both of these things need to be addressed, or Governments need to re-adjust their expectation of deliverables/outcomes from the sector - we can't always do more with the same or less. (Senior manager, community development service)

Funders' coverage of evaluation and engagement was also important, and several mentioned that while they tended not to be common, good funding arrangements involved allocated or 'ringfenced' amounts for monitoring and evaluation, and to engage the community. In addition, organisational leaders pointed out that decent funding arrangements generated levels of administration and reporting which were appropriate. As one explained:

Some funding agreements do not include intrusive KPIs. This is highly beneficial as it does not interfere with service delivery. Other programs require so much administrative oversight that it becomes a matter of servicing the contract not the people. (Senior manager, child, family and youth service)

Small funding applications (i.e., 3k to 10k) are not helpful as they are time consuming and require so much information vs a larger application. (CEO, health related service)

Another pointed out that support in terms of administrative and reporting systems would be provided under decent funding arrangements:

Funding contracts require prescribed output and outcome reporting - it would be great if the funders provided the data collection software to record and collate the necessary information. (CEO, child, family and youth service)

Funding processes were also identified as important dimensions of funding arrangements that worked well. Comments related to the way funds were allocated, including the nature of tendering processes, along with relational aspects of funding arrangements, such as having good relationships with contract managers, and funding agencies listening to organisations and considering (and valuing) what the community sector is delivering. One explained the need to shift from funder-centred models to user-centred models:

As a generalisation, funding agencies seem to structure funding programs to suit their own administrative needs rather than the needs of the communities or people the funding is supposed to benefit. For example, there is a tendency to reduce [the] number of organisations funded in favour of funding either very large NGOs or consortia. This is not always to the benefit of recipients but it reduces administration for the funding department. (Senior manager, population specific service)

In terms of funding arrangements, many staff were positive about place-based community-controlled arrangements, co-design and hub models, which were seen as enabling services to work more in-line with the needs of local communities. Further, comments noted that the specificities of the service user group should be recognised in setting funding levels, for example:

NDIA needs to understand the extra needs of CALD people with disability. They are currently given the same level of supports as people in highly-educated (comparatively) English-speakers are. This COMPLETELY ignores their extra needs. Even a concept as basic as needing more therapy and support coordination hours due to it taking longer to work through interpreters is ignored and knocked back when asked for. (CEO, disability service)

While the vast majority of the comments related to public funding

arrangements, a few commented about private funding sources. One suggested combined pooling of philanthropic arrangements, which would reduce competition amongst smaller not-for-profits and enable better collaboration. Others noted the importance of corporate sources of support, and social enterprise. For example:

Social enterprise is an excellent model and commercial income enables us to make our own decisions about how revenue is used, but there is both a productivity gap and a support cost in what we do, and not enough appetite from government to support social enterprises to do more by funding that gap and additional cost on a long-term basis. (CEO, employment, education and training service)

**“Compounding indexation should be mandatory in all government contracts. Indexation equal to the annual rate of mandated wage increases should be mandatory in all government contracts. Federal Govt contracts should not be allowed to decrease funding in year 3 [of] a 5 year contract and expect the same level of service provision.”**

**(Senior manager, disability, ageing and carer service)**

For a small number of respondents, social enterprise enabled a degree of independence and relief from restrictive government funding arrangements, or to respond to priorities which fall outside priorities of philanthropy and government:

We generate our funding for community services from a range of businesses we operate. This is working well for us as it frees us from constraints associated with government and other types of funding, allowing us to be more innovative, inclusive and plan long term with our services. (CEO, community development service)

Funding raised by the organisation through social enterprise and other fund raising activities while difficult to get and not predictable from year to year has provided the organisation to respond to identified local issues in a positive way often these issues don't fit neatly into philanthropic priorities or any of the various government funding streams. (Senior manager, ageing, disability and carer service)

Many noted flaws and risks associated with the funding models they worked under, and noted pressures of a lack of funds or diminishing funds, or specific problems under particular programs, including the NDIS. Accounts of these pressures, from leaders working in two different community sector contexts, are provided in Figure 15.

**Figure 15**      **Voices from the field: Perspectives on funding arrangements**

The funding is simply not keeping pace with the rising cost of wages and the rising requirements surrounding compliance and risk. The funding also supports a part time worker arrangement which makes it difficult to retain staff and attract the right staff. The level of skills and knowledge to run a neighbourhood house in 2019 is significantly higher than that of even 10 years ago, yet there is no additional money to support this. As an Executive Officer, I am expected to be a HR Manager, Finance Manager, Early Childhood Expert, OH & S/Marketing/Sales/Project Worker/Grant writer etc. I need to be able to do all this, oversee staff and an organisation, report to a Board - so add Governance expert, report to Government bodies - and all in just 28 hours per week! It's actually very flawed and extremely risky.

(CEO, community development service)

Current funding is inadequate, constantly at risk of being revoked or restructured, and not fit for the purpose. The volunteering sector covers all government areas, saves the government billions per year and is an excellent investment of resources. Funding should represent that. Current funding overly emphasizes supporting vulnerable and marginalised people into volunteering, and not enough recognition of the role of volunteers and volunteer involving organisations throughout Australia play in improving social, economic, community and cultural development, as well as physical and mental health. Good volunteer management does not occur by accident. There are costs that need to be factored in. It is especially important with changing social trends.

(Senior manager, community development service)

## 5.6 Changes in funding needed to strengthen the sector

At the conclusion of the survey, all respondents were asked, 'Before we finish, would you like to say anything else about what would help strengthen the community sector?' Over 700 respondents offered over 1000 suggestions, of these, a third related to funding.

Most commonly, respondents argued for increases in funding to strengthen the sector and the communities they serve, for example:

Government funding needs to be increased. The level of funding over the past 10 years has not really increased and services are struggling to maintain current services. Increased corporate sponsorship will also help. (Administrator, housing or homelessness service)

More funding. Always more funding. New funding -- not pulling funding from one thing to pay for something else. If social services are properly funded the economic flow-ons will be significant and community cohesion will be improved. (Communications, policy, project or research officer, legal, advocacy or peak organisation)

More funding - removing the barriers in our service for all people [who need it] to be able to access our service as previously funded. (Practitioner, legal, advocacy or peak organisation)

Respondents also felt that community services would benefit from longer term funding contracts and greater security around funding:

Longer contracts. Funding certainty - no giving us 1 month's notice of pulling funding. (Administrator, legal, advocacy or peak organisation)

Longer periods of financial commitment / contracts from Government to provide certainty to the sector and staff in the sector (less 12 month/2 year contracts and funding agreements). (Management committee member, housing or homelessness service)

Many connected the need for higher levels of funding, longer contracts and greater funding security to the employment conditions of community sector staff:

Attracting and retaining highly skilled staff is difficult in this sector, due partly to salary and partly to insecurity of funding. (CEO, community based service)

Increased funding to attract employment of qualified staff and to pay for staff professional development opportunities. (Coordinator, community based service)

More funding to be able to do what we do for more people. More staff would ensure that other staff members are not under as much pressure and would protect them from negative health impacts like burn out. (Practitioner, legal, advocacy or peak organisation)

Some respondents argued that competition for government funding limits collaboration between services, which does not serve the community sector, or the community, well:

Communication and collaboration is key. Competing for funding seems to put a wedge in between different organisations and leads to worse outcomes for shared client groups. (Coordinator / Team leader, population specific service)

Less competition for funding - it limits cooperation between services. (Practitioner, housing or homelessness service)

Many people I speak to say that competitive tendering means services are discouraged from collaborating - which I believe has a significant impact on consumers and the sector. (Communications, policy, project or research officer, housing or homelessness service)

Some argued that there is a lack of understanding within funding bodies of the particular needs of rural and regional communities, and of the operating environment for community services in these locations.

[There should be] greater understanding of the difference between rural based organisations and metropolitan eg: Service access/choice, transport, employment, housing, socio economic challenges. (Coordinator, ageing, disability and carer service)

[We need] investment in suitable housing in rural areas, we operate in a rural but not remote area and we ARE DIFFERENT to regional cities. (CEO, health-related service)

As a regional/rural area, we experience higher levels of disadvantage than city areas. There is not enough funding for regional/rural areas and, anecdotally, we are hearing from our members and stakeholders and communities that access to health and social care is getting harder in rural and remote areas. It's an accumulation of disadvantage upon disadvantage. (Coordinator, ageing, disability and carer service)

They argued that funding should take into account the distances that workers travel:

Better funding & increased knowledge of the distances regional workers travel to meet clients needs. (Coordinator, ageing, disability and carer service)

We are expected to travel further to meet needs in rural VIC without the support of additional resources like time and staff. (Practitioner, ageing, disability and carer service)

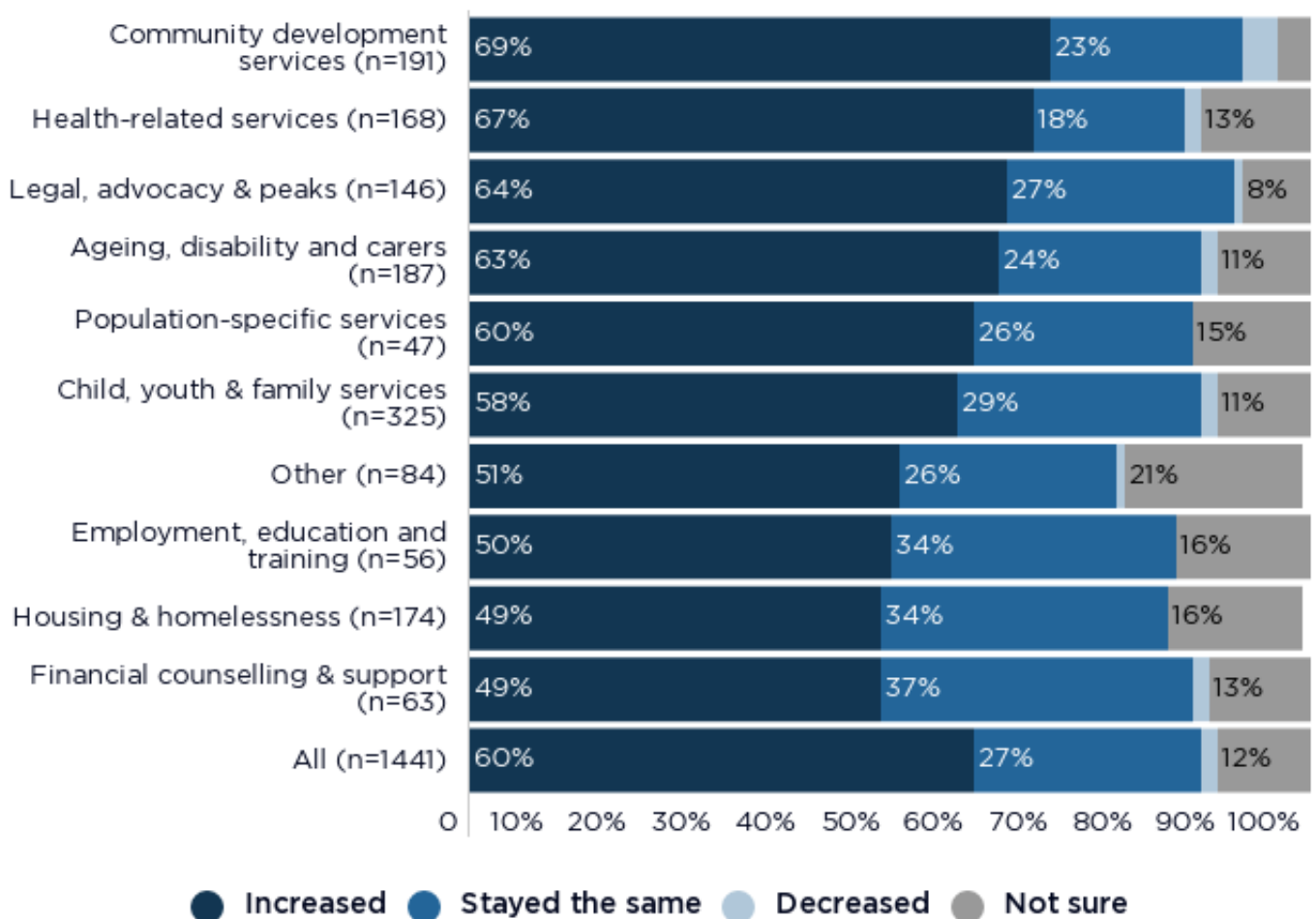
## 6 Perspectives on the operating environment

The survey captured key issues in the operating environment, including competition and collaboration.

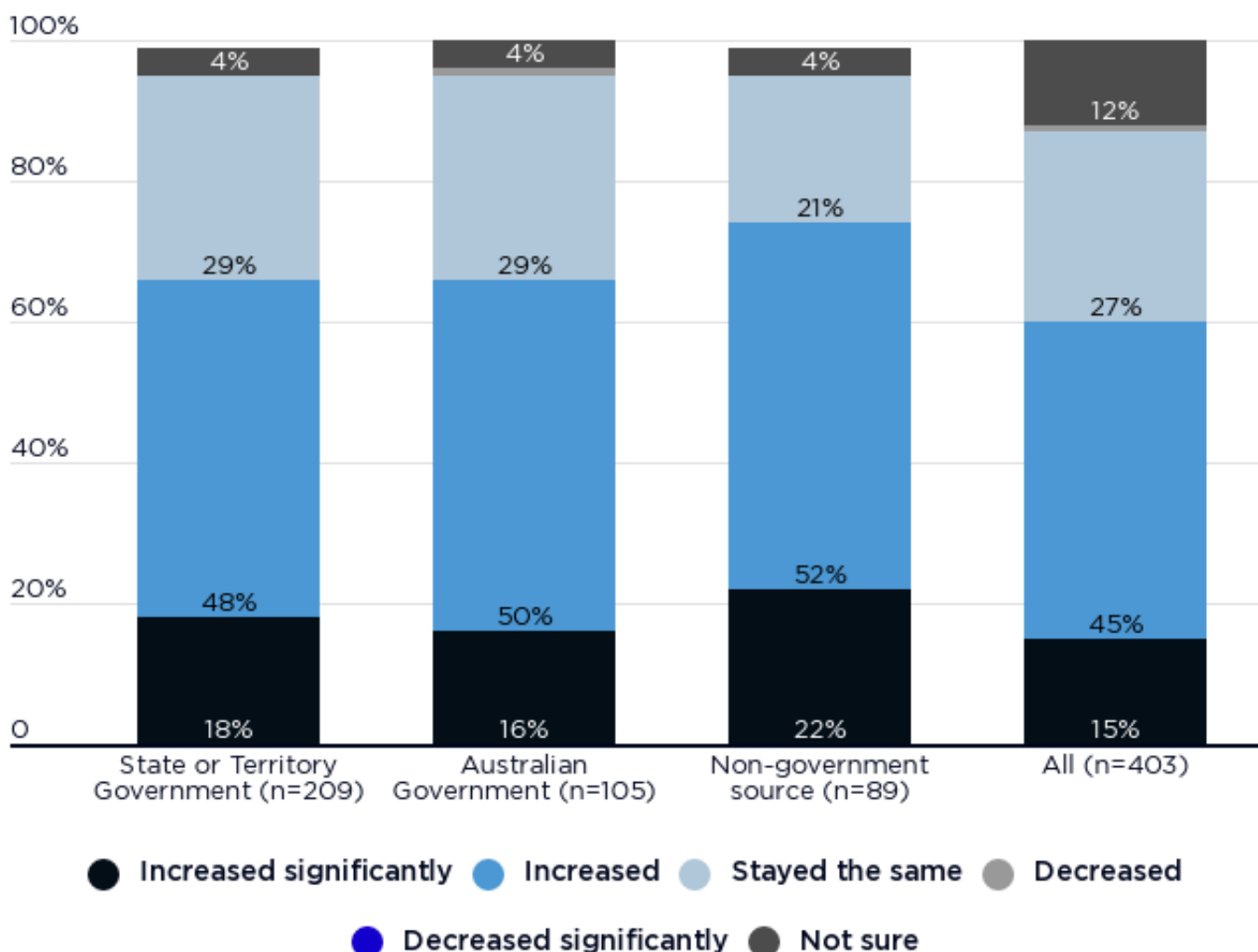
### 6.1 Competition for funding

To assess competition, respondents were asked if they felt competition for funding had changed in the last year. Figure 16 shows that overall, 60% of respondents said competition for funding had increased, and very few (1%) reported decreases, although there was some variation according to respondents' main service type. Those whose main service was community development, health-related services, legal, advocacy and peak body services, or ageing, disability and carer services were most likely to say competition for funding had increased (all over 60%).

**Figure 16 Whether competition for funding increased, stayed the same, or decreased, by main service**



**Figure 17 Whether competition for funding increased, stayed the same, or decreased, by main funding source**

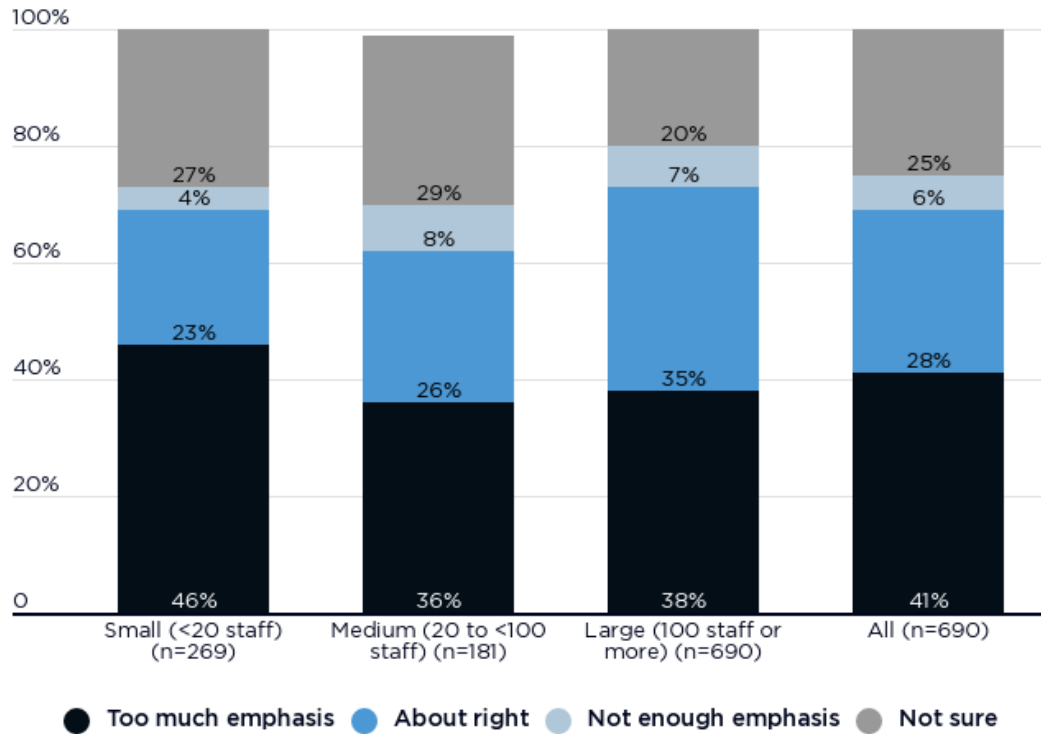


A question was also asked to capture perceptions of the level of emphasis funders were placing on competition. This varied according to the size of organisations, as shown in Figure 18. Compared with larger organisations, those in organisations with less than 20 staff were more likely to report that funders place too much emphasis on promoting competition (46% compared with 36% in medium sized organisations and 38% in larger organisations).

