Steering Committee for the Review of Government Service Provision

Report on Government Services 2024

Community services (part F)

Note: An errata was released for section 16 Child protection services on 22 January 2024. Please read this PDF in conjunction with this errata.

Produced by the Productivity Commission on behalf of the Steering Committee for the Review of Government Service Provision.

The Productivity Commission acknowledges the Traditional Owners of Country throughout Australia and their continuing connection to land, waters and community. We pay our respects to their Cultures, Country and Elders past and present.

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Report on Government Services 2024

PART F: RELEASED ON 22 JANUARY 2024

Produced by the Productivity Commission for the Steering Committee for Review of Government Service Provision. The content for this PDF is generated from the online, interactive publication. Data below are the most recent at the time of preparing the report. In some cases, charts and tables may present data for a single jurisdiction. To access data for all jurisdictions and the most current data available, go to: www.pc.gov.au/rogs

F Community services

Main aims of services within the sector

Community services provide support and assistance to individuals, families and groups to maximise their potential and enhance community wellbeing.

Services included in the sector

In the context of government service delivery, 'community services' include services providing assistance to specific groups with an identified need for additional support. This may include children and young people, families, older people and people with disability. Community services can overlap with other sectors, including health and early childhood services.

This report provides detailed performance information on the equity, effectiveness and efficiency of the following community services:

- Aged care services
- Services for people with disability
- Child protection services
- Youth justice services

Information on other related service areas is available elsewhere in this report (Part E Health, including Services for mental health and Part G Housing and homelessness).

Government expenditure in the sector

Total government expenditure for the community services in this report was around $76.3 billion in 2022-23, a real increase of 45.9% over the past four years, primarily due to increases in expenditure on the National Disability Insurance Scheme (NDIS). For the 2021-22 financial year (the most recent financial year for which data are available across all sections), the community services sector represented around 18.9% of total government expenditure covered in this report.

The largest component of community services expenditure was on the NDIS and specialist disability support services ($37.4 billion, table 15A.1), followed by aged care ($28.3 billion, table 14A.3), child protection services ($9.4 billion, table 16A.8) and youth justice services ($1.3 billion, table 17A.10).

Flows in the sector

The community services sector is diverse. Some services are funded and provided by governments. Others are funded by governments but provided by the not-for-profit or private sectors (for example,

private residential aged care services and private providers under the NDIS).

Governments regulate the quality and safety of services across the sector (for example, the Aged Care Quality and Safety Commission, the NDIS Quality and Safeguards Commission and various state and territory entities). Selected information on complaints, service quality and safety are available in service-specific sections.

Community services often interface with other government services. Although this report presents aged care services, services for people with disability and child protection and youth justice services as separate sections, these sections are interconnected and relate to other sections in the report, for example:

- the disability sector is linked to health services as some long-term health conditions might cause disability, and disability can lead to health problems (for example, disability may limit participation in social and physical activities) (AIHW 2022a)
- the aged care sector is linked to health services. High demand for these services can result in challenges with appropriately meeting consumer needs. For example, the limited availability of residential aged care places can affect the demand for public hospital beds. Australian, state and territory governments offer transition care programs to minimise inappropriate lengths of hospitalisation for older people (Aus Gov 2022)
- there are interactions between homelessness and youth justice services. Young people experiencing homelessness have disproportionate contact with the criminal justice system, and housing insecurity on exit from youth justice detention is associated with recidivism (Almquist and Walker 2022)
- there are interactions between child protection and youth justice services. One study of children involved in the Victorian criminal justice system found that almost one quarter had current or former involvement with child protection services (Baidawi and Sheehan 2019). Another study found that more than half of young people aged 10-17 years under youth justice supervision during 2020-21 had an interaction with the child protection system in the 5 years from 1 July 2016 to 30 June 2021 (AIHW 2022b).

Challenges of an ageing population on the sector

Australia's population is ageing due to increasing life expectancy and declining fertility rates. The 2023 Intergenerational Report notes the ageing population as Australia's greatest demographic challenge (Aus Gov 2023). The median age is expected to increase by 4.6 years to 43.1 in 2062-63. The share of the population aged 15-64 will fall by 3.5 percentage points to 61.2% between 2022-23 and 2062-63. In the same period, the share of the population aged 65 or over is expected to increase by 6.1 percentage points to reach 23.4%. These changes will increase demand for government services and have implications for government expenditure.

The community services workforce

Estimates of the community services workforce are difficult to derive due to overlapping occupations and industries (for example, health and welfare support in education and childcare settings). According to the 2021 Census, of the 12 million people aged 15 years and over who were employed, around 11.5% worked in the occupation 'community and personal service worker', up from 10.8% in the 2016 Census (ABS 2022a). This occupation group includes welfare, disability and family support workers, community workers and aged or disabled carers. The 2021 Census showed that 3.0% of employed people worked as aged or disabled carers, up from 1.2% in 2016. Welfare support workers (including parole and residential care officers and community, family support and youth workers) rose from 0.5% in 2016 to 0.9% in 2021.

The role of informal carers across Australia

Carers play a vital role in supporting older people and people with disability to remain in their homes and communities. Although some care is provided formally by paid personnel, it is often undertaken informally by friends and family. According to the 2021 Census, around 2.48 million people (9.7% of the population) reported providing unpaid care, help or assistance to family members or others because of disability, long-term health conditions and problems related to old age (ABS 2021). The majority of people providing unpaid assistance (60.2%) were women (ABS 2022b).

The 2018 ABS *Survey of Disability, Ageing and Carers* (SDAC) (ABS 2018) reported that around 861,600 people (3.5% of the Australian population aged 15 years and over) were *primary* carers of people with disability or older people, providing support in one or more core activities of self-care, mobility and communication. The majority of primary carers (71.8%) were women (ABS 2018). Section 15 of this report includes further information on carers of people with disability.

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Report on Government Services 2024

PART F, SECTION 14: RELEASED ON 22 JANUARY 2024

14 Aged care services

This section focuses on government funded care and support services for older people and their carers, which are provided at home, in the community and in residential care facilities.

The **Indicator results** tab uses data from the data tables to provide information on the performance for each indicator in the **Indicator framework.** The same data is also available in CSV format.

Data downloads

14 Aged care services data tables (XLSX 752.8 KB)

14 Aged care services dataset (CSV 2.1 MB)

Refer to the corresponding table number in the data tables for detailed definitions, caveats, footnotes and data source(s).

Guide: How to find what you need in RoGS (PDF 288.6 KB)

Context

Objectives for aged care services

The aged care system aims to promote the wellbeing and independence of older people (and their carers), by enabling them to stay in their own homes or assisting them in residential care. Governments seek to achieve this aim by subsidising aged care services that are:

- accessible – including timely and affordable
- appropriate to meet the needs of clients – person-centred, with an emphasis on integrated care, ageing in place and restorative approaches
- high quality and safely delivered
- sustainable.

