

# 2023 Community Services Mapping Project

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# Acknowledgement of Country

Rockingham, ngala kaaditj moondang-ak kaaradjiny nidja boodja, Binjareb wer Whadjuk Nyoongar moort, wer baalabang kalyogool dandjoo boodja, kep wer moort.

The project team acknowledges the Traditional Owners and Custodians of this land, the Binjareb\* and Whadjuk\* Nyoongar\* peoples and their continuing connection to the land, waters and community. We pay our respects to all members of First Nations communities and their cultures and to Elders past and present.<sup>1</sup>

# Acknowledgement of lived experience

The project team acknowledges the individual and collective expertise of people with lived experience of issues addressed within this report. We recognise their vital contribution and value the courage of those who share this unique perspective for the purpose of learning and growing together to achieve better outcomes for all.

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<sup>1</sup> NB: While Nyoongar is identified as a single, spoken language, there are up to 14 different dialects and variations in both pronunciation and in the spelling of many words such as: Nyoongar, Whadjuk and Binjareb. The City has utilised the services of the Noongar Boodjar Language Cultural Aboriginal Corporation for the translations present in this statement.

Click on these links to navigate between different sections of this report:

**Executive summary - Introduction - Structural drivers of service demand - Priority groups - The community service system: gaps and challenges - The community service system: strengths and opportunities**

# 1. Executive summary

This report encapsulates the key findings derived from the City of Rockingham's 2023 Community Support Services Mapping Project (2023 Mapping Project). Leveraging research and data gathered through engagements with community services, this report presents an overarching view of the factors presently influencing the community services sector in the City of Rockingham (the City). The focus is on the drivers of service demands, priority target groups, and the challenges and opportunities faced by the sector in responding to community needs.

The picture painted in this report portrays a sector grappling with the escalating demand for services, addressing increasingly complex needs, mounting service delivery costs, insufficient investment in early intervention, and systemic underfunding in key areas of service demand.

Amidst this challenging landscape, the report underscores noteworthy strengths and assets that can be mobilised to counter these challenges. Foremost among them is an actively engaged local government that significantly contributes to enhancing the sector's capacity. Additionally, a collaborative service culture emerges as a standout feature, where community services unite to formulate local solutions for local challenges.

## Background

The City plays an active role in supporting the local community services sector. The City's Community Safety and Support Services team works with all levels of government, the not-for-profit sector and the community to maximise the availability of support services for at risk and/or marginalised groups.

Maximising service availability in the City will be challenged by rapid population growth and change. In this context, reliable and current data on service need, demand and availability is critical to ensuring local services can meet growing and changing needs and demand.

## Objectives

In 2023, the City engaged Sarah Janali Consulting (now Janali & Co) and Marsden Jacob Associates to work with the Community Safety and Support Services team to undertake the 2023 Mapping Project.

The project's objectives have been to:

- Establish a clear and accurate understanding of current and projected service needs, demand and availability in the City.
- Provide the City and community with information and evidence to inform service planning, delivery, advocacy and collaboration.

## Methodology

The 2023 Mapping Project activities included:

- Reviewing and updating the baseline established by the 2018 Mapping Report, with a focus on identifying service need, demand and delivery trends.

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- Consolidating City strategies with contemporary local, state and national data and research.
- Identifying and understanding gaps in service provision, with a focus on the drivers of service need and demand, and challenges that service providers face in meeting needs and demands.
- Mapping the location and type of community support services in the City.
- Identifying ways that the City and community services address gaps in service provision.  
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## Data sources

This report draws on both qualitative and quantitative data that were gathered through the research and engagement phases of the 2023 Mapping Project.

## Research

Prior to engaging with community services, a research process was undertaken to review the needs analysis baseline in the 2018 Mapping Report, aligning City strategies, relevant population data and other relevant local, state and national research. The data gathered through this process informs the sections of this report that focus on drivers of service demand and priority groups.

## Engagement

After completing the research phase, an engagement process was initiated to capture the perspectives of community services operating within the City.

One hundred community services responded to a survey, the results of which contain both qualitative and quantitative data which was analysed, themed and is presented in the findings section of this report. Additionally, the findings also draw upon the qualitative data gathered through focus groups and interviews.

## Key findings

The picture emerging from the 2023 Mapping Project is of community services operating in a highly challenging environment. The main challenges they face are escalating service demand, increasingly complex client needs, rising service costs, insufficient investment in early intervention and systemic underfunding.



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Among the strengths and assets at services' disposal in addressing these challenges, are an actively engaged local government that significantly contributes to enhancing the sector's capacity, and a collaborative service culture that unites providers in formulating local solutions for local challenges.

While the 2023 Mapping Project has identified a range of new and emerging demand drivers and priority groups, most of the needs, demands and drivers identified in the 2018 Mapping Project persist.

The 2023 findings are summarised below, and discussed in the following four chapters:

1. Drivers of service demand
2. Priority demographic groups
3. The community service system: gaps and challenges
4. The community service system: strengths and opportunities

## Persistent challenges

### **1. Population growth and demographic change remain key drivers of need and demand**

Australian Bureau of Statistics (ABS) data and projections show that the growth and change identified in the 2018 Report will continue over the next 20 years. Between 2021 and 2046, the City's population is expected to grow by around 108,000 people. Most of this growth will occur in the Baldivis and Karnup service regions where there is lack of community service infrastructure and support systems, and targeted services to meet the needs of the young families and culturally diverse people who live there.

### **2. Service demand will continue to increase**

The 2018 Mapping Project identified that services had experienced increasing service demand since 2015. This trend has persisted and worsened. Between 2018 and 2023, the proportion of services reporting that they could not meet immediate requests for support increased from 13% to 38%. In 2023, most services reported an increase in demand over the past three years (64%) and that they expected demand to increase over the next five years (85%).

### **3. Priority needs persist and are worsening**

The 2018 Mapping Project identified the increasing prevalence of mental health issues, family and domestic violence (FDV), problematic alcohol and other drug (AOD) use, and housing insecurity and homelessness as the primary drivers of service demand. In 2023, these remain the key issues of concern and drivers of service demand. Insights from service providers indicate that the prevalence and severity of these issues have worsened, resulting in greater demand for and on services. Added to this is an observed increase in the prevalence of comorbidities and complex presentations.

### **4. Priority demographic groups remain, but face new, and often additional, challenges**

The 2018 Mapping Project identified seniors (aged 60 years and over), young people (aged 12-18 years), and children (aged 5-11 years) and families as the cohorts experiencing the most challenges in accessing services. The insights generated in 2023 show that they remain priority groups, and they face a range of new challenges that increase their need for services. This includes more children and young people presenting for mental health and family support services at a younger age; a lack of child and family services in the Baldivis service region,

which has the largest number and proportion of young families; and more older people experiencing social isolation, falling victim to scams, and struggling to access services that have moved to online delivery.

## **5. Chronic under-resourcing, and short-term and inflexible funding continued to affect the service system**

The 2018 Mapping Project identified insufficient resourcing as an increasing challenge to services.

The picture emerging in 2023 is that this challenge persists and has worsened. Community services reported that funding has failed to keep pace with inflation, population growth, and clients' increasing and more complex service needs. Short-term and inflexible funding arrangements are creating instability in crucial services and compromising providers' capacity to adapt to meet changing service needs and demands.

## **6. Increasing complexity in client needs persists, coupled with complex presentations at an earlier age**

The 2018 Mapping Project identified that providers were seeing more clients presenting with increasingly complex and co-occurring needs. Added to this, clients were presenting with complex needs at an earlier age than they had previously.

The picture emerging in 2023 is that complex presentations are increasing in number and intensity, and that this trend is occurring across all service regions, service types and population groups. Intersectionality emerged as an additional and complicating factor, for example, gender diverse young people seeking support were also experiencing FDV, financial disadvantage and homelessness, and problematic AOD use.

## **Emerging challenges**

### **7. Gaps in the system drive a cycle of unmet need and service demand**

The cumulative effect of the above persistent challenges is a service system unable to prevent or intervene when issues emerge. Community services identified that this has led to an increasing severity and urgency of unmet needs. Frequently cited examples include an increasing acuity of mental health presentations because people are unable to access support when their symptoms are non- or less acute; long wait times for paediatric services putting children at further risk of health and developmental challenges; and women and children experiencing FDV staying in unsafe environments, and for longer periods, due to the limited availability of crisis and prevention services.

### **8. New and emerging drivers of service demand**

Since the 2018 Mapping Project, two events occurred that have added to the increasing demand for services. The COVID-19 pandemic led to a reduction in community connectivity and grassroots community activity, and increased the prevalence of social isolation, self-exclusion and loneliness. Although these impacts are abating, they have persisted post pandemic.

The cost-of-living crisis has given rise to a cohort of people with little or no prior experience of hardship or poverty. Many are accessing services for the first time, due mainly to housing insecurity, food insecurity and financial stress, and lack the knowledge and capacity to navigate them.

## **9. New priority demographic groups have emerged**

Community services identified a number of groups experiencing increasing needs and/or needs that are not met by the current service system. These needs were not identified in the 2018 Mapping project. Some of these groups may be accessing services for the first time as a result of the persistent and emerging drivers of service demand. These groups include men who are socially isolated and/or experiencing mental health issues, First Nations people, newly arrived migrants, many of whom are from culturally and linguistically diverse (CALD) backgrounds, LGBTQIA+ people, and veterans.

## **10. The complexity of the service system makes it difficult for clients to navigate**

While this challenge is not new, it was not identified as a priority in the 2018 Mapping Project. It is likely that the persistent challenges identified above have combined to heighten the system's complexity and made navigation issues more evident. Community services identified that the impact of service system complexity is that it creates barriers for people seeking support. Services reported that they are experiencing an increasing demand for support to navigate systems. The new priority demographic groups are experiencing heightened challenges.

## **11. A shortage of spaces and premises in the City**

Community services identified that there is a shortage of suitable, accessible and affordable spaces and premises in the City. This may be a result of the cost-of-living crisis, which has led to an increase in the demand for and cost of a range of accommodation. Without premises, providers are either unable to deliver services, or are limited in the number and types of services they can offer.

## **Strengths and opportunities**

### **12. An existing collaborative culture**

Community services desire and willingness to collaborate emerged as a significant strength of the City's service system. This strength:

- Is important in a competitive funding environment that can position community organisations as competitors for (often limited and diminishing) resources.
- Creates opportunities to develop and mature partnerships that respond to place-based challenges through collaborative place-based solutions.

Community services identified a range of collaborative efforts and practices across the City's service system and regions, from informal networking to more structured forms of interagency coordination.

### **13. A proactive and engaged local government**

Community services repeatedly praised the City's proactive approach to collaborating with and supporting the local sector. The high value the sector placed on the City's contributions highlights and reinforces the benefits of having local government that facilitates:

- Access to localised information and data
- Connectivity within local service systems
- Collaborative responses to local challenges.

#### 14. Opportunities to improve the local service system and to support clients to achieve better outcomes

Community services identified a range of new and existing opportunities to improve the service system and client outcomes. These opportunities fall within local governments' traditional community sector development role, which involves facilitation, capacity building and advocacy. Identified opportunities include:

- Leveraging existing grassroots, peer support and volunteer initiatives, and facilitating the growth of new community-led activities.
- Building community services capacity to deliver culturally responsive services. Cultural responsiveness and safety is critical to ensuring the needs of First Nations and CALD clients are met.
- Facilitating service integration across and within the City's service regions, and between different service sectors and types. Integrated service systems are often easier for clients to navigate, and can provide a coordinated and seamless response to complex needs.
- Supporting service providers to build their capacity to respond to new and emerging issues and challenges.
- Facilitating and supporting initiatives that improve residents' service awareness and capacity to seek and access services.

#### Using this report

The value of studies such as this is in how they are used to deepen understanding of community needs and drive improvements in the effectiveness of responses to these needs. The evidence base presented in this report we hope will be used by the City, the community services sector and other local stakeholders to:



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This study provides a 'helicopter view' of the service system as a whole, identifying common themes across the different sectors and zooming in on high priority concerns that impact on particular groups or services. By continuing to build on this evidence base through identification of additional data sources, the City and the community services sector can support effective local responses to local needs.

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## 2. Introduction

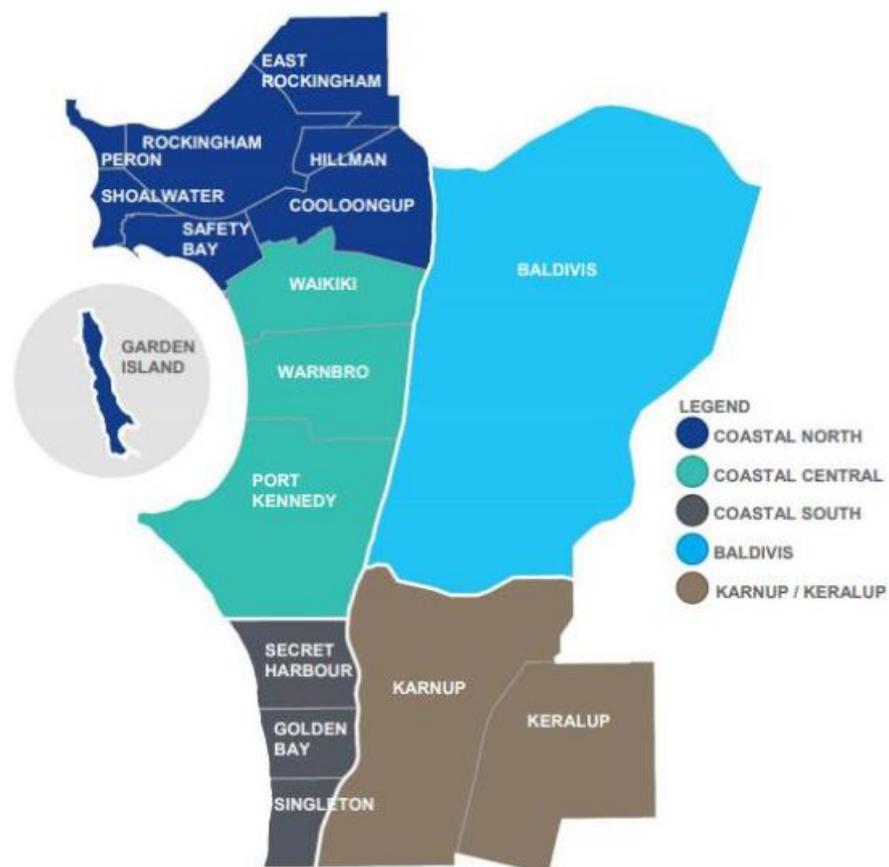
This section of the report provides an overview of the context for the 2023 Mapping Project including the geographic, population and community service sector context. It also provides an overview of the project’s strategic alignment and methodology.

### 2.1 Context

#### 2.1.1 Geographic context

The City of Rockingham is located in Perth’s outer Southern suburbs, 45 kilometres south-west of the Perth CBD. It is bounded by the City of Kwinana in the north, the Shire of Serpentine-Jarrahdale in the east, the Shire of Murray and the City of Mandurah in the south and the Indian Ocean in the west. The City breaks its geographical region down into smaller service regions which are referred to in this report and detailed in Figure 1.

Figure 1: City of Rockingham service regions map



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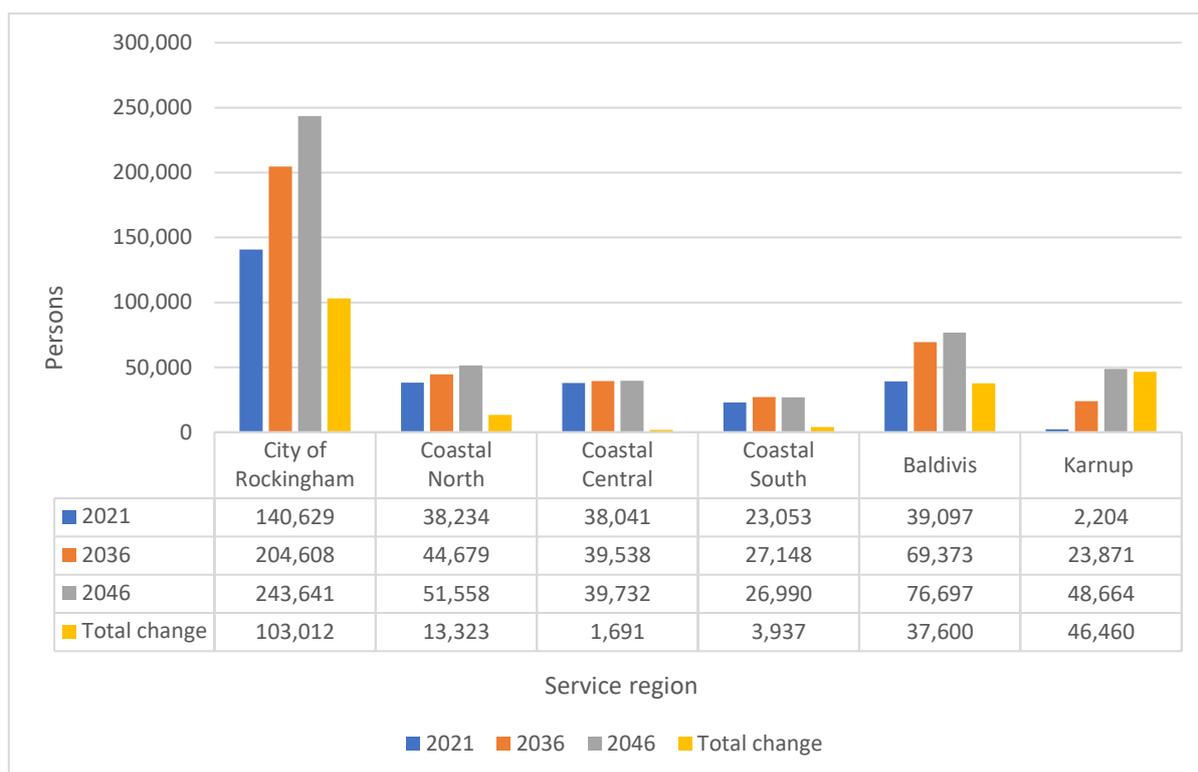
## 2.1.2 Community profile

Between 2016 and 2021, the City's population grew by 8.4% from 125,108 to 135,679 people (+10,571), at an average population change of 1.64% annually.

Between 2021 and 2046, it is projected to grow to 243,641 people, equating to 107,962 new residents (Figure 2).

Detailed data on population growth and demographic change is provided at Appendix 1.<sup>2</sup>

Figure 2: Projected population growth (number of people) for the City 2021-46



### Key features of the City of Rockingham population

**Most new residents will live in the Karnup and Baldivis service regions.**

These regions are:

- The fastest growing of the City's five service regions.
- Projected to grow by 2,107%<sup>3</sup> and 96% respectively between 2021 and 2046.
- The 'youngest' by median age, at 30 and 31 respectively (Figure 3).

In both regions, the largest numbers and proportions of residents are aged 0-14 years, 15-24 years and 25-44 years (Figure 3 and Figure 4).

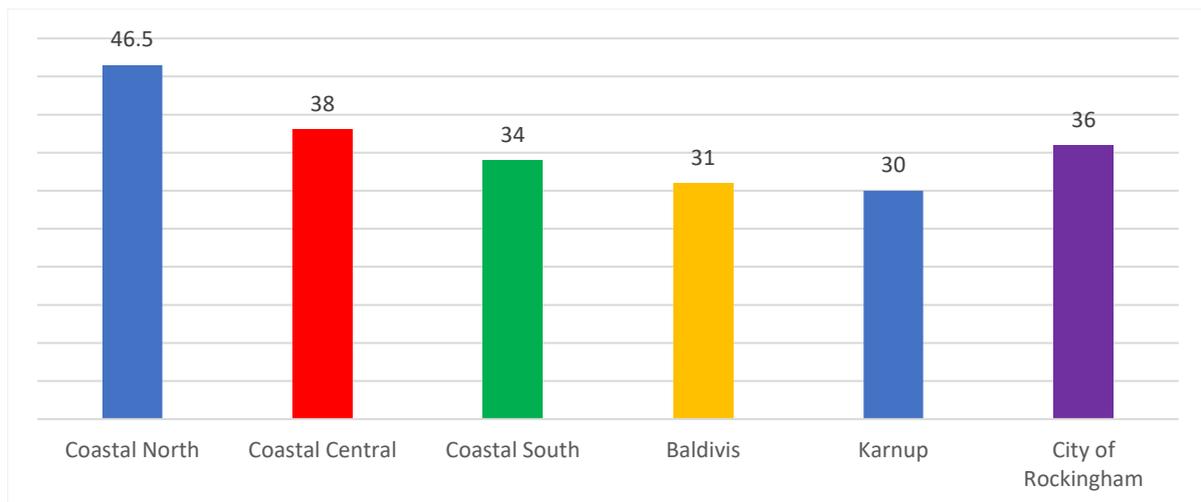
<sup>2</sup> Source: [Population and household forecasts, 2021 to 2046](#), prepared by .id (informed decisions), March 2023.

<sup>3</sup> NB: Growth in the new development will be from its current low population number.

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Figure 3: Median age by service region 2021<sup>4</sup>

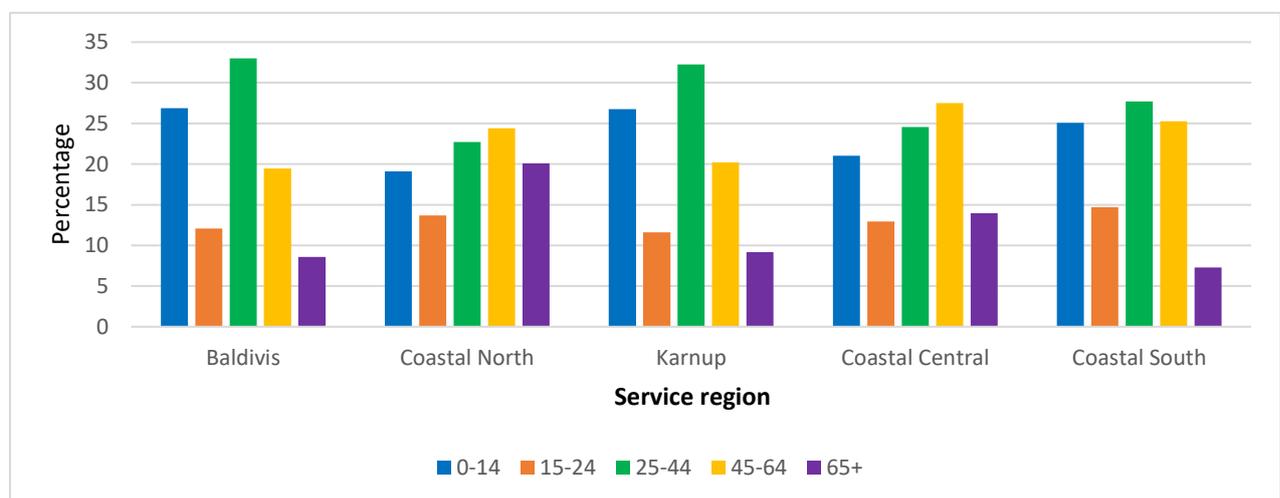


**The Coastal North and Coastal Central service regions are older and ageing more rapidly.**

These regions:

- Are 'older' by median age, at 46.5 and 38 respectively (Figure 3).
- Have the largest number and proportion of residents aged 45 to 64 years and 65 years and over (Figure 4).
- Will continue to age due to lower rates of population growth (compared with other service regions) between 2021 and 2046, at 34.8% and 4.5% respectively (Figure 2).

Figure 4: Age groups as % of the population by service 2021<sup>5</sup>



<sup>4</sup> ABS Census 2021

<sup>5</sup> ABS Census 2021

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## **The Baldivis and Coastal North service regions were home to the largest numbers of people from CALD backgrounds.**

These regions were home to the most people:

- Born in a non-main English-speaking country, at more than 1,350 and 1,160 people respectively.<sup>6</sup>
- Who used a language other than English at home, at 4,249 and 2,933 people respectively.

### **Between 2016 and 2021, the City's:**

- First Nations population grew in number (+1,039) and as a proportion of the population, from 2% to 2.7%.
- Overseas-born population decreased as a percentage of the population, from 31.7% to 30.4%.
- Seniors, children and youth service age groups increased in number, but their size as a proportion of the population remained comparable.

### **2.1.3 Local government and community sector development**

Local governments, being the closest level of government to the community, have a unique role in supporting the smooth functioning of community service systems. While they typically don't provide direct services to individuals facing challenges like homelessness, family and domestic violence, or emergency relief, they are crucial in enhancing the capabilities of the local organisations delivering these services. This 'community sector development' work of local government focuses on building the capacity of community services and of the community services sector as a whole to ensure that residents have access to services that meet their needs. Local governments adopt varied approaches in this endeavour, tailoring their efforts based on the specific needs of their community and the existing capacity of their community services sector.

Recognising the importance of a well-functioning community service system to the community, the City plays an active role in supporting the community services sector. The City's Community Safety and Support Services team works with all levels of government, the not-for-profit sector and the community to maximise the availability of support services for at risk and/or marginalised groups. The team achieves this through a range of activities including training, education, awareness raising, research, coordinating collaborative partnerships focused on key areas of vulnerability and advocacy.

### **2.1.4 The community service context**

The City is host to many community services that are well connected within the community. Many community services are delivered from the Rockingham city centre, while a number of additional services deliver support to City of Rockingham residents from the City of Kwinana.

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<sup>6</sup> NB: This is based on the combined total of the top 5 non-main English-speaking countries of birth according to the 2021 Census.

The locations of community services that participated in this project can be viewed [here](#). It must be noted that not all services available within the city participated in the mapping.

In this report community services refer to organisations that:

- Offer support to the public and are designed and delivered to help people experiencing poverty, hardship, discrimination and disadvantage.
- Include crisis accommodation, emergency relief, financial counselling, childcare, health clinics, aged care and help to develop vibrant, multicultural communities.<sup>7</sup>
- Provide supports such as information, advice, practical help, financial help or a combination of services.
- May be delivered by federal, state or local government, or by a non-government and/or not-for profit service provider. The latter may be funded by government or philanthropic organisations, or a low fee for service.
- Are generally free or well-priced.<sup>8</sup>

Community services play a critical role in ensuring that the needs of the City's residents are met. They work closely with the City and other stakeholders to provide information and advice, building understanding of the needs of the community.

Survey responses from 100 community services in the City have been drawn upon to create a profile of the sector detailed in Figure 5, which includes organisation type, focus areas, target groups and funding sources.

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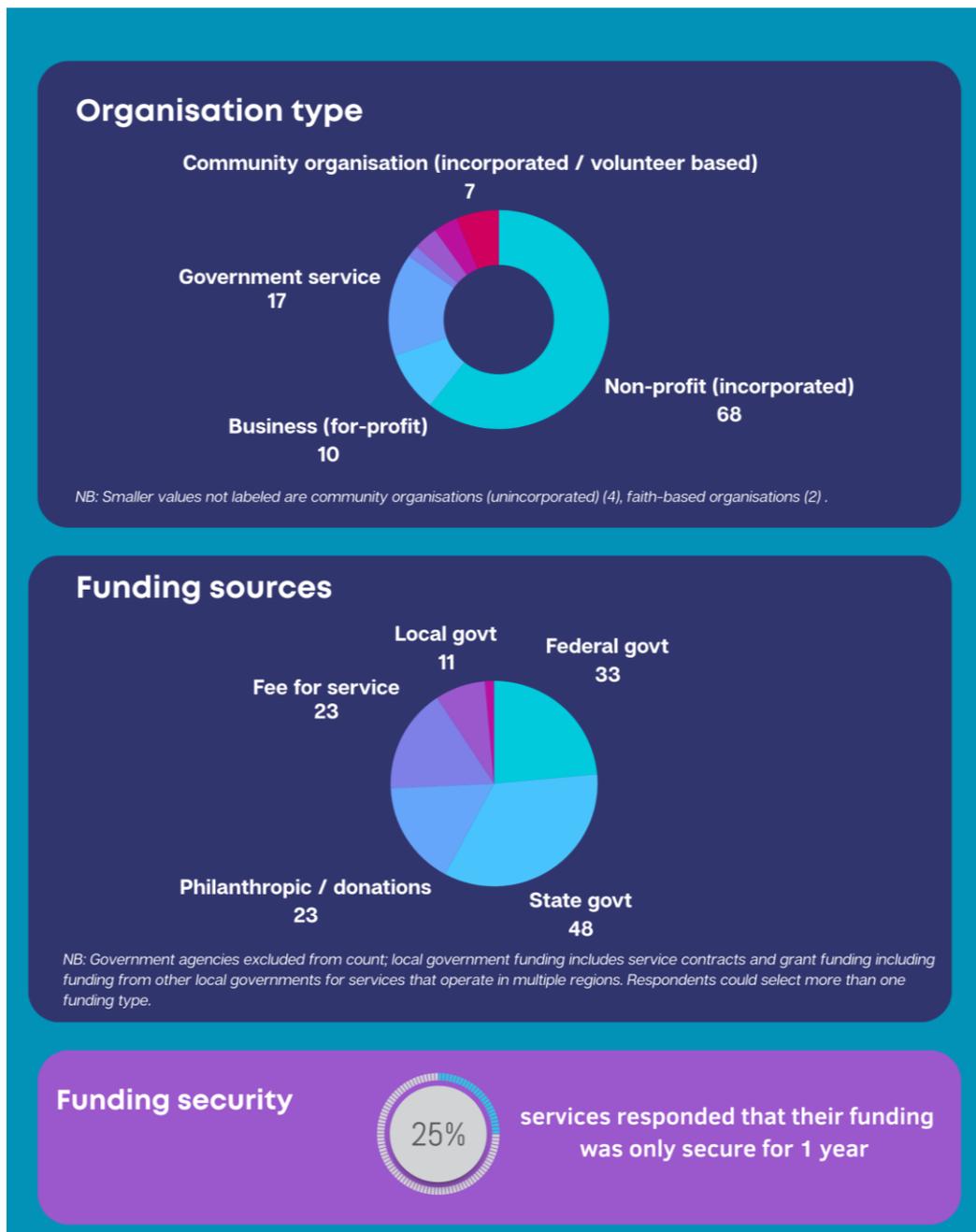
<sup>7</sup> [Quality community services - ACOSS](#)

<sup>8</sup> [Community services - Better Health Channel](#)

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Figure 5: Community sector profile

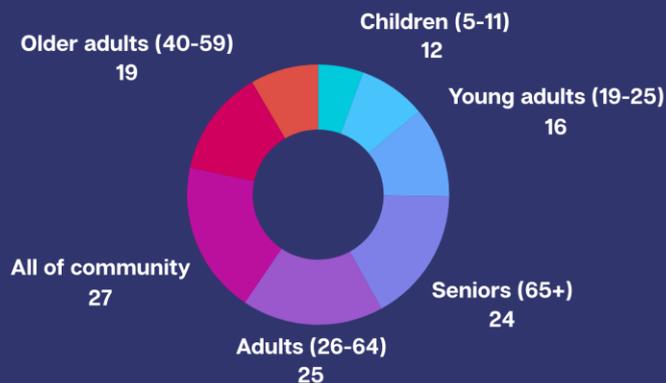


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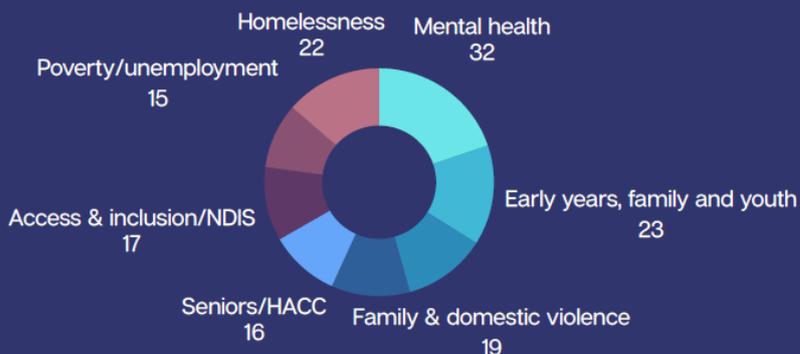
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### Service target groups - by age



NB: Aboriginal and Torres Strait Islander people 55+ are seniors. Multiple responses allowed.

### Service focus



NB: Smaller value responses included crime/justice/safety (8), drugs and alcohol (11), support groups (12), medical (8), CALD (9), Aboriginal services/ACCOS (8), 33 responded 'other'. Multiple responses allowed.

### Delivery methods



NB: Smaller value responses included emergency relief (16%), supported accommodation (10%), emergency relief (16%) harm minimisation (18%), 33% also listed other delivery methods. Multiple responses allowed.

### 2.1.5 Strategic context

This project is an action within the City's [Community Safety and Support Services Strategy 2022-2027](#). The objective of this strategy is to:

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*Enhance community safety and the effectiveness of the community services sector by raising awareness, and increasing education to empower a connected, safe and resilient community.*

The strategy articulates a ‘whole of community approach’ with the City committing to play its part in building community capacity of the community sector through implementing strategies and actions that align with the following focus areas:

- 1. Safe and vibrant places and spaces: Promote safe and vibrant places and spaces that serve the needs of the community and create opportunities to assist the community services sector.*
- 2. Partnerships for collective action and advocacy: Foster a cohesive, accessible and sustainable community services sector and work collaboratively with key stakeholders.*
- 3. Safe and connected communities: Increase community understanding and awareness by delivering education of key issues at both the neighbourhood and whole of community level through activities, events, training and workshops.*

The findings of this report detail the value generated through the role the City plays in supporting a well-functioning community service system.

## 2.2 2023 Mapping Project scope

The 2023 Mapping Project builds on and complements the data gathered through the 2018 Mapping Project, the 2020 Community Safety and Support Services Community Survey and the City’s *Community Safety and Support Services Strategy 2022-2027*.

### 2.2.1 Project objectives

The purpose of the project has been to generate new insights into the trends, needs and gaps across the community services sector from birth to end of life, with a particular focus on people in the community who may be experiencing hardship or marginalisation. These experiences may arise from a range of circumstances that include, but are not limited to, homelessness, financial difficulties, mental health challenges, disability, FDV or social isolation.

### 2.2.2 Priority focus groups

The research, engagement and findings in this report focus on target groups that were identified by the City as priority focus groups due to their vulnerability to hardship, adverse life outcomes and/or difficulty in accessing services that meet their needs.

These are people:

- Living with mental health issues/disorders
- With problematic use of, or dependence on, alcohol, drugs and/or other substances
- Experiencing or at risk of FDV
- Who are First Nations people
- From a CALD background

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- Who are LGBTQIA+
- Living with disability
- Experiencing or at risk of homelessness
- Experiencing economic disadvantage/distress
- Who are young (0-24 years)
- Who are older (65+ years).

Throughout the engagement process, socially isolated men and veterans also emerged as groups whom community services identified as experiencing distinct challenges. The issues identified as impacting on these groups are also covered in this report.

## 2.3 Methodology

### 2.3.1 Project stages

This project was undertaken in four stages.

#### Stage 1 – Desktop research and analysis

Stage 1 comprised:

1. A review of the City of Rockingham's *Strategic Community Plan 2019-2029*, *Community Safety and Support Services Strategy 2022-2027*, relevant informing strategies, and the *2018 Community Services Mapping Project Report*.
2. Identifying, documenting and consolidating key themes, priorities, observations and recommendations from the above documents.
3. Desktop research and analysis of:
  - a. 2021 Census data to develop demographic profiles of the City as a whole and of its five service areas. Where relevant, data was compared with the Perth Metropolitan Area or Western Australia.
  - b. Data, research and information from a range sources, including WA and Australian Government strategies, plans and reports, WA Primary Health Alliance, WA Association for Mental Health, WA Commissioner for Children and Young People, Australian Council of Social Service and Mission Australia.
  - c. Public health and other prevalence data from WA Police, the Australian Institute of Health and Welfare and WA Department of Health. Where relevant, data was compared with larger service areas (e.g. South Metro Area Health Services), the Perth Metropolitan Region and/or Western Australia.
4. Consolidating the data and findings to develop an evidence-informed profile of the community's current and projected support service needs, and key drivers of these needs.

#### Stage 2 – Stakeholder consultation and engagement

Stage 2 comprised a comprehensive, yet targeted, stakeholder consultation process. This included:

1. Developing an engagement plan detailing proposed consultation methods and focus areas for

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discussion. The City's Community Safety and Support Services team provided a list of potential participants and their contact details. Consultation was targeted to community services as per the project scope: community members' views were captured in the City's strategies identified under Stage 1 above.

2. Developing and administering an online survey for community services. Survey questions were informed by research undertaken during Stage 1. The survey was administered using Microsoft Forms. Participants were recruited through direct email or telephone communication. Communication and recruitment were undertaken in partnership with the City's Community Safety and Support Services team. The survey yielded responses from 100 community services representatives.
3. Nine focus groups/workshops via MS Teams or face-to-face where possible. These sessions were attended by more than 140 participants representing 40 community services sector organisations, three WA Government agencies, one Australian Government agency, as well as volunteers and lived experience representatives from local community groups and advisory bodies.
4. One focus group attended by seven City of Rockingham staff.
5. Twelve semi-structured interviews (one-to-one/small group) attended by 18 participants representing six community services sector organisations, four WA Government agencies, and one Australian Government agency.

The focus of this engagement was on exploring the following themes:

- Sector profile – exploring service locations, types of services, target audiences, focus areas and eligibility criteria.
- Community needs – identifying the issues people bring to services, understanding the key drivers of service demand, and assessing changes in these dynamics over the last five years.
- Barriers – examining the factors that hinder individuals from accessing services that align with their needs.
- Gaps – evaluating the unmet needs within the community service system, pinpointing gaps and identifying who is falling through them.
- Opportunities – discussing potential initiatives that could assist individual organisations and enhance the overall responsiveness of the system to the community's needs.

### Stage 3 – Community Services Mapping report

Stage 3 focused on developing this report, using data analysis and theming to consolidate Stage 1 and Stage 2 research. The report is designed to provide the City and community services with:

1. A concise evidence base of needs and priorities across the City's five service regions, which can be used to inform service delivery, advocacy and opportunities.
2. Clarity on currently funded service provision across the City, and on unmet needs arising from services gaps or demand.
3. Identified opportunities for sector collaboration to reduce service duplication, and priorities for prevention-based education and awareness programs.

