

Social and Economic Impacts of the Community and Neighbourhood Centres in South Australia

A report for Local Government
Association of South Australia

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Abbreviations

ASES	Australian Service Excellence Standards
CALD	Culturally and linguistically diverse
CBA	Cost-benefit analysis
CCSA	Community Centres SA
CHSP	Commonwealth Home Support Programme
CNC	Community and Neighbourhood Centre
CNCs	Community and Neighbourhood Centres
DHS	Department of Human Services
DV	Domestic Violence
FLO	Flexible Learning Option
FTE	Full-time equivalent
GMH	General Motors Holden
GP	General practitioner
GST	Goods and Services Tax
LGASA	Local Government Association of South Australia
NAB	National Australia Bank
NDIS	National Disability Insurance Scheme
NSW	New South Wales
PAE	Port Adelaide Enfield
QALY	Quality-adjusted life year(s)
SA	South Australia
SACES	South Australian Centre for Economic Studies
SALA	South Australian Living Artists
SROI	Social Return on Investment
UK	United Kingdom
VSL	Value of Statistical Life
WHO	World Health Organisation

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Executive summary

Key points

- Community and neighbourhood centres are essential local social infrastructure, providing a multi-service ‘front door’ that supports connection and wellbeing, building social capital, inclusion, learning and crisis stabilisation in trusted, non-stigmatising settings.
- There were 51,407 attendances per week in 2024/25 (**2.57 million** attendances across the year), with 74 per cent of participants reported to be regular users across the sector.
- Centres support cohorts more likely to face barriers to participation, including people on low incomes (46 per cent), people from CALD backgrounds (27 per cent), people living with disability (12 per cent) and recent refugees (11 per cent).
- An estimated 3,831 volunteers contribute 535,476 hours per year (valued at **\$31.10 million** using a replacement cost approach), with volunteers contributing around 3.3 hours for every hour of paid work employed by centres.
- The community and neighbourhood centres in SA created more than **\$99.31 million** of benefits in 2024/25.
- For every \$1 invested in the sector, more than double is returned to the community in SA.

Introduction

This report presents an updated assessment of the social and economic impacts of the Community and Neighbourhood Centre (CNC) sector in South Australia (SA) for the Local Government Association of South Australia (LGASA), with additional support from Community Centres SA (CCSA).

It builds on the 2013 South Australian Centre for Economic Studies (SACES) report by updating key sector metrics, documenting contemporary service models and demand pressures, and applying a social impact framework and Social Return on Investment (SROI) approach to describe and, where feasible, value outcomes for participants, volunteers and communities.

Scope

The scope included re-examining key impact areas previously assessed (including participant reach, volunteer contributions and the value of crèche services) and extending the analysis to additional services now commonly delivered by centres, including food relief, social enterprise activity, facilities hire, digital inclusion and IT support, financial and legal assistance and emergency relief.

The analysis also considered outcomes across social connectedness and wellbeing, empowerment and leadership, inclusion and equity, and resilience, including the role of centres in preventing issues from escalating to more intensive state government intervention services. The benefits of co-locating community centres with other facilities, such as libraries and sports facilities, were also assessed. The analysis recognised that many centres deliver these outcomes through a community development approach, characterised by place-based, low-barrier, relationship-based and community-led support.

Methodology

A mixed-methods approach was used for the study. Quantitative findings were based on a sector-wide survey distributed to 129 centres including metro, regional and rural centres, with 77 responses received (60 per cent), including 62 complete responses (48 per cent). Survey results were analysed and conservatively scaled to sector-wide estimates using a region-based approach informed by population coverage.

Qualitative evidence was drawn from seven purposively selected case studies (covering metropolitan and regional settings and different governance and staffing models) and de-identified impact stories submitted through the survey. While the case studies were not designed to measure longer-term outcomes in a standardised way, they provided qualitative evidence of broader pathway and preventative effects, including reduced social isolation, stronger community connection, improved confidence, and, in some cases, re-engagement with learning, volunteering or other supports. A program logic model and an SROI framework were used to map service outputs to outcomes and identify where benefits could be quantified and monetised (valued in Dollars) using conservative proxies.

Results

Analysis of survey data

The survey results show that community and neighbourhood centres (CNCs) offer a wide range of services rather than just one program type. Centres reported offering diverse services such as group facilitation, community activities, emergency aid, health and wellbeing programs, education and training, child and parent support, and making service referrals.

Key findings are noted in Table ES-1. Across the sector, estimated attendance volumes were 51,407 per week, equivalent to around 2.57 million attendances per year in 2024/25. Participants span the life course, with older people (over 60 years old) representing the largest share of visitors (54 per cent), alongside working-age adults (23 per cent) and children and young people. Centres also reach cohorts more likely to experience barriers to participation, including people on low incomes, people from culturally and linguistically diverse (CALD) backgrounds, people living with disabilities, and recent refugees.

The sector was estimated to be supported by 3,831 volunteers contributing 535,476 hours per year, valued at \$31.10 million using a replacement cost approach. Both case studies and impact stories indicate that volunteers are the backbone of the CNC sector.

The CNCs deliver outcomes through multi-service pathways, with low-barrier entry points (including emergency assistance and referrals) linked to ongoing participation (groups, activities, and learning) that build connection, independence, and resilience over time.

Table ES-1 Key survey results, 2024/25

Selected sector-wide indicators (2024/25)	Estimate
Number of persons attending each week	51,407
Number of persons attending each year	2.57 million
Persons attending who are 60 years and over	54 per cent
Gender	66 per cent female
Number of volunteers	3,831
Number of volunteer hours per year	535,476 hours
Volunteer replacement value	\$31.10 million
Ratio of unpaid to paid work	3.3
Volunteers per paid worker	6

Source: BDO analysis

Highlights from Case studies

- **Milang Old School House Community Centre (regional, independent):** Demonstrates the role of an open-door community hub in a small town, combining health and wellbeing activities, meals, information and referral, transport and emerging youth programming. The centre was described as a local “circuit breaker” that helps people reconnect and stabilise.
- **Strathalbyn Neighbourhood Centre (regional, independent):** Highlights the importance of place-based access where transport and digital barriers limit engagement with services. The centre described itself as “the pivot” for advocacy and support, and measures visitation as “footsteps across our doorstep”, including through regular food distribution and recurrent groups.
- **Camden Community Centre (metro, independent):** Illustrates a multi-service model integrating outreach and food support, volunteering, room hire and wellbeing programs (including *Strength for Life*), with referrals from external agencies (including Centrelink) and strong volunteer-enabled service delivery.
- **Ngutungka Henley (metro, council-managed):** Demonstrates an integrated library-community centre model that functions as an inclusive “third space”, combining digital access and information support with low-cost meals, groups and wellbeing activities, and community-led/co-designed programming.
- **Woodcroft Morphett Vale Neighbourhood Centre (metro, independent located in a council facility):** Shows the value of co-location with a library and the breadth of programs delivered through a modern facility, including extensive volunteer-led programs, family supports and community learning.
- **Kilburn Community Centre (metro, council-managed):** Provides an example of a multicultural hub where language and citizenship-related learning sits alongside co-located partner services (including a legal advice clinic), supporting inclusion and access through ‘wraparound’ pathways.

- **Elizabeth South Community Centre (metro, independent not for profit):** Illustrates a community-led model focused on empowerment and belonging, with volunteering and social enterprise (café and op-shop) providing accessible entry points and sustained connection for diverse cohorts.

Collectively, the case studies suggest that centres generate outcomes beyond immediate transactional support, including stronger social connection, reduced isolation, improved confidence, and pathways into ongoing participation, learning, volunteering and other supports.

Social impact analysis results

The social impact analysis was guided by the program logic model and the SROI framework, which grouped outcomes into four domains:

1. Social connectedness and wellbeing
2. Empowerment and leadership
3. Inclusion and equity
4. Resilience.

Qualitative evidence from case studies and impact stories demonstrates outcomes across each domain, including reduced loneliness and improved wellbeing through repeated participation and volunteering. Increased skills, confidence and independence through adult community education and supported pathways. Improved access and inclusion for priority cohorts through culturally safe, low-barrier spaces, digital access and warm referrals. Crisis stabilisation through food and material relief, as well as pathways to safety and specialist support were also important services.

Where output data and suitable valuation proxies were available, selected outcomes were quantified and monetised using conservative assumptions (including replacement cost and wellbeing valuation approaches). The outcomes can overlap across domains. Hence, the valuation approach applied a cautious approach that avoided double-counting, valuing only those elements that could be evidenced and distinguished from benefits monetised elsewhere.

SROI Analysis

The SROI analysis applies the program logic and SROI framework to translate selected, measurable outcomes into an indicative monetary value. Using the scaled survey outputs and supporting qualitative evidence from case studies and impact stories, benefits were valued using conservative proxy measures (including replacement cost and wellbeing valuation approaches) and adjusted to reflect key SROI parameters such as deadweight, attribution and account for double counting across outcome domains.

Table ES-2 Aggregate benefits, 2024/25

Activity	Impact areas	Value to the SA community
Value of social connectedness	Social connectedness and wellbeing	\$34,999,388
Value of volunteer replacement value*	Empowerment and leadership	\$ 31,097,797
Facilities hire	Inclusion and equity	\$13,566,321
Community bus hire	Inclusion and equity	\$7,679,648
Value of volunteer wellbeing	Social connectedness and wellbeing	\$4,603,118
Value of legal or financial counselling*	Inclusion and equity	\$4,023,422
Value of childcare	Inclusion and equity	\$1,643,434
Value of social enterprise	Inclusion and equity	\$1,014,865
Value of food and non-food relief**	Resilience	\$449,715
Value of avoided healthcare cost	Social connectedness and wellbeing	\$227,901
Total		\$99,305,608

* SROI calculation excludes volunteer replacement value and value of legal or financial counselling.

** Lower bound estimate due to limited data availability.

Source: BDO analysis

Table ES-2 shows the monetised benefits and the impact areas they represent. The CNC sector created aggregate benefits worth an estimated **\$99.31** million in 2024/25. The SROI analysis shows that:

- For every \$1 of expenditure or investment in operations of the CNC sector **\$2.29** in social benefits is returned to the community in SA
- For every \$1 of income received by CNC sector **\$2.59** in social benefits is returned to the community in SA.

These results are conservative, as not all outcomes could be monetised in our analysis, implying that the value of benefits would be amplified if more outcomes could be quantified and monetised.

Conclusion

The evidence shows that CNCs provide strong value as local, trusted hubs. They act as easy-to-access entry points for people dealing with isolation, financial stress, and other challenges, while also helping them stay involved through activities like learning and volunteering. Building social cohesion.

The case studies highlight that centres strengthen the wider service system by offering practical help and connecting people to the right supports in a personal, relationship-based way, often preventing issues from escalating into more serious and costly problems. To keep delivering these outcomes, centres need stable

funding, including ongoing support for facilities and staff, strong partnerships, and the continued involvement of volunteers.

Overall, CNCs deliver clear, measurable benefits across South Australia. They combine broad reach with trusted, place-based support that improves wellbeing, inclusion, and community resilience. The estimated \$99.31 million in benefits in 2024/25 and the positive social return on investment suggest that consistent, coordinated funding will help ease pressure on health and human services over time, while improving outcomes for priority groups. The case studies and stories in this report show how this value plays out in real life—for individuals, families, and communities, through things like low-barrier support, pathways into volunteering, and warm referrals. They also reflect the diversity of models and local contexts across SA, and why having trusted, local access points is so important for early intervention and prevention. To build on these results, it will be important to prioritise stable operational funding, fit-for-purpose spaces (including co-located hub models where appropriate), workforce and volunteer capacity, and consistent data collection to track and strengthen impact over time.

1. Introduction

1.1. Background

This report presents an updated economic and social impact study of the Community and Neighbourhood Centre (CNC) sector in South Australia (SA), commissioned by the Local Government Association of South Australia (LGASA) and funded in part by Community Centres SA (CCSA). The study builds on the foundational 2013 impact assessment by the South Australian Centre for Economic Studies (SACES 2013) and is informed by more recent sector impact work in other jurisdictions.

The purpose of the study was to identify, describe and evidence the sector's economic and social contributions to SA's community. This report will support advocacy and future funding discussions by demonstrating the economic efficiency and social value that CNCs deliver to local and state government stakeholders.

1.2. Scope

The scope of the study included re-examining key impact areas previously assessed (participant reach, volunteer contributions, the value of crèche services, and impacts on literacy, numeracy, and wages) and extending the analysis to additional services commonly provided by centres. These included, but were not limited to, food relief, social enterprise activity, facilities hire, digital inclusion and IT support, financial and legal assistance and emergency relief. The study also considered social value outcomes such as social connectedness and community resilience, empowerment and leadership, inclusion and equity as well as the role of centres in preventing escalation to more intensive state government intervention services.

A mixed-methods approach underpinned the analysis, combining a literature and data review with sector-wide data collection and targeted qualitative inputs (including case studies and stakeholder consultation). Quantification and monetisation techniques were used to develop conservative estimates of sector-wide impacts and to inform a social return on investment (SROI) assessment, expressed as the value returned to the community for each dollar invested. The final report is intended to act as a strategic tool to inform policy, funding decisions, and future planning across the sector.

1.3. Report structure

This report is structured as follows. Section 2 provides an overview of CNCs and their role in supporting social connectedness, wellbeing, inclusion and resilience, including a brief review of relevant evidence from other jurisdictions. Section 3 outlines the study methodology, including the sector-wide survey, the approach to scaling results to sector-level estimates and the role of case studies and impact stories in triangulating findings. Section 4 reports the survey findings on service delivery, participation, workforce and key benefits to participants. Section 5 sets out the program logic, social impact framework, and SROI approach used to measure and value impacts across four impact domains. Section 6 summarises conclusions and implications, with supporting materials and detailed assumptions provided in the appendices. Appendix 5 presents the seven case studies, providing context on local needs, service models, resourcing and outcomes.

2. Overview of community and neighbourhood centres

This chapter discusses CNCs as a vital local social infrastructure that promotes community participation, builds social capital and democratic engagement through inclusion, volunteering, and community-led initiatives. They address place-based needs and help mitigate social and economic vulnerabilities by offering accessible, stigma-free access to information, support, and connection. In doing so, CNCs enable individuals to become active community members, enhancing health, wellbeing, social connectedness, independence, and resilience. Volunteers play a key role in this, supporting community participation, local ownership, and mutual aid.

The National Australia Bank (NAB) Australian Quarterly Wellbeing Survey (Q4 2025) indicates that financial difficulties are most common among younger Australians (18-29 years old), those with families (30-49 years old), lower-income earners, women, single adults, and the unemployed, groups that also report the lowest wellbeing. This correlates with higher financial stress, limited savings, and increasing debt.

Beyond financial issues, wellbeing is influenced by social connections, family support, personal control, optimism, and adaptability. Fundamental factors such as education, housing, and safety remain critical to life satisfaction. The survey underscores resilience, the ability to cope with challenges and maintain optimism, as especially important during financial stress.

2.1. CNCs as a key democratic, wellbeing-enhancing social infrastructure

CNCs are essential parts of SA's local social infrastructure. They offer accessible, place-based settings that support community participation and strengthen democratic practices through inclusion, volunteering, and community-led activities as well as builds social capital. Centres respond to local needs that change over time, such as cost-of-living pressures, social isolation, loneliness, crises, food and material relief, and access to information, advice, and referral services. In doing so, CNCs help reduce social and economic vulnerabilities and boost individual and community resilience (SACES, 2013; Mundy, 2025).

Beyond providing services, CNCs serve an important democratic function. They create opportunities for volunteering, participation in activities, and involvement in local decision-making. These centres engage and empower individuals as active community members. They foster equality, social cohesion, and inclusion by offering trusted, non-stigmatising spaces where people from diverse backgrounds can connect, contribute, and seek support. Previous research has shown that community and neighbourhood centres function as effective early-intervention platforms. They are especially successful in engaging people who might not otherwise access formal services and in supporting vulnerable individuals and families at relatively low cost compared to more intensive service responses (Social Policy Research Centre, 2009; SACES, 2013).

CNCs promote key social concepts such as social capital, connectedness, and cohesion. They do this by creating regular opportunities for interaction among diverse community members. Activities such as group gatherings, shared meals, community events, volunteering, and informal drop-in spaces help build trust, relationships, and mutual support. There is strong evidence linking social connection and participation to improved wellbeing, mental health, and quality of life. This is especially true for people experiencing financial stress or going through life transitions (OECD, 2024; WHO, 2024).

On an individual level, CNCs contribute to better wellbeing and quality of life by supporting social connection, skill development, and access to practical help. Community-led, place-based models allow centres to tailor services to local needs and leverage existing community strengths (Deloitte Access Economics, 2018; Deloitte Access Economics, 2020). Contributions to individual and community outcomes commonly include:

- reducing loneliness and isolation through ongoing participation and volunteering
- enhancing mental and physical health via social, health, and activity-based programs

- increasing independence, confidence, and life skills through informal and formal learning opportunities
- stabilising crises and providing essential support during stressful periods, including cost-of-living pressures and risks related to housing or family violence
- strengthening community capacity as incubators for new initiatives, partnerships, and locally driven solutions (SACES, 2013; Mundy, 2025).

In summary, this evidence positions CNCs as trusted first points of contact for support, learning, and participation. They address immediate needs while also fostering long-term wellbeing, inclusion, and resilience.

2.2. Support received by CNCs

Local governments play a key role in contributing to CNCs. In 2013, some 82 per cent of centres reported receiving assistance from their local council in the form of provision of buildings and facilities at no or low cost, most often on an annual or on-going basis, assistance with equipment, funding staff, covering the operational costs of running a centre, support for small, local projects and other in-kind support (SACES 2013).

In addition to support from local governments, the state government also provides support to CNCs. During this study, the DHS was consulted to clarify its role in supporting CNCs across SA.

DHS supports these centres through the Community and Neighbourhood Development Program. In 2025/26, the program has an annual budget of \$6.01 million and supports 74 centres across the state, up from 70 centres in 2024/25. Centres entered the program through a range of procurement processes rather than an annual application round, beginning with an open Invitation to Supply tender released in 2022, with most service agreements commencing on 1 July 2023. Initial agreements were established for a three-year period to 30 June 2026, with two further three-year extension options available. DHS has since exercised the first extension period for all funded centres, meaning current agreements now run to 30 June 2029, with a further extension option available to 30 June 2032. Program funding is intended to support centres to maintain an accessible and welcoming venue, undertake a community development function that identifies local needs and brokers partnerships and resources, provide volunteer support, and facilitate activities and programs that respond to identified community needs. In practice, the funding is generally equivalent to around 0.6 full-time equivalent staff, together with a modest contribution towards program costs, with centres determining how best to allocate this funding within their own budgets. Publicly available information indicates that, while the Community and Neighbourhood Development Program provides ongoing funding to community centres across South Australia, some funding arrangements are shared across multiple sites rather than allocated as a full standalone contract to each site.

In addition, centres also receive funding from other state government departments, other than DHS. For example, CNCs receive funding from Preventive Health SA for wellbeing hubs and the Department for Education for Adult Community Education funding. It should be noted that only a certain proportion of CNCs receive funding from the state government.

2.3. Summary of 2013 economic and social impact study

This analysis builds on the previous economic and social impact study of the community and neighbourhood centre sector prepared by the South Australian Centre for Economic Studies (SACES) in 2013 for Community Centres SA. The 2013 study applied a mixed-evidence approach, drawing on literature review, consultations, site visits and a structured survey of selected centres, supported by case studies to enable sector-wide extrapolation and valuation of impacts (SACES, 2013).

The SACES study found that community centres generated significant social and economic value, including high levels of participation, substantial volunteer contributions and positive impacts on social inclusion, wellbeing, learning pathways and community development. It highlighted the role of centres in providing accessible, non-stigmatising pathways to participation and support for people experiencing disadvantage and concluded that community centres deliver considerable value relative to the resources invested.

The findings of the research on the impact of CNCs are summarised in the Table 2-1 below. There were 107 CNCs as at November 2013, not including an estimated 40 'Men's Sheds', of which 15 were reportedly developed through a centre-under-centre incorporation and are therefore part of centre activities.

Table 2-1 Impact of community centres, South Australia 2013

Category	Results
Participants	
Numbers attending centres each week	42,800
Numbers attending centres per year	2.05 million
Volunteers	
Number of volunteers	4,500 - 5,600
Total hours of volunteering work per week	28,462
Total volunteer hours per year	1.47 million
Value of volunteer work per year	\$32.1 - \$42.7 million
Crèche	
Total hours of crèche used per year	66,742
Total value of crèche services	\$1.3 million
Literacy, Numeracy, Wage Impacts	
Benefit from literacy and numeracy programs	2.4 to 4.1 x the cost (\$11.14-\$19.30 value for a cost of \$4.73 per hour)
Employment and wage rate impacts	Positive
Revenue and grants	
Revenue generated from council investment	Ratio of 3.5:1
Cost of applying for funding/grants	\$231,000 to \$385,000

Source: SACES 2013

While the 2013 study provides an important benchmark, the sector has evolved substantially since that time. Community needs, service delivery models, funding arrangements and data availability have changed, with centres increasingly delivering a broader range of supports, including food relief, social enterprise activity, digital inclusion and early-intervention responses to more complex needs. An updated assessment is therefore required to re-test key assumptions, refresh valuation estimates and capture the contemporary scale, scope and nature of the sector's contribution in SA.

2.4. Recent impacts of community and neighbourhood sectors interstate and in SA

Queensland

A 2025 evaluation of Queensland Neighbourhood Centres (Mundy and Maher 2025) found that centres are increasingly recognised as essential local social infrastructure, providing community-led responses to social isolation and loneliness, disaster response and recovery, and financial hardship. The evaluation reported 155 centres in 2025, operating across metropolitan (53), regional (42), rural (38) and rural/very remote (22) areas. In 2025, centres recorded approximately 2.6 million visitors. The estimated economy-wide value delivered in 2025 was \$201.6 million, comprising \$53.9 million for participant activities, \$33.8 million for volunteer replacement value, \$74.3 million for food value and \$39.6 million for other impacts. The evaluation concluded that every \$1 invested in the Neighbourhood Centre Program generated \$5.46 in community value.

Victoria

A 2024 survey of Victorian neighbourhood houses, administered on behalf of the Victorian Department of Families, Fairness and Housing, covered 396 of the state's 401 funded neighbourhood houses, representing 99 per cent of the sector (Department of Families, Fairness and Housing 2024). The survey confirms that neighbourhood houses continue to operate as community-based platforms for participation, inclusion, lifelong learning, and local development, while also responding to rising demand for practical support amid cost-of-living pressures and growing community needs. The report estimated that, in 2024, activities directly attributable to the Neighbourhood House Coordination Program generated approximately \$380.3 million in measurable community value, equivalent to \$9.02 in value for every \$1 of program funding. When broader but related activities were included, such as adult and community education, digital literacy, early childhood education and volunteering, the estimated value rose substantially, to \$21.70 in community value for every \$1 of program funding. The largest measurable components of value under the broader valuation were community connection (\$234.3 million), food relief (\$79.8 million), and adult community education (\$414.4 million).

Community Centres SA

CCSA undertakes an annual member survey to understand emerging community needs, centre activity levels, resourcing pressures and priority areas for sector support (CCSA 2025). In 2025, results indicated increased demand across a range of cohorts (including people experiencing homelessness, domestic and family violence, disability, and culturally and linguistically diverse (CALD) communities), with cost-of-living pressures a key driver of increased visitation and reliance on low-cost programs such as meals and food support. Centres also reported extensive partnership activity with local government, community organisations and service providers to meet complex needs and facilitate referrals; however, respondents emphasised that sustaining and coordinating partnerships is resource-intensive and may warrant targeted seed funding.

- Activities per week: 40 per cent hosted 11-30 activities; 46 per cent hosted 31-50
- New activities during the year: 47 per cent hosted 6-10 new activities
- Average weekly attendance: 55 per cent reported 100-300 attendances; 19 per cent reported more than 700
- Volunteers per week: 63 per cent reported 1-20 volunteers; 21 per cent reported 21-50
- Volunteer hours per week: 35 per cent reported 11-40 hours; 32 per cent reported more than 100 hours
- Key challenges reported: cost of living (92 per cent), loneliness and isolation (89 per cent), food insecurity (76 per cent), and homelessness (58 per cent).

3. Methodology

The methodology adopted for this report builds on the approach used in the 2013 SACES study, which combined literature review, consultations, centre visits and a questionnaire administered to a small number of selected centres (five centres) intended to be collectively representative of the broader network. In contrast, the current study employs a mixed-methods design that includes a sector-wide survey distributed across CNCs in SA, supported by targeted qualitative inputs (including case studies and stakeholder consultations), to strengthen the representativeness of the findings and enable more robust sector-level extrapolation. In addition, this report draws on BDO's SROI framework to estimate and monetise elements of the CNC sector's social contribution alongside economic measures.

3.1. Case studies

Case studies were undertaken to complement the sector-wide survey by providing contextual detail on service delivery models, partnerships, resourcing and outcomes that are difficult to capture through a standardised questionnaire alone. They also supported triangulation of survey findings and provided practical examples of how CNCs respond to local needs across different community settings.

Case study centres were selected using a purposive approach intended to reflect diversity across the sector rather than to provide a statistically representative sample. The selection process drew on nominations from BDO, LGASA, and CCSA, followed by a discussion to confirm a final set of centres. Selection decisions were informed by a desire to include diversity by geography (metropolitan and regional), governance/management arrangements (council-managed and independently managed) and funding status (centres receiving DHS funding and those not receiving DHS funding).