Governments aim for aged care services to meet these objectives in an equitable and efficient manner.

Service overview

As people age, they may need care and support to maintain health, social connectedness, wellbeing and independence to remain in their homes and communities. Around two in five older people reported being in need of assistance as they aged (ABS 2019). Family members, friends and neighbours provide much of the care and support for older people (ABS 2019). However, not everyone's care needs can be met through informal care and support. Around 80% of older people will access some form of government funded aged care service before death (AIHW 2018).

Government funded aged care services are provided to older people who would like them and who have been assessed as in need of them. Services assist people who can no longer live without

support to access appropriate care in their home, in the community or in a residential care facility. Approved aged care service providers receive government funding to provide these services and are required to meet minimum standards as well as demonstrate commitment to continuous improvement in quality of care.

Roles and responsibilities

Regulation and policy oversight of aged care services are predominantly the role of the Australian Government. The *Aged Care Act 1997* (Cth) and the accompanying Aged Care Principles are the main regulatory instruments establishing the framework for aged care services in Australia. Provisions of the Act cover service planning, user rights, eligibility for care, funding, quality assurance and accountability and other matters. There are also a number of independent statutory bodies that have important responsibilities in relation to aged care services: the Aged Care Quality and Safety Commission, the Independent Health and Aged Care Pricing Authority, and the National Aged Care Advocacy Program. In addition, the Aged Care Sector Committee advises the Australian Government on aged care policy development and implementation, including quality in aged care (Aged Care Sector Committee 2020).

The Australian Government funds state and territory governments to provide comprehensive assessment services through the day-to-day operation and administration of Aged Care Assessment Teams (ACAT). While ACAT undertakes comprehensive assessments for services under the Aged Care Act, Australian Government-funded Regional Assessment Services (RAS) assesses lower entry-level service needs.

The Australian Government funds residential aged care, home care and home support, with state, territory and local governments also funding and/or delivering some of these services directly – for example, a small proportion of residential aged care facilities are owned by state and territory governments. However, most services are delivered by non-government providers (tables 14A.10−11), such as private-for-profit, religious and charitable organisations.

The Australian Government and state and territory governments jointly administer and fund the Transition Care and Multi-Purpose Service (MPS) programs.

While the Australian Government subsidises a significant portion of the cost of providing aged care, clients and residents are expected to contribute where they can and may be charged fees by service providers.

Funding

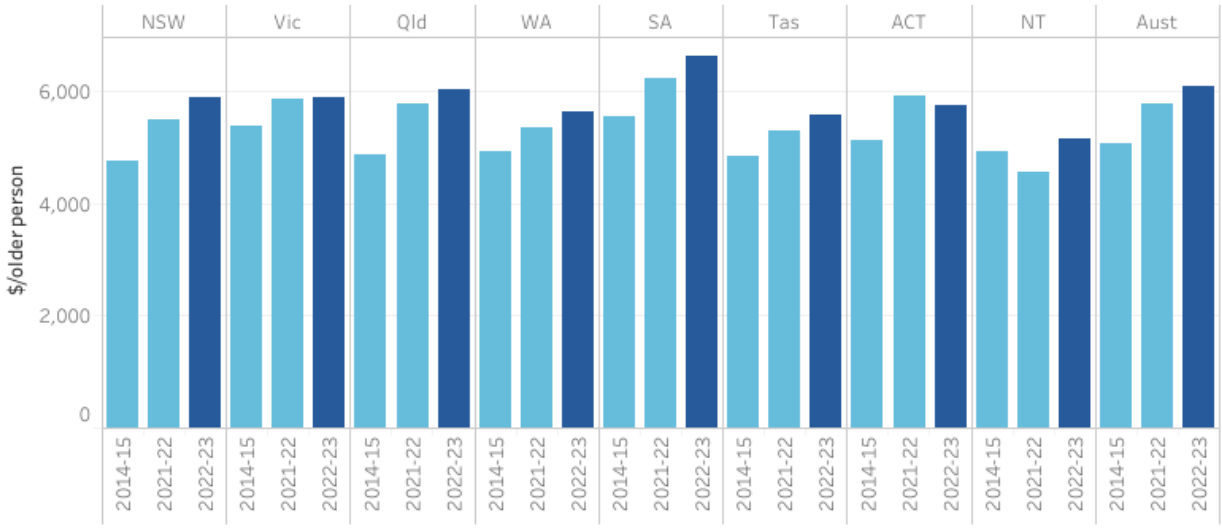
In 2022-23, government recurrent expenditure on aged care services was $28.3 billion or $6,097.0 per older person (table 14A.4 and figure 14.1). Residential and flexible care services accounted for the largest proportion of expenditure in 2022-23 ($17.3 billion, or 61.1%). Home care and home support services accounted for much of the remainder ($9.5 billion) (table 14A.3).

The Australian Government provided 98.6% of government funding for aged care services in 2022-23. State and territory governments provided the remainder (table 14A.3). Detailed expenditure data by program is contained in tables 14A.3-8.

Select years(s):
Multiple values

Select expenditure type:
- ○ Assessment and Information Services
- ○ Home Care and Support Services
- ○ Residential and Flexible Care Services
- ○ Workforce and Quality, and Ageing and Service Improvement
- ◉ All Aged Care Services

Figure 14.1 **Expenditure per older person (aged 65 years or over and Aboriginal and Torres Strait Islander people aged 50-64 years)**
All Aged Care Services, by jurisdiction, by year (2022-23 dollars)



Source: table 14A.4

Data tables are referenced above by a '14A' prefix and all data (footnotes and data sources) is available for download above (in Excel and CSV format).

Size and scope

Aged care target population

The size and health of the older population drive demand for aged care services. The Australian population is ageing rapidly, with the share of the population aged 65 or over expected to increase by 6.1 percentage points to reach 23.4% between 2022-23 and 2062-63 (Australian Government 2023). Although the Aboriginal and Torres Strait Islander population is also ageing, life expectancy at birth for Aboriginal and Torres Strait Islander people is lower when compared with the non-Indigenous population (ABS 2018).

The aged care target population is defined as all people aged 65 years or over and Aboriginal and Torres Strait Islander people aged 50–64 years (this aligns with the funding arrangements as specified under the National Health Reform Agreement). The aged care target population differs from the Australian Government's aged care 'planning population' of people aged 70 years or over which is used, along with the population of Aboriginal and Torres Strait Islander people aged 50–69 years in some cases, to allocate places under the Aged Care Act. See the 'Explanatory material' tab for a definition of the aged care planning population.