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### 2.3.2 Limitations

The findings in this report draw on a significant body of primary and secondary data and research combined with the perspectives of consultation participants. This evidence provided a solid foundation identifying themes and priorities; however, it is important to note the following delimiting factors and limitations:

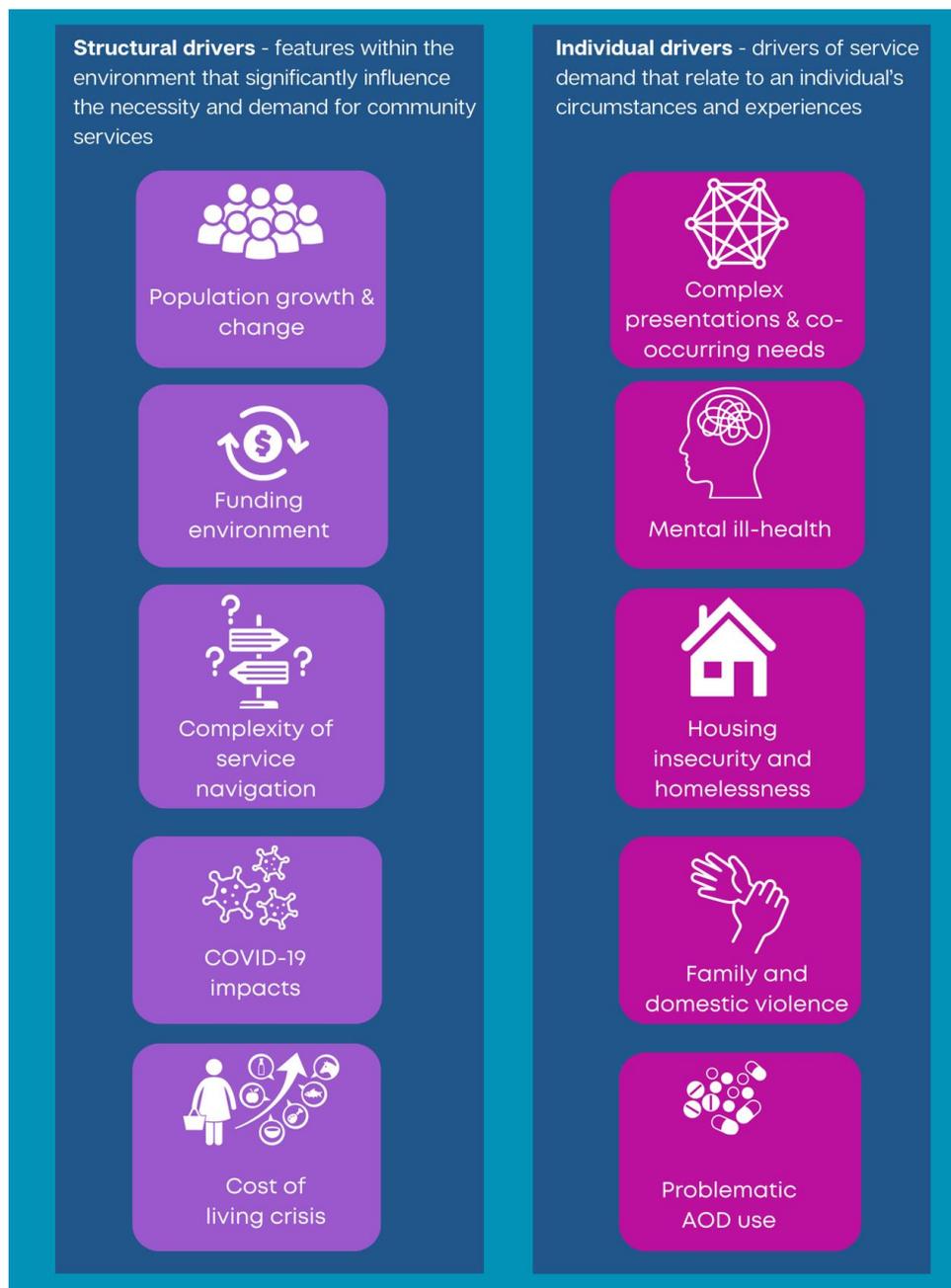
- The scope of the engagement was limited to community service representatives and did not include the broader community or other sectors. The research did, however, consider previous community consultation undertaken by the City that was relevant to this project.
- The City invited a larger number and broad range of community services to participate in the consultation process. However, some organisations did not respond to the invitation and others were unable to participate. This may reflect participation being voluntary.
- The broad focus on the whole community services sector meant that it was not always possible to undertake detailed analysis of specific trends impacting on distinct sectors within the local service system (e.g. FDV sector, homelessness sector, disability sector).
- While the City's participant recruitment process was comprehensive and thorough, it was only able to attract a limited number of representatives from First Nations, CALD and LGBTQIA+ specific services. This may reflect the small number of such organisations working in the Rockingham area and/or an opportunity for the City to strengthen relationships within these sectors.

## 3. Structural drivers of service demand

Sections 3 and 4 of the report focus on drivers of demand for community services in the City of Rockingham, identifying the underlying reasons behind increases in demand for community services. Identifying these drivers is important as it provides service providers, policymakers and funders with information to support effective planning, resource allocation, and responsiveness to the evolving needs of the community.

The demand for community services is shaped by a variety of factors, including but not limited to demographic changes, funding priorities, awareness of available services, and shifts in social and economic conditions. These findings are derived from comprehensive analysis of population data and engagement with community services and provides an overview of the structural and individual drivers of demand that will be covered in this section and Section 4.

Figure 6: Drivers of service demand overview



The research and consultation process shed light on structural factors that contribute to an increased demand for services. These drivers encompass features within the environment that significantly influence the necessity and demand for community services.

The 2018 Mapping Report identified key drivers that persist as critical concerns for community services in 2023:

- Demographic change, where population growth continues to drive the demand for services.
- The funding environment, characterised by a deficiency in investment in early intervention.
- Complex service systems, leading to an increased demand for support in navigating available

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services.

Additionally, new drivers of service demand have emerged in 2023, including:

- The impact of COVID-19 on both services and individuals.
- The rising cost of living.

### 3.1 Population growth and change

Population growth and change are, and will continue to be, drivers of service need and demand. The 2018 Mapping Report identified population growth and increased pressure on services as being interrelated, adding that both would continue to increase, significantly in certain areas, over the next 20 years.

In 2018 it was also noted that significant growth was anticipated for North and South Baldivis, Karnup and Keralup. The predicted growth would be within the younger age cohorts, which at the time were experiencing challenges accessing services, due to high levels of demand. The 2018 Mapping Report concluded that those challenges and demands would intensify as the population grew.

Considering the 2021 Census data and 2023 engagement responses, the 2018 mapping projections and conclusions have proven to be accurate.

Responses to the survey and those gathered at interviews indicate that population growth and demographic change still present challenges across all service areas. Respondents identified that:

- Funding for services has not kept pace with the region's growing population. Health services – particularly mental health and child development services – are experiencing growing demand resulting in increased wait times.
- Population growth in the Baldivis region has not been met with an investment in place-based services to support the community's needs.
- There appears to be limited longer-term planning across all the service sectors to respond to future demands driven by projected population growth.

### 3.2 Funding environment – insufficient focus on early intervention and prevention



*“ The earlier we can get in the better.”*

The data obtained from the consultation process has brought attention to persistent frustrations with funding systems. Consistent concerns were expressed with insufficient resources to support services that engage with individuals before they reach a crisis point. Consequently, community and individual issues worsen because the service system is unable to respond promptly.

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Examples of this challenge include the heightened acuity of mental health presentations due to delayed access to services, as well as prolonged wait times for paediatric services posing risks to children's health and development. Services also reported victims of FDV enduring unsafe environments for extended periods due to limited accommodation options.

As a result, there is a noticeable impact on the demand for crisis-oriented services, creating a ripple effect for those organisations initially funded for early intervention. These organisations find their workload increasingly dominated by individuals who are unable to access crisis services. This situation further contributes to services experiencing constrained capacity to assist individuals in less acute situations.

When asked about the most impactful improvements needed to enhance capacity, many community services emphasised the importance of increased investment in prevention and early intervention supports.

The specific concerns and suggestions for an improved focus on prevention and early intervention are covered in more detail in Section 6.5.

### 3.3 Complexity of service navigation

In 2023 we heard increasing concerns about the complexity of navigating service systems. The challenges associated with navigating complex service systems create barriers for people seeking support and for those services that are supporting them.

Factors that were cited as contributing factors to the challenges of service navigation included:

- Awareness of services
- Complicated eligibility criteria for service access (see 6.6 for further detail on high barrier services)
- Complex application processes
- Transition to digital systems
- Services operating in sector silos (e.g. disability sector, mental health sector, homelessness sector).

Service providers across all sectors expressed concern regarding the challenges of navigating complex services, with many reporting increases in demands for assistance in navigating systems to access support. This related, in particular, to people who have little experience navigating service systems, vulnerable groups (e.g. people living with disability) and those with complex needs including:

- The growing cohort of newly disadvantaged people who are accessing services for the first time.
- People with complex needs who are navigating multiple systems simultaneously.



*"We are one of the larger not-for-profit organisations with funding and staffing. We believe our services are underutilised because consumers may not have a good understanding of what is on offer and the access process. We would love to have more consumers contribute to our service delivery model."*

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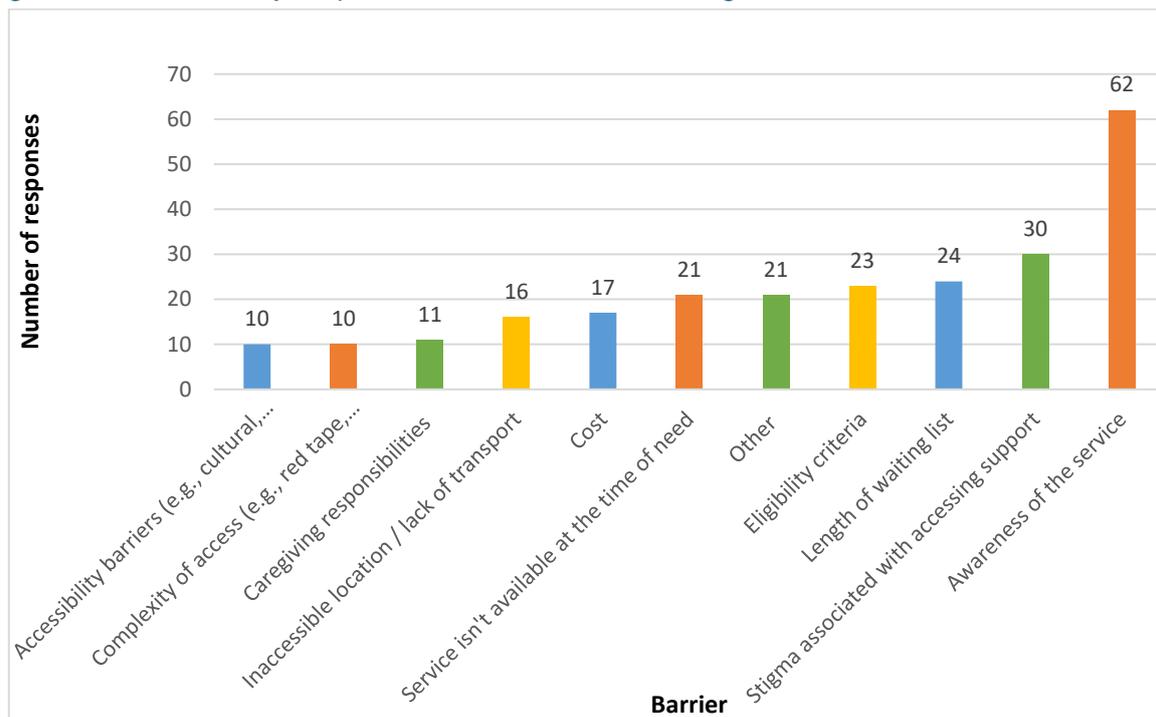
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- People living with disability.
- People with limited digital literacy or digital access (specifically seniors).
- People with CALD backgrounds and/or limited English proficiency.

*“Where individuals require support in various service areas that intersect, it would be helpful to have more services that offer intensive support to navigate across these systems (as opposed to each operating within their own silo).”*

As shown in Figure 7, in response to a survey question on barriers that prevent people from accessing their service, 62 services listed ‘awareness of the service’. An additional 23 listed eligibility criteria and 10 listed complexity of access as barriers.

Figure 7: Online survey responses – barriers to accessing services<sup>9</sup>



<sup>9</sup> NB: Respondents were asked to select all applicable barriers.

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### 3.4 COVID-19

The COVID-19 pandemic has had a significant and lasting impact on the WA community. While restrictions and control measures helped minimise the spread of the virus, they have had a lasting impact on people's wellbeing, lifestyles and behaviours.

COVID-19 had, and continues to have, a significant impact across all service areas and population groups. Through responses to the survey and those gathered at interviews we heard that:

- COVID-19 has had a significant impact on many people's mental health and wellbeing and was a factor in increasing prevalence of mental ill-health.
- COVID-19 has changed people's help-seeking behaviour. For example, some participants observed that participation in group-based programs decreased during the pandemic, and this has persisted post COVID.
- For some people, COVID-19 heightened their fears about engaging in the community. This fear has persisted post pandemic, leaving people socially isolated and disconnected from supports and services. Several providers noted that some clients are reluctant or hesitant to access services face to face.
- COVID-19 also had a significant impact on service providers, particularly on the way they delivered services. For example, most had to transition to online delivery due to COVID-19 restrictions and protocols. In some cases, services were unable to retain staff. Not all services have returned to pre-COVID-19 levels and methods of operations and delivery.
- Several participants noted positive impacts of COVID-19. This included the use of telehealth, which enabled clients to continue to engage in services, and post pandemic has sometimes made it easier to stay engaged. Another was an observed increase in awareness and acceptance of health and mental health issues.

*" Since Covid more services are only able to be accessed online."*

*" Covid lock downs, increased number of people experiencing mental health conditions."*

*" Some people have not re-connected with services. We did well to continue providing service throughout the Covid pandemic and isolation rules. It did however impact networking and attendance at community meetings and events."*

*" Financial counsellors [are] busier than ever, citing large mortgages and debts becoming unmanageable for people on low and moderate incomes [who were] traditionally not in this space of financial need. "*

### 3.5 Cost of living crisis

Cost of living is generally understood as the amount of money needed to cover basic expenses such as housing, food, education and health care in a certain place at a certain time.<sup>10</sup> The ABS uses a range of measures to assess the cost of living in Australia, including the:

- Consumer Price Index (CPI), which is calculated on a fixed number and type of goods and services households need or might purchase to maintain an adequate standard of living.
- Living Cost Indexes (LCIs), which measure the price change of goods and services and its effect on living expenses of selected household types.<sup>11</sup>

Since early 2021, the costs of living across Australia have risen disproportionately to wage growth. This, coupled with factors such as rising interest rates, unemployment, underemployment, and greater competition for essential goods and services, has left more than half of all Australians struggling or unable to meet basic living costs.<sup>12</sup>

Across Australia, community support service providers have reported that the financial challenges affecting the community have increased demand for already strained services.<sup>13</sup>

The negative impact of the rising cost of living on individuals and families in the City of Rockingham was repeatedly raised as a concern in survey responses, focus groups and one-to-one interviews that were held with community services. The increasing financial pressure on families was demonstrated by growing demand for emergency relief services. Further, financial stress is reported to be a contributing factor to growing demand for other services that provide support to people experiencing mental health challenges, FDV and homelessness.

The trends associated with people experiencing financial disadvantage is explored in further detail in the Priority Group section of this report at 5.3.

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<sup>10</sup> [Cost of Living: Definition, How to Calculate, Index, and Example \(investopedia.com\)](https://www.investopedia.com/terms/c/cost-of-living-index/)

<sup>11</sup> [Selected Living Cost Indexes, Australia, December 2023 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/australian-bureau-of-statistics/publications/selected-living-cost-indexes-australia-december-2023)

<sup>12</sup> [More than half of Australians are only just making ends meet | Pursuit by The University of Melbourne \(unimelb.edu.au\)](https://www.unimelb.edu.au/news/2023/05/more-than-half-of-australians-are-only-just-making-ends-meet)

<sup>13</sup> [2023 Cost of Living Report – WACOSS, Cost of Living Crisis Australia | The Salvation Army Australia](https://www.salvationarmy.org.au/2023-cost-of-living-report-wacoss-cost-of-living-crisis-australia)

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## 4. Individual drivers of service demand

This section details those drivers of service demand that relate to an individual's circumstances and experiences. The data sourced through engagement with the community services sector indicates there are four top individual drivers that are contributing to an increased demand for community services in the City of Rockingham. These are FDV, mental health, housing and homelessness, and alcohol and drugs.

An overarching theme that emerged from the data is the complex interplay between these drivers, with an increase in individuals presenting with complex and co-occurring needs. This complexity is in itself a key driver of service demand.

Where the information is available, we have included baseline data and needs analysis from the 2018 Mapping Report to enable comparison and identification of continuity in trends. The 'What we heard in 2023' findings are drawn from both qualitative and quantitative data obtained through the consultation process, during which community services were invited to provide feedback on factors they perceive as contributing to the growth in demand for services.

### 4.1 Complex and co-occurring needs

'Complex needs' is defined by the National Complex Needs Alliance as a combination of health needs (e.g. diagnosis, treatment and rehabilitation) and social needs (e.g. housing, social care and independent living).<sup>14</sup>

'Co-occurring needs' can be used to describe a range of different support needs that a person may experience at the same time.<sup>15</sup> The co-occurrence of two or more needs can:

- Heighten the impact of these needs.
- Complicate assessment, diagnosis, support, treatment and navigating service pathways.
- Increase the risk of poor outcomes in multiple domains.

Integrated care that incorporates no-wrong door and person-centred approaches is considered effective in working with people with co-occurring needs, because they increase the availability of service and support options and treat the whole person.<sup>16</sup>

#### What was heard in 2018

The 2018 Mapping Report identified complex and co-occurring needs as a key concern of, and challenge faced by, community support service providers. The 2018 Report also identified that community support service providers reported seeing more clients presenting with:

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<sup>14</sup> [PHN\\_BNA\\_Families-with-complex-health-and-social-needs\\_18-9-17.pdf \(chnact.org.au\)](#)

<sup>15</sup> Department of Health Victoria, [Microsoft Word - Integrated treatment, care and support - Guidance for mental health and wellbeing and AOD services - final for publication.docx](#)

<sup>16</sup> See for example, Minkoff, K and Covell, N (2022), 'Recommendations for Integrated Systems and Services for People With Co-occurring Mental Health and Substance Use Conditions', in *Psychiatric Services*, 73:6, [Recommendations for Integrated Systems and Services for People With Co-occurring Mental Health and Substance Use Conditions \(psychiatryonline.org\)](#)

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- Increasingly complex and co-occurring needs, making assessment and referral more challenging. These challenges were leading to delays accessing appropriate service support, causing problems to worsen and the development of additional complications.
- Complex needs at an earlier age than previously, with more primary school aged children presenting with mental health concerns and being identified as needing assistance.

### What was heard in 2023

The trends and challenges surrounding complex and co-occurring needs reported in 2018 persist. Responses to the survey and those gathered at interviews indicate that presentations of complex needs are increasing in number and intensity. This trend is present across all service areas and population groups.

Some services reported intersectionality<sup>17</sup> as an additional factor in some complex need presentations. For example, gender diverse young people seeking support were also experiencing FDV, financial disadvantage and homelessness, and using AOD.

*“The complexity is increasing. We don’t just see one or two presenting issues - from the list above I would say all of our clients are facing all of these things. The cost of living is currently unbearable, creating an additional stress that inhibits healing and recovery.”*

*“The changes our service has experienced have been more related to the volume of complex presentations, than specifically different needs or issues. I.e., the same needs and issues are presenting, but there are significantly more of them presenting with the same complexity.”*

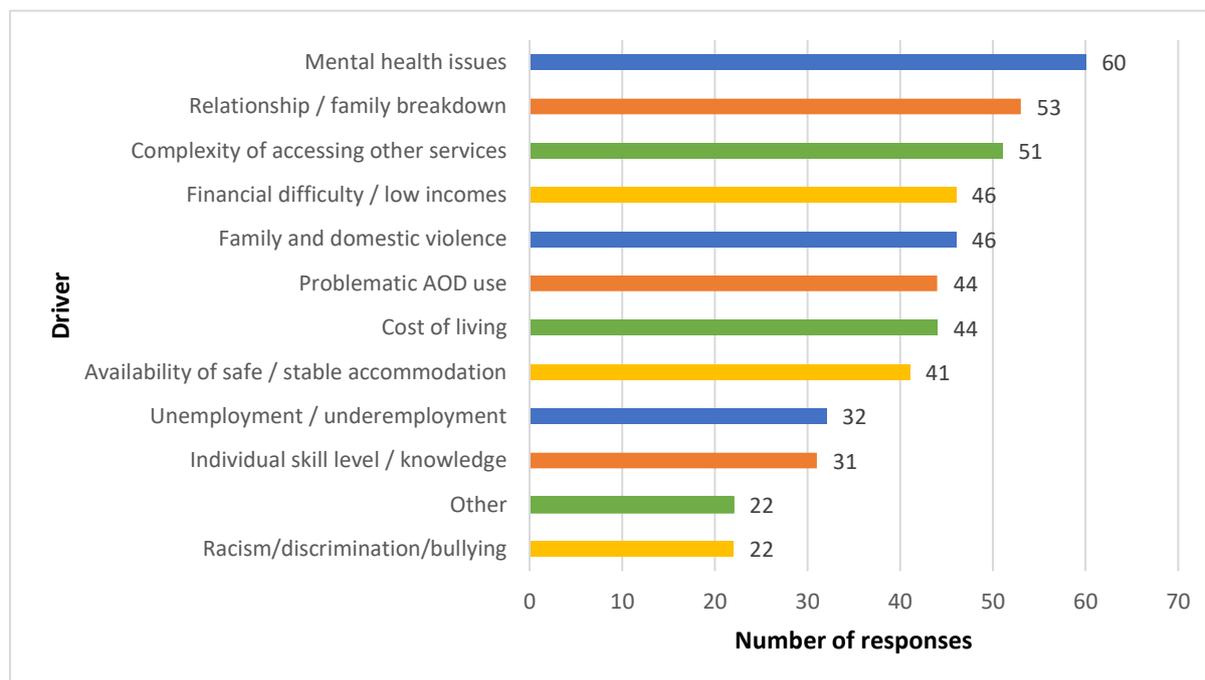
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<sup>17</sup> ‘Intersectionality’ refers to the ways in which different aspects of a person’s identity can expose them to overlapping forms of discrimination and marginalisation. [Understanding intersectionality | vic.gov.au \(www.vic.gov.au\)](https://www.vic.gov.au/understanding-intersectionality)

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Figure 8: Online survey data – drivers of service access and help seeking<sup>18</sup>



The complexity of the immediate issues clients experience can reduce their ability to focus on longer term goals and outcomes. For example, an early years and parenting service provider reported that clients are less engaged with parenting education and skills development due to the number of other issues they are facing. Recognising that parents required supports other than for 'parenting', the service has adapted its model to work with clients on their basic needs and to collaborate with other providers to provide additional and specific supports.

***“Individuals requiring support with housing issues quite often have advocacy goals that intersect other sectors like finance, justice, abuse/neglect/violence, and mental health.”***

As noted above, the complexity of the issues individuals experience requires them to navigate multiple service systems concurrently. Community services are increasingly being asked to support individuals to navigate service systems in addition to the services they provide.

<sup>18</sup> NB: Respondents were asked to select all applicable drivers.

Several services reported that due to clients' increasingly complex presentations, they now need to 'upskill' in areas outside of their core business. For example, there was a reported need for capacity building across the system to support services to apply an 'FDV lens' when responding to an increasing number of clients seeking help for other issues but who are also experiencing FDV.

*"Additional complexity of social and personal issues of clients includes mental health, disability, public advocate and public trustee involvement in peoples' affairs, family and domestic violence, housing insecurity and availability, wait lists for other services, safety and risk of clients, increased costs of living across the board - rent, food, fuel, mortgages, interest rates, utilities etc."*

## 4.2 Mental health

Mental health refers to the capacity to interact with people and the environment, and the ability to negotiate the social interactions and challenges of life without experiencing undue emotional or behavioural incapacity.<sup>19</sup>

The WA Government identifies mental health conditions as:

*... short-term conditions, such as depression and anxiety, and long-term conditions, such as chronic depression and schizophrenia.*

Mental health concerns can have a substantial social and economic impact.<sup>20</sup> People living with mental illness, particularly those with severe mental illness, are more at risk of experiencing a range of adverse outcomes than other community members across a range of domains.

Mental health needs vary across population groups. It is known that mental health experiences are influenced by age, gender, sexuality, family situation and cultural background.

Factors that can adversely affect a person's mental wellbeing include employment, financial situation, education, community, access to social networks, affordable housing, drug and alcohol abuse, disability, interactions with the criminal justice system, as well as access to services and support.

### Prevalence of mental health concerns in the City of Rockingham

The available area-specific data shows that:

- Approximately 15% of the City's residents (15,772) were diagnosed with a mental health

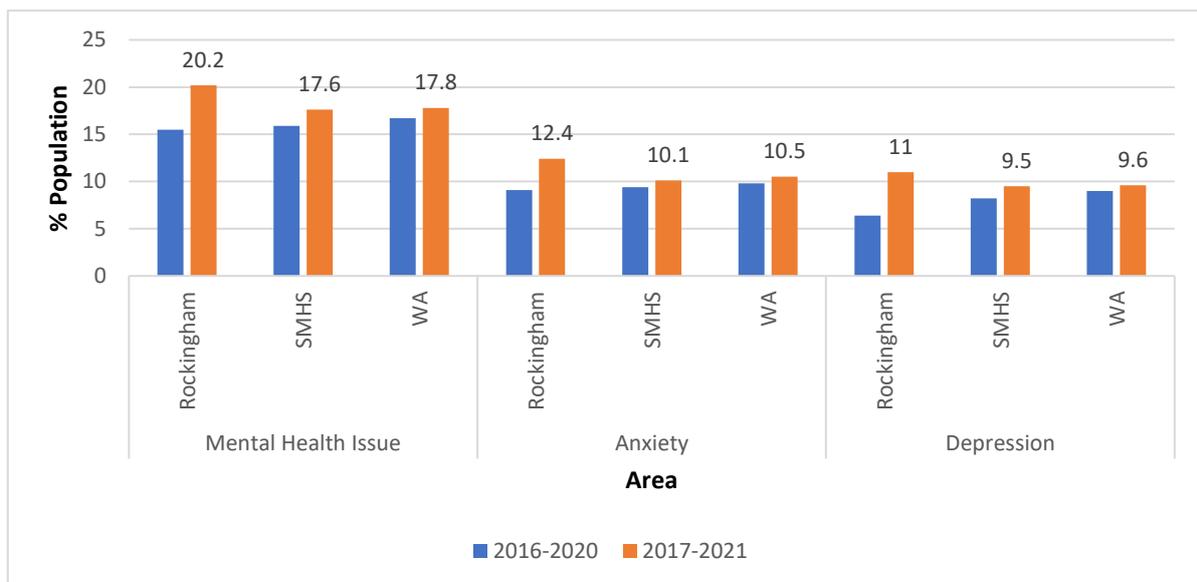
<sup>19</sup> [City of Rockingham Health and Wellbeing Profile Summary 2017 – 2021](#) NB: The survey looked at recorded incidents in the 12 months prior to the survey.

<sup>20</sup> Fifth National Mental Health and Suicide Prevention Plan <https://www.mentalhealthcommission.gov.au/getmedia/0209d27b-1873-4245-b6e5-49e770084b81/Fifth-National-Mental-Health-and-Suicide-Prevention-Plan.pdf>

concern in 2019-20.<sup>21</sup>

- Prevalence rates for the City (Figure 9):
  - Were comparable to those for the South Metropolitan Health Service (SMHS) and the total WA population for the 2016-20 reporting period.<sup>22</sup>
  - Increased between the 2016-20 and 2017-21 reporting periods.
  - Were slightly higher than those for the SMHS and WA for the 2017-21 reporting period.
- Suicide rates in the City (18.5/100,000) were higher than for surrounding areas in the Perth South Primary Health Network (except Mandurah) and the State (14.2/100,000) (Figure 10).<sup>23</sup>
- The largest numbers of people reporting a mental health concern lived in the Coastal Central (4,142), Coastal North (3,987) and Baldivis service regions (2,021)<sup>24</sup> (Figure 11).
- The Coastal North region had the largest proportion (22%) of people reporting a mental health concern (Figure 12).
- In 2021-22, the City had a lower rate of intentional self-harm hospitalisations (56.9/100,000) than WA (97.9/100,000)<sup>25</sup>.

Figure 9: Comparison of mental health prevalence rates (% population aged 15+): City of Rockingham, SMHS and WA 2016-20 and 2017-21<sup>26</sup>



<sup>21</sup> [City of Rockingham Health and Wellbeing Profile 2017 – 2021](#)

<sup>22</sup> [City of Rockingham Health and Wellbeing Profile Summary 2016 – 2021](#)

<sup>23</sup> [https://www.wapha.org.au/wp-content/uploads/2022/04/WAPHA\\_Needs-Assessment\\_Perth-South.pdf](https://www.wapha.org.au/wp-content/uploads/2022/04/WAPHA_Needs-Assessment_Perth-South.pdf)

<sup>24</sup> NB: This is based on 2021 Census data, with 13,629 residents aged 15 years and over reported living with a mental health condition.

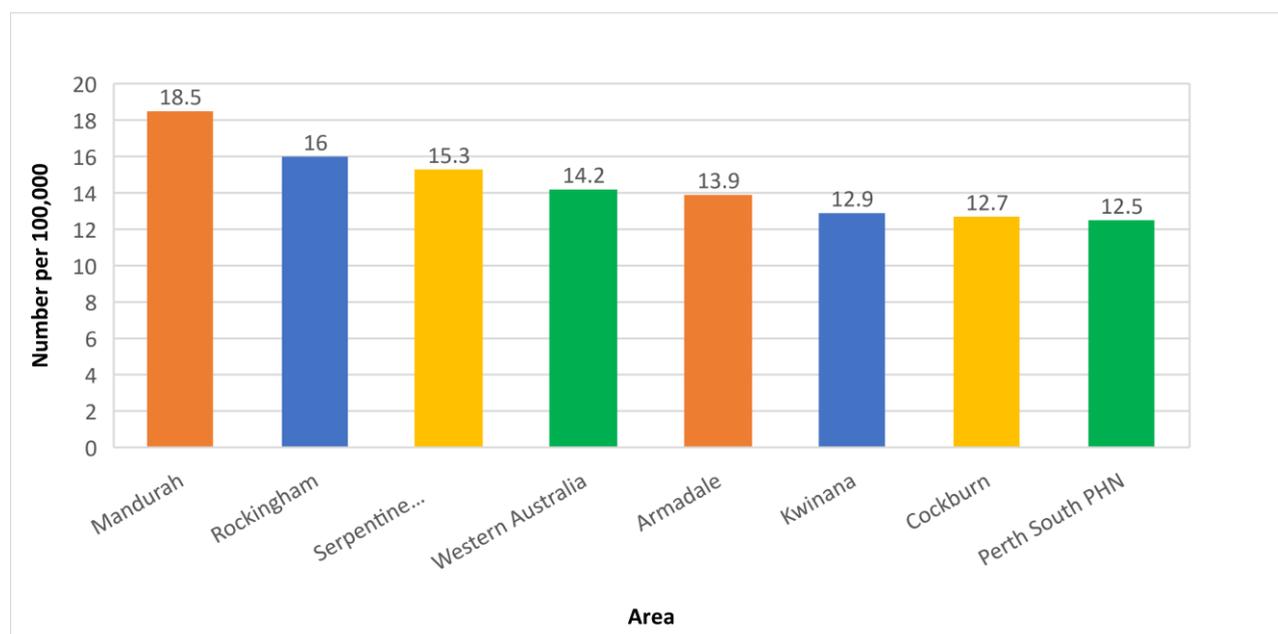
<sup>25</sup> Australian Institute of Health and Welfare: WA - [Intentional self harm hospitalisations, SA3 SSHM 2023 \(aihw.gov.au\)](#). WA - [Intentional self-harm hospitalisations by states & territories - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

<sup>26</sup> [Epidemiology Directorate, 2023. Rockingham \(C\) LGA HWSS Health Profile of Adults 16 years and over 2017-2021. WA Department of Health: Perth and City of Rockingham Health and Wellbeing Profile 2019](#)

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Figure 10: Suicide prevalence rates: select areas in the Perth South Primary Health Network 2018-22 (per 100,000 people aged 16+)<sup>27</sup>



In the absence of other mental health prevalence and trends data for the City<sup>28</sup>, state and health region data may provide useful insights to inform service planning and needs estimation. In WA, over the past five years:

- The prevalence of moderate, high and very high psychological distress generally decreases<sup>29</sup> with age.
- More females (20.7%) than males (14.3%) experienced a mental or behavioural condition.<sup>30</sup>
- The number and prevalence of male deaths by suicide (2,455 deaths) is around three times greater than for females (794) deaths.<sup>31</sup>
- The prevalence of adults reporting having thought about ending their own life decreased significantly with age.<sup>32</sup>

<sup>27</sup> [WAPHA](#): data from the Australian Institute of Health and Welfare 2023. WAPHA notes that access to suicide statistics is delayed by two to three years pending coronial inquest and submission to state and national databases. Data - [Deaths by suicide, by local areas 2023 \(aihw.gov.au\)](#)

<sup>28</sup> Trend and prevalence data is not always available for areas smaller than states, territories and regional groupings. For further information about data availability, see the [Australian Institute of Health and Welfare](#).

<sup>29</sup> ABS [Mental health, 2017-18 financial year | Australian Bureau of Statistics \(abs.gov.au\)](#)

<sup>30</sup> The Kessler Psychological Distress Scale-10 (K10) is a standardised instrument consisting of 10 questions that measure psychological distress by asking about levels of anxiety and depressive symptoms experienced in the past four weeks. Data source [Mental health, 2017-18 financial year | Australian Bureau of Statistics \(abs.gov.au\)](#)

<sup>31</sup> In 2022, there were 2,455 male deaths (18.8 per 100,000) and 794 female deaths (5.9 per 100,000) in Australia. [Deaths by suicide over time - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

<sup>32</sup> [Department of Health \(2021\), Health and Wellbeing of Adults in Western Australia 2021.](#)

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Additional mental health prevalence data is provided at Appendix A1.2.

### What was heard in 2018

The 2018 Mapping Report identified:

- Mental health as an area of high need and demand, ranked as the second most prevalent service gap with service wait times of three months or longer.
- Suicide and suicidal ideation as a key concern of community members and community support service providers.
- That funding and support were at critical levels.
- Service provider concerns about the number of people presenting with a mental illness and the complexity of those issues.
- Mental health problems being identified in all target age groups, except early years 0-4.
- A reported increase in presentations of early-stage mental health concerns in primary school aged children.
- Adults experiencing severe mental health concerns facing challenges in seeking adequate treatment.

### What was heard in 2023

The trends and challenges surrounding mental health reported in 2018 persist. Responses to the survey and those gathered at interviews suggest that the City is experiencing high levels of need and demand, significant service gaps and long service wait times. These trends and challenges are present across all of the City's service areas and population groups.

*"More complex co-morbid presentations. As Mental Health services are also under resourced and under pressure, we see clients coming through intake with more complex physical/mental health and AOD presentations in conjunction with more complex psychosocial stressors."*

*"No such thing as mild to moderate any more. People are experiencing very chronic mental health issues by the time they get to us."*

It was observed that the quantitative data (above) on prevalence rates does not reflect the level of need, demand and distress community support service providers are seeing. A possible explanation for this is the limitation of prevalence data, which captures confirmed diagnosis, primary and tertiary service provision/access, and/or the experiences of people who are directly surveyed.

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Service providers across all sectors and cohorts reported increasing acuity and severity of mental health concerns.

Respondents attributed the increasing acuity and severity of mental health concerns to two key factors: co-occurrence with a range of challenging circumstances and pressure on the service system, leading to delays in intervention and treatment.

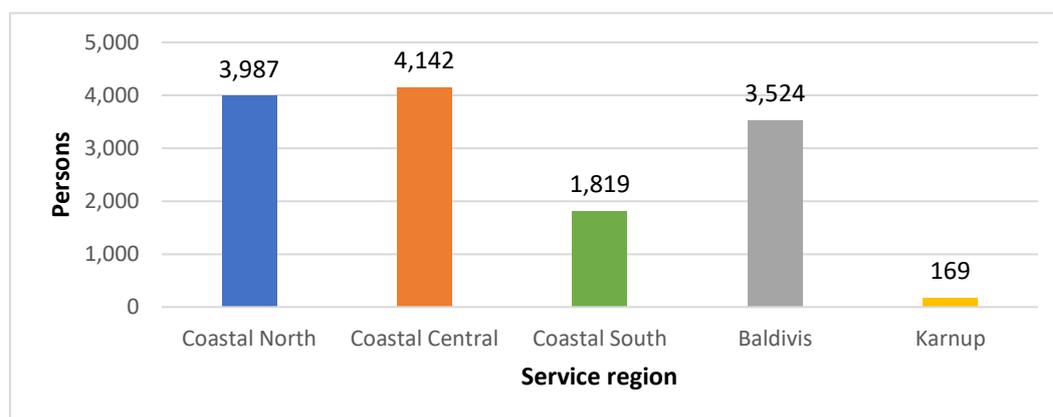
*“ The increasing pressure on families can prevent them from addressing mental health challenges - there are many day-to-day stresses that keep them in survival mode and prevent a focus on bigger picture issues as well as their social and emotional wellbeing.”*

Across all service areas and population groups, respondents reported that mental health concerns were co-occurring with multiple additional issues, primarily FDV, housing insecurity and homelessness, financial distress, and problematic use of and dependency on alcohol and other drugs. Mental health concerns were both a factor in and result of these additional challenges.

Pressures on the service system mean that people are not always able to access the supports they need when they need them. Respondents across all service areas reported long wait lists for mental health services delivered by community, primary and tertiary sector providers. For most clients, private sector services are not affordable, making them reliant on an overburdened public system.

Respondents observed that early intervention services find themselves ‘holding clients’ with severe mental illness and/or at risk of self-harm and/or suicide. The picture presented by respondents is a perpetual cycle of unmet need leading to increased service demand leading to increasing levels of unmet need.