Table 3-1 Selected community centres, by criteria

Centre	Geography	Governance/management	Funding status	Key sources of funding
Strathalbyn Neighbourhood Centre	Regional	Independent	Funded	Local council
Woodcroft Morphet Vale Neighbourhood Centre	Metro	Independent	Funded	Local council, DHS
Milang Old Scholl House Community Centre	Regional	Independent	Funded	Local council, DHS
Camden Community Centre	Metro	Independent	Non-funded	Commonwealth, Local council
Ngutungka Community Centre Henley Beach	Metro	Council	Non-funded	Local council
Elizabeth South Community Centre	Metro	Independent Not for Profit	Funded	SA Government
Kilburn Community Centre	Metro	Council	Funded	Local council, DHS

Consideration was also given to community context (including differing local demographic and socioeconomic characteristics) and ensuring representation across northern and southern metropolitan areas. During the selection process, an initial list of six centres was expanded to seven to strengthen coverage of regional centres, with Strathalbyn included alongside Milang. Table 3-1 provides a list of community centres by decision criteria.

Each selected centre was contacted via email and invited to participate in a case study as part of the larger project. The case studies involved site visits and structured interviews with management and staff, as well as a review of operational data, including service offerings, participation levels, volunteer engagement, and funding details. Additionally, interviews with relevant council staff were conducted, where applicable, to understand their relationships with the centres, support mechanisms, and emerging needs and trends. During visits, informal conversations with participants, volunteers, and staff took place in various settings to gain insights into centre operations and user benefits. No formal interviews with individual participants were conducted. Draft case studies were shared with each centre for review and input to ensure accuracy and proper representation. Appendix 2 shows the list of those interviewed, surveyed and emailed during this process.

3.2. Survey of community centres

3.2.1. Survey design and implementation

The primary quantitative data collection instrument for this study was a sector-wide online survey of CNCs in SA. The survey was designed to collect a consistent set of operational, participation, workforce and financial measures across centres, and to capture information relevant to valuing both economic and social contributions. The following process was adopted to prepare and implement the survey:

- Survey questionnaire preparation was undertaken collaboratively by BDO, incorporating feedback from LGASA and CCSA
- The questionnaire was programmed in the Checkbox platform and underwent iterative testing and refinement involving LGASA and CCSA prior to release
- BDO provided a survey link to LGASA/CCSA for distribution to CNCs by CCSA
- It was ensured that the survey instrument enabled respondents to save progress and return to the survey as needed
- To encourage participation, centres were advised by CCSA that completed surveys would be entered into a draw to win one of five \$200 vouchers for their centre.

The survey collected data in the following areas:

- Centre profile and operating context
- Governance and operating model
- Co-location of services
- Services provided and programs delivered
- Service criticality
- Participation and visitation volumes
- Education and training participation
- Visitor demographics
- Facilities utilisation and enabling services

- Material relief provided
- Social enterprise activity
- Workforce and volunteers
- Financial profile and funding effort
- Perceived benefits and outcomes
- Qualitative information, such as optional short stories of impacts

Appendix 1 provides the survey questionnaire distributed to community centres. Appendix 6 contains Appendix Table 6-1, which includes a selection of impact stories from the survey of CNCs.

3.2.2. Analysis of survey data

Survey data were analysed to quantify centre activity, reach, resourcing, and selected outcomes in a way consistent with the study purpose and scope described in Section 1 and aligned with the survey design described in Section 3.2.1. Survey responses were extracted from the Checkbox platform and reviewed for completeness, internal consistency and outliers. Where centres submitted partially completed surveys, responses were included for the relevant questions and excluded only where data were missing or not interpretable.

Analysis focused on descriptive statistics (counts, proportions and simple averages) at the total sample level and, where relevant, by region and centre characteristics to support subsequent extrapolation.

3.2.3. Scaling up

To estimate sector-wide impacts from the CNC survey, results were scaled up from the participating centres to the full South Australian community centre population using a region-based approach. The method combined survey representativeness (by geographic region) with postcode-level population data to estimate population coverage and extrapolate reported benefits and services to the sector. A conservative scaling approach was applied, including separate regional calculations and the use of the lower of alternative per-centre estimates to avoid overstating impacts. This means that unsurveyed centres were conservatively assumed to be no more productive than the surveyed ones.

3.3. Measuring impacts of community and neighbourhood centres

Literature evaluating the impacts of community centres employs a range of methods to quantify their diverse impacts in monetary terms, often aiming to demonstrate their value to stakeholders and inform future investment decisions (Deloitte Access Economics, 2020). Although it is clear that many social impacts of community centres cannot be measured, measuring what is quantifiable helps to assign a calculable "community value" (Mundy, 2025). Some methods that are employed to quantify their economic and social value include:

- **SROI:** The SROI methodology is a comprehensive framework that evaluates the social returns of activities relative to their costs. An SROI study typically involves developing a program logic model to identify impacts and then assigning monetary values to these outcomes. For example, a Deloitte Access Economics study for Gippsland's Neighbourhood Houses estimated a return of \$2.78 in economic and social benefits for every dollar invested (Deloitte Access Economics, 2020). Neighbourhood Centres Queensland reported an SROI of \$5.46 in Community Value for every \$1 invested by the Queensland Government in 2025 (Mundy, 2025).
- **Quality-Adjusted Life Years (QALYs):** QALYs are a widely used approach to estimate and monetise quality of life benefits in economic evaluations. This method translates improvements in health and wellbeing into a monetary value (ACE, 2025). Outcomes monetised using this method include the

value of increased social connection due to participation, the value of volunteer wellbeing and the value of social capital (Deloitte Access Economics, 2018; Deloitte Access Economics, 2020; Mundy, 2025).

- **Replacement Cost Method:** This method estimates the value of services and contributions by calculating the cost to obtain them from commercial providers. This includes monetising volunteer time, childcare services, emergency relief, facilities usage and internet/computer usage. Services such as resume assistance are based on commercial service costs, and auspicing other organisations is valued in terms of the necessary public liability (Mundy, 2024).
- **Avoided Costs:** Community centres prevent greater costs to government and the community through prevention, alleviating financial distress, and reducing the need for formal human services (South Australian Centre for Economic Studies, 2013). Avoiding healthcare costs due to increased physical activity is also a monetised benefit (Deloitte Access Economics, 2020).

These methodologies combine primary data from centres and secondary data from existing studies to provide monetary evidence. The assumptions used in the studies are documented, and estimates are often considered conservative, acknowledging that many qualitative benefits extend beyond monetary valuation (Deloitte Access Economics, 2018; Mundy, 2024).

3.4. Guidelines on social impact framework

There is no formal standardised framework for measuring SROI in Australia or SA. Among existing models, the United Kingdom (UK) Cabinet Office's six-stage SROI framework (Nicholls et al. 2009) is widely regarded as the most robust and well-articulated. Recognising the need for greater rigour, the New South Wales (NSW) Department of Communities and Justice has recently adopted and adapted this UK framework to suit the Australian context, particularly for appraising third-party SROI claims (NSW Department of Communities and Justice 2020).

The NSW SROI framework includes six key stages:

1. Establishing scope and stakeholders, focusing on client-centred outcomes and government savings
2. Mapping outcomes, guided by the NSW Human Services Outcomes Framework
3. Evidencing and valuing outcomes, using established data and valuation methods
4. Establishing impact, adjusting for deadweight, attribution, and displacement
5. Calculating SROI, summing benefits and comparing to investment, with sensitivity analysis
6. Reporting and embedding, ensuring transparency and alignment with NSW Treasury cost benefit analysis (CBA) guidelines.

Key parameters suggested for consideration in the framework are:

- **Deadweight:** Assumed improvement without intervention (default ~5%)
- **Attribution:** Proportion of change due to the intervention
- **Displacement:** Impact on other services or sectors
- **Sensitivity Analysis:** Tests robustness of assumptions.

The framework suggests including the following:

- Direct and indirect public and private benefits (e.g., avoided costs, wellbeing improvements)
- Valuation methods to include administrative data, wellbeing valuation, and Value of Statistical Life (VSL).

Some of the exclusions suggested are:

- Volunteer time and staff benefits
- In-kind contributions and welfare transfers
- Intangible benefits without robust valuation.

This framework provides NSW with a credible and consistent approach to evaluating social impact, while recognising the limitations and subjectivity inherent in SROI analysis. Since SA does not have an established guideline for measuring SROI, our analysis is primarily guided by this framework, subject to adaptations deemed appropriate for this analysis.

For the current analysis, variables were mapped to the program logic model and social impact framework to ensure that reported indicators and any monetised proxies draw on clearly defined inputs, outputs and outcomes. Survey-based estimates were combined with qualitative evidence from impact stories and case studies to triangulate key findings and inform parameter choices used in SROI-style valuation (e.g., assumptions regarding attribution and deadweight).

4. Findings from the community and neighbourhood centres survey

4.1. Survey population and the sector

Table 4-1 shows the number of CNCs in SA and the survey sample disaggregated by regions. A total of 129 community centres were contacted. Of these, 77 community centres responded to the survey, including 62 complete surveys received by BDO. The incomplete surveys provided information only on their current governance model, co-location with other facilities, the services and courses provided by the centre, and service criticality. The following table shows the survey population and the community centre sector population disaggregated by region. The distinction across regions was made to scale up survey results with greater granularity. Overall, 60 per cent of CNCs responded to the survey and 48 per cent provided a complete response.

Table 4-1 Number of CNCs

Region	Survey received (complete and incomplete)	Survey received (completed)	Community centre sector
CBD and inner metro	33	28	56
Outer metro	23	19	42
Regional	21	15	31
Total	77 (60 per cent)	62 (48 per cent)	129

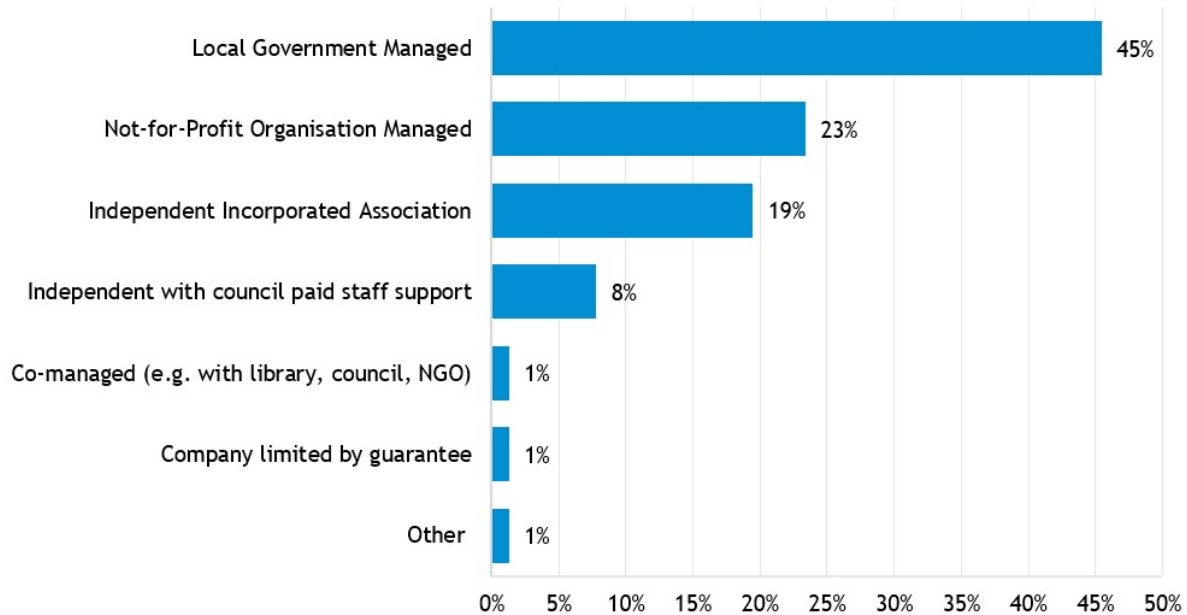
4.2. Governance model

Data on governance arrangements were collected from community centres. Figure 4-1 shows the types of governance models within the community centres that responded to the survey. Most centres reported being managed by the local government (45 per cent), followed by not-for-profit organisations (23 per cent) and independent incorporated associations (19 per cent).

Case study evidence suggests that CNCs in South Australia operate under two main governance arrangements: (1) independent, community-governed entities, commonly incorporated associations or not-for-profit organisations overseen by a board or management committee, and (2) local government-managed centres operating within council governance, budgeting and reporting structures. In independent models, boards or management committees provide strategic direction, oversight and risk management, supported by managers responsible for day-to-day operations. The case studies also indicate that these arrangements involve ongoing governance and reporting responsibilities, regular meeting schedules, and contributions from volunteer board members, which form part of the broader capability supporting centre operations. Council-managed case study centres, such as Ngutungka Henley and Kilburn, reported operating without a separate board or committee, with councils providing governance and core organisational support, including facilities, staffing and administrative functions, while centres retain flexibility in local programming and partnership development. Across both governance arrangements, the relationship between councils and centres was consistently described as important, including through funding and in-kind support, coordination of activities, referrals and information sharing, and, in some cases, ongoing council interest in the sustainability of council-owned centre assets. Overall, the case

studies suggest that governance arrangements influence how responsibilities for oversight, administration, resourcing and local decision-making are structured across the sector.

Figure 4-1 Governance models of CNCs in SA, proportion

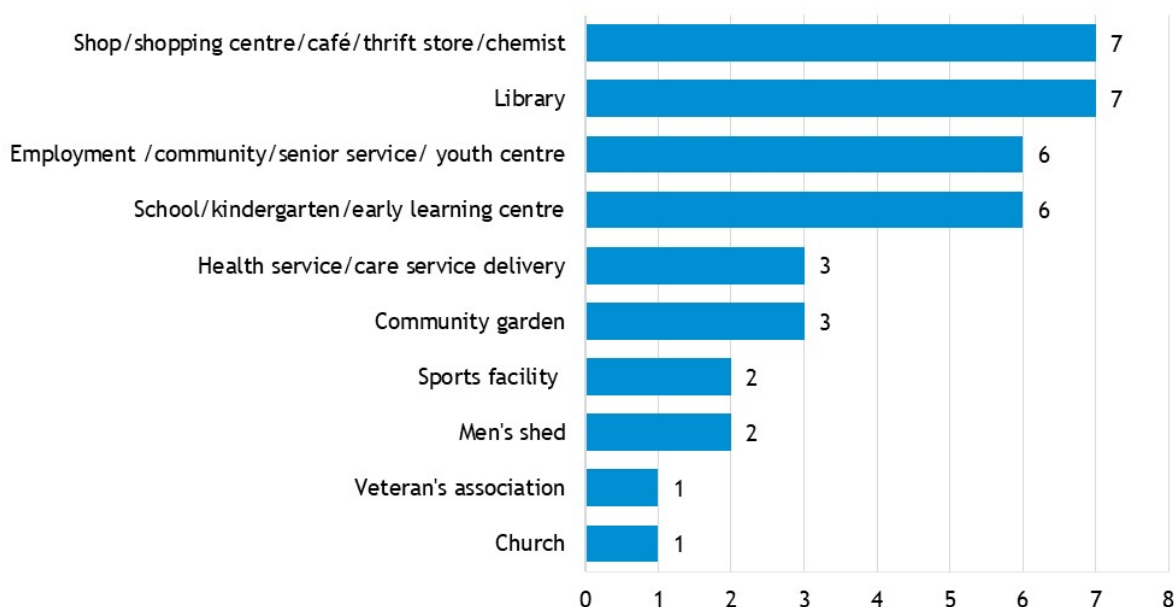


Source: BDO analysis of survey

4.3. Co-location of services

The survey responses indicated that 50 (65 per cent) community centres were not co-located with any other facilities. Figure 4-2 shows that among those CNCs who reported being co-located with another facility, seven community centres were co-located with a library, six with a school or early learning centre, three with a health service, and 17 with other facilities.

Figure 4-2 Co-location with other facilities, number



Source: BDO analysis of survey

Impact stories and case study evidence suggest that co-location can strengthen the accessibility and effectiveness of community centres by reducing practical barriers to engagement and enabling warm connections to complementary services, where a practitioner actively contacts another service provider for or with a client. Where centres are co-located with high-use facilities such as libraries, participants described being able to access social, digital, and information supports in a single, familiar setting, supporting the role of centres as an inclusive ‘third space’ for both social participation and individual use. Co-location also supports opportunistic engagement (for example, drop-in participation before or after using adjacent services), which can increase overall reach and help normalise help-seeking in non-stigmatising environments.

From an operational perspective, co-location was associated with stronger partnership pathways and more efficient use of community infrastructure. Examples in the case studies include integrated community centre-library models and centres located alongside community service providers, which facilitate referrals, shared programming and coordinated responses to emerging needs.

Co-located settings can also expand the functional offer of a centre (e.g., access to meeting rooms, technology, kitchens, cafés or social enterprise spaces), supporting activities that build connection and wellbeing while creating additional entry points for priority cohorts. Overall, the impact stories indicate that co-location can amplify outcomes by combining trusted place-based engagement with access to services, resources, and spaces that residents already use in their everyday lives, thereby contributing to key impact areas including social connectedness, wellbeing, inclusion and equity, resilience and empowerment.

4.4. Services provided by the centres

Figure 4-3 indicates that community and neighbourhood centres deliver a broad, multi-service offering rather than a single program type. These services can be grouped under seven broad headings:

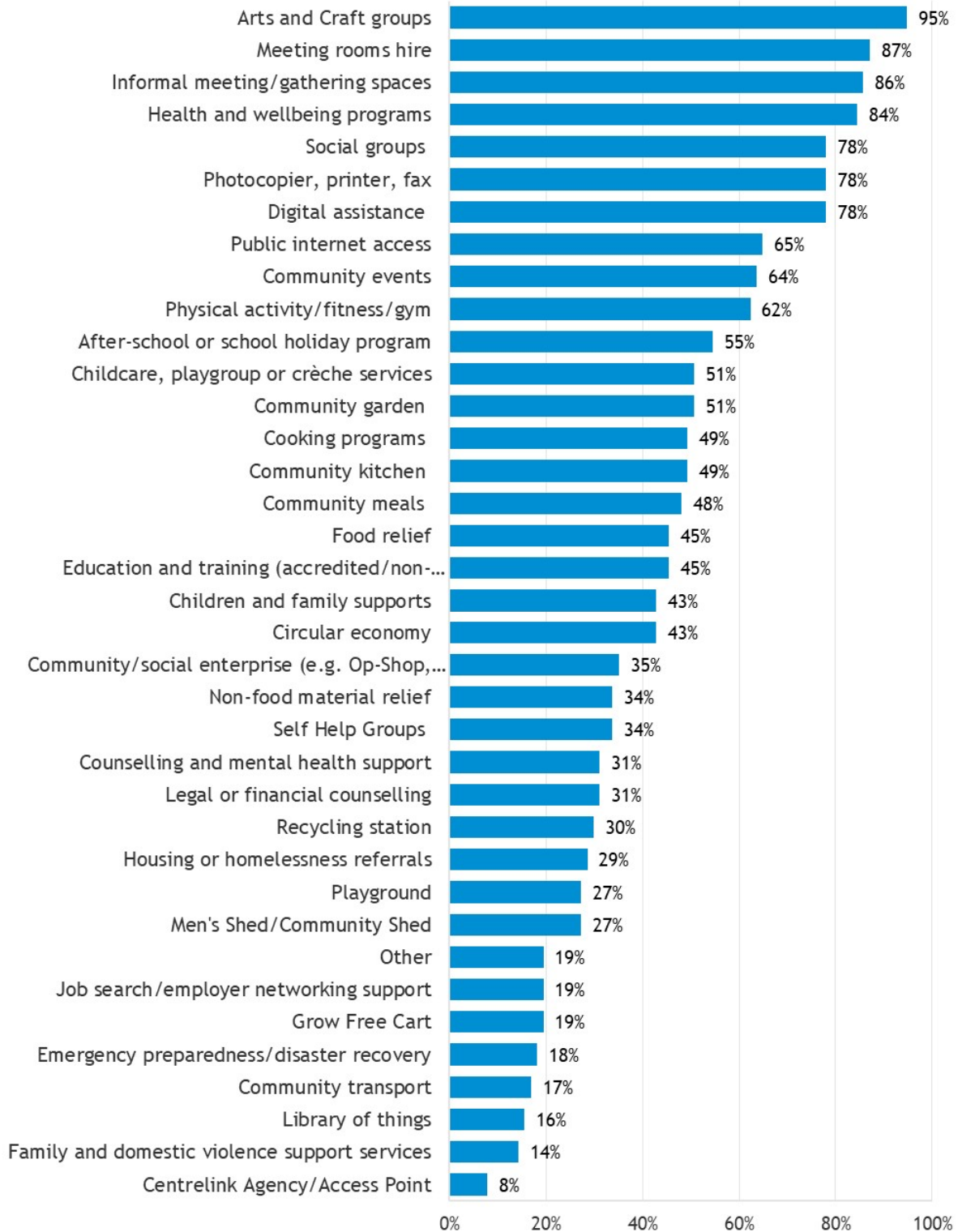
- health and wellbeing activities
- group facilitation

- emergency assistance
- education and training
- child and parent support
- community activities and
- service referrals.

Evidence from the impact stories and case studies suggests that this mix is a key driver of participant benefit. Centres provide a low-barrier ‘front door’ where people can meet immediate needs (e.g., food relief, showers/laundry, or practical assistance) while also being supported to engage in activities that build connection, routine, and confidence over time.

The case studies illustrate how these services interact in practice. For example, centres described participants initially attending for a discrete purpose, such as accessing low-cost meals or material assistance, help with forms or digital access, or using a safe and welcoming space and then progressing into group activities and programs that reduce isolation and improve wellbeing. In regional settings (e.g., Milang and Strathalbyn), the combination of social activities, health and wellbeing programs, transport supports, and referrals was described as providing a ‘circuit breaker’ for people experiencing isolation or stress and helping residents without transport or digital capability to connect with wider systems of support. In metropolitan settings, integrated hub and multi-tenant models (e.g., community centre-library hubs and centres hosting partner organisations and clinics) demonstrate how co-location and partnerships enable warm referrals and coordinated responses. For example, linking community participation opportunities with settlement supports, legal advice, or targeted youth and family supports.

Figure 4-3 Percentage of services provided by community centres (n=77)



Source: BDO analysis of survey

Table 4-2 provides examples of additional services reported by centres that sit alongside the more standardised survey service categories and further demonstrates the participant value of a multi-service model. Many of these services are complementary by design.

For example, food and meal programs and emergency relief can stabilise immediate stressors and make it more feasible for participants to engage in longer-term supports such as education and training, wellbeing groups, or parenting programs. Similarly, targeted information and advice (e.g., tax help, aged care and NDIS information sessions) can be delivered most effectively when combined with service navigation and trusted relationships built through regular group participation.

Across the impact stories, participants described centres as places where they can access practical assistance and then be supported into ongoing activities that build connection, skills and confidence, illustrating how providing multiple services in one trusted setting can amplify outcomes across social connectedness, wellbeing, inclusion and equity, resilience and empowerment.

Table 4-2 Other services identified by the survey recipients

Other services	Total (n=15)
Food & Meals	Food/meal programs, Food Pantry, Oz Harvest, Dining Service
Social Groups	Bingo, Board Games morning, Sewing Circle, Music group/Interest groups
Youth Services	Youth Hub, Youth services case management, Young Parents Project
Health & Wellbeing	Immunisation Clinic, Mental health Groups, Grief Group
Family Support	Parenting groups, Men's behaviour change (Aboriginal), Zahra Foundation
Information & Advice	Tax Help, NDIS information sessions, Aged care information sessions
Community Support	Emergency Relief, Community Shower and Laundry, Individual Social Support
Events & Culture	Performances, Events, Seed Swap
Partnerships	External providers, Kilburn partnerships, Building lease
Council Services	Community consultation materials
Education	English as a second language classes

Source: BDO analysis of survey

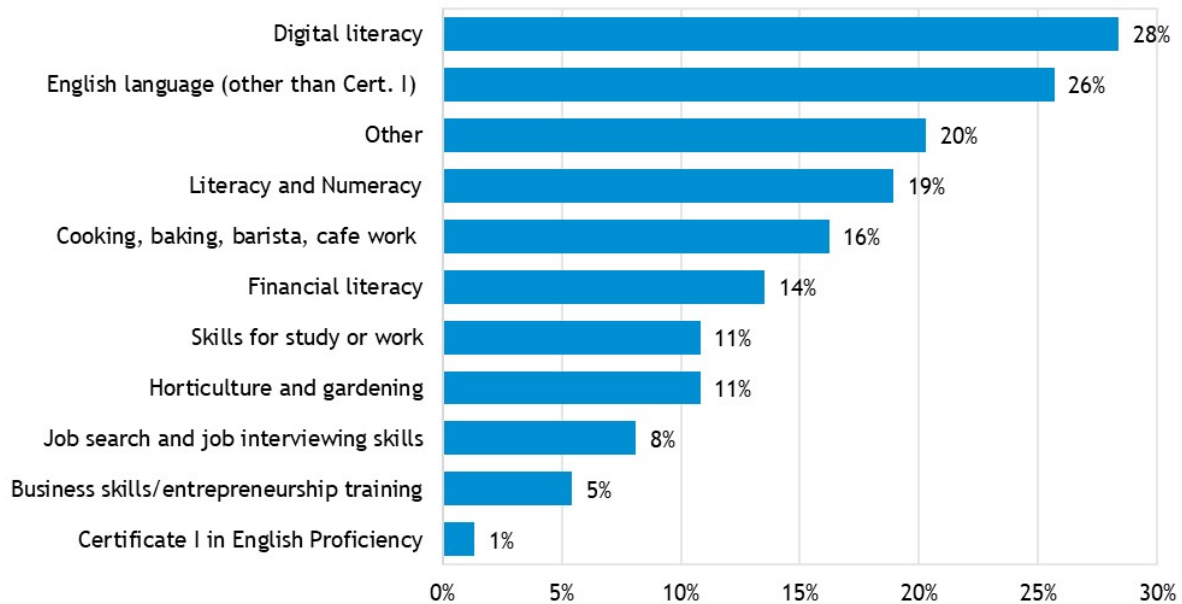
4.5. Adult community education

Figure 4-4 summarises survey responses on adult community education across CNCs. It shows that such education is a common, informal, low-barrier offering tailored to local needs and participant readiness. Courses are often integrated with other centre services, creating a trusted environment for learning and progress at an accessible pace.