Organisational leaders’ responses demonstrate some variation according to the organisation’s main funding source. Those whose main source of funding was the Australian Government were most likely to say there was ‘too much’ emphasis on promoting competition (57%) compared with 44% of those whose main funding source was a state or territory government and 37% of those for whom non-government sources of funds were most important.

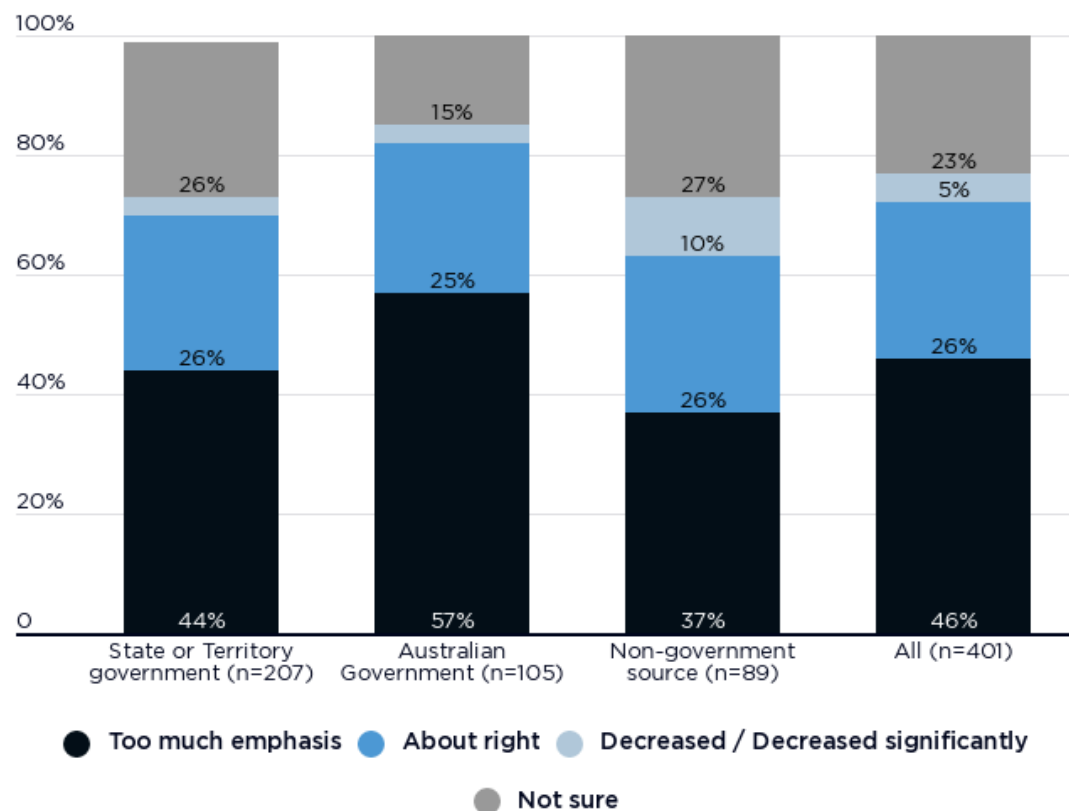


**Figure 18 Perceptions of the emphasis funders place on promoting competition, by size of organisation**



Note: Questions about perceptions of the emphasis of funders were asked of organisational leaders, senior managers, coordinators, and members of management committee or board only, in relation to respondents' main service.

**Figure 19 Organisational leaders' perceptions of the emphasis funders place on promoting competition, by main funding source**



Note: Questions about perceptions of the emphasis of funders were asked of organisational leaders, senior managers, coordinators, and members of management committee or board only, in relation to respondents' main service. The organisation's main funding source was captured for CEOs and senior managers only.

## 6.2 Collaboration

Respondents were asked to rate the emphasis that funders place on fostering collaboration. Figure 20 shows:

- Overall, half (50%) thought there was not enough emphasis on fostering collaboration, while 40% felt the emphasis was about right.
- Differences by main service type indicate that those focused on ageing, disability and carer were most likely to say there was not enough emphasis on fostering collaboration (63%) and least likely to say the emphasis was 'about right'.

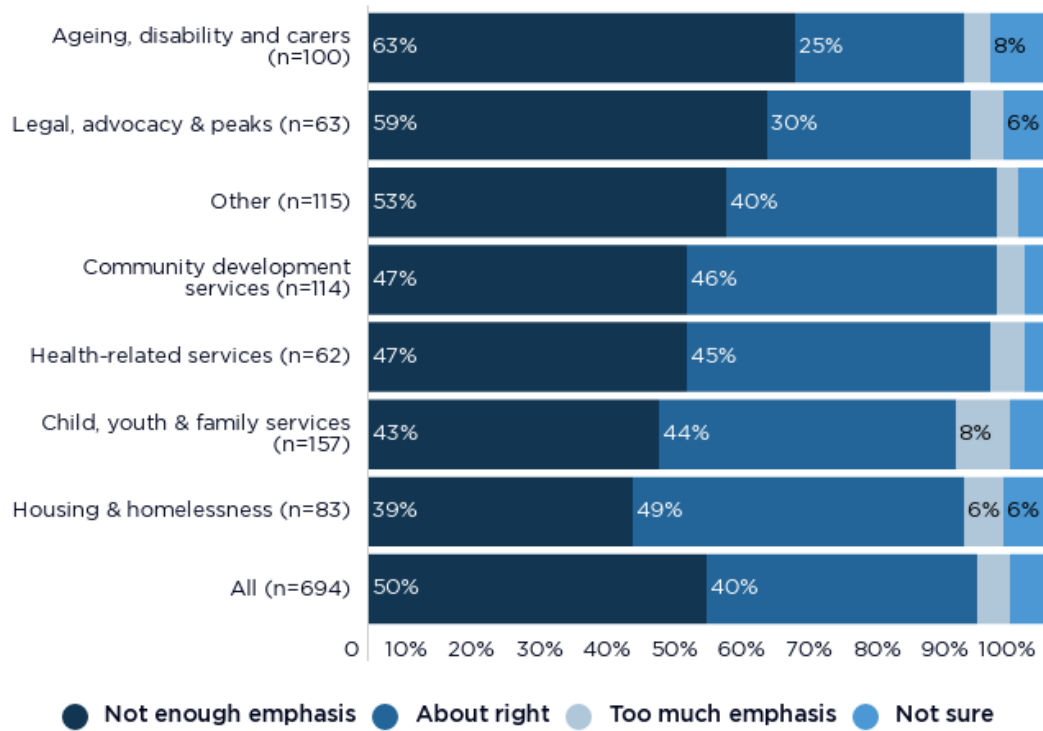
Perceptions of changes in the capacity of services to work together was also captured (Figure 21):

- Respondents were more likely to see capacity to work together to have increased than decreased in community development, child, family youth, legal, advocacy and peaks, housing and homelessness and other services.
- However, capacity to work together was more likely to be observed to have decreased than increased among those in organisations focused on ageing, disability and carer services, and health related services.

This also varied by jurisdiction (Figure 22).

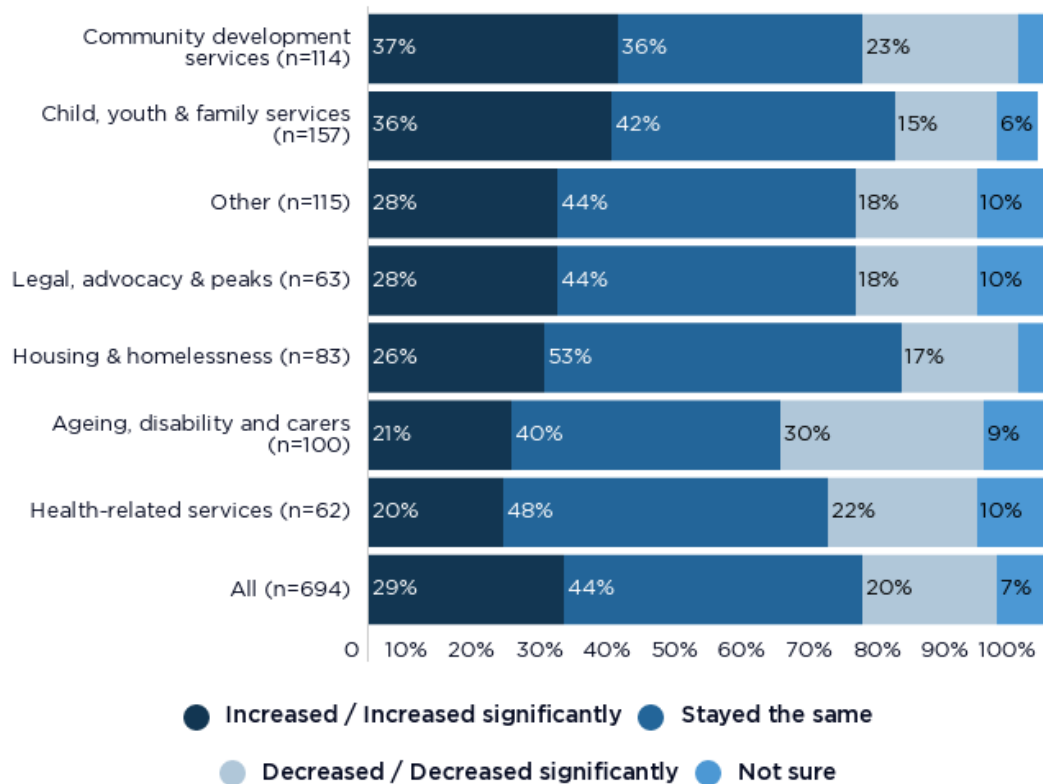
- Respondents from NSW and SA were most likely to feel that capacity to work together decreased.
- Higher proportions perceived it to have increased in WA, NT and Victoria.

**Figure 20 Perceptions on the emphasis funders place on ‘fostering collaboration between services’, by main service type**

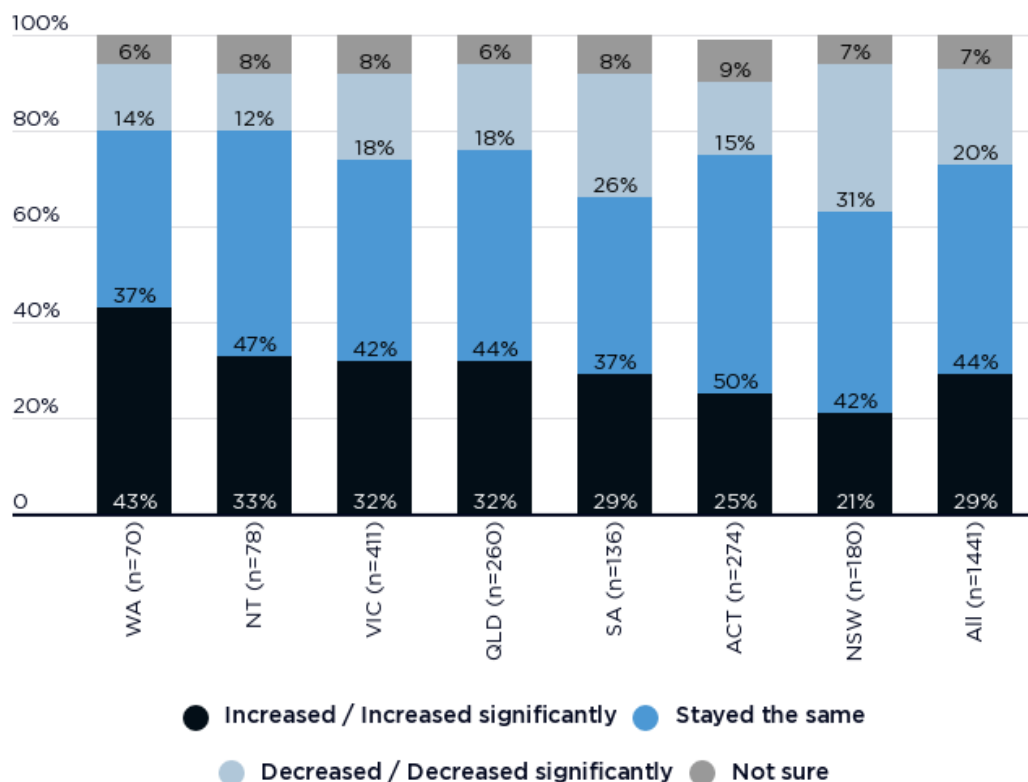


Note: Questions about perceptions of the emphasis of funders were asked of organisational leaders, senior managers, coordinators, and members of management committee or board only, in relation to respondents’ main service.

**Figure 21 Whether respondents felt “capacity of services in our network to work together” had changed in the last year, by main service type**



**Figure 22 Whether respondents felt “capacity of services in our network to work together” had changed in the last year, by jurisdiction**



Note: Responses from Tasmania are included in ‘All’ but not separately reported due to low numbers.

### 6.3 Comments on collaboration

At the end of the survey, respondents were asked to comment on anything else that would help strengthen the community sector. Collaboration was one of the most commonly discussed topics. Respondents wanted improved collaboration between different services and organisations in the sector, as well as better collaboration with government. This reflects the survey responses discussed above (Figure 22), in which the largest groups felt there was not enough emphasis placed on fostering collaboration and that capacity for services in their network to work together had failed to improve in the last year. Most often, their comments pointed to a belief that the sector as a whole would be stronger if organisations collaborated better and more often. For example:

Collaboration, interagency forums, consultation with staff and clients.  
(Practitioner, housing and homelessness service)

Regular meetings with and exchange of ideas from these meeting.  
(Practitioner, health-related service)

Greater cross-service and cross-organisational collaboration and coordination.  
(Practitioner, community-based service)

Some pointed to benefits for advocacy and systemic change:

More collaboration between organisations to better evidence and demonstrate the social issues and gaps currently faced by vulnerable and disadvantaged people. (Policy officer, population specific service)

I think we need to find ways to advocate together for the mechanisms that will improve things for our clients - income security, housing, appropriate support for young people in care, adequate mental health services. We are all running around trying to support people in an environment that is structurally unable to provide them with a life that is manageable. (Policy officer, housing and homelessness service)

Sometimes, they were focused on a need for improved information about other services, so they could better meet the needs of their clients:

We continue to operate in silos. Many of our clients have multiple constraints and are having to repeat their 'story' many times over. Joined up services, stronger partnership and community hubs would overcome this considerably. (Policy officer, ageing, disability and carer service)

[I need] information on other services available, so I can refer participants. More ability to collaborate with other organisations. (Practitioner, housing and homelessness service)

We need a reliable data base...so we can see who is doing what and be able to collaborate. [This would] increase effectiveness...- one alliance to meet a need instead of 6 small orgs. I am often hearing about a new service or funding allocation - it is hard to keep up. [It would be good to have] one central place to really know what skills and programs are out there to assist us and our clients. (Practitioner, health-related service)

A number of respondents felt that funding and contractual arrangements impeded good collaboration, saying the sector would be strengthened by:

...putting aside the inherent competition that exists and supporting each other. (Senior manager, ageing, disability and carer service)

...a collective impact approach rather than a competitive tendering approach. (Coordinator, financial counselling and support)

...better communication between services, I feel strongly that we are all still working in silos and due to privatisation are competing for clients or 'targets' that we lose sight of the impact clearer communication and collective collaboration can have on our practice. (Practitioner, child, youth and family service)

...funding security and systems that foster collaboration and not competition amongst community service providers. (CEO, population-specific service)

A number of other respondents felt that improved collaboration the community sector and governments would strengthen the sector:

Working truly in partnership with government to engage with the community in preventative community building and connecting work. (CEO, legal, advocacy or peak organisation)

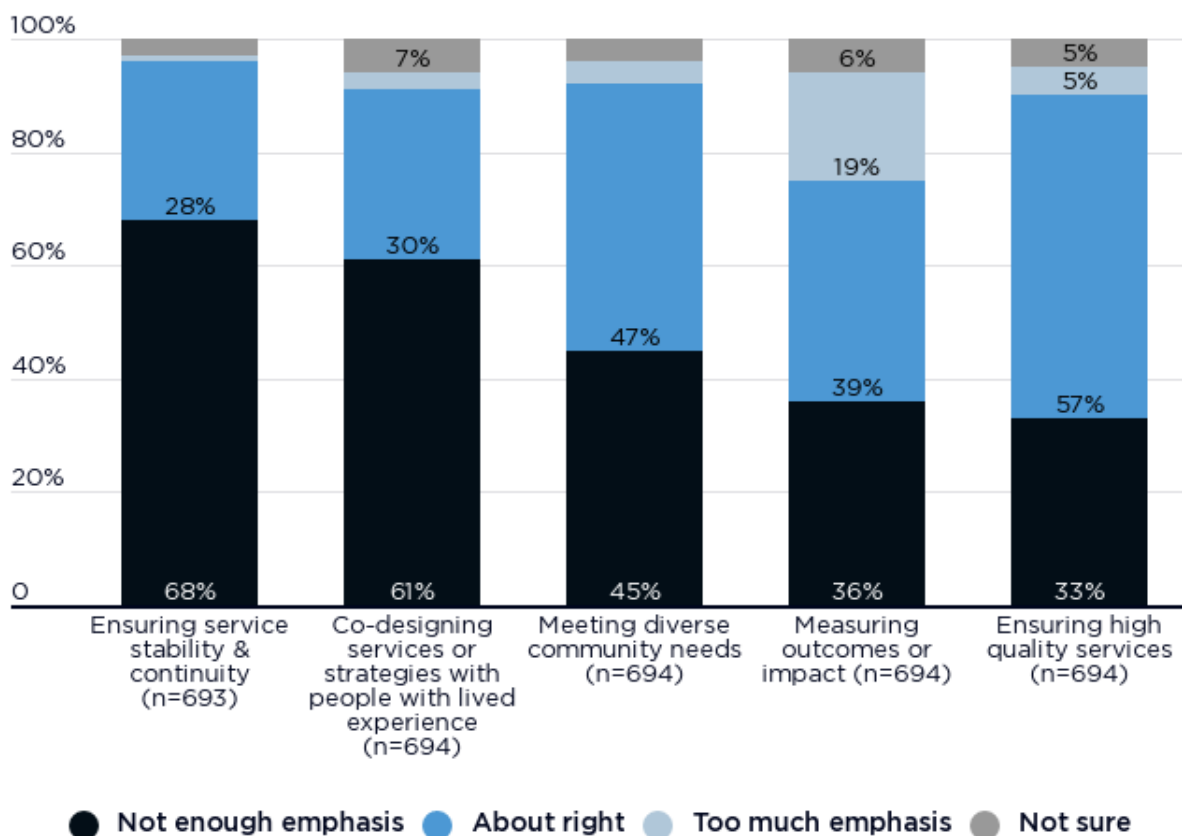
Touch points between NDIS and other government systems to be collaborative and customer focused rather than competitive or even combative. (Senior manager, ageing, disability or carer service)

Collaboration and understanding from government. (CEO, child, youth and family services)

## 6.4 Other priorities in the operating environment

Views on other priorities in the operating environment are shown in Figure 23. Most respondents felt funders were not placing enough emphasis on ensuring stability and continuity (68%), or co-designing services or strategies with people with lived experience (61%).