Figure 11: Number of people aged 15+ reporting a mental health issue by service region 2021<sup>33</sup>

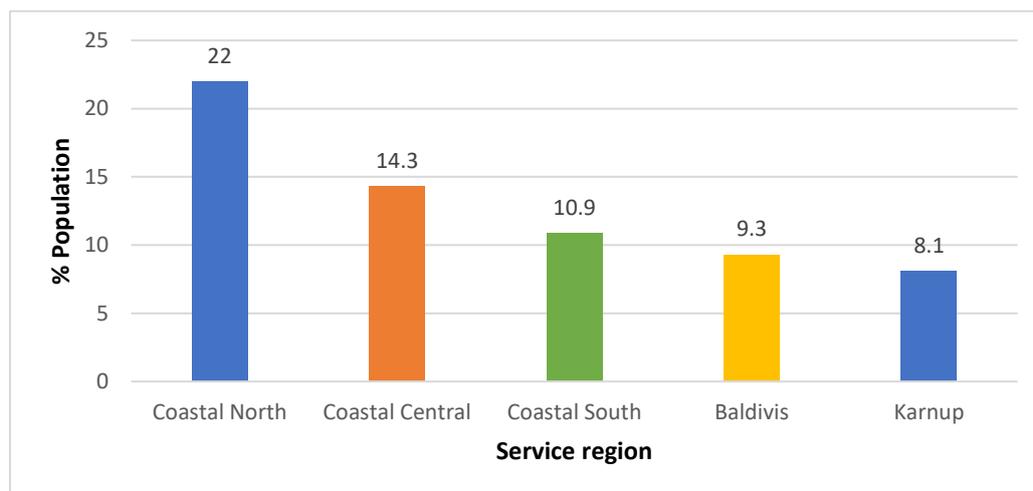


<sup>33</sup> ABS Census 2021

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Figure 12: % of population aged 15+ reporting a mental health issue by service region<sup>34</sup>



### 4.3 Problematic alcohol and other drug use

The WA Mental Health Commission recommends the use of person-centred or person-first language when talking about alcohol and other drugs (AOD). Person-centred language puts the person first, and their AOD use second, shifting the focus from the person as the problem to a person *with* a problem.

This report uses the terms ‘problematic AOD use’ to describe the overuse, often to dangerous levels, of AOD.<sup>35</sup> AOD include illegal substances, such as cannabis, ice and amphetamines, and legal substances, such as alcohol, prescription medications and nicotine.<sup>36</sup>

People use substances for a range of reasons, and consumption patterns can vary from drug to drug. Factors such as a person’s age, gender and sexual identity, cultural background and social environment can influence their AOD use.

Problematic AOD use may have serious long-term consequences on a person’s health and wellbeing, as well as negatively impacting families and communities.<sup>37</sup>

#### Prevalence and patterns

Small area and localised AOD data specific to the City is not readily available or accessible. What is available<sup>38</sup> shows:

- A prevalence of risky and high-risk alcohol consumption comparable to surrounding areas and the total WA population (Figure 13).
- Higher rates of AOD-related hospitalisations, for both males and females, compared with the

<sup>34</sup> ABS Census 2021

<sup>35</sup> [Substance abuse | healthdirect](#)

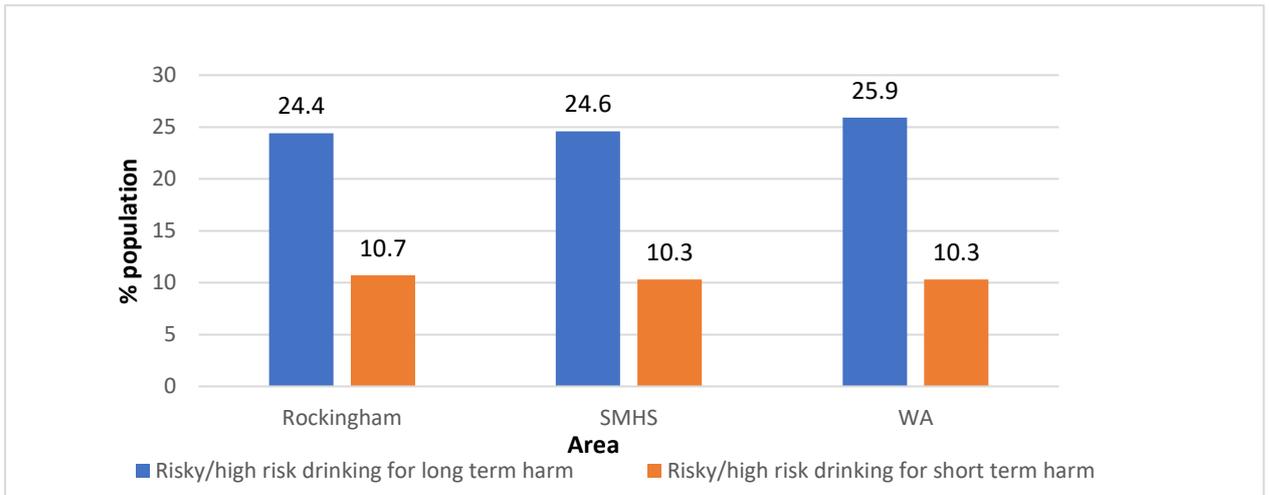
<sup>36</sup> Lifeline [https://www.lifeline.org.au/media/nfsf5qfg/rev1\\_ll-2pp-fact-sheet\\_substance-misuse.pdf](https://www.lifeline.org.au/media/nfsf5qfg/rev1_ll-2pp-fact-sheet_substance-misuse.pdf)

<sup>37</sup> Australian Bureau of Statistics National Study of Mental Health and Wellbeing <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/2020-21>

WA average.

- A lower rate of unintentional drug-induced deaths (<5/100,000) than WA.<sup>39</sup>

Figure 13: Alcohol consumption levels associated with harm (% adult population)



In the absence of other AOD prevalence and trend data for the City<sup>40</sup>, state and regional data may provide useful insights to support service planning and estimating needs. Over the last five years:

- WA had a higher rate of burden of accidental poisoning due to illicit drug use than other states.<sup>41</sup>
- Opioids were the largest overall drug group identified in drug-induced deaths in Australia and WA for 2021.<sup>42</sup>
- WA had the greatest increase in, and highest rate of, unintentional drug-induced deaths in Australia, from 2.7/100,000 in 2004 to 8/100,000 in 2021.<sup>43</sup>
- The Perth South Primary Health Network<sup>44</sup> had Australia's highest rate of unintentional drug-induced deaths in 2021 (9.7/100,000).
- Males were significantly more likely than females to report drinking at levels that are high risk for long- and short-term alcohol-related harm in WA.
- The prevalence of high-risk alcohol consumption was significantly lower for adults aged 65 years and over compared with younger adult age groups in WA.

<sup>39</sup> Pennington Institute 2023 [PEN Annual-Overdose-Report-2023\\_FINAL.pdf \(penington.org.au\)](#)

<sup>40</sup> Trend and prevalence data is not always available for areas smaller than states, territories and regional groupings. For further information about data availability, see the [Australian Institute of Health and Welfare](#).

<sup>41</sup> [Perth South PHN Needs Assessment 2022-2024 - WA Primary Health Alliance](#)

<sup>42</sup> Pennington Institute 2023 [PEN Annual-Overdose-Report-2023\\_FINAL.pdf \(penington.org.au\)](#)

<sup>43</sup> [12661 WAPHA Needs-Assessment Perth-South\\_FA.pdf](#), Pennington Institute 2023 [PEN Annual-Overdose-Report-2023\\_FINAL.pdf \(penington.org.au\)](#)

<sup>44</sup> The City of Rockingham is part of this PHN. [12661 WAPHA Needs-Assessment Perth-South\\_FA.pdf](#)

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## What was heard in 2018

Prior City of Rockingham research identified problematic AOD use, and AOD dependency and disorders<sup>45</sup>, as service priorities and key community concerns. The 2018 Mapping Report identified that problematic AOD use, and AOD disorders, were:

- A concern across most population groups, with reports of problematic AOD use presenting in groups where there had previously been low to no prevalence, such as isolated older people and people from CALD backgrounds.
- Complicating and co-occurring factors in other service areas, including mental health, FDV, homelessness and housing insecurity, and financial stress and disadvantage.
- Drivers of anti-social behaviour, including violence and fighting, and therefore a key community safety concern.
- Reported factors in increases in demand across other service areas.

The 2018 Mapping Report also found that:

- Problematic alcohol use, such as binge drinking, had predominated among young people, resulting in anti-social behaviour, including violence and fighting.
- Ice use was an issue, particularly in families experiencing FDV, and strongly associated with the exacerbation of the level of violence and trauma being experienced.
- Alcohol and drug use complicates the treatment of mental health issues, particularly among older children and young people.

## What was heard in 2023

Responses to the survey and those gathered at interviews indicate that the AOD trends and challenges identified in 2018 persist and are present across all service areas and population groups.

Respondents reported problematic alcohol use and alcohol dependence as the most prevalent AOD concerns. This was routinely attributed to a perceived longstanding 'drinking' culture in the City, with social life and activities often centred on alcohol and/or in pubs. Problematic cannabis use was also noted as a consistent concern.

Problematic AOD use and dependency were identified as co-occurring with a range of adverse situations and behaviours across all service areas and population groups. Frequently cited examples included as a:

- Contributing factor in FDV and in the increasing severity of violence.
- Driver and outcome of mental health concerns.

Several respondents considered that problematic AOD use is secondary to other problems, such as FDV, trauma and mental health, and a strategy used by people to self-medicate.

---

<sup>45</sup> WA Mental Health Commission (2019), Alcohol and Other Drug Terminology Guide (NB: as at April 2024, this resource is not accessible via the Mental Health Commission website)

Respondents noted that service users frequently report that their problematic AOD use prevents them from accessing 'high barrier'<sup>46</sup> services, particularly emergency accommodation services.

***" Few services can deal with mental health and AOD issues and people are blocked from either service because of comorbidity of issues or having to be 'clean or sober' before they can access services."***

***" Lots of families that have conflict have experienced FDV and/or homelessness or housing issues in the past, which in turn affects the current stress levels of the young people I see. Some young people have turned to AOD to cope."***

Respondents reported high levels of AOD use among older children and young people (aged 12 to 17 years), and at rates seemingly higher compared with areas outside of the City. Some respondents added that high levels of AOD use by this population group is a longstanding issue, attributing this to family life either as a coping strategy or a role-modelled, accepted behaviour.

Community services sector feedback suggested that drug use among young people is a particular concern in the Baldivis service area. Youth service providers reported increasing rates of substance use among young people, specifically the use of vapes and 'nangs' (nitrous oxide bulbs). Young people are increasingly impacted by parental drug use – affecting their parenting capacity and role modelling.

***" Vaping is an increasing problem in schools, and issues with alcohol and drug use are starting at younger ages due to increased pressure (financial, housing, mental health pressures leading to more stress at home, increased FDV). Kids are dealing with more mature themes."***

---

<sup>46</sup> High barrier services are those that impose strict conditions of access. For example, a homelessness service that will not accept someone presenting with complex/co-occurring needs such as mental health issues, disability or problematic AOD use. See for example, [Ombudsman New South Wales](#)

## 4.4 Family and domestic violence

The Western Australian Government defines family and domestic violence as:

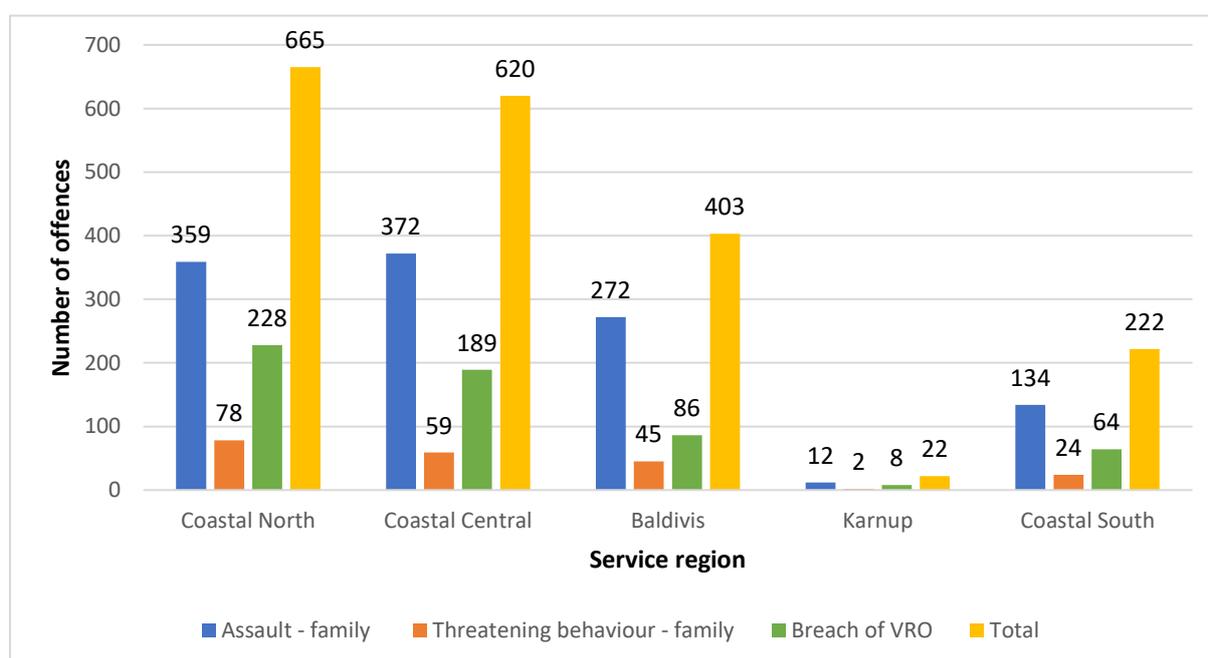
*...an ongoing pattern of behaviours intended to coerce, control or create fear within a family or intimate relationship. This includes physical harm or threats of physical harm, financial, emotional and psychological abuse, sexual violence or any other behaviour which cause the victim to live in fear.<sup>47</sup>*

FDV affects people of all ages and backgrounds, but mainly women and children.

### Prevalence and rates in the City of Rockingham

Figure 14 shows the distribution of family related offences by service region for the 2022-23 financial year.<sup>48</sup>

Figure 14: Number of family-related offences by service region 2022-23



In the absence of data for the City, state and regional data may provide useful insights into FDV prevalence and trends. Over the five years:<sup>49</sup>

- 37% of homicide and related offences in WA were FDV related (2022).
- The number of victims of assault in WA increased by 7% (38,743 people), of which 64% were FDV related (24,896 victims).
- WA has had the highest rate of reported FDV-related assault offences against females of all states and territories.
- Almost 80% of FDV-related hospitalisations of women in WA were from intimate partners, with

<sup>47</sup> [Path to Safety: WA's strategy to reduce family and domestic violence 2020-2030](#)

<sup>48</sup> [WA Police https://www.police.wa.gov.au/crime/crimestatistics#/](https://www.police.wa.gov.au/crime/crimestatistics#/)

<sup>49</sup> All data in this section is from the Department of Communities, 2022 Women's Report Card [Womens-Report-Card-2022-Safety-and-Justice.pdf \(www.wa.gov.au\)](#)

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the remaining 20% of perpetrators being other family members.

- Women were victims of 3,957 cases of a breach of violence restraining order reported to WA Police in 2020-21.
- Just over half (51.5%) the women supported by specialist homelessness services in WA sought assistance because of FDV.

### What was heard in 2018 and 2020

The 2018 Mapping Report identified:

- An increasing demand for, and gaps in, FDV services.
- Increased instances of housing insecurity and homelessness among women aged 40-65 years and 65 years and over due to FDV.
- Growing reports of FDV among CALD and LGBTQIA+ families.
- Highly complex cases with one or more co-occurring issues, including AOD, mental health issues, housing insecurity and homelessness, financial stress.
- Increased intensity in the violence perpetrated.
- A steady increase in FDV reports to police and as a presenting issue to services.
- Increased identification of mental health issues among children aged 5-11, which were partially attributed to an increase in the instances and intensity of FDV.

The City's *Community Safety and Support Services Strategy 2022-2027* notes that, between June 2019 and June 2020, the Lucy Saw Centre had more than 250 presentations for FDV accommodation and more than 4,400 people accessing its Safe at Home support service.

### What was heard in 2023

Responses to the survey and during interviews indicate that the FDV trends and challenges identified in 2018 persist and are present across all service areas and population groups. Trends and challenges in the City are also broadly reflective of those for the whole of WA.

FDV was frequently identified as co-occurring with one or more other adverse circumstance or experience. Across all service areas and population groups, FDV contributes to and/or is an outcome of financial stress, problematic AOD use, mental health concerns, housing instability and homelessness, and family breakdown.

***“ Risk and safety needs are higher, digital monitoring is often a factor in our FDV clients’ issues - emails, tracking devices, online account monitoring.”***

***“ Clients are presenting as more complex due to unaddressed concerns spanning several years, limited support to leave FDV situations, and increased social/financial stressors. ”***

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Respondents noted that shortages in appropriate housing and accommodation options, whether specialist or general, exacerbates victim-survivors' experiences. Women are often forced to make difficult choices between safety and housing stability. Crisis and specialist accommodation services are frequently oversubscribed and unable to transition clients out of the service due to a lack of suitable accommodation in the community.

Added to this, people leaving FDV situations face a range of challenges accessing the private housing market, including lack of a tenancy history, suitable options for families, and the financial resources to pay rent and a deposit.

A further complicating factor noted by respondents is an observable increase in the intensity and severity of violence, and the emergence of digital and communications technology as means of coercion and control.

Several universal and specialist service providers noted an increase in women from CALD backgrounds seeking support due to FDV. A multicultural service provider delivering a range of support services to people from CALD backgrounds estimated that 65% of women accessing their service had experienced some kind of FDV.

It was unclear whether women from CALD backgrounds are specifically seeking FDV support, or whether FDV issues emerge when they seek support for other concerns.

***“ It [FDV] has been left for too long or people are not addressing those issues because in many cultures that is actually seen as part of the culture and should be kept in the Community or in the family. Until the problems become bigger and bigger and affecting their mental health.”***

***“ Due to the limitations of finding safe and secure housing, women with/without their children are more likely to remain in an unsafe environment due to limited options, therefore increasing their risk of harm. ”***

## 4.5 Housing insecurity and homelessness

According to the ABS, a person is considered homeless if they do not have suitable accommodation alternatives and their current living arrangement:

- Is in a dwelling that is inadequate
- Has no tenure, or if their initial tenure is short and not extendable
- Does not allow them to have control of space for social relations.

Based on this definition, the WA Government considers people to be homeless if they are:

- Living in improvised dwellings, tents or sleeping out
- In supported accommodation for the homeless
- Staying temporarily with other households
- Living in boarding houses
- Living in severely crowded dwellings.

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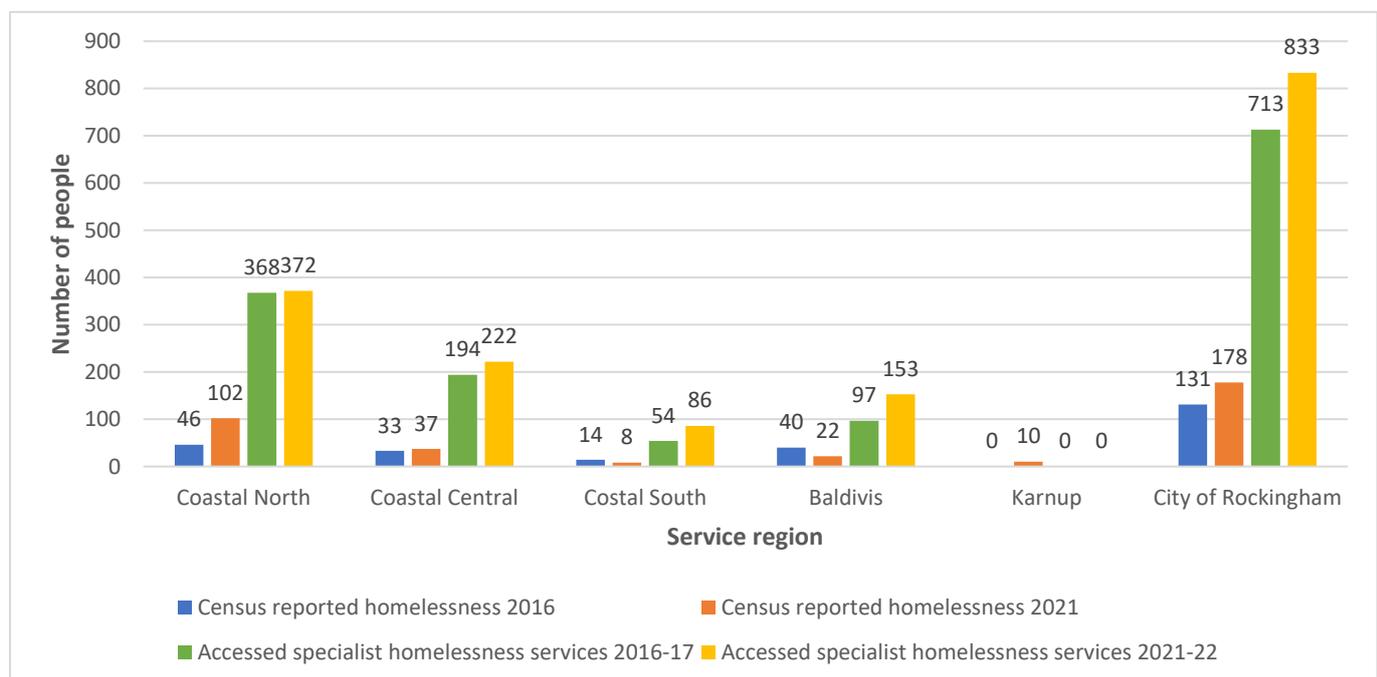
## Homelessness in the City

ABS and Australian Institute of Health and Welfare data shows that in 2021 a total of:

- 178 people in the City self-reported being homeless, 47 more than in 2016.
- 385 people were living in situations that would be considered homeless.
- 833 people accessed specialist homelessness services, 92 more than in 2016-17.

Figure 15 shows the distribution of people experiencing, or at risk of experiencing, homelessness across the City's service regions.<sup>50</sup>

Figure 15: Homelessness indicators by service regions 2016 and 2021<sup>51</sup>



## What was heard in 2018 and 2020

The 2018 Mapping Report and the City's *Community Safety and Support Services Strategy 2022-2027* identify:

- Housing insecurity and homelessness as a priority service and community concern, and area of increasing demand and need. The most identified gap was in emergency accommodation and shelters.
- That a mix of providers were delivering a range of accommodation services. A smaller number were providing accommodation only; most were providing accommodation in conjunction with services in another sector.

<sup>50</sup> NB: Only 2021 Census data was available for Karnup.

<sup>51</sup> ABS Census 2016 and 2021

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- That there were 13 support services catering to people experiencing homelessness.
- That high levels of demand for services were leading to long wait times.
- Increasing:
  - Demand for housing-related services from single and older adults, male and female, driven by complex and co-occurring needs such as AOD, mental health and FDV.
  - Housing insecurity among LGBTQIA+ people and people from CALD backgrounds.
  - Housing insecurity and homelessness among women aged 40-65 years and 65 and over due to FDV.
- That several service providers wanted or intended to offer housing and accommodation services and crisis accommodation for the vulnerable and disadvantaged.

### What was heard in 2023

Responses to the survey and during interviews indicate that the housing and homelessness trends and challenges identified in 2018 and 2020 persist and are present across all service regions, service types and population groups. Trends and challenges in the City are also broadly reflective of those for the whole of WA.

Two themes emerged in discussion on housing insecurity and homelessness: availability and affordability. We heard that:

- Housing insecurity and homelessness co-occur with a range of adverse situations and behaviours across all service areas and population groups.
- Availability and affordability are inextricably linked. Housing and rental costs have increased due to market pressures such as shortage of supply, increasing demand and interest rate rises. Supply and demand affect the public, community and private housing sectors.
- Availability points to a lack of stock and of options that are appropriate to client needs. As in other areas of WA, there is a shortage of private rental accommodation.
- People with complex needs face additional challenges due to the lack of accommodation appropriate for their needs. For example, people living with disability face the extra challenge of finding accommodation in the private market that is physically accessible and appropriately designed.
- Affordability is exacerbated by the rising cost of living and increases in housing prices and interest rates. This is affecting people who were previously able to manage housing costs and is impacting across all population groups.

*“We are seeing an increase in requests for advocacy regarding housing issues including individuals no longer being able to afford rent, crisis accommodation options being full or not accessible, priority housing wait list times, and limited capacity of housing support services.”*

*“An increase in requests for individuals requiring advocacy with urgent housing matters (i.e., individuals with disability facing imminent homelessness).”*

*“...Couch surfing ... younger and younger people leaving home due to mental health challenges and gender identity...”*

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Across all services areas, providers reported situations such as:

- An increase in the number of people and families living in cars.
- More people who are not experiencing homelessness seeking financial assistance due to higher cost of living.
- An increase in people with stable lives and employment not able to access an affordable rental and an increase in the cost of temporary solutions like caravan parks.
- People aged 55 and over are being evicted from their rental and then unable to locate, source and afford high rent.
- People are moving out of the City to areas where services and accommodation are more readily available. A concern for respondents is that this disconnects already vulnerable people and families from their support networks and community.

***“Many people are choosing to sleep in cars rather than leave support networks for city-based accommodation.”***

***“ ... there are more issues, not a single issue - debt, health, mental health, housing stress, food insecurity, housing insecurity, income insecurity ...”***

***“This service requires matching availability of vacancy, type of disability, level of funding. This service has long term residents (20+ years) so there is low turnover and new vacancies arise infrequently.”***

***“We average 35 families a week. Most recently a lot of our parents have been affected by the rental shortages and have to move area or have had to move in with their parents, but some have been made homeless. One of our families had to move to Geraldton. Lots of our families have mental health difficulties and the lack of services to support families has been an issue.”***

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## 5. Priority groups

The focus of this section is on the experiences of particular groups in the community who have been identified as people who experience challenges in accessing services and supports to meet their needs. The section begins with a focus on the two groups who featured strongly in the 2018 Mapping Report as experiencing significant challenges – children and young people and seniors – then details findings that relate to emerging priority groups. Figure 16 provides a brief overview of these groups along with relevant Census data for the City.

Figure 16: Priority groups – data snapshot



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## 5.1 Seniors

The City defines seniors as anyone aged 60 years and over, or First Nations people aged 50 years and over. The Western Australian and Australian governments, the main funders of services and supports for older people, define older people or seniors as anyone aged 65 years and over, or First Nations people aged 55 years and over.

This report uses 65+ years and over, noting that people aged 60-64 years may be ineligible for government funded community services.

Longer life expectancy is an achievement and a challenge. While most older people age safely, independently and well, others are at risk of poor life outcomes. The State's population is ageing. To support older people to age well, individuals, communities and service systems must be both responsive and needs based.

A person's age is not necessarily an indicator of their ability or capacity. The World Health Organization (WHO) identifies three common stages experienced during older age:

- Relatively high and stable capacity
- Declining capacity
- Significant loss of capacity.

The WHO notes that older people do not naturally progress from one stage to the next: instead they experience life transition points that lead to a change. From a service delivery perspective, it may be more effective not to focus not on age, but on a person's:

- Functional ability and intrinsic capacity
- Different needs, aspirations, interests and experiences
- Intersectional characteristics that can influence their experiences and their individual needs.

### Older people in the City of Rockingham

Between 2016 and 2021, the City's older population (65+ years) grew from 15,424 to 19,199.<sup>52</sup> Although this group increased in numbers (+3,775), its size as a proportion of the total population was steady at around 14%.

Notable trends are that:

- The Coastal North and Central service regions have the oldest populations by number (Figure 17) and proportion (Figure 18) of seniors, and median age (Figure 3). The populations of these regions will continue to age because of low projected population growth rates.
- The City is home to smaller proportions of the above service age groups compared with WA.

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<sup>52</sup> [Five year age groups | City of Rockingham | Community profile \(id.com.au\)](#) – by place of usual residence

Figure 17: Number of people aged 65+ by service region 2021<sup>53</sup>

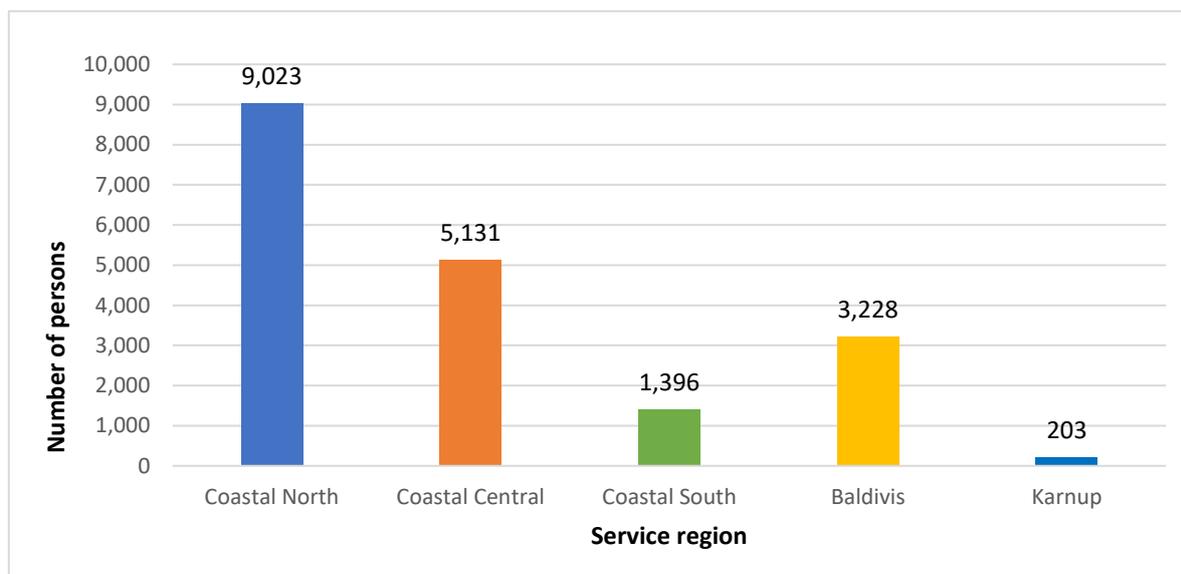
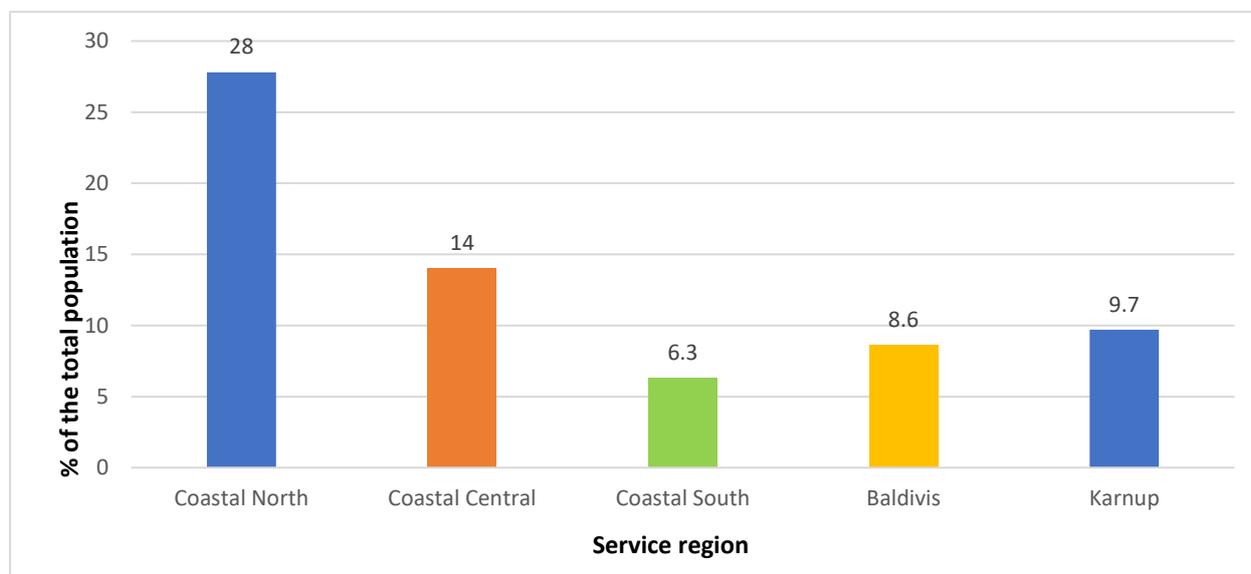


Figure 18: % of population aged 65+ by service region<sup>54</sup>



## What was heard in 2018

The 2018 Mapping Report identified:

- Older people are one of three priority cohorts facing the most challenges to accessing services.
- That seniors are well catered for, with access to 84 services targeting all ages, and 84 services targeting seniors. However, many of these services were in the aged care and/or disability sectors.
- Many aged care sector providers have experienced an increase in demand, and some were

<sup>53</sup> [Five year age groups | City of Rockingham | Community profile \(id.com.au\)](#)

<sup>54</sup> [Five year age groups | City of Rockingham | Community profile \(id.com.au\)](#)

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unable to meet requests for services immediately.

- Concern for people aged 64 years because they are ineligible for aged care services but may need support.
- Isolation is an area of concern for this cohort, with anecdotal reports of poor outcomes and/or adverse behaviours among isolated seniors.

### What was heard in 2023

Responses to the survey and during interviews indicate that trends and challenges identified in 2018 persist and are present across all service areas and population groups. Trends and challenges in the City are also broadly reflective of those for the whole of WA.

The project team observed that older people experience the same complex and co-occurring challenges as other groups. For example, increasing numbers of older women are at risk of, or are experiencing, housing insecurity and homelessness. Their situation is a factor in and/or outcome of other adverse circumstances including FDV, and housing availability and affordability.

Several themes and issues emerged that affected older people more than other members of the community. Participants reported:

- Digital literacy and access are priority concerns that are impacting on older people in several ways, including:
  - A fear of scams exists.
  - People are isolating themselves further due to feelings of shame about falling for scams, or because they are fearful that using devices will make them more vulnerable to scams.
  - Low levels of digital literacy erode people's independence because they become more reliant on others. This is particularly the case with more essential services moving to online delivery. This reinforces dependence and can result in disconnection from services.
- Transport services are increasingly used to help people stay socially connected and as a place for social connection and interaction.
- More people want to age in place, particularly in their own home, but there is not enough support to enable them to.

***"Not knowing how to use technology to access the internet and many don't know how to use their mobile phone. They are also scared of being scammed and losing all of their money."***

***"It felt worse than getting our house broken into."***

***"More clients want to use the Rockingham Connect Transport Service for social interaction and not just servicing their basic needs e.g., shopping."***

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*“Many people over the age of 65 are still able to and would like to stay at home but because of a change in their circumstances now require some support. This could be that they have lost their partner; have some physical deterioration; have or have a partner diagnosed with dementia; or have returned from hospital and need some additional short-term support.”*

- There is a cohort of older people that are falling through the gaps because they are ineligible for supports delivered through the NDIS or aged care services. Respondents referred to this group as ‘not sick enough for NDIS, not old enough for aged care’.

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## 5.2 Children and young people

The City of Rockingham uses 'children and young people' to refer to people aged between 0 and 25 years,<sup>55</sup> and recognises the following subgroups:

- Early years: from birth to 4 years
- Children: from 5 to 11 years
- Youth: from 12 to 18 years
- Young adult: from 19 to 25 years.

This report uses the term 'children and young people', which refers to people aged 0 to 24 years. This is consistent with the terminology used by the WA and Australian governments, which are the primary funders of services for these cohorts.

The early years and childhood are important stages of development and learning during which foundations of lifelong wellbeing are laid.

Youth and young adulthood are critical periods during which the social, emotional and cognitive skills for independence develop, where identities, values and world views are formed, and where the foundations of an individual's and their future children's wellbeing are established.<sup>56</sup>

### Children and young people in the City of Rockingham

In 2021, the City was home to 47,230 children and young people aged between 0 and 24 years<sup>57</sup>.

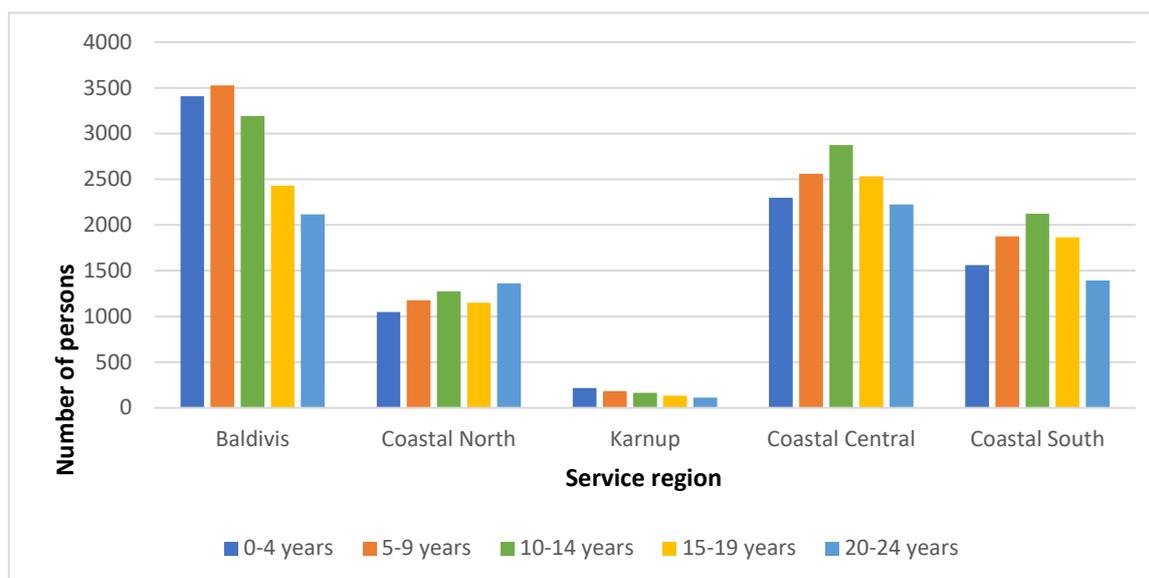
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<sup>55</sup> City of Rockingham Strategy for Children and Young People 2018-2023.

<sup>56</sup> Australian Institute of Health and Welfare [Australia's youth, Introduction - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)

<sup>57</sup> The WA and Australian governments categorise children and young people as aged 0-24 years.