Types of care and support

Home care and home support

Governments provide services to help older people remain or return to their homes. Carers can also access respite care through home care and home support programs:

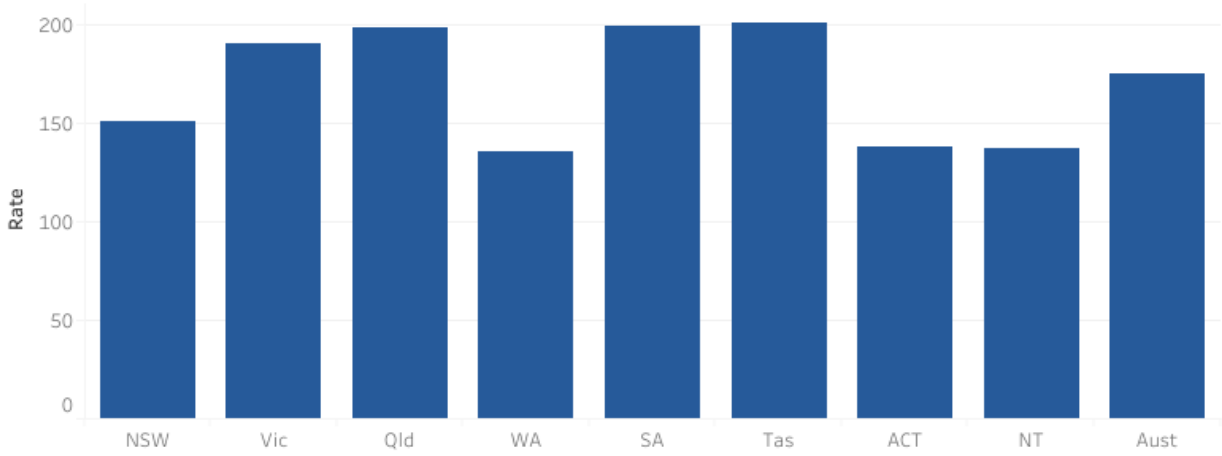
- the Commonwealth Home Support Programme (CHSP) helps older people to access entry-level support services to remain living independently and safely at home and in their community. Services available under the CHSP include domestic assistance, personal care, social support, allied health and respite services. Table 14A.19 provides a full list of CHSP services.
- the Home Care Packages Program helps people with complex care needs live independently in their homes. Four levels of care range from low-level care needs (Home Care Package Level 1) to high-care needs (Home Care Package Level 4). Services provided under these packages are tailored to the individual and might include personal care (such as showering), support services (such as cleaning) and clinical care (such as nursing and allied health support). As at 30 June 2023, 258,374 people were recipients of Home Care Packages, of which 40.1% received a Home Care Package Level 2 (table 14A.9).
- Department of Veterans' Affairs (DVA) community care for eligible veterans – Veteran Home Care (VHC) services provide domestic assistance, home and garden maintenance, and respite for people with low care needs; DVA community nursing services provide acute, post-acute support, maintenance and palliative care for people with high care needs or disability. In 2022-23, 32,874 veterans aged 65 years and over were approved for VHC services (a decrease of 1.0% compared to 2021-22), and 9,248 veterans aged 65 years and over received community nursing services (a decrease of 13.8% compared to 2021-22). VHC and community nursing service user numbers represent approximately 30.1% and 8.5% of older eligible veterans respectively (table 14A.7-8).

In 2022-23, there were 808,439 older CHSP clients nationally, equivalent to around 174.3 older clients per 1,000 older people (figure 14.2). There were a further 313,991 older clients of Home Care Packages, equivalent to around 67.7 older clients per 1,000 older people (table 14A.2).

Select age group:

- ○ 50-64 years old (Aboriginal and Torres Strait Islander people)
- ○ 65-69 years old
- ○ 70-74 years old
- ○ 75-79 years old
- ○ 80-84 years old
- ○ 85-89 years old
- ○ 90+ years old
- ● 50+ years old (Aboriginal and Torres Strait Islander people) and 65+ years old (non-Indigenous people)

Figure 14.2 **Older clients in the Commonwealth Home Support Programme**
Rate per 1,000 people, 50+ years old (Aboriginal and Torres Strait Islander people) and 65+ years old (non-Indigenous people), by jurisdiction, 2022-23



Source: table 14A.2

Data tables are referenced above by a '14A' prefix and all data (footnotes and data sources) is available for download above (in Excel and CSV format).

Residential care services

Residential aged care is provided in aged care homes on a permanent or respite basis. Residents receive accommodation, support (cleaning, laundry and meals) and personal care services (such as assistance with showering and toileting). Residents who have been assessed as requiring it may also receive mobility aids, continence products and tailored therapy services, as well as more complex nursing care.

For permanent residents, the Aged Care Funding Instrument (ACFI) is used to appraise care needs and the annual subsidy available through the Australian Government. Residents can be reappraised as their care needs change. Respite residents are not appraised under the ACFI but are classified as high or low care based on their ACAT approval. Information about the ACFI and the Average annual Australian Government subsidy can be found in table 14A.12. On 1 October 2022, the Australian National Aged Care Classification (AN-ACC) residential care funding model replaced the ACFI (Department of Health and Aged Care 2022a).

Information about usage rates per 1,000 people by age and sex in permanent residential aged care and home care can be found in table 14A.17. Information on the proportion of permanent new residents and permanent resident care days by concessional, assisted, supported or low means can be found in table 14A.18.

The planning framework for services provided under the Aged Care Act aims to keep the growth in residential aged care places in line with growth in the older population and to ensure a balance of services across Australia, including services for people with lower levels of need and in rural and remote areas. Until February 2017, home care places were also allocated under this framework. Under the Increasing Choices initiative introduced on 27 February 2017, home care packages are allocated to consumers rather than providers (consumers then choose a provider). At the same time, short-term restorative care places were introduced and are important in ensuring access to services across geographic locations.

Nationally at 30 June 2023, there were 70.3 residential care places per 1,000 people in the aged care planning population (that is, aged 70 years or over) (table 14A.14). If the population of Aboriginal and Torres Strait Islander people aged 50–69 years is taken into account, the rate is 67.4 per 1,000 older people (table 14A.15). This rate is higher in major cities (72.2) compared to regional areas (59.9) and remote or very remote areas (38.2) (tables 14A.16).

The rate of residential aged care places per 1,000 people in the aged care planning population has been trending downwards over the past 10 years (82.6 per 1,000 people in 2014) (table 14A.14). This might suggest that available residential aged care places are not keeping up with growth in the population of older people. Alternatively, it might indicate a preference for home-based care. Nationally, the number of home care package recipients increased by around 223.7% between 30 June 2016 and 30 June 2023 (table 14A.9).