Figure 23 Perceptions of level of emphasis funders place on various priorities



## 6.5 What is working well

The survey asked respondents to provide examples of services, programs, or initiatives which seemed to be impacting positively on the people accessing services or their communities. Just under half of these mentioned specific individual policies or services which they thought had been beneficial. The most frequently mentioned was the NDIS. However, these comments usually came with a caveat about perceived failings in the program.

NDIS has made a huge difference in people lives despite issues with implementation. (Team leader, ageing, disability or carer service)

NDIS has been great for many people, but the service system is not able to meet the demand. (CEO, ageing, disability or carer service)

Some NDIS services seem to deliver quickly and meet the expectations of the client. Others are terrible. Not sure why the discrepancy. (CEO, health service)

NDIS can and does make very positive impacts when it works, it is the administration and government systems that inhibit this. (CEO, ageing, disability or carer service)

## **“Touch points between NDIS and other government systems to be collaborative and customer focused rather than competitive or even combative.”**

**(Senior manager, ageing, disability or carer service)**

Others discussed a range of approaches and practices which contribute to positive outcomes. These most often included:

- Locally-based, community-led initiatives, for example,  
Aboriginal driven and collaborative working with Aboriginal communities. Changing work culture to embrace Aboriginal culture as the driver for change. (Practitioner, child, youth or family service)  
Programs that have been delivered for 5 or more years have great traction and have had time to make meaningful, respectful relationships with people and communities. (Senior manager, child, youth or family service)  
Connection and inclusiveness to the community. (Practitioner, housing or homelessness service)  
Community based mental health services that bring services to people when they need them are proving most effective for people seeking mental health support. (Project officer, health related service)
- Collaboration between services or between government and services, for example,  
The cooperation level between NGOs and with government is positive, although there is sometimes insufficient funding for an activity. (Management committee member, legal, advocacy or peak)  
Partnerships between Aboriginal Community Controlled Services and mainstream services, when led by the Aboriginal service. (CEO, legal, advocacy or peak)  
Service collaboration and no wrong door policies between services. (Coordinator, child, youth or family service)  
Collective impact initiatives, with funding to meet local service gaps, have been shown to have positive impacts. (Policy officer, legal, advocacy or peak)

# 7 Financial position and sustainability

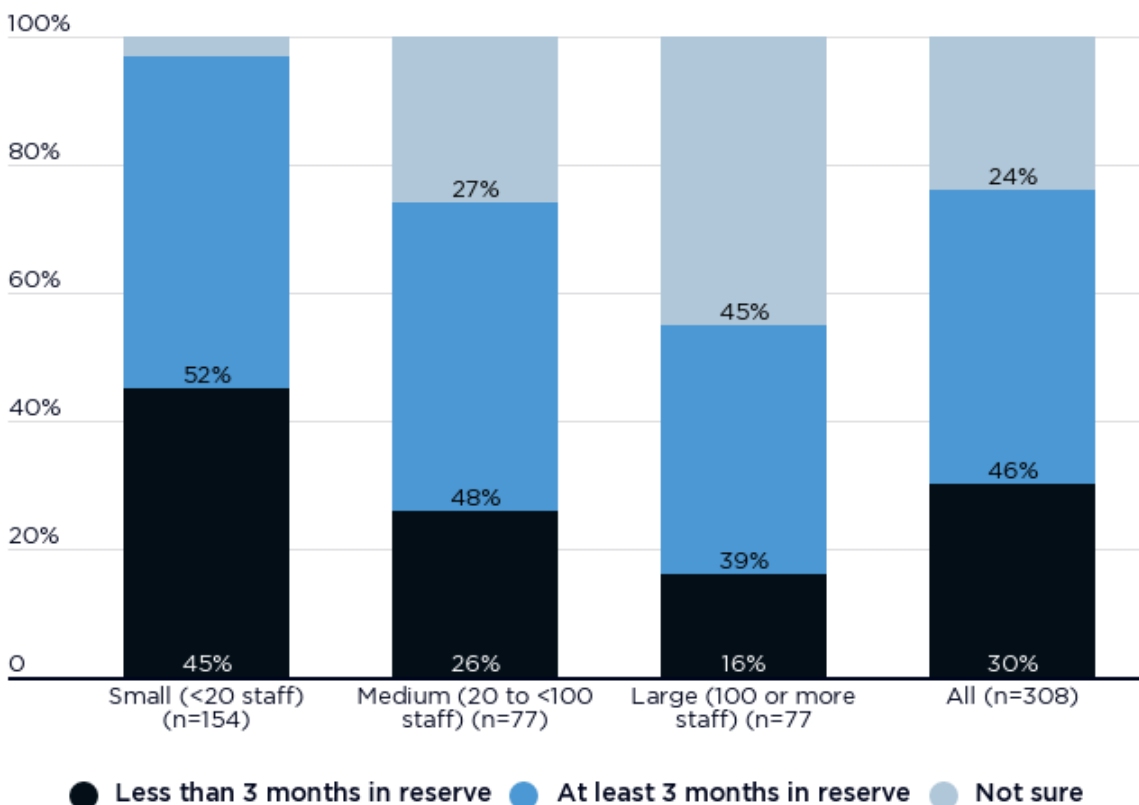
To explore community sector organisation’s financial position and sustainability, organisational leaders were asked about their organisation’s financial reserves, changes in their financial position, their organisation’s responses to financial pressure, and priorities for investment. In addition, a question about experiences with financial institutions was asked, given its role in supporting organisational capacity and sustainability.

## 7.1 Financial reserves

Organisational leaders were asked how much cash their organisation usually holds as a financial reserve. This captures how long the organisation’s cash reserves would cover their expenses, which is an internationally recognised indicator of not-for-profit financial status<sup>7</sup> and recognised by the ACNC as important to stability<sup>8</sup>.

The proportion which held at least three months in reserve is shown in Figure 24, according to the size of organisations. Small organisations were most likely to hold less than three months of spending in reserve, while large organisations were more likely to be unsure about their reserve levels. Reserve levels by jurisdiction is in Appendix C, Table C. 6.

**Figure 24 Proportion of organisations which usually held at least three months of expenditure as a cash reserve**

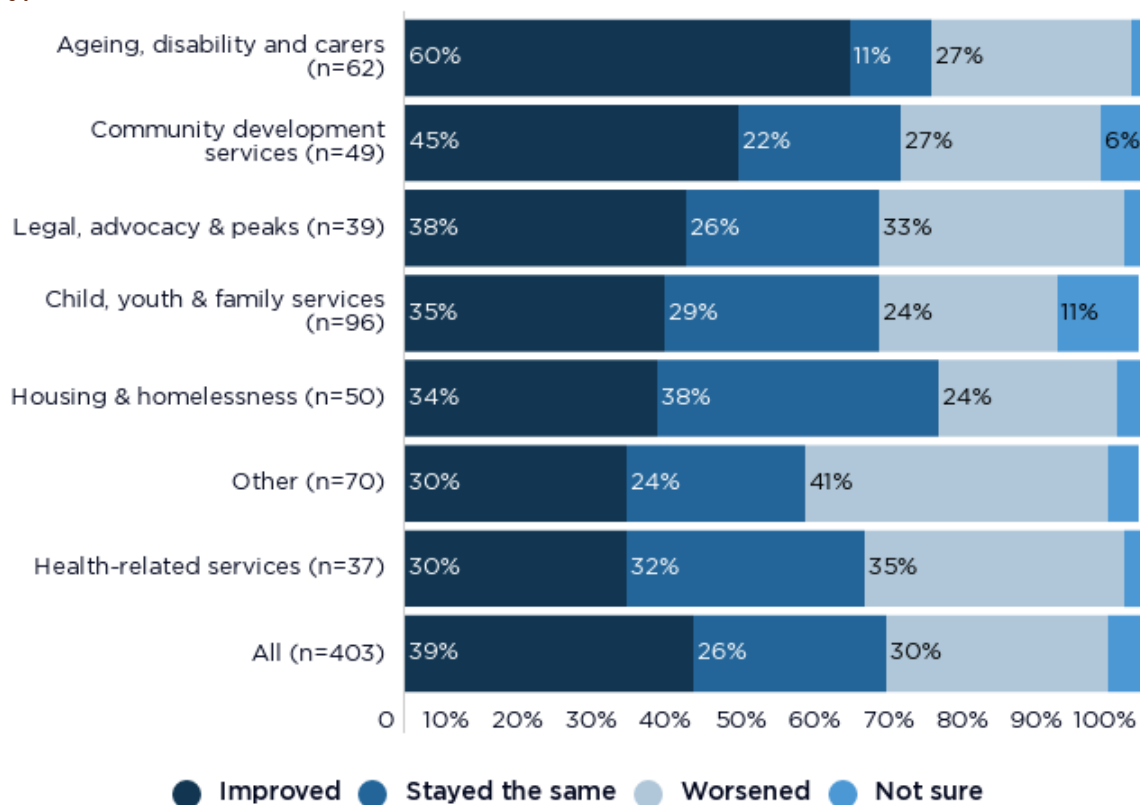




## 7.2 Changes in organisations' financial positions

Organisational leaders were asked if their financial position had improved, stayed the same or worsened. Finances had generally improved for two in five (39%), stayed the same for a quarter (26%) and worsened for 30%. This differed according to main service type, as shown in Figure 26. For ageing, disability and carer organisations, a relatively low proportion reported their financial position had stayed the same (11%), while 60% reported improvements, perhaps reflecting the impact of NDIS and other large scale reforms on financial position in previous years.

**Figure 25 Whether organisation's financial position improved over the last year, by main service type**

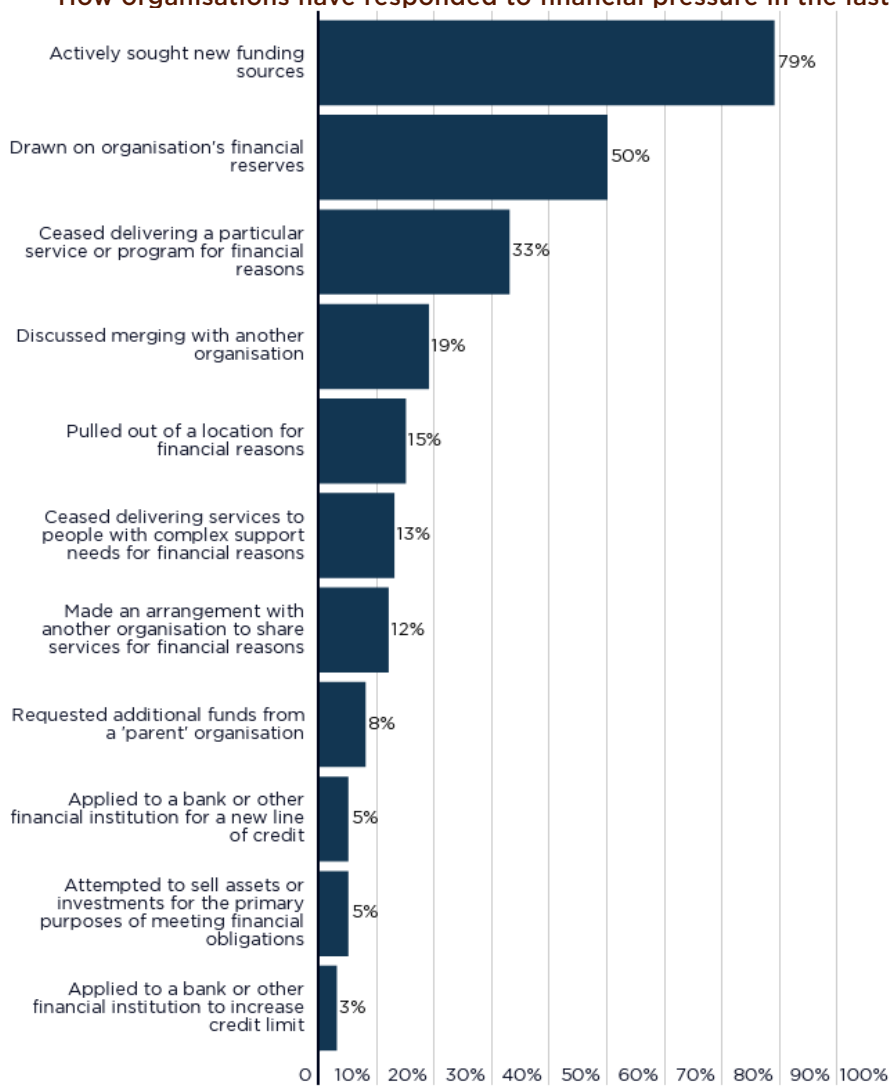


## 7.3 Responses to financial pressure

Organisations were asked how they had responded to financial pressure. This is shown in Figure 26. The most common response was to actively seek new funding sources, reported by 79% of respondents, and 50% reported drawing on the organisation's financial reserves. Financial pressures also however, had implications for service delivery:

- A third responded to financial pressure by ceasing delivering a particular service or program for financial reasons (33%);
- 15% said they pulled out of a location for financial reasons; and
- 13% reported they ceased delivering services to people with complex support needs for financial reasons.

**Figure 26** How organisations have responded to financial pressure in the last year (n=406)



Note: respondents could select more than one option.

## 7.4 Areas for investment

When asked what their top priorities for investment in the organisation were, the majority who left comments (59%) mentioned staffing related factors or workforce development, including additional staff, training, professional development and HR management. By investing in their workforce, organisations saw a way to expand programs, improve quality and improve stability for people accessing services. Comments included:

Funds that allow us to pay higher wages/classifications to deal with competition for staff and recognise increased complexity of work undertaken by our staff. (CEO, housing and homelessness service)

I would increase the rate of pay for our staff who are highly qualified and with years of experience. As an employer it is difficult to attract quality staff when offering rates of pay that are embarrassing and can be seen as an insult to people who have studied for 6 plus years to achieve their qualifications. (CEO, child, youth and family service)

Investing in the workforce through training or recruitment also provided a way to recognise and value the contributions of staff, for example:

Invest in staff-training and increase staff numbers so that we can greatly increase our response to the needs in the communities (CEO, Ageing, disability and carer service)

In addition to investing in their workforce and expand services into new areas or service types, organisational leaders also highlighted the need to invest in their premises, administration and IT. Examples were a bigger office, shared buildings to reduce rent, renovating premises, or being able to purchase premises to reduce the need to pay rent and increase the long term stability of the organisation. Many also mentioned investing in housing for the people accessing their services. Some mentioned the need for equipment and technology, and social enterprise, and a few indicated they would invest in evaluation, governance, collaboration and innovation.

## 7.5 Financial institutions

An open-ended question was asked to explore the role of financial institutions in supporting the development of non-profits' financial capacity and sustainability. Many organisational leaders commented on the challenges their organisation encountered when dealing with financial institutions. Often, they described findings that banks were overly bureaucratic and unable to appropriately understand and provide support for not-for profits, especially small organisations. Organisational leaders commented that administration required by banks was challenging, as it drew them into time consuming processes involving excessive paperwork, including to establish new accounts or changing account signatories when Directors changed. Typical comments included:

Extreme bureaucracy and difficulty in navigating financial systems eg requirement for three signatories, when board members change for example, new signatories required with different branches having different requirements, internally banks do not value NFP's (CEO, peak body)

The staff are poorly trained which means you get a different story every time you ring or visit a branch. We have limited resources and they are spent on hold or filling in forms over and over again. Boards are generally volunteers and required to sign all bank paperwork, (which is good governance), so we need the processes to be clear so we only have to get them to sign once (Senior manager, advocacy service)

Some organisations found it difficult to get loans or credit cards, or mentioned banks were unwilling to lend to not-for-profits, in some cases respondents linked this to the high risk resulting from lack of stable government funding. This was among a series of concerns for one CEO:

Short term funding contracts do not provide banks enough security for our future; lack of agreed indexation or reducing funding causes concern; unwilling to lend the amount needed for property development (CEO, housing and homelessness service)

High bank fees and charges were also a challenge, and some saw need to remove or reduce these for not-for-profits. Others mentioned high charges and the low earnings they received from their savings, and a lack of funds with which to obtain financial advice.