Figure 19: Number of children and young people by 5-year age groups by service region 2021<sup>58</sup>



Notable trends are that:

- Between the 2016 and 2021 Census, these five-year groups increased in numbers, but their size as a proportion of the population remained comparable.
- The youth populations in Coastal North and Central are likely to decrease over time due to their older age profiles (Figure 4) and low projected population growth rates (Figure 2).
- The Coastal Central and Baldivis service regions had the largest numbers of young people (aged 15-24 years) and are likely to have a high need for youth services.
- The youth cohorts in the Baldivis and Karnup service regions are most likely to grow in line with their current younger age profiles and projected high growth rates.
- The primary and secondary school cohorts increased (5-18 years), while the babies and pre-schoolers cohort decreased (0-4 years).
- The primary and secondary school cohorts grew in numbers, but not as proportions of the total population.

### What was heard in 2018

Previous research identified:

- Children aged between 0 and 12 years as one of three priority cohorts facing a lack of available and appropriate services.
- Significant gaps in targeted services for children aged 0-4 years (early years) and 8-12 years (primary school age), and early intervention family support services.
- A gap in, and high demand for, youth-focused services, particularly general mental health and

<sup>58</sup> [Five year age groups | City of Rockingham | Community profile \(id.com.au\)](https://www.id.com.au/city-of-rockingham/five-year-age-groups)

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counselling.

- Young people (12-24 years) presenting with increasingly complex and co-occurring needs, which complicated services' capacity to support and treat them effectively.
- Continued growth in the number of primary school-age children being identified as needing assistance, particularly for mental health related issues. Identification and presentation were occurring younger than previously.
- That assessment wait times were delaying diagnosis and support, resulting in poor education engagement and behavioural issues.
- Waiting times for youth targeted services, including mental health, were commonly within 3 weeks or within 1-2 months.

According to the 2019 Mission Australia Youth Survey,<sup>59</sup> most young people living in the City:

- Highly valued family relationships, school or study satisfaction, physical health, friendships (other than family), mental health and getting a job.
- Intended to complete Year 12. Had plans for life after completing school, primarily further education and training, employment and travel.
- Were concerned about mental health, the environment, and alcohol and drugs (25.7%).
- Mainly sought help and support from their parents or guardians, friend(s) and relatives or family.

### Children and young people in WA

In the absence of prevalence and trends data for the City, state<sup>60</sup> and national data may provide useful insights to inform service planning and estimating needs. In WA, over the past 10 years:

- Approximately one in eight children are reported to have received treatment for an emotional or mental health condition.<sup>61</sup>
- Parents and carers of children aged 5 to 9 years and aged 10 to 15 years are more likely to report trouble with emotions or mental health than those of children aged 1 to 4 years.
- Mental ill-health and substance use disorders cause the largest disease burden for young people in WA, with approximately 14% of children aged 4 to 17 experiencing mental health issues.
- In 2020 over 14,000 0–18-year-olds across WA had some form of contact with a specialist mental health service, and the rate is increasing faster than the population is growing.

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<sup>59</sup> A national survey of young people aged 15 to 19 years. Specific City of Rockingham data was produced in 2019.

<sup>60</sup> The prevalence and trend data for this section is from WA Health's '[Health and Wellbeing of Children in WA 2020](#)' report.

<sup>61</sup> Trouble with emotions may refer to anxiety or depressive disorders, while trouble with concentration, behaviour or getting on with people may refer to children with conditions such as Attention Deficit Hyperactivity Disorder (ADHD) or other conduct disorders.

- Around 105,000 (16.6%) people aged between 0 and 17 years live below the poverty line.<sup>62</sup>
- The number of referrals to community mental health treatment services increased by 70.1%. The acceptance rate fell from 33% to 20%.
- There was a 79.5% increase in inpatient admissions with a principal mental health diagnosis, and 69.4% increase in presentations to emergency departments.<sup>63</sup>

### What was heard in 2023

The trends and challenges reported in 2018 persist. Responses to the survey and those gathered at interviews show high levels of need and demand, significant service gaps and long service wait times. These trends and challenges are present across all service areas and population groups.

***“ The assessments are extremely expensive, but also the waitlists are ridiculously long. I’ve got some parents that travelled to South Australia to get their children assessed because it’s cheaper, to travel there and get the assessments done. ”***

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<sup>62</sup> CCYP notes there is no national approach to reporting on child poverty. CCYP used the 16.6% estimate as per prior research by ACOSS and Uni NSW [Poverty in Australia 2022: A snapshot](#) and Bankwest Curtin Economic Centre Behind the Poverty Line: Poverty and disadvantage in Australia 2022 <https://bcec.edu.au/assets/2022/03/BCEC-Poverty-and-Disadvantage-Report-March-2022-FINAL-WEB.pdf>

<sup>63</sup> [ICA System Transformation Implementation Program – Community ICAMHS Model of Care – Draft \(mhc.wa.gov.au\)](#)

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Participants reported that:

- Across all service areas and population groups, a common theme was increasing early presentations of complex and co-occurring needs. Responses indicated that these needs are driven by factors present at the individual and/or family level and are increasing in acuity and severity.
- Some young people have turned to AOD to cope. The increasing acuity and severity were associated with pressure on the service system, delaying essential intervention and treatment.
- Children and young people's vulnerability is closely linked to parents' wellbeing and family/household stability and security.
- There is a need for support services to be engaging with this cohort at a younger age to prevent the escalation of issues.
- There are gaps in targeted services for primary school-age children who are presenting with complex needs but are too young for youth services. This included gaps in:
  - AOD services
  - Mental health services
  - Early intervention and prevention programs e.g. psychosocial education on healthy relationships and mental health.
- Disengagement from mainstream school is occurring at a younger age with inadequate supports available to keep primary school-age children engaged in education.

*" Poor parental mental health, domestic violence, financial difficulty all leads to instability for young people and can create trauma and poor attachment relationships leading to mental health difficulties in young people. "*

*"The cycle of violence is starting at a younger age (10-12) with young people being apprehended for more serious offences/extreme acts of violence at a younger age, with an escalation of criminal activity occurring a lot quicker than previously observed."*

*" Lots of families that have conflict have experienced FDV and/or homelessness or housing issues in the past, which in turn affects the current stress levels of the young people I see. "*

### 5.3 People experiencing financial disadvantage

Disadvantage is a complex relationship between the characteristics of people living within a community and the social and environmental context within the community. The ABS measures disadvantage by combining census data such as income, education, employment, occupation, housing and family structure to summarise the socio-economic characteristics of an area. A low score indicates relatively greater disadvantage.<sup>64</sup>

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<sup>64</sup> [Socio-Economic Indexes for Areas \(SEIFA\), Australia, 2021 | Australian Bureau of Statistics \(abs.gov.au\)](#)

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Multiple types of disadvantage often co-occur. People who experience financial/economic disadvantage may be at greater risk of poorer life outcomes and adverse behaviours than more advantaged groups.

First Nations peoples, people with disability, people living with a mental illness, single parents, newly arrived migrants, and people with low levels of English language proficiency are often more vulnerable to multiple disadvantage than other groups in the community.

### Disadvantage in the City of Rockingham

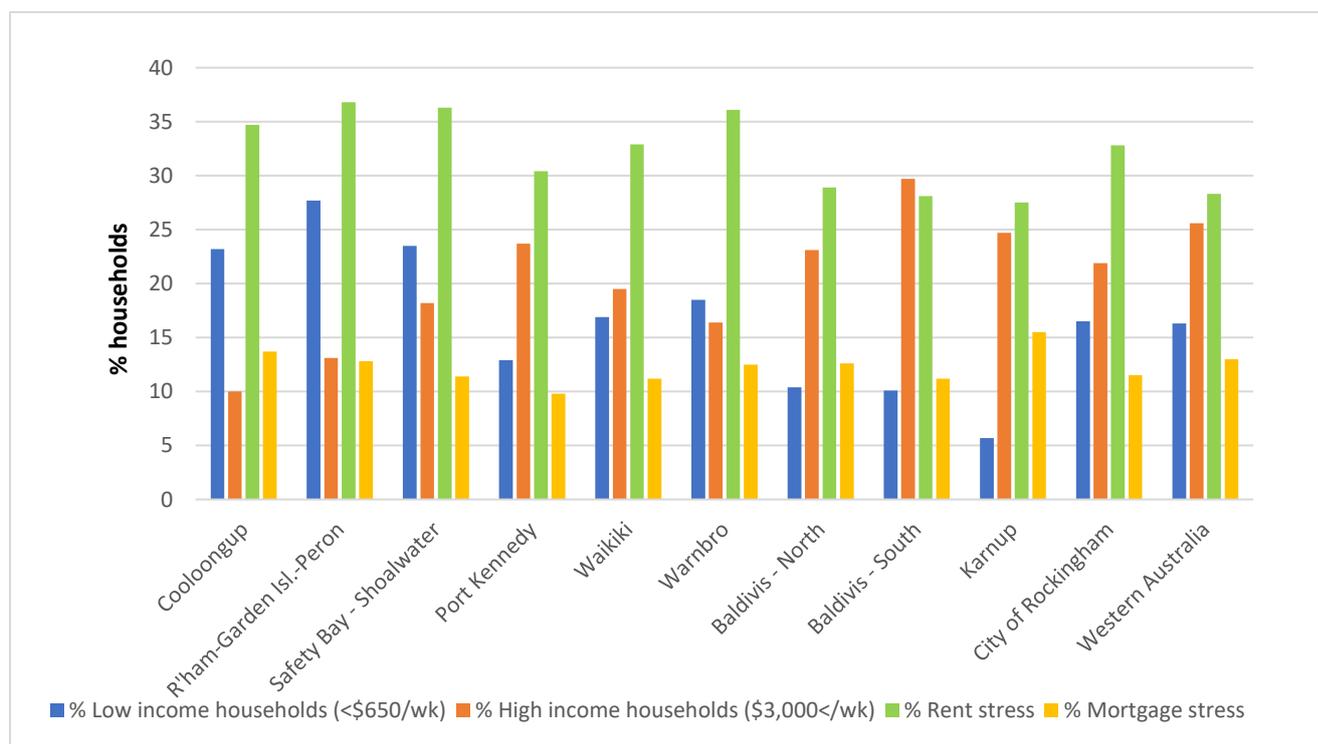
2021 Census and Social Economic Index for Areas (SEIFA) data present a mixed picture of disadvantage in the City.

Indicators such as SEIFA, unemployment, median weekly household income, and rental and mortgage stress show that the City’s population is more disadvantaged compared with the total WA Population (Figure 20).

However, the data shows a mixed picture of advantage and disadvantage across service regions, and across suburbs within service regions:

- Baldivis and Karnup service regions are generally more advantaged compared with the City and WA.
- Suburbs within the Coastal North and Central regions are generally more disadvantaged compared with the City and WA.

Figure 20: Indicators of household financial situations by select suburbs 2021<sup>65</sup>



<sup>65</sup> Suburb-level data has been used a) because SEIFA scores are by suburb and do not correlate to the City of Rockingham’s service regions, and b) to highlight the mixed picture of advantage and disadvantage within services regions.

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## What was heard in 2018

The 2018 Mapping Report identified 21 community services targeting people experiencing financial hardship in the City. Several services that did not provide financial counselling services reported that they wanted to do so as a new or adjunct to their standard offering.

*"I'm finding students aren't going to school because they can't get to school because there's no money to put on their smart riders. And I mean, it's \$2.00 a day and they can't get to and from school. So, they stay home because that \$2.00 means that their mum can go and buy a packet of pasta, you know, so the needs are the needs are for food, not to get to school. They can't see, there's no long-term planning. There's no, there's no big picture stuff happening because at the moment we're surviving."*

## What was heard in 2023

Concerns about and observations of financial hardship featured more prominently than in the 2018 Mapping Report.

Responses to the survey and those gathered at interview indicate that financial hardship and disadvantage trends and challenges are present across all service areas and population groups.

*" These parents, it's the first time they've dealt with financial insecurity or poverty. They actually don't know of services that are available. "*

Participants reported that:

- Financial hardship is a co-occurring factor in other adverse circumstances and behaviours, including problematic AOD use, housing insecurity and homelessness, FDV and mental health concerns.
- There has been a growth in the 'newly disadvantaged' across all population groups. Respondents from a range of services are seeing more people and families who have been impacted by the COVID-19 economic downturn and rising cost of living. Financial hardship and the need for services is a new experience for them, and one they are less equipped to manage than those who have experience accessing services over an extended period. Typically, these families and individuals have awareness of available services, and how to access and navigate the service system.
- Providers across a range of service areas are reporting an increase in demand for emergency financial and accommodation relief, as well as for basics such as food and clothing. Many noted that more employed people and people with stable incomes and accommodation are seeking assistance with basic needs.
- People across all population groups are making difficult choices about prioritising spending. These choices impact and disrupt the lives of all family members. These impacts could be felt across their lifetimes.

*" I'm sure that some of our parents are entitled now to things like healthcare cards, but because going on the system it's daunting, it's overwhelming. And they're not, they're not necessarily even getting the benefits they they're entitled to because they don't know how to access it."*

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## 5.4 First Nations people

### What the research tells us

There is significant research showing that that, on average, First Nations people across Australia have lower levels of health, economic security, social and emotional wellbeing, and educational attainment than non-Indigenous people, and are disproportionately represented in the child protection and criminal justice systems.

This disproportionate disadvantage is a product of historical and continued structural and systemic factors that marginalise and exclude First Nations people from social, political and economic processes and structures.

For First Nations people, factors such as cultural identity, family and kinship, country and caring for country, knowledge and beliefs, language, and participation in cultural activities and access to traditional lands are also key determinants of health and wellbeing.

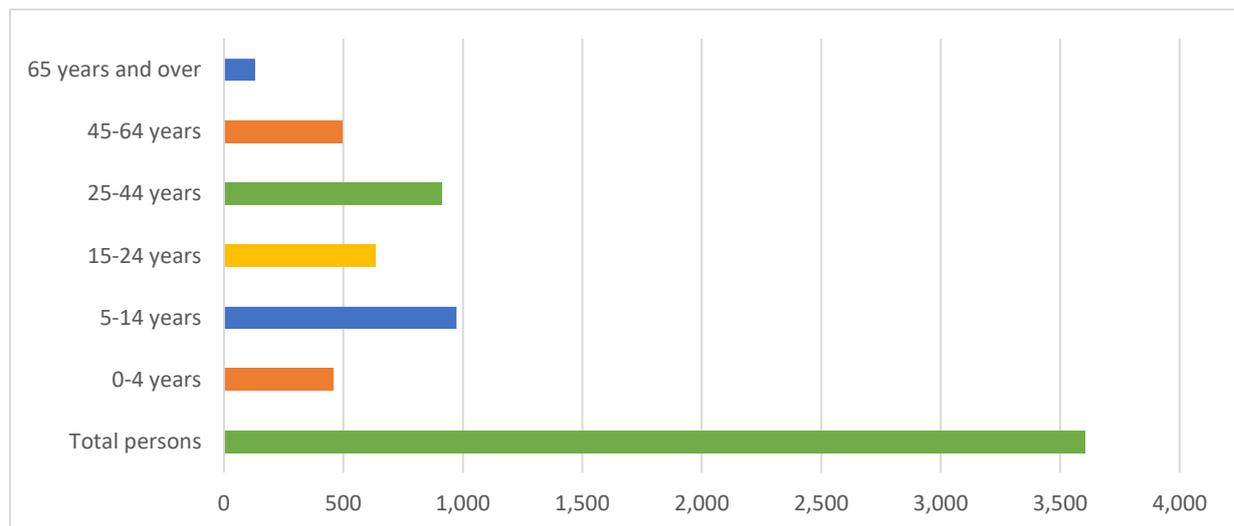
### First Nations people in the City of Rockingham

According to the 2021 Census, 2.7% (3,605 people) of the City's population were First Nations. This First Nations population is young, with a median age of 20 years, and more than half the cohort aged under 25 years (Figure 21). More than half live in the Coastal North and Central service regions (

Figure 22).

2021 Census data shows that the City's First Nations residents are more advantaged on a range of socio-economic indicators compared with the State's First Nations population. Their comparative advantage highlights strengths within the City's First Nations population (See Appendix 1 for further population data A1.11).

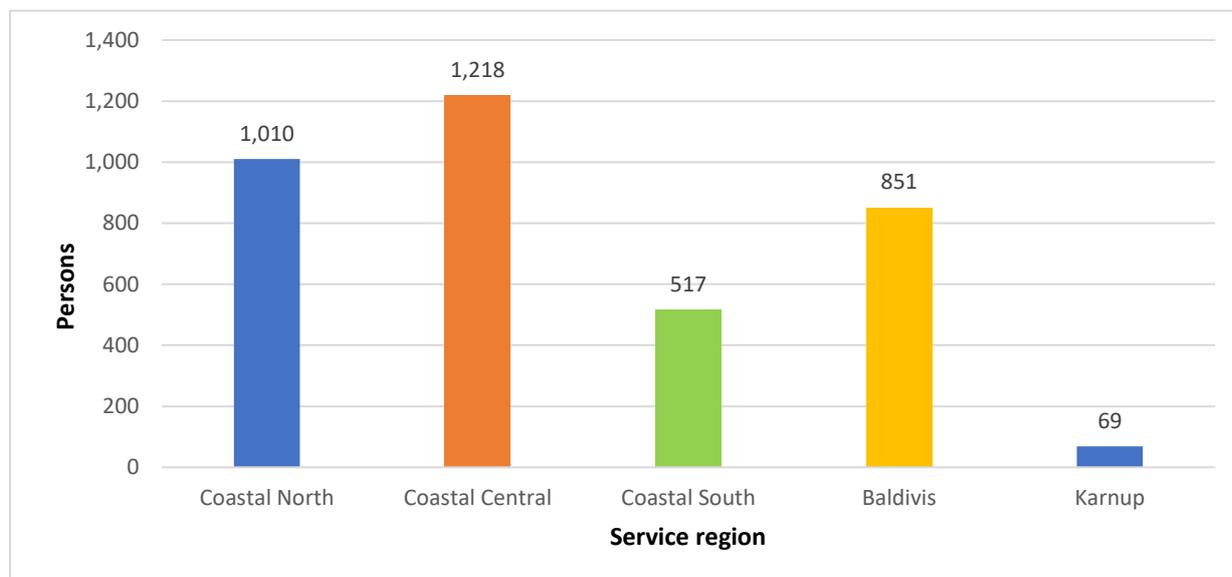
Figure 21: Number of First Nations residents in the City of Rockingham by age 2021



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Figure 22: Number of First Nations residents by service region 2021



### What was heard in 2018

Concerns about, and observations of, unmet need among First Nations people did not feature prominently in the 2018 Mapping Report.

### What was heard in 2023

Responses to the survey and those gathered at interview indicate that First Nations people are experiencing the same challenges as other population groups, and that these are present across all service areas.

Participants reported that:

- There is a need for more culturally secure services and affordable services, particularly youth services, in the City.
- Housing insecurity is a major concern.
- Culturally secure, wraparound service models are delivering positive outcomes.
- Youth disengagement is a concern.

*“Housing is a huge issue in the Aboriginal community – Rockingham is very transient compared to Kwinana – overcrowding then moving out and coming back.”*

*“Many Aboriginal and Torres Strait Islander young people are disillusioned and disconnected from broader society – they see this country ‘their own this country’ yet often they feel they don’t belong. We can help them to think differently by helping them feel like ‘we belong’ to this country.”*

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- It was noted that culturally appropriate responses are led by First Nations people and consider the broader cultural and family context in promoting positive youth development.
- Financial barriers can preclude First Nations youth from accessing opportunities that promote active participation and positive connections with community e.g. community-based sport.
- There is a need for more First Nations staff in organisations delivering youth services and culturally appropriate targeted programs/services that provide opportunities for engagement, health and psychosocial education (e.g. youth sexual health).

***“Barriers that prevent young people from getting involved in positive activities like community sports – it costs families a lot of money and is often not affordable for single parent households or those who are not working.”***

## 5.5 LGBTQIA+ people

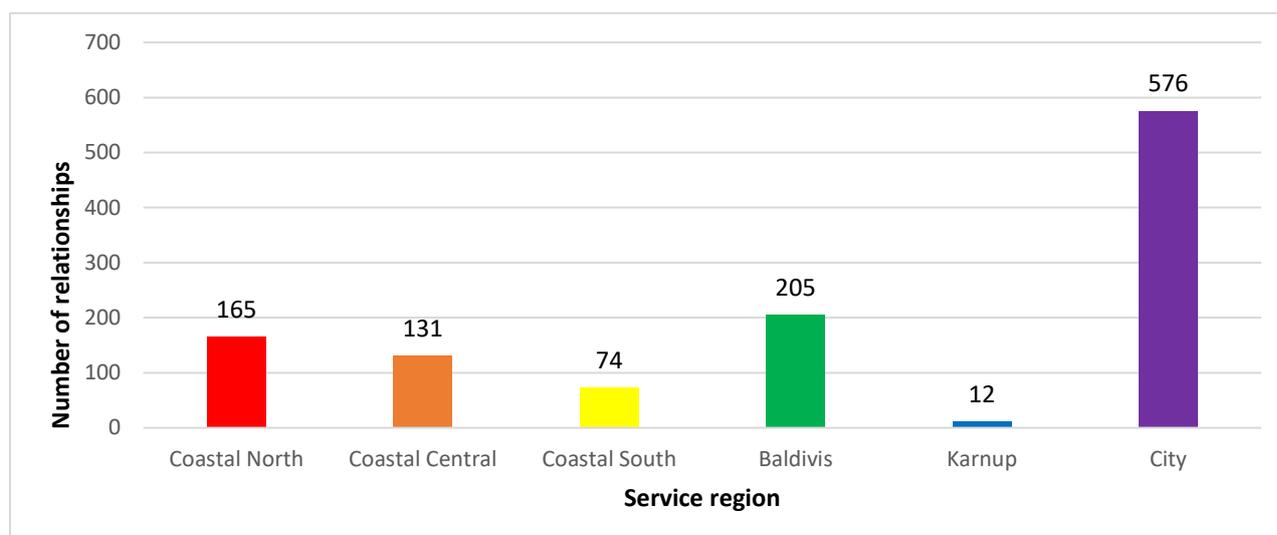
There is no data on the exact number of Australians who are LGBTQIA+. The Australian Department of Health (2019) estimates that approximately 11% of the Australian population identify as lesbian, gay, bisexual, transgender or intersex. Based on this estimate, around 11,500 City of Rockingham residents aged 15 years and over may be LGBTQIA+.

The 2021 Census was the first to collect data on same sex relationships. In 2021, the City was home to 576 <sup>66</sup> reported same sex married or de facto couples (Figure 23). In the City’s most recent Community Safety and Support Services Community Survey, 1% of respondents reported accessing LGBTQIA+ support services.

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<sup>66</sup> NB: The number for the City of Rockingham is less than the number for the service regions combined. This is a result of ABS confidentiality processes [Confidentiality and relative standard error | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/Confidentiality-and-relative-standard-error)

Figure 23: Number of reported same sex relationships by service region 2021



### What Australian research tells us

Experiences of gender and/or sexuality-based discrimination can affect LGBTQIA+ people's health and wellbeing. A range of poorer life outcomes are associated with experiences of marginalisation, discrimination, stigma, violence and abuse.<sup>67</sup> LGBTQIA+ people in Australia disproportionately experience poverty, homelessness and unemployment.

LGBTQIA+ people also face high rates of discrimination, which serve as a barrier to accessing employment, housing and services, such as crisis accommodation, and this exacerbates experiences of poverty.

People can achieve better life outcomes when they feel they belong and are accepted and respected for who they are. However, LGBTQIA+ people may be reluctant to access mainstream support services because they often use approaches that assume people are heterosexual and gender conforming. This is supported by findings from the most recent Private Lives survey.<sup>68</sup>

### What was heard in 2018

Previous research identified:

- Increased incidences of FDV and housing insecurity among LGBTQIA+ residents.
- A need for, but gap in, specialist and/or targeted LGBTQIA+ support services.

### What was heard in 2023

Concerns about, and observations of, unmet need among LGBTQIA+ people featured more prominently than in the 2018 Mapping Report.

<sup>67</sup> [Equality Australia, 2023](#)

<sup>68</sup> [https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0009/1185885/Private-Lives-3.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf)

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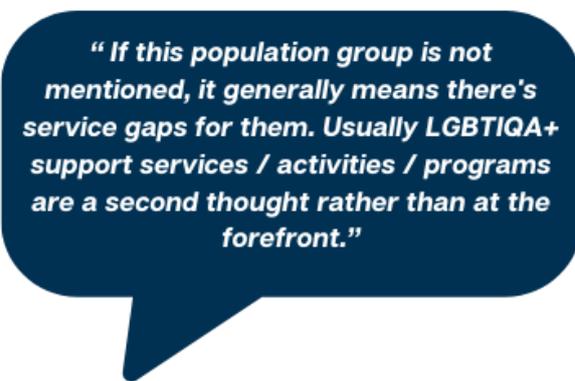
Responses to the survey and those gathered at interview indicate that LGBTQIA+ people are experiencing the same trends and challenges as other population groups and that these are present across all service areas and population groups.

Participants reported that:

- Gender diversity was a factor in young people's homelessness, particularly for young transgender people whose families are not supportive of their identity.
- Young people report their LGBTQIA+ identity as a factor in bullying and discrimination, particularly at school. Cyber bullying was identified as a related concern.
- LGBTQIA+ people experience the same co-occurring/complex needs as other members of the community. Mental health concerns and experiences of FDV were the most cited, which is consistent with experiences of LGBTQIA+ people across Australia.
- The main drivers reported for accessing the only LGBTQIA+ service for young people in the region include complexity of accessing other supports that meet their needs and mental health issues.
- There is an observable growing confidence of LGBTQIA+ people to access mainstream services and openly disclose their identity. This was attributed to broader socio-political changes, such as marriage equality, that have shifted community attitudes towards LGBTQIA+ issues.
- Despite this shift in attitudes, and growing acceptance and confidence, there is still a gap and need for LGBTQIA+ specific/aware/ally services. One service was identified as providing specialist telehealth counselling services for LGBTQIA+ young people aged 12-25, but there were no physical services provided in the City that specialise in providing support to this group.
- 'Awareness' and 'stigma' are barriers that impact on people accessing LGBTQIA+ specific services.
- Non-specialist services reported that LGBTQIA+ awareness and inclusion was an area where they needed to build their own capacity and knowledge.
- There is a gap in education for parents on understanding gender and sexual diversity and how to support LGBTQIA+ children and young people.



*“Young people are coming out earlier, (there is a higher percentage of gender diverse young people.”*



*“ If this population group is not mentioned, it generally means there's service gaps for them. Usually LGBTQIA+ support services / activities / programs are a second thought rather than at the forefront.”*

## 5.6 People from CALD backgrounds

The ABS *Standards for Statistics on Cultural and Language Diversity* are national standards for measuring diversity, and include core and standard sets of cultural and language indicators. The core indicators are:

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- Country of birth
- Main language other than English spoken at home
- Proficiency in spoken English.

Compared with WA, in 2021 the City was home to:

- Smaller proportions of people born overseas, born in non-main English-speaking countries, and who spoke another language at home.
- Larger proportions of people born in United Kingdom and New Zealand, and who spoke English only.

The top five non-main English-speaking countries of birth in the City were the Philippines (1,418), India (1,011), Germany (570), the Netherlands (491) and Thailand (454).

The top five languages other than English used at home were Filipino languages (1,013), Afrikaans (993), Māori languages (566), Mandarin (460), Punjabi (439) and Thai (436).

### What was heard in 2018

Previous research identified:

- An increase in the number of CALD families and individuals requiring specific support.
- Women from CALD backgrounds being over-represented in requiring support resulting from FDV.
- Mental health, early years, family support and AOD service providers reporting disproportionate representation of people from CALD backgrounds.
- Very limited multicultural specific services available to help to connect CALD residents with information.

### What was heard in 2023

Concerns about, and observations of, unmet need among people from CALD backgrounds featured more prominently than in the 2018 Mapping Report.

Responses to the survey and those gathered at interviews indicate that people from CALD backgrounds are experiencing the same trends and challenges as other population groups, and that these are present across all service types.

Participants reported that:

- There is a high demand for culturally and linguistically appropriate services in the Baldivis service region, which is reflective of the area's demographics.
- There is a lack of service infrastructure to support the needs of new migrants and CALD communities with only one specialist provider that currently provides in-reach services in the City; their presence is limited to a mental health funded service, offered two days a week.

- Providers experience challenges communicating effectively with clients from CALD backgrounds. These challenges were mainly attributed to:
  - Different cultural norms and values
  - Low levels of cultural literacy within the service system
  - Low levels of service system literacy among clients
  - Low levels of English language proficiency of clients.

***“ The best way to engage with CaLD communities is to go where they gather - in the absence of gathering places engagement can be a challenge.”***

- There is a growing need for formal and informal parenting support to help families adapt to their new cultural context. One example given related to the school readiness of children and families, not just in terms of education readiness but also a family’s capacity to access and engage with schools.
- Community connection and networks are a recognised factor in resilience for newly arrived migrants and can be a soft entry point into services and for service providers. Soft entry points are important because of their role in mitigating the barriers and stigmas associated with service access and helping raise awareness of services.

- Several respondents noted that the absence of hubs or spaces for cultural and social activity makes it difficult for them to connect with CALD communities to identify needs.
- Providers across all service areas are seeing an increase in presentations of CALD women seeking support related to FDV (see 4.4 FDV).

***“ We are finding an increase in multicultural families seeking opportunities to engage with similar families.”***

- That service eligibility can be limited for some newly arrived migrants depending on their visa status. This is having an impact on local services that do not have visa eligibility requirements.
- That there is a need for community engagement to be undertaken with members of CALD communities, faith-based and cultural organisations, and leaders of CALD communities to:
  - Better understand needs/aspirations and barriers to accessing services
  - Empower communities with information that can assist their members
  - Address stigma that may exist around particular issues or services.

## 5.7 Socially isolated men

Specific concerns about, and observations of, unmet need among men did not feature in the 2018 Mapping Report.

## What was heard in 2023

Responses to the survey and those gathered at interview indicate that men are experiencing the same trends and challenges as other population groups, and that these are present across all service areas and population groups.

Participants reported that:

- Men experience the same co-occurring and complex needs as other members of the community. A noted concern was the increase in presentations for mental health concerns, which are co-occurring with a range of other issues including problematic AOD use, housing insecurity homelessness, FDV, financial hardship and unemployment.
- An increasing number of veterans are seeking formal and informal support for mental health concerns arising from trauma experienced during their service. This coincides with a reluctance to access services and supports provided, administered or funded by Veterans' Affairs.<sup>69</sup>
- There is a lack of FDV perpetrator prevention, intervention and treatment services, as well as specialist accommodation services to remove perpetrators from the home.
- There are limited opportunities for men to make new social connections outside of sports and drinking. This was a particular concern for veterans who also want to connect with people outside the veteran/service community.
- There is a demand for, but lack of, formal and informal supports for dads (see Parents 5.9 )
- The lack of targeted services and supports for men experiencing social isolation is perceived to have increased post COVID-19.
- The help-seeking behaviours of men were identified by some services as a barrier to seeking more formal support. Men are more likely to seek support in less formal settings (e.g. informal BBQs).

***“The transition experience from serving to ex-serving. The mental, physical and emotional impacts of service in the ADF. The associated impact on family members and family systems.”***

***“ Making new friends is hard if you are not into sports or drinking.”***

## 5.8 People living with disability and their carers

People with disability include, but are not limited to, people living with long-term physical, mental, cognitive, intellectual or sensory impairments. Disability can occur at any time across

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<sup>69</sup> NB: These concerns and experiences are not necessarily gendered, but in this instance it was raised in discussion specifically about men.

the lifespan: it may be present from birth or acquired through illness, injury, accident or the ageing process.

People with disability tend to be excluded and have poorer outcomes across areas such as education, employment, housing, and health and wellbeing when compared to other members of the community.<sup>70</sup> A social model of disability recognises that attitudes, practices and structures can be disabling and act as barriers preventing people from fulfilling their potential and exercising their rights as equal members of the community.<sup>71</sup>

People with disability achieve the best outcomes when they have access to the same services and facilities as the broader community, such as housing, health care, education, justice and community safety, shops, sports clubs, transport, websites and work.<sup>72</sup>

A carer is someone who provides informal unpaid care and support to a person who needs help due to disability, a mental, chronic or terminal illness, frailty or ageing. Caring responsibilities may come at an increased risk to the carer of social isolation, disconnection from education and employment, poor health and limited opportunities to pursue personal goals.

### City of Rockingham

It is difficult to estimate a precise number of people living with disability due to the availability of multiple data sets that use different indicators and measures.

The ABS collects data about disability in two ways. (1) The Census relies on self-reported need for assistance with core activities for a range of reasons, including a severe or profound disability, chronic illness, frailty due to ageing, and mental ill health. According to the Census 2021, the City was home to 6,912 people aged 15 years and over who reported needing assistance with core activities. Compared with WA, the City was home to:

- A similar proportion of people needing assistance with core activities.
- Larger proportions of people aged 60 to 64, 65 to 69, and 70 to 74 needing assistance.
- A smaller proportion of people aged 85 and over needing assistance.

(2) The ABS' Survey of Disability, Ageing and Carers (SDAC) estimates the prevalence of disability for the whole Australian population using random sampling of households and health establishments providing 'cared-accommodation'.<sup>73</sup> The most recent SDAC (2018) estimated that around 18% of all Australians were living with disability.<sup>74</sup> Using this prevalence rate, in 2021, the City was home to 24,422 residents living with disability.

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<sup>70</sup> <https://www.socialventures.com.au/sva-quarterly/improving-outcomes-for-people-with-disability/>

<sup>71</sup> [United Nations Convention on the Rights of People with Disability](#)

<sup>72</sup> <https://www.disabilitygateway.gov.au/sites/default/files/documents/2021-11/1786-australias-disability.pdf>

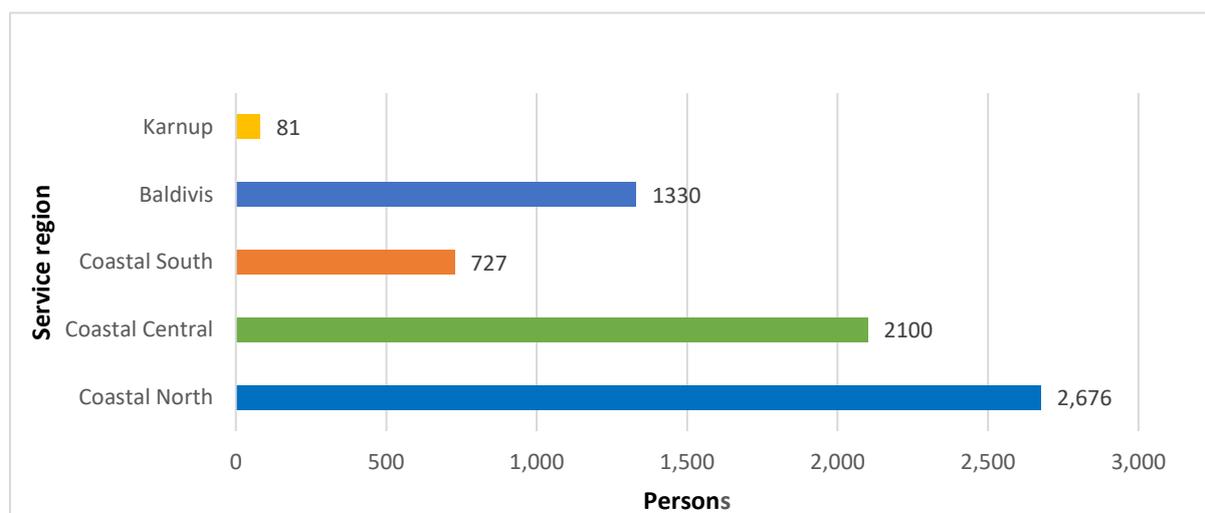
<sup>73</sup> [Disability, Ageing and Carers, Australia: Summary of Findings methodology, 2018 | Australian Bureau of Statistics \(abs.gov.au\)](#)

<sup>74</sup> [People with disability in Australia, Prevalence of disability - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

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Figure 24: Number of people aged 15+ who reported requiring assistance with core activities 2021<sup>75</sup>



In the absence of specific disability prevalence and trend data for the City, state and regional data may provide useful insights to inform needs analysis and service planning. In WA, over the past five years:

- The prevalence of disability, long-term illness or pain in adults aged 65 years and over was significantly higher compared with people aged between 16 and 64 years.
- 18.5% of West Australian adults were in a family where at least one person had a disability.
- 55.1% of West Australians with a disability in the family reported that the disability had a 'fairly big', 'big' or 'very big' impact on the family.<sup>76</sup>
- Approximately 7.4% of parents/carers responded that they have a child with a disability that impacts their family.<sup>77</sup>

### What was heard in previous City of Rockingham research

Previous research identified:

- 64 services targeted to people living with disability.
- A significant increase in demand for, and gap in, disability support services.
- A lack of respite services for people living with disability and their carers.
- Increased physical and mental ill health among carers, due to difficulty accessing respite, particularly among young carers.

<sup>75</sup> ABS Census 2021

<sup>76</sup> [WA Health 2021](#)

<sup>77</sup> [Health and Wellbeing of Children in WA 2020](#)

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## What was heard in 2023

Concerns about, and observations of, unmet need among people living with disability and their carers featured more prominently than in the 2018 Mapping Report.

Responses to the survey and those gathered at interview indicate that people living with disability and their carers are experiencing similar trends and challenges as other population groups, and that these are present across all service areas and population groups.

Participants reported that:

- People living with disability experience the same co-occurring and complex needs as other members of the community. Their disability can be a complicating factor adding to additional risk and vulnerability, and service access issues.
- Many people living with disability face additional challenges accessing services and navigating the service system because services are not properly equipped to support them.
- WA's transition into the NDIS has changed the service delivery and funding landscape, and this has been a factor in increased demand on disability and other services.