SACES (2013, 2017) emphasises centres' roles in supporting language, literacy, numeracy, and broader skills development, particularly for disadvantaged groups. Benefits include improved language, confidence, wellbeing, and social participation, often over longer timeframes.

Quantitative evidence indicates that literacy and numeracy programs are highly cost-effective, with benefits surpassing costs by 2.4 to 4.1 times. The return on investment for accredited foundation skills ranges from \$6.7 to \$7.8 per dollar invested. However, because the survey collected data only up to Certificate I, longer-term economic impacts, such as employment and earnings gains, could not be fully assessed, particularly at higher qualification levels.

Figure 4-4 Adult community education



Source: BDO analysis of survey

Table 4-3 Other adult community education

Other services	Total (n=15)
Language & Communication	Basic speaking English, Languages other than English (volunteer-led), Volunteer-led languages programs, Podcasting
Health & Safety	First aid for parents & caregivers, Vaccination clinic, Health and wellbeing (facilitated with Red Cross)
Employment & Skills	Intro to Care Work, Basic Advocacy Skills, Customer Service Basic, Facilitation Skills, Torrens Transit Pathways
Education Pathways	Flexible learning option (FLO) for high school students, Certificate III in Children's Services
Life Skills & Wellbeing	Skills for women experiencing DV/family violence, Sustainability programs, Cooking programs
Creative & Workshops	Floristry, Art and other workshops, Regular one-day workshops
External Provider Courses	Accredited courses by visiting services

Source: BDO analysis

Table 4-3 highlights the wide range of learning opportunities supported by CNCs, including language courses, employment skills, education pathways, life skills, wellbeing programs, creative workshops, and health and safety training. Some centres host externally delivered accredited courses, serving as accessible venues for partner-led education.

Impact stories suggest that adult community education fosters independence, confidence, and social connections, especially for re-entrants, older residents, and newcomers. English language groups help participants develop communication skills, build social networks, and access support services. Digital learning sessions assist online navigation and reduce exclusion.

Learning in welcoming, stigma-free environments, often combined with support services, encourages ongoing engagement and improves daily functioning and community participation. It also supports job readiness and pathways to employment through practical skills, referrals, volunteering roles, and social enterprise opportunities.

4.6. Visitors to CNCs

Table 4-4, shows that CNCs are estimated to support approximately 51,407 attendances per week in 2024/25, equivalent to around 2.57 million attendances per year across the sector. This represents an increase relative to the 2013 SACES benchmark of 42,800 attendances per week and 2.05 million attendances per year. Based on this, estimated weekly attendances are higher by around 10,471 (approximately 20%) and annual attendances by around 0.52 million (approximately 25%). These figures should be interpreted with caution and treated as attendance/visitation volumes or CNC footfall (rather than unique individuals), as they may also reflect differences in estimation methods and sector coverage between the 2013 and current studies.

Table 4-4 Participant footprint, sector wide

Participants	2013	2024/25
Numbers attending centres each week	42,800	51,407
Numbers attending centre per year	2.05 million	2.57 million
Percentage of regular users	NA	74 per cent

Source: SACES 2013, BDO analysis of survey

4.7. Participant demographics

Table 4-5 indicates that CNC participants span the life course, with older people (60 years and over) representing the largest share of visitors (54 per cent), alongside working age adults (23 per cent) and children (under 5 years: 10 per cent; 5-14 years: 8 per cent; 15-24 years: 5 per cent).

The survey also suggests centres reach cohorts who are more likely to experience barriers to participation, including people on low incomes (46 per cent), people from CALD backgrounds (27 per cent) and people living with disability (12 per cent), as well as recent refugees (11 per cent) and people of First Nations background (3 per cent).

This aligns with case study evidence that centres function as low-barrier, place-based ‘front door’ for diverse groups. For example, Strathalbyn and Milang report a strong older-person visitor base and the need to address isolation and access barriers. Kilburn’s role is to serve as a multicultural hub, supporting new arrivals through English and citizenship-related programs alongside partner services. Ngutungka Henley’s integrated hub model attracts a diverse cohort, including seniors, families with children, and people participating in disability programs. Elizabeth South describes substantial engagement with refugees/new migrants and First Nations people through a culturally inclusive, community-led approach. These findings are consistent with the longstanding role of centres, as described in SACES (2013), in supporting participation and inclusion for people at risk of social isolation and disadvantage.

Table 4-5 Participant demographics

Demographic profile	Survey population (representative of the sector)
Age group	Children under 5 years of age: 10 per cent Children aged 5 to 14 years: 8 per cent Young people aged 15 to 24 years: 5 per cent People of core working age, 25 to 59 years: 23 per cent Older people, aged 60 and over: 54 per cent
Demographic profile	First Nations background: 3 per cent CALD: 27 per cent People arriving as refugees in the last 5 years: 11 per cent Disability: 12 per cent Low income: 46 per cent LGBTQIA+: 2 per cent
Gender	Male: 32 per cent Female: 66 per cent Non-binary: 2 per cent

Source: BDO analysis of survey

4.8. Workforce

Table 4-6 shows that CNCs are supported by approximately 3,831 volunteers, contributing around 10,928 hours per week, or approximately 535,476 hours per year. Using a replacement cost approach, this contribution is valued at approximately \$31.10 million per year. The case studies provide context on how these hours are utilised in practice, including supporting reception and administration, cooking and meal programs, transport and outreach delivery, maintenance of community gardens and Men's Shed activities, and (for independent centres) contributing to governance through board and committee roles. Compared with the 2013 SACES benchmark of 4,500-5,600 volunteers, 28,462 hours per week and \$32.1-\$42.7 million in annual volunteer value (SACES 2013), the current estimate suggests a similar order of magnitude for monetised value but lower reported volunteer hours. This should be interpreted cautiously, as differences may reflect changes in the number of centres and programs, as well as differences in data sources, definitions and estimation methods (including the valuation rate and the survey-based scaling approach used in this report).

Table 4-6 CNC workforce

Volunteers	Sector wide
Number of volunteers	3,831
Number of full-time staff (per centre)	186 (1.4)
Number of part-time staff (per centre)	451 (3.5)
Volunteer per paid worker	6.0
Total hours of volunteering work per week	10,928
Total hours of paid work per week	3,288
Ratio of unpaid to paid work	3.3
Total volunteer hours per year	535,476
Value of volunteer work per year	\$31.10 million

Source: BDO analysis

The above table also shows that the CNC sector is heavily reliant on volunteers. There are about six volunteers for every paid employee in the sector. For every one hour of paid-work employed by centres, volunteers contribute about 3.3 hours of service.

4.9. Funding success

BDO estimated that the CNCs received approximately \$15.8 million in funding in 2024/25 from various sources. The case studies indicate the following funding sources for CNCs in SA:

- Local council funding / council operational support
- Department of Human Services (DHS) - Community and Neighbourhood Development funding
- SA Government funding (including Community Connections / Community and Neighbourhood Development)
- Commonwealth Government funding
- Commonwealth Home Support Programme (CHSP)
- NDIS income / National Disability Insurance Scheme funding
- Community Child Care Funded Restricted (CCCFR) Child Care program
- Childcare subsidies
- Public Library Service funding (for library resources in the Ngutungka Henley integrated model)

Case study evidence suggests that grant funding is an important but uncertain supplementary revenue source for many centres. While several centres reported success in obtaining grants for capital works, equipment and targeted activities, they also emphasised that preparing applications is time- and resource-intensive, particularly where centres have limited staff capacity and the value of smaller grants may not

justify the effort required. It was estimated that CNCs submitted 238 funding applications in 2024/25, of which 161 were successful, indicating a success rate of about 68 per cent.

4.10. Referrals to other services

A key element of the role of CNCs is to prevent challenges from escalating into more intensive (and higher-cost) state government intervention services. The survey and case studies indicate that this role is delivered primarily through early engagement, practical problem-solving and warm referral pathways in trusted, non-stigmatising settings.

Many people first present with an immediate practical need (e.g., help with forms, online systems and information, access to transport or a safe place to ask for help), and the centre acts as a low-barrier ‘front door’ to connect them to the right specialist service before problems intensify.

In regional settings, Strathalbyn staff described the centre as “the pivot” for advocacy and support, where mobility, transport, and digital barriers constrain access to government services, including assisting older residents in accessing aged care information and navigating administrative processes.

In metropolitan settings, co-location and partnership models strengthen referral effectiveness. For example, Kilburn hosts wraparound services (including settlement supports and a legal advice clinic), enabling supported pathways to assistance for people facing complex barriers. Other case studies similarly described centres as a local circuit breaker that helps people stabilise, regain confidence and take next steps (Milang), and as inclusive third spaces where access to computers, Wi-Fi, low-cost meals and informal support can make help-seeking feel normal and safe (Ngutungka Henley). One case study also noted that without the centre, some participants would have recourse “only to GPs, hospitals, government social services”.

Impact stories also illustrate how centres can provide pathways that strengthen safety and can save lives before issues escalate. For example, the Haven peer-support program described support as “life-changing” and said it “helped her to stay safe” when she was experiencing a severe personal crisis and was planning to end her life.

Taken together, this evidence suggests CNC referral activity is not simply transactional, it is a preventative function that combines relational support with practical access to services, reducing the likelihood that issues escalate into crisis presentations and more intensive statutory responses.

4.11. Benefits to participants

Figure 4-5 shows the proportion of CNCs who identified a certain type of benefit for their participants. In addition, it also shows the impact categorisation for each of those benefits. Finally, the heatmap links the service intensity reported by CNCs to the benefits and impacts for participants.

Figure 4-5 brings together three elements:

- the participant benefits CNCs most commonly reported through the survey
- the impact domain each benefit has been mapped to in the social impact framework (described later in this report in Section 5), and
- the service types most strongly associated with each benefit.

The heatmap shows that, for each benefit, the shaded cells indicate the relative intensity of the service types that CNCs reported delivering and are likely to contribute to that benefit. Darker shading indicates a stronger reported linkage between a benefit and the service type(s) that enable it (for example, benefits related to social connection and wellbeing align closely with group facilitation and community activities, while benefits related to improved job skills align more closely with education, training and employment support).

Figure 4-5 provides two key insights. First, many benefits are not delivered through a single standalone program, rather, they emerge from the way centres combine low-barrier entry points, including emergency assistance and service referrals, with ongoing opportunities for participation, such as groups, activities and informal community spaces. Second, the mapping highlights where benefits cut across multiple impact domains, for example, “improving independence” sits at the intersection of empowerment and resilience, reinforcing the cautious approach adopted in Section 5 when interpreting outcomes and avoiding double-counting when impacts are later quantified and monetised.

The case studies provide concrete examples of these multi-service pathways. In Strathalbyn, people may first attend to access practical supports such as regular food distribution or help navigating aged care information and forms, and then transition into recurring activities, such as community lunch, repair shed, craft, or fitness groups, that build routine, confidence, and social connection. In Milang, the centre’s open-door model similarly combines information and referral with social activities and health and wellbeing programs, described as a local circuit breaker that supports people in stabilising and re-engaging.

In metropolitan settings, co-location and partnerships can make these pathways more immediate. At Ngutungka Henley, the integrated library-community centre model operates as an inclusive third space where people may begin by using computers and Wi-Fi, attending a low-cost community café lunch, or seeking informal support, and then participate in facilitated groups and wellbeing programs that strengthen connection and capability over time. At Kilburn, language and citizenship-related activities sit alongside partner services, including a legal advice clinic, enabling participants to combine social participation with supported pathways to specialist assistance.

Impact stories reinforce this pattern of staged engagement. For example, the *Strength for Life* story illustrates how a program that begins as a health activity can also build social connection over time, with participants forming friendships and choosing to meet outside sessions. The Haven peer-support story similarly shows how a centre-based entry point can strengthen safety and stabilisation, described as life-changing and having “helped her to stay safe”, and can then be paired with ongoing engagement and supported referral pathways as needs evolve. Across the impact stories more broadly, participants commonly described first accessing a centre for a practical reason such as information, digital help or material support, and then progressively engaging in groups, volunteering or learning opportunities that build confidence, skills and connection.

Figure 4-5 Benefits from attending CNCs and linkages to services by impact categories

Impact	Benefit (Proportion of CNCs reporting benefit)	Group facilitation (e.g. self-help, room hire)	Community activities (e.g. meals, library of things)	Emergency assistance	Health and wellbeing activities	Education, training and employment support	Child and parent support	Service referrals and advice	Accredited courses	Non-accredited courses
Social connectedness and wellbeing	Reducing social isolation (100%)	16%	13%	1%	13%	22%	2%	15%	3%	14%
	Developing new interests/activities (98%)	17%	25%	6%	33%	2%	6%	10%	0%	2%
	Making friends/increasing social connections (84%)	18%	30%	0%	31%	2%	8%	4%	0%	7%
	Improving health/personal well-being (76%)	19%	28%	0%	27%	8%	3%	4%	1%	10%
Social connectedness and wellbeing/ Empowerment and leadership	Taking part in/learning new activities (100%)	19%	22%	0%	28%	9%	2%	6%	2%	13%
Empowerment and leadership	Acquiring new life skills (100%)	18%	30%	0%	31%	2%	8%	4%	0%	7%
	Improving job skills (76%)	19%	27%	4%	31%	1%	7%	5%	2%	5%
Empowerment and leadership/Resilience	Improving independence (98%)	8%	19%	14%	17%	11%	11%	19%	0%	0%
Resilience	Reducing/avoiding financial stress (98%)	17%	23%	2%	22%	8%	5%	14%	3%	8%
	Escaping family and DV (98%)	15%	12%	19%	14%	5%	4%	27%	0%	3%
	Avoiding delinquency/contact with police or courts (84%)	20%	26%	1%	20%	10%	5%	5%	3%	11%
	Feeling safer and more secure (100%)	20%	21%	7%	24%	3%	7%	14%	1%	5%
Inclusion and equity	Accessing services, addressing acute need (100%)	19%	26%	0%	27%	8%	4%	4%	2%	10%

Note: Darker colours indicate higher intensity of services

Source: BDO analysis

5. Social impact of the community centre sector

5.1. Program logic

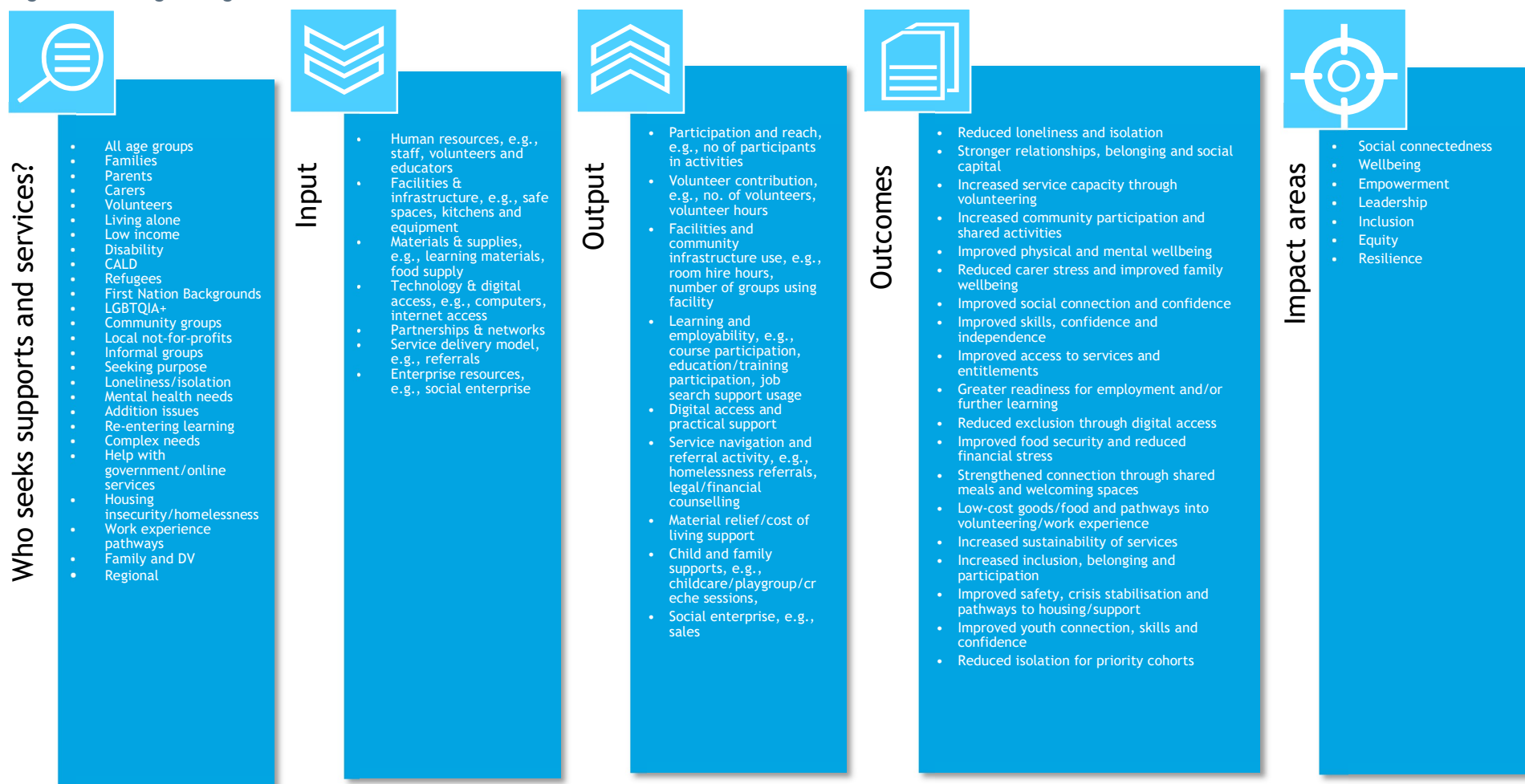
BDO utilised a program logic model to identify and map the broad range of impacts of community centres in SA, which served as the basis for the social impact framework. A program logic model is a schematic representation that describes how a program is intended to work. It shows the relationship between activities, inputs, outputs, and outcomes. The program logic used in this report to inform the socio-economic impact assessment is based on information collected through the survey and case studies of community centres in SA. BDO used this model to identify key impact areas for the social impact framework.

Figure 5-1 shows the program logic model at an aggregated level. A detailed program logic model with logic mapping for all programs considered in this analysis is provided in Appendix 3. The program logic model illustrates the inputs used, the output metrics employed to measure services, and the service outcomes for key service areas provided by CNCs, as well as the key impact areas associated with those outcomes.

The impact areas identified through the program logic model in 2024/25 were:

- **Social connectedness:** Activities that bring people together and strengthen relationships and belonging (e.g., welcoming spaces, social groups, community events, intergenerational connection).
- **Wellbeing:** Activities that support physical and mental health, reduce loneliness and stress, and improve quality of life (e.g., wellbeing activities, supportive social participation, family support, and substance use and addiction support).
- **Empowerment:** Activities that build confidence, skills and independence, enabling people to take greater control of their circumstances (e.g., education and training, employability support, digital assistance, service navigation).
- **Leadership:** Activities that develop leadership and participation through volunteering, governance and community-led initiatives (e.g., volunteer coordination and pathways, community-led use of spaces).
- **Inclusion:** Activities that remove barriers to participation and create culturally safe and accessible spaces and programs, particularly for priority cohorts (e.g., CALD communities, people with disability, First Nations people, older people).
- **Equity:** Activities that improve fair access to essential services, supports and opportunities for people experiencing disadvantage (e.g., low-cost services, food relief/material assistance, access to information and referrals).
- **Resilience:** Activities that strengthen people's and communities' ability to cope with and recover from challenges, including crisis support and pathways to stability (e.g., emergency assistance, safety supports, youth development, building community capacity).

Figure 5-1 Program logic model



Source: BDO analysis based on Appendix 3 (Detailed program logic model)

5.2. Social impact framework

The framework for estimating the social impact of community centres in SA is based on the program logic model. Table 5-1 shows the SROI framework adopted in this report for measuring the impacts of community centres in SA. We have grouped the impacts into four main categories based on the emerging impact areas from the program logic, namely:

- Social connectedness and wellbeing
- Empowerment and leadership
- Inclusion and equity, and
- Resilience.

The following sections describe the indicators and measures developed to measure each impact. Outcomes were described qualitatively in most cases, with evidence drawn from impact stories in the survey and case studies. Some of these outcomes were quantified where output data was available. Next, the availability of evidence and suitable market values for monetising intangible impacts was examined and applied to the analysis. Appendix Table 3-1 shows that the outcomes can overlap across impact areas. Hence, a cautious approach was taken to avoid double-counting while monetising impacts.

Table 5-1 SROI Framework

Main Social Attribute (Service areas)	Outcomes from program logic	Qualitative Indicators	Quantitative Indicators	Monetised Value/ Proxy
Social Connectedness and Wellbeing	Reduced loneliness, distress and isolation (including priority cohorts), stronger friendships and community connection, improved wellbeing	Yes	Yes	Yes
	Increased community participation, connection and social capital	Yes	Yes	Yes
	Increased purpose, belonging and confidence for volunteers	Yes	Yes	Yes
	Strengthened connection through shared meals and welcoming spaces	Yes	Yes	Yes
	Improved physical health and mental wellbeing, stronger social connections and confidence	Yes	Yes	Yes
	Reduced carer stress and improved child and family wellbeing, improved social connections for parents/carers, and earlier access to supports for children and families	Yes	Yes	Yes
	Improved youth connection, skills and confidence, as well as strengthened intergenerational connection	Yes	Yes	Yes
Empowerment and leadership	Improved skills and confidence, improved independence, readiness for employment, and participation pathways into further education.	Yes	Yes	
	Increased service capacity and value created through volunteer labour	Yes	Yes	Yes
	Increased parent/carer participation in learning, work and community activities enabled by access to crèche/childcare	Yes		
	Improved stability and independence, reduced escalation to crisis supports	Yes	Yes	
Inclusion and equity	Increased inclusion, belonging and participation for all cohorts including priority cohorts (CALD, First Nations, people with disability, older people, LGBTQIA+) through inclusive spaces, low cost crèche/child care, social enterprises	Yes	Yes	Yes
	Improved access to services and entitlements (navigation, referrals, digital access), supporting fairness and equity	Yes	Yes	

Main Social Attribute (Service areas)	Outcomes from program logic	Qualitative Indicators	Quantitative Indicators	Monetised Value/ Proxy
	Improved access to transport and mobility, enabling participation and access to essential services	Yes	Yes	Yes
	Improved legal and financial stability through access to legal services, financial counselling and tax assistance	Yes	Yes	Yes
	Improved emergency preparedness and disaster response/recovery through trusted local support and coordination (where delivered)	Yes	Yes	
Resilience	reduced financial stress through low-cost goods/food, strengthened the sustainability of services	Yes	Yes	Yes
	Improved safety, crisis stabilisation and pathways to housing and specialist support (including DV and homelessness pathways); reduced escalation to higher-cost services.	Yes	Yes	

Source: BDO analysis

5.3. Measuring impacts

Most of the qualitative evidence used in the analysis is derived from impact stories collected through the survey of community centres and case studies of community centres in Appendix 5. Key impact stories (de-identified) are illustrated in Appendix 6 in Appendix Table 6-1. This report aims to estimate the overall impact of the community centre sector in SA, therefore, a high-level approach has been adopted to evaluate its effects. All quantitative indicators are reported for the 2024/25 period. BDO has exercised its judgment to include programs relevant to estimating the impacts of community centres, following a thorough review of all programs and services during the program logic phase.