# 8 Issues in Australia's community sector: Advocacy

## 8.1 Capacity to advocate

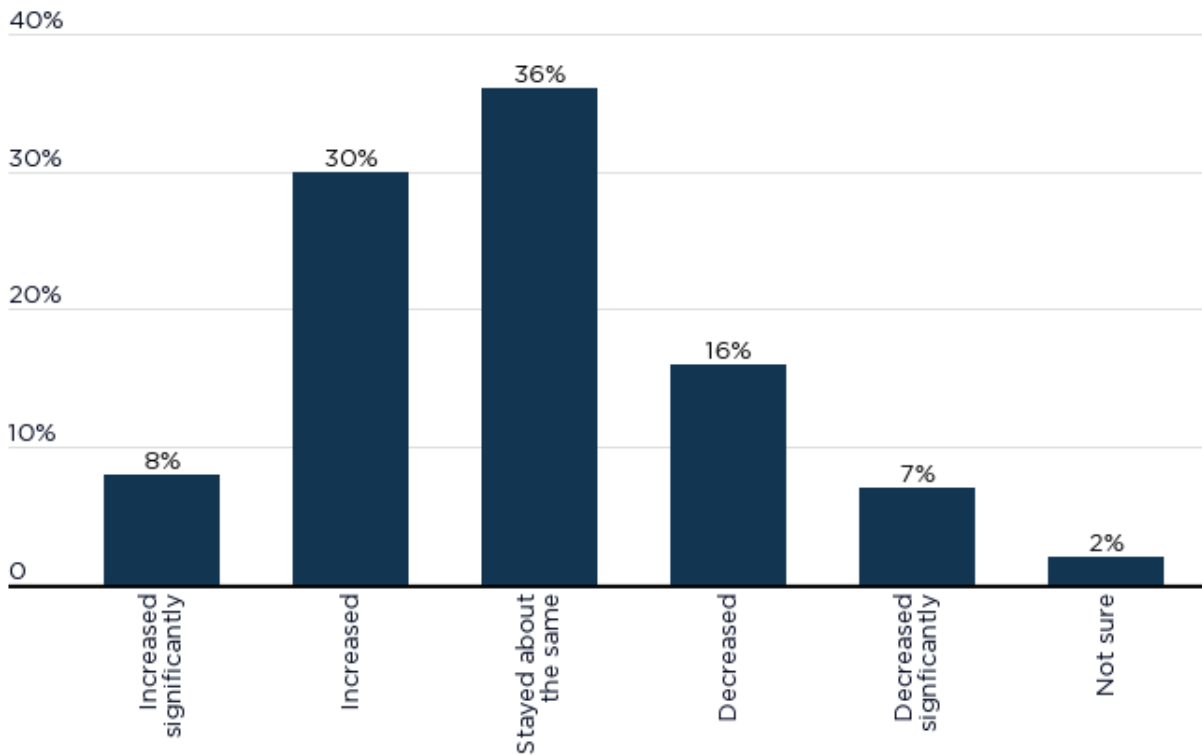
Organisational leaders were asked if and how their organisation resourced systemic advocacy activities, including whether they received government funding to support this activity. The question specified that systemic advocacy meant advocacy aimed at changing attitudes, policies, systems and laws for a group of people or community. Overall:

- Two in three organisations fund systemic advocacy activities from their own resources, and don't receive government funding to do so.
- Around 1 in 12 organisations said they have a funding contract which precludes them from using funding for systemic advocacy (8%).

Leaders were also asked if their capacity to conduct systemic advocacy had changed in the last year. Figure 27 shows 38% said their capacity had increased or increased significantly, which was higher than the proportion for which it had decreased. However, this differed according to main service type with financial counselling and support services most likely to say their capacity to advocate had increased, and ageing, disability and carer services most likely to say it had decreased.

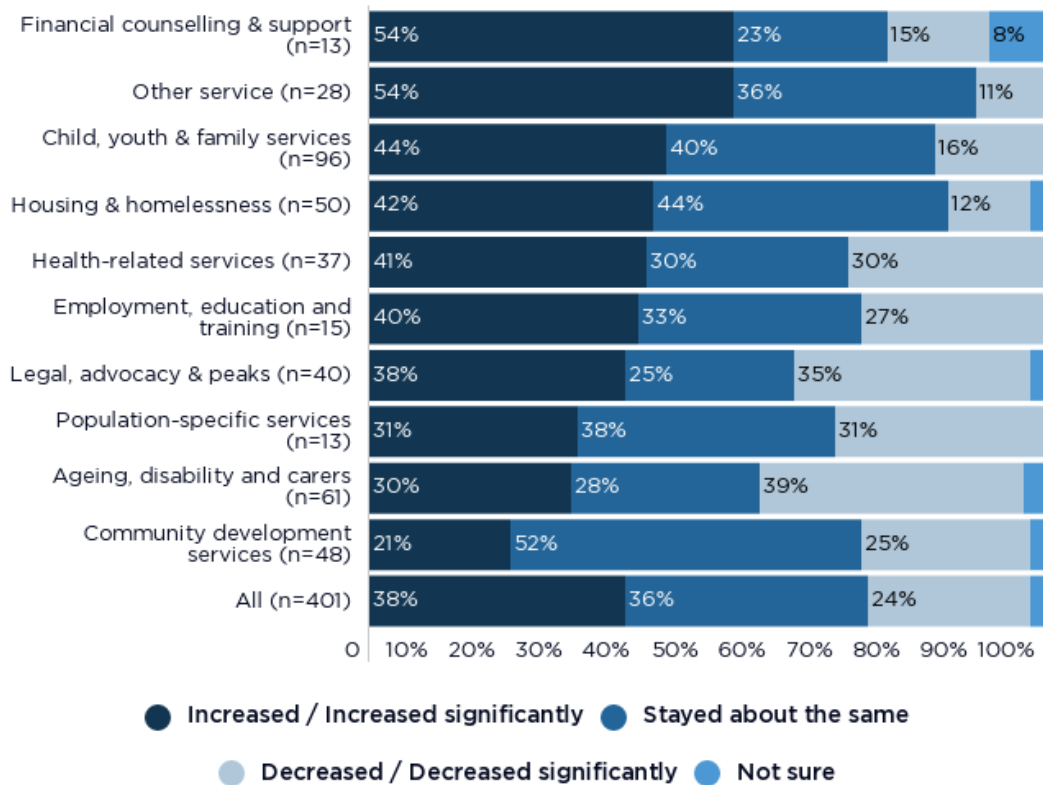
One in six (14%) of respondents strongly agreed and 29% agreed that they needed to be cautious about engaging in systemic advocacy because of their funding arrangements (with 43% agreeing or strongly agreeing in total) (Figure 29). Those working in organisations primarily funded through state and territory governments were most likely to agree or strongly agree that they needed to be cautious (48%), compared to Federal government funded organisations (39%) and those with non-government funding (33%).

**Figure 27 Proportion of respondents who reported their organisation's capacity to conduct systemic advocacy increased, decreased or stayed the same (n=401)**

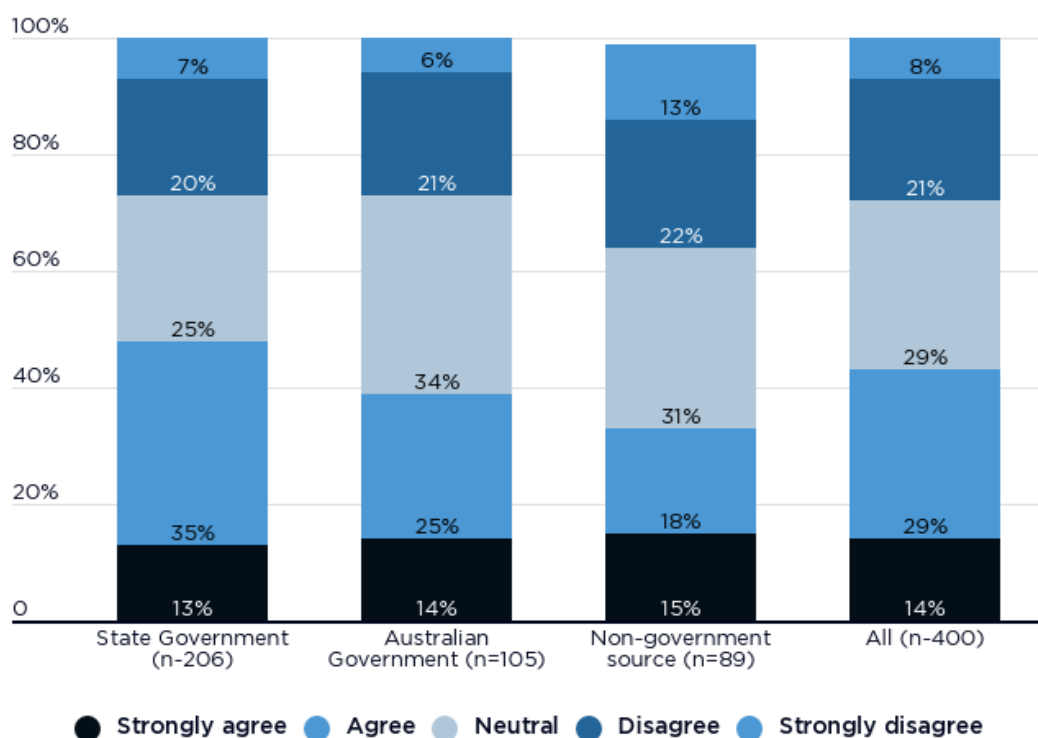


Note: The question was asked of organisational leaders only.

**Figure 28 Whether organisation's capacity to conduct systemic advocacy increased, decreased or stayed the same, by main service type (n=401)**



**Figure 29 Agreement with the statement “We need to be cautious about engaging in systemic advocacy because of our funding arrangements”, by main funding source**



## 8.2 Comments on advocacy

When asked for any comments on advocacy, many organisational leaders wrote about how important it was to policy, communities and people accessing services, and emphasised that it should be properly supported and funded. Typical comments were:

Advocacy is critical - both to meet individual need and to bring about systemic change. It also allows providers to bring their expertise to the table and influence the design and implementation of policies and programs. (CEO, disability, ageing and carer organisation)

Those organisations connected to communities and specific client cohorts are often best placed to advocate, influence policy and keep Government informed of what’s happening in those communities as well as voice the needs of specific client cohorts (CEO, health related service)

It is very important and needs to be an aspect of all funded services to have advocacy as an activity- not just peaks (CEO, Child, youth and family service organisation)

The strongest theme in the comments related to the links between receipt of government funding and capacity to advocate. Organisational leaders highlighted the constraints their organisation faced in undertaking systemic advocacy due to their funding arrangements and observed others in their networks to face these constraints too. Overwhelmingly, organisations felt their receipt of government funding made it difficult to advocate to the extent they would like, in the way they would like, or around the issues they would like. Perspectives on the constraints on advocacy are shown in Figure 31.

**Figure 30 Voices from the field: Constraints on advocacy**

If you speak up or criticise govt policy then your funding is at risk (CEO, health related service)

We are government funded in part - this means we need to be cautious with advocacy (Senior manager, population specific service)

It is very hard to advocate if you receive Federal Government funding (CEO, employment, education and training focused organisation)

We are not allowed to use the word advocacy in any of our strategic documents or reports. (Senior manager, organisation focused on legal, advocacy and peak body services)

Gag clauses come in and out of our funding contracts often. Governments that state that they will not do such a thing, invariably try. We have to watch our funding agreements for fear of what is slipped in. Advocacy is so essential from specialist agencies such as ours. If we don't raise the issues there is nobody else that can due to the highly specialised nature of our work (CEO, legal, advocacy and peak body services)

We are a peak so funded for advocacy but we know that many of our member organisations use us to advocate as they do not want to in case of threat of funding loss. (Senior manager, organisation focused on legal, advocacy and peak body services)

This (advocacy) is an area of huge concern and need. We are under massive surveillance and regulation but are expected to just silently and obediently comply (CEO, employment, education and training focused organisation)

The increased compliance requirements from funding and service bodies, has reduced our ability to be out in the community identifying and advocating (CEO, community development service)

Surely it is part of our work to feed back to government and decision makers when the system isn't working, when new legislation needs tweaking, when society has changed and laws no longer meet the needs of community members any more, when it is time to review law, government strategy, long term plans, visions. We are actively forbidden by our Commonwealth funding to do law and policy reform yet we are invited to contribute and should be contributing to government and parliamentary inquiries. (CEO, organisation focused on legal, advocacy and peak body services)

A couple of organisations commented that, contrary to the material in Figure 31, they did not allow funding agreements to curtail their systemic advocacy efforts, for example:

We probably should be cautious but have made a decision it's too important. (Senior manager, child, youth and family service)

Sector organisations have forgotten that despite receiving large amounts of government funding their first obligation should be to serve and represent the interests of the people they assist. Too many have fallen into the trap that because the government funds them they should not speak out and demand change even when its essential. (CEO, advocacy-focused organisation)

Several described that rather than avoid advocacy they instead shaped their approach to advocacy carefully, giving consideration to a range of factors and circumstances. These organisations described developing effective advocacy strategies involving exerting 'quiet' or 'soft' forms of influence, while others focused on advocating through peaks or others in their network in a position to advocate. This is reflected in the accounts below:

Organisations can often do more than they think they are allowed to do under funding contracts; the trick is to do effective systemic advocacy in a way that is perceived as positive and constructive, rather than shrill, partisan or strictly emotive (CEO, legal, advocacy or peak body)

We are self-funded and often have other service providers approach us asking us to advocate on particular issues given that their funding support would be at risk if they participated in advocacy. (CEO, community development service)

Issues related to [our] communities remain highly politicised. With conservative governments at both a state and federal level, with parliamentary members who actively advocate against the rights [of the population we represent], we always need to tread very carefully. We avoid public advocacy on anything vaguely controversial. We are hyper vigilant about what we say and what we do in the community. (CEO, population specific service)

We are strategic about our advocacy, rather than cautious. We still do a lot. (CEO, financial counselling and support organisation).

Comments also reflect how the community sector's advocacy role is undervalued, with some pointing out that it is not necessarily paid for or valued, for example:

There is an expectation that it [advocacy] can just be absorbed. Our CEO spent more than 6 weeks involved in advocacy via ministerial meetings this year with no funding but answering requests to attend meetings to offer advice and to help shape policy decisions. (CEO, child, youth and family service)

Government have undermined advocacy and do not value diverse voices or perspectives. They don't want to work with advocacy organisations, preferring instead to work with large providers who have too much at stake to publicly criticize government. (CEO, employment, education and training organisation)



## 9 Issues in Australia's community sector: ERO supplementation

Two survey questions were asked to capture how community sector organisations were positioned to deal with the pending cessation of supplementation payments associated with the Fair Work Commission's 2012 Equal Remuneration Order (ERO). Since the ERO was made, these payments have been made by governments supplementary to their funding, to assist funded organisations cover increased costs associated with the Award wage increases phased in to address gender-based undervaluation.

While some organisations whose grants program commenced after 2012 have tendered at prices which factor in the wage increases, Federal Government supplementation payments have been provided to those whose grants program commenced prior to 2012. The Federal Government has made no commitment to continue to fund supplementation and equal pay beyond June 2021. This would represent a significant loss of funds for community sector organisations delivering federally funded programs<sup>9</sup>. The two survey questions asked about the ERO show organisational leaders see themselves as largely unable to respond to loss of supplementation payments, without affecting their organisation's financial status, staffing, and service delivery capacity.

### 9.1 Receipt of supplementation

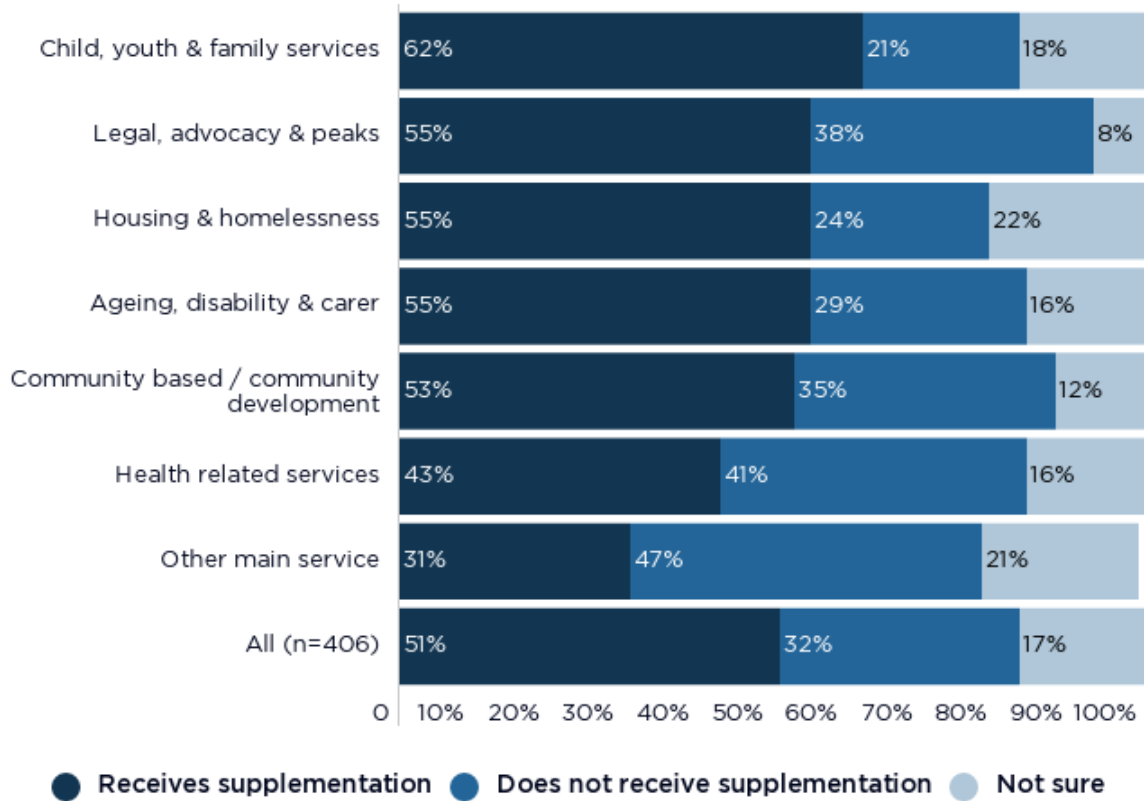
First, leaders were asked if their organisation was receiving any ERO supplementation from a government funder. The question was:

“As you may be aware, in 2012 the Fair Work Commission made an equal remuneration order (ERO) for the social and community services (SACS) industry. Does your organisation receive any supplementation from a government funder to help you to cover the ERO wage increases?”