***“ An increase in requests for individuals requiring advocacy with urgent housing matters (i.e., individuals with disability facing imminent homelessness).”***

***“ Adjusting to the NDIS, limited local workforce, limited access to community participation providers with wheelchair accessible vehicles.”***

***“With the roll-out of the NDIS, individuals who have a disability but are not eligible for NDIS are facing difficulty in accessing services to meet their needs and choices. Many services are now only for individuals with a NDIS plan or come at a significant cost to individuals who don't have a Plan.”***

***“There has been an increase in clients hoping to gain access to the NDIS.”***

## 5.9 Parents

Figure 25 shows the distribution of children aged 0-14 years and families by service region. Couple families without children are included to give context to the total number of families and the types of services they may need (e.g. not all will require child or parenting services). This data shows that the:

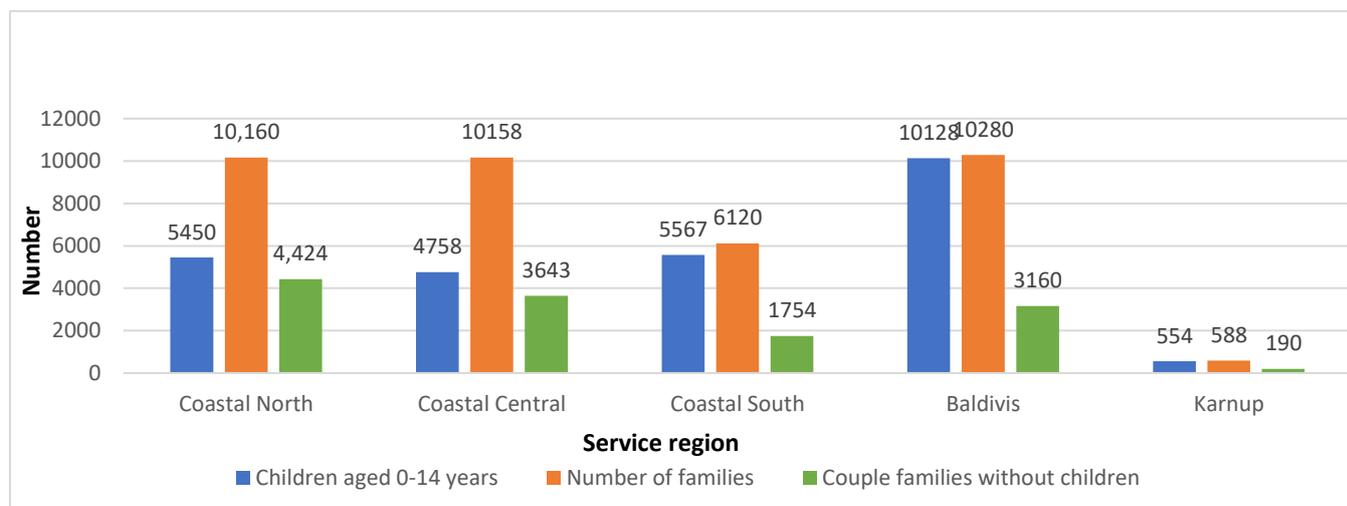
- Baldivis, Coastal North and Coastal Central service regions had the largest number of families.
- Baldivis service region had the largest number of children aged 0 to 14 years.
- Coastal North and Central regions had the largest numbers of families without children.

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- Baldivis and Karnup service regions are likely to be the areas of highest need in the future due to their younger age profile (Figure 3) and projected growth rates.

Figure 25: Number of children and families by service region 2021<sup>78</sup>



### What WA and Australian research tells us

How well a family functions affects the health and wellbeing of children within the family. Family functioning affects many aspects of family life, including the degree of agreement on decisions, acceptance of individuals, the ability to solve day-to-day problems and communication.<sup>79</sup>

While more than two-thirds (67.7%) of children are estimated to live in a family where members usually get on well together, a smaller, but significant, proportion live in families where people do not. These children and families may require support.<sup>80</sup>

### What was heard in 2018

Concerns about, and observations of, unmet need for parenting support and services did not feature in the 2018 Mapping Report. Instead, the focus was on the needs of children.

<sup>78</sup> ABS Census 2021

<sup>79</sup> Australian Institute of Health and Welfare (2022) [Social Determinants of Health snapshot](#)

<sup>80</sup> WA Health (2020) [Health and Wellbeing of Children in WA](#)

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## What was heard in 2023

Responses to the survey and those gathered at interview indicate that parents are experiencing similar challenges to other population groups, and that these are present across all service areas and population groups.

Participants reported that:

- Parents, particularly young parents, experience the same complex and co-occurring needs as other members of the community. Mental health concerns and cost of living pressures were commonly cited.
- An increasing number of young parents are seeking support, particularly to increase their support networks and overcome social isolation.
- Demand is growing for support across all population groups, many of which had not previously accessed services.
- What parents want from services, and how they prefer to access them, is changing, with reports that pressures such as financial stress are impacting on parental engagement in education programs. Alongside this is an increasing preference for online delivery.

*“ Parents are looking for connection in an ever-isolating society. ”*

*“ We are getting mums that are much younger accessing our service.”*

*“We do have more dads attending the group.”*

*“We get many young parents who have experienced childhood trauma, have or are experiencing mental health issues.*

*“We are now getting a lot more families with CALD and Aboriginal backgrounds.”*

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## 6. The community service system: gaps and challenges

The 2018 Mapping Project found that the sector was facing increasing challenges in meeting the community's needs due to a lack of financial support. Cuts in budgets from all sources were reported to have led to cuts in staffing and programs. This resulted in fewer community members having access to services, or individuals and families being provided with services in a less comprehensive manner (e.g. fewer hours per client, reduced support and longer wait times).

In 2023 the perception from community services is that the situation has worsened. Systemic challenges that compromise the sector's capacity to meet community needs have been exacerbated by a growth in demand. Increased demand for services is driven by population growth, lack of investment in early intervention, and societal trends including, but not limited to, the cost of living crisis and the impact of COVID-19.

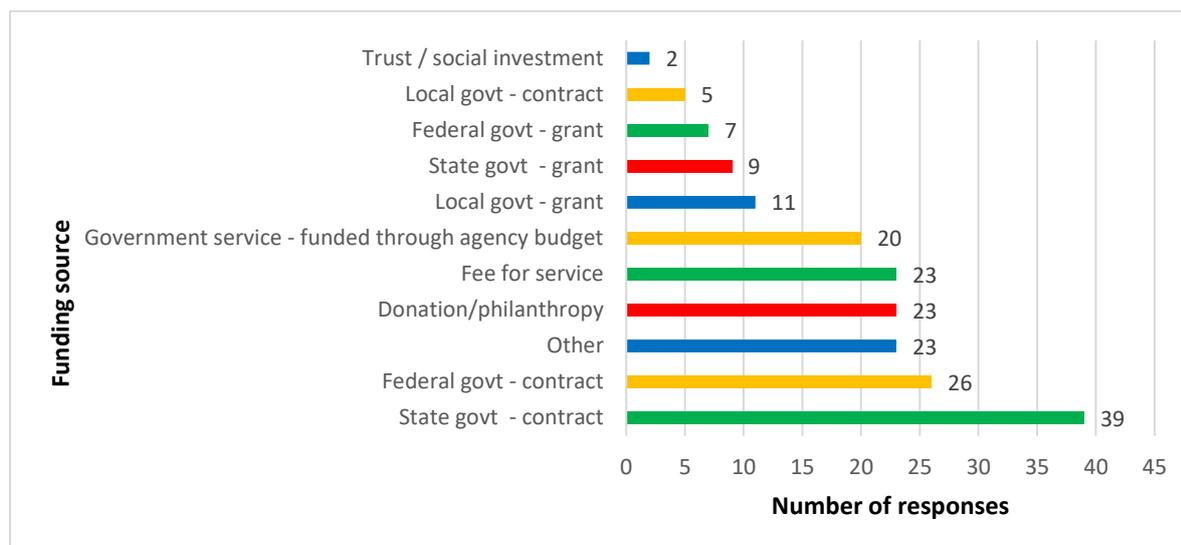
This section details the challenges that the service system is facing in responding to the community needs detailed in the previous sections. Themes were identified primarily through analysis of the qualitative data gathered through the survey of 100 organisations, focus groups and targeted stakeholder interviews.

### 6.1 Chronic under-resourcing, and short-term and inflexible funding

Across all sectors, systemic funding challenges emerged as a consistent theme. When referencing funding challenges, funding arrangements with the WA Government emerged most frequently in discussions. This is most likely due to the government's role as a key funder of the services experiencing the most significant challenges in responding to demands and critical needs. These are services in areas of FDV, homelessness and mental health.

Figure 26 indicates that WA Government contracts for service delivery are held by 39 of the 100 services that participated in the survey.

Figure 26: Sources of service funding<sup>81</sup>



### 6.1.1 Failure of funding to keep pace with rising costs

Concerns about chronic service underfunding included failure of funding to keep pace with inflation, and the increasing costs of delivering services.

Many community services reported (in relation to government funded services) concern with inconsistencies between historical service agreements and new service agreements. While the funding levels in new service agreements were considered to be a better reflection of the costs of delivering services in 2023, many organisations are delivering services under historical service agreements that had been in place for 5-10 years. While these historical agreements include provisions for annual indexation, rates were set well below the rising wage costs and overheads.

The increase in the Social, Community, Home Care and Disability Services Industry (SCHADS) Award 2010 following the Equal Remuneration Order made by the Fair Work Commission in 2012 has had a large impact on the cost of delivering services; wages incrementally increased by between 23% and 45% for staff employed under this award.<sup>82</sup>

*“Increases in SCHADS award rate has led to reduction in [our] resources as core funding hasn’t increased enough to accommodate this.”*

These concerns are not unique to the City of Rockingham, with the Australia Council of Social Services reporting concerns at a national level in its 2022 ‘Carrying the Costs of the Crisis Report’. Of the 1,828 community sector workers that participated in the study, regarding current funding:

<sup>81</sup> NB: Respondents were able to choose multiple funding sources.

<sup>82</sup> Fairwork Equal Remuneration Order 2012, <https://library.fairwork.gov.au/viewer/?krm=K600306>

- Only 20% said it covers the full cost of service delivery.
- Only 17% said it recognises increasing wage costs.
- Only 14% said it properly recognises their overheads.
- Only 14% reported that indexation arrangements for their main funding source are adequate.<sup>83</sup>

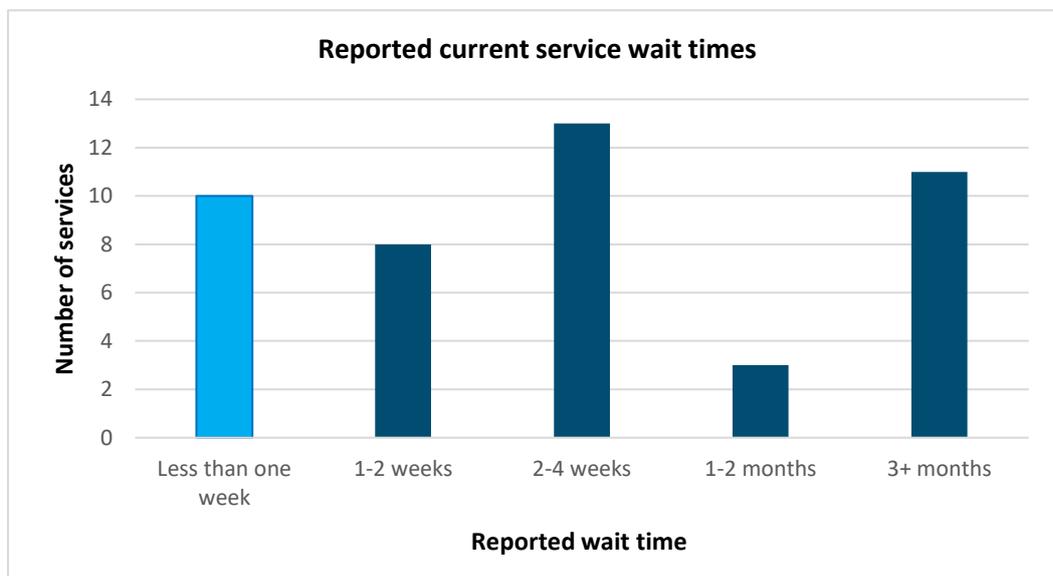
### 6.1.2 Funding shortfalls linked to inability to meet demand for services

Across all sectors, the issue of funding not keeping up with increasing demand for services was a key theme.

One quarter of services that responded to the survey indicated that ‘waiting lists’ were a barrier to accessing their services. In response to the question of whether they can meet requests for service immediately, 45 reported that they cannot. Figure 27 indicates wait times for those 45 services.

*“ We have recently had to cut our group down from 3 groups a week to 2 groups due to funding. Our group size will increase which sometimes makes it hard for some parents to attend if the group size is too big. We have to rely on local government grants to provide certain activities like swimming lessons for our young parents.”*

Figure 27: Current service wait times



Of the 100 organisations that responded to the survey, 43 answered the questions about wait times and demand. Sixty per cent of these reported an increase in wait times over the

<sup>83</sup> 2022, Australian Council of Social Services (ACOSS), ‘Underfunded, overworked and underpaid: pandemic compounds strain of the service sector’, 26 April 2022, [https://www.acoss.org.au/media\\_release/underfunded-overworked-and-underpaid-pandemic-compounds-strain-on-services-sector/](https://www.acoss.org.au/media_release/underfunded-overworked-and-underpaid-pandemic-compounds-strain-on-services-sector/)

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past three years. Services reported demand increases within the range of 15% to 500 %, with the average increase in demand being 77%.

### 6.1.3 Acute challenges for services responding to primary drivers of demand

Funding-related challenges were noted as particularly acute in the sectors that were responding to the primary drivers of service demand – drug and alcohol use, FDV, homelessness and mental health. This resource gap was identified as a significant and, in many cases, the primary barrier for being unable to meet community needs.

Of the 100 organisations that responded to the survey, 68 indicated they provide services that focus on one or more of these primary drivers. The absence of a coordinated approach to planning for population growth was noted as leading to major strains on the health service system generally, as evidenced by the wait times for mental health services.

*“Health needs to link demographic and needs data with funding/investment. There is no current planning strategy so as Rockingham population increases you are not guaranteed to get an increase in health services.”*

### 6.1.4 Short-term and inflexible funding arrangements

Short-term and inflexible funding arrangements create instability in crucial services and compromise their capacity to adapt to meet changing needs.

In response to the survey question ‘how long is the funding for your service secured for?’, 25% of services responded ‘for 1 year’. Many services reported through focus groups and interviews that their funding arrangements include contracts with year-after-year rollover clauses. Rolling contracts were found to be a source of frustration, as they create a constant state of uncertainty and prevent a review of the quantum of funding, which may be set at an amount determined up to 10 years prior. This was reported to be a key factor underpinning challenges in attracting and retaining staff.

Sector leaders expressed frustration with the challenge of achieving financial sustainability in the context of a constant state of funding uncertainty.

*“ Contracts (are) rolled over year after year rather than longer term contracts.”*

*“ Trying to sustain/grow an organisation in the current economic climate is hard.”*

## 6.2 Workforce recruitment and retention challenges

Community services consistently highlighted the workforce challenges that resulted from unsustainable funding arrangements. These included limited capacity to offer incentives that attract and retain staff such as:

- Competitive salaries

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- Security of long-term stable employment
- Clear pathways for career progression.

Community mental health services reported the inability to attract and retain experienced staff as a major challenge for their services.

Additionally, feedback obtained at focus groups highlighted the cumulative impact of chronic under-resourcing on workforce morale and wellbeing. In sectors that are responding to individuals with critical needs including homelessness, mental health and FDV, we heard repeated concerns about burnout and disillusionment.

This challenge of maintaining morale was particularly acute in the homelessness sector, where staff are experiencing unprecedented barriers in supporting clients to access accommodation. The inability to achieve positive client outcomes was reportedly giving rise to a sense of failure and hopelessness, which was reported to be driving some people out of the sector.

Adding to a sense of hopelessness is the reported increase in complexity of clients' needs. This reportedly puts staff in situations where they are responding to clients with comorbid presentations, which often included issues to which staff were not equipped or qualified to respond.

Organisations reliant on volunteers to deliver support indicated concerns with a decline in volunteering. A decline in volunteering was a key concern for representatives of the Age Friendly Network, where it was perceived to be having a major impact on services and was linked to the following:

- Younger people who may have previously volunteered (alongside parenting) now working full-time.
- The impact of COVID-19.
- Complex processes and requirements.

These trends make it challenging to maintain grassroots forms of volunteerism. Concerns were expressed that volunteering has lost the 'community action' component. While larger service providers may have the capacity to deal with red tape and costs, including insurance and Working with Children Checks, for many grassroots groups these requirements present barriers to community-led activities.

*" We tend to have quite inexperienced staff – we train them up and nurture them and then an opportunity knocks."*

*" Agencies are not getting the wins we used to 3 years ago - sometimes the best outcome is getting someone on the waitlist for public housing."*

*"Workforce burnout is much more ... trauma is more prevalent."*

*"Lots of hoops to jump through for volunteering – a lot of older people get frightened by it – it prevents more grass roots forms of community volunteering that occurred in the past."*

*" While we have been pretty stable our adult volunteer basis has declined steadily, while our youth commitment has a steady increase."*

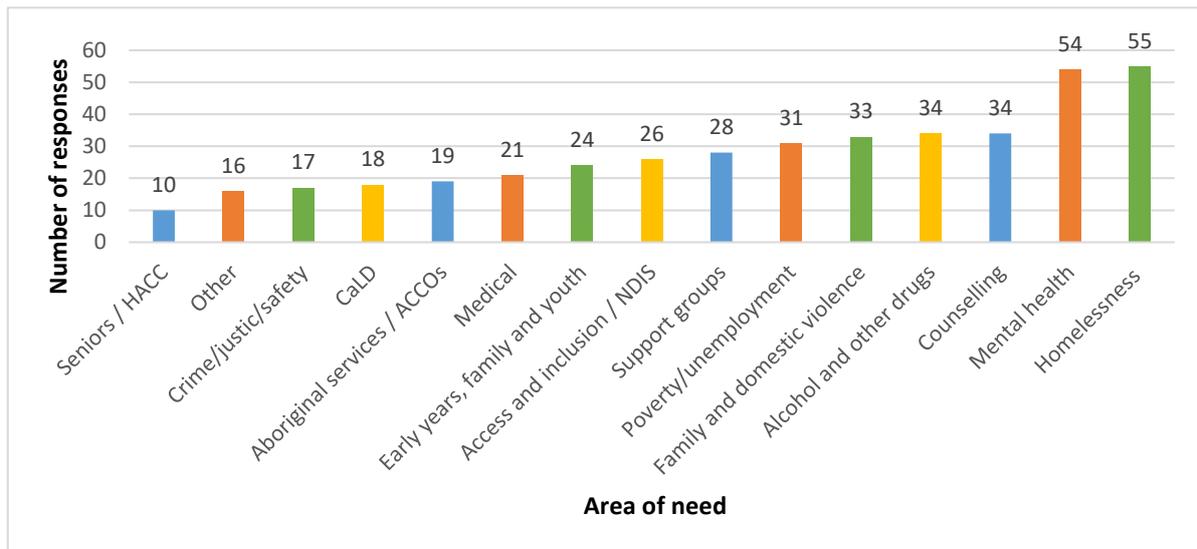
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### 6.3 High-priority service gaps

In addition to the systemic funding issues identified above, the research and engagement identified mental health services, homelessness services and access to services for people living in Baldivis as high-priority gaps. In response to being asked to identify service gaps in the City of Rockingham, mental health and homelessness were ranked the highest priority. Engagement with services through the focus groups and interviews uncovered gaps in community services for residents of Baldivis as a theme.

Figure 28: Survey responses – areas of need reported as having the greatest service gaps



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### 6.3.1 Low-cost community mental health services

As indicated previously, community services expressed significant concern with the capacity of the mental health service system to respond to the increase in demands for these services and the complexity in needs. While there are a significant number of services that deliver mental health support in the region, anecdotal feedback from stakeholder interviews and focus groups indicated that there are significant capacity issues across the mental health service system, with extended wait times presenting a major barrier for people accessing support when they need it. Early intervention mental health services reported concerns with ‘holding people’ who are ‘high risk’ as there is nowhere to refer them to.

The mental health focus group anecdotally reported that some services had experienced a threefold increase in wait times over the last two years. In one example cited, a community mental health service indicated that two years ago they had a 3-month wait list with 20-30 referrals each month; in 2023 there is now a 3-6 month wait with 50 referrals a month. Funding for this service has not increased beyond indexation.

It is recognised that this trend is not Rockingham-specific, but a broader challenge facing the mental health system. Community services expressed that the whole mental health system is under strain; however, there were specific concerns raised about gaps in the following areas:

- Counselling services
- Subacute residential services
- Informal supports and peer-led groups, especially for men
- Support for people in the community (as opposed to in hospital) experiencing suicidal ideation and self-harm
- Practical in-home support for families that are struggling with parenting/mental health issues
- Prevention and early intervention services, particularly for children/young people.

*“We are really working at the coal face – not able get in early and there’s nowhere we can send them.”*

*“Biggest gap is that we’re holding parents/kids that are suicidal.”*

*“ Not a lot for men in Rockingham and Kwinana – around mental health /parenting. Men engage differently to women. Whilst mums engage in the more clinical group settings – men prefer to do things differently – more casual BBQs – fewer formal activities – things that they can bring their kids to.”*

### 6.3.2 Transitional and crisis accommodation for people experiencing homelessness

We heard consistently across all sectors about gaps in services for people experiencing homelessness, with 55 of 100 survey respondents listing this as a gap (the second most frequently listed gap). There was a consensus on the need to advocate for and work towards local solutions that increase availability of local accommodation options, especially crisis accommodation and transitional housing.

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The need for place-based homelessness services was emphasised as important due to the geographical characteristics of the City of Rockingham, its relative distance from metropolitan Perth and the fact that many people living in the City evolve their support networks in place. For families, this creates additional challenges in removing children from school or childcare etc. The absence of localised crisis and transitional accommodation services in the City means that people experiencing homelessness are forced to leave their local support networks to access services.

Community services reported concerns that people will choose to remain without a home rather than be removed from their support networks in the City. Additionally, services raised concerns about the risks posed to victims of FDV who remain in unsafe environments due to a lack of accommodation options.

Specific gaps were identified in relation to:

- Youth homelessness services
- Safe parking places for people sleeping rough in their cars
- Accommodation options for male perpetrators and victims of FDV
- Women and children escaping violence
- Availability of homelessness services on a Thursday and over the weekend.

The need was also identified for early intervention approaches that support people at risk of homelessness prior to losing their home.

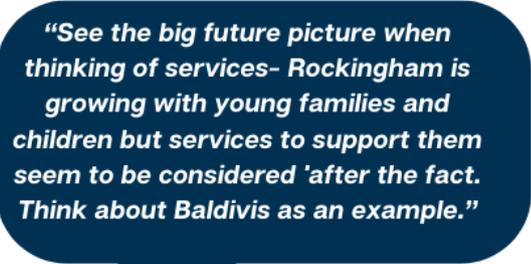
### 6.3.3 Access to services in Baldivis

Access to services in the suburb of Baldivis emerged as a theme across several engagements with services. Concerns raised included the lack of community service infrastructure in the new area and the transport barriers that make it difficult for people to access services.

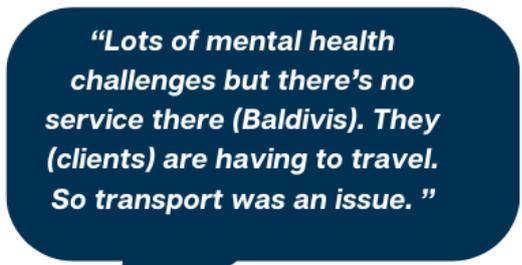
Baldivis was identified as a region with a high need for community services, with state government departments and other agencies reporting significant concerns for high rates of FDV, mental health challenges and an increase in families with CALD backgrounds.

Figure 29 indicates the geographical distance between Baldivis and the locations of support services that participated in this study. It is a 13-15 minute car trip, or a 45-90 minute trip on public transport to the major service centres of Rockingham and Kwinana, meaning people living in Baldivis experience significant barriers to accessing support.

Transport barriers were cited as significant for people who are experiencing financial stress and young people. Several services reported clients missing counselling or other appointments due to the cost associated with petrol or public transport.



*“See the big future picture when thinking of services- Rockingham is growing with young families and children but services to support them seem to be considered ‘after the fact. Think about Baldivis as an example.”*

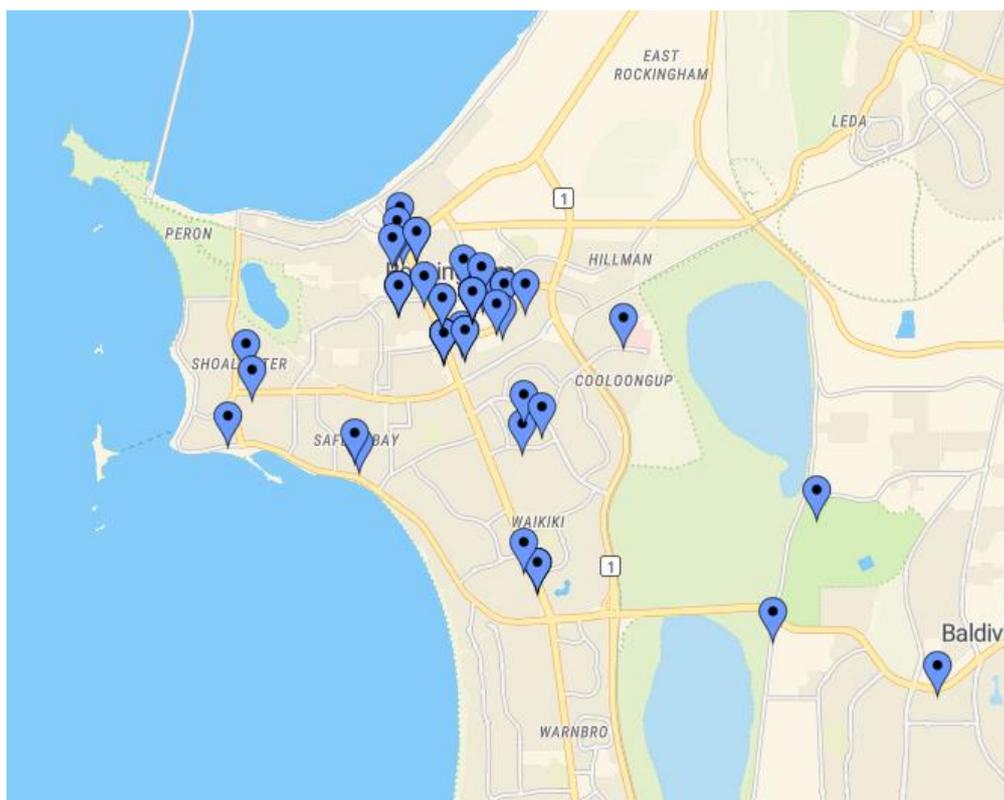


*“Lots of mental health challenges but there’s no service there (Baldivis). They (clients) are having to travel. So transport was an issue. ”*

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Figure 29: Map of service delivery locations (based on survey responses)<sup>84</sup>



An interactive version of the above map, which can be expanded to see services located outside of the City of Rockingham, is available online is [Rockingham Community Services \(easymapmaker.com\)](https://easymapmaker.com)

Gaps in community services in Baldvis were cited in a broad sense, and specific references were made in relation to gaps in the following areas:

- Alcohol and other drug services
- Mental health services
- Family support services
- Youth services.

Services reported challenges in delivering in-reach services to the Baldvis region due to the lack of affordable, available and appropriate spaces for in-reach service delivery.

#### 6.3.4 Gaps in specialised services and responses for groups with specific needs

In addition to these priority service gaps, the consultation process identified gaps in specialised services and supports that respond to the following population groups with emerging needs.

- People from a CALD background – see Section 5.6
- People identifying as LGBTQIA+ – see Section 5.5

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<sup>84</sup> NB: Not all community services that deliver services to the City of Rockingham completed the survey.

- Children aged 8 to 12 years – see Section 5.2
- First Nations young people – see Section 5.4
- Socially isolated men – see Section 5.7.

## 6.4 Access to space for in-reach services

Access to accessible spaces for service delivery was raised as a barrier for some City of Rockingham community service providers. As referenced above in relation to Baldivis, most providers service the City from the town centres in Kwinana and Rockingham.

### 6.4.1 Limited access to appropriate spaces for delivery of in-reach services

Services cited the absence of a ‘hub’ for delivery of in-reach services, and several services drew comparisons with other local government areas such as the City of Kwinana and the City of Cockburn where they have access to ‘fit for purpose’ spaces that were suitable for in-reach service delivery at minimal or no cost.

It is well recognised that integrated approaches, including hubs:

- Enhance continuity of support and care as an individual moves between phases of care, medical complexity and service locations, due to their specific needs.<sup>85</sup>
- Lead to greater efficiencies, making the best use of funding to address gaps and avoid duplication of services.

It is noted that the City owns and maintains a Lotteries House next to the council administration that is managed by a board via the Lotteries House deed. While this facility provides a co-located arrangement for community service providers, it is assumed (given the references to the absence of a ‘hub’ in Rockingham) that the model doesn’t provide for the same level of service integration or community activation that community services associate with ‘hub’ models. Opportunities to explore this further with the sector would be beneficial.

Several services commented that, in addition to the absence of a hub, the availability of existing spaces was often limited, particularly in Baldivis where hireable spaces are in high demand.

See 7.6.2 for more detailed insights on hubs as models for service integration.

*“ If we were in a position to offer outreach services in Rockingham I’m not sure where we would go. We delivered outreach in the City of Cockburn however this LGA has recognisable, fit for purpose places that we can access for free – our programs are free so this is important.”*

*“It’s hard to know where to locate an office in Rockingham as it doesn’t have a natural centre like Kwinana does around the Darius hub.”*

<sup>85</sup> Sustainable Health Review Enduring Strategy 4 [Enduring Strategy 4 – Person-centred, equitable, seamless access \(health.wa.gov.au\)](https://www.health.wa.gov.au)

### 6.4.2 Prohibitive cost of hiring/renting spaces

Community services reported the cost associated with accessing space in the City as a barrier to providing community support. Challenges associated with funding and the increasing cost-of-living pressures facing clients were reported as key reasons why it was important for services to be able to access free or low-cost space.

For some services, this barrier had been a key factor in their decision to deliver services outside of the City where they are able to access free space.

It is noted that community service organisations in some cases can build hiring / leasing costs into funding arrangements. There is no uniform approach for this.

*“Due to our current funding we cannot afford to pay for local venues which we have used in the past to run groups, for example Rockingham Youth Centre, Baldivis South Community Centre. Being able to have venues available at no cost would be useful.”*

*“With the rising cost of living, families are unable to afford the already low cost of attending playgroup. If venue fees could be reduced for these groups, it would encourage more disadvantaged families into these groups, providing increased development opportunities for children.”*

## 6.5 Inadequate investment in prevention and early intervention

Respondents expressed a consistent concern with a lack of investment in early intervention and prevention programs, with a particular focus on healthy relationships, parenting and emotional wellbeing.

The need was identified for prevention and early intervention responses to:

- Get in earlier – recognising that investing in intervention at an earlier age and before issues become acute will reduce demand on crisis services.
- Focus on families – recognising the importance of healthy relationships and the influence that parenting and the family environment has on childhood and youth development.
- Work within the big picture – recognising the intersections between issues that drive service demand: mental health, FDV, homelessness and financial hardship are interrelated.

### 6.5.1 Psychosocial education

Community services in the mental health and FDV sectors identified gaps in relation to psychosocial education to promote healthy relationships and emotional wellbeing. Schools were identified as potential sites for delivering community-based education for children and young people, while at the same time reaching families. In relation to FDV, feedback emphasised the importance of prevention education with young people and with men.

**"I always think that further education for young people regarding healthy and respectful relationships is helpful. It provides psychoeducation surrounding FDV and the effects, how to recognise unhealthy behaviours in relationships, how to build confidence, etc."**

### 6.5.2 Early intervention with families

The need for more family-based early intervention responses was a theme that emerged across a number of focus groups and interviews. This is also consistent with findings from the 2018 Mapping Project which led to the following recommendation:

*Services specifically for at-risk or borderline families were identified as a gap area since the Department of Child Protection has removed funding for early intervention programs. To address this gap the City should advocate, via the Family Service Network, for additional targeted services and programs for this group, particularly in the FDV and drug and alcohol abuse sectors.*

In 2023 gaps in support for families continue to be a concern with calls for further investment in services that:

- Prevent complex crises – aiming to help individuals and families before problems escalate into severe crises (e.g. homelessness, FDV).
- Target families as a whole to promote children's wellbeing, recognising that family dynamics play a significant role in children's mental health.
- Provide skill development for parents focusing on equipping parents with the necessary skills to support their children, as this is seen as a critical starting point for addressing a range of problems.
- Support families while awaiting a diagnosis – many families face difficulties accessing developmental services for their children. Providing support and access to services for parents waiting for appointments is seen as ideal.

**"There is a need for more work to support kids whose mental health challenges don't occur in isolation from what's happening in wider society and in the family home."**

**"People who have had kids but don't have the skills to support them – this is the area to target because its where all the problems begin."**

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- Provide practical, in-home support for families experiencing mental health challenges.

*“Lots of families in playgroup have developmental concerns about their children and are struggling to access services, it would be ideal to have service providers to attend sessions once per term to chat with parents waiting for appointments or families that have concerns.”*

### 6.5.3 Grassroots community networks and peer support

Alongside gaps in early intervention and prevention services, concerns were raised regarding a perceived decline in volunteer-led grassroots community support networks/activities that are important mechanisms for reducing social isolation.

These types of activities may include:

- Playgroups
- Mothers’ groups
- Informal neighbourhood support networks
- Cultural and faith-based networks
- Peer-led support.

This was of particular concern to the Age Friendly Community network and was raised in the context of both challenges associated with volunteering and concerns regarding social isolation of older people.

While there were some examples of grassroots activity that are outlined in the next section, the prevailing view was there are limited informal social support networks and increasing barriers that make it difficult for groups to operate. These barriers include:

- Perceived increase in complexity and barriers associated with volunteering
- The costs of operating – rental, insurance, Working With Children checks
- The complexity of operating community associations – red tape etc.
- The increase in ‘time poor’ people with more double-income families
- Impact of COVID-19 on people’s willingness to volunteer and engage in community-based activities.

To grow this type of support in the community, it was identified that the City may be well positioned to help build the capacity of existing groups and nurture the development of new initiatives.

*“City could play a role in supporting new groups to get off the ground and to build their capacity.”*

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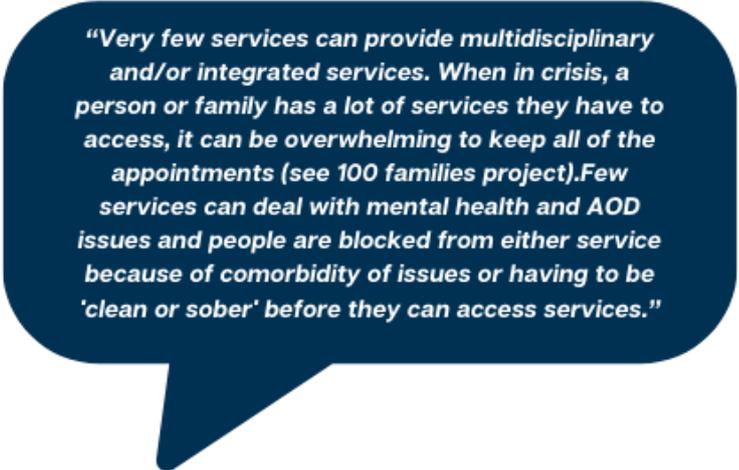
## 6.6 High barrier services

Feedback highlighted challenges associated with 'high barrier services' recognising that restrictive access criteria prevent people from accessing support, in particular those with complex needs. High barrier services were referred to as services that require individuals needing support to comply with eligibility criteria that are perceived to be 'high' in the context of their complex needs.

Services referenced examples of requirements or criteria that led to certain groups 'falling through the cracks'. These included:

- Restrictions based on residency e.g. people from New Zealand were identified as a group who are over-represented by homelessness providers but are unable to access certain government supports.
- Requirements that alcohol and drug issues are addressed prior to accessing services.
- People experiencing financial hardship who need to navigate complex eligibility criteria for homelessness and emergency relief supports (e.g. gender, age, family composition).
- People with undiagnosed disabilities who are not eligible for the NDIS.

The need was articulated for wraparound supports and flexible responses to intersecting needs.



*"Very few services can provide multidisciplinary and/or integrated services. When in crisis, a person or family has a lot of services they have to access, it can be overwhelming to keep all of the appointments (see 100 families project). Few services can deal with mental health and AOD issues and people are blocked from either service because of comorbidity of issues or having to be 'clean or sober' before they can access services."*

## 7. The community service system: strengths and opportunities

In addition to the gaps and challenges the community service system faces, during the project consultation phase significant emphasis was placed on the sector's strengths, and opportunities to build on these strengths, to improve the way the system responds to evolving community needs.

This section explores the following themes:

Strengths:

- The collaborative community sector culture
- A proactive and engaged local government
- Grassroots community groups, peer support and volunteerism.

Opportunities:

- Building capacity in the service system to adapt to change
- Closing the gap – culturally responsive services
- Models for service integration
- Help-seeking awareness.

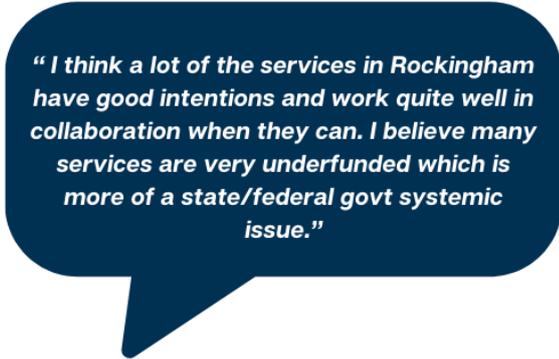
### 7.1 The collaborative community sector culture

#### 7.1.1 Connectivity within the service system

The strength of networks and partnerships within the local community service system was a consistent theme during the survey, focus groups and interviews. This is a significant strength in the context of competitive funding environments that position community organisations as competitors for shrinking pools of resources.

Community services in the City spoke of collaboration as a unique aspect of the sector, describing its culture as one that embodies openness to collaboration, a readiness to share information, and a willingness to troubleshoot problems together.

It was observed that a number of factors underpinned this collaborative culture:



*“ I think a lot of the services in Rockingham have good intentions and work quite well in collaboration when they can. I believe many services are very underfunded which is more of a state/federal govt systemic issue.”*

- Established interagency networks that provide mechanisms for both formal and informal collaboration.
- Physical connectivity of services, most of which are located within service precincts of Rockingham town centre and Kwinana town centre.
- The role the City plays in facilitating connections within the sector.