5.3.1. Social Connectedness and Wellbeing

Qualitative evidence

- **How centres generate social connectedness and wellbeing:** As set out in the detailed program logic model (Appendix 3), centres use a mix of low-barrier activities (e.g., welcoming drop-in spaces, group facilitation, community meals, community gardens, health and wellbeing activities and volunteering roles) to generate measurable outputs (attendance, repeat participation, volunteer hours and sessions delivered). These outputs support outcomes including reduced loneliness and distress, stronger relationships and belonging, improved physical and mental wellbeing, and increased participation and social capital. Qualitative evidence from case studies and impact stories illustrates these pathways and helps explain why outcomes occur and for whom.
- **Reduced loneliness, distress and isolation:** Case studies and impact stories consistently describe centres as a trusted ‘first place’ where people experiencing loneliness, bereavement, retirement-related transition, disability-related isolation, relocation, or ongoing impacts of COVID can re-establish routine contact. At Strathalbyn Neighbourhood Centre, a community needs analysis found that 24 per cent of respondents reported that their involvement with the centre was their only external activity outside the home, underscoring the importance of regular attendance as a lifeline for some residents (Strathalbyn Neighbourhood Centre case study). In regional settings, isolation can be compounded by distance and limited transport. The Milang case study described the centre’s open-door approach and regular activities as a local circuit breaker that provides opportunities to see others, seek support and maintain connection (Milang Old School House Community Centre case study).
- **Stronger relationships, belonging and social capital through repeat participation:** The qualitative evidence indicates that structured, recurring activities (e.g., craft and interest groups, peer-support groups, language conversation groups and regular social groups) create predictable and safe settings where relationships form over time. These activities provide repeated exposure and shared experience, which participants described as building friendships, confidence in social settings and a sense of belonging. This aligns with the program logic emphasis on repeat participation and regular user engagement as a mechanism for social connectedness.
- **Strengthened connection through shared meals and welcoming spaces:** Community meals and informal drop-in spaces are frequently described as anchor activities that keep people connected during periods of stress, including cost-of-living pressure. The case studies highlight that shared food and welcoming, non-stigmatising environments can provide both immediate social contact and a gentle entry point to other forms of participation. For example, Ngutungka Henley’s co-located community centre and library was described as an inclusive third space where people can gather socially or spend time independently, access computers and Wi-Fi, and share low-cost meals, supporting connection without requiring formal referral pathways (Ngutungka Henley case study).
- **Improved physical health and mental wellbeing:** Impact stories and case studies suggest wellbeing gains occur both directly (through physical activity and health programs) and indirectly (through social connection, routine and confidence). For example, the *Strength for Life* program delivered through

Camden Community Centre was described as supporting participants to improve mobility and routine, while also strengthening social connection and mental wellbeing through regular, supportive group exercise (*Strength for Life* program impact story, Camden Community Centre case study). An impact story also described participants forming friendships and choosing to meet independently after sessions, reinforcing the connection pathway alongside the health pathway.

- **Reduced carer stress and improved child and family wellbeing:** Qualitative evidence indicates that parent/carer groups, play-based programs and family-focused activities can reduce isolation for carers, provide peer support, and create earlier opportunities to identify needs and link families to supports. While these outcomes can overlap with broader inclusion and resilience outcomes, the predominant pathway in this impact domain is through strengthened social connection and reduced stress for parents/carers via regular, supportive group participation.
- **Improved youth connection and strengthened intergenerational connection:** Where youth activities are delivered, case studies describe benefits extending beyond young people to broader community connection (e.g., adults being drawn into the centre through youth programs and events). For example, Milang’s Youth Hub was described as creating new opportunities for youth-led activities and connection in a small community, with flow-on benefits for wider community participation (Milang Old School House Community Centre case study).
- **Volunteering as connection, purpose and a pathway to wellbeing:** Across case studies, volunteers were integral to sustaining the day-to-day ‘welcoming points of contact’ (e.g., reception, kitchens and meal programs, transport and outreach, gardens and events). Impact stories also describe volunteering as supporting wellbeing by providing purpose, routine and social contact, particularly for people experiencing bereavement, retirement or isolation. One impact story described inducting two volunteers with intellectual disabilities, with volunteering contributing to morale, purpose, and a sense of belonging.

Taken together, the qualitative evidence supports the outcomes mapped in Table 5-1 by illustrating how centres function as accessible, non-stigmatising places where repeated participation, shared activities (including meals) and volunteering create routine contact, friendships and belonging. These pathways help explain the sector’s contribution to reduced loneliness and stress, improved wellbeing and increased community participation, while also highlighting where outcomes can overlap with other impact domains and therefore require a cautious approach when monetising benefits.

Quantitative indicators

- Number of visitors participating in types of activities related to social connectedness and wellbeing
- The survey data showed that community centres identified:
 - “Making friends/increasing social connections” (84 per cent),
 - “Reducing social isolation” (100 per cent),
 - “Developing new interests/activities” (98 per cent),
 - “Taking part in/learning new activities” (100 per cent) and
 - “Improving health/personal well-being” (90 per cent)

as some of the key benefits to participants. These three benefits were primarily linked to group facilitation, such as self-help groups and room hire, and to community activities, such as community meals, library of things, and health and wellbeing activities facilitated by community centres. Given this, the participants in the following activities in Table 5-2 were assumed to receive benefits from social connection and wellbeing.

Table 5-2 Services and programs facilitating social connection and wellbeing

Types of services	Services
Group facilitation	• Arts and Craft groups • Social groups (e.g. CALD, faith-based, LGBTQIA+, disability) • Community events (e.g. markets) • Community meals (e.g. Men's Breakfast) • Meeting rooms (for hire) • Informal meeting/gathering spaces • Men's Shed/Community Shed • Education and training (accredited/non-accredited) (e.g. Adult community Education) • Children and family supports • After-school or school holiday program
Community activities	• Cooking programs • Community kitchen • Community garden • Grow Free Cart • Circular economy (e.g. book swaps, repair cafés) • Library of things (e.g. toys, tools) • Recycling station • Community transport • Community/social enterprise (e.g. Op-Shop, Café, book shop)
Health and wellbeing activities	• Health and wellbeing programs • Physical activity/fitness/gym • Counselling and mental health support/social prescribing • Self Help Groups (Alcoholics Anonymous, Narcotics Anonymous)

Unique participants who received benefits were estimated based on the assumptions that participants used at least two services per week on average and that only those who attended regularly received benefits. CNCs reported that 74 per cent of participants attended regularly. The unique participants from the survey were then scaled up to the sector-wide level. It was estimated that 29,129 unique participants across the community centre sector in SA would receive benefits throughout FY24/25.

In FY24/25, an estimated 3,831 unique volunteers were in the CNC sector. And it was assumed that all volunteers receive benefits.

Monetising the impact

The decision to monetise an impact depended on whether it could be quantified and assigned a value. Section 2.1 shows that social connectedness can enhance individuals' quality of life, and that volunteering leads to improved wellbeing and quality of life. Hence, we adopted a QALY valuation method to monetise the value of improved quality of life for key indicators of social connectedness. In addition, programs that promote physical activity can help prevent inactivity-related health issues and, in turn, reduce healthcare expenditure. Hence, the healthcare costs avoided by the healthcare system were also estimated for individuals who participated in at least one type of physical activity, particularly those who would not have taken part in those activities unless the community centres were offering them. Appendix 4 describes the methods used to monetise impacts. The following impacts were monetised:

- Value of social connectedness from participation for participants was estimated at **\$35.00 million** in FY24/25
- Value of volunteer wellbeing was estimated at **\$4.60 million** in FY24/25
- Value of avoided healthcare cost was estimated at **\$227,901**.

5.3.2. Empowerment and leadership

Qualitative evidence

- **Improved skills and confidence, improved independence, readiness for employment, and pathways into further education:** As reflected in Appendix 3 empowerment outcomes are generated through low-barrier learning opportunities (e.g., English, digital literacy, and life skills), practical assistance with forms and online systems, and supported pathways into volunteering, work experience, and further learning. Impact stories describe how repeated, supported navigation (through applications, online accounts, and service interactions) can build capability over time, enabling people to access services and entitlements more independently.
- **Case study evidence from Strathalbyn highlighted how staff and volunteers assist older residents in accessing aged care information, completing forms, and communicating with services when transport and digital barriers exist.** In Kilburn, education- and settlement-oriented activities (including English- and citizenship-related supports delivered alongside partner services) were described as strengthening confidence, participation, and the ability to navigate daily life for new arrivals. Impact stories also describe progression pathways: for example, a participant joining a cooking program after long-term unemployment, moving into a volunteer mentor role and later into paid facilitation, illustrating how supported participation can build employability, confidence and work readiness over time.
- **Increased service capacity and value created through volunteer labour:** Qualitative evidence indicates that volunteering is both an input (enabling centres to operate at scale) and an outcome pathway that builds responsibility, routine and confidence. Across case studies, volunteers sustain key 'front door' and enabling functions such as reception, meal programs, transport and outreach, gardens and events. Independent centres also described local leadership through governance and committee roles; for example, Strathalbyn's Board of Management provides strategic oversight and continuity, representing a material (often uncoded) volunteer leadership contribution alongside operational volunteer roles.
- **Increased parent/carer participation enabled by access to crèche/childcare:** Appendix Table 3-1 highlights that childcare/crèche and family supports can function as enabling services that allow parents and carers to participate in learning, volunteering, employment-related activities or community groups. Impact stories describe that when childcare is available in a trusted setting, parents/carers can attend courses, access supports, and build peer networks, reducing practical barriers to participation and supporting longer-term pathways into learning and work. These outcomes can overlap with wellbeing

and inclusion outcomes, hence, qualitative evidence should be interpreted in the context of avoiding double-counting when monetising benefits.

- **Improved stability and independence, reduced escalation to crisis supports:** Qualitative evidence suggests that practical, early support (including digital inclusion, service navigation and referral) can reduce the likelihood that challenges escalate into crisis pathways. Impact stories describe centres as trusted places where people seek early help with everyday systems and paperwork, building confidence and independence, and supporting stabilisation. This pathway is particularly evident for cohorts facing compounding barriers (e.g., limited transport, low digital confidence or recent arrival), where warm support and referral can help people access the right services sooner.

Overall, the qualitative evidence supports the Table 5-1 outcomes for empowerment and leadership by illustrating how centres provide low-barrier learning and practical assistance that build confidence and independence, create progression pathways into volunteering and, in some cases, employment or further study, and expand service capacity through volunteer labour and governance. These pathways also highlight overlap with other impact domains, particularly inclusion and resilience, reinforcing the need for a cautious approach when attributing and monetising benefits.

Quantitative indicators

- Participation in education and training delivered through centres, both accredited and non-accredited, including adult community education programs. In FY24/25 9,561 participants engaged in various accredited and non-accredited courses. It was estimated that approximately 85 CNCs delivered such programs in FY24/25.
- Volunteer numbers and hours that support service capacity, equitable access and inclusion. In FY24/25, 3,831 volunteers delivered 535,476 hours of volunteering service.
- The survey data showed that community centres identified “Improving job skills” (76 per cent), “Taking part in learning new activities” (100 per cent), “Improving independence” (100 per cent) and “Acquiring new life skill” (98 per cent) as some of the key benefits to participants. These benefits were primarily linked to group facilitation, such as self-help groups, room hire, community activities, such as community meals, library of things, health and wellbeing activities, education, training, and employment support service referrals and advice, and non-accredited courses facilitated by community centres.

Monetising the impact

Community and neighbourhood centres support empowerment by building people’s confidence, skills and independence through accessible learning, practical assistance and opportunities to contribute. While Section 4.5 highlights that adult community education can generate substantial economic value, including monetised returns in SACES (2017) for accredited foundation skills. Monetising empowerment outcomes in this study was constrained by the available data and the timeframe over which benefits accrue. In particular, although the survey captured participation in accredited and non-accredited courses, it did not collect course level information beyond Certificate I. As a result, longer-term economic impacts that are most credibly linked to higher attainment (typically Certificate II and above) such as sustained employment and earnings gains, could not be estimated.

Volunteer time was quantified to demonstrate the scale of in-kind contributions across the sector, and valued using a replacement-cost approach to report economic contribution. Whether volunteer time was included within the SROI ratio was determined in line with the selected SROI guidance and to avoid inconsistency with how investment and benefits were defined. Where volunteer time was excluded from the SROI calculation, this was because it was provided willingly and including it could overstate both inputs and

outcomes. Appendix 4 describes the methods used to monetise impacts. The following impact were monetised:

- Volunteer replacement cost was estimated at **\$31.10 million** annually.

5.3.3. Inclusion and equity

Qualitative evidence

- **Increased inclusion, belonging and participation for all cohorts, including priority cohorts:** In line with Appendix Table 3-1, centres support inclusion by providing culturally safe, accessible and affordable places where people can participate at their own pace. Impact stories describe the importance of groups and activities that centre culture, language and lived experience as enabling consistent participation and rebuilding belonging. Case study evidence shows centres operating as inclusive third spaces that normalise participation for people who face barriers to engagement, including through co-located community infrastructure (e.g., Ngutungka Henley's integrated library-community centre model) and centres that operate as multicultural hubs with partner organisations and groups (e.g., Kilburn).
- **Improved access to services and entitlements (navigation, referrals, digital access), supporting fairness and equity:** Qualitative evidence indicates that trusted, low-barrier settings support earlier help-seeking and more equitable access to increasingly complex service systems. Across impact stories, supported access to computers, internet and help with online forms was described as reducing digital exclusion and improving access to services and entitlements, particularly for people with low digital confidence. Case study evidence from Strathalbyn highlighted staff and volunteers assisting older residents to navigate aged care information, complete forms, and communicate with services when transport and digital barriers exist, thereby supporting access to systems that are increasingly digital by default. Centres also facilitate warm referrals to specialist services and partner organisations, which can reduce the risk that people disengage before receiving help.
- **Improved access to transport and mobility, enabling participation and access to essential services:** Appendix Table 3-1 identifies transport supports as an enabling input that reduces practical barriers to participation, particularly for older people and people with disability. Case studies and impact stories indicate that transport assistance enables people to attend social, wellbeing and learning activities and to access essential appointments and services. In regional contexts, where distance and limited transport options can compound exclusion, centres were described as practical access points for participation and connection (e.g., Milang), with transport and local coordination supporting more equitable access to community activities and supports.
- **Improved legal and financial stability through access to legal services, financial counselling and tax assistance:** Qualitative evidence suggests that co-location, partnerships and trusted relationships can improve access to legal and financial supports that people may otherwise avoid or be unable to navigate. The Kilburn case study illustrates a model where partner organisations and clinics operate alongside community activities, supporting access to advice and warm pathways to assistance for people facing complex barriers. Impact stories also describe centres as places where people seek practical help early, including with forms and service interactions, which can contribute to improved stability and reduced stress.
- **Improved emergency preparedness and disaster response/recovery (where delivered):** Where centres deliver emergency preparedness or disaster response/recovery activities (as identified in Table 5-1 and Appendix Table 3-1), qualitative evidence indicates that trusted local infrastructure can support rapid mobilisation, information sharing and coordination. Case study evidence from integrated hub models (e.g., Ngutungka Henley) highlights how accessible community infrastructure and partnerships can support community coordination during periods of heightened need, with centres providing safe spaces, practical supports and connection points for residents.

Overall, the qualitative evidence supports the Table 5-1 outcomes for inclusion and equity by illustrating how centres reduce barriers to participation through inclusive spaces, digital access and navigation support, transport enabling services and partnership pathways to specialist supports. These mechanisms improve fairness of access for priority cohorts and support participation in community life, while highlighting overlap with resilience outcomes where assistance is crisis-oriented or stabilising.

Quantitative indicators

- Hours of room hire as a proxy for access to community infrastructure and participation opportunities. In FY24/25, CNCs recorded 312,101 hours of room hire.
- In FY24/25, 74,455 hours of community transport were provided by the CNCs, enabling access to participation and essential services.
- Playgroup participation as an enabling support for family participation. In FY24/25, the sector provided 6,935 sessions of childcare/playgroup/creche services, with 2,359 participants attending per week.
- 44 CNCs supported social enterprise activities.
- The survey data showed that community centres identified “Accessing services addressing acute need” (98 per cent) as the key benefits to participants. These benefits were primarily linked to group facilitation, such as self-help groups, room-hire, etc., health and wellbeing activities, emergency assistance and service referrals and advice facilitated by community centres.

Monetising the impact

Some indicators overlapped across impact domains, so care was taken to avoid double-counting when estimating social value. In this report, inclusion-related impacts were monetised using market-based proxies where outputs could be quantified. For example, valuing access to facilities/community space, transport or transport-enabled access, and structured family participation supports such as playgroup sessions, value of legal and financial counselling, value of social enterprise, where data were available. Appendix 4 describes the methods used to monetise impacts.

The following impacts were monetised:

- Value of facilities hire was estimated at **\$13.57 million**
- Value of transport services was estimated at **\$7.68 million**
- Value of childcare was estimated at **\$1.64 million**
- Value of social enterprise reported by community centres was **\$1.01 million**
- Value of legal or financial counselling was estimated at **\$4.02 million annually**.

5.3.4. Resilience

Qualitative evidence

- **Reduced financial stress through low-cost goods/food and strengthened the sustainability of services:** Appendix Table 3-1 highlights that stabilising supports such as food relief, low-cost meals and access to affordable goods can reduce immediate financial stress and help people maintain dignity and connection. Impact stories describe shared meals, food relief and low-cost activities as helping households cope during cost-of-living pressure while sustaining routine and social connections. Case studies reinforce that these supports often function as anchor services that keep people engaged with the centre and connected to other supports. For example, Strathalbyn’s regular food distribution was described as an ongoing point of access for community members alongside social and wellbeing activities. Social enterprise models (e.g., op-shops and cafés in Camden and Elizabeth South) were also

described as providing affordable access points while creating practical opportunities for volunteering and participation.

- **Improved safety, crisis stabilisation and pathways to housing and specialist support, including domestic and family violence and homelessness pathways, and reduced escalation to higher-cost services:** Qualitative evidence indicates that centres can operate as trusted first points of contact during distress, providing timely practical assistance and linking people to relevant services to prevent escalation. Case study reflections from Strathalbyn emphasised that in the absence of the centre, residents experiencing hardship would often have limited local alternatives, particularly where mobility, transport or digital access barriers apply. Impact stories similarly describe centres as safe, accessible environments where people seek help early with everyday systems and paperwork and can be supported toward ‘warm’ referral pathways. Centres that host partner organisations and clinics (e.g., Kilburn) illustrate how co-location and partnerships can strengthen pathways to specialist support, including for people with complex needs.

Overall, the qualitative evidence supports the resilience outcomes in Table 5-1 by illustrating how centres stabilise immediate pressures through food and low-cost supports, provide trusted, non-stigmatising places for early help-seeking, and enable pathways to safety and specialist support. These functions strengthen individual and community coping capacity and can reduce escalation to more intensive and higher-cost services.

Quantitative indicators

- Food and non-food materials provided (value and/or volume, where reported through the survey). 59 community centres were estimated to provide food relief, and 42 community centres were estimated to provide non-food relief.
- The survey data showed that CNs identified:
 - “Accessing services addressing acute need” (98 per cent),
 - “Feeling safer and more secure” (100 per cent),
 - “Avoiding delinquency/contact with police or courts” (72 per cent),
 - “Escaping family and DV” (66 per cent) and
 - “Reducing/avoiding financial stress” (46 per cent)

as some of the key benefits to participants. These benefits were primarily linked to group facilitation, such as self-help groups, room-hire, etc., community activities, such as community meals, library of things, health and wellbeing activities, and service referrals and advice facilitated by community centres.

Monetising the impact

BDO collected survey data on the values of food and non-food relief provided by community centres. These estimates were scaled up to provide an estimate of the food and non-food relief provided by CNCs in FY24/25. Appendix 4 describes the methods used to monetise impacts.

The following impact was monetised:

- Value of food and non-food relief was estimated at **\$449,715** in FY24/25.

5.4. Social return on investment analysis

The three approaches used in this report to estimate the dollar value of benefits were: 1) the QALY approach to value wellbeing and social connectedness, 2) the replacement cost method or proxy value to estimate the market value of certain services and activities provided and facilitated by community centres in SA and 3) the avoided cost method.

Monetised benefits of CNCs

Table 5-3 shows the overall community value to the SA community facilitated by community centres across three impact groups: 1) Social connectedness and wellbeing, 2) Empowerment and leadership, 3) Inclusion and equity and 4) Resilience was estimated at around \$99.31 million per year.

Table 5-3 Aggregate benefits, 2024/25

	Value to the SA community per year
Value of social connectedness	\$34,999,388
Value of volunteer replacement value*	\$ 31,097,797
Facilities hire	\$13,566,321
Community bus hire	\$7,679,648
Value of volunteer wellbeing	\$4,603,118
Value of legal or financial counselling*	\$4,023,422
Value of childcare	\$1,643,434
Value of social enterprise	\$1,014,865
Value of food and non-food relief	\$449,715
Value of avoided healthcare cost	\$227,901
Total	\$99,305,608

Source: BDO analysis

Social return on investment

Services delivered by CNCs are extensive. Our framework captures a limited set of monetisable outcomes. It is worth noting that our analysis captured additional intangible benefits, suggesting that the value of these benefits would likely increase if more outcomes could be quantified. Given this context, the results in Table 5-4 can be interpreted in the following way:

- For every \$1 of expenditure or investment in operations of CNCs \$2.29 in social benefits was returned to the community in SA
- For every \$1 of income (funding and non-funding) received by CNCs \$2.59 in social benefits was returned to the community in SA.

Table 5-4 Benefit to investment/funding ratio

	Value to the SA community value per year
Social value to the community in 2024/25	\$64,184,390 *
Total operating expenditure or investment by CNCs in 2024/25	\$28,019,324
Ratio of benefit to expenditure	2.29
Value of income (funding and non-funding) received by CNCs in 2024/25	\$24,775,506
Ratio of benefit to income	2.59

* SROI calculation excludes volunteer replacement value and value of legal or financial counselling

Source: BDO analysis

These results should be considered conservative and are likely to understate the value of CNC's activities, as they include all costs of CNC's operating activities or funding amount but exclude many benefits that could not be monetised.

6. Conclusion

This report explores the social and economic impacts of the CNC sector in SA to support advocacy and guide future policies and funding decisions. Building on the 2013 SACES report, it combines a sector-wide survey with case studies and impact stories, supported by a program logic model and an SROI framework. This mixed-methods approach allows quantification of key sector activities and their value, while explaining how outcomes are achieved across various local contexts.

Findings reveal that CNCs serve as vital local social infrastructure, offering a wide range of services rather than just a single program. Throughout the year, centres reported high participation and repeat visits across services such as group facilitation, community activities, health and wellbeing programs, adult education, child and family support, emergency assistance, and service referrals. The sector particularly reaches groups facing participation barriers, including older adults, low-income individuals, CALD communities, recent refugees, and people with disabilities.

Case studies and impact stories show that participants often start with low-barrier access and then engage in ongoing activities that foster routine, connection, skills, and confidence over time. A recurring theme across all evidence sources is centres' preventative role in averting escalation to more intensive and costly services. Centres act as trusted entry points where people can seek early help, receive respectful treatment, and be directed via warm referrals to specialised services, an especially crucial function where transport, digital access, or local service options are limited. Case studies note that without the centres, some participants would only turn to GPs, hospitals, or social services, while impact stories highlight how timely support can enhance safety and stability. Overall, the evidence suggests that much of the CNC sector's value stems from early engagement, practical support, relationship-based referrals, and ongoing participation.

Applying the program logic model and SROI framework, impacts are categorised into four domains: social connectedness and wellbeing, empowerment and leadership, inclusion and equity, and resilience. Qualitative data show outcomes like reduced loneliness, increased belonging, enhanced confidence and independence through learning and volunteering, improved access and participation for priority groups, and stability during financial stress. Where possible, selected outcomes were quantified and monetised using conservative assumptions, resulting in an estimated \$99.31 million in value generated by CNCs in 2024/25. This includes benefits from social connectedness, volunteer wellbeing, volunteer replacement costs, facilities hire, community transport, counselling, childcare, social enterprise, relief efforts, and healthcare cost savings. For each dollar of CNC investment, \$2.29 to \$2.59 in social benefits is returned to South Australian communities.

The analysis highlights that the sector's capacity depends on a mix of paid staff, volunteers, and local government support. Volunteers provide extensive hours for reception, programs, outreach, meals, transport, and governance in independent centres. Local government contributions, such as facilities, staffing, and coordination, are essential for maintaining accessible, community-based responses. The evidence indicates that investing in CNCs offers high value, addressing immediate needs while fostering long-term outcomes, tailored local responses, and reducing pressure on higher-cost services. Like all sector-wide assessments, there are limitations.

The survey data for 2024/25 rely on scaling assumptions, and long-term outcomes, such as sustained employment or reduced statutory involvement, are not fully observable within a single year. Future evaluations could be improved through systematic data collection on referrals, participant pathways, repeat participation, partnerships, and follow-up outcomes, where possible. Despite these limitations, the combined quantitative and qualitative evidence confirms that CNCs significantly contribute to SA's social and economic wellbeing as accessible community hubs that enhance connection, inclusion, capability, and resilience.

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Appendix 1 Survey Questionnaire

Dear Community Centre Provider,

You are invited to participate in an important survey on the Social and Economic Impacts of the Community and Neighbourhood Centres in South Australia.

Who is conducting this survey?

LGA South Australia (LGA) has engaged BDO, in partnership with Community Centres SA (CCSA) to evaluate the social and economic impacts of the community and neighbourhood centres sector; and to update the previous report by the South Australian Centre for Economic Studies (SACES), completed in 2013. BDO will conduct this research with support from A/Prof Andreas Cebulla from Flinders University and A/Prof Michael O'Neil from Adelaide University. All centres in SA have been invited to take part in this study.

Why is your data needed?

LGA needs to understand the significant social and economic contributions of the community and neighbourhood centre sector to South Australia's communities to support ongoing advocacy and support future funding initiatives. LGA hopes to achieve this via an online confidential questionnaire (this survey) and a series of case studies.

What will the survey ask?

The survey will ask you questions about your centre over the last financial year (2024-2025) and seek information about:

- General demographic information – e.g. name, contact details, operating hours
- Governance models
- If you are co-located with other services
- The services you provide or courses you deliver
- Financial information – income sources, operating costs
- Attendance data of participants and visitors, including their demographic profile · The number of staff and volunteer involvement
- The perceived benefits of the services and programs you deliver.

Answers will generally be in the form of a tick box, number or percentage.

What if I can't answer the question?

Please complete the questionnaire as fully as possible. If you lack relevant administrative data, please provide estimates. If you need assistance with the questionnaire or have any questions, please contact Andreas Cebulla via email at andreas.cebulla@flinders.edu.au

Can I save my responses?

Yes, each community centre or neighbourhood house will receive a unique link to enable you to save your answers should you need to seek further information.

Is my participation mandatory?