Of the 406 who answered, 51% said the organisation did receive supplementation, 32% did not and 17% were unsure (see Figure 32). The proportion that received supplementation varied across the sector.

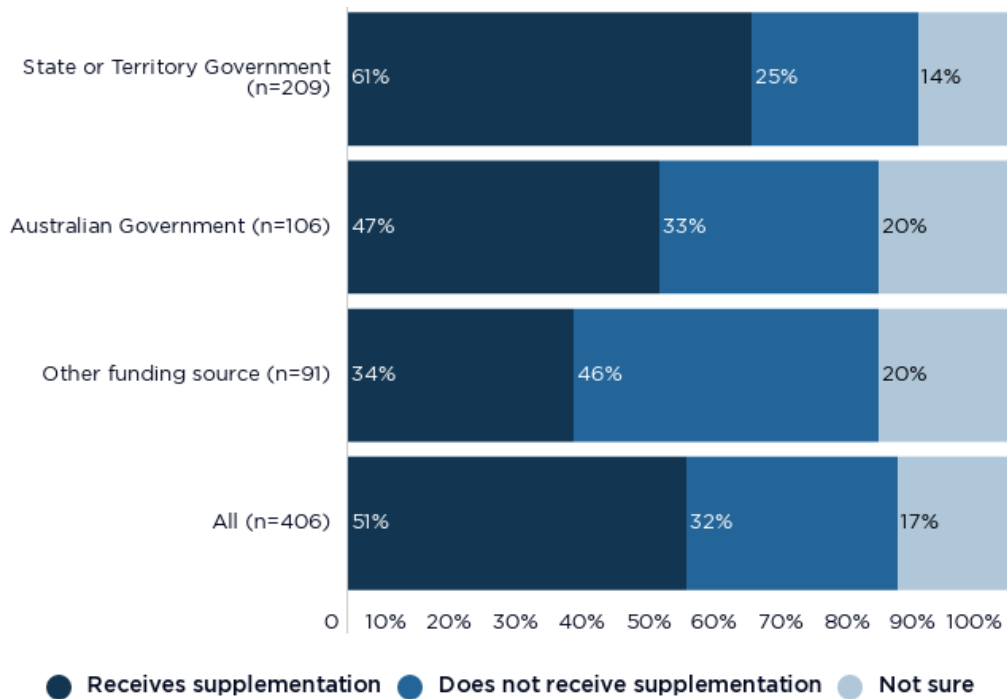
First, receipt of supplementation differed according to the main service system which the organisation was engaged with (see Figure 32). High proportions of organisations reported receiving supplementation in child, family and youth services; while the proportion was lower for organisations focused on health-related services (43%), and with other service types (see Figure 31).

**Figure 31 Proportion of organisations receiving any ERO supplementation, by main service system, ACSS 2019 (n=406)**



Second, organisations whose main source of funding was a State or Territory Government were more likely than others to receive supplementation (see Figure 33). Whereas 61% of those whose main funding source was from a State or Territory Government agency said they received supplementation from a government funder, this was the case for only 47% of those whose main funding source was the Australian Government.

**Figure 32 Proportion of organisations receiving any ERO supplementation, by main funding source, ACSS 2019 (n=406)**



## 9.2 Impacts of cessation of supplementation: Sector perspectives

Leaders in organisations which did receive supplementation from a government funder were asked to answer an optional open-ended question:

“Provision of SACS ERO supplementation funding for Commonwealth funded programs is due to end in 2021. What do you think will be the impact on your organisation?”

Overwhelmingly, organisations reported the cessation of supplementation would have significant adverse impacts on their financial arrangements and sustainability, their staffing levels, or other conditions, and ultimately the level of service they could provide to clients.

**Figure 33 Voices from the field: Removing ERO supplementation**

Already we have been forced to sign contracts with the Commonwealth government where they have refused to maintain funding at a level required by the SCHADS Award when the ERO supplement ceases. Example: Our 5 year contract ends in 2023. At the conclusion of the ERO supplement, the funding reverts back to the base amount at year 1 of the contract. This does not include any indexation or recognition that wages will be 30% higher than at the commencement of the contract. The impact on our organisations will be staff reduction, reduced service provision and ultimately less clients able to access the service. This is a disaster in the making!

(CEO, NSW Service)

Of the 173 who responded to the open-ended question, few (only 20, or 16.6%) commented that the impact would be minor, manageable or negligible. The most common reason that the effect would be minor or negligible was that funding was not received from the Commonwealth (5 organisations), because the organisation had made provision or anticipated being able to rework budgets (3 organisations) or because the amount they received was so minimal it covered a very low proportion of the wage increases, and so its removal would have little impact (3 organisations). Other reasons leaders expected the removal of the payments to have minimal impact were that the increase related to a service which was ceasing anyway, or the organisation was moving to a fee for service model.

### 9.2.1 Financial implications of loss of supplementation

Comments overwhelmingly demonstrate how removing supplementation without building appropriate wage levels into base funding will squeeze sector finances, to make 'a very tight financial situation even tighter'. Organisational leaders explained that they would need to dip into small reserves which were intended for emergencies, or that they would need to restructure, reduce staff and/or cut back on services.

Some said the removal of supplementation was already causing problems with their costs and financial projections relating to state-funded activities:

We are already experiencing impact as some State funds have not included the ERO. It is causing confusion with annual budgeting and workforce levels. (CEO, NSW service)

There are many contracts that don't have ERO included, yet we are required to apply the ERO to staff wages in this area. This has already had a huge impact on my organisation.... (CEO, ACT service)

[The] ERO supplementation we received covered approximately 5 support staff while the increase across the remainder of our workforce (35 staff) had to be absorbed by our organisation. (CEO, QLD service)

Others described how they could foresee the increased financial pressure which would impact on staff, including through loss of positions, and on capacity for key services, for example:

The ending of the supplementation will increase financial pressure on the agency. We will need to restructure and this will affect service quality and capability. (CEO, WA service)

In effect it will be the same as if they cut our funding level. We will need to examine the impacts it will have on the ability to run programs. Staffing hours may need to be cut. (Senior manager, VIC service)

Unless supplementation amounts are incorporated into our contract amount, we will need to either utilise our savings to cover salaries or will need to restructure programs and delivery [modes], reducing further the number of workers. (CEO, ACT service)

We only receive some supplementation not all and so we are already trying to manage significant deficits. It is likely to lead to significant job losses and a cut back on services. (CEO, NT service)

## 9.2.2 Staffing issues resulting from loss of supplementation

As the comments above indicate, organisations were facing or expecting to face increased financial pressure as a result of cessation of supplementation. Leaders' comments indicate this was likely to have many adverse impacts on staffing levels. Organisations were also anticipating further difficulties in attracting new staff.

### • Pressure on staff levels

Many leaders commented that their organisations would have to reduce the number of FTE staff on the ground, contributing to reduced capacity of frontline services. For some, the impact was very significant:

Massive loss of jobs, reduction of services, pulling out of services in various locations (CEO, NSW service)

We will lose resources (staff) and struggle to meet demand (CEO, ACT service)

We will lose positions if we are forced to revert to baseline funding levels (CEO, NSW service)

If funding bodies don't honour the ERO rises after 2021 and we revert to funding levels prior to the ERO supplements we will need to reduce worker's hours to meet our budget therefore reduce face to face support to clients. (CEO, NSW service)

### • Difficulties attracting new staff

As well as contributing to job losses and pressure on pay rates, several comments from organisational leaders indicated likely difficulties in attracting new staff:

It [supplementation] was insufficient to cover it [the wage rises] in the first place. If it is no longer available our ability to compete for staff especially in comparison to state government jobs will be significantly affected (VIC service)

We will be unable to attract and retain high quality staff, reducing the quality and impact of our services. (ACT service)

## 9.2.3 Service delivery issues

Ultimately, the financial and staffing pressures associated with cessation of ERO supplementation payments are expected to adversely impact service delivery. Many organisations explained the loss of these funds would impede their ability to deliver on their contracted obligations to government:

It will force us to reduce direct service delivery and reduce operational costs for the organisation, placing more pressure on us as a whole and therefore reduce what we deliver. (CEO, QLD service)

A real challenge to continue to same level of service delivery and staff development (CEO, NSW service)

If ERO is not incorporated into base funding levels [it] will have a significant impact and will not be able to fulfil contract obligations (CEO, ACT service)

High impact - reduction of ability to deliver services given we are already stretched to deliver to current expectations, and some programs run at a loss (CEO, NSW service)

This was expected to impact adversely on vulnerable clients, including through increasing waiting lists for services where capacity was already at levels below what the community required:

We will need to reduce staff numbers and services in order to meet the reduction in funding as a result of the cessation of the ERO. This not only create problems for our workers, but importantly reduces service capacity and access for those in the community who are the most vulnerable. It will see waiting lists increase because capacity is reduced (even though demand outstrips capacity now!) (CEO, ACT service)

Some leaders gave more concrete examples of the ways their organisation was likely to reduce capacity, or estimated how much of their capacity would be affected, for example:

Possible review of staffing model from 24-hour services to semi supported. (CEO, QLD service)

We estimate a reduction in about 4 to 5% of total revenue meaning either a reduction in services provided or the termination of key client-facing resources (Senior manager, NSW service)

If the funding is not maintained half our service will cease. We can't reduce wages. (CEO, ACT service)

If government did not meet this cost, it would be felt in terms of service outcomes and KPIs:

Either the government will need to meet this in our base/core funding moving forward, or we will need to reduce staffing and KPI's by 20-30% across all services. This ERO supplementation was for wages it has not been spent on any other costs. Therefore when wages reduce between 20-30%, so will our staffing levels. And the Govt will need to recognise that with cuts to staff, come cuts to service delivery outcomes and KPIs (by around 20-30%) (CEO, ACT service)

# 10 Workforce issues

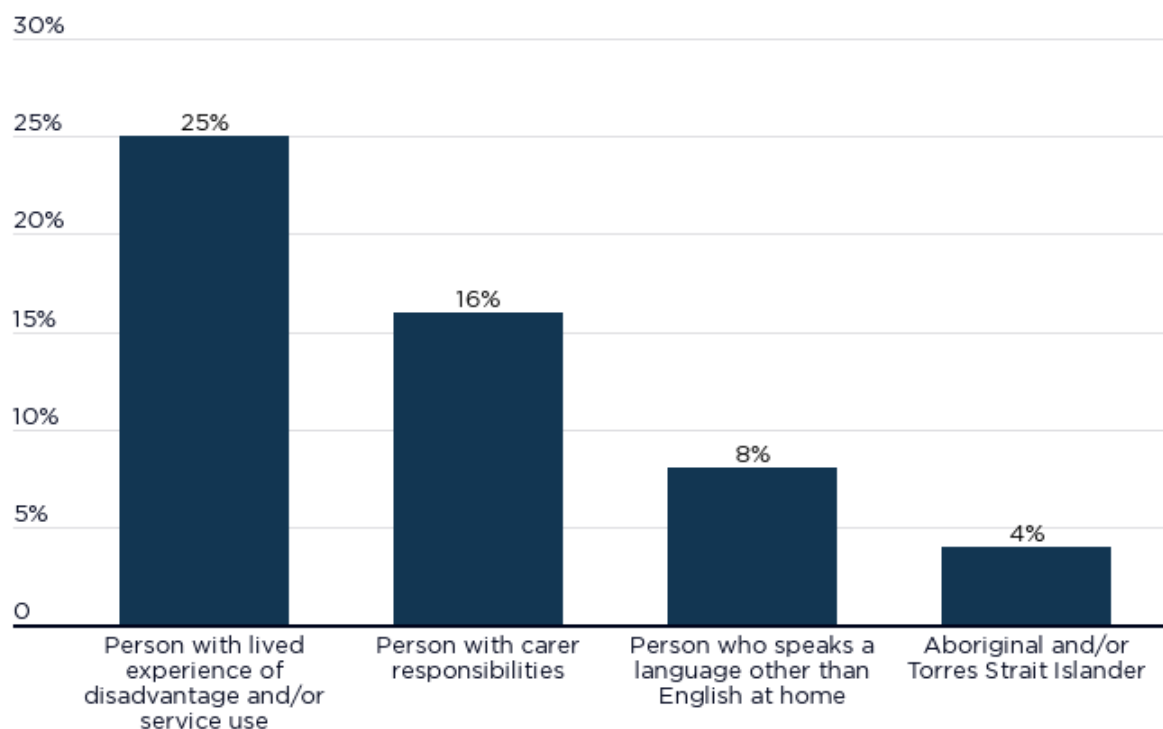
The survey asked respondents questions about workforce diversity, staff qualifications, job security, job quality and professional development, and staff retention.

## 10.1 Respondent characteristics

Respondents were asked a range of questions to explore diversity in the sector. Figure 34 shows:

- One in four respondents (25%) identified as a person with lived experience of disadvantage and / or service use. But this was higher for practitioners (31%) than for CEOs or senior managers (20%).
- A little over one in six (16%) identified as a person with caring responsibilities.
- One in twelve respondents identified as a person who speaks a language other than English at home.
- 4% of respondents were from an Aboriginal and / or Torres Strait Islander background.

**Figure 34 Proportion of respondents who identified as from particular groups**



In addition, to explore diversity the survey asked organisational leaders about the proportion of senior staff in their organisation who were female. Of the 344 who provided valid responses, the average figure was 72%. This differed according to the size of the organisation, with small organisations (less than 20 staff) having a higher mean proportion of female senior staff (78%) compared with medium sized organisations (70%, on average) and large organisations (with 100 staff or more) (66% female, on average).

## 10.2 Staff qualifications

The survey asked about respondents' highest relevant qualification. A high proportion reported that they held a postgraduate degree (36%), while a further 32% held a bachelor degree. However, as shown in Figure 35, this differed across areas:

- Community sector staff based in capital cities were more likely than others to have a degree-level qualification or higher.
- Over three quarters of staff based in capital cities (77%) had either a bachelor degree or a postgraduate degree which was relevant to their work in the community sector. This was the case for 59% of respondents from regional areas and 57% of those in remote areas.

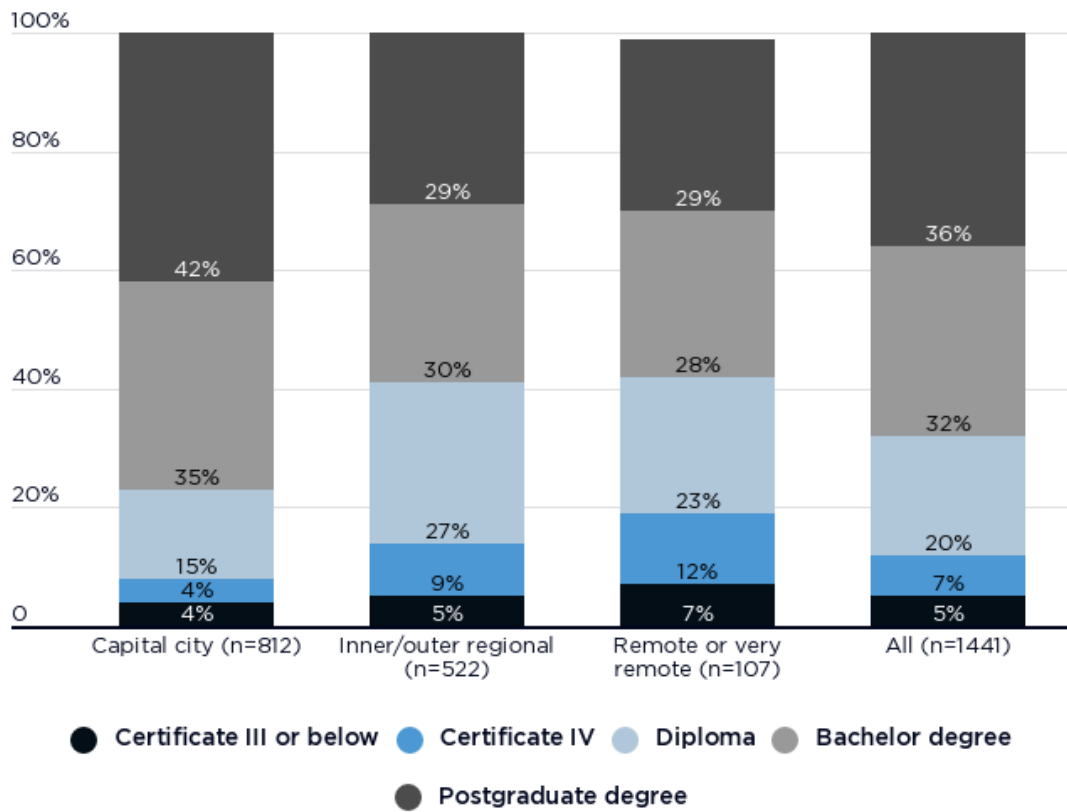
However, while respondents outside the capital cities were less likely to hold degree level qualifications, a high proportion had worked in the community sector for a long time. Figure 37 shows:

- While 44% of respondents based in capital cities had 10 years or more experience of working the community sector, this was the case for 57% of those in regional areas and 54% of those in remote areas.
- Correspondingly, 56% of capital city respondents had worked in the sector for less than 5 years compared with 44% of those in regional areas and 46% of those in remote areas.
- While 19% of those in capital cities had 20 years or more of experience, this was the case for 25% of those in regional areas and 30% of those in remote or very remote areas.