*“I think collaboration without duplication is something we can do to optimise resources and [reduce] burnout without asking for more funding. Partnerships also allow increased responsiveness to changing trends and need in the community while other strategic things are looked at.”*

Services did, however, note that resource constraints present a barrier to collaboration, as sector workers struggle to find time to engage in informal and formal networks due to frontline service demands.

*“ Collaboration is great, as long as the services involved in the collaboration have the resources to spare to make it work.”*

### 7.1.2 Interagency networks working across the spectrum of collaboration

Existing interagency networks provide opportunities for information sharing and collaboration in the City. These networks are highly valued, and examples were cited during the engagement process of the role they play in supporting a collaborative culture. Networks consulted through this project included:

- Project Zero Rough Sleeper Coordination Group
- Rockingham Emergency Relief Network
- Rockingham Kwinana Safe Family Alliance
- Early Years and Family Focused Service Network
- Rockingham Kwinana Mental Health Subnetwork
- Age Friendly Rockingham Network
- KRAFTY Youth Services Network.

Networks vary from informal (Age Friendly) to more structured (Rough Sleeper Coordination Group) with collaborative practice identified across the spectrum of collaboration. Examples of collaborative initiatives that had emerged from these networks were highlighted including:

- Age Friendly Seniors and Carers Expo – an annual collaborative event supported by the Age Friendly Network (facilitated by City) to promote local services and opportunities for seniors and carers.
- My journey to school booklet – a resource developed by the Early Years Network (facilitated by the City) to provide information to support families’ school readiness.

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- Family violence collaborative planning – annual action plan developed to determine priority opportunities for collaboration, including advocacy in relation to service gaps and awareness raising through the 16 days of action.
- The Rough Sleeper Coordination Group – this group are working together to implement the Advance to Zero project framework, which involves coordination across homelessness services to support housing outcomes for people sleeping rough.

*“Through the Rough Sleeper Coordination Group, the Silos no longer exist. Having the right people leading meetings brings people in.”*

### 7.1.3 Opportunities for extending on this collaborative culture

The collaborative culture that exists within the local service system is an asset that can be harnessed. Services highlighted the value of collaboration but also the tensions that exist for organisations who are resource constrained. There is an opportunity to build on the strong collaborative culture in a purposeful way that builds the capacity of the local service system to respond to place-based challenges. Feedback highlighted that it was important to ensure collaboration was both resourced and purposeful.

It was acknowledged that while collaboration generates positive outcomes, it requires resources. Identifying strategies for resourcing collaboration within service models presents an opportunity for the sector. Services identified a number of practical suggestions for building on this existing strength:

- Advocacy to organisations and funders to include resourcing for collaboration in their service delivery and funding models.
- An annual ‘conference’ for ‘all support services’ – this was identified as an opportunity for new staff (in the context of a transitional workforce) to learn about other services and build connections.
- More informal opportunities for networking and information sharing that don’t require a regular commitment.
- Integrated service models that bring all relevant agencies together who may be servicing the same client. FDV, AOD, Mental Health, Housing (e.g. Strong families / Family Support Network models).
- Focused ‘network workshops’ on topics of relevance to service providers such as FDV, mental health, AOD.
- Strengthening links between sectors by encouraging cross sector collaboration, creating the right environment to deal with intersectional issues. Connections across sectors can also support stronger referral pathways and build capacity to respond to complex needs.

*“Ongoing network meetings are sometimes difficult to commit to on a regular basis and can become mundane with no clear outcomes – maintaining an email connect is good.”*

*“Allow groups to talk to each other rather than having very structured community consultations. Allowing people to talk freely sparks creativity and mutual support.”*

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Opportunities were identified for strengthening connections between:

- AOD and mental health services
  - Emergency relief services and health services
  - Employment and youth sectors
  - Disability services and homelessness services
  - LGBTQIA+ services and mental health services.
- Collaborative events that promote community services and raise awareness of resources available to community.
  - Extending collaboration to build stronger connections between the local sector and relevant government agencies.
  - Collective advocacy to further address systemic funding issues and service gaps, keeping up funding with growth in population – especially in the area of mental health.
  - Collaborative approaches to identify and source funding to support place-based cross-sector partnerships and integrated service models.



*“A stronger partnership between State and local government would make a major impact.”*

## 7.2 A proactive and engaged local government

### 7.2.1 Providing access to localised information and data

Throughout the engagement process, the City of Rockingham was consistently acknowledged as a local government that actively embraces collaboration and provides strong support for the local community services sector. The sector highly values the City's contributions to the effectiveness of the service system, underscoring the benefits derived from local governments collaborating with and supporting community services. Serving as a stable anchor institution in a service system undergoing ongoing changes, the City plays a crucial role as a repository of essential local knowledge and relationships.

When asked what the City could do to help services meet the needs of the local community, respondents emphasised access to information and localised data to increase understanding of local needs and provide an evidence base for advocacy would be most useful.

Community services repeatedly referred to the value they place on the relationship they have with ‘trusted’ staff within the City’s Community Safety and Support Services team and the role these staff members play in connecting community services with information. As an anchor institution, the City holds a wealth of local knowledge and historical information that it actively draws upon to support services in understanding and adapting approaches in the context of place.

This Mapping Project is an example of the City investing in building sector capacity. The research and data gathered will help inform / target service delivery and provide an evidence base for funding submissions. In addition to this project, services indicated the following would be helpful:

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- Up to date information on local services to assist organisations with identifying appropriate referral pathways and opportunities for collaboration.
- Population data that helps to understand and plan for future service demands with a focus on changing community profiles and population growth.
- Data from other tiers of government that may be helpful in understanding community trends, needs and service demands (e.g. measures of financial hardship, FDV trends and community health data).
- Basic local orientation information targeted at new staff to help them understand local issues/trends and the local service landscape and connect in with relevant interagency networks.

*“Analysis of stats/data might be helpful to lobby for further funds and analyse need to prioritise service provision.”*

### 7.2.2 Facilitating connectivity within local service systems

The City plays a facilitating and supporting role for many interagency networks that operate in the region. As identified above, these networks are valued for the role they play in promoting connectivity and collaboration. The City’s role as a facilitator of this type of collaboration was recognised throughout the engagement by community services, a number of whom directly attributed the collaborative culture in the region to the City’s investment in supporting the sector.

*“City of Rockingham are extremely proactive in the suicide prevention area and I look forward to continuing the collaboration to be able to provide peer led support to the City of Rockingham community impacted by suicide.”*

The City has a distinct approach to community sector development. It directly resources several roles that focus specially on activities designed to build capacity and support collaboration and coordination within the sector.

*“I find it hard to know what is out there and what changes are made. Navigating is particularly challenging for many clients I see but the services that people do access are a gateway for linking with other needs. So, enhancing our knowledge and connection in highly relevant ways will help address this challenge for most holistic address of needs.”*

In addition to supporting interagency networks, the City was recognised for playing an important role in facilitating collaborative responses to local challenges – this included in relation to homelessness and suicide prevention.

Opportunities were highlighted for the City to build on this role by bringing services together for specific purposes, including opportunities for advocacy and direct action to respond to emerging community needs and challenges facing services.

*“Encourage all services to partner and collaborate to meet community need, bringing in more strengths and resources collectively. It has a more effective reach and outcomes than going solo with aims to be the ‘best’ service.”*

### 7.3 Grassroots community groups, peer support and volunteerism

While concerns were expressed during the engagement about a perceived lack of informal support networks and a decline in grassroots community activity, there were also references to positive examples of community-led activity. These examples were seen as a strength and source of important support for people at risk or experiencing various forms of disadvantage. Examples included:

- *Emergency Relief network* – there is an active network of emergency relief providers in the City, many of whom rely on volunteers that are vested in the wellbeing of their community and who are responding to the needs of some of the most vulnerable residents.
- *Age Friendly network & Rockingham Autumn Centre* – the Rockingham Autumn Centre is a thriving community hub with a range of activities that promote wellbeing and social connection. The Centre is supported by an active volunteer base and volunteer-led programs such as ‘Switched on Seniors’.
- *Peer support* – examples of peer-led support were highlighted in relation to mental health and veterans’ engagement. These types of interventions connect people to less formal support, provided in individual and group settings by individuals who can provide social support, connect people to resources and provide advice from a lived experience perspective.
- *Town Teams* were referenced on a number of occasions as a new example of a citizen-led initiative that is producing positive outcomes in community safety and social connection.

*“Town Teams are achieving some good outcomes. This is a great informal way for people to connect with their community and achieve things together it also facilitates intergenerational connection.”*

*“Rockingham is one of the most active communities for elders, and is something to be proud of. It would be great to see other councils being as proactive as Rockingham.”*

*“We would love to offer more peer led services but do not have the funding/resources to employ more peer workers.”*

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## 7.4 Building capacity in the service system to adapt to change

The engagement process highlighted emerging trends currently challenging the service system. Changes in community demographics and emerging issues present challenges for services and individual workers who may need to increase their knowledge and skills to be able to support individual and community wellbeing.

Opportunities were identified for the City and the community services sector to work collaboratively to enhance their adaptive capacity – which refers to the ability to effectively respond to and navigate changes. These included:

- Cultural and linguistic diversity – building cultural literacy and capacity to engage effectively with and deliver culturally responsive services to CALD communities.
- LGBTQIA+ inclusion – building an understanding of gender and sexual diversity and building capacity to provide LGBTQIA+ inclusive services.
- The positive and negative impacts of technology – harnessing the benefits of new technologies to support improved service outcomes while building awareness of some of the challenges associated with technology-driven abuse and scams.
- Increasing prevalence and severity of FDV – building awareness of FDV and its impact on the community, and building capacity to apply an ‘FDV lens’ to service responses to identify and provide appropriate supports/referrals and manage risk for both clients and services.
- Increasing complexity and underpinning trauma – building awareness of the impacts of trauma and building capacity in trauma-informed service delivery approaches.
- Understanding and using data – promoting awareness of existing tools for identifying population trends and opportunities to better use data to identify needs and target service responses.

During the engagement process, services provided feedback on the opportunities to build capacity through collective approaches. These approaches may include integrating training into networking events or facilitating education/awareness building by creating interagency networks.

## 7.5 Closing the gap – culturally responsive services

In addition to the need to build capacity and respond to new and emerging trends, there is an opportunity for the sector, in partnership with the City, to build capacity to provide culturally responsive services to First Nations people. A number of services commented on challenges associated with engaging First Nations people and identified this as an area for growth.

Future capacity building initiatives could be aligned with the local District Leadership Group. District Leadership Groups comprise representatives from human service agencies, local government and other community services. They are the WA Government’s primary vehicle for developing and driving localised strategies that focus on Closing the Gap targets.

The National Agreement on Closing the Gap commits state and federal agencies to priority reforms that intend to change the way in which governments work with First Nations people. Among other commitments this includes:

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- Improving engagement with First Nations people.
- Delivering services in partnership with First Nations organisations, community and people.
- Embedding and practising meaningful cultural safety.<sup>86</sup>

Supporting First Nations led interventions and building capacity within service systems for culturally responsive approaches are identified as key measures for reducing inequity in First Nations outcomes.

The City has a Reconciliation Action Plan and an Aboriginal Advisory Group which, in addition to its involvement in the District Leadership Group, provide vehicles for building capacity in relation to culturally safe service delivery and Closing the Gap targets.

## 7.6 Models for service integration

During the engagement process, a recurring theme was enhancing the integration of services to provide more holistic support and address challenges associated with navigating complex services. As detailed in 4.1, there is a trend towards people presenting at services with a complexity of needs and issues that often require intervention from more than one service. Integrated service delivery approaches provide a framework for addressing this challenge through a more structured approach to collaboration across services that puts in place structures and process to achieve a more seamless service access experience for individuals who may need support for a variety of needs.

Features of integrated service models may include:

- Co-location of services to facilitate easier access and coordination.
- Joined-up processes for assessing and prioritising individuals' needs upon entry to services.
- Shared case management tools that enable the coordination of efforts among different service providers involved in an individual's care.
- Protocols and agreements that enable the sharing of relevant information among different agencies providing services.

### 7.6.1 The strategic context for integrated services

Opportunities to support integrated service delivery align with the direction of the WA Government, including:

- *State Commissioning Strategy for Community Services 2022*<sup>87</sup>, which aims to achieve a holistic and sustainable community service system through a commissioning approach.
- Department of Health, which is progressing reforms towards person-centred, equitable and seamless access to care when it is needed to improve sustainable health care in the state.<sup>91</sup>
- Family and Domestic Violence One-Stop Hubs, which provide a range of FDV services in one location, alongside other community services, prioritising ease of access for victims in seeking

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<sup>86</sup> Closing the Gap –National Agreement, source: <https://www.closingthegap.gov.au/national-agreement/priority-reforms>

<sup>87</sup> [State-Commissioning-Strategy-for-Community-Services-2022.pdf \(www.wa.gov.au\)](#)

help, assistance and support.<sup>88</sup>

## 7.6.2 Hubs as a model for service integration

As noted in section 6.4 the perceived absence of ‘hubs’ suitable for the delivery of in-reach services to City of Rockingham residents was reported as a gap.

Community hub models were also identified as an opportunity for responding to the challenges communities face in navigating services and the barriers experienced by staff in accessing space for delivery of support to City of Rockingham residents.

In the simplest terms, hubs represent a model of integrated services, offering a centralised space that acts as a focal point for residents to access various activities, services and programs. Community hubs were identified as providing the following benefits:

- Promoting community connectivity through community-based programs and activities.
- Providing a soft entry point for people to find out about and access services that meet their needs.
- Promoting interagency collaboration and improved service system navigation.

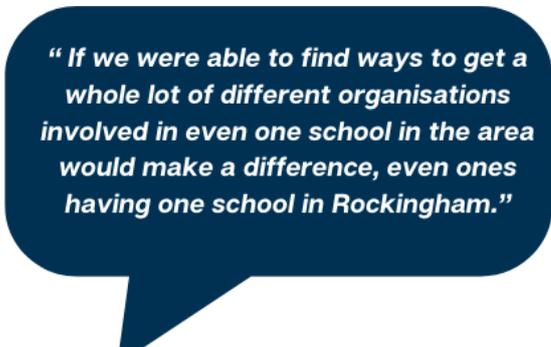
Different ‘community hub’ models and approaches were recognised as potential strategies for achieving a more integrated approach to community service delivery. Those cited during the engagement included:

1. Purpose-built community hubs - featuring co-location of services, community spaces, office/counselling spaces, and meeting facilities. The Darius Wells Centre in Kwinana was frequently cited as an example of this type of hub.

2. Hubs that leverage natural sites for connection – community facilities such as libraries, seniors’ centres, youth centres and schools serve as natural sites for community connection and are spaces where people feel safe and comfortable. Opportunities were identified for these spaces to be activated further as soft entry points for a range of community services and activities.

3. Integrated service hubs – these sites offer multiple services, providing holistic and integrated support for individuals with complex needs. Integrated service hubs often attract state/federal funding and feature multiple service partners. Survey responses included specific examples of integrated service hub models that respondents felt would add value to current service offerings.

- Family and domestic violence hub: co-located services focused on addressing FDV.
- Crisis accommodation hub: providing crisis accommodation alongside co-located



*“If we were able to find ways to get a whole lot of different organisations involved in even one school in the area would make a difference, even ones having one school in Rockingham.”*



*“Place based approach – community services hubs that are designed for collaboration. Genuine relationships are key to the best service delivery.”*

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<sup>88</sup> Department of Communities [Family and Domestic Violence One Stop Hubs \(www.wa.gov.au\)](http://www.wa.gov.au)

homelessness support services.

- Hub for holistic mental health support: a centralised hub offering comprehensive mental health support services.

## 7.7 Help-seeking awareness

Services indicated that the City could play a positive role in partnership with the sector to promote greater awareness of available services or supports for community.

Suggestions for supporting service navigation included:

- Advocacy for further investment in resourcing the personalised support that some individuals require in order to navigate complex systems.
- Community events and activities that provide opportunities to build connections with community and promote available supports.
- Providing access to resources that support easy navigation of local service information.
- Tapping into information distribution channels that families already use to build awareness of community resources and supports (e.g. providing information on services to families via schools and Centrelink).
- Targeted information and education strategies that focus on building capacity of specific target groups (e.g. recently disadvantaged families, parents/carers of young people from LGBTQIA+ communities and people living with disability).

*“If we can support our local community with access to the support they need and information, it would be helpful as there is so much information, but sometimes people need directions from people they trust.”*

*“Promotion of groups is required to ensure families know the availability of them, better promotion and support of these groups would increase attendance.”*

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Figure 30: Strengths and opportunities overview



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## 8. Using this report

This report provides an evidence base that builds on the previous 2018 Mapping Report commissioned by the City of Rockingham. The findings detailed in this report highlight the continued concerns with challenges featured in the 2018 study in addition to emerging trends associated with social changes and emerging service gaps.

The value of studies such as this is in how they are used to deepen understanding of community needs and drive improvements in the effectiveness of responses to these needs. The evidence base presented in this report will be used by the City, the community services sector and other local stakeholders to support:

- Local service planning, enhancing responsiveness to local needs and community profiles
- Business cases for new responses that respond to challenges and address unmet needs
- New models for local collaboration that drive more integrated and holistic responses
- Advocacy efforts that aim to achieve better outcomes for the local community through increased investment in critical service infrastructure and changes to procurement practices.

### Validation of the City's current approach

One of the most notable findings in this report is the positive role that the City has played in supporting the efficacy of the local community service system. Much of the feedback on the City's role reinforced that the current investment of resources and the strategic direction the City has taken in its approach to supporting community sector development are highly valued. Moving forward the City is in a positive position to maintain and build upon its current approach identifying its role as:

- A source of local knowledge and information
- A broker of partnerships and facilitator of local collaboration
- Provider of preventative community education and awareness for residents
- Capacity builder of the local service system
- Supporting data-led advocacy needs of the sector.

In addition to these functions for which the City already has structures in place to support, it was noted there was an opportunity to do more in the area of inclusion. This included increasing engagement with segments of the community who were noted as experiencing barriers to accessing services that met their needs (e.g. LGBTQIA+ people, CaLD communities).

### Supporting community-led responses

The scope of this study focused on 'service responses' and the effectiveness of the local community service system in responding to community needs. A perceived decline in 'community action', volunteering and social networks was noted by some services as a concern. In moving forward with the insights generated through this report, it is important that the City and the community services sector consider how they support community-led responses to the social challenges together. Strong, connected communities can provide important sources of informal support for people experiencing hardship, and when

Click on these links to navigate between different sections of this report:

[Executive summary](#) - [Introduction](#) - [Structural drivers of service demand](#) - [Priority groups](#) - [The community service system: gaps and challenges](#) - [The community service system: strengths and opportunities](#)

empowered to act collectively, communities can also be powerful forces for driving social change.

### Regional collaboration

Many of the themes highlighted in this report are trends that impact beyond the City. It was noted that the City collaborates with neighbouring LGAs on a number of activities, networks and projects. This report and the advocacy work that follows may provide an opportunity for the City to consider building on existing regional collaborations to act and advocate collectively on areas of mutual concern.

### Building on the evidence base

This study provides a 'helicopter view' of the service system as a whole, identifying common themes across the different sectors and zooming in on high priority concerns that impact on particular groups or services. This evidence base is one that can and should be built on by identifying other data sources that can continue to improve understanding of the themes that have emerged. By working together to create a bank of local knowledge, the City and community services sector can continue to strengthen the evidence base to support effective local responses to local needs.

# Appendix 1. City of Rockingham: population and demographic data

Demographic data in this section is sourced from the 2021 Australian Census<sup>89</sup> unless otherwise specified.

## A1.1. Demographics

Table 1: Selected subpopulation groups 2016 and 2021<sup>90</sup>

Selected subpopulation groups					
City of Rockingham – Total people (usual residence)	2021 Census		2016 Census		Change
Population group	Number	%	Number	%	2016 to 2021
<b>Sex<sup>91</sup></b>					
Males	67,085	49.4	62,028	49.6	+5,057
Females	68,591	50.6	63,083	50.4	+5,508
<b>Cultural background</b>					
First Nations population	3,597	2.7	2,558	2.0	+1,039
Australian citizens	113,812	83.9	98,491	78.7	+15,321
Australian born	86,720	63.9	75,785	60.6	+10,935
Overseas born	41,308	30.4	39,601	31.7	+1,707
<b>Select age groups</b>					
Working age population 15-64 years	87,044	64.2	81,754	64.4	+5,290
Children 0-14 years	59,429	21.7	27,914	19.3	+1,515
Older population 65+ years	19,199	14.2	15,424	14.0	+3,775

<sup>89</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

<sup>90</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

<sup>91</sup> NB: This is standard ABS terminology.

Click on these links to navigate between different sections of this report:

[Executive summary](#) - [Introduction](#) - [Structural drivers of service demand](#) - [Priority groups](#) - [The community service system: gaps and challenges](#) - [The community service system: strengths and opportunities](#)

Figure 31: Number of residents by age group by service region 2021<sup>92</sup>

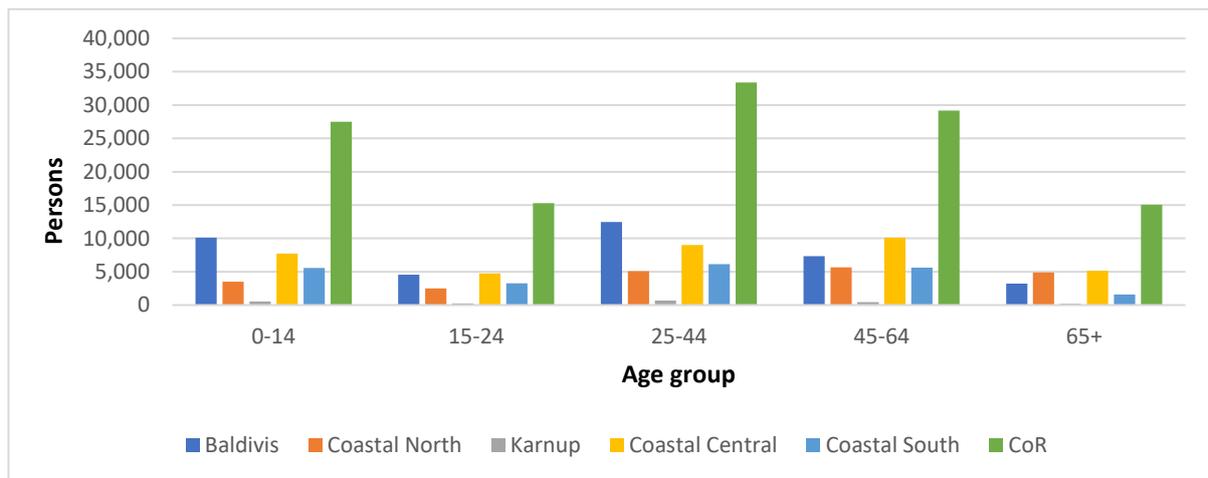
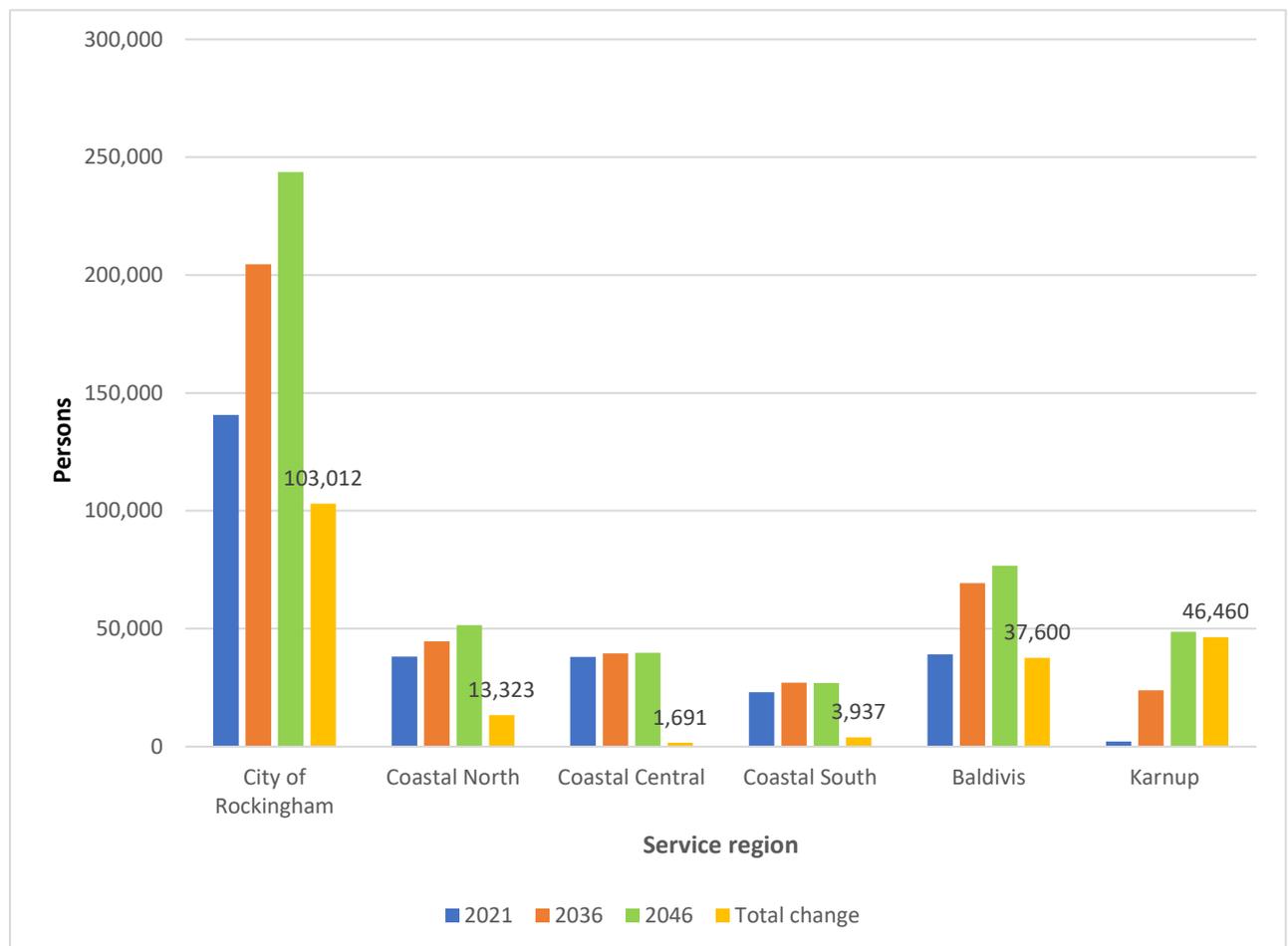


Figure 32: Projected population growth 2021-46 by service region (number of residents)<sup>93</sup>



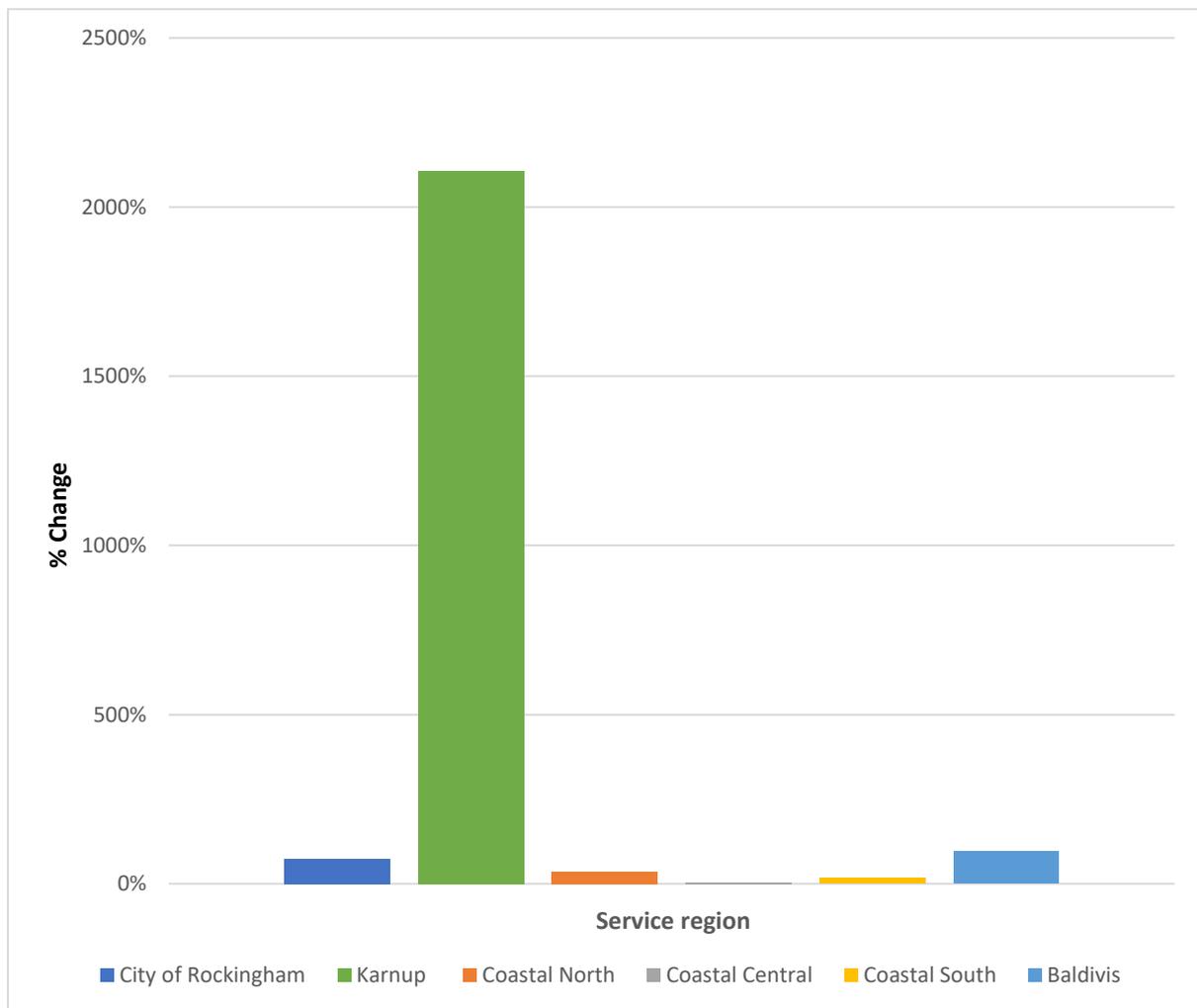
<sup>92</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

<sup>93</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

Click on these links to navigate between different sections of this report:

**Executive summary - Introduction - Structural drivers of service demand - Priority groups - The community service system: gaps and challenges - The community service system: strengths and opportunities**

Figure 33: Projected population growth (%) 2021-46 by service region<sup>94</sup>

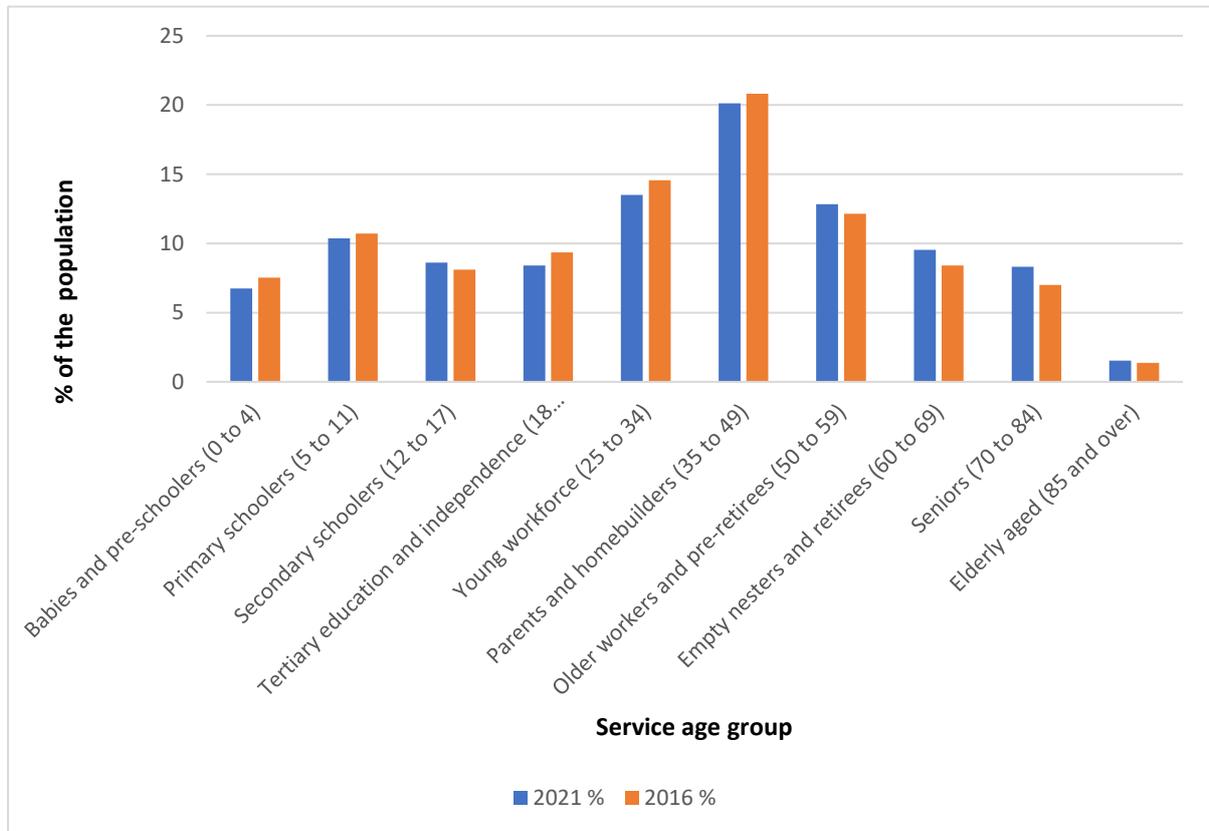


<sup>94</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

Click on these links to navigate between different sections of this report:

**Executive summary - Introduction - Structural drivers of service demand - Priority groups - The community service system: gaps and challenges - The community service system: strengths and opportunities**

Figure 34: Changes to service age groups as a % of the total City population<sup>95</sup>



<sup>95</sup> [Service age groups | City of Rockingham | Community profile \(id.com.au\)](#)

## A1.2. Mental health

Figure 35: Mental health prevalence rates 2016-20 (number of people aged 15+)<sup>96</sup>

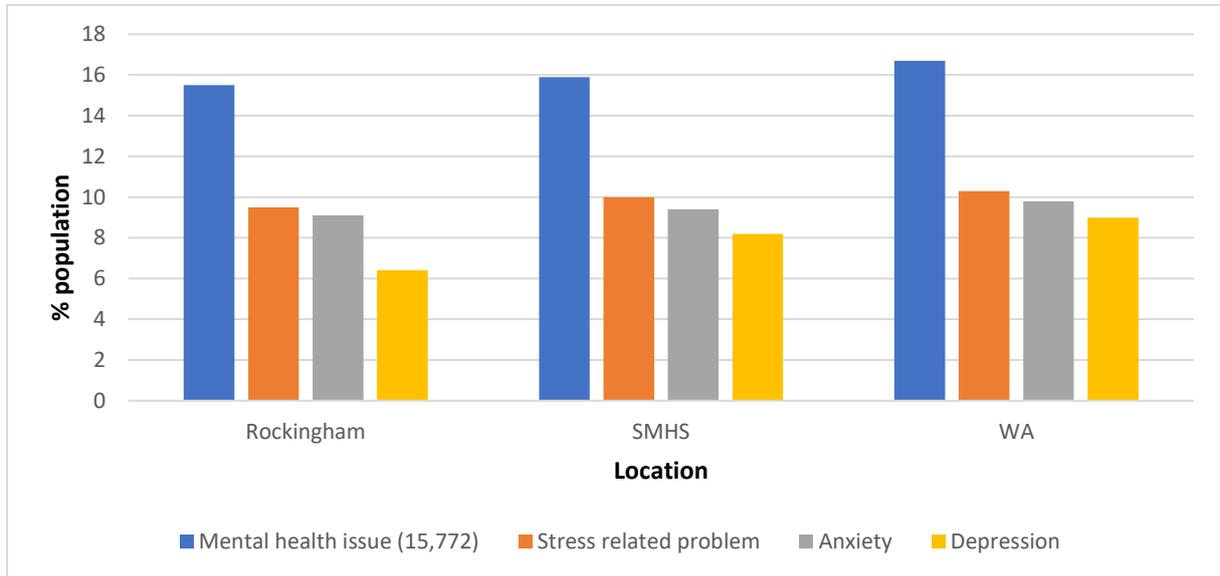
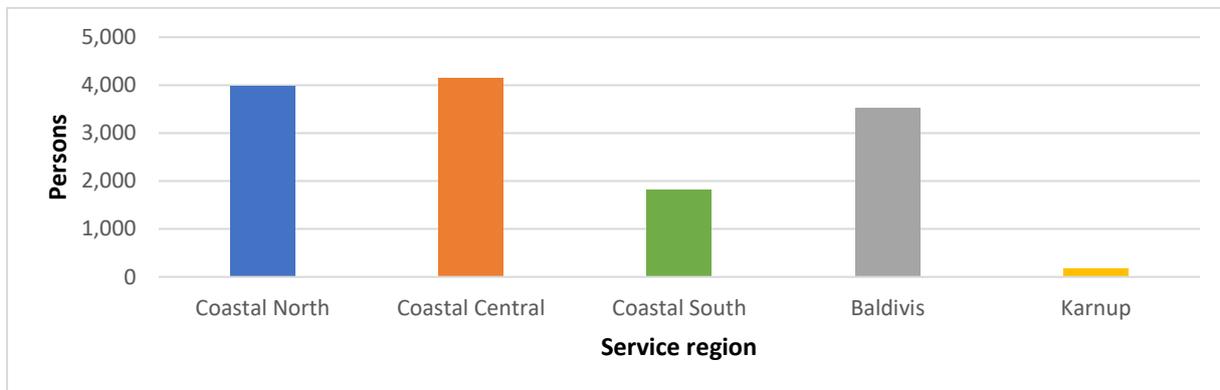