Your participation in the survey is voluntary. We do however encourage all centres to participate in order to fully document the contribution of the community centres network to the welfare of all South Australians.

It is important that we can get as much data as possible to help us argue for more funding for the sector and inform research into the social and economic value of community centres.

What will happen to my data?

Responses are confidential. The data collected will be the property of LGA and will only be used for this purpose and related social and economic research. LGA has agreed to share the data with CCSA, for the same purpose only to enable them to build on this research in the future.

Thank you for agreeing to participate in this important study on behalf of the LGA, in partnership with CCSA.

To commence the survey, please click NEXT.

1. *Please provide the following details.

When we compile survey results, we undertake a process of data cleaning to check for errors. We'll use your contact information if any figures need clarification.

Name of the community centre

Postcode

Year of establishment*

Number of weeks open during the year

Person/s completing this survey

Phone number

Email

2. What is your centre's current governance model?

Select the one that most accurately describes your governance model or specify another.

Independent Incorporated Association

Independent with council paid staff support

Local Government Managed

Company limited by guarantee

Indigenous corporation

Not-for-Profit Organisation Managed

Cooperative

Co-managed (e.g. with library, council, NGO)

Don't know/don't want to answer

Other (please specify):

3. Is your centre co-located with any of the following?

Tick all that apply.

Library

Health service

School or early learning centre

Other (please specify):

The centre is not co-located

4. *Which, if any, of the following services does your centre provide?

Tick all that apply.

Services

Public internet access

Food relief

Digital assistance (e.g. mobile phone help, MyGov, online services & forms)

Non-food material relief

Photocopier, printer, fax

Health and wellbeing programs

Recycling station	Physical activity/fitness/gym
Arts and Craft groups	Counselling and mental health support/social prescribing
Social groups (e.g. CALD, faith-based, LGBTQIA+, disability)	Men's Shed/Community Shed
Self Help Groups (Alcoholics Anonymous, Narcotics Anonymous)	Education and training (accredited/non-accredited) (e.g. Adult Community Education)
Meeting rooms (for hire)	Job search/employer networking support
Informal meeting/gathering spaces	Children and family supports
Community transport	Childcare, playgroup or crèche services
Community kitchen	After-school or school holiday program
Community garden	Playground
Grow Free Cart	Housing or homelessness referrals
Community meals (e.g. Men's Breakfast)	Centrelink Agency or Access Point
Community events (e.g. markets)	Legal or financial counselling
Cooking programs	Family and DV support services
Library of things (e.g. toys, tools)	Community/social enterprise (e.g. Op-Shop, Café, book shop)
Circular economy (e.g. book swaps, repair cafés)	Other (please specify):
Emergency preparedness/disaster recovery	The centre does not provide any services

5. Which, if any, accredited or non-accredited courses does your centre deliver?

Tick all that apply. These courses may be delivered by external organisations but hosted at your premises.

Accredited and non-accredited courses	
Certificate I in Access to Vocational Pathways	Business skills and entrepreneurship training
Certificate I in Skills for Vocational Pathways	Digital literacy

Certificate I in English Proficiency	Job search and job interviewing skills
Literacy and Numeracy	Skills for study or work
English language (other than Cert. I)	Financial literacy
Cooking, baking, barista, cafe work	Other (please specify):
Horticulture and gardening	The centre does not deliver any courses
Nursing and allied health	

6. *Which of the services and programs that your centre provides or delivers has no alternative provider in the local community that participants could easily access?

	No alternative supplier	Yes, there is an alternative supplier	Don't know/unsure
Public internet access			
Digital assistance (e.g. mobile phone help, MyGov, online services & forms)			
Photocopier, printer, fax			
Recycling station			
Arts and Craft groups			
Social groups (e.g. CALD, faith-based, LGBTQIA+, disability)			
Self Help Groups (Alcoholics Anonymous, Narcotics Anonymous)			
Meeting rooms (for hire)			

Please answer the questions in this and the following sections with reference to the Financial Year 2024/25, that is, the period between 1 July 2024 and 30 June 2025. Most, but not all, questions will ask you for information about an "average week" in that Financial Year, which may also occasionally be referred to as "FY24/25".

7. * How many people visited your community centre in an average week in FY24/25?

Please include service users, program participants and casual walk-ins.

If unsure, please estimate the number of visitors.

8. What percentage of those visiting your centre in an average week in that year were regular users of your programs or services?

By regular visitors, we mean people who visited on different occasions in that week and/or any other week of FY24/25, to take advantage of services or programs provided at the centre.

If unsure, please estimate the percentage.

9. In an average week, approximately how many people accessed the services provided or programs delivered at your centres?

If unsure, please estimate the number of participants.

Public internet access

Digital assistance (e.g. mobile phone help, MyGov, online services & forms)

Photocopier, printer, fax

Recycling station

Arts and Craft groups

Social groups (e.g. CALD, faith-based, LGBTQIA+, disability)

Self Help Groups (e.g. Alcoholics Anonymous, Narcotics Anonymous)

Meeting rooms (for hire)

Informal meeting/gathering spaces

Community transport

Community kitchen

Community garden

Grow Free Cart

Community meals (e.g. Men's Breakfast)

Community events (e.g. markets)

Cooking programs

Library of things (e.g. toys, tools)

Circular economy (e.g. book swaps, repair cafés)

Emergency preparedness/disaster recovery

Food relief

Non-food material relief

Health and wellbeing programs

Physical activity/fitness/gym

Counselling and mental health support

Men's Shed/Community Shed

Education and training (accredited/non-accredited)

Job search/employer networking support

Children and family supports

Childcare, playgroup or crèche

After-school or school holiday program

Playground

Housing or homelessness referral services

Centrelink Agency or Access Point

Legal or financial counselling
Family and DV services
Community/social enterprise

10. Considering the entire FY24/25, approximately how many people participated in accredited or non-accredited courses delivered at the centre?

If unsure, please estimate the number of participants.

Certificate I in Access to Vocational Pathways
Certificate I in Skills for Vocational Pathwaysf
Certificate I in English Proficiency
Literacy and Numeracy
English language (other than Cert. I)
Cooking, baking, barista, cafe work
Horticulture and gardening
Nursing and allied health
Business skills and entrepreneurship training
Digital literacy
Job search and job interviewing skills
Skills for study or work
Financial literacy

11. Please estimate the number of visitors to your centre in an average week according to their demographic profile.

If unsure, please provide an estimate of the number of visitors.

These are not necessarily mutually exclusive categories. For instance, a visitor may be a 22-year old recent refugee. They should be considered in the estimate of both, the "Young people (aged 15-24)" and the "People who arrived as refugees" categories.

Children under 5 years of age
Children aged 5 to 14 years
Young people (aged 15 to 24 years)
People of core working age (aged 25 to 59 years)
Older people (aged 60 and over)
People of First Nation background
People from Culturally and Linguistically Diverse communities (excluding recent refugees)
People who arrived as refugees within the last 5 years
People with disability
People on low income
People identifying as LGBTQIA+

12. In an average week, what was the gender of community centre visitors?

Please provide or estimate the percentage. Please also note that percentages should sum to 100 (indicated in the bottom row of the table).

Male
Female
Non-Binary

13. Considering the entire FY24/25, how much room use or hire did you provide to external groups and/or organisations?

Please provide the number of hours of room use. If none, type "0" (zero).

14. Considering the entire FY24/25, how many sessions of childcare, playgroup or crèche services were provided by your community centre?

Please provide or estimate the number of sessions. If none, type "0" (zero).

15. Please estimate the dollar value of the food or non-food material relief provided by your Centre in an average month.

Please use whole numbers only. Enter '0' (zero) if your Centre does not provide that specific material relief.

Value in \$

Bill payments

Cash/prepaid or gift card

Food vouchers

Frozen meals

Community lunches

Fuel vouchers

Public transport cards

Clothing & Linen (sale or estimated resale value)

Personal care and hygiene items (Retail value)

Tents, swags or sleeping bags value

16. What type or types of social enterprise did your centre run in FY24/25?

A social enterprise is a business that operates to solve a social problem, improve a community, support people with employment and training, and/or help the environment.

Tick all that apply.

Social enterprise

Cafe

Op Shop

Catering service

Book Shop

Cleaning service

Repair services

Gardening/mowing service

Transport services

Gym

Arts & crafts shop

Hairdressing	Plant nursery
Human services training/resources	
Laundry service	

17. Considering the entire FY24/25, what was the total value of sales from your social enterprise/s?

Please enter \$ value

18. How many staff were employed by the centre on average throughout FY24/25?

Please provide the number of full-time and part-time employees.

Enter '0' (zero), if none.

Full-time

Part-time

19. In an average week, how many volunteers contributed to the activities of the centre?

Please provide or estimate the number of volunteers. Enter "0" (zero), if none.

20. Considering the entire FY24/25, how many unique volunteers did your centre have?

Please provide or estimate the number of people who volunteered at some point during the year, although they may not have done so the entire year. Please enter "0" (zero), if you did not have any volunteers.

21. How many hours of volunteering did your volunteers deliver in an average week in FY24/25?

If unsure, please provide an estimate of the hours of volunteering.

22. In an average week, what was the gender of community centre volunteers?

Please provide or estimate the percentage. Please also note that percentages should sum to 100 (indicated in the bottom row of the table).

Male

Female

Non-Binary

23. In an average week, how many of your volunteers were aged 65 years or over?

Please estimate their number. Enter "0" (zero), if none.

24. Please indicate the \$ amount of your centre's total income in FY24/25 that came from funding sources and from non-funding sources.

Funding sources are core funding received from, for instance, federal, state or local government; grant funding from philanthropic and other organisations.

Non-funding sources include income from donations, membership fees, fundraising activities, sales of goods and services, fees for courses or programs, rent/leasing/hiring.

Please indicate the dollar (\$) amount. Enter "0" (zero) if none.

Funding sources

Non-funding sources

25. What were your centre's total operating costs in FY24/25?

Please provide or estimate the \$ amount.

26. To the extent possible, please breakdown your operating costs according to its component parts in the table below.

Please indicate the dollar (\$) amount.

Please provide as much detail as known, using "0" (zero) to indicate no spend

Leave blank any items you do not know or cannot estimate.

Wages and salaries (including superannuation)

Workers compensation, payroll/fringe benefits, taxes etc.

Grants and other payments to organisations, business, individuals, contractors or facilitators

Donations paid

Membership fees paid

Capital expenditure (land, buildings etc)

Utilities (internet, water, electricity, gas etc.)

Purchases of goods and services (excl. capital expenditure or utilities)

Rent

Land tax and tax rates

Interest, depreciation and bad debts

Other not listed above

27. How many funding applications did your centre submit in FY24/25?

Please provide or estimate the number. Enter "0" (zero), if none.

28. How many of those funding applications were successful?

Please provide or estimate the number. Enter "0" (zero), if none.

29. Over the last year, how much do you think your centre has contributed to each of the following types of benefits for its visitors?

Tick as appropriate.

Use the text box in the final row to add any other benefits or outcomes you think important.

	No benefit/ not a centre priority or objective	Some benefit	A lot of benefit	Don't know/unsure
Improving job skills				
Improving health/personal well-being				
Developing new interests/activities				
Making friends/increasing social connections				
Reducing social isolation				
Taking part in/learning new activities				
Improving independence				
Accessing services addressing acute need				
Acquiring new life skills				
Feeling safer and more secure				
Avoiding delinquency/contact with police or courts				
Escaping family and DV				
Reducing/avoiding financial stress				
Other benefits/outcomes				

30. Thinking about the benefits or outcomes you have identified, which type or types of services and programs delivered by your community centre contributed to achieving those benefits or outcomes for centre visitors?

Select up to three that most strongly contributed to each benefit or outcome.

	Group Facilitation (e.g. self-help, room hire)	Community activities (e.g. meals, library of things)	Emergency assistance	Health and wellbeing activities	Education, training, employment support	Child and parental support	Service referrals and advice	Accredited courses	Non-accredited courses	No of the ab
Improving job skills										
Improving health/personal well-being										
Developing new interests/activities										
Making friends/increasing social connections										
Reducing social isolation										
Taking part in/learning new activities										
Improving independence										
Accessing services addressing acute need										
Acquiring new life skills										
Feeling safer and more secure										

	Group Facilitation (e.g. self-help, room hire)	Community activities (e.g. meals, library of things)	Emergency assistance	Health and wellbeing activities	Education, training, employment support	Child and parental support	Service referrals and advice	Accredited courses	Non-accredited courses	No of the ab
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Avoiding delinquency/contact with police or courts

Escaping family and DV										
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Reducing/avoiding financial stress

Other benefits/outcomes										
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31. Can you share with us stories of impact from your centre in the last 12 months?

Please provide up to three stories of no more than 200 words each.

Please note that all or parts of your story/stories may be published verbatim in a public report. Please avoid identifying details.

Thank you for participating. A member of our research team will contact you if any further clarification is required from your responses.

Appendix 2 List of community centres interviewed, surveyed and emailed for case studies

Centre	Interviewees	Date
Strathalbyn Neighbourhood Centre	Malcom Sutcliffe Mikaela Porter	20th January
Woodcroft Morphet Vale Neighbourhood Centre	Sarah Armstrong Rebecca Smith Peter McDonald	28th January
Milang Community Centre	Stuart Jones	30th January
Camden Community Centre	Sally-Anne Griffiths	4th February
Ngutungka Community Centre Henley Beach	Claire MacBeth Amy Evans	4th February
Elizabeth South Community Centre	Michelle Stevens Ester Hey	5th February
Kilburn Community Centre	Teresa Brown Sarah Bevan	6th February
Alexandrina Council	Deb Gregory (Council) Lee Ritchie (Council)	30th January 13th February
Onkaparinga Council	Paul Wright (Council) Pamela Hamdorf (Council)	11th February
West Torrens Council	Angie D'Amato (Council)	5th March
Port Adelaide Enfield Council	Liz Byrne (Council)	25th February
Charles Sturt Council	Bec Lyons (Council)	23rd February
Playford City Council	Kate Nankivell (Council) Amy Godfrey (Council)	16th March
Department of Human Services	Jim Gillespie (DHS)	9th March

Appendix 3 Detailed program logic

Appendix Table 3-1 Detailed program logic model

Service / activity area	Demographic groups impacted	Inputs & activities (what centres do)	Outputs (how activity is measured)	Outcomes / social impact (what changes)	Aggregated impact areas
Social connection & belonging	All age groups; older people (60+), people on low income, people living alone, people with disabilities, carers, CALD and recent refugees, LGBTQIA+.	Provide welcoming “third space” and regular groups (e.g., community meals, hobby groups, intergenerational programs).	Visitor numbers (average week), regular visitor %, participation in social groups/activities.	Reduced loneliness and isolation, stronger friendships and community connection, improved wellbeing.	Social connectedness, Wellbeing
Community capacity & volunteering	Volunteers across all ages (incl. 65+), people seeking connection/purpose, people with disabilities, people on low income, CALD communities.	Recruit, support and coordinate volunteers (including governance, reception, gardens, kitchens, events, transport).	Volunteers (average week); unique volunteers; volunteer hours (average week); volunteer demographics.	Increased purpose, belonging and confidence for volunteers; increased service capacity and value created through volunteer labour.	Empowerment, Leadership, Wellbeing
Food relief, low-cost meals & material assistance	People on low income, families with children, older people, people experiencing housing insecurity/homelessness, CALD and recent refugees, and people with disabilities.	Provide food parcels, community meals, frozen meals, pantry services, and emergency relief with dignity, outreach/transport where needed.	People accessing food relief/meals (average week), estimated value of material relief (average month).	Reduced/avoided financial stress, improved food security, strengthened connection through shared meals and welcoming spaces.	Resilience, Equity, Wellbeing
Health, wellbeing & physical activity	Older people, people with disabilities, people experiencing loneliness/isolation, people with	Deliver exercise, fitness, movement, and wellbeing activities, and provide supportive	Participation in health and wellbeing programs / physical activity (average week).	Improved physical health and mental wellbeing, stronger social connections	Wellbeing, Social connectedness

Service / activity area	Demographic groups impacted	Inputs & activities (what centres do)	Outputs (how activity is measured)	Outcomes / social impact (what changes)	Aggregated impact areas
	mental health needs, carers, and people on low income.	social participation (e.g., Strength for Life, yoga, Tai Chi).		and confidence, reduced isolation.	
Education, training & employability (incl. ACE)	Young people (15-24), working-age adults (25-59), CALD and recent refugees, people on low income, people re-entering learning, and carers.	Provide accredited and non-accredited learning (e.g., English, literacy, digital literacy, cooking skills, job search support), wraparound encouragement and support.	Course participation (FY24/25), education/training participation (average week), job search support usage.	Improved skills and confidence, improved independence, readiness for employment, and participation pathways into further education.	Empowerment, Equity
Digital inclusion & practical access	Older people, CALD and recent refugees, people on low income, people with disabilities, and people needing help with government/online services.	Provide internet access, computers, printing/photocopying, and support for navigating online forms and services (e.g., MyGov).	Public internet access use, digital assistance, printing/photocopying use (average week).	Improved independence and access to services, reduced exclusion for people with limited digital access.	Inclusion, Equity, Empowerment
Service navigation, referrals & advocacy	Older people, people with disabilities, CALD and recent refugees, people on low income, people with complex needs, and carers.	Provide information/referral, supported guidance (e.g., aged care access, Centrelink/navigation, legal advice pathways, housing referrals).	People accessing referral/advice services (average week), housing/homelessness referrals, and legal/financial counselling access.	Improved access to services and entitlements, improved stability and independence, reduced escalation to crisis supports.	Inclusion, Equity, Empowerment
Family, children & early years supports	Children under 5, children 5-14, parents and carers, families on low income	Playgroups, occasional care/creche, parenting programs, family supports, and early	Childcare/playgroup/creche sessions (FY24/25), participation in children and family supports.	Reduced carer stress, improved child and family wellbeing, improved social connection for	Wellbeing, Resilience, Social connectedness

Service / activity area	Demographic groups impacted	Inputs & activities (what centres do)	Outputs (how activity is measured)	Outcomes / social impact (what changes)	Aggregated impact areas
	income, families experiencing stress or limited support networks.	identification and support pathways.		parents/carers, and earlier access to supports.	
Inclusion & accessibility (CALD, disability, First Nations, older people)	People of First Nations background, CALD, recent refugees, people with disabilities, older people, LGBTQIA+, and people on low income.	Provide culturally safe and accessible programs/spaces, tailor programs (e.g., women's groups, settlement supports, disability-accessible drop-in).	Visitor demographics (counts by cohort); participation in social groups and accessible activities.	Increased inclusion, belonging and participation, reduced isolation for priority cohorts, improved ability to engage safely and consistently.	Inclusion; Equity, Social connectedness
Safety & crisis support (incl. DV and homelessness pathways)	People experiencing family and DV, people experiencing housing insecurity/homelessness, people on low income, CALD and recent refugees, families with children.	Provide a low-barrier safe space and crisis support, material aid, and warm referrals to DV, homelessness, and other specialist services.	People accessing acute-need services, material relief value, housing/homelessness referral usage.	Increased safety and security, crisis stabilisation, pathways to housing and specialist supports, reduced distress and isolation.	Resilience, Wellbeing, Inclusion, Equity
Youth development & mentoring	Young people (15-24), children 5-14, families with children, young adults at risk of isolation, young people in regional areas.	Provide youth programs and safe spaces (after-school, holiday activities, youth hubs, mentoring, youth-led initiatives).	Participation in after-school/holiday programs (average week) and youth activities (where captured).	Improved youth connection, skills and confidence, safe peer spaces, strengthened intergenerational connection (where relevant).	Empowerment, Resilience, Social connectedness, Wellbeing

Service / activity area	Demographic groups impacted	Inputs & activities (what centres do)	Outputs (how activity is measured)	Outcomes / social impact (what changes)	Aggregated impact areas
Community infrastructure (rooms, hire, community-led use)	Community groups and residents across all ages, seniors, CALD communities, people with disabilities, local not-for-profits, and informal groups.	Provide meeting rooms and community spaces for groups and events, support local initiatives and community-led activity.	Room hire hours (FY24/25), participation in community events, number of external groups using spaces.	Increased community participation and social capital, strengthened local networks and shared activities.	Social connectedness, Inclusion, Equity
Social enterprise (where applicable)	People on low incomes, volunteers, older people, families with children, people seeking work-experience pathways, and socially isolated community members.	Operate community cafés, op-shops and other enterprises that create welcoming spaces, volunteering pathways, and revenue.	Enterprise type(s), total enterprise sales (FY24/25).	Increased connection and inclusion, reduced financial stress through low-cost goods/food, and strengthened the sustainability of services.	Resilience, Empowerment, Social connectedness, Equity

Appendix 4 Methods for valuing benefits

Value of social connectedness from participation for participants

The value of social connectedness from participation was estimated using a wellbeing valuation approach informed by QALY-based methods applied in comparable social impact studies. First, the number of unique participants likely to experience improvements in social connectedness and related wellbeing through community centre activities in 2024/25 was estimated. This participant count was then multiplied by a per-person monetary proxy representing the quality-of-life gain associated with improved social connection. The resulting gross social value was adjusted for standard SROI parameters, including attribution and deadweight, to reflect the proportion of benefit attributable to community centres and the extent to which similar gains may have occurred in the absence of the intervention.

Value of volunteer wellbeing

The value of volunteer wellbeing was estimated using a wellbeing valuation approach informed by QALY-based methods applied in comparable social impact studies. First, the number of unique volunteers contributing through community centres in 2024/25 was estimated. This volunteer count was then multiplied by a per-person monetary proxy representing the quality-of-life gain associated with volunteering, including improved wellbeing, purpose and social connection. The resulting gross social value was adjusted for standard SROI parameters, including attribution and deadweight, to reflect the proportion of benefit attributable to volunteering through community centres and the extent to which similar wellbeing gains may have occurred in the absence of the volunteer role.

Value of health expenditure savings

The value of health expenditure savings was estimated using an avoided cost approach based on the role of community centres in supporting participation in physical activity and wellbeing programs. First, the number of people participating in centre-based physical activity who were assumed not to have undertaken similar activity in the absence of the centre was estimated. This participant count was then multiplied by an annual per-person estimate of health expenditure attributable to physical inactivity. The resulting gross value was adjusted to reflect only the share of savings attributable to participation enabled by community centres.

Value of facilities hire

The value of facilities hire was estimated using a replacement cost approach based on the use of community centre spaces by local groups, organisations and community members. First, the total number of hours that meeting rooms and other centre spaces were made available for hire or community use in 2024/25 was estimated. These hours were then multiplied by an appropriate market-based hire rate representing the cost of accessing an equivalent community venue in the absence of the centre. The resulting value represents the economic benefit of providing affordable and accessible community space through community centres.

Value of transport services

The value of transport services was estimated using a replacement cost approach based on the role of community centres in enabling access to activities, services and social participation. First, the number of transport trips or transport-supported participant journeys provided through community centres in 2024/25 was estimated. This was then multiplied by an appropriate market-based proxy representing the cost of equivalent transport that would otherwise need to be purchased or arranged. The resulting value reflects the benefit of reducing transport barriers and supporting access to essential services and community participation.

Value of playgroup

The value of playgroup was estimated using a replacement cost approach based on the provision of structured early childhood and parent support activities through community centres. First, the number of playgroup sessions delivered in 2024/25 was estimated. This was then multiplied by a per-session proxy representing the cost of

accessing an equivalent facilitated playgroup or early childhood support service in the absence of the centre. The resulting value reflects the benefit of providing low-cost, accessible opportunities for early childhood development, parent connection and family support.

Value of social enterprise

The value of social enterprise was estimated using reported revenue from community centre social enterprise activities undertaken in 2024/25. This includes income generated through centre-based enterprises such as cafés, op-shops and related activities that provide affordable goods and services while also supporting community participation and volunteering. The resulting value reflects the direct economic contribution of these enterprises to the sector and the communities they serve.

Value of legal and financial counselling

The value of legal or financial counselling was estimated using a replacement cost approach based on the number of people supported through these services by community centres in 2024/25. First, the number of participants accessing legal assistance, financial counselling, tax help or related advice services was estimated. This participant count was then multiplied by an appropriate market-based proxy representing the cost of obtaining equivalent support from a professional service provider. The resulting value reflects the benefit of improving access to advice and support that may otherwise be difficult or costly to obtain.

Volunteer replacement value

The volunteer replacement value was estimated using a replacement cost approach based on the contribution of volunteers across community centres in 2024/25. First, the total number of volunteer hours contributed was estimated. These hours were then multiplied by an hourly wage proxy representing the cost of employing paid staff to undertake equivalent work. The resulting value reflects the substantial in-kind contribution made by volunteers to the operation and service delivery of community centres.

Value of food and non-food relief

The value of food and non-food relief was estimated using reported survey data on the value of material assistance provided by community centres in 2024/25. This includes food relief, community meals, pantry items, frozen meals and other forms of non-food material support provided to individuals and households experiencing financial hardship or acute need. The resulting value reflects the direct economic benefit of relief delivered through community centres, using the replacement value of goods and support provided.

Appendix 5 Case studies of selected community centres

Milang Old School House Community Centre

Structure and Background

Milang is an old port town with a population of approximately 1,000. The Milang Old School House Community Centre (MOSHCC) is the hub of the community, situated next to Milang Primary School and the historic, now-renovated Milang Lakeside Butter Factory. MOSHCC commenced operation in 2003. The community centre is the major component or a subset of the Milang and District Community Association (Previously named the Milang Progress Association, which commenced operation in 1938 and amalgamated with the Milang Institute Committee in 2010) (no paid staff prior to 2003), but has a much longer history. Milang and District Community Association Inc. (MADCA) is an independent incorporated association, and the Milang Old School House building is leased from the Eastern Fleurieu School's Milang Campus.