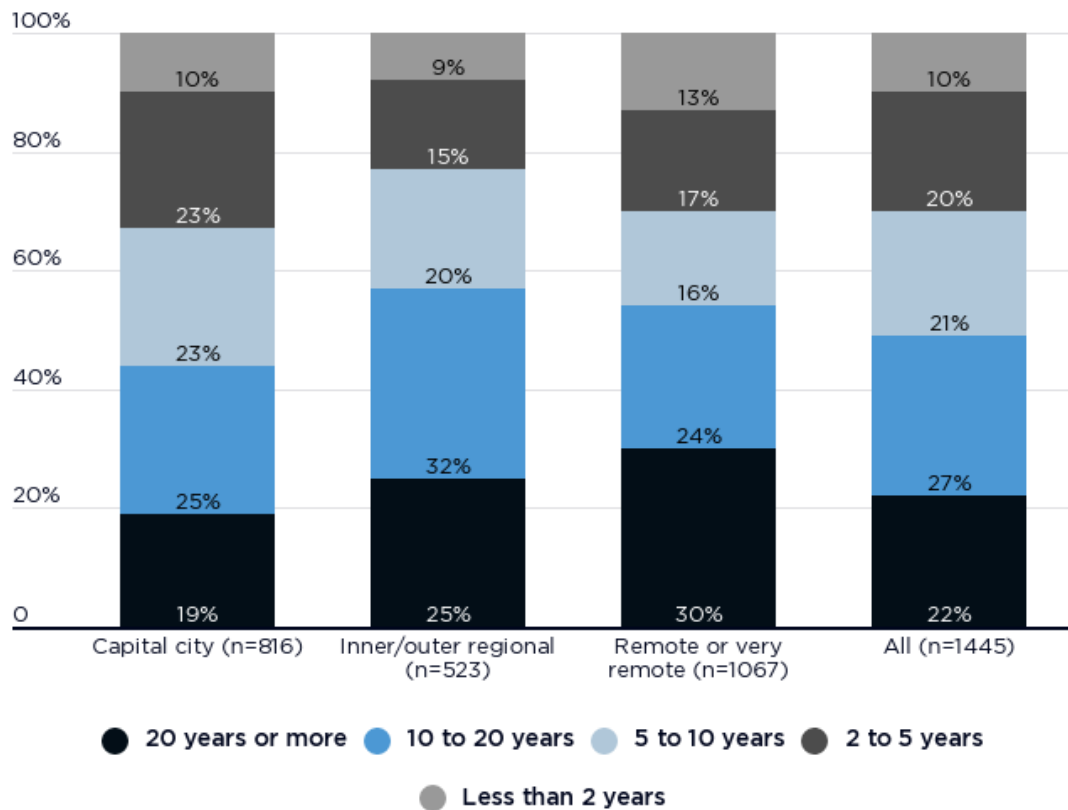
A breakdown of the number of years respondents had worked in the community sector, by jurisdiction, is shown in Table C. 7.



**Figure 35 Highest relevant qualification held by staff, by location**



**Figure 36 Total years worked in the community sector, by location**



### 10.3 Job security

Around two thirds of respondents worked on a permanent or ongoing basis in their main job, while 24% were on fixed term contracts<sup>10</sup>. This varied by size of organisation (Figure 37):

- While the proportion working on a fixed term basis was similar across small, medium and large organisations (24-25%), the proportion working on a permanent or ongoing basis was higher in large organisations.
- Whereas 58% of respondents in small organisations were permanent, this was the case for 72% of respondents in large organisations.

Many community sector staff are worried about the future of their job (Figure 38):

- Overall, 48% agreed or strongly agreed with the statement “I worry about the future of my job”.
- However, practitioners or frontline workers were most likely to agree with the statement and least likely to disagree.
- While 54% of practitioners or frontline workers agreed or strongly agreed with the statement, this was the case for 39% of senior managers or CEOs.
- 26% of practitioners disagreed or strongly disagreed with the statement, compared with 38% of CEOs or senior managers.

### 10.4 Job quality

Other job quality indicators are shown in Figure 39. In summary:

- 59% agreed (or strongly agreed) they feel emotionally drained from their work
- 58% agreed (or strongly agreed) they feel under pressure to work harder in their job
- Half (50%) agreed (or strongly agreed) they receive decent pay for the work they do, but 32% disagreed (or strongly disagreed)
- The sector is split over prospects for career advancement. Roughly a third (33%) agreed or strongly agreed they have good prospects for career advancement, while 34% disagreed (or strongly disagreed) and 32% were neutral or unsure.

Figure 37 Respondents' employment arrangement in their main community sector job, by size of organisation

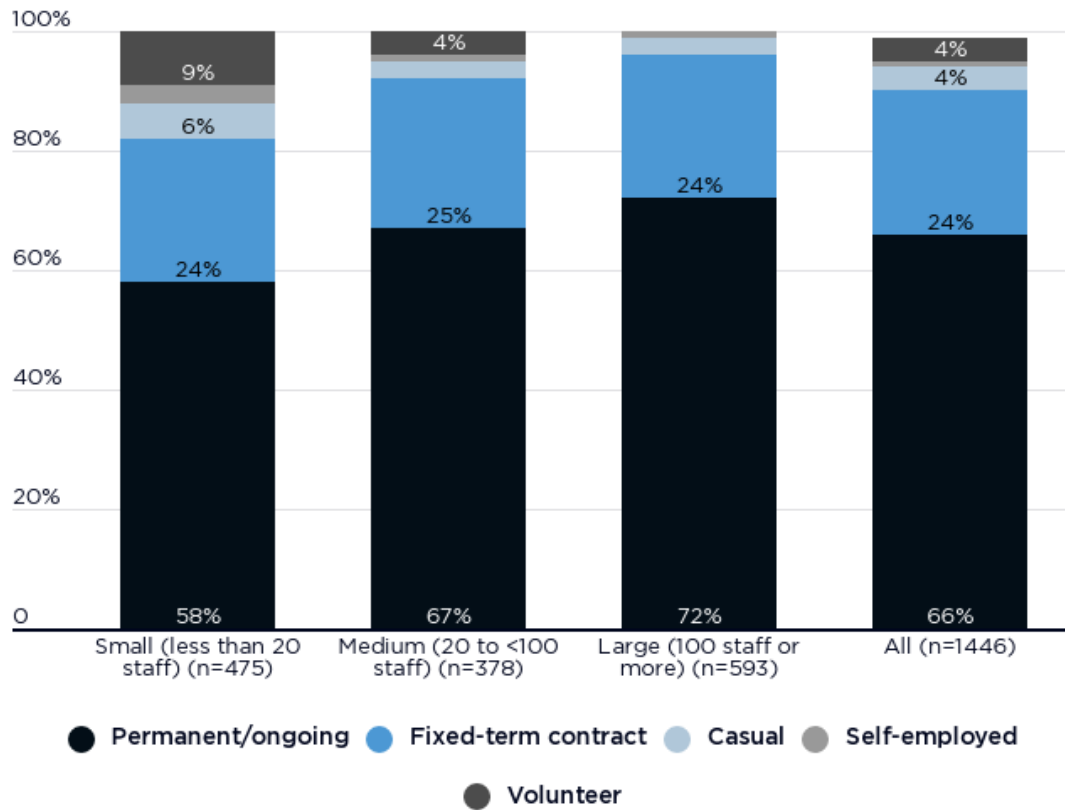


Figure 38 Respondents' agreement with the statement "I worry about the future of my job", by role

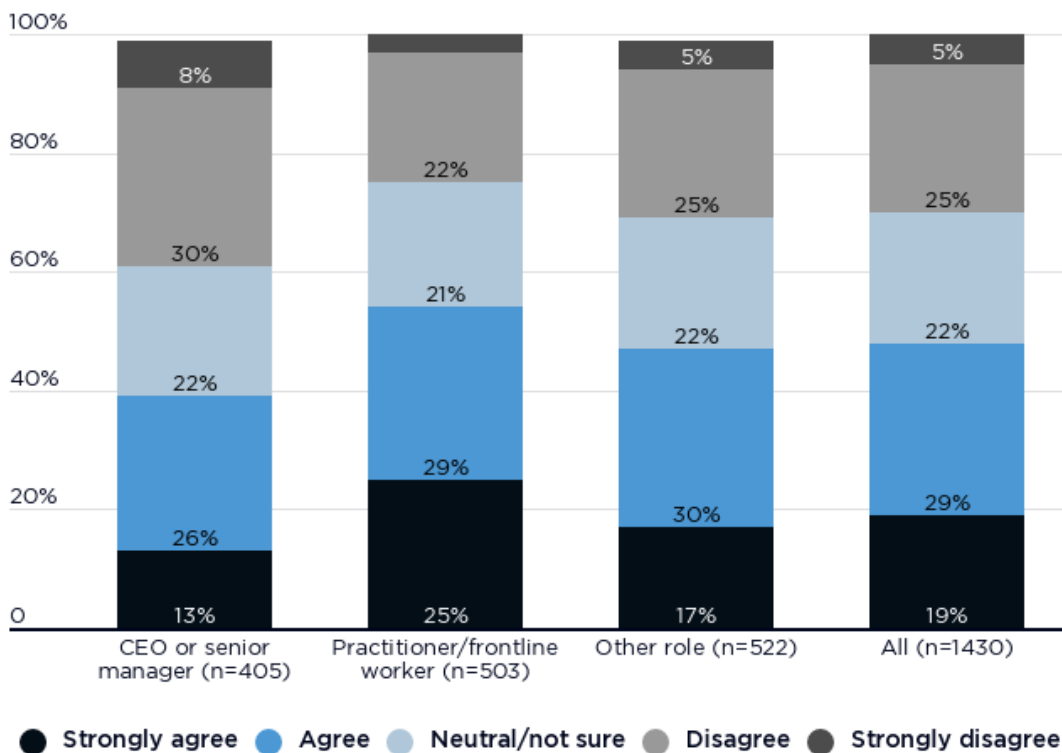
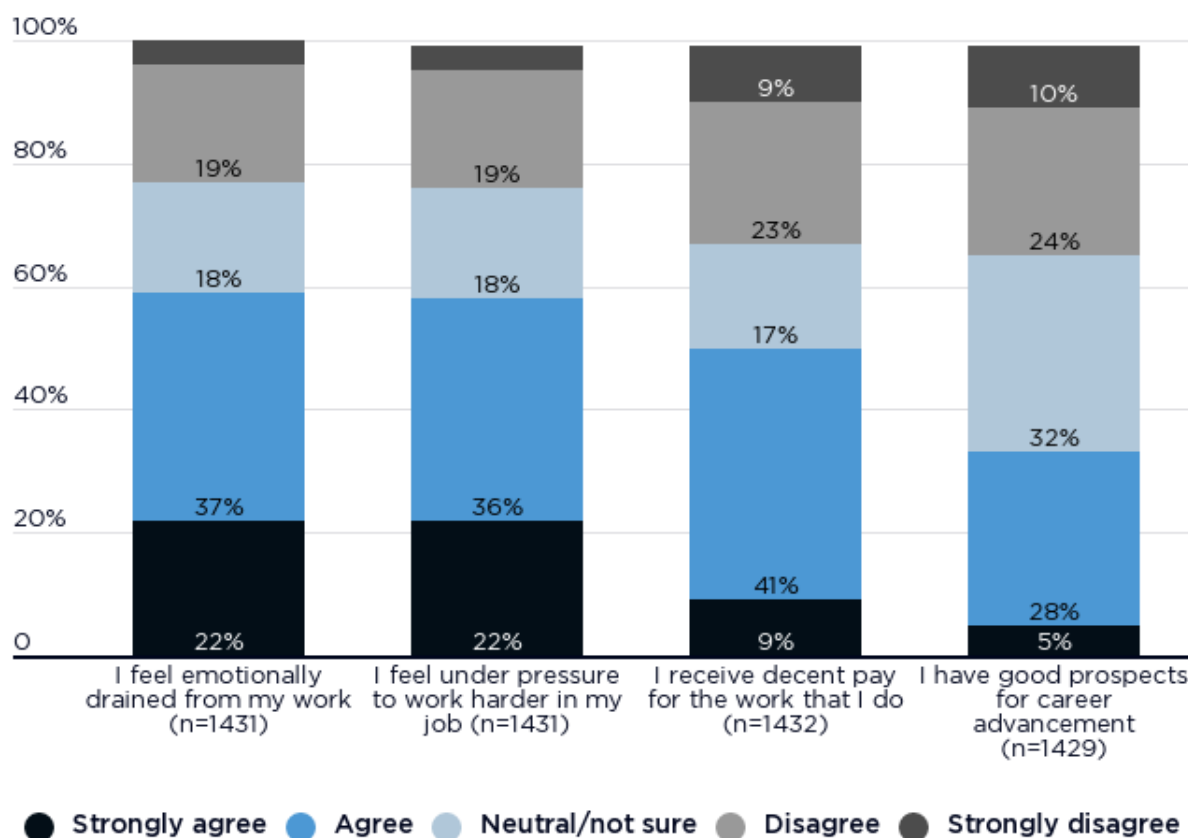


Figure 39 Respondents' agreement with statements about their jobs (%)

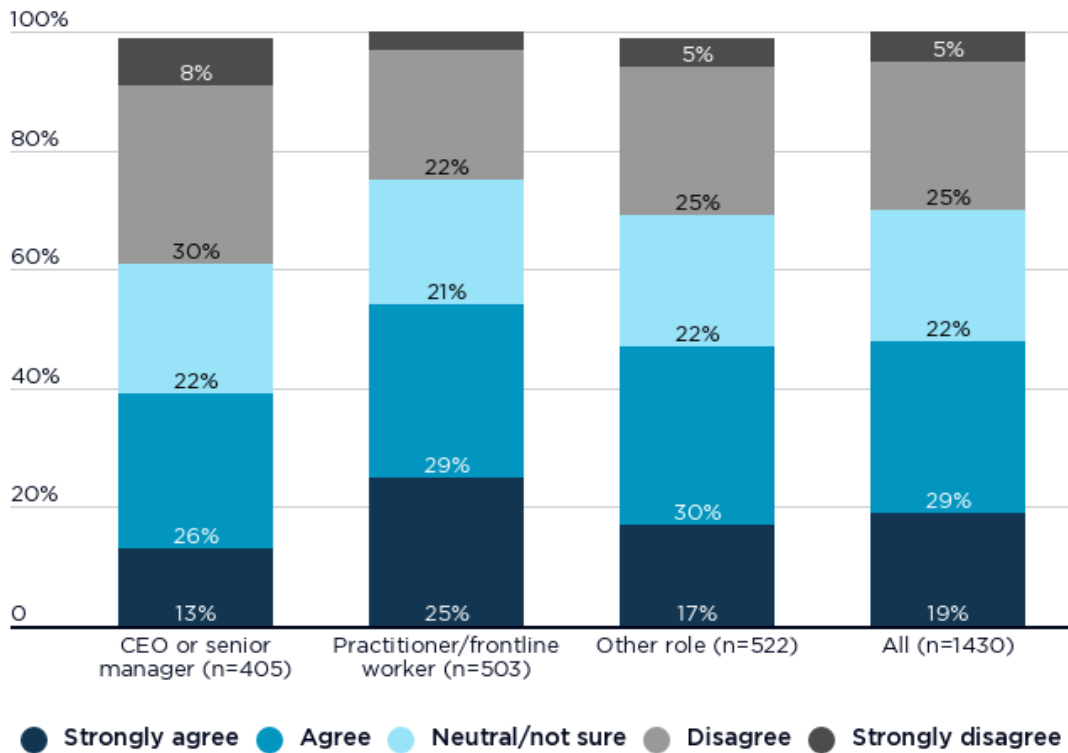


## 10.5 Professional development

As shown in Figure 40, while just over half (54%) either agreed (45%) or strongly agreed (9%) with the statement “I receive the professional learning and development that I need”, 22% disagreed and a further 8% strongly disagreed<sup>11</sup>. When asked at the end of the survey what could help strengthen the sector, a small group of respondents raised issues around professional development. Most of these respondents called for:

- more funding so they could participate more frequently in training;
- more affordable professional development so that it was more accessible;
- more training opportunities that are specifically relevant to their professional development needs, including an ability to access more advanced training; or
- support for further education, for example through funded time to participation in tertiary education.

**Figure 40** Proportion of respondents who agreed or disagreed with the statement “I receive the professional learning and development that I need”, n=1442



While the quantitative data did not show significant locational differences on this measure, professional learning and development was more likely to be raised in comments by rural employees, than those working in urban or regional locations. Although raised more by rural workers, there were nonetheless strong similarities in the responses of rural and regional workers in terms of the challenges in accessing and affording professional development. Like their colleagues in other locations, they called for increased access to professional development, for example

More workshops in regional and remote areas. (CEO, ageing, disability and carer service)

Better professional development opportunities in remote/regional areas. (Project officer, health related service)

Rural and regional respondents were also interested in training be specifically relevant to their needs:

Much more relevant professional workplace training. (Practitioner, health related service)

Training for services in regional areas around trauma informed practice / vicarious trauma. (Coordinator, housing and homelessness service)

Workers operating in rural and regional areas however explained the substantial additional costs they face in attending training. They reported that because professional development opportunities were rarely available in their local area, they needed to travel long distances to attend a course, which added transport and accommodation costs to the cost of the training. In addition, needing to be

absent from their job for so long, often meant substantial costs to the service in terms of backfill staff.

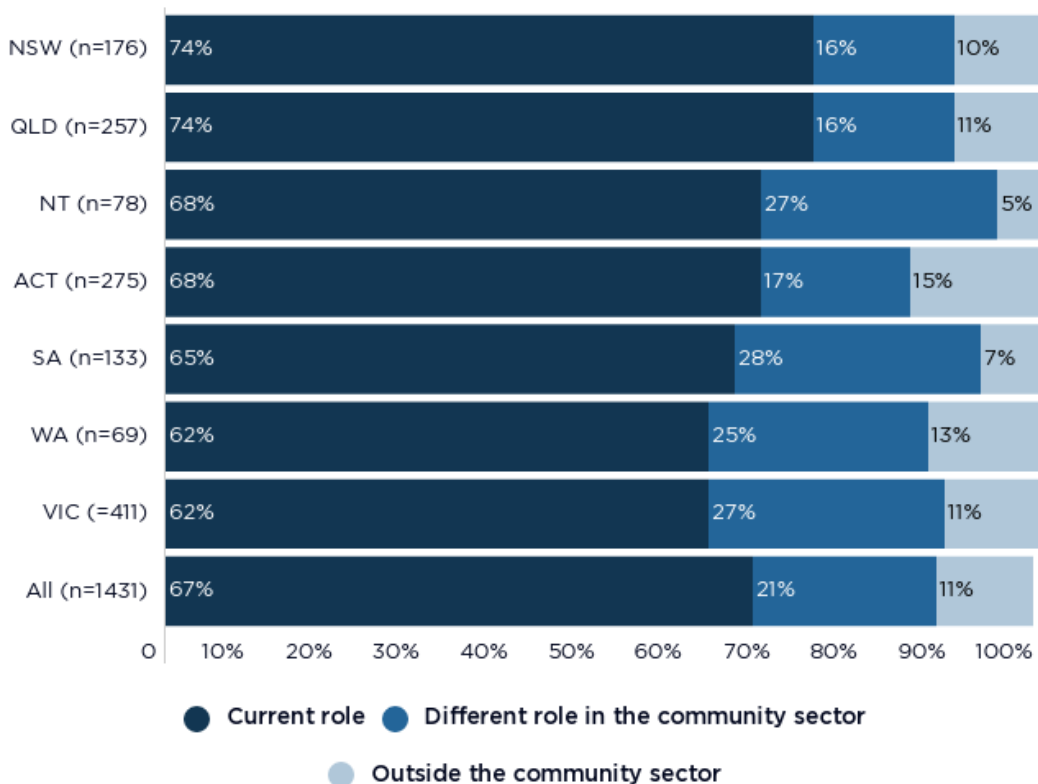
Access to training for rural workers as the cost of travel and backfilling positions in small organisations like mine mean that accessing training is impossible. (Coordinator, community development service)

## 10.6 Retention

Respondents were asked where they plan to be working in 12 months, shown in Figure 41. Overall, two thirds (67%) planned to remain in their current role. However, this was higher in NSW and QLD (both 74%) and lower in Victoria and WA (62%).