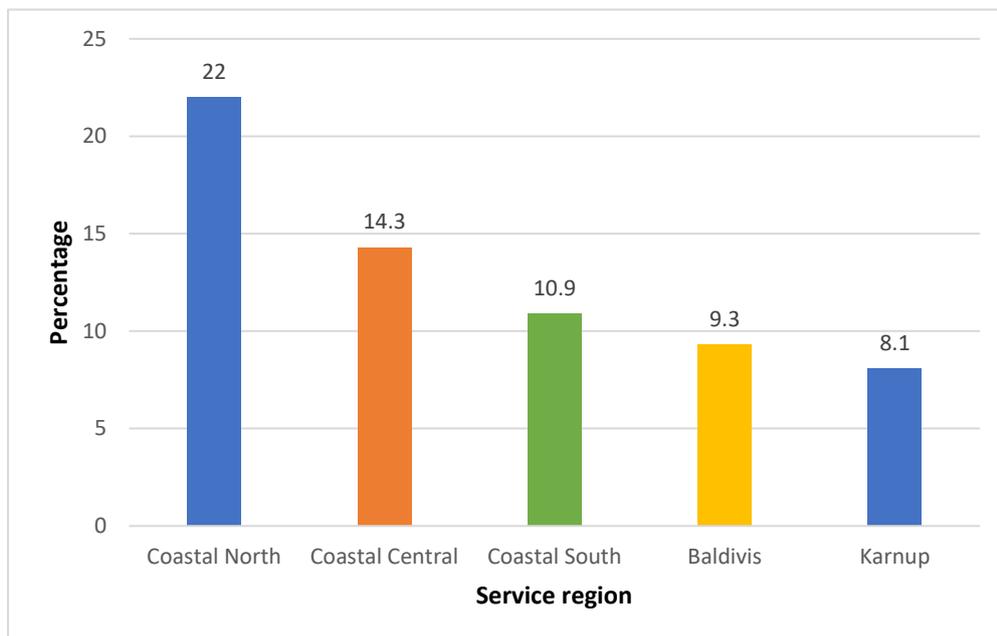
Figure 36: Number of people living with a mental health issue by service region 2021 (aged 15+ self-reported)<sup>97</sup>



<sup>96</sup> [City of Rockingham Health and Wellbeing Profile 2023](#)

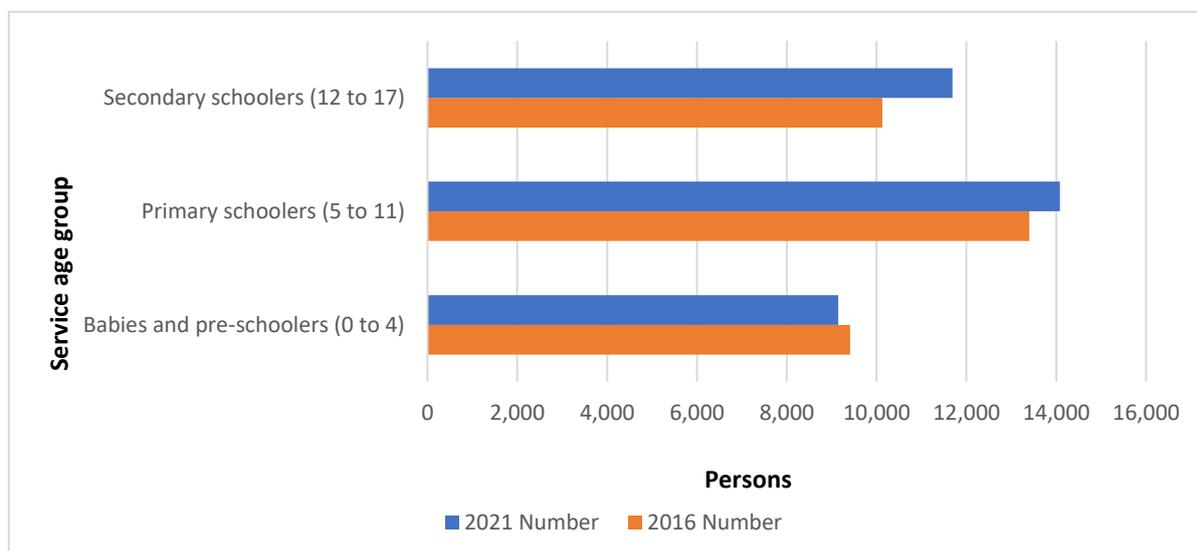
<sup>97</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

Figure 37: % population reporting a mental health issues by service region 2021<sup>98</sup>



### A1.3. Children and families

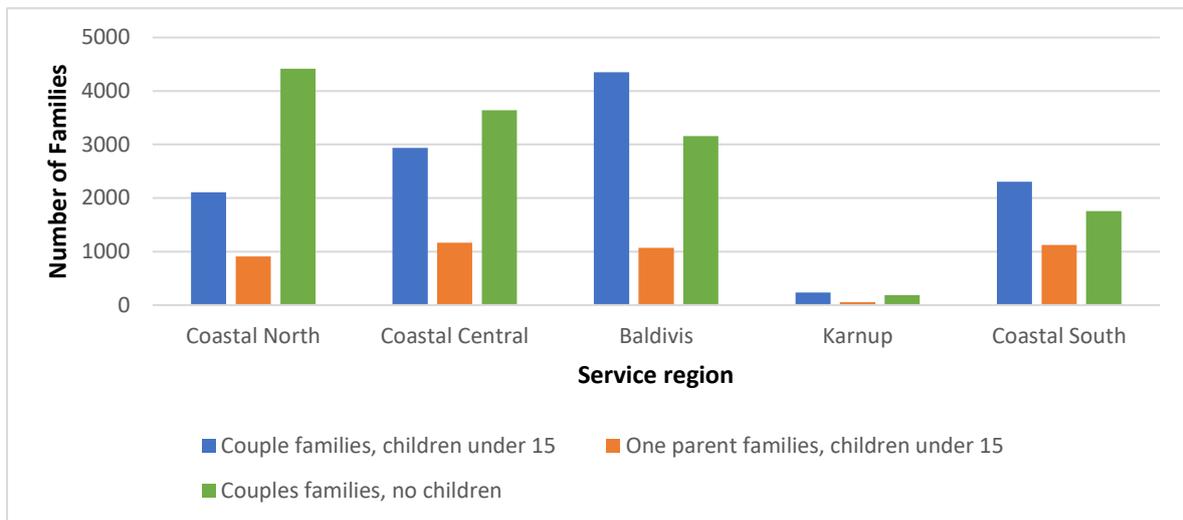
Figure 38: Number of children and young people by service age group: change 2016-21<sup>99</sup>



<sup>98</sup> ABS 2021 Census of Population and Housing, General Community Profiles

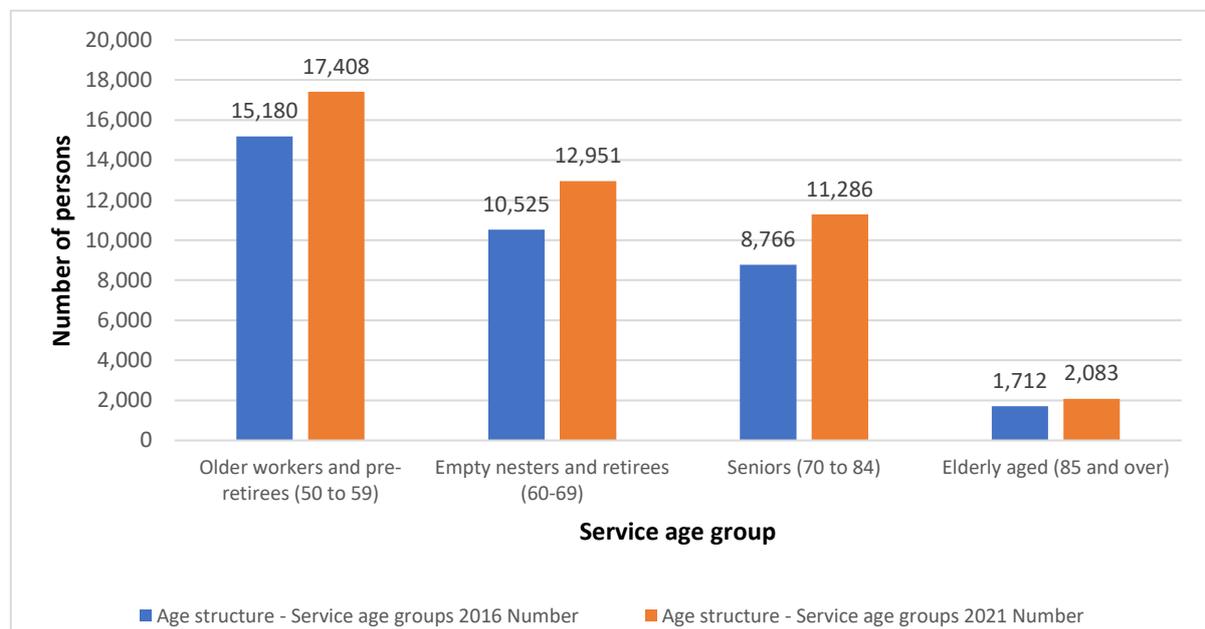
<sup>99</sup> [Service age groups | City of Rockingham | Community profile \(id.com.au\)](#)

Figure 39: Number of family types by service region 2021<sup>100</sup>



## A1.4. Seniors

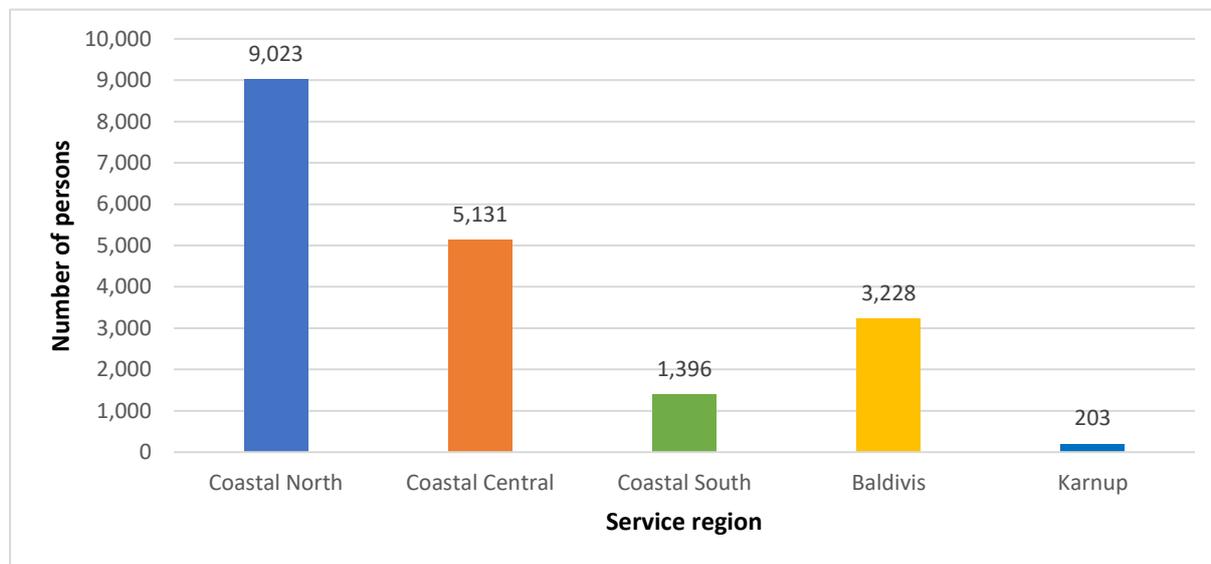
Figure 40: Number of seniors by service age groups: 2016 and 2021<sup>101</sup>



<sup>100</sup> ABS 2021 Census – Rockingham General Community Profile

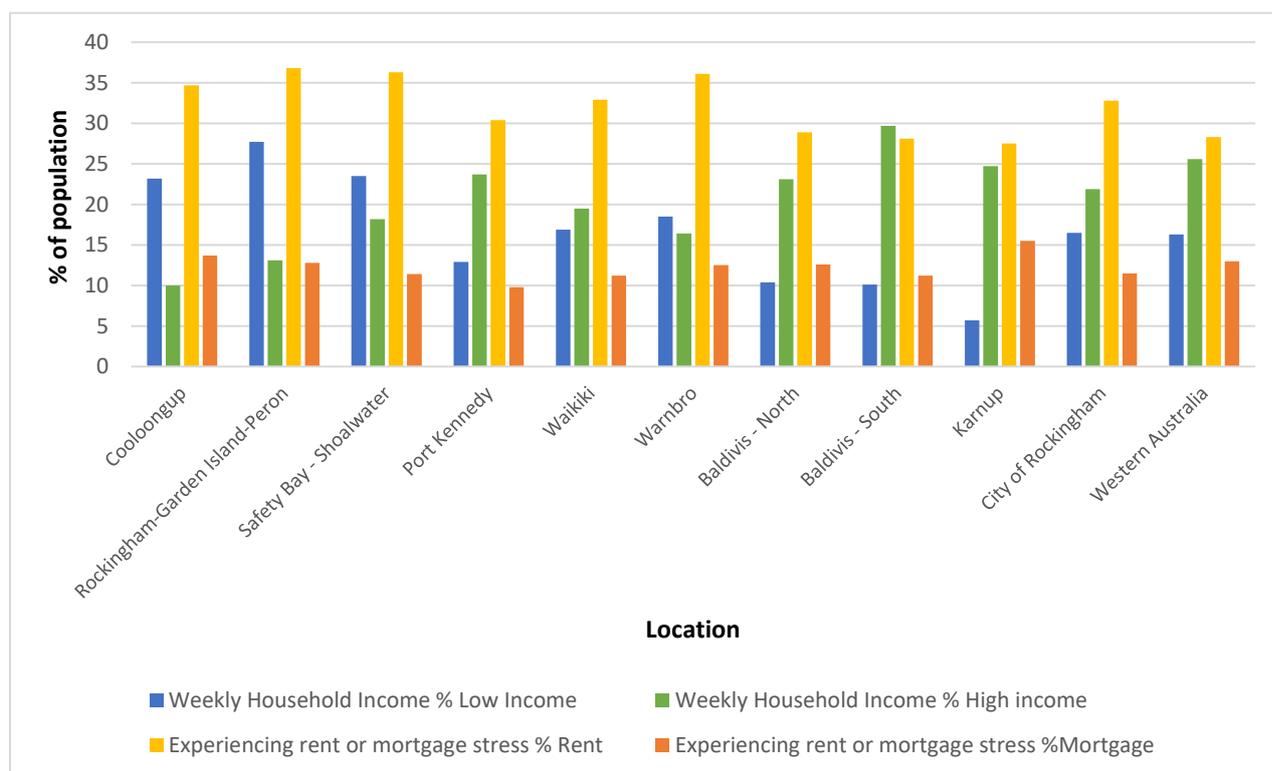
<sup>101</sup> [Service age groups | City of Rockingham | Community profile \(id.com.au\)](#)

Figure 41: Number of seniors (65+) by service region 2021<sup>102</sup>



## A1.5. Financial stress, disadvantage and support service

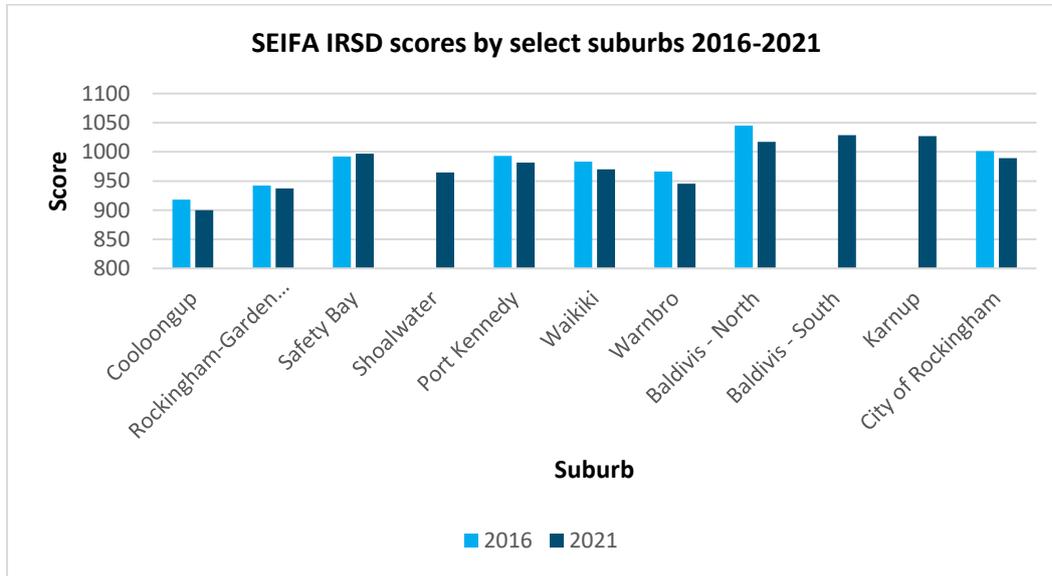
Figure 42: Select indicators of financial stress and disadvantage by suburb 2021<sup>103</sup>



<sup>102</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

<sup>103</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

Figure 43: SEIFA IRSD scores by select suburbs 2021<sup>104</sup>



<sup>104</sup> NB: SEIFA scores do not correlate with the City’s service regions. Changes to reporting between 2016 and 2021 mean that there is no 2016 score for Shoalwater, Baldivis North, or Baldivis South. Instead there was a combined score for Safety Bay-Shoalwater and for Baldivis. There is no 2016 score for Karnup.

## A1.6. Young people

Figure 44: Number of young people in the City by service age groups: 2016 and 2021<sup>105</sup>

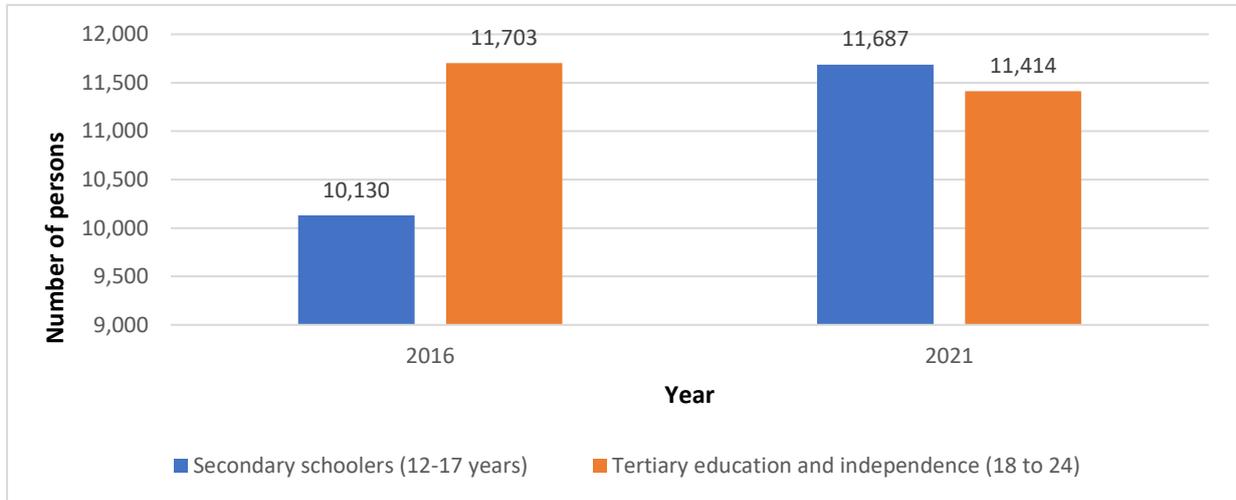
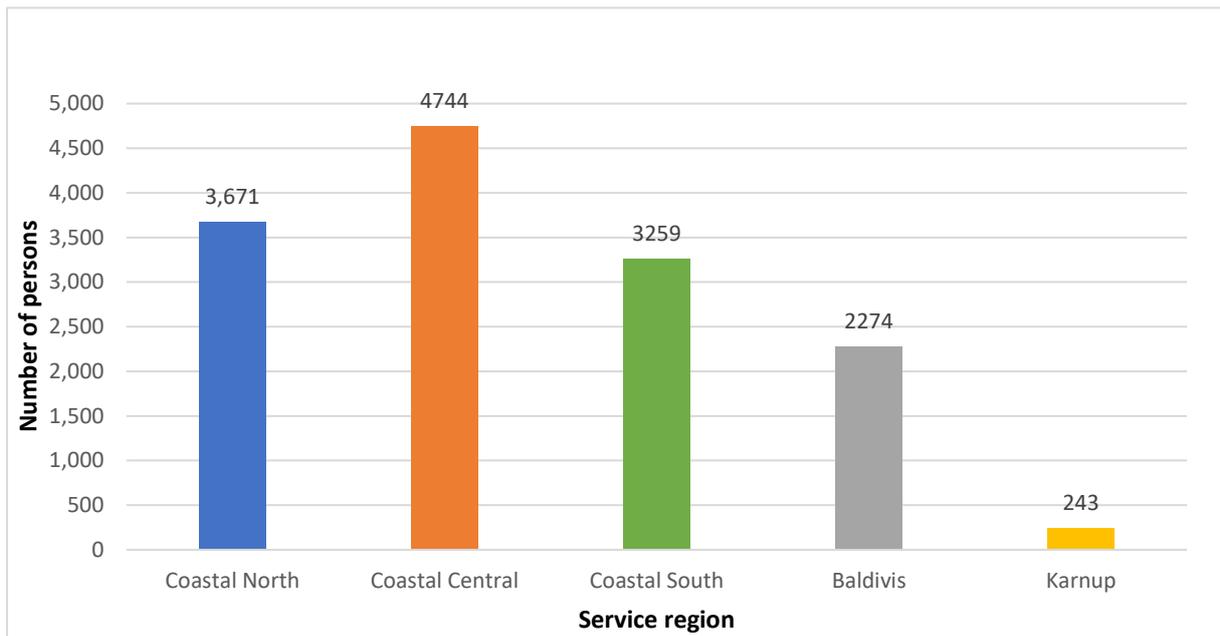


Figure 45: Number of people aged 15-24 years by service region 2021<sup>106</sup>

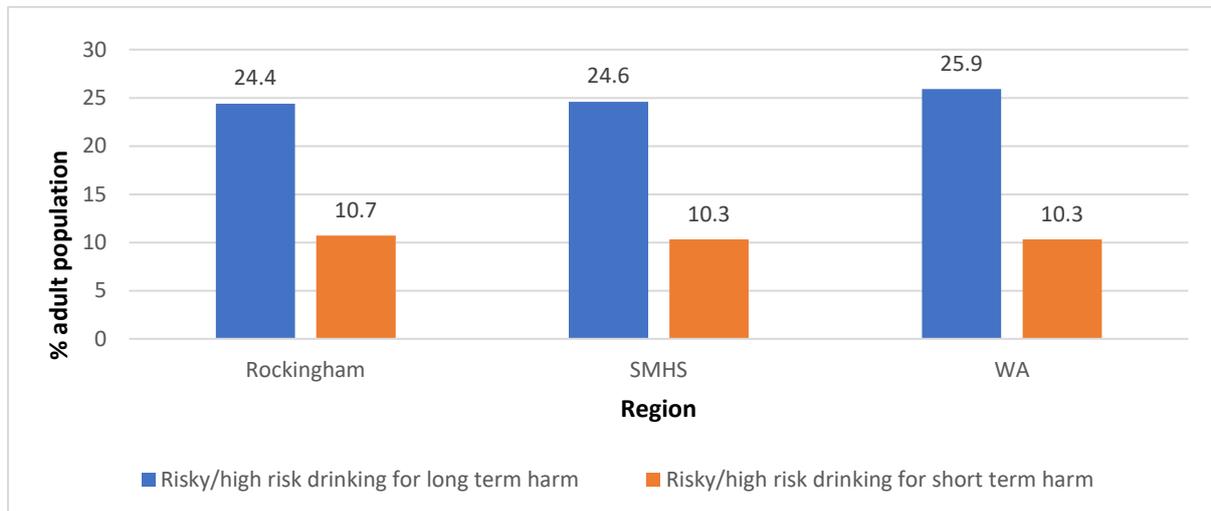


<sup>105</sup> [Service age groups | City of Rockingham | Community profile \(id.com.au\)](#)

<sup>106</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

## A1.7. Alcohol and other drugs misuse and disorders

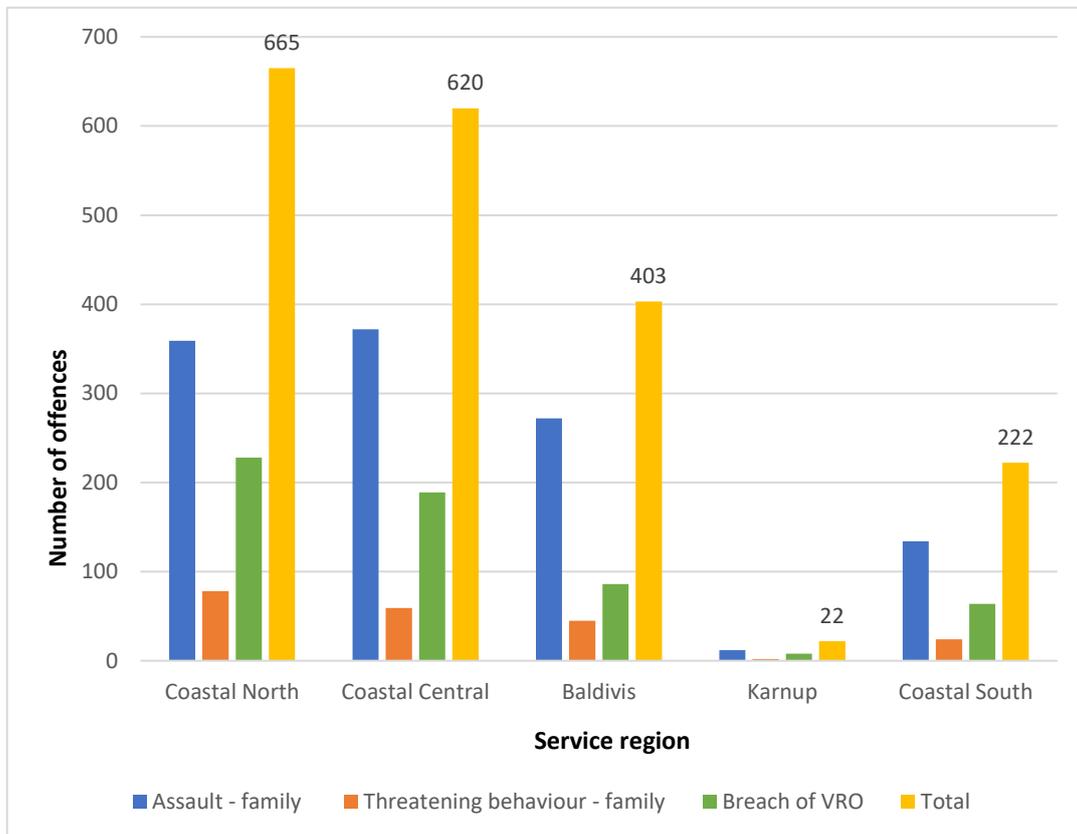
Figure 46: Prevalence of risky/high-risk alcohol consumption patterns



## A1.8. Family and domestic violence

Distribution of family-related offences by service region for the 2022-23 financial year. <sup>107</sup>

Figure 47: Number of family-related offences by service regions 2022-23

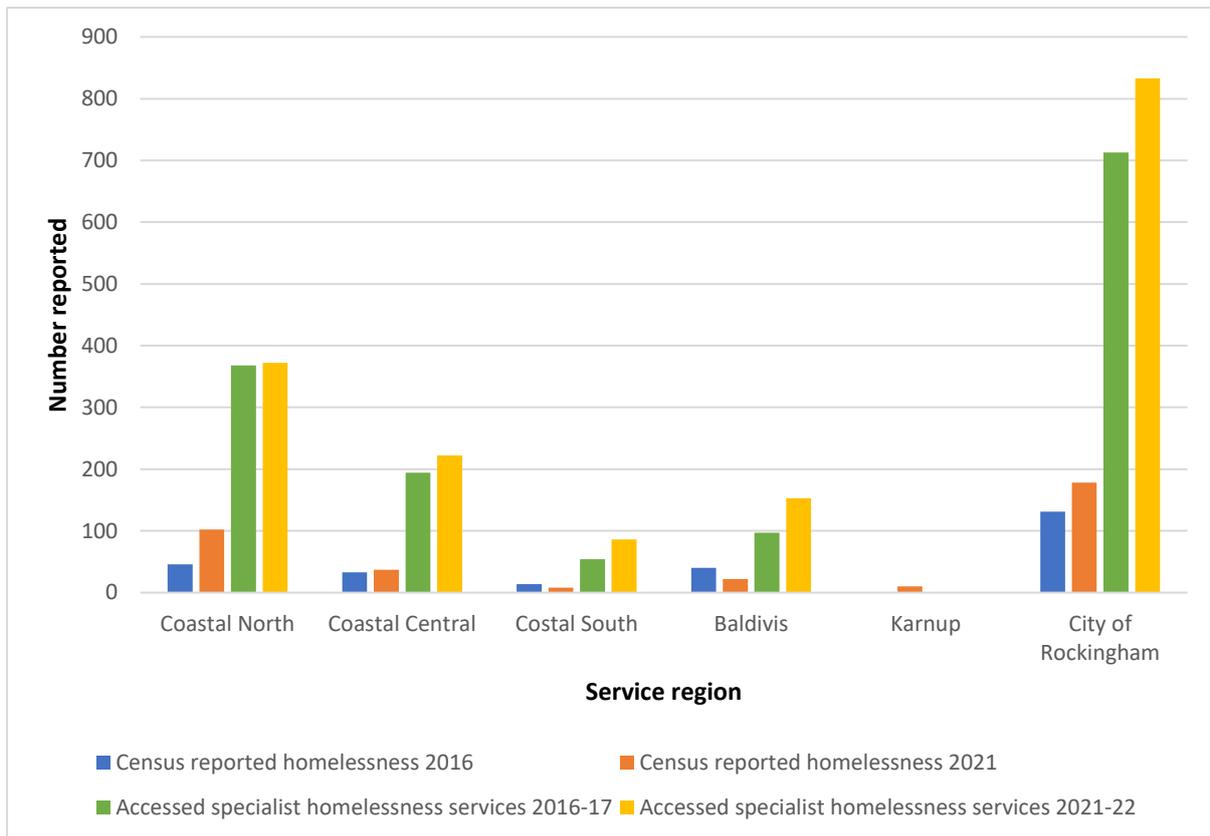


<sup>107</sup> WA Police <https://www.police.wa.gov.au/crime/crimestatistics/>

## A1.9. Homelessness, housing insecurity and accommodation

Distribution of people experiencing, or at risk of experiencing, homelessness across the service regions.<sup>108</sup>

Figure 48: Select homelessness and housing insecurity indicators by service region 2021 (number of people)<sup>109</sup>

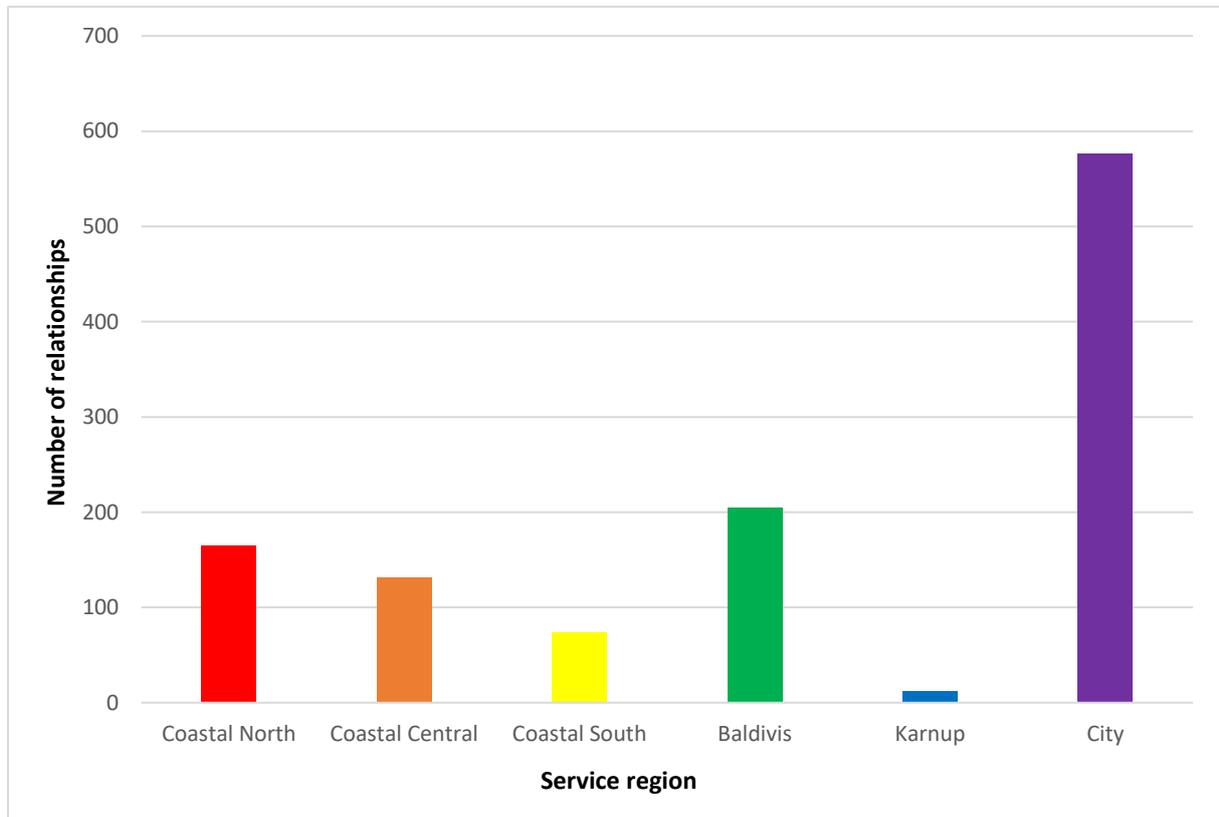


<sup>108</sup> NB: Only 2021 Census data was available for Karnup.