The heritage Milang Lakeside Butter Factory precinct has been restored and is now open to the public, serving as the site for a social enterprise (kitchen), art exhibitions, and live music in partnership with Kanoetree wines. The restoration has been undertaken over several years by local volunteers.

The community centre has recently opened the Milang Youth Hub in the old Regatta Club building and has plans to further develop the building for youth-led activities, training, and partnership programs.

Financial Overview and Applications

Supporting the Milang Old School House Community Centre, as distinct from the Milang Association are the following funding and program sources totalling approximately \$398,000 for the centre:

- Alexandrina Council contribution of \$27,640 to support the running of the centre, with the centre awarded \$2,500 in a successful grant application
- DHS contribution of \$107,483 as part of Community and Neighbourhood Development support.
- Community Child Care Funded Restricted (CCCFR) Child Care program of \$67,907, plus \$5,827 in childcare subsidies¹
- Support from other MADCA programs (Lakes Home Care) of \$135,100 to support MOSHCC administration (as the main administration agent for the association), and
- Income generated from fees, donations, services, events, and room hire of \$51,592.

The Association, through the community centre, is funded to deliver the Commonwealth Home Support Programme (CHSP) with \$256,347. The programme provides for “government-subsidised, entry-level in-home care for older Australians (over 65 years of age) or over 50 years of age for Aboriginal/Torres Strait Islander people to live independently, providing services such as nursing, meals, transport, and general housing supports”. Home Care Package (under the programme title ‘Lakes Home Care’) income was \$1,907,550. Income from the National Disability Insurance Scheme (NDIS) was \$33,957.

¹ The Community Child Care Fund Restricted (CCCFR) Expansion Program is a key Closing the Gap initiative that supports the establishment and sustainability of early childhood education and care services in remote and very remote communities with limited access to culturally safe, high-quality early learning. The CCCF is part of the Australian Government's new Child Care Safety Net, which contributes to giving the most vulnerable children a strong start in life while supporting parents into work. The objective of the CCCF is to support childcare services to address barriers to childcare participation, particularly targeting disadvantaged and vulnerable families and communities. <https://www.education.gov.au/providers/extra-support>, education.gov.au

Overall, income by source was 69 per cent Home Care/NDIS funds, 18 per cent Grants, and 13 per cent other income.

In conversation, the Chief Executive Officer (CEO) of the centre stated that they had submitted 9-10 grant applications to Commonwealth, State, and Local agencies in 2025, of which 5 were successful.

There are nine members on the management committee, with the CEO of the Association as an ex officio member, and the committee meets 12 times per year.

Staffing, Students, Volunteers

Total staff numbers under MADCA are 45, including staff to deliver the CHSP and Home Care Package, enrolled and registered nurses, and childcare educators, with significant investment in staff to ensure compliance with registration conditions for Aged Care Quality and Safety. Some five staff members were supported to complete the Certificate 4 in Ageing and Support and other courses, such as Child Safe Environment, SAPOL road rules for drivers, first aid, and mental health.

Staff specifically allocated to MOSHCC include the CEO (full-time), Community Development Officer (.4 full-time equivalent (FTE)), Finance (1 FTE), Administration (.4 FTE) and a Volunteer Co-ordinator (.6 FTE), the latter assisting volunteers through the activities of the Association (e.g. drivers, kitchen, community care, etc). The 2025 Annual report indicates that there were 88 registered volunteers across all programs, contributing 12,223 hours to MADCA's activities. At a conservative \$50 per hour, the total value of volunteer hours was \$617,262 in the financial year 2024-25².

The Butter Factory accounted for 4,228 hours (the majority by the work crew and the kitchen); MADCA, 753 hours (the majority by the Milang community newsletter); and MOSHCC, 7,242 hours (the majority by reception/administration), followed by community drivers/transport and the community garden.

Visitor Demographics

The average number of visitors per week for regular or programmed activities, including repeat visitors, was approximately 100 people across multiple activities, including art classes, yoga, childcare, community garden, kitchen and meals, adult education, and one-off activities such as photocopying, assistance with forms/applications, and more. It is estimated that 80 per cent are female and 20 per cent are male. The youth program, in its early stages, averages 25 attendees per week.

Services and Activities

MOSHCC does not offer accredited courses. One of the core activities under the CHSP is the preparation and delivery of meals at home. There are a number of health and wellbeing activities that not only address health and activity but also provide personal and group counselling and events, such as “meet and greet” sessions, to address social isolation, which can arise simply because of the number of individuals living on properties across the region. Other services and activities are listed below:

- Emergency Relief (people in 5255 and 5256 postcodes)
- Adult community education
- Child Care 2 mornings per week

2 Volunteering SA updates the dollar replacement hour calculated using the average ordinary hourly and seasonally adjusted full-time wage of a person and then dividing it by the standard number of weekly working hours. Using \$50.50 per hour we have not included 15% for employer on costs, which covers superannuation, payroll tax, and administrative expenses. The basis of this calculation is taken from the biannual Australian Bureau of Statistics (ABS) average weekly earnings figures for Australia. This methodology follows Associate Professor, Dr Lisel O'Dwyer's (previously Prof Duncan Ironmonger) approach to calculating a dollar value figure for volunteering and is one of the calculations that forms the overall value of volunteering figure. Same approach has been adopted throughout this report.

- Keep fit, yoga, Tai Chi. Wellbeing workshops, balance programs
- Community garden
- CHSP services for frail aged and Home Care Packages
- Information and referral
- Meeting/activity space
- Office facilities - meeting rooms, kitchen, computers, internet access, fax, photocopying, laminating
- Local and family history information and resources
- Support for parents and families, Friday Feast
- Social activities, quiz afternoons, WOW women's group, cards, Ukulele, art
- Transport
- Volunteer opportunities, and
- Youth activities

The Youth Hub attracts participants aged 8-16 years from Milang, Clayton Bay, Langhorne Creek, Willyaroo and Strathalbyn. Average participation in weekly sessions is estimated at 25 young people, supported by 0.4 FTE of paid staff and four volunteers. Funding for the Hub is approximately \$48,000.

Social Impacts and Emerging Trends

Milang, as a rural farming community, could be described as 'somewhat isolated' because it is not centrally located relative to other destinations and is not a pass-through town. Social isolation, as noted above, is often due to living on individual farms rather than to life events such as bereavement or ageing in place. The youth program, while new, draws adults into the community, so the benefits of the program/activities are not just for young people.

It was also observed that Milang can be a centre or place for people who have reasons to 'escape from problems' in Adelaide or other major centres, which brings with it the potential for social isolation. No other key issues were referred to, except that there are still impacts from COVID, during which people became even more isolated, and MOSHCC and the Association have sought to address this with Friday events, dinners, and music at the heritage Milang Lakeside Butter Factory. Aged care issues and in-home support are well funded through the awarding of several major Commonwealth delivery programs.

Additional observations

The Milang and Strathalbyn Community Centres are in the Alexandrina Council area, along with one additional centre in Goolwa, located near the Council Chambers. The council provides annual funding to the three centres and has done so for many years for staffing, rent relief, council-owned buildings in the case of Strathalbyn and a dedicated staff member to support the centres. The council views each of the centres as independent, although it maintains a watching brief to offer support, as it would bear the risk if a centre were to go 'belly-up'.

Elected members express support for the centres, and several elected members have been or are currently on a centre's Board of Management. There is recognition that different models to "fit different communities and community needs" are in place, such as the Milang and Strathalbyn models, due to the locations and histories of local associations.

The value of the centres is openly acknowledged, including counterfactually that they deliver value for money relative to the council's service provision if the centres did not exist. The centres also offer opportunities for people to volunteer that would not be available in their absence. Each centre's contribution to the community is proactively

acknowledged. The Community Development section of the council works closely with the centres to ensure minimal duplication in activities such as information sharing and program activities.

Social isolation is recognised as a situation for individuals and within communities that must and is being addressed, that affordable activities are necessary for many in the community, and impediments to participation, such as restricted mobility, few transport options, and an ageing population, require community responses.

On balance, there appears to be two-way support and acknowledgement of the significant role of centres. There is valuable information flowing between the council and centres, such as reporting on visitor numbers, collaboration on hosting events, and an appreciation of the value centres provide for money.

Strath Neighbourhood Centre Inc.

Structure and Background

Strath Neighbourhood Centre Inc. was established in 2014. It is in premises that were purpose-built as a 'senior citizens centre' and has occupied the building in Parker Avenue, Strathalbyn since 2019. The current manager started in 2022 and works part-time, notionally 25 hours per week.

The Centre is classified under South Australian Legislation as an Independent Incorporated Association, which entails, inter alia, the establishment of a Board of Management, elections to the Board, annual reporting obligations, and a legal requirement to host at least eight meetings per annum.

The centre is effectively a 'stand-alone' facility, not co-located with a library, health service, learning centre, etc.

Financial Overview and Applications

- In 2025, the centre's revenue was approximately \$150,000.

- Core funding from the local council amounted to \$51,000.
- The centre does not receive core funding from the DHS.
- Additional funding sources included a small annual membership fee, revenue from room hire and related fees, donations, and fundraising activities.
- In 2025, the centre submitted nine funding applications, with four successful ones.

Successful applications mainly involved small-scale grants for capital equipment and facility improvements such as air-conditioning. An application to serve as a volunteer coordinator for limited hours was also successful. Centres generally tend to submit mostly one-off, medium-scale grant applications, along with smaller grants. This process is resource- and time-intensive, requiring detailed information, making it inefficient and costly to pursue multiple small grants.

Staffing, Students, Volunteers

Centre staffing comprises three part-time staff positions, with the current manager at 25 hours per week, paid time (but certainly many hours above that, unpaid). There are 60 'registered' volunteers, some of whom are very regular, contributing an average of 110 to 120 hours per week, or 2 hours per person.

The current elected membership of the Board consists of nine members, including the Chair and Secretary, and meets every 6 weeks. Meetings last 1-2 hours, meaning the Board's formal contribution to volunteer management is a minimum of 144 hours per annum (9 members X 8 meetings X 1.5 average hours per meeting), and additional committee contributions further extend this voluntary commitment to the operations of the centre.

A back-of-the-envelope conservative calculation of the financial contribution or value of total volunteer hours per week over 49 weeks per \$ 50.50 (according to current Volunteer Australia data) per hour would equate to 100 hours X 49 weeks X \$50.50 = \$ 247,450 per annum. Uncaptured hours add, at best, another 30 hours per week. This equates

to 30 hours X 49 weeks x \$50.00 = \$74,235 (noting this is unconfirmed data). The centre hosts student placements principally with Flinders University for students undertaking degree and post-graduate degree studies in social work, and has done so for a number of years, with 12 students hosted to date.

Visitor Demographics

It is estimated that the centre achieves 320 visitors per week, of which two-thirds are females, and one-third are males. This equates to approximately 15,500 visitations per annum, which includes repeat visitors and others. This estimate is not for unique individuals; rather, it includes all individuals, counted as 'footsteps across our doorstep.' It is a conservative estimate, as other counts (e.g., for 2023/24) estimated annual visitation at up to 21,000, though that includes double-counting.

The centre hosts a regular free food distribution, funded by various organisations, for community members to collect. This activity averages 45 people per week, plus around 15 on Saturdays, who gather for another free distribution of donated foods. The free food distribution to 60 people is in addition to the weekly numbers. The centre does not control distribution but manages food safety and removes items that do not meet standards. While not unique individuals, these activities (maximum 60 persons X 49 weeks) involve centre services for an estimated 2,940 persons per annum.

The maximum attendance at any one event was 180 persons to hear from the region's Federal Member, Rebekha Sharkie (MP), a supported event.

The largest demographic is seniors aged 65 and over, followed by families with children and middle-aged visitors, including school-aged visitors. The seniors aged group would account for almost 80 per cent of visitors. There is no data available on the attendance of First Nations people.

Services and Activities

The community centre is promoted as the crucial point for information and referral regarding community services, including leisure, recreation, social, health and educational activities in the Strath community. Community support programs include emergency food relief, community lunches, gardening/garden care, repair shed, computer and phone access, printing and photocopying, family activities, and personal support. Specific group activities/learning groups that invite recurrent participation include Social Art Group, Herb Group, Craft Group, Contract Bridge Club, community lunch every Tuesday, Repair Shed, Fitness and garden activities, cooking, table tennis, line dancing and more.

The centre does not offer accredited courses. The emphasis is on involvement, group activity that encompasses health and wellbeing, social inclusion and skills development enabled through participation in group activities referred to above.

Staff also provide individual support to assist people in accessing aged care services, including home care supports/home care packages, which is an emerging demand in the region, given the demographics of the entire Alexandrina Council area.

In summary, the centre's emphasis is best described as 'community and individual support' (see discussion below).

Social Impacts and Emerging Trends

The centre's own community needs analysis found that 24 per cent of respondents reported that attendance at or involvement with the centre was their only external activity outside the home.

Current and emerging trends include increased instances of social isolation and loneliness, in which emotional and broader support networks are critical. Staff consider the reported 24 per cent understates the extent of social isolation in the community, exacerbated when one person loses a partner or through mobility/disability issues, etc. Compounding the problem is the difficulty of accessing services that come with aged care, notwithstanding the

existence of other aged care information networks supported in the Alexandrina and Victor Harbour Council areas. Carers also find it difficult to obtain broader community support.

The centre is very cognisant of the impact of social isolation/loneliness, such that considerable effort to build connections with all visitors is part of the “modus operandi,” to welcome new visitors and to offer individualised support.

Additional observations

In conversation, the question was posed: Where would individuals experiencing social isolation/despair/a lack of connection go for assistance in the Strathalbyn region in the absence of the community centre? Most government services are not available in Strathalbyn, as it is a smaller centre in the shadow of the Adelaide Hills, Mount Barker, and the Fleurieu. At the very least, access to government services would require good mobility, reliable transport, and/or sufficient technological competence. In that regard, the centre is the pivot for providing advocacy and support for the community, speaking directly with services, as many residents do not have access to transport or the level of competency in communication technology.

The assessment, then, is that without the community centre, individuals would not be able to engage in social activities or access wellness supports. Without community centres, programs that provide emergency relief would not be readily accessible, particularly where dignity and respect are essential to supporting those in distress.

Constrained mobility, loss through bereavement and loss of contacts through downsizing and various stages of life increase the risk of social isolation. Even high technological competence cannot fully compensate for personal isolation.

The Strath centre provides, through proximity, opportunities for groups or individual wellness activities, supports the social connections that forge new friendships, and offers participation pathways to better mental health and physical wellness. Open-door access, a safe meeting place, a chance for conversation, and coffee/tea obviously provide a circuit breaker by offering moments, time, and relief from mental stress.

However, not all benefits/services can be provided through community centres. That is not the objective, which is why centres function as a conduit or referral agency to associated services regardless of age, education, or financial status. Community spaces are important for their role as referral and help agencies, so that individuals receive proper/supported access to programs and specialist services provided by others. In that regard, it can be asserted that in many ways and in many activities, centres coordinate and traverse the work of the three tiers of government. Operational funding to enhance the activities of centres is likely to have an extremely high ‘value for money.’

Camden Community Centre: Camden Park

Structure and Background

Camden Community Centre was founded in 1975,. Its 25-year anniversary was celebrated in 2003, confirming it has now been running for those 48 years. It is a privately run, Independent Incorporated Association located in the West Torrens Council area. The centre, nestled in Carlisle Street, Camden Park, appears to be just a single older home, but appearances can be deceiving. It is a true complex with an Op-shop, Outreach Program, Book & Toy Libraries, proximate to the Centre's Men's/Woodwork Shed, Community Garden, outside lawn area, and rooms for hire. The centre does not receive funding from DHS. Residents from postcodes 5031 to 5064 access the centre. The centre undertook a major community needs analysis in 2025 and provided the report to the author.

The centre has a Board of Management (as per the centre's Constitution) with an average attendance of 10 members per meeting. Meetings are bi-monthly (i.e. six meetings) with most Board members from the Greek Orthodox Community South Australia (GOCSA).

A member of the Camden centre sits on the Board; a staff representative and the General Manager attend meetings. With six meetings per annum, averaging one hour per meeting involving 10 individuals, then a conservative minimum

Board commitment to the centre is 60 hours per annum. The Board oversees risk management and strategic / business planning with input from Camden staff. The centre is professionally managed and has a long and successful history of delivering community-based programs and services (Camden was a case study in the 2013 SACES report). The centre operates autonomously, with support from the Board via the General Manager, and is guided by recommendations from staff who have an extensive understanding of the community and its needs (e.g., as shown in the commissioning of the community needs analysis).

Financial Overview and Applications

The main sources of funding for the centre are the Commonwealth Grant (Department of Health & Aged Care) for service delivery, the West Torrens Council, successful grant applications, and own-source income from centre activities.

Principal sources include the following:

- Commonwealth CHSP funding agreement (to June 2027) \$376,200 (annually, including Goods and Services tax (GST)), has been long-term block funding for meals, social support & travel
- CHSP Client contributions (outside block funding) approximately \$50,000 per annum
- West Torrens Council funding of \$63,500 + GST annually on a quarterly basis, long-term funding for centre support
- Op Shop generates around \$30,000 annually, funds reinvested into the Outreach Program
- Men's shed has grown significantly over the last twelve months with ongoing orders, and is on track to generate around \$15,000 in revenue for Centre in the FY25/26
- NDIS Program generates approximately \$40,000 per annum
- Hall Hire to GOCSA Social Support Group, Kids First & Strength for Life Classes, contributing approximately \$22,000 per annum for the Centre
- Successful grant application (six) to the total value of \$102,100 in 2025, which is obviously variable on a year-by-year basis
- Office space leasing arrangements with Kids First activities.

In the last calendar year Camden Community Centre made seven grant applications and was successful in six of the applications for Australian Service Excellence Standards (ASES) Accreditation, facility upgrades to activity rooms, upgrade to the kitchen, for solar panels and battery installation at Camden Hall where the Op Shop & Outreach operate from, the community garden and machinery, IT equipment & machinery for the Men's Shed, the last of which is enabling revenue generated for the centre.

Staffing, Students, Volunteers

The number of staff was recorded as eight persons, estimated at 3.48 FTEs, including the Centre Co-ordinator, Community Connections Coordinator, Program Coordinator and four Program Assistants. The Volunteer Coordinator role is managed by the Centre Coordinator, with support from an Administration Assistant. The number of registered volunteers was 60, providing an estimated 355 volunteer hours per week, which equates to 355 hours X 45 weeks X \$50.50 per hour, some \$806,738 per annum.

Volunteers play a vital role in supporting a broad range of program activities. Their contributions include providing transport services as drivers, assisting with outreach initiatives such as parcel and food deliveries, collecting donated food items, and supporting kitchen operations as cooks and general kitchen staff. Volunteers also undertake cleaning responsibilities and contribute to the maintenance and development of the community garden and the Men's Shed.

The centre does host student placements, principally students studying Community Services, and the centre would like to have a social work student capacity. However, this has been identified as an important community need.

Visitor Demographics

The percentage of visitors by gender was estimated at 60 per cent female and 40 per cent male, with weekly visitor numbers averaging 300, two-thirds of whom were in regular programmed activities. The community needs survey reported a 65/35 female-to-male ratio, which has been rebalanced by the group in the men's shed, with numbers who are less evident in art, travel, and community connections programs. The volunteers were mostly 65 years or older. Seniors, youth in the younger aged group, migrants/refugees, families with children and those with a disability were regular visitors. Working age represents 50 per cent of visitors, Retirement/seniors 30 per cent, and pre-school/school-aged 6 per cent. Approximately 20 per cent from CALD backgrounds are engaged in multiple activities. In part, this is consistent with the area's aging demographic. There are also a significant number of working-age participants (mostly females) engaged in centre programs.

Services and Activities

Camden is a multi-service agency delivering the following:

- The community centre itself and its long history
- Travel Club for Over 65's!
- Health and Wellbeing activities (Strength for Life Exercises)
- Hall, meeting, and activity rooms for hire
- CHSP
- Food & Wellbeing Outreach program supporting upwards of 400 locals across four council areas with food parcels drop-offs & walk-ins on a weekly basis.
- Community Book and Toy Library
- Op Shop. Mon / Wed / Fri-& first Saturday of the month, Outreach, CHSP, Men's Shed already mentioned)
- Community Garden
- Emergency relief (food & clothing)
- Justice of the Peace
- Woodwork shop / Men's Shed
- Art Group

Social Support Groups provide an opportunity for clients to attend and participate in social interactions conducted away from the client's home and in a community venue, offering a constructive means to reduce isolation and loneliness. Activities support social inclusion and maintain community connectedness³.

It does not offer accredited courses. As an important outreach activity and through regional connections, the centre supports the annual Share The Dignity 'It's in The Bag' Drive and donates and delivers personal care items in handbags for both indigenous and non-indigenous women in the regional Eyre Peninsula (the event is held in Cowell), who are

³ <https://gocsacommunitycare.com.au/index.php/services/42-featured-services>

fleeing domestic violence (DV), living rough, or doing it tough. The event held over the last three years has encouraged discussion and awareness around DV in rural communities.

Despite purchasing Camden during the administration in 2018, GOCSA has no day-to-day involvement in its operations and has only limited input. Camden was purchased by GOCSA as a not-for-profit arm of the organisation. The Board is for strategic/financial direction only, and with strong involvement of staff on the ground. Camden has its own constitution, policies, and procedures. GOCSA hires a hall space only once a fortnight, which is the extent of their involvement.

Social Impacts and Emerging Trends

As with all other centres, social isolation is a key driver of visitor attendance, which has its foundation in ageing, loss of a partners, retirement, physical impediments, mental health, addiction. The centre indicated that it frequently receives referrals from external agencies, such as Centrelink, and from local councils. Accordingly, the centre focuses on events and drop-ins intended to build community connections and participation, as well as health and wellbeing.

The community needs analysis identified a growing Indian/Nepalese population and suggests that the youth population is a group “to tap into” and more generally the centre to consider more ‘culturally tailored programs’ as well as male-focused or general neutral programs like fitness to boost the male participation rate. Through the community needs analysis and the Outreach Program, a centre volunteer has recently identified a need for English classes, particularly for adolescents whom the centre supports through the Outreach Program.

Additional observations

The City of West Torrens supports a network of community centres through a mix of direct management, facility ownership, leasing arrangements and sponsorship of externally managed sites. These centres provide accessible and affordable spaces for community activities, volunteering, support groups, exhibitions and Council-run programs, helping strengthen social connection, inclusion and participation. Examples include free hire for art exhibitions and partnerships with the Adelaide Fringe and South Australian Living Artists (SALA), as well as Council-run wellbeing initiatives such as the Wellbeing Hub and Ageing Well programs. Looking ahead, Council sees rising demand for low-cost, flexible and inclusive spaces, and is responding through measures such as digital inductions, online support guides and potential expansion of community, creative and wellbeing uses.

Ngutungka Henley: Seaview Road, Henley Beach

Structure and Background

Ngutungka Henley is one of eight centres in the City of Charles Sturt, housed in a very impressive new building co-located with the library. Since opening in February 2025, more than 111,000 individuals have entered the centre/library complex, a figure derived from technology to provide an automatic count upon entry. The centre has a long history, having previously been the Henley and Grange Community Centre, operating through the 1970s. The City of Charles Sturt supports five community centres, Brocas Youth Centre, and two Ngutunkgas hubs co-located with Library Services.

Financial Overview and Applications

- The centre is managed by the local council and does not have a management board or committee.

- The primary funding comes from the local council, covering staff and maintenance costs.

The council has published a Fees and Charges Register 2025/26, listing fees for casual, regular, and weekend hire of all spaces.

- Discounted fees are available for not-for-profit groups.

- One FTE of Activator, responsible for managing Ngutungka Henley's community centre aspect, is funded by the council.
- One FTE of Team Leader, who oversees library staff and functions, is also funded.
- The centre does not receive funding from DHS.
- Centre staff are not involved in submission writing.

Staffing, Students, Volunteers

There is a total of five staff who work across Ngutungka Henley. One Activator overseeing the community centre, one leader who manages the library aspect and library staff. One meals and nutrition officer who runs a community meals program, and Library and Information Officers who provide customer service to all customers. Throughout the week, different departments across the Council use the space. Ageing Well, Community Development and Libraries. Each service area runs a program utilising volunteers and, at times, paid contractors. Currently, there are 11 registered regular volunteers who contribute approximately 77 hours per week, which is an estimated 3,465 volunteer hours per annum. At 11 regular volunteers with 3,465 hours per annum at \$50.50 per hour, this amounts to approximately \$174,983 in annual contributions by volunteers.

Each staff member manages their volunteer's development and review. There is a designated volunteer coordinator who works off-site. It does host student placements, although not to date in 2026.

Visitor Demographics

The female-to-male ratio of regular visitors was 60/40, with males again dominating in Men's shed activities at a facility close to the centre.

On average, approximately 975 visitors per week attend centre health, well-being and community connection programs, activities, and room hires. Over 44 weeks, the estimated annual visitation is 43,000. Regular visitors (excluding room hire groups) accounted for around 35 per cent of all visitors, with a minimum of 200 persons participating in regular programme activities, which increased significantly with the hosting of unique events (e.g., DV stocking, Christmas events).

Reflecting the population and demographics of the surrounding postcodes, the principal demographic groups are seniors, early retirees, those soon to retire and working fewer hours, participants in disability activities programs, and families with children for playgroup activities.

Services and Activities

Ngutungka Henley is the city's newest integrated library and community centre. The vibrant community destination features a wide range of programs, activities, and library services. Ngutungka Henley offers a wide variety of events, programs, and activities, hosts community groups, and provides spaces for hire, as well as access to the public library and the centre itself. Health and Wellbeing programs are featured alongside early parenting, families, and children.