During 2022-23, 247,878 older people were in permanent care (53.4 per 1,000 older people) and 79,307 in respite care (17.1 per 1,000 older people) (table 14A.2 and figure 14.3).

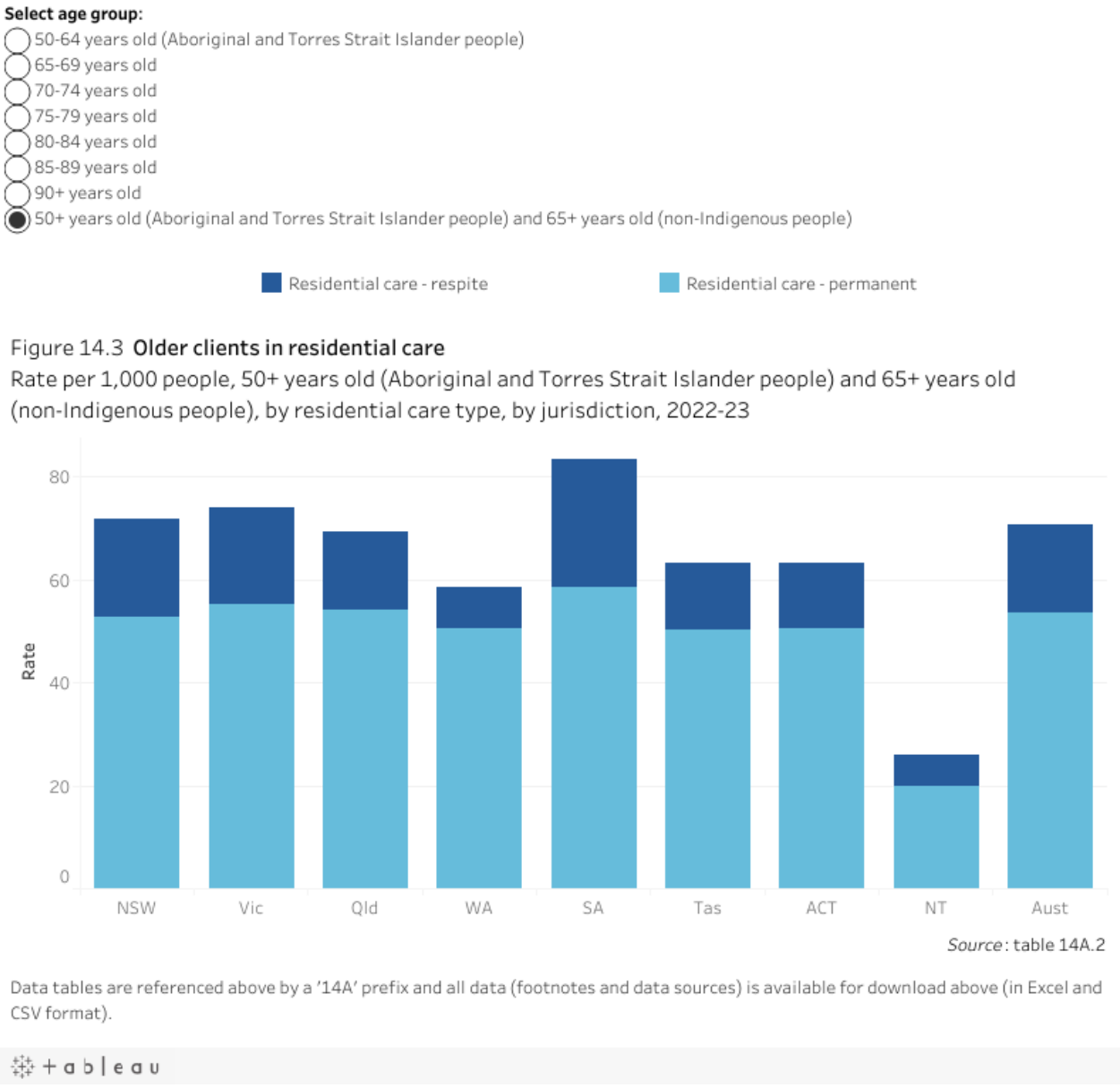


Figure 14.3 **Older clients in residential care**
Rate per 1,000 people, 50+ years old (Aboriginal and Torres Strait Islander people) and 65+ years old (non-Indigenous people), by residential care type, by jurisdiction, 2022-23

Flexible care services

Where mainstream residential or home care services are unable to cater for an older person's specific needs, flexible care options are available:

- Transition Care provides goal-oriented and therapy-focused care on a time-limited basis to older people after a hospital stay, to help maximise their independence and minimise functional decline, thereby avoiding premature entry into residential aged care. During 2022-23, there were 16,588 older clients of Transition Care, with 3,092 people receiving care at 30 June 2023 (table 14A.2 and Department of Health and Aged Care 2023).
- Short-term restorative care (STRC) is similar to transition care. It aims to improve the physical functioning, wellbeing and independence of older people, but without the need to have been in hospital. In 2022-23, 8,999 people aged 65 years or over received STRC services, with 1,371 people receiving care at 30 June 2023 (Department of Health and Aged Care 2023).

- The Multi-Purpose Services (MPS) program delivers flexible and integrated health and aged care services to older Australians living in small communities in regional and remote areas. The MPS program provides health and aged care services in areas that cannot support both a hospital and a separate aged care home. At 30 June 2023 there were 3,741 operational MPS program places (Department of Health and Aged Care 2023).
- The National Aboriginal and Torres Strait Islander Flexible Aged Care Program funds services to provide flexible, culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to their home or community. Services funded under this program can deliver a mix of residential and home care services. At 30 June 2023, there were 1,384 operational flexible allocated places under this program, with 489 in Flexible Residential Aged Care (Department of Health and Aged Care 2023).

Supporting programs

Governments fund ‘Workforce and Quality’ and ‘Ageing and Service improvement’ programs to monitor compliance with accreditation and quality frameworks and ensure appropriately skilled staff are available to deliver home and residential care services (including appropriate training to address a predicted rise in the prevalence of dementia). Staff providing home and residential care, and the physical environment at residential facilities, are critical to the health, safety and client experience of care and support. In 2022-23, the Australian Government spent $974.6 million on 'Workforce and Quality' and 'Ageing and Service Improvement' supports (table 14A.3).

The Aged Care Act does not prescribe the qualifications required by staff nor the number of staff required to be employed by an aged care service (Department of Health and Aged Care 2018), but the Aged Care Quality Standards include a mandatory human resources standard for all government funded aged care providers. Standard 7 requires aged care providers to employ staff with the right skills and qualifications to provide care, and that aged care client interactions should be kind, caring and respectful of an older person's identity, culture, and diversity. Table 14A.41 provides data on the proportion of assessed aged care providers that met the Aged Care Quality Standards.