<sup>109</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

## A1.10. LGBTQIA+ people and services

Figure 49: Number of reported same sex relationships married or de facto by service region 2021<sup>110</sup>



<sup>110</sup> ABS 2021 Census – Custom data generated using TableBuilder

## A1.11. First Nations people <sup>111</sup>

Table 2: Key statistics for First Nations people

Key statistics	Census year			Census year		
First Nations people – City of Rockingham	2021			2016		Change
Number of persons usually resident	Number	%	WA - First Nations %	Number	%	Number
First Nations people	3,600	2.5	4.1	2,567		+1,033
Population summary						
Males	1,771	49.2	50.4	1,245	48.5	+526
Females	1,829	50.8	49.6	1,322	51.5	+507
Persons counted in non-private dwellings	53	1.8		22	0.9	+31
Persons counted in private dwellings	3,477	97.0		2,464	96.0	+1,013
Occupied private dwellings	1,626	N/A		1,108	N/A	+518

Table 3: Highest level of educational attainment – First Nations residents aged 15+

Highest level of educational attainment						
City of Rockingham	2021 Census			2016 Census		Change
Qualification level	Number	%	WA – FN %	Number	%	2016 to 2021
Bachelor degree level or higher	135	6.2	5.4	81	5.2	+54
Advanced diploma or diploma	146	6.7	4.4	96	6.1	+50
Certificate III & IV level	574	26.4	16.8	332	21.2	+242
Year 10 and above	953	43.8	48.6	751	48.0	+202
Certificate I & II level	6	0.3	0.2	3	0.2	+3
Year 9 and below	199	9.1	11.6	157	10.0	+42
No educational attainment	7	0.3	1.4	13	0.8	-6
<b>Total people aged 15+</b>	<b>2,176</b>	<b>100.0</b>	<b>100.0</b>	<b>1,566</b>	<b>100.0</b>	<b>+610</b>

<sup>111</sup> ABS 2021 Census – Rockingham General Community Profile

Figure 50: First Nations residents in the City by age and sex 2021<sup>112</sup>

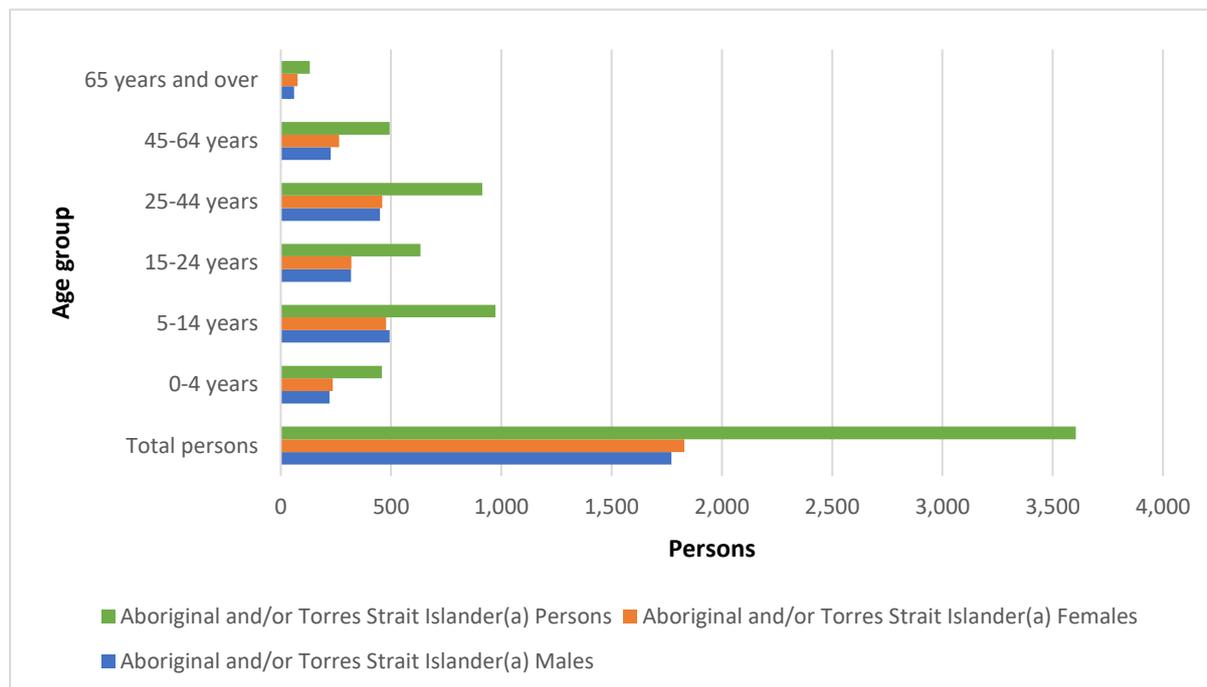
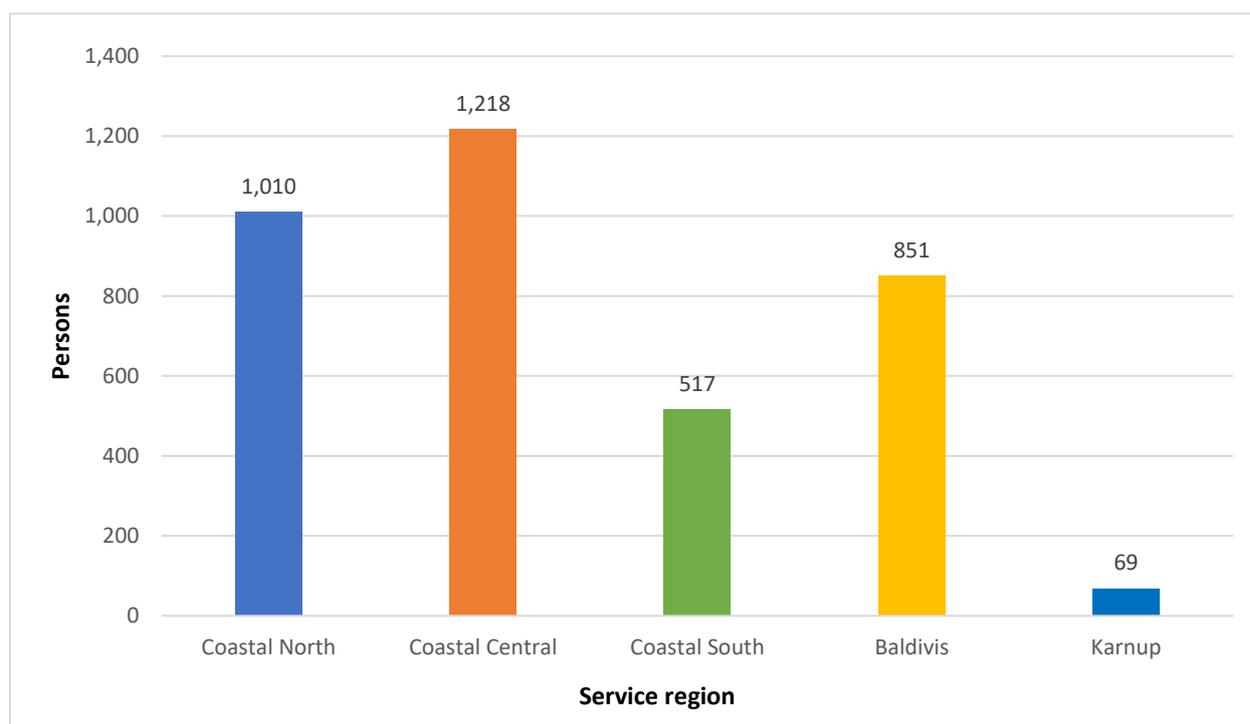


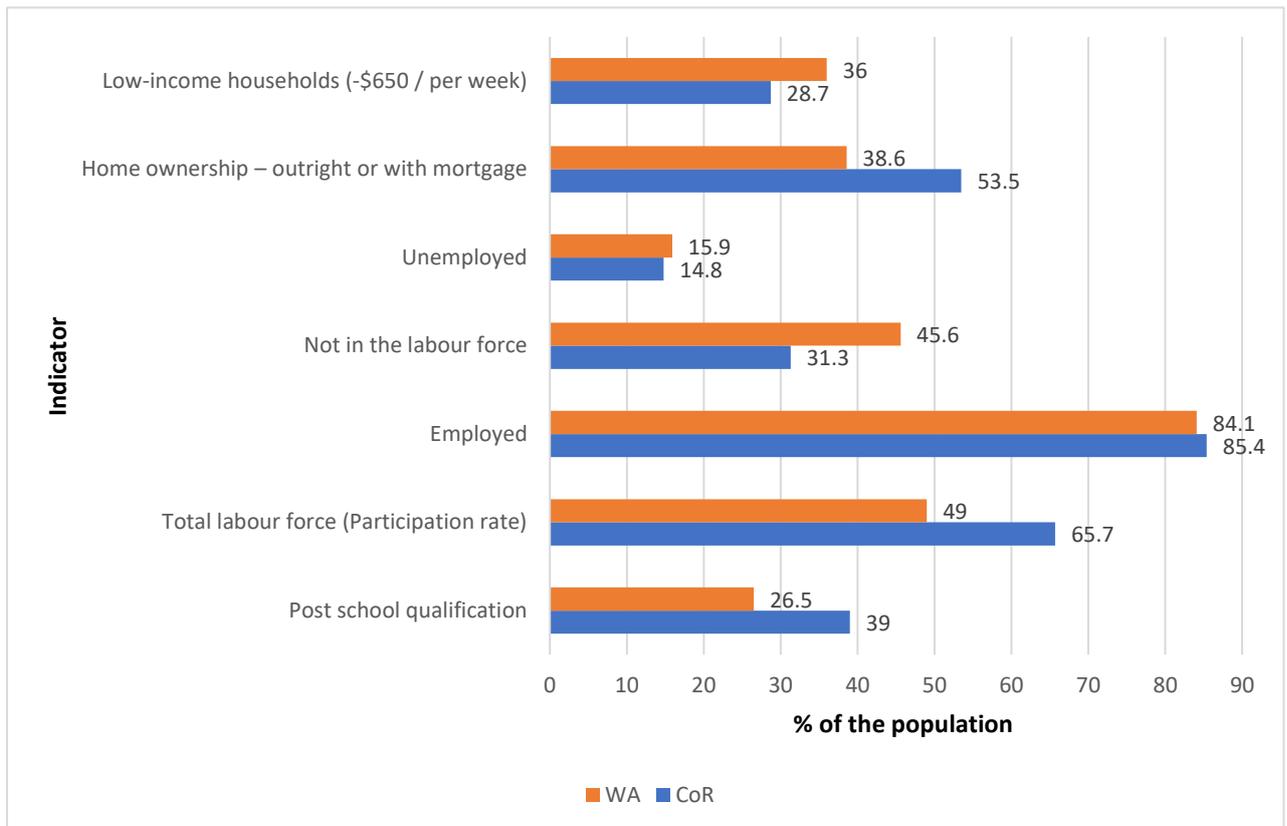
Figure 51: Number of First Nations people by service region 2021<sup>113</sup>



<sup>112</sup> ABS 2021 Census – Rockingham General Community Profile

<sup>113</sup> ABS 2021 Census – Rockingham General Community Profile

Figure 52: Select socio-economic indicators for First Nations people in WA and the City<sup>114</sup>



<sup>114</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

## A1.12. People from CALD backgrounds

Table 4: Main countries of birth by service region 2021 (number of people)<sup>115</sup>

Country of Birth of Person	Philippines	India	Germany	Netherlands	Thailand
<b>Coastal North</b>	<b>414</b>	<b>223</b>	<b>199</b>	<b>173</b>	<b>155</b>
Cooloongup	143	46	49	37	40
Rockingham	209	137	89	82	61
Safety Bay – Shoalwater	62	40	61	54	54
<b>Coastal Central</b>	<b>424</b>	<b>160</b>	<b>170</b>	<b>137</b>	<b>151</b>
Port Kennedy	95	39	73	49	41
Waikiki	228	76	48	40	50
Warnbro	101	45	49	48	60
<b>Coastal South</b>	<b>92</b>	<b>37</b>	<b>75</b>	<b>56</b>	<b>58</b>
<b>Baldivis</b>	<b>465</b>	<b>578</b>	<b>109</b>	<b>118</b>	<b>90</b>
<b>Karnup</b>	<b>15</b>	<b>0</b>	<b>5</b>	<b>4</b>	<b>9</b>
Total	<b>1,418</b>	<b>1,011</b>	<b>570</b>	<b>491</b>	<b>454</b>

Table 5: Country of birth compared with WA 2021<sup>116</sup>

Compared with WA, the City of Rockingham was home to:	City	WA
A smaller proportion of people born overseas	30.4%	32.2%
A larger percentage of people born in United Kingdom	14.7%	8.9%
A larger percentage of people born in New Zealand	4.9%	2.8%
A smaller percentage of people born in India	0.7%	2.5%

<sup>115</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

<sup>116</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

Table 6: Main languages spoken at home by service region 2021 (number of persons)<sup>117</sup>

Language Used at Home	Philippine languages	Afrikaans	Māori languages	Mandarin	Punjabi	Thai
<b>Coastal North</b>	<b>291</b>	<b>92</b>	<b>128</b>	<b>147</b>	<b>55</b>	<b>131</b>
Cooloongup	109	11	66	41	3	36
Rockingham	141	51	47	77	34	43
Safety Bay - Shoalwater	41	30	15	29	18	52
<b>Coastal Central</b>	<b>285</b>	<b>240</b>	<b>164</b>	<b>92</b>	<b>14</b>	<b>151</b>
Port Kennedy	66	96	61	40	5	41
Waikiki	159	93	52	27	0	51
Warnbro	60	51	51	25	9	59
<b>Coastal South</b>	<b>52</b>	<b>201</b>	<b>64</b>	<b>45</b>	<b>9</b>	<b>52</b>
<b>Baldivis</b>	<b>367</b>	<b>444</b>	<b>187</b>	<b>174</b>	<b>354</b>	<b>89</b>
<b>Karnup</b>	<b>10</b>	<b>12</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>7</b>
Total	1013	993	566	460	439	436

Table 7: Languages spoken compared with WA 2021<sup>118</sup>

Compared with WA, the City of Rockingham was home to a:	City	WA
Larger proportion of people who used English only	86.0%	75.3%
Smaller proportion of people using a language other than English	8.1%	18.4%
Smaller proportion of people using Mandarin at home	0.3%	1.9%

<sup>117</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

<sup>118</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

Figure 53: Cultural diversity by service region 2021 (number of people)<sup>119</sup>

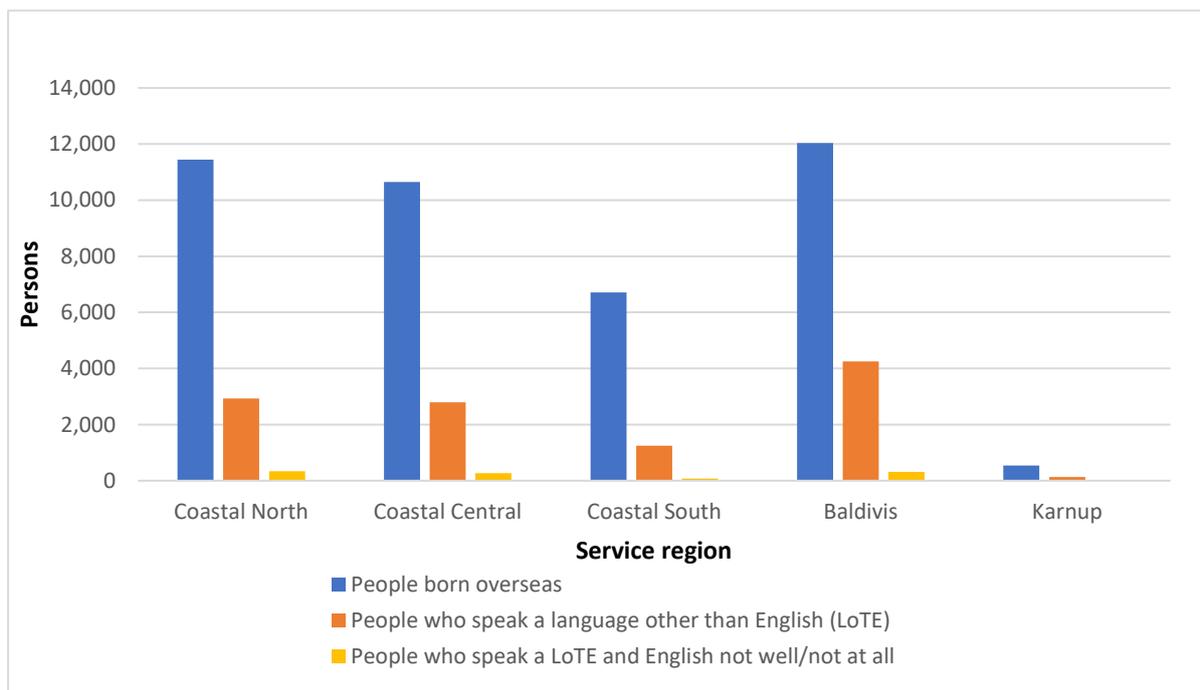


Figure 54: Proportion of people born overseas and speaking a LOTE at home<sup>120</sup>

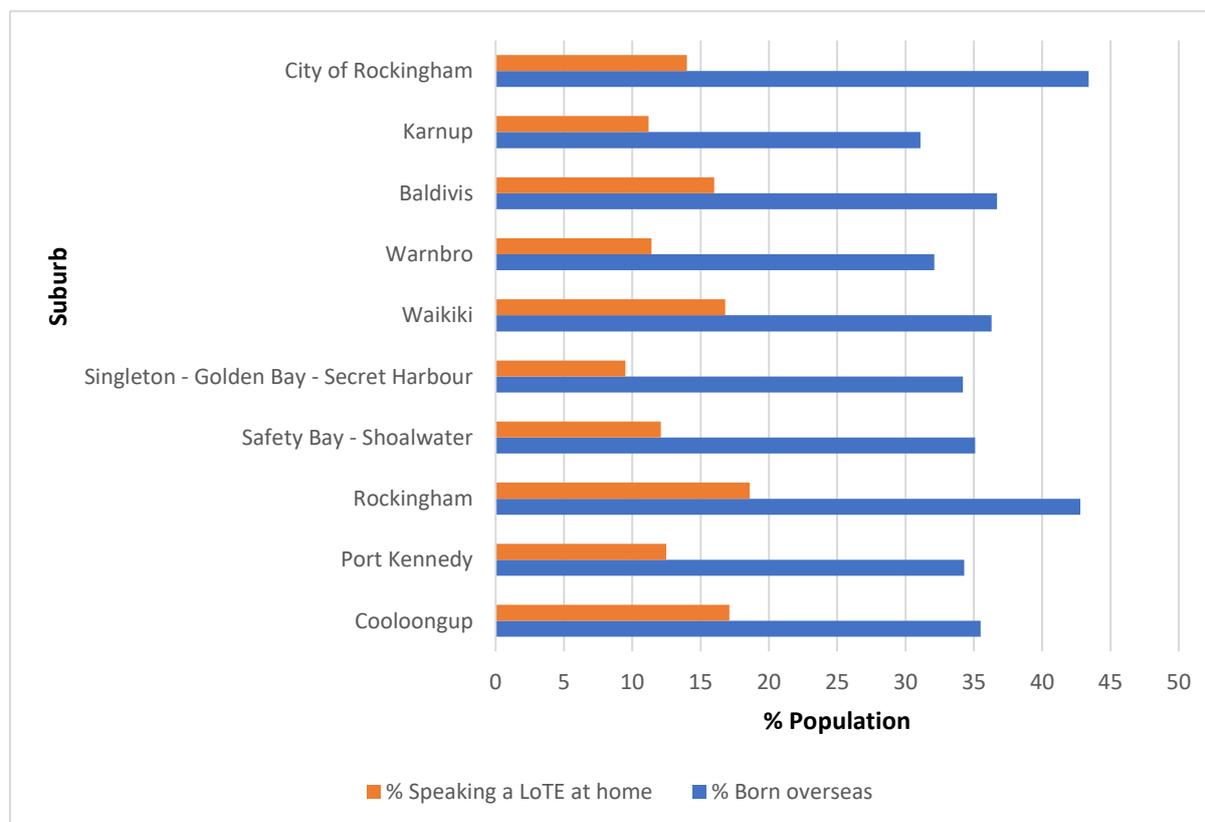
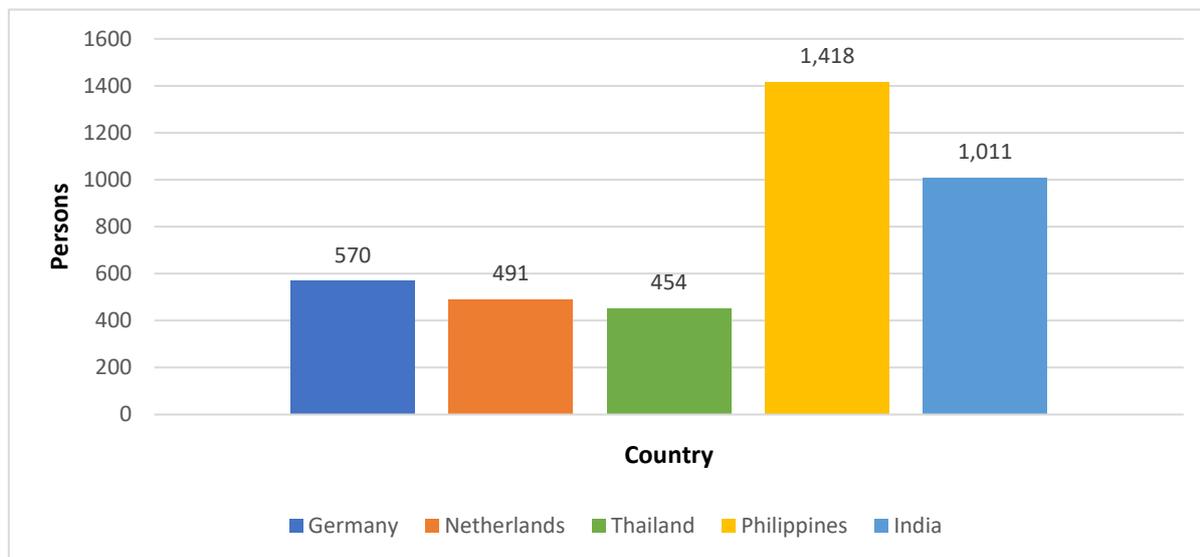


Figure 55: Top 5 non-main English-speaking countries of birth 2021 (number of people)<sup>121</sup>

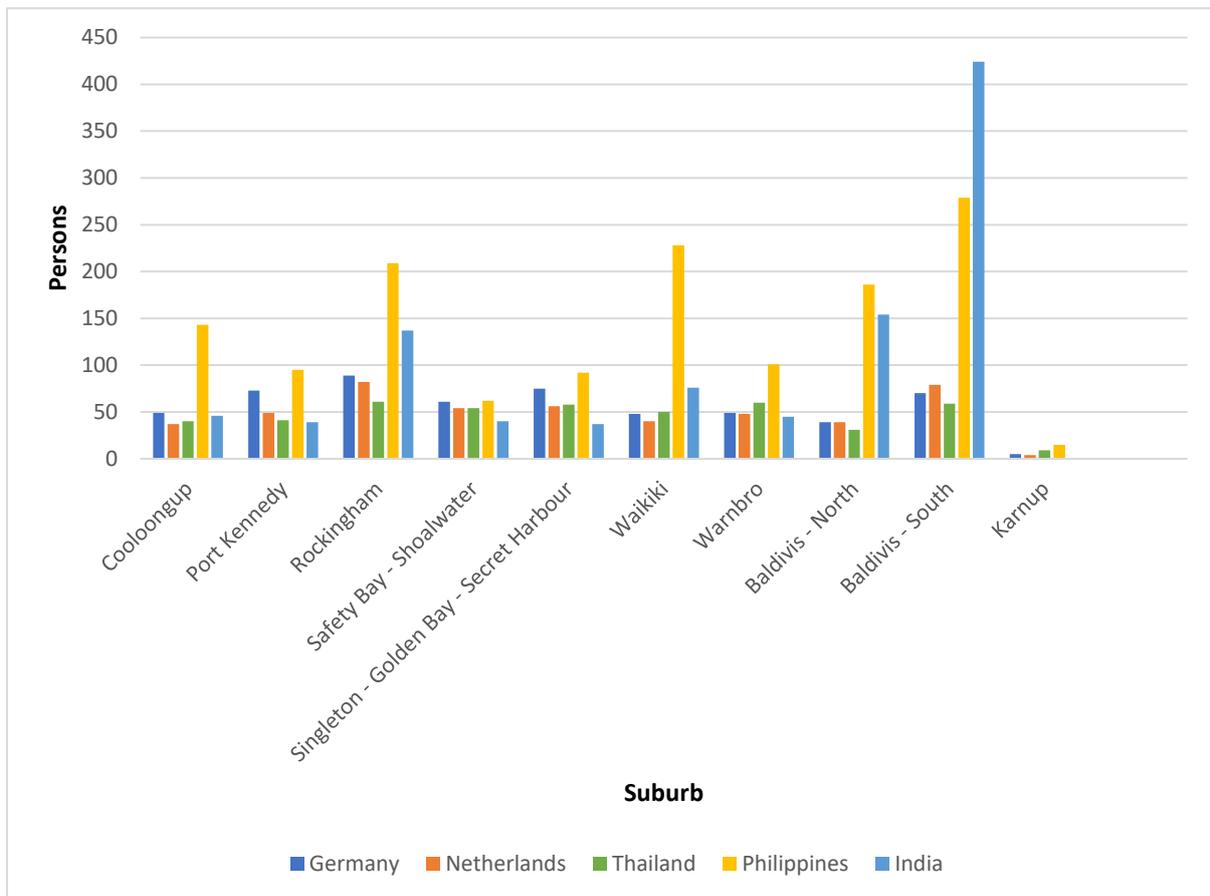


<sup>119</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

<sup>120</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

<sup>121</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

Figure 56: Top 5 non-main English-speaking countries of birth by suburb<sup>122</sup> 2021 (number of people)<sup>123</sup>



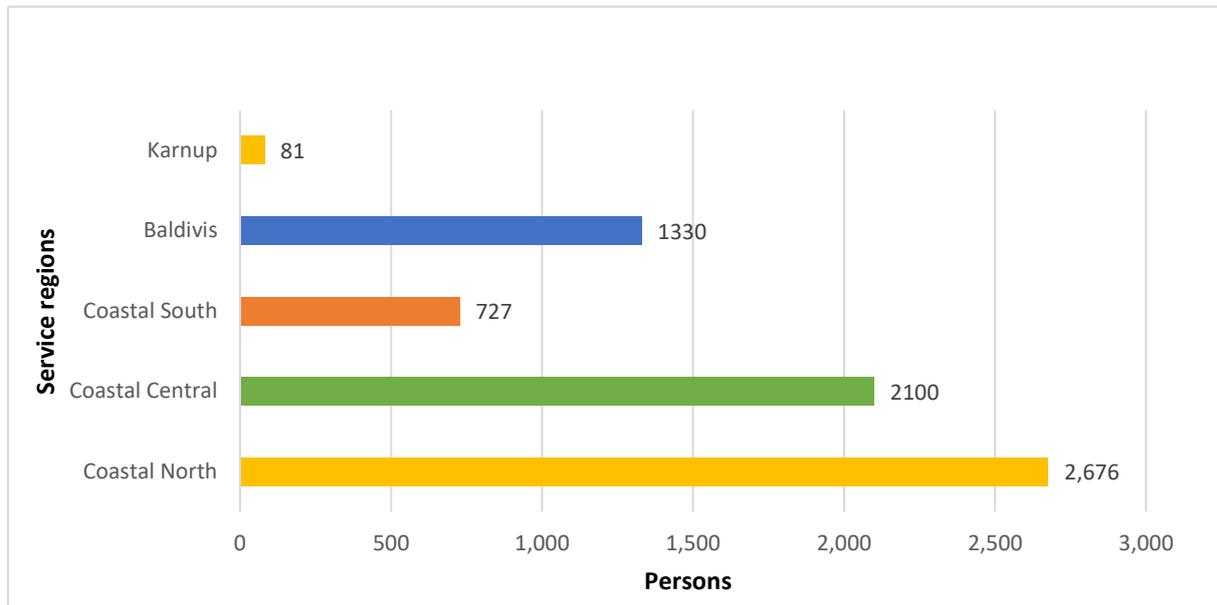
<sup>122</sup> NB: Suburb has been used, reflecting the availability of 2021 Census data.

<sup>123</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

### A1.13. People living with disability and their carers

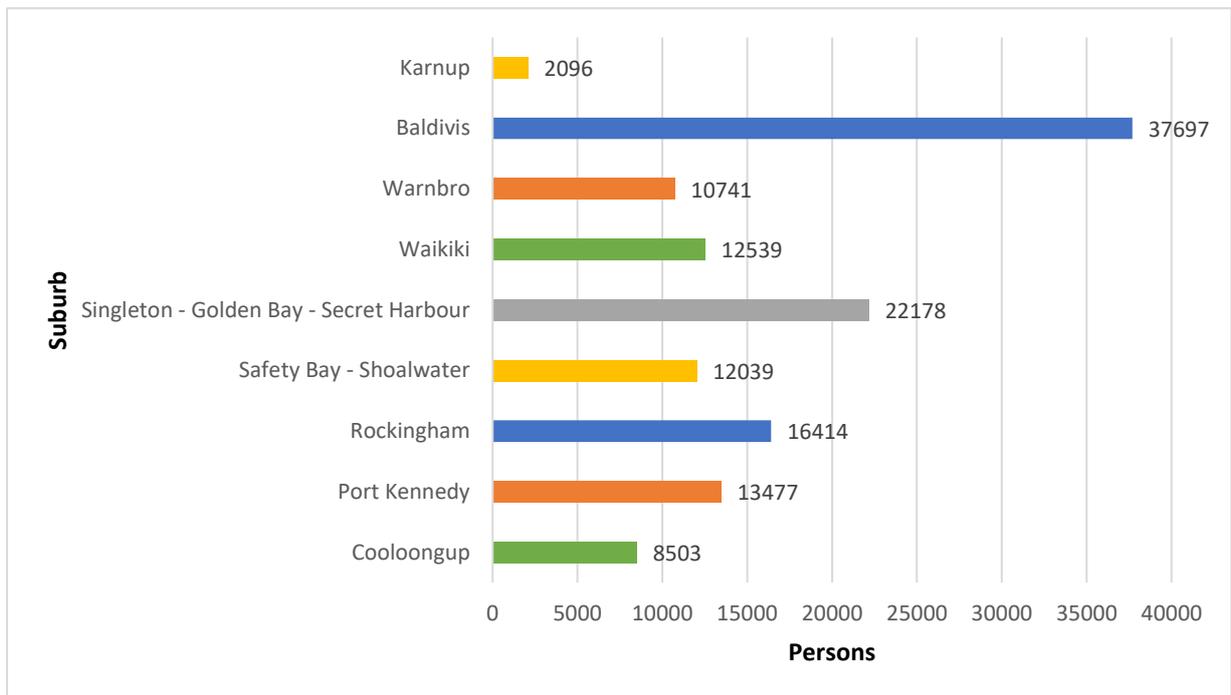
The distribution of people living with disability and unpaid carers across the service regions.

Figure 57: Number of people aged 15+ reporting they require assistance with core activities by service region<sup>124</sup>



<sup>124</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

Figure 58: Number of people who reported they provide unpaid care to someone requiring assistance with core activities 2021<sup>125</sup>



<sup>125</sup> [ABS 2021 Census – Rockingham General Community Profile](#)

# Appendix 2. Consultation

## A2.1. Consultation list

Name of organisation and program/service (where relevant)
Adra Cafe (Seventh Day Adventists)
Anglicare WA
Anglicare WA – Sunshine Project
Anglicare WA Rockingham
Australian Kookaburra Kids Foundation
Autumn Centre Rockingham
atWork Australia
Babbingur Mia
Baldivis Community Support Inc. HappyPantry
Bethanie Group Inc
Bizlink
Bloom Hearing specialists
Brightwater Care Group
Carers WA
City of Kwinana
City of Rockingham
Citizens Advice Bureau
Coastal District Care Centre
Communicare
Connections WA
Consumer Credit Legal Service (WA)
Creating Communities Australia
Dementia Australia
Department of Communities
Diversity South

Name of organisation and program/service (where relevant)
Dress for Success Perth
Department of Education
Explorability Inc.
Family Violence Service
Freedom (WAAC)
Feed it Forward
Fremantle Women's Health Centre
Good Sammy
headspace Rockingham
Homeless Healthcare
Housing Choices
Injury Matters
Interchange WA
Juniper
KEYS WA
Kids Are Kids! Therapy & Education Centre
Liliah Haven
Lotus Support & Counselling Services Inc
Madeline Youell – Sole Trader
Mandurah Family Violence Team (Rockingham Branch)
Martinovich Psychological Services
MercyCare
MIFWA
Mind Australia
NE: Solutions
Ngala
Ngala – Child and Parent Centre, East Waikiki
Open Arms – Veterans and Families Counselling
Palmerston Association (South Metro Community Alcohol and Drug Service)

Name of organisation and program/service (where relevant)
Peel Language Development School
Perth Families with Children with Mental Health Disorders
Playgroup WA
Police and Community Youth Centres
Programmed Care
Reclink Australia
Relationships Australia WA
Richmond Wellbeing
Rockingham Child and Adolescent Mental Health Service
Rockingham General Hospital
Rockingham Lotteries House
Roses in the Ocean – Peer CARE Companion (Suicide prevention and postvention support)
Ruah Community Services
Ruah Community Services – Stronger Ground
Safety Bay Senior High School
SagencyWA
Salvation Army Rockingham
SCALES CLC Family Violence Unit
SCALES Community Legal Centre
Secret Harbour Surf Life Saving Club
Settlers Primary School
Silverchain
SimSam
South Coastal Health and Community Services
South Metro Health Service
South Metropolitan TAFE
Southern Cross Care (WA) Inc.
St Brendan's Homeless Respite

Name of organisation and program/service (where relevant)
St Patrick's
St Patrick's HEART Team
Story Dogs
Switched On Seniors
The CREW
The Department of Justice
The Fathering Project
The Lucy Saw Centre Association
The Smith Family
Totally and Partially Disabled Veterans of WA
WA Alliance to End Homelessness
Wanslea Early Childhood Approach- Partner in the Community with the NDIS
Westerly Family Centre
WA Police
YouthCARE

## A2.2. Focus group summaries

(Please highlight link and right click, then select open hyperlink)

[Age Friendly Summary](#)

[Anglicare Summary](#)

[Early Years Summary](#)

[Emergency Relief Summary](#)

[Family and Domestic Violence Summary](#)

[Homelessness Summary](#)

[Internal City of Rockingham Staff Summary](#)

[Mental Health Summary](#)

[Open/General Community Summary](#)

[Youth Focus Summary](#)

## Appendix 3. Community services in the City of Rockingham

The online survey included identifier questions to support the mapping of community services by organisation, sector, delivery location and type of service(s) offered.

The full list of survey questions can be viewed [here](#).

There were 100 responses to the online survey, 27 of which were from different members of services within the same organisations/providers. Multiple responses were received from the organisations shown in Figure 59. Most of the data from the survey is embedded in the report; this appendix includes additional data that provides relevant context for the report.

Most (68%) responding organisations were from the not-for-profit sector (Figure 60), and delivering services in the City of Rockingham (98%) (Figure 61).

Figure 62 shows that the most widely offered services are one to one / direct to client (77), counselling (44), and education and training (44).

Figure 59: Organisations that provided multiple responses

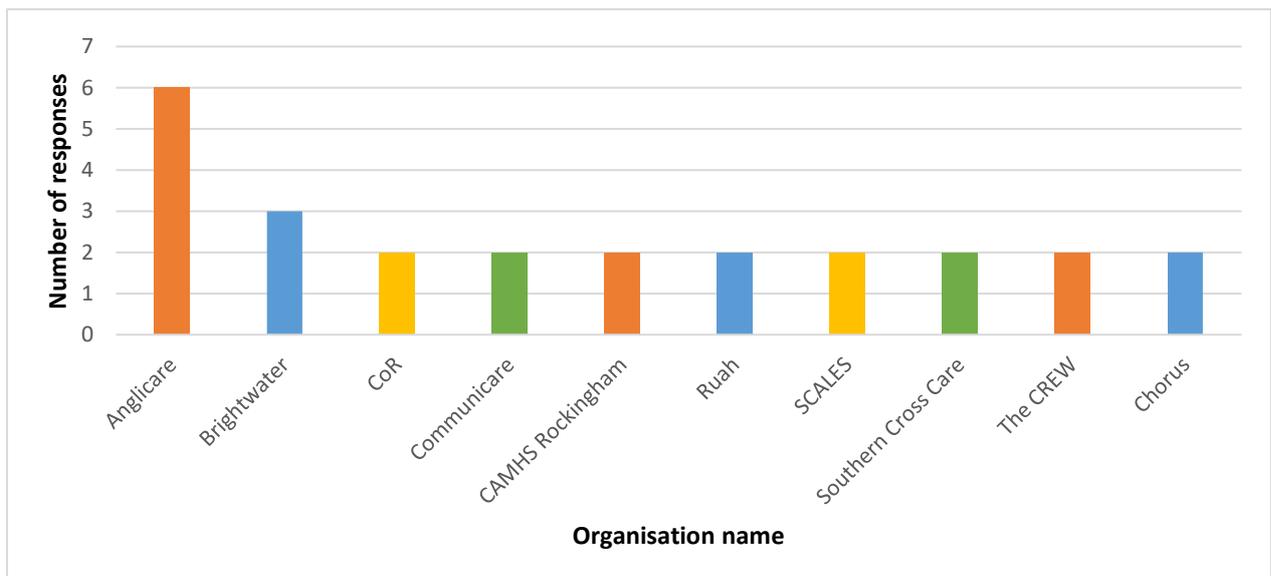


Figure 60: Sector of responding organisations

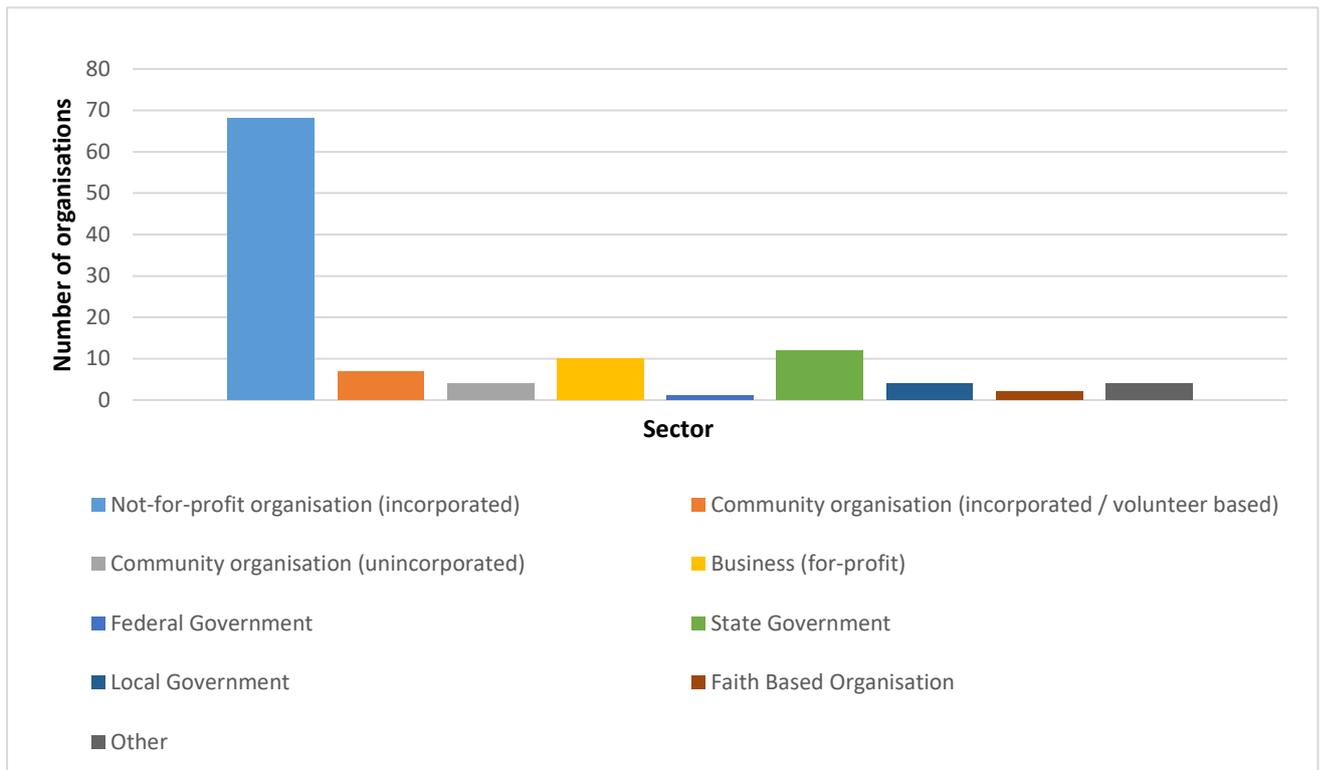


Figure 61: Location of service delivery

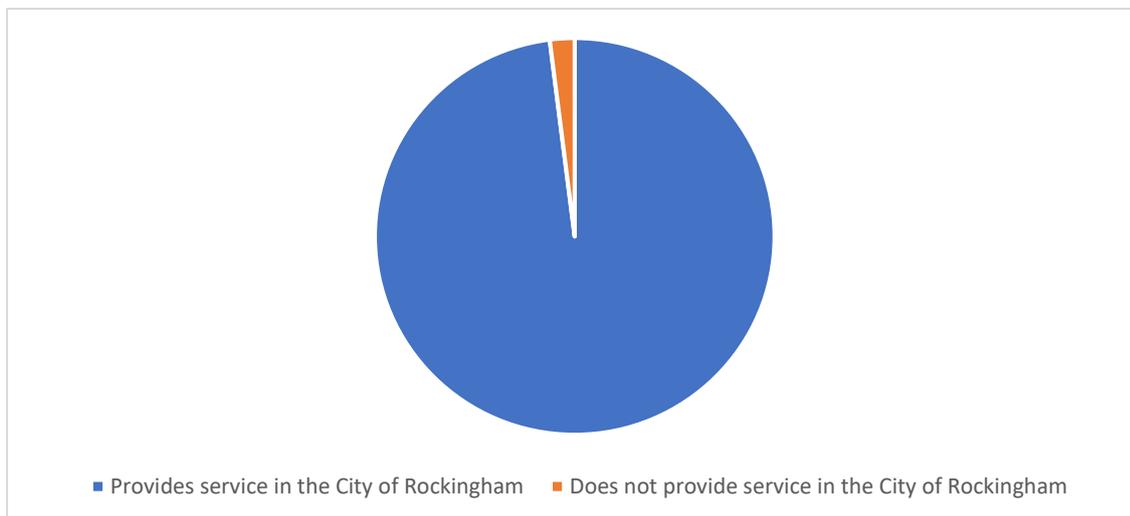


Figure 62: Type of service(s) offered