The centre provides and promotes an extensive activities program for each day of the week with free activities, others that have a small participation fee, including Henley Scribblers, Digital Essentials, Tai Chi for Beginners and an Intermediate class, Cards Group, 10 Minute Tech Help, Seaview Calisthenics General Art Class, Indoor Bowls, Community Cafe Lunch, Bingo Buddies, Taekwondo, Multiple Birth Playgroup, Fit & Fabulous, Hackclub for teens, DCM Acrobatics, Hormone & Wellness Yoga, General Art Class, Justice of the Peace, Baby time, Toddler time, Social Art Group, Friday Friendship Group, Sound Bath & Meditation, Dance Classes with ACPA Ages 2-7yrs, and Chair Yoga.

Pathways for Partnering with Community Groups explores future activities that are centre-led, community-led, and/or co-created, so that co-designed activities are at the forefront of centre planning. The Partnerships program essentially asked, "What needs are we meeting?" while providing for community input and community-led solutions.

Co-designed activities are described as “with the community, not for them” and are a wonderful example of responsiveness to community ideas, utilising local skills, building trust and inclusiveness.

The centre also provides a course to make, collaborate on, create, and display various forms of artwork through creative workshops, with the resulting work displayed in the library foyer. During the Algae Bloom, the centre participated in small-scale emergency relief support.

Social Impacts and Emerging Trends

Regular support is provided for people with a disability as well as for senior groups, the centre equally weights social support, health and wellbeing, connections with others and fitness. In that way, the centre is strongly promoting the venue as “a place to come,” including access to library services. Local businesses are also users of office space/meeting rooms.

Consistent issues, rather than emerging ones, included cost-of-living support, mental health support, and the handling of referrals from government services. While not a critical issue, supports and referrals for people facing homelessness are apparent as an emerging issue. The location's proximity to the beach and open spaces likely contributes to the presence of homeless people in the immediate vicinity.

The discussion, as with other case study centres, indicated that residual effects of COVID, such as social isolation due to the loss of contacts, are still being felt.

Additional observations

The City of Charles Sturt supports eight community centres, with Ngutungka Henley playing a key role as an integrated community centre and library, strengthening Council's social infrastructure. As a welcoming “third space”, it provides access to computers, Wi-Fi, borrowed technology, low-cost healthy meals, a community kitchen, flexible rooms, events, programs and opportunities that support active ageing. Since opening in February 2025, the purpose-built hub has increased participation, membership and diversity of use compared with the former separate library and community centre. The model demonstrates the value of integrated, multi-use social infrastructure, while also highlighting future needs around sustainable resourcing, flexible space management, community-led use, and deeper collaboration with local groups and service providers.

Woodcroft Morphet Vale Neighbourhood Centre

Structure and Background

Woodcroft Morphet Vale Neighbourhood Centre (WMVNC) is an Independent Incorporated Association under South Australian legislation. The Board consists of seven members and meets once a month. The centre was established in 1986 and was significantly upgraded into purpose-built facilities in 2012. The centre's facilities are very modern and extensive, with offices for staff, six meeting rooms, a large, modern kitchen, a crèche, a parents' room, access to computer training facilities, and a volunteer-staffed reception area in the foyer. There is also an outdoor garden used for various courses. Importantly, the centre is integrated with a modern library.

The integrated library and community centre has good parking facilities; it is proximate to Woodcroft College, which offers an Early Learning Centre (ELC), junior school (Reception to year 6) and a middle and senior school (years 7-12). Other schools in relative proximity to the centre include Woodcroft Primary School, Woodcroft Heights Children's Centre, and Emmaus Catholic Primary School.

Financial Overview and Applications

The total budget in 2025 was \$238,000 with an estimated loss of \$20,000. The centre receives DHS contribution of \$35,000 as part of Community and Neighbourhood Development support.. Financial sustainability is advanced through principally fees for venue hire (\$80,000), program payment fees (\$60,000) for participation in activities (e.g. a good

example is the activities planned for the Seniors Social Group) and the sale of goods, with grant funding, fundraising events, and other sundry items. In addition, Council contributes to the PALS Children's program and covers other operational, cleaning and insurance costs to the tune of a further \$53,000. Council funds one CDSO (Community Development Support Officer) for 30 hours a week, and DHS funds a second CDSO position at 30 hours per week.

Grant application funding is insignificant. The reality is that the combined human resource costs and the staff time devoted to preparing small-scale funding submissions are not commensurate. A volunteer with considerable experience in submission writing (and proven success) would be a highly valued volunteer to any community centre.

Staffing, Students, Volunteers

The number of paid staff is four persons, equivalent to 2 FTEs. The total number of registered volunteers was approximately 104, with an estimated 80 regular volunteers. The centre does not have a designated volunteer coordinator; volunteer staff provide that role.

A review of the contribution of volunteers. Excluding January as the centre is closed, the following contribution is estimated by centre staff for the 11 months (February to December):

- Total volunteer hours: 12,917.06 hours
- Average hours per week: 271 hours
- Average number of volunteers: 73
- Average hours per volunteer per week: 3.7 hours

A back-of-the-envelope conservative calculation of the financial contribution or value of total volunteer hours per annum of 12,917 at \$50.50 per hour would equate to \$652,309.

This is a conservative estimate for several reasons, briefly explained here. There are 104 registered volunteers who are reminded to log their hours by signing in and out, but some are forgetful, so only 70 to 80 consistently log hours each month. Other volunteers may only assist special or certain events and do not record their times. Thus, the weekly and annual totals are only the actual logged hours. In addition, it is known that around 20 volunteers put in a large number of hours, including the 8 Board of Management members and several program coordinators, who average at least 15 hours per week.

The centre hosts student placements, principally with Flinders University, and has done so for many years, including for students completing academic studies in social work, carer support, and community development.

Visitor Demographics

The centre suggested that it conservatively hosted some 20,000 visits over a six-month period, with more female than male participants, although there was a sense that the centre was certainly seeing more male visitors. This number over a six-month period would equate to a daily average of 150 visitations over a five-day week, as confirmed by the centre. Centre volunteer-run programs operate 5 days a week. The centre is also open on weekends for group hire, including a church.

Over a full 12 months, at 150 visits per day X 5 days X 44 weeks (allowing for shutdowns), this would total 33,000 visits. There were significant numbers of repeat visits to attend programs and activities, including to access immunisation and JP services. The major demographic groups were seniors (about 40 to 45 per cent), families with children to attend programs/activities, and low participation among migrants/refugees and First Nations peoples, reflecting the wider demographic profile of Woodcroft and the greater council area.

Services and Activities

The centre does not offer accredited programs but provides a very extensive range of programs. Some 25-plus separate programs are listed in the centre's Summer 2026 Course Program Pamphlet and can be categorised under

Health and Wellbeing, education and skills development, digital skills, art and craft, and programs that encourage participation, inclusion, outings, mental health support, and more. Examples include:

- Seniors Social Program, Gardening Club
- Cooking classes, Community Breakfast, Café 175, Muslim Cooking classes
- English language and literacy program (Everyday English)
- Computer with Stan
- Up-cycle boutique -pre-loved clothing, Waste Not Shop
- Justice of the Peace
- Health and fitness: e.g. walking, fitness for older people, yoga, meditation, men's fitness.
- Arts and crafts: e.g. leather work, writing, children's art classes, Woodcroft writers
- Playgroups, PALS Children's Program
- Immunisation - Council service
- Women and Wellbeing group - outings, activities
- Men's Chat Group
- Garden Club and Community Garden Group
- Venue for hire
- Emergency relief

The centre does not operate social enterprise activities. Students from the nearby high school have become involved with the centre, assisting individuals to navigate public services and other activities.

Social Impacts and Emerging Trends

Social isolation/loneliness as a result of multiple factors, including retirement, bereavement or simply "events in life", is a clear issue for many visitors (across all ages), and it is important to note that this can also be a factor in the desire to volunteer, so it is a wide ranging in its impact. COVID exacerbated this, so there is an aspect of rebuilding community connections for many individuals. The centre provides a focus for activities and services without which individuals would have recourse only to general practitioners (GPs), hospitals, government social services, and/or, in some cases, exhibit anti-social behaviours. With respect to an ageing population, many older participants attend from retirement homes, often some distance from the centre, which further illustrates the value of the inclusive activity programs the centre provides. The cost of living is also a current factor in attendance, and programs are responding to that. Options for young children, such as playgroups and the crèche, are in demand, likely in part due to the inflated cost of childcare and the cost-of-living impacts.

Additional observations

The City of Onkaparinga has provided long-standing support for community centres, with a mixed management model across nine centres, including the Neporendi Aboriginal Community Centre, Wakefield House, Elizabeth House and three youth centres. Council's support includes internal staffing, direct financial contributions and coordination with DHS-funded centres, reflecting a strong commitment to the sector's role as "opportunity creating" and "the beating heart of the community." Council's 2018 review recognised centres as integral to delivering the Onkaparinga 2035 Community Plan, while also noting governance pressures on volunteer boards and the need for council management where necessary. Looking ahead, key issues include sustaining and training volunteers, responding to homelessness, mental health and social isolation, and planning future infrastructure in growth areas such as Aldinga, Aberfoyle Park and Port Stanvac, including possible co-location with services like libraries and youth centres.

Kilburn Community Centre: Kilburn

Structure and Background

The Kilburn Community Centre (postcode 5084) is situated in the Port Adelaide Enfield (PAE) Council area. The council owns and operates another centre in Enfield, owns three other centres operated independently by different not-for-profits, and financially supports two centres. Altogether, there are six centres within the Port Adelaide Enfield Council area. The Kilburn centre was previously owned and operated by the Young Men's Christian Association (YMCA) and was handed over to the council in 1996. The centre is very impressive in scale because it is attached to a basketball stadium that readily facilitates active programs and activities. Adjoining the stadium are the centre offices, café, lunchroom, kitchen, and workspaces at the rear of the building. Parking spaces surround the centre, with a small park/lawn area behind it.

The governance model is Local Government-managed. The centre does not have a Board/Committee. It reports back to the Council. The centre's activities guide shows that the centre operates seven days a week, including church services and other activities on Sundays.

Financial Overview and Applications

The main funding source is the local council. Council funding for Kilburn is \$329,000, which includes program, volunteers, building/ maintenance, and salaries. The centre also generates income from Room hire/ program fees of \$68,500. The Community Centres also receive funding from the Department of Human Services through the Community and Neighbourhood Development stream, with \$104,051 shared across both Kilburn and Enfield Community Centres.

It does not have membership fees or a social enterprise, and the interviewer was informed that the centre has not submitted grant applications. Most activities are free, with several having only a small participation fee of up to \$5. There are several activities, including Taoist Tai Chi and Roller Skating, for which the organisers charge a membership fee. Rooms are available for hire.

Staffing, Students, Volunteers

The number of paid staff was put at 1.5 FTE. In 2024/2025, the centre had 37 registered volunteers contributing multiple hours throughout the year, with a consistent 13 individuals each week. Community and special-interest events are held at the stadium and are supported by volunteers who collectively contribute an average of 40 hours per week. In estimating total volunteer hours and value, we have used a volunteer count of 30 at mid-point. Accordingly, the total dollar value of volunteer contributions is \$88,880 per annum based on 44 weeks of operations. The council contributes to volunteer co-ordination and provides all human resources input. The centre does host student placements for Social Work students from Flinders University and others from Torrens University.

Visitor Demographics

The centre records show that on average, some 2,500 visitors use the centre each week, with the ratio of females to males at approximately 75/25. Up to 90 per cent of visitors are regular users of the stadium and workspaces for programmed activities. The principal users are seniors (40 to 50 per cent), new migrants, refugees, and their families (as was observed at the interview), other families with children, and youth groups in planned/regular activities at the stadium. The centre is open seven days a week from 8.30 am to 12.00 midnight.

The profile of visitors reflects the demographics of the area. Kilburn, being an older suburb with a high percentage of older public housing stock, has traditionally been a suburb with a high proportion of rental housing and 'flow through' of new migrants. There were multiple groups of Muslim women at the time of the interview, in sewing classes, and families with pre-school children engaged in active dance and learning English from songs. The centre hosts English classes for the Citizenship test, New Arrival English classes and specific multicultural women's groups.

Welcoming Australia has a presence at the centre, with the Australian Refugee Association, Vinnies Refugee Asylum Seeker Service, and the Baba Mazari Foundation operating Monday through Saturday under its umbrella. A legal advice clinic provides services by appointment.

Services and Activities

The Kilburn Activities Guide (Jan to March 2026) lists up to 31 activities, services, and group events from Monday through to Sunday. Up to 10 social connection groups are included in the program along with health and wellbeing activities. The centre also hosts a special school holiday program. Activities include:

- Adult community education - including English conversation group
- Arts and crafts
- Kindergym
- Meeting/activity space, hall and stadium available for hire
- Recreation - holiday program and after-school activities
- Martial arts
- Recreation for older people
- Legal advice

Social Impacts and Emerging Trends

One of the key roles of the centre is to facilitate migrant connection/inclusion and to provide migrant support services. New migrants and refugees need social support, help with language skills, assistance with legal issues, and assistance in finding employment. This is an excellent example of what community centres do—they respond to the needs of their local community. A further example, given the area's age demographic, is services/events/meeting groups for seniors. Both groups are often without private transport and rely on bus services.

The high proportion of new migrants who originate from Muslim countries also shows how facilities need to adjust, in this case, in the provision of a prayer room, which is allocated at the times required. In the longer term, a more appropriate response would require adjustment to existing infrastructure.

Addressing social isolation, compounded by being a new arrival, often with the challenge of acquiring new language skills and a lack of private transport, remains a key priority for the future. A second issue, which is receiving some thought/priority, is how to attract younger people who are traditionally hard to reach (one staff member was previously head of the Salisbury Youth Centre and has experience working with younger groups). This group is also recognised as often socially isolated and lacking community connections.

The Centre has also seen a rise in people with disabilities and poor mental health attending programs and looking for opportunities to connect with other people. Programs such as crafts, community choir, and chair yoga have all experienced increased participation. In addition, the café provides a place to connect and chat over coffee. A resulting benefit is that participants reported an 8 per cent increase in feeling more connected during our last survey period.

Additional observations

The City of Port Adelaide Enfield has a long-standing relationship with community centres and is directly involved with six centres through a mix of council ownership, operation, building provision and funding support, including Enfield Community Centre, Kilburn Community Centre, North East Community Centre, Taperoo Community Centre, Wandana Community Centre and Junction Community Centre. These centres support Council's vision of a welcoming, liveable city by providing safe, low-cost or free spaces that foster social connection, belonging, wellbeing, volunteering and skill development, particularly for priority groups such as new arrivals, refugees and older adults.

Examples include Kilburn Community Centre’s evolving role as a multicultural hub with organisations such as SA Welcoming Australia and Vinnies, and the use of Kilburn and Enfield as flexible hire spaces for community groups outside business hours. Looking ahead, Council identified key challenges including population growth, ageing and less fit-for-purpose facilities, increasing demand from people with more complex needs, and the need for stronger partnerships, future planning through the Social Infrastructure Plan for community centres, libraries, and halls 2026-2040, and additional staff capability to respond in a trauma-informed way.

Elizabeth South Community Centre Inc.

Structure and Background

Elizabeth South Community Centre (ESCC) is in the Elizabeth South Shopping Centre on Phillip Highway in two shops. Shop 2A is the community centre and Shop 16, is a community café and op-shop. The centre was established in 2013. The centre is described in its own publication/promotion pamphlet in the following way:

“We are a community development project in the heart of Elizabeth South, which is in a partnership with two churches⁴ in the Northern Suburbs of Adelaide. We are about empowering our neighbours and building a sense of belonging, and we strive to support our neighbours in everyday life. We believe that everyone deserves to feel seen, heard and valued. Jesus is our example, and we are guided by His love and heart for people.”

The area is proximate to the now-closed General Motors Holden production facility and multiple supply chain businesses, many of which have also closed. Notwithstanding new business start-ups and previous supply chain businesses transitioning into other production capacities, and including Federal and State adjustment funding to assist new business formation, the area still shows the impact of the loss of the major car producer.

The centre operates as a dedicated, stand-alone service. As a registered Not-for-Profit charity, it demonstrates a clear commitment to community benefit and social impact. Governance is provided by a Board of Management comprising five members who meet monthly with the centre manager. The centre is further supported by contributions from local businesses, reflecting a level of community connection and goodwill.

Financial Overview and Applications

The centre receives \$35,000 per annum in Community Connections funding and \$55,000 per annum in Community and Neighbourhood Development (CND) funding from the SA Government. It does not receive funding from the local government. Other revenue sources are small-scale grants from various sources, such as the Morialta Trust, events and donations, while most centre activities and services are non-chargeable. The op-shop and café are a profitable operation.

Staffing, Students, Volunteers

Centre staffing consists of a Manager, Programs Co-ordinator, and Administrative Officer, none of whom are full-time, so the total FTE is approximately 1.2. The Programs Co-ordinator supervises volunteers. There are 45 registered volunteers, with an estimated contribution of 10,000 hours per annum (at approximately 5 hours per week). The total contribution of volunteer hours, at 10,000 hours X \$50.50 per hour, is \$505,000, provided to the centre.

Considerable volunteer contribution is obvious in the management and staffing of the centre’s café and op-shop, which is in the main precinct of the shopping centre.

The centre has hosted student placements from both Flinders University and TAFE, studying for social work qualifications and community carers/community development studies.

Visitor Demographics

⁴ Elizabeth Church of Christ and Northern Communities of Hope (NCOH)

The visitor profile is 80 per cent female and 20 per cent male, including school students. Approximately 150 visitations are recorded each week, with the overwhelming majority being regular participants in programmed activities. This number does not include visits to the café and op-shop, both of which were very well attended at the time of the interview, mostly by older people. Male participation is supported through the Men's study group, unique events, and taking the lead on the community BBQ.

The profile of visitors reflects the area's demographics, including refugees and new migrants (50 per cent), First Nations (10-15 per cent), youth in the younger age group, and families with children (40 per cent). The op-shop caters for seniors aged 50 and older but is open to the public and to shopper traffic.

Services and Activities

The specific services and activities are strongly focused on building connections with others such as Women's Group, Yarn crochet group, Kids Club (reception to year 3), Chatty Café, ESCC Coffee Club, Men's group and a Men's Study group, playgroup and Junior Youth Group (for 4-7 years old), and other similarly named groups to connect, create and share. The centre does provide an English Together language course. It does not offer accredited courses but has at times provided emergency relief.

The café and op-shop (Shop 2A), as a social enterprise, are key facilities for 'connections, a meeting place' and provide significant opportunities for volunteering, while Shop 2 is the activities centre.

Social Impacts and Emerging Trends

Given the philosophy of the centre and the involvement and support of the churches, the centre is very focused on programs that foster inclusion, provide a safe place to be, and build trust with the community. Social isolation is identified as well as anxiety (in being in groups) for many participants, so that the café is promoted as a safe and welcoming place.

The centre has identified further needs for men and a younger age group (18-30 years) who are not well served due to a lack of facilities and programs across the region of Elizabeth South. This younger age group are then more exposed to social isolation, unemployment and at risk of potential comradeship offered by gangs. They lack support; they lack youth workers, and consequently, individuals lose personal confidence, life skills, and work skills, and they and the community are at risk. In summary, the three groups most at risk of social isolation are the younger age group, men of working age, retirees, and the First Nation cohort.

Additional observations

The City of Playford operates and supports a network of community facilities across the council area, including larger council-run centres and smaller community hubs managed by community organisations. Council-operated facilities such as the John McVeity Centre, The Rise, Northern Sound System and The Precinct provide significant community infrastructure and act as central hubs for recreation, community development, youth programs, wellbeing initiatives and community events. These facilities are designed to be flexible, multi-use spaces that bring together community members, service providers and organisations in one place, helping to strengthen participation, connection, and access to services.

Alongside these larger council-run facilities, there are several smaller community centres and neighbourhood hubs throughout Playford that play an equally important role in supporting local communities. While Council may not directly operate these sites, we work closely with them through partnerships, referrals, and collaboration to achieve shared community development outcomes. These centres often provide more localised, neighbourhood-level support and connection, and together they form an important part of the broader community infrastructure network across the council area.

Elizabeth South Community Centre is a good example of this model. While the centre is not directly operated by Council, it remains an important community partner within the Playford area. Council engages with the centre through collaboration with other teams across the organisation, including community development, wellbeing teams

and funding opportunities. This can include connecting residents to programs, working alongside services that operate within the centre, and supporting broader place-based initiatives that benefit the Elizabeth South community.

Through this combination of council-run facilities and strong relationships with community-managed centres, the City of Playford can support a distributed network of spaces that respond to different community needs. Larger council facilities provide scale, infrastructure, and program capacity, while smaller neighbourhood centres provide locally embedded support and connection. Together, they help build social connections, strengthen community resilience, and improve access to services across the council area.

Appendix 6 Impact stories

Appendix Table 6-1 Impact stories

Impact	Offerings	Impact story
Social connection	Kangaroo Island - music as a pathway to connection across generations	On Kangaroo Island, the local community centre piloted a free after-school music program to provide young people with a positive activity outside of sport and a safe place to connect. Over time, the program grew well beyond its initial scope and evolved into an intergenerational model that engaged children, teenagers, parents and older residents through multiple streams of activity. The centre expanded from one weekly youth session (initially aimed at 11-18 year olds) to six free programs across age groups, including sessions for children aged 2-5 and 5-10 (delivered in partnership with a local parenting organisation), a tailored program for 9-11 year olds to maintain age-appropriate spaces, and ongoing opportunities for older residents through monthly social music gatherings at local health and aged care settings. As the program matured, three youth bands were formed and performed at community events, including open-mic nights and a school disco—creating visible moments of pride, belonging and contribution. This example illustrates how community and neighbourhood centres can build social connection and wellbeing through structured group participation, strengthen resilience by creating safe and pro-social pathways for young people, and support inclusion by providing low-barrier ways for families and older residents to engage with their community. In regional settings where distance and limited activities can increase isolation, centres can act as trusted “third spaces” that help people build routine connections and community identity through accessible, community-led programs.
		A participant returned to volunteering at Bower Cottages Community Centre following a personal loss and described it as helping to distract from grief and providing connection through friendships and meaningful activities. The centre also provided a trusted community space for significant life events, with the participant holding a memorial in the main hall—reflecting the broader role of centres as safe, welcoming places where people feel they belong. This story highlights how community centres support wellbeing and social connection through volunteering and accessible community spaces, particularly during periods of vulnerability.