The physical environment at residential facilities is assessed as part of ongoing accreditation processes by the Aged Care Quality and Safety Commission (tables 14A.37–40).

Providers are responsible for ensuring that their workforce upholds the rights of clients and residents as outlined in the Charter of Aged Care Rights.

In 2020, 27.9% of full-time equivalent (FTE) direct care staff at aged care homes were either nurses or allied health professionals, down from 28.5% in 2016 (Department of Health and Aged Care 2017a, 2021a).

Accessing care

Information services

Services such as ‘My Aged Care’ provide older people, their families and carers with information to help them access timely and appropriate care and find approved aged care services in their local area.

Assessment services

An assessment of need by an ACAT (Aged Care Assessment Service in Victoria), is mandatory for admission to residential care, to receive a Home Care Package, or enter STRC or Transition Care. ACATs also make recommendations regarding the most appropriate long-term care arrangements for

clients (table 14A.22). Since 2014, care approvals from most assessments do not lapse. Assessments for other aged care programs are primarily conducted by other assessment services (for example, Regional Assessment Services (RAS) for CHSP).

Not everyone assessed by an ACAT is approved for care, and some people are approved for more than one type of care. Nationally in 2022-23, there were 206,572 completed ACAT assessments (equivalent to 44.5 per 1,000 older people) (table 14A.20) and 253,493 approvals for residential aged care and the Home Care Package program for people aged 65 years and over (tables 14A.20–21). ACAT approval rates increase significantly with client age (table 14A.21).

Elapsed times − timely access to aged care services

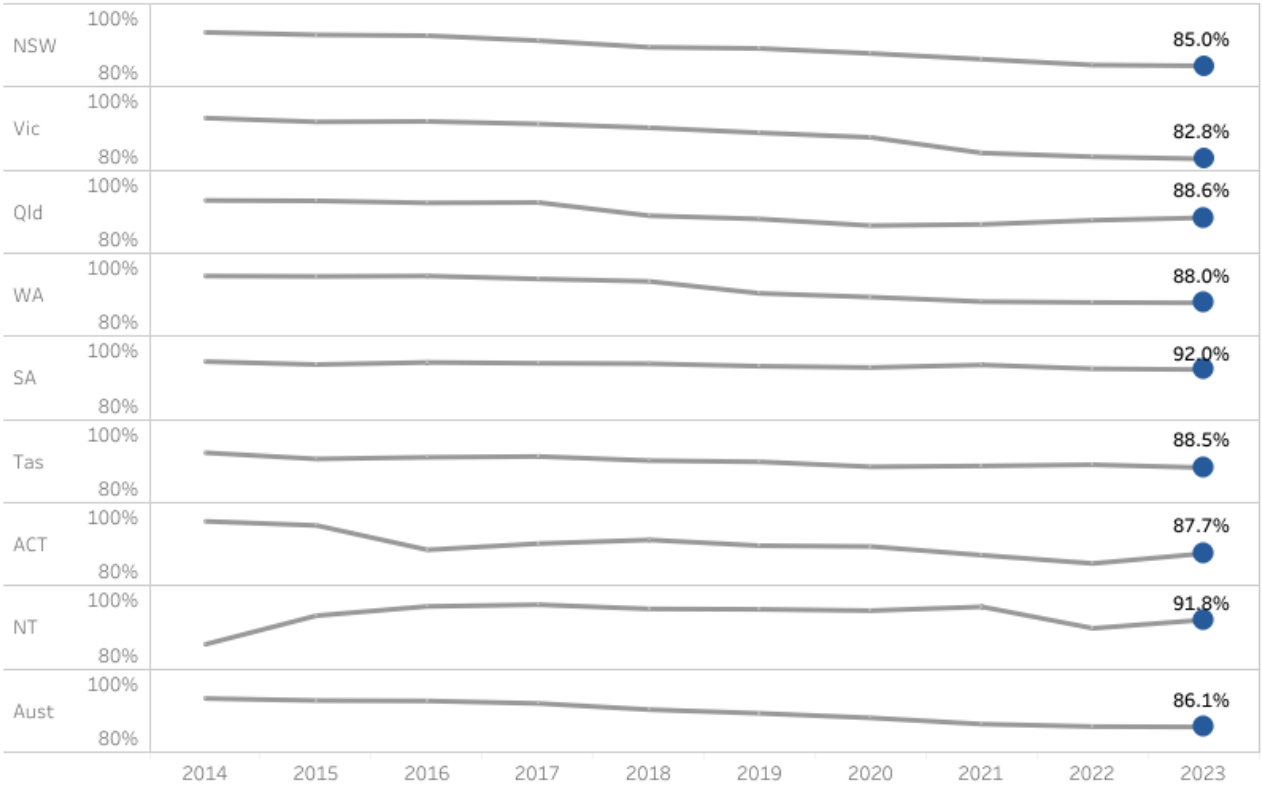
The time between an ACAT approval and an older person's access to aged care services (e.g., assignment of a home care package, receipt of home care services, or entry into residential aged care) can be influenced by a range of factors (both service- and person-related) including:

- availability of places/packages and services (which can increase waiting times)
- an older person's:
    - preference to remain at home for as long as possible, going into approved residential aged care at a later date or not at all (choosing instead to access formal home care, or support from family, friends or the community)
    - need to delay entry into residential aged care due to personal circumstances, such as selling their home
    - decision to reject an offer due to the cost or location.

Occupancy rates

The occupancy rate at 30 June 2023 was 86.1%. The occupancy rate has been trending downwards over the past 10 years (93.0% in 2014), notwithstanding an increase in the number of operational residential aged care places over the same period (189,283 in 2014 to 221,467 in 2023) (table 14A.13). There were 62,226 admissions to residential aged care in 2022-23 (table 14A.33).

Figure 14.4 **Residential care Occupancy rate at 30 June**
By jurisdiction, by year



Source: table 14A.13

Data tables are referenced above by a '14A' prefix and all data (footnotes and data sources) is available for download above (in Excel and CSV format).