It also differed by role (Table 3). CEOs and senior managers were most likely to report intending to remain in their current role in 12 months (79%). This was higher than for practitioners and frontline workers (59%), and for those in other roles (66%).

**Figure 41 Where respondents plan to be working in 12 months, by jurisdiction**



Note: Responses from Tasmania are included in 'All' but not separately reported due to low response numbers.

**Table 3 Where respondents plan to be working in 12 months, by role**

	CEO or senior manager		Practitioner / Frontline worker		Other role		All	
	n	%	n	%	n	%	n	%
In my current role	316	79	296	59	351	66	963	67
In a different role in my organisation	12	3	55	11	42	8	109	8
In another community sector organisation	38	10	89	18	70	13	197	14
In another organisation but not in the community sector	22	6	46	9	49	9	117	8
I'm planning to have retired / left the workforce	10	3	16	3	19	4	45	3
All	398	100	502	100	531	100	1431	100

## 10.7 Comments on employment conditions

When asked at the end of the survey if there was anything else that could help strengthen the sector, most respondents (just over 330) pointed to funding issues (see Section 5.3). The second most common response, given by 180 respondents related to employment conditions.

Often respondents pointed out that community sector workers were underpaid compared to their counterparts in public service positions, or those with similar qualifications in other industries. A senior manager from a child, youth and family service articulated the intersecting issues around pay that many others also raised.

Whilst I understand the constraints and the political reality of funding for the community sector, my frustration is that to attract and retain high calibre people to the sector, which in turn would strengthen the sector, higher wages must be paid. To do this an increase in funding is required. When compared to the public sector, NGO wages are appalling. Within our organisation over 75% of our service delivery staff have post graduate qualifications. I don't think a top tier accountancy firm could boast that. Yet our people get paid the same amount of money as someone sitting in a call centre answering phone calls. We compete against the public service where wages are probably 30% higher. We work with the most vulnerable people in our society. The economic rationalization to fund these services should be made in the context that if we didn't exist, the increase in economic costs to the state due to increases in instances of mental illness, increase in the dysfunction of our society and the resulting

costs associated in law enforcement and legal resources required to deal with these issues should be considered.

The call of many respondents, like the senior manager cited above, for wages in the community sector to reflect the highly skilled, challenging and complex nature of the work was tied to a general sense that the sector lacked recognition from government and the broader society. And that there was a lack of understanding of the multiple costs of providing and maintaining a service.

I believe the salaries we pay staff are too low, the message that low salaries sends is that we do not value our sector enough. Attracting and retaining highly skilled staff is difficult in this sector, due partly to salary and partly to insecurity of funding. (CEO, community development service)

Other respondents identified additional elements of their employment conditions which they would like to see change. Most often these related to employment security and the preponderance of short-term contracts, an ability to engage in professional development. Transportable long service leave was raised by some.

Longer contracts - year by year shouldn't be acceptable. (Practitioner, financial counselling and support service)

We also need more support personally, like clinical supervision, and professionally (like professional development, too busy and under-resourced to attend). (Coordinator, housing or homelessness service)

Job security and higher salaries to encourage people to stay in the sector... We need good people to stay and also invest time and resources into staff development - something often neglected in this sector. (Project officer, legal, advocacy or peak organisation)

Transferable long service leave - this is a female dominated industry where women are disadvantaged due to 'caring' roles and time away from paid work. No long service leave may lead to burnout and loss of knowledge and experience. (Coordinator, child, youth and family service)

Many respondents spoke of the stress, emotional demands, risk of violence, and high rates of burnout in their sector. Connected to this was a call for better access to supervision.

For there to be a bigger stand on preventing assault on community service workers. I see burnout due to being told that assault is a part of our job and that we should expect it. (Practitioner, child, youth or family service)

Better pay, mental health days due to increased work pressure and KPI'S. Time to do our job properly we are always feeling rushed. (Practitioner, ageing, disability and carer service)

Stronger integration of self care and supervision. (Office support worker, child, youth and family service)

Services in rural and regional locations often reported that it was difficult to attract and retain well qualified and experienced employees. Part of this difficulty was attributed to pay and conditions. In rural and remote locations, access to accommodation for staff was also identified as an issue.



But [we] also [need] more initiatives to get staff in our region, better pay to make people stay - we have a huge turnover rate of staff. (Practitioner, health related service)

Low pay rates in the community sector also need to be considered to encourage people to work in the sector and this might assist with staff retention and recruitment. It is becoming increasingly difficult to draw people into the community service sector, particularly in regional and remote areas. (Practitioner, community development service)

Better housing for community members and for visiting staff. Children require right to privacy and not to live in overcrowded environments. The degree to which staff feel comfortably accommodated has an effect on ability to provide services. (Practitioner, health related service)

More funding to pay better wages so we can compete with similar government organisations and retain good staff. (CEO, legal, advocacy or peak organisation)

**“Longer contracts - year by year shouldn’t be acceptable.”**

(Practitioner, financial counselling and support service)

## 11 Recognising the contribution of Australia’s community sector

Many priorities for the future have been discussed throughout the report, including funding, advocacy, and employment conditions, and other issues which arose in comments at the conclusion to the survey. In addition, a number of survey participants also raised the issue of recognition of the community sector. For some, as already discussed (see section 5), this was recognition through funding of the true value of the work they do, for others it was recognition of the value of their labour through better pay and conditions (see Section 10). While these issues are interconnected, many identified an underlying issue around understanding and respect from government and communities about the important, invaluable contributions the community sector makes. This policy officer from a health-related service, connected the multiple issues around recognition:

The community sector is a foundational, core pillar in our mental health and broader human services system. We need to boost recognition, resources and remuneration for this invaluable work and continue to advocate for early intervention and prevention activities that bring support to people early in life, illness and episode as a matter of optimal public value investment. Only then will we see a mentally health and well Australia!

**Figure 42 Aspirations for the sector to be valued**

### Being valued

A recognition of its true impact on productivity and social and economic participation.

A positive narrative that recognises the sector as one of the main areas of employment and highlights the successful career paths of many people would help to shift the negative focus.

Respect and listening from the government about the work of the community sector and how important it is to many people.

For policy makers to spend a compulsory day working in each area of our sector each year.

Recognition from all levels of government of the importance of the community sector in employment and economic growth and development

Recognition of the importance of community development as a profession in itself and the critical role practitioners have in strengthening local community.

A compassionate government and a society that understood and valued the role of social welfare.

Raising the profile of the community sector in the wider community to build recognition of the service provided.



## Appendix A. Survey method

The survey was designed to capture comprehensive information about the characteristics and status of Australia's community sector, according to the perspectives of community sector staff and leaders. It set out to fill a gap in information from community sector staff across Australia and is distinct from other data sources relating to the community sector, such as the Annual Information Statements collected by the ACNC, in that it is based on community sector staff and leaders' perspectives.

Survey design was informed by multiple sources, including the previous ACSS survey conducted in 2014<sup>12</sup>. It was also shaped through sector input about priority issues and information gaps, and involved an Advisory Group consisting of representatives of the COSS network. Survey design also considered material contained in community sector surveys commissioned by SPRC for the COSS network, including survey reports completed for NCOSS (2014<sup>13</sup>, 2015<sup>14</sup>, 2017<sup>15</sup>); ACTCOSS (2016)<sup>16</sup>, and TASCOS (2015<sup>17</sup>, 2019<sup>18</sup>). Within the questionnaire, a separate module of questions was embedded for organisational leaders only, using display logic. These questions related to issues for the service overall, such as revenue sources and challenges in the funding environment, which may not be apparent to other staff.

The survey was conducted online using Qualtrics. As there is no national list of all community sector organisations from which to draw a sample, we sought to reach respondents via COSS members, peak bodies, websites and relevant social media, to ensure the widest possible reach. The COSS network were asked to share it with organisations, who in turn were asked to share it with their staff. In addition, the survey was promoted via ProBono news, and the Australian Services Union generously shared the link with relevant staff in Victoria. In addition, we sought to encourage participation by offering an incentive in the form of an opportunity to go into the draw to win an iPad or one of five shopping vouchers.

The survey method was approved by the University of New South Wales Human Research Ethics Committee. Response analysis is in Appendix B.

## Appendix B. Response analysis

**Table B. 1 Respondents' role and gender**

	Male		Female		Other identity / prefer not to say <sup>^</sup>		All	
	n	%	n	%	n	%	n	%
CEO or equivalent (Executive Director, Executive Officer, General Manager)	73	24.7	183	16.7	7	10.8	263	18.1
Senior Manager	30	10.1	109	10.0	4	6.2	143	9.8
Co-ordinator or team leader	41	13.9	208	19.0	11	16.9	260	17.9
Practitioner	97	32.8	381	34.9	28	43.1	506	34.8
Communications, policy, project or research	22	7.4	107	9.8	7	10.8	136	9.4
Administration	15	5.1	63	5.8	3	4.6	81	5.6
Management committee or board	10	3.4	28	2.6	1	1.5	39	2.7
Other	8	2.7	14	1.3	4	6.2	26	1.8
Total	296	100.0	1093	100.0	65	100.0	1454	100.0

<sup>^</sup>Due to low numbers, the roles of those indicated a non-binary or other identify, or who preferred not to report gender, are not separately reported. However, the 65 respondents in the 'Other identity / prefer not to say' category consisted of 31 with a non-binary / gender fluid or other identity, and 34 who selected 'I prefer not to say'.

**Table B. 2 Respondents' locations**

	Capital city		Inner or outer regional		Remote or very remote		All	
	n	%	n	%	N	%	n	%
NSW	77	9.4	93	17.6	10	9.2	180	12.4
VIC	209	25.6	194	36.7	14	12.8	417	28.7
QLD	81	9.9	147	27.8	36	33.0	264	18.2
SA	108	13.2	27	5.1	2	1.8	137	9.4
WA	50	6.1	14	2.7	6	5.5	70	4.8
NT	29	3.5	12	2.3	37	33.9	78	5.4
TAS	10	1.2	19	3.6	3	2.8	32	2.2
ACT	253	31.0	22	4.2	1	0.9	276	19.0
Total	817	100.0	528	100.0	109	100.0	1454	100.0

**Table B. 3 Size of organisation (number of staff)**

	n	%	Cumulative Percent
Very small: Less than 10 staff	249	17.1	17.1
Small: 10 to <20 staff	229	15.7	32.9
Medium: 20 to <50 staff	209	14.4	47.2
Large: 50 to <100 staff	172	11.8	59.1
Very large: 100 or more staff	595	40.9	100.0
Total	1454	100.0	

Note: Includes staff who were part time, casual and full time. Head count (not FTE)

**Table B. 4 Size of organisation (income) (organisational leaders only)**

	<b>n</b>	<b>%</b>	<b>Cumulative Percent</b>
Under \$50,000	5	1.2	1.2
\$50,000 to <\$250,000	26	6.4	7.7
\$250,000 to <\$500,000	34	8.4	16
\$500,000 to <\$1 million	50	12.3	28.4
\$1 million to <\$5 million	106	26.2	54.6
\$5 million to <\$10 million	45	11.1	65.7
\$10 million or more	105	25.9	91.6
Not sure	24	5.9	97.5
I prefer not to say	10	2.5	100
Total	405	100	

**Table B. 5 Main service system respondents were involved with by jurisdiction**

	NSW		VIC		QLD		SA		WA		NT		ACT		All	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Ageing, disability & carers	35	19.4%	37	8.9%	30	11.4%	36	26.3%	8	11.4	7	9.0%	32	11.6%	188	12.9%
Health-related services	19	10.6%	35	8.4%	22	8.3%	29	21.2%	4	5.7%	16	20.5%	38	13.8%	168	11.6%
Child, youth & family	36	20.0%	109	26.1%	75	28.4%	10	7.3%	11	15.7%	15	19.2%	63	22.8%	326	22.4%
Population-specific services	7	3.9%	17	4.1%	5	1.9%	5	3.6%	5	7.1%	1	1.3%	6	2.2%	47	3.2%
Employment, education and training	6	3.3%	16	3.8%	8	3.0%	5	3.6%	2	2.9%	3	3.8%	16	5.8%	57	3.9%
Housing and homelessness	21	11.7%	66	15.8%	33	12.5%	10	7.3%	8	11.4%	6	7.7%	29	10.5%	176	12.1%
Financial counselling and support	7	3.9%	20	4.8%	6	2.3%	12	8.8%	6	8.6%	1	1.3%	9	3.3%	63	4.3%
Legal, advocacy and peaks	25	13.9%	36	8.6%	15	5.7%	8	5.8%	14	5.8%	13	16.7%	35	12.7%	148	10.2%
Community based / Community development services	16	8.9%	49	11.8%	57	21.6%	13	9.5%	7	9.5%	12	15.4%	33	12.0%	193	13.3%
Other	8	4.4%	32	7.7%	13	4.9%	9	6.6%	5	6.6%	4	5.1%	15	5.4%	88	6.1%
All	180	100.0%	417	100.0%	264	100.0%	137	100.0%	70	100.0%	78	100.0%	276	100.0%	1454	100.0%

Note: Respondents could be involved in multiple service systems and jurisdictions. Data in this table is based on the main service system their work related to, and their main (e.g. the jurisdiction they worked in or the jurisdiction their work related most to). Figures for Tasmania are included in 'All' but not separately reported due to low response.



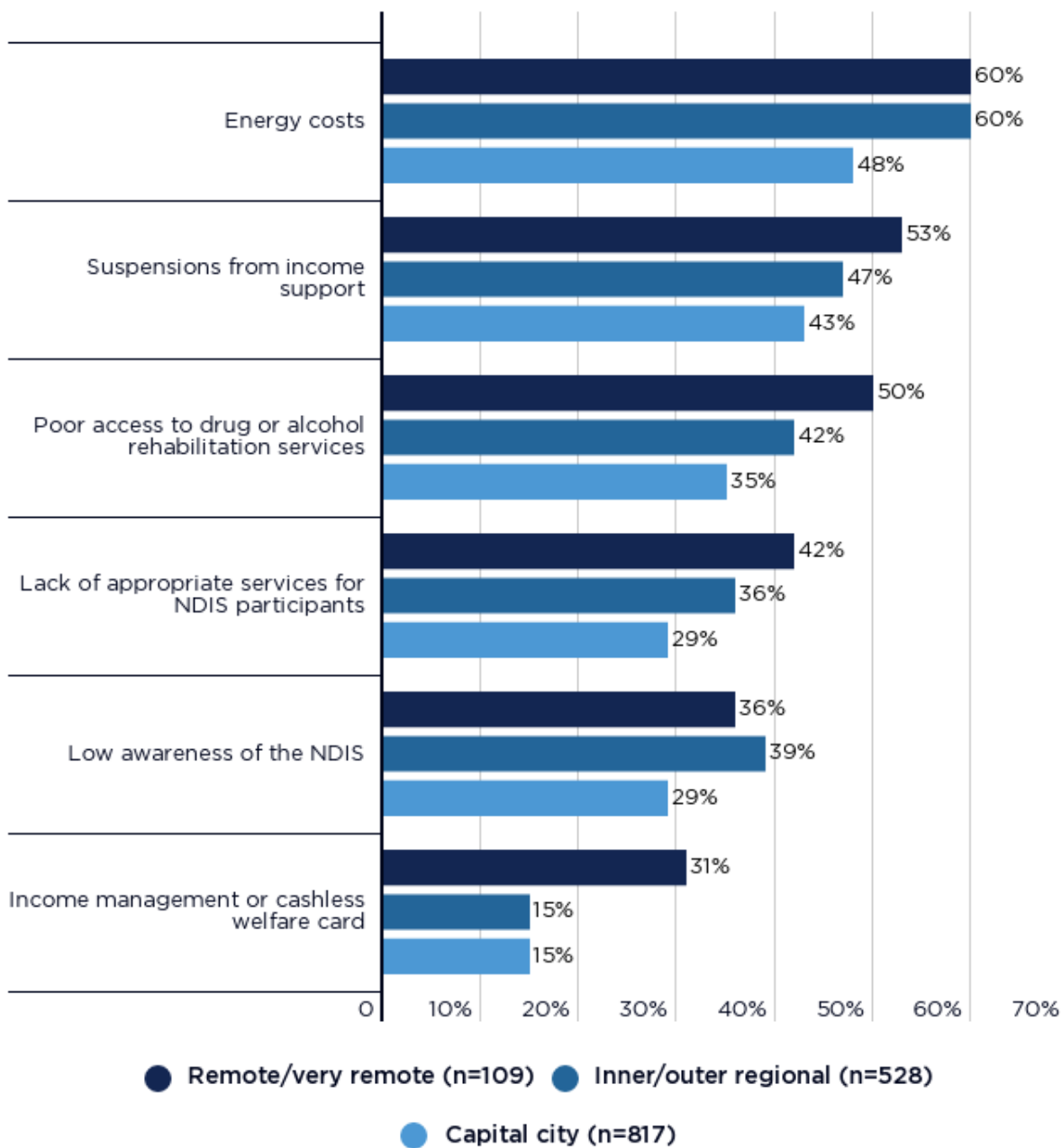
**Table B. 5 Main service system respondents were involved with by jurisdiction**

		<b>n</b>	<b>%</b>
Disability, Ageing and Carer	Carer support services	159	10.9
	Disability services	258	17.7
	Community-based aged care	165	11.3
	Residential Care	48	3.3
	Transport, home help, maintenance	150	10.3
Health related	Alcohol, tobacco and other drugs	214	14.7
	Mental health services	360	24.8
	Health promotion	238	16.4
	Community health service	168	11.6
	Sexual and reproductive health	66	4.5
	Palliative or hospice care	29	2
Population specific	Asylum seeker / refugee/ settlement services and other migration supports	141	9.7
	Multicultural services	199	13.7
	Aboriginal and Torres Strait Islander services	257	17.7
	LGBTIQ services	137	9.4
	Detainee / Prisoner or post-release support	87	6.0
Family, child and youth services	Early childhood education and care	113	7.8
	Child welfare and early intervention	276	19
	Domestic, family and sexual violence	341	23.5
	Out of home care	136	9.4
	Family support, parenting and relationship services	355	24.4
	Youth services	336	23.1
Employment, education and training	Jobseeker services	107	7.4
	Vocational and training services	136	9.4
	Adult literacy, numeracy or English as a second language	73	5.0
	Support for school education	132	9.1
Housing and homelessness	Social housing	187	12.9
	Homelessness service or refuge	253	17.4
	Housing or tenancy advice or support	288	19.8
Financial counselling and support	Emergency relief	223	15.3
	Financial advice, counselling, and no-interest loans	182	12.5
	Problem gambling support	60	4.1
Legal, advocacy and peaks	Community legal centres	127	8.7
	Advocacy services (including consumer advocacy, policy advocacy)	283	19.5
	Peak body	138	9.5
Community development	Volunteer services	244	16.8
	Neighbourhood centres	139	9.6
	Community development services	320	22
	Other service types	165	11.3

Note: Respondents could select multiple service types. This reflects all service types they were involved in, not their main service. On average, respondents selected 5 service types.