Impact	Offerings	Impact story
Social connection and empowerment	Breast cancer support group, Peer support and community connection through shared experience	At a community and neighbourhood centre, a breast cancer support group provided a compassionate and empowering space for people affected by breast cancer to connect, share experiences, and access information and resources. Over the year, the group met regularly (19 sessions) and helped organise a community fundraising morning tea, attracting more than 70 community members and raising over \$3,000 for Cancer Council SA. The event brought together multiple centre groups, with participants preparing food and donating hand-crafted items for auction—creating a visible, collective show of support. This story shows how centres translate peer support into broader community connection and collective action, strengthening wellbeing through belonging, shared purpose and practical mobilisation.
Developing skills	Learning together through hands-on sustainability activities, early years	A community centre compost group supported community-led sustainability activities, including workshops, seed swaps and a regular community food swap. During the year, the group partnered with a local early learning service. Each fortnight, up to 15 children joined group members to collect leaf litter, kitchen scraps and garden debris, build compost heaps and feed worm farms—developing practical environmental knowledge through hands-on participation and intergenerational learning. This story illustrates how centres provide accessible pathways into participation and learning, building community capability and connection through shared, practical activities.
Empowerment	Empowering family violence victims with education and referrals, resulting in employment readiness	A participant attending a community centre’s English program described long-term family violence and faced challenges maintaining consistent engagement while navigating safety and housing pressures. Over time, the centre provided practical support and warm connections to specialist services, including DV support and women’s safety services, as well as guidance on navigating Centrelink and accessing relevant financial assistance to support plans to leave the home. Over time, the participant’s English language skills improved, so did her confidence level, and she showed readiness to seek employment. This story illustrates how community and neighbourhood centres can provide trusted, low-barrier entry points where people experiencing complex risk can disclose safely, receive immediate practical help, and be connected to appropriate specialist supports—helping stabilise circumstances and reducing the likelihood of escalation to higher-cost crisis responses.
Life saving	Haven - peer support that strengthened safety and resilience	The Haven operates from a dedicated building on the local community centre’s site and forms part of a statewide network delivered in collaboration with the Office for Women. A weekly craft group was identified as one of the Haven’s most popular activities, providing a safe and supportive space where women shared skills and formed meaningful friendships. In one example,

Impact	Offerings	Impact story
		a new participant disclosed that she had been experiencing a severe personal crisis and was planning to end her life. Group members responded immediately by offering practical and emotional support, checking in with her between sessions and including her in social outings. The participant later told the Haven's community partner that the support she received through the Haven had been life-changing and helped her to stay safe.
Social connections	A resident-led garden group creating connection during neighbourhood change	In one community centre catchment experiencing rapid change, local residents faced uncertainty as social housing was redeveloped and people were relocated with limited notice. Many residents were losing access to a garden and were concerned about losing long-held social connections. With support from Community Centres SA's <i>Garden to Plate</i> project, the centre established a Garden Group that created a welcoming, low-barrier way for residents to stay connected and participate locally. The group is now facilitated by a local resident who became a council volunteer with the centre; she encouraged participation through her existing neighbourhood connections and also helped build links between the Garden Group and an Art Group running at the same time. The centre has since developed 12 productive garden beds and the group has begun hosting regular workshops, with plans to expand through a partnership program with the local City Planning and Sustainability team (<i>Sustainable Spaces, Thriving Places</i>). This story illustrates how centres can act as stabilising local "third spaces" during disruption, creating resident-led participation that protects social connection and builds practical resilience through shared activities and partnerships.
Volunteer wellbeing	A welcoming place for routine connection	An older resident from a CALD background who had spent many years in a caring role became increasingly isolated after her caring responsibilities reduced. She began visiting the local community centre several times a week, staying for a few hours each time, primarily for company and social connection rather than any formal program. Although she did not regularly participate in organised activities, she occasionally volunteered and was a consistent presence in the centre's shared spaces, including making use of low-cost meals and takeaways. The centre provided a reliable, welcoming "third space" that helped rebuild routine and everyday connection.
Inclusion and equity	Flexible, accessible participation for people supported through	Impact stories highlighted that community centres can provide practical inclusion for people with disability by offering accessible activities that align with individual support plans and the realities of support-worker schedules. In one example, a resident living in aged care with vision impairment and hearing loss attended the centre two to three times per week through funded support hours to participate in craft activities. Over time, she developed friendships and new social connections,

Impact	Offerings	Impact story
	disability and aged care plans	reducing isolation associated with disability and living in a supported setting. Staff also reported that many visitors attend with support workers through NDIS, mental health and aged care arrangements, and that a flexible “drop-in” model was particularly effective in regional areas—because it allowed people to participate regardless of which days their allocated support hours fell, and enabled support workers to engage alongside clients in a welcoming community space.
Empowerment	Increased confidence and life skills	The OzHarvest NEST program was conducted for young men in collaboration with Anglicare Community Connections, the Surrey Downs Men’s Social Group, and Uniting Communities. It aimed to help men aged 18-65 develop cooking skills, a key life skill highlighted in the Council’s recent youth survey. Sessions took place alongside the Men’s Social Group to promote intergenerational bonding. Participants cooked and shared meals, gaining practical skills and social connections. Although overall participation was modest, those involved reported increased confidence and life skills. One participant was particularly engaged, co-designing recipes and attending nearly every session.
Social connectedness and wellbeing	A place of connection and support through loss and grief	Over the past year, one community centre experienced multiple bereavements affecting participants and volunteers. While each loss was deeply felt, what stood out was the way people at the centre continued to show up for one another through practical kindness, understanding and quiet support—particularly when words were not enough. One volunteer who had lost a partner described feeling safe and supported when returning to the centre, highlighting that for many people the centre is more than a venue for activities: it is a community where relationships and belonging provide vital support during difficult periods. This story illustrates how community centres build social connectedness and wellbeing by providing trusted, welcoming “third spaces” that help people maintain routine, connection and mutual support during life transitions and periods of grief.
Empowerment	Adapting community spaces to restore participation and purpose	A founding member of the Aldinga Community Shed believed his woodworking days were over due to a heart condition that prevented him from using heavy machinery. However, the Shed’s woodturning program provided a solution that rekindled his love for the craft. In 2024, a fellow member found an unused Carbatec scroll saw in the workshop and realized it could be a safer alternative for him. After some training and a custom-built, seated stand, the scroll saw became his new gateway into woodworking. His response was immediate: he arrived each week full of ideas and enthusiasm for new projects. So much so

Impact	Offerings	Impact story
		that he purchased his own scroll saw for home, eventually upgrading to a top-of-the-line Hegner. His experience demonstrates how community spaces can adapt and empower individuals, helping them rediscover purpose, creativity, and social connection.
Wellbeing, Relieving carer burden	Music and connection supporting carer wellbeing	At Aldinga Community Centre, the “Chat & Chunes” program provided a regular, welcoming outing for an older couple, where one partner was living with dementia and the other was their primary carer. The carer described the sessions as a rare opportunity to relax and reconnect socially, as the volunteer band played familiar songs and participants shared singing, laughter and gentle dancing over a high-tea style lunch. For the carer, the program offered meaningful connection and respite from the day-to-day demands of caring; for their partner, it provided a safe, supportive environment where they could enjoy the music and participate comfortably. The story highlights how community centres can contribute to carer wellbeing by creating accessible, low-pressure social activities that sustain routine, connection and moments of joy.
Resilience for refugees	From isolation to purpose: rebuilding connection through gardening	Yasser is a refugee who previously lived in Turkey before resettling in Australia in search of safety and stability. Upon arrival, Yasser faced multiple challenges that affected his MH and wellbeing and quality of life. He works in the agricultural sector back in his home; however, due to a physical injury, he is unable to work consistently or for long periods now a days. This injury, combined with his limited English language skills, made it difficult for him to integrate into the wider Adelaide community and even to the Arabic community because of the stigma. Over time, Yasser began to experience feelings of loneliness, isolation, and frustration, affecting significantly his family around him. Yasser was introduced to CAASSA Community Connection program (in the Community Centre at Athol Park) by a mutual friend already attending the group. The CCP staff took the time to listen to his story and understand his strengths, interests, and limitations. Recognizing his background and experience in agriculture, the group encouraged him to reconnect with something familiar and meaningful to him: gardening. He was supported by the group to start working on his own garden at home, beginning with simple and manageable tasks that suited his physical condition. The men’s group went to his house to help do some groundwork to help him get started. Yasser began by planting basic herbs such as parsley and coriander, along with seasonal vegetables. Gardening gave him a sense of purpose and control over his time. Importantly, he was encouraged to work at his own pace, resting whenever he felt tired or experienced pain. Over time, Yasser noticed a positive improvement in his mental wellbeing. He felt calmer, more motivated, and less isolated. Even the group members see a positive difference in his interactions. He seems to be happier and more positive. As his confidence grew, Yasser expanded his garden to include roses and other plants. He began selling potted roses through

Impact	Offerings	Impact story
		Facebook, which allowed him to engage socially and earn a small but meaningful income. This activity not only helped him financially but also gave him a strong sense of achievement and independence. His family is very happy with the improvement they see in him. Today, Yasser spends his free time productively, his family benefits from fresh produce grown at home, and they save money on groceries. The simple support provided by and through the Arabic Men's group helped Yasser turn a difficult situation into a positive and empowering journey toward wellbeing, connection, and resilience. A great true story that needs to be shared.
Volunteer wellbeing		"Beyond the Labels" is a welcoming volunteering program that invites people of all skill levels to get involved, contribute and feel valued. The program focuses on recognising people for who they are, rather than their background, barriers or past experiences. By creating meaningful roles and making people feel needed, the program helps participants build confidence, strengthen social connection and develop a sense of purpose. This story highlights how community centres can provide low-barrier pathways into participation and volunteering, supporting inclusion and equity by ensuring community members who may feel excluded elsewhere have a place where they belong and can contribute.
Resilience/empowerment	Homelessness support: Shared accommodation providing stability during the housing crisis	One community centre described purchasing and operating a dedicated "homeless house" without government funding, providing safe and stable shared accommodation at a time when housing supply is critically constrained. By offering a secure place to live, the model supported residents to rest, regain routine and reconnect with relevant support services while longer-term housing options were pursued. The shared accommodation approach enabled limited housing resources to support more people under one roof and helped reduce isolation by providing everyday connection alongside stability. This story illustrates how centres can respond pragmatically and compassionately to housing insecurity by creating dignity-focused pathways to stability, reducing the likelihood of escalation to higher-cost crisis responses.
Resilience/empowerment	Homelessness support for Aboriginal women: Culturally safe crisis	An Aboriginal woman experiencing homelessness approached a community centre seeking food and general support. The centre provided immediate, practical assistance tailored to her circumstances, including non-perishable food suitable for someone without cooking facilities, as well as warm clothing and bedding. The centre's Aboriginal and Torres Strait Islander worker provided culturally appropriate support and informal counselling, and assisted the woman to connect with Link-Up services to explore options for family tracing and reunification. Staff also supported her to access health care to address urgent wellbeing

Impact	Offerings	Impact story
	support and pathways to stability	needs. The centre continues to provide support as required, demonstrating how community and neighbourhood centres can act as trusted, low-barrier entry points that stabilise acute need while connecting people to culturally safe and specialist pathways
Empowerment and leadership	From volunteering to paid work and greater confidence	A young volunteer who had been involved with a community centre for more than a year became engaged in a new youth-focused program, contributing to the steering committee and helping research ways to strengthen youth engagement. After volunteering with the Play and Learning Skills program, she progressed into a paid role at the centre as a support worker (three hours per week). Over this journey, her confidence and self-esteem grew and she developed practical skills, including barista skills, which she now uses while supporting day-to-day centre activities and welcoming participants. This story illustrates how community centres can provide low-barrier pathways that build skills, confidence and leadership through volunteering, and in some cases support progression into paid work—particularly for young people who benefit from safe, supportive environments to gain experience and develop work-readiness.
Resilience	Food relief as a gateway to safety, connection and ongoing support, DV, homelessness, carer respite, hardship	In one week, a community centre supported two families experiencing extreme hardship to access food and crisis support. One family, fleeing family and DV and at risk of homelessness, attended a family program where a parent and child shared a meal and joined in games, providing a short period of relief from stress in a safe, welcoming environment. Staff also made a warm referral into an ongoing support service to assist with next steps toward stability. A second family with four children, including a child with disability, attended the centre with no food at home and received immediate assistance. In both examples, staff and volunteers described how the response went beyond providing food: it included connection, reassurance, and dignity at a time of acute need.
Social connection	A welcoming pathway to belonging for newcomers	In one example, a newly arrived resident relocated from interstate to be closer to family and was seeking ways to connect in an unfamiliar community. The participant described how a low-cost breakfast and a warm welcome at a “newcomers” table provided an easy, informal entry point to meet people and learn about local activities. Over time, introductions from other participants helped the person build routine attendance, make connections and develop a sense of belonging in their new neighbourhood.

Impact	Offerings	Impact story
Inclusion and equity	An accessible, welcoming space that supports everyday independence	One centre described how its open, accessible drop-in space supports inclusion for community members with mobility needs. In this example, a regular visitor who uses a walking aid attends most days and finds the space easy to navigate, comfortable and welcoming. While a family member completes nearby errands, she uses the centre as a free, safe place to rest, access water and amenities, and enjoy a tea or coffee while chatting with staff and familiar faces. These small, routine interactions were described as helping her maintain independence and a sense of belonging, illustrating the importance of accessible community “third spaces” that welcome people regardless of age, ability or circumstance.
Empowerment and leadership	DV, education, employment readiness	A woman from a non-English speaking background attended a community centre with limited English and low confidence following experiences of family and DV. She enrolled in English language classes and cooking classes, and staff observed that as her language skills improved she became more confident engaging with volunteers, community members and staff. Over time, her confidence grew to the point where she stepped into a volunteer role in the community kitchen, shifting from participant to contributor and building practical experience alongside language development. In parallel, she was supported through warm referrals to specialist family and DV services. The participant later moved into independent living and continued to engage with ongoing women’s support programs, and was actively exploring employment options with strengthened English skills and renewed self-belief. This story illustrates how centres can provide low-barrier learning and participation pathways that build language, confidence and work-relevant skills, while also acting as trusted access points for safe connection to specialist supports.
Empowerment and leadership	CC facilitating volunteering as a pathway to employment	A participant who had experienced a serious workplace accident joined a centre-based cooking program feeling sceptical that it would help. After an extended period out of work, he described feeling disconnected and worn down, and was initially difficult to engage. With consistent encouragement from staff, volunteers and other participants, he gradually began to feel safe, valued and heard. Over time, his participation shifted: he contributed ideas, supported others and naturally stepped into an informal leadership role within the group. After completing the program, he transitioned into volunteering and became a mentor to other participants, including people living with disability, helping ensure everyone felt welcome and included. The participant later progressed into paid work at the centre and now facilitates the same cooking program—demonstrating how community centres can provide practical, relationship-based pathways from re-engagement to contribution, confidence and employment.

Impact	Offerings	Impact story
		This story highlights the role of centres as supportive “step-in” environments where people can rebuild routine and confidence, develop leadership through safe participation, and in some cases progress into volunteering and paid roles.
Inclusion and equity	Spaces empowering community, auspicing	Two community groups approached one centre with a shared purpose: to support women who had experienced family and DV by providing a safe space, a voice, and connection to others with similar experiences. Both groups were strongly aligned to the centre’s mission, but neither had the financial capacity to hire an appropriate venue or purchase the basic resources needed to operate. To remove this barrier, the centre provided one group with free access to space and offered the other group space at a very low cost. This enabled both groups to establish, grow participation and build strong relationships with the centre. With greater stability in place, the centre then provided auspicing support for grant applications on behalf of the groups. Both groups were successful, each securing two grants, and have since contributed toward venue costs and purchased resources needed to better support participants. The groups continue to operate as safe, welcoming spaces that strengthen connection, confidence and pathways to ongoing support. This story illustrates how centres improve inclusion and equity by reducing cost barriers to community-led supports, using their facilities and governance capability to help trusted local groups become sustainable—expanding access to safety, connection and assistance for women who might otherwise have limited options.
Social connections	Community dinners	Monthly “Welcoming Community Dinners” were described as a simple, low-barrier way to strengthen local connections and reduce social isolation. Community members were invited to bring a plate to share, creating an inclusive setting where people from diverse backgrounds could meet informally, share conversation and build familiarity. Impact stories indicated the dinners were particularly valuable for people experiencing isolation due to language barriers, recent relocation or limited social networks, with some participants describing the dinner as their first step toward feeling connected in their local area. From this initial engagement, several people went on to participate in other centre programs and activities, building confidence and a sense of belonging. The shared meal format also supported intercultural learning by creating a respectful space to share food, stories and experiences, and ongoing growth in attendance was reported as reflecting increasing community need for connection and mutual support.
Social connections	Community choir	Community Choir. The Community Choir program has had a meaningful impact on participants' wellbeing and social connection. Open to people of all skill levels and backgrounds, the choir provides a welcoming, inclusive space for individuals who enjoy

Impact	Offerings	Impact story
		singing and are seeking opportunities to connect with others. For many participants, the weekly choir session is the only regular time they leave their home and engage socially. Attendees consistently report looking forward to the program each week, describing it as a highlight that brings structure, enjoyment and a sense of purpose to their routine. The shared experience of singing together has fostered strong social connections, reduced feelings of isolation and built confidence among participants. The program has also contributed to improved emotional wellbeing, with participants benefiting from the positive effects of music, group participation and belonging. By creating a supportive environment centred on a shared interest, Community Choir continues to play an important role in enhancing quality of life and strengthening community connections for people who may otherwise remain socially isolated.
Wellbeing	Strength for life	The Strength for Life program was described as supporting participants' physical health and social wellbeing through individually tailored exercise plans that allow people to build strength, mobility and confidence at their own pace in a safe, inclusive environment. Beyond the exercise sessions, participants formed strong peer connections and began meeting independently after sessions to socialise. They organised shared meals, including a roster for preparing and bringing food to enjoy together, reflecting a participant-led sense of belonging and ownership that grew from the program. Participants who had previously reported loneliness and isolation described feeling more connected, supported and engaged through regular participation. This story illustrates how centres deliver wellbeing benefits through accessible, structured physical activity while also creating the conditions for ongoing peer support and social connection that extends beyond the program itself.
Empowerment and leadership	Co-location with a library and community centre	One co-located community hub (combining a community centre, library and seniors service) described how an older couple from a CALD background, newly settled in Australia, began visiting every day the facility was open, spending much of the day in the shared space. With limited social contact outside their faith community and no reliable internet access at home, one partner used the hub's computers and internet to complete formal study requirements, while the other spent time reading and gradually becoming more comfortable in the public setting. Staff across the facility supported the couple with a welcoming sense of place, informal social engagement opportunities, food donations, and practical items to assist with basic cooking in their accommodation. Over time, the couple shifted from tentative, high-need visitors to more confident and socially

Impact	Offerings	Impact story
		connected regulars, with staff noting improved engagement and the participant progressing through study and contributing constructive feedback to inform future planning. This story highlights how accessible, co-located “third spaces” reduce isolation and digital exclusion for newly arrived residents by combining practical resources (internet and amenities) with relationship-based support and pathways into participation.
Resilience	DV, referrals	In another example, a mother with three children who had recently left family and DV was living in her car and described frequently being moved on from places where she tried to park overnight. The family began visiting the hub during the day to escape extreme weather and access basic amenities, including water and clean facilities, a safe place for children to play, and library activities. Through conversations with staff, it became clear the family needed additional support. The coordinator provided immediate, practical assistance and made warm connections to relevant services, some of which were available quickly at the time. On a subsequent visit, staff learned the family had moved into safe accommodation and were beginning to re-establish routine, including a child starting kindergarten—reflecting how low-barrier access to a welcoming public space can act as a stabilising entry point during crisis. This story illustrates how centres provide dignity-focused, family-friendly spaces that enable early help-seeking and timely service navigation, supporting safety and reducing the likelihood of escalation to higher-cost crisis responses.
Social connection, Inclusion and access		One site described operating as a combined community centre, library and seniors service within a single building. While programs were delivered through separate streams, the shared footprint enabled community members to access multiple forms of support in one familiar, welcoming location—ranging from social connection and activities through to access to information, internet and amenities. Staff noted that many people used the facility flexibly throughout the day (not only through formal programs), and that co-location helped staff identify emerging needs, offer practical assistance, and connect visitors to the most appropriate support within or beyond the building. Co-location strengthens inclusion and equity by reducing access barriers (transport, digital access and navigation), increasing the likelihood that people experiencing isolation or hardship can find timely support in a trusted place.
Empowerment and leadership	Youth empowerment	One centre described a popular after-school “Chill and Chat” initiative that regularly engaged up to 45 young people each week, providing a welcoming space to connect, create and unwind. Supported by staff and volunteer youth mentors, the

Impact	Offerings	Impact story
		program offered a flexible mix of activities including crafts, video games, sports and cooking, creating consistent, positive contact for young people and strengthening their connection to peers and community adults. In another example, a beginner guitar course delivered over eight weeks helped participants build skills and confidence and led to an unexpected additional outcome: a participant proposed and volunteered to coordinate a weekly social guitar “jam” group. The new group created an ongoing, low-pressure space for people to practise together, learn from one another and build friendships—illustrating how centre-based programs can seed community-led initiatives that continue beyond a formal course.
Social connection, Inclusion and equity	Aboriginal community	A participant attended a Women’s Yarnin Circle after a period of spending most days alone and feeling isolated. Although initially unsure they would stay, they described being welcomed warmly by other women and staff, invited to sit, yarn and join in at their own pace, with food shared as part of the gathering. In the first sessions they mostly listened, but described the conversation, laughter and stories of family and Country as familiar and grounding. Over the following weeks, they began attending regularly and gradually took part in cultural activities such as weaving and beading, alongside opportunities to revisit language and share knowledge. Through ongoing participation, the participant developed friendships and felt supported to talk through family matters and day-to-day challenges. They described the group as offering far more than expected—companionship, cultural reconnection and a renewed sense of belonging—helping them feel supported, connected and part of community again.
Social connections	Gardening	“Growing confidence and community” profiles the Wandana Community Garden at Gilles Plains, showing how it functions as much more than a place to grow food. The garden’s coordinator, Alan Shepard, explains that while gardening matters, the bigger purpose is connection—especially the weekly Monday morning sessions where people work, then share morning tea and conversation. Over nearly two decades, the formerly barren site has been transformed into an established garden with fruit trees, irrigated vegetable and herb beds, and hundreds of native plants, along with features such as a frog pond, greenhouse, composting area, and other sustainability-focused elements. A new “healing garden” (with plants chosen for therapeutic/medicinal qualities) and a community-created mural highlight how participants contribute ideas and creativity as their confidence grows. The story emphasises that the group supports people

Impact	Offerings	Impact story
		with different ages, cultures, and abilities, including those who are socially isolated or lack gardening space at home, helping them build friendships and a sense of belonging.
Social connectedness; Wellbeing; Inclusion; Equity	Shared Meals and “Heart to Heart” catch-ups building belonging across difference	A fortnightly “Shared Meals and Heart to Heart catch-ups” program was described as a quiet anchor for people feeling lonely or newly arrived in the neighbourhood. Residents from social housing, international students, older neighbours and First Nations community members sat together to share low-cost meals, stories and informal support. Volunteers increasingly led the cooking and welcoming, while staff focused on ensuring the space was accessible and culturally safe, including sensory supports and translation where needed. Participants reported growing confidence through recognising “familiar faces” in everyday settings and feeling more comfortable asking for help—mirroring broader survey findings on improved social connection and satisfaction with friendships.
Social connectedness; Wellbeing; Inclusion; Equity	A walking group turning isolation into routine peer support	A weekly walking group—initiated by a local resident and shaped in partnership with a men’s wellbeing organisation—grew from a simple health idea into a consistent peer support space. Participants met at the centre for an accessible walk followed by coffee, drawing people who had previously been attending services only during crisis, or not engaging at all. Several participants described the group as their main reason to leave the house each week and a safe setting to talk about housing stress, mental health or caring responsibilities. Staff noted that the routine, low-pressure format helped sustain connection over time and aligned with wider survey findings showing increased comfort asking for help and improved connection to others.
Social connectedness; Wellbeing; Resilience	Neurodiversity-friendly groups and accessible spaces improving participation Disability	One centre described how small design decisions and program adjustments made a material difference for people living with disability and neurodivergent community members. Improvements such as accessible parking and clearer wayfinding reduced barriers for participants and volunteers who previously struggled to enter and navigate the building. Inside, staff and students co-designed quieter, neurodiversity-friendly craft and board game groups, adjusting lighting, seating and pacing to reduce sensory overload. Participants who previously arrived anxious were reported to stay for full sessions, and some went on to volunteer or join other groups at the centre. This practical inclusion work supported consistent participation and underpinned broader survey findings that many respondents felt more connected, gained skills and were more content with their relationships through their involvement with the centre
Resilience; Equity; Empowerment	Trust-based outreach opening a pathway from	A community member who had been sleeping rough for several years gradually built trust with centre staff through repeated, respectful outreach. During one visit, a staff member spent additional time listening and exploring what the person felt was

Impact	Offerings	Impact story
	rough sleeping to stability Homelessness	holding them back from seeking support. The conversation identified that the individual was eligible for entitlements and assistance they had not realised they could access. Staff then provided practical support to complete applications, advocated with relevant agencies, and helped put steps in place to stabilise the situation. Within weeks, the person secured temporary accommodation and began planning for longer-term housing options, demonstrating how relationship-based outreach can be a turning point that shifts crisis trajectories toward stability.
Inclusion; Equity; Social connectedness; Wellbeing	A low-barrier Swap Cart that became a doorway into connection	One centre introduced a “Swap Cart” so community members could collect essential items anonymously—without needing to identify themselves or ask for help. Over time, staff observed that regular visitors began to feel comfortable stepping inside the centre, chatting with staff and staying longer. What started as a discreet, low-barrier way to access clothing and household items became a gentle bridge into relationships, trust and belonging. The story highlights how practical, stigma-free supports can also function as an early engagement pathway into wider participation and support.
Wellbeing; Social connectedness; Empowerment; Inclusion; Resilience	Occasional care providing respite and reducing isolation for a parent of a child with additional needs Carer respite	A parent of two children reconnected with one community centre when seeking support for a toddler whose behaviours suggested neurodiversity and who required constant supervision and sensory input. With limited informal support and high day-to-day caring demands, staff encouraged the parent to access the centre’s free occasional care service. The child now attends twice per week, creating a short, reliable period of respite that allows the parent to complete paperwork, attend appointments and take needed breaks. Alongside respite, staff provided practical, strengths-based support to assist the family to navigate diagnostic pathways, including documenting observations and preparing assessment information, as well as help with printing and navigating systems. Over time, the child also participated in supported playgroup, community events and holiday programs with a sibling, while the parent accessed additional practical supports (e.g., food relief, children’s clothing and information on assistance for assessment costs). The parent reported reduced isolation and increased confidence, and staff noted improved engagement and social interaction for the child.
Inclusion; Equity; Empowerment; Wellbeing; Resilience	Early identification and trusted support pathways for children	In another example, a child attended a centre’s occasional care program weekly over several years and was not accessing other early childhood services. Educators developed a strong understanding of the child’s routines and strengths and, over time, observed emerging developmental concerns, including challenges with transitions and regulation that were also occurring at home. A key part of the response was building a trusting relationship with the child’s parent and sharing observations in strengths-based language, enabling safe and respectful conversations about the child’s needs. When the parent felt ready, staff

Impact	Offerings	Impact story
	not engaged in other early years services	coordinated a clear support pathway, including a developmental milestones checklist, input from allied health, a referral to a specialist early childhood service, and practical support to help fast-track assessments where possible. As a result, the child commenced a developmental support plan and was prepared to start kindergarten with appropriate supports in place, while the parent reported feeling informed, supported and more confident navigating the service system.
Resilience; Equity; Empowerment; Wellbeing	From homelessness to a stable home through supported navigation and practical set-up	A community member experiencing homelessness and unstable temporary accommodation first engaged with one centre following a major personal loss and with limited support networks. Staff described working alongside the person over time to navigate medical appointments, understand treatment options and reconnect with appropriate services, while also supporting practical steps to stabilise housing. Through collaboration with partner organisations, the person secured stable accommodation. Once housed, the centre continued support with essential household set-up—sourcing basic furniture and white goods and helping establish a functional home environment. Staff also assisted the person to access their health records and to explore longer-term supports (including applications for relevant disability supports where appropriate). The story illustrates how centres provide sustained, relationship-based assistance that bridges crisis to stability, combining practical material support with service navigation and ongoing connection.

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