Care providers

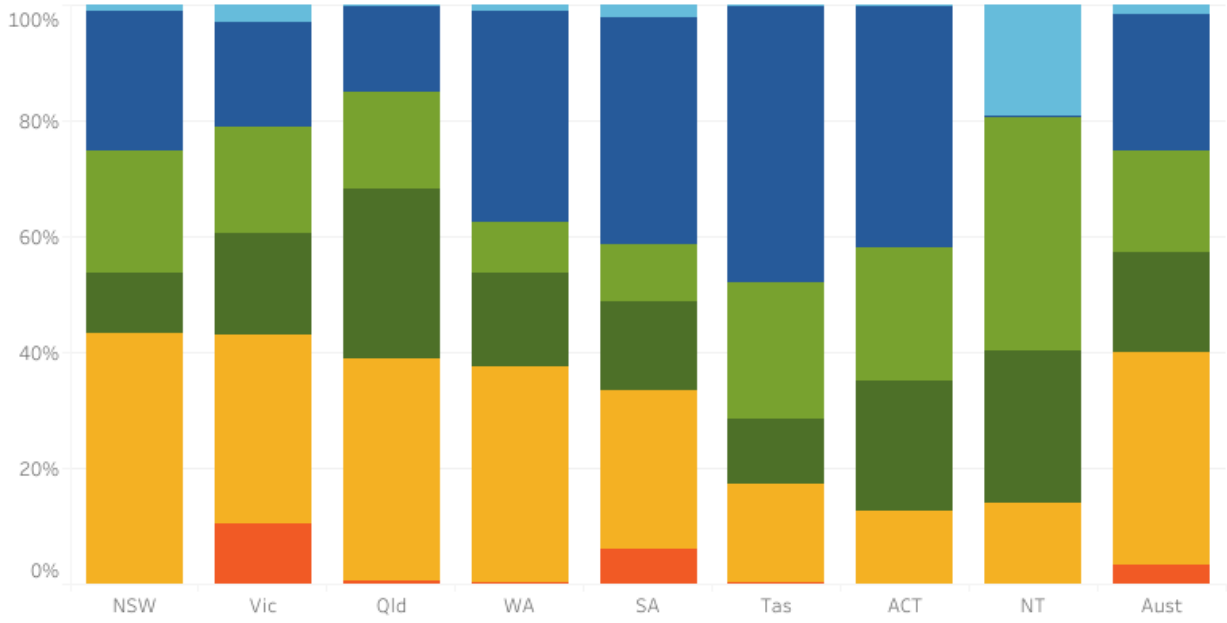
Nationally, in 2023, private for-profit organisations provided the largest proportion of operational home care packages (36.5%) and residential aged care places (40.7%). Results varied across jurisdictions (table 14A.11-14A.12).

Select year:
2023

Select service type:
(●) Home Care
( ) Residential Care

Local government
Charitable
Community-based
Religious
Private for-profit
State or territory government

Figure 14.5 **Proportion of operational recipients at 30 June in Home Care Packages**
By ownership type, by jurisdiction, 2023



Source: table 14A.11

Data tables are referenced above by a '14A' prefix and all data (footnotes and data sources) is available for download above (in Excel and CSV format).

Indicator framework

The performance indicator framework provides information on equity, effectiveness and efficiency, and distinguishes the outputs and outcomes of aged care services.

The performance indicator framework shows which data is complete and comparable in this report. For data that is not considered directly comparable, text includes relevant caveats and supporting commentary. Section 1 discusses data comparability and completeness from a report-wide perspective. In addition to the contextual information for this service area (see Context tab), the report's statistical context (Section 2) contains data that may assist in interpreting the performance indicators presented in this section.

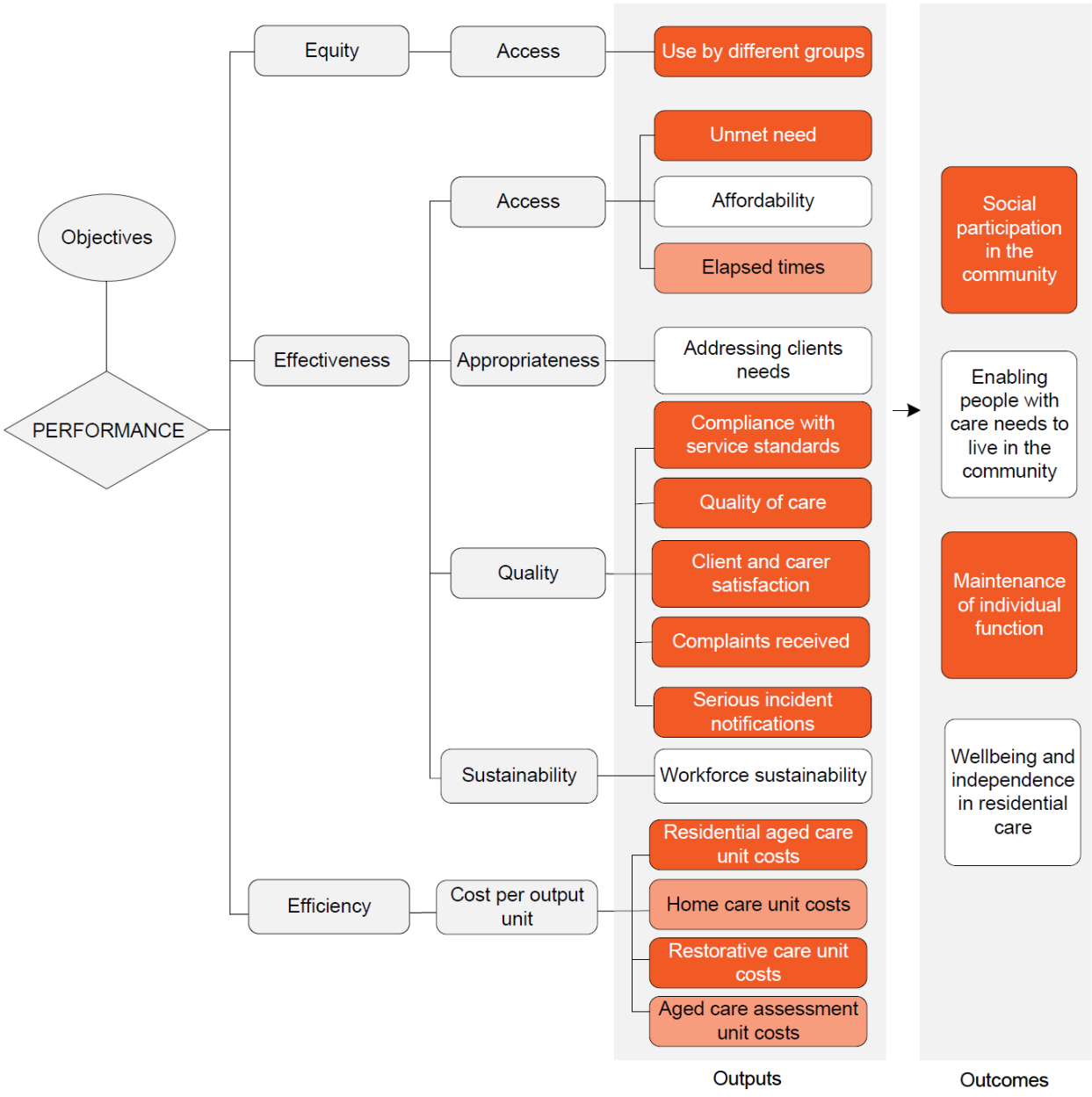
Improvements to performance reporting for aged care services are ongoing and include identifying data sources to fill gaps in reporting for performance indicators and measures, and improving the comparability and completeness of data.

Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (see section 1). Output information is also critical for equitable, efficient and effective management of government services.

Outcomes

Outcomes are the impact of services on the status of an individual or group (see section 1).



Key to indicators*

Text	Most recent data for all measures is comparable and complete
Text	Most recent data for at least one measure is comparable and complete
Text	Most recent data for all measures is either not comparable and/or not complete
Text	No data reported and/or no measures yet developed

* A description of the comparability and completeness is provided under the Indicator results tab for each measure

Text version of indicator framework

Performance – linked to Objectives

Outputs

Equity – Access

- Use by different groups – most recent data for all measures is comparable and complete

Effectiveness – Access

- Unmet need – most recent data for all measures is comparable and complete
- Affordability – no data reported and/or no measures yet developed
- Elapsed times – most recent data for at least one measure is comparable and complete

Effectiveness – Appropriateness

- Addressing client needs – no data reported and/or no measures yet developed

Effectiveness – Quality

- Compliance with service standards – most recent data for all measures is comparable and complete
- Quality of care – most recent data for all measures is comparable and complete
- Client and carer satisfaction – most recent data for all measures is comparable and complete
- Complaints received – most recent data for all measures is comparable and complete
- Serious incident notifications – most recent data for all measures is comparable and complete

Effectiveness – Sustainability

- Workforce sustainability– no data reported and/or no measures yet developed

Efficiency – Cost per output unit

- Residential aged care unit costs – most recent data for all measures is comparable and complete
- Home care unit costs – most recent data for at least one measure is comparable and complete
- Restorative care unit costs – most recent data for all measures is comparable and complete
- Aged care assessment unit costs – most recent data for at least one measure is comparable and complete

Outcomes

- Social participation in the community – most recent data for all measures is comparable and complete
- Enabling people with care needs to live in the community – no data reported and/or no measures yet developed
- Maintenance of individual function – most recent data for all measures is comparable and complete
- Wellbeing and independence in residential care – no data reported and/or no measures yet developed

A description of the comparability and completeness is provided under the Indicator results tab for each measure.

Indicator results

This section presents an overview of 'Aged care services' performance indicator results. Different delivery contexts, locations and types of clients can affect the equity, effectiveness and efficiency of aged care services.

Information to assist the interpretation of this data can be found with the indicators below and all data (footnotes and data sources) is available for download above as an excel spreadsheet and as a CSV dataset. Data tables are identified by a '14A' prefix (for example, table 14A.1).

Specific data used in figures can be downloaded by clicking in the figure area, navigating to the bottom of the visualisation to the grey toolbar, clicking on the 'Download' icon and selecting 'Data' from the menu. Selecting 'PDF' or 'Powerpoint' from the 'Download' menu will download a static view of the performance indicator results.

1. Use by different groups

'Use by different groups' is an indicator of governments' objective to subsidise aged care services in an equitable manner.

'Use by different groups' is defined as the proportion of service clients from a selected equity group, compared with the proportion of the aged care target population from that selected equity group.

The proportion of service clients from a particular selected equity group should be broadly similar to the proportion of the aged care target population from that selected equity group.

Nine selected equity groups were identified by the *Aged Care Act 1997* (Cth) (referred to as 'special needs' groups in the Act; see the 'Explanatory material' tab for details). Data is reported for three selected equity groups (Aboriginal and Torres Strait Islander people; people from Culturally and Linguistically Diverse (CALD) backgrounds; and people receiving aged care services in outer regional, remote/very remote areas). People from CALD backgrounds are defined as those born overseas from countries other than the United Kingdom, Ireland, New Zealand, Canada, South Africa and the United States of America.

Measures for veterans (including widows and widowers of veterans) and for people who are financially and socially disadvantaged are currently under development (although data is available on the proportion of all permanent residents' care days used by financially disadvantaged residents; see table 14A.18). Data is not available for reporting on the remaining selected equity groups.

Several factors should be considered when interpreting this data.

- Selected equity groups may have greater need for aged care services. Compared to the rest of the population, Aboriginal and Torres Strait Islander people have higher rates of disability, lower life expectancy and an increased likelihood of requiring aged care services at a younger age. Because of these factors, the target population for Aboriginal and Torres Strait Islander people is people aged 50 years and over, compared to 65 years and over for other population groups.
- Cultural differences and the availability of care and support from family, friends and neighbours can also affect the use of services across different population groups. Stronger support networks can reduce the need for government funded aged care services, or for particular government funded service types.

Differences in the representation of a selected equity group in services compared to their representation in the aged care target population varied across service types and groups. Nationally in 2022-23:

- Aboriginal and Torres Strait Islander people were underrepresented in all service types but less so for Home Care Packages
- people from CALD backgrounds were overrepresented among people accessing Home Care Packages and the Aged Care Assessment Program but underrepresented in all other service types
- people receiving aged care services in rural and remote areas were overrepresented among people accessing CHSP but underrepresented in all other service types.

Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Table 14.1 **Older clients of aged care services compared with their representation in the aged care target population**
By jurisdiction, by selected equity group (%) (a)

			NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Aboriginal and Torres Strait Islander people	Target population at 30 June	2023	3.7	1.1	4.8	4.4	2.3	5.4	2.5	45.3	3.6
	Aged Care Assessment Program	2022-23	2.4	0.6	2.8	2.8	1.8	2.4	1.2	30.2	2.1
	Residential care	2023	1.3	0.4	2.0	1.8	0.7	1.4	0.5	35.6	1.3
	CHSP	2022-23	3.2	1.4	3.7	2.5	2.2	3.2	1.2	39.0	2.9
	Transition care	2023	1.2	0.3	2.5	4.4	1.1	–	–	8.6	1.6
	Home Care levels 1-2	2023	4.3	1.9	3.1	2.4	3.4	4.5	1.7	53.8	3.4
	Home Care levels 3-4	2023	4.4	1.5	3.6	2.5	2.6	4.2	1.7	34.1	3.3
CALD backgrounds	Target population at 30 June	2021	27.6	30.6	12.7	20.3	18.3	7.4	25.2	20.5	23.3
	Aged Care Assessment Program	2022-23	26.8	35.7	12.2	21.1	21.1	7.6	25.6	18.8	24.8
	Residential care	2023	22.9	26.6	10.6	18.8	17.8	7.2	21.6	15.8	20.1
	CHSP	2022-23	22.3	31.6	11.1	20.6	18.6	7.4	28.0	18.7	21.3
	Transition care	2023	19.7	30.3	9.8	16.8	22.0	10.4	29.1	11.1	20.0
	Home Care levels 1-2	2023	32.1	43.7	16.9	27.0	24.2	11.8	24.2	16.5	30.9
	Home Care levels 3-4	2023	33.8	47.0	19.1	26.9	29.3	12.2	27.9	22.8	32.0
Rural and remote areas	Target population at 30 June	2023	8.0	5.9	15.9	12.3	15.9	36.7	..	100.0	11.2
	Aged Care Assessment Program	2022-23	7.9	5.7	15.6	11.4	13.7	31.5	..	100.0	10.5
	Residential care	2023	5.4	4.8	12.4	6.9	10.0	24.6	..	100.0	7.9
	CHSP	2022-23	10.1	7.6	15.7	10.8	17.9	34.7	..	100.0	12.5
	Transition care	2023	6.5	2.5	11.8	10.2	–	1.2	..	100.0	7.4
	Home Care levels 1-4	2023	9.7	3.7	11.4	4.9	15.1	12.1	..	100.0	8.9