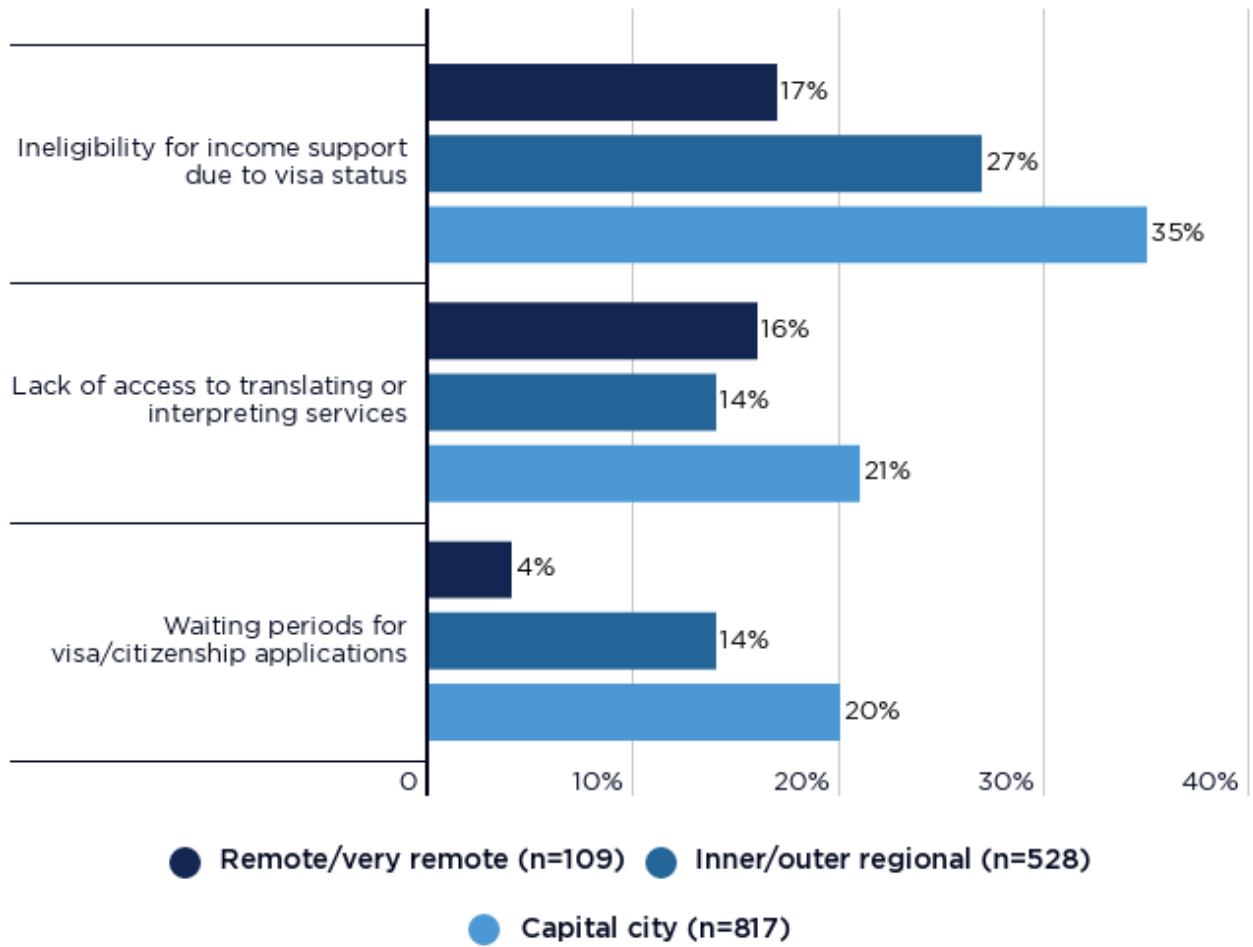
# Appendix C. Supplementary Data

Figure C. 1 Issues affecting people accessing services which were reported by higher proportions of respondents in regional and remote areas compared with those in capital cities (%)



Note: this depicts only those issues which were reported by higher proportions of respondents based outside the capital cities, not those which were reported most frequently.

Figure C.2 Issues affecting people accessing services which were reported by higher proportions of respondents in capital cities than in regional or remote areas (%)



Note: this depicts only those issues which were reported by higher proportions of respondents based in capital cities, not those which were reported most frequently.

**Table C. 1 Staff who reported that levels of demand in the community had increased, decreased, or stayed the same, by location**

	Increased significantly		Increased		Stayed the same		Decreased		Decreased significantly		Not sure		All	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Capital city	229	28	432	53	102	13	12	1	4	0	31	4	810	100
Inner / Outer Regional	199	38	250	47	66	13	7	1	0	0	5	1	527	100
Remote or Very Remote	41	38	45	42	14	13	3	3	0	0	5	5	108	100
All	469	32	727	50	182	13	22	2	4	0	41	3	1445	100

**Table C. 2 Organisations receiving funding from Government, 2019**

	State or Territory Government		Australian Government	
	Received any (%)	Main source of funding (%)	Received any (%)	Main source of funding (%)
Ageing, disability and carers (n=62)	65	15	73	45
Health related (n=37)	92	62	70	30
Child, youth and family (n=97)	95	66	72	23
Population specific (n=14)	79	21	71	50
Employment, education and training (n=15)	80	13	73	47
Housing and homelessness (n=51)	94	67	49	10
Financial counselling and support (n=13)	62	38	69	39
Legal, advocacy and peaks (n=40)	83	58	63	20
Other community-based services (n=49)	92	71	59	12
Other (n=28)	71	39	79	25
All (n=406)	84	51	67	26

**Table C. 3 Organisations receiving funding from non-government sources, 2019**

	Philanthropy		Commercial sources	
	Received any (%)	Main source of funding (%)	Received any (%)	Main source of funding (%)
Ageing, disability and carers (n=62)	47	0	84	37
Health related (n=37)	57	5	65	3
Child, youth and family (n=97)	68	3	55	7
Population specific (n=14)	71	29	36	0
Employment, education and training (n=15)	53	20	53	7
Housing and homelessness (n=51)	49	2	67	20
Financial counselling and support (n=13)	69	15	31	8
Legal, advocacy and peaks (n=40)	38	5	68	10
Other community-based services (n=49)	65	2	69	12
Other (n=28)	54	11	68	14
All (n=406)	57	5	64	14

**Table C. 4 Staff who reported that availability of funds had increased, decreased or stayed the same, by main service type**

	Increased significantly		Increased		Stayed the same		Decreased		Decreased significantly		Not sure		All	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Ageing, disability and carers (n=187)	6	3	44	24	54	29	54	29	20	11	9	5	187	100
Health-related services (n=168)	2	1	16	10	71	42	39	23	28	17	12	7	168	100
Child, youth and family services (n=325)	13	4	53	16	134	41	81	25	26	8	18	6	325	100
Population-specific services (n=47)	0	0	6	13	22	47	11	23	6	13	2	4	47	100
Employment, education and training (n=56)	0	0	9	16	25	45	13	23	6	11	3	5	56	100
Housing and homelessness (n=175)	3	2	18	10	79	45	44	25	19	11	12	7	175	100
Financial counselling and support (n=63)	0	0	6	10	30	48	17	27	7	11	3	5	63	100
Legal, advocacy and peaks (n=147)	1	1	27	18	59	40	37	25	15	10	8	5	147	100
Community development (n=191)	8	4	20	10	82	43	49	26	22	12	10	5	191	100
Other (n=84)	1	1	10	12	26	31	28	33	8	10	11	13	84	100
All (n=1443)	34	2	209	14	582	40	373	26	157	11	88	6	1443	100

**Table C. 5 Staff who reported that availability of funds had increased, decreased, or stayed the same, by state**

	Increased significantly		Increased		Stayed the same		Decreased		Decreased significantly		Not sure		All	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
NSW	3	2%	25	14%	69	38%	60	33%	20	11%	3	2%	180	100%
VIC	17	4%	79	19%	148	36%	96	23%	40	10%	31	8%	411	100%
QLD	5	2%	34	13%	126	48%	58	22%	26	10%	12	5%	261	100%
SA	1	1%	15	11%	46	34%	37	27%	30	22%	7	5%	136	100%
WA	1	1%	12	17%	24	34%	23	33%	7	10%	3	4%	70	100%
NT	3	4%	8	10%	25	32%	29	37%	7	9%	6	8%	78	100%
ACT	3	1%	34	12%	128	47%	63	23%	22	8%	25	9%	275	100%
All	34	2%	209	14%	582	40%	373	26%	157	11%	88	6%	1443	100%
Community development (n=191)	8	4%	20	10%	82	43%	49	26%	22	12%	10	5%	191	100
Other (n=84)	1	1%	10	12%	26	31%	28	33%	8	10%	11	13%	84	100
All (n=1443)	34	2%	209	14%	582	40%	373	26%	157	11%	88	6%	1443	100

Note: Responses from Tasmania are included in 'All' but not reported separately due to low response.

**Table C. 6 Organisational leaders' reports of whether or not the organisation usually holds at least three months of expenses in reserve, by jurisdiction**

	NSW		VIC		QLD		SA		WA		NT		ACT		All	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Less than 3 months in reserve	27	33%	19	24%	21	27%	10	32%	13	45%	6	33	23	30%	121	30%
At least 3 months in reserve	41	49%	34	43%	37	47%	11	35%	13	45%	8	44	38	49%	187	46%
Not sure	15	18%	27	34%	20	26%	10	32%	3	10%	4	22	16	21%	96	24%
All	83	100%	80	100%	78	100%	31	100%	29	100%	18	100	77	100%	404	100%

Note: Responses from Tasmania are included in 'All' but not reported separately due to low response.

**Table C. 7 Years worked in the community sector, by jurisdiction**

	NSW		VIC		QLD		SA		WA		NT		ACT		All	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Less than 2 years	12	7%	46	11%	24	9%	7	5%	4	6%	14	18%	32	12%	143	10%
2 to < 5 years	30	17%	73	18%	47	18%	29	21%	16	23%	23	30%	62	22%	288	20%
5 to < 10 years	36	20%	85	21%	53	20%	31	23%	17	24%	11	14%	69	25%	309	21%
10 to < 20 years	53	30%	110	27%	76	29%	39	28%	20	29%	14	18%	72	26%	390	27%
20 years or more	48	27%	98	24%	61	23%	31	23%	13	19%	16	21%	41	15%	315	22%
All	179	100%	412	100%	261	100%	137	100%	70	100%	78	100%	276	100%	1445	100%

Note: Responses from Tasmania are included in 'All' but not reported separately due to low response.



**Table C. 8 Basis on which respondents were employed, by jurisdiction**

	NSW	VIC	QLD	SA	WA	NT	ACT	All
Permanent / ongoing	127	285	174	82	44	52	182	957
	71%	69%	66%	60%	63%	68%	66%	66%
Fixed term contract	33	106	54	39	23	24	59	351
	18%	26%	21%	28%	33%	31%	21%	24%
Casual	10	16	9	8	0	0	12	58
	6%	4%	3%	6%	0%	0%	4%	4%
Self-employed	4	1	8	0	0	0	3	17
	2%	0%	3%	0%	0%	0%	1%	1%
Volunteer	5	5	17	8	3	1	20	63
	3%	1%	6%	6%	4%	1%	7%	4%
All	179	413	262	137	70	77	276	1446
	100%	100%	100%	100%	100%	100%	100%	100%
All	179	412	261	137	70	78	276	1445
	100%	100%	100%	100%	100%	100%	100%	100%

Note: Responses from Tasmania are included in 'All' but not reported separately due to low response.

**Table C. 9 Agreement with the statement “I receive the professional learning and development that I need”, by jurisdiction**

	NSW	VIC	QLD	SA	WA	NT	ACT	All
Strongly agree	15	44	20	18	5	10	20	9%
Agree	81	163	117	68	33	37	132	45%
Neutral / not sure	22	66	49	17	10	7	43	15%
Disagree	41	95	59	28	13	14	65	22%
Strongly disagree	21	45	14	5	9	10	15	8%
All	180	413	259	136	70	78	275	100%
All	179	412	261	137	70	78	276	100%

Note: Responses from Tasmania are included in ‘All’ but not reported separately due to low response.

**Table C. 10 Agreement with the statement “I receive decent pay for the work that I do”, by jurisdiction**

	NSW	VIC	QLD	SA	WA	NT	ACT	All
Strongly agree	12	32	29	13	7	12	22	9%
Agree	70	166	108	57	34	31	118	41%
Neutral / not sure	36	61	48	23	7	10	53	17%
Disagree	48	104	46	29	19	17	62	23%
Strongly disagree	14	49	22	12	3	8	19	9%
All	180	412	253	134	70	78	274	100%
All	179	412	261	137	70	78	276	100%

Note: Responses from Tasmania are included in ‘All’ but not reported separately due to low response.

# Endnotes

1. ACOSS 2019, Demand for Community Services snapshot. Available at [https://www.acoss.org.au/wp-content/uploads/2019/12/Demand\\_snapshot\\_2019.pdf](https://www.acoss.org.au/wp-content/uploads/2019/12/Demand_snapshot_2019.pdf)
2. Authors' calculations based on ACNC Annual Information Statement Data for 2017 (downloaded 4/11/2019) for charities with the following main activities: Civic and advocacy activities, aged care activities, economic, social and community development, emergency relief, employment and training, housing, income support and maintenance, law and legal, mental health and crisis interventions, other education, other health service delivery, and social services.
3. Australian Government (2018) Employment Outlook to May 2023, Department of Jobs and Small Business, <http://lmip.gov.au/default.aspx?LMIP/GainInsights/EmploymentProjections> (accessed 21/11/19).
4. ACOSS 2014. Australian Community Sector Survey 2014, Sydney: ACOSS [https://www.acoss.org.au/images/uploads/ACSS2014\\_final.pdf](https://www.acoss.org.au/images/uploads/ACSS2014_final.pdf)
5. Davidson, P., Bradbury, B., Hill, T., and Wong, M. (2020), Poverty in Australia 2020: Part 1, Overview. ACOSS/UNSW Poverty and Inequality Partnership Report No. 3, Sydney: ACOSS.
6. The 26 issues listed included 'other' and enabled the respondent to specify the particular issue.
7. Booth, M., Irvine, H., Ryan, C., McGregor-Lowndes, M. (2017). Spenders or savers? An examination of the reserves of Australian NGOs. *Australian Accounting Review*, 27, 248-262; Sloan, M., Charles, C., Kim, M. (2016). Nonprofit leader perceptions of operating reserves and their substitutes. *Nonprofit Management & Leadership*, 26, 417-433.
8. Australian Charities and Not-for-profits Commission (2016). Charity reserves: Financial stability and sustainability. Available: <https://www.acnc.gov.au/tools/factsheets/charity-reserves-financial-stability-and-sustainability>
9. ACOSS (2019) Future cuts to ERO Supplementation. An ACOSS Briefing Note - updated July 2019, <https://www.acoss.org.au/wp-content/uploads/2019/04/ERO-payments-updated-July-2019.pdf>
10. A breakdown by jurisdiction is in Table C. 8.
11. A breakdown of responses by jurisdiction is in Table C. 9.
12. ACOSS 2014, Op Cit
13. Cortis N;Blaxland M, 2014, The state of the community service sector in New South Wales 2014, UNSW, Council of Social Service of New South Wales, SPRC Report, 4/2014.
14. Cortis N;Blaxland M, 2015, State of the Community Service Sector in NSW 2015, Social Policy Research Centre, UNSW, Sydney, SPRC Report 07/2015.
15. Cortis N;Blaxland M, 2017, Workforce Issues in the NSW Community Services Sector, Social Policy Research Centre, UNSW Sydney, Sydney, 07/17, <http://dx.doi.org/10.4225/53/59598d047c984>
16. Cortis N;Blaxland M, 2016, The State of the Community Service Sector in the Australian Capital Territory, 2016, Social Policy Research Centre, UNSW Australia, Sydney, SPRC Report 19/16.
17. Cortis N; Blaxland M, 2016, The State of Tasmania's Community Service Sector, 2015, Social Policy Research Centre, University of New South Wales.
18. Cortis, N., Jose, K. Denny, L., Eccleston, R. and Hyslop, S. (2019). The State of Tasmania's Community Service Industry, 2019. Social Policy Research Centre, UNSW Sydney, and Institute for the Study of Social Change, University of Tasmania.