Source: tables 14A.23, 14A.24, 14A.25

.. Not applicable. – Nil or rounded to zero.

(a) The ACT does not have outer regional and remote/very remote areas; the NT comprises only outer regional and remote/very remote areas.

2. Unmet need

‘Unmet need’ is an indicator of governments’ objective to subsidise aged care services that are accessible.

‘Unmet need’ measures aged care service access relative to need. Two measures of unmet need are reported:

- unmet need in the community
- hospital patient days used by aged care type patients.

Unmet need in the community

‘Unmet need in the community’ measures the proportion of older people (aged 65 years and over) living in households who reported being in need of assistance, and whose need for assistance was not fully met.

A low or decreasing proportion of people reporting their need for assistance as not fully met is desirable.

Data for the Northern Territory should be interpreted with caution as the Survey of Disability, Ageing and Carers excludes very remote areas, which comprise more than 20% of the estimated resident population in the Northern Territory living in private dwellings.

> Nationally, in 2018, 34.0% of older people who were living in households and in need of assistance reported that their need was not fully met (figure 14.6a). The proportion was higher for older people with a profound or severe disability (41.7%) than for older people without a disability (20.5%) (table 14A.26).

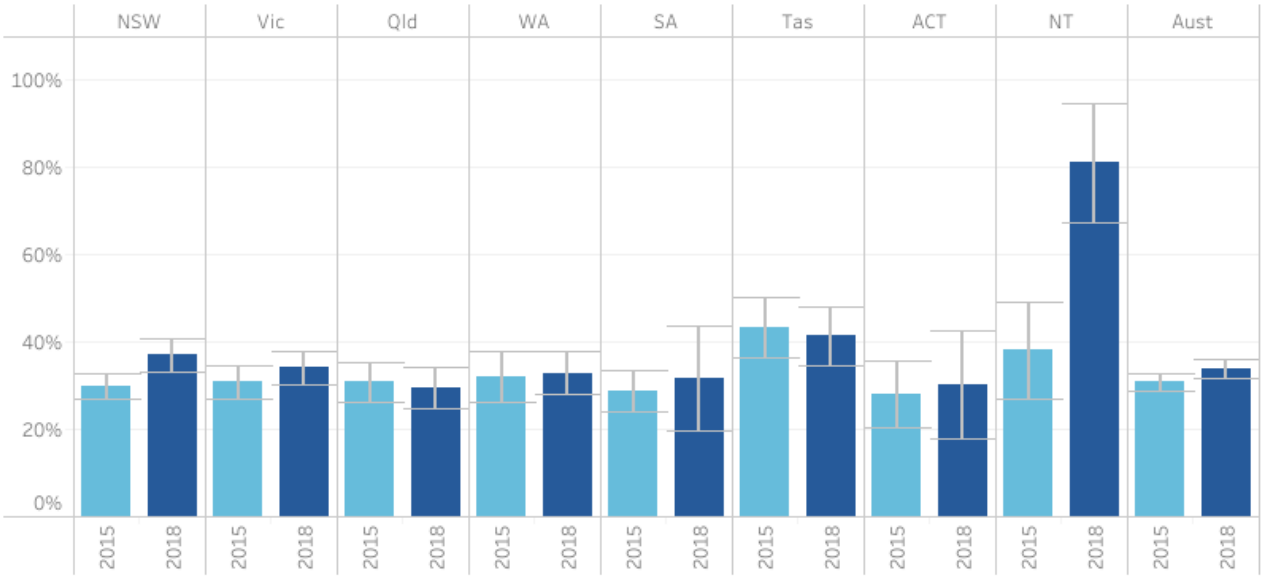
Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select disability status:
- ○ Need fully met
- ◉ Need not fully met

Select disability status (applies to figure 14.6a):
- ◉ All older people
- ○ All disability types
- ○ Without disability

Figure 14.6a Measure 1: **Older people needing assistance**
Need not fully met, by jurisdiction, by year (a), (b)



Source: table 14A.26

(a) Confidence intervals are not available where the proportion has a relative standard error greater than 50%. (b) Refer to data tables for information on non-publication of data for individual jurisdictions.

Hospital patient days used by aged care type patients

'Hospital patient days used by aged care type patients' is a *proxy* measure of unmet need defined as the proportion of hospital patient days (for overnight separations only) that were for aged care type patients (see 'Explanatory material' tab for further details).

Hospital inpatient services are geared towards shorter periods of acute care aimed at addressing serious illness or injury, or diagnosis. The needs of older people for maintenance care (particularly for extended periods of time) can be better met in residential aged care services than hospitals.

Understanding the relationship between the aged care and health systems is important as interactions are critical for the performance of both systems. The number of operational residential aged care places can affect demand for public hospital beds, just as the number of older patients in acute and subacute care and the time they spend in hospital can affect demand for aged care services.

A low or decreasing proportion of patient days used by aged care type patients is desirable.

This data should be interpreted with caution, because:

- days for patients who have not completed their period of care in a hospital are not included

- identification in hospital as an aged care patient type may not reflect a person's eligibility for residential care services (this is determined by an ACAT assessment) or reliably reflect access issues for residential aged care from the acute care sector – linked ACAT and hospital separations data is not available at this time
- the diagnosis codes for aged care patient type may not be applied consistently across jurisdictions or over time
- the denominator (all patient days for overnight separations) does not directly reflect the need for aged care services
- the scope of aged care type patients differs slightly to the equivalent National Healthcare Agreement indicator (see table 14A.27 for details).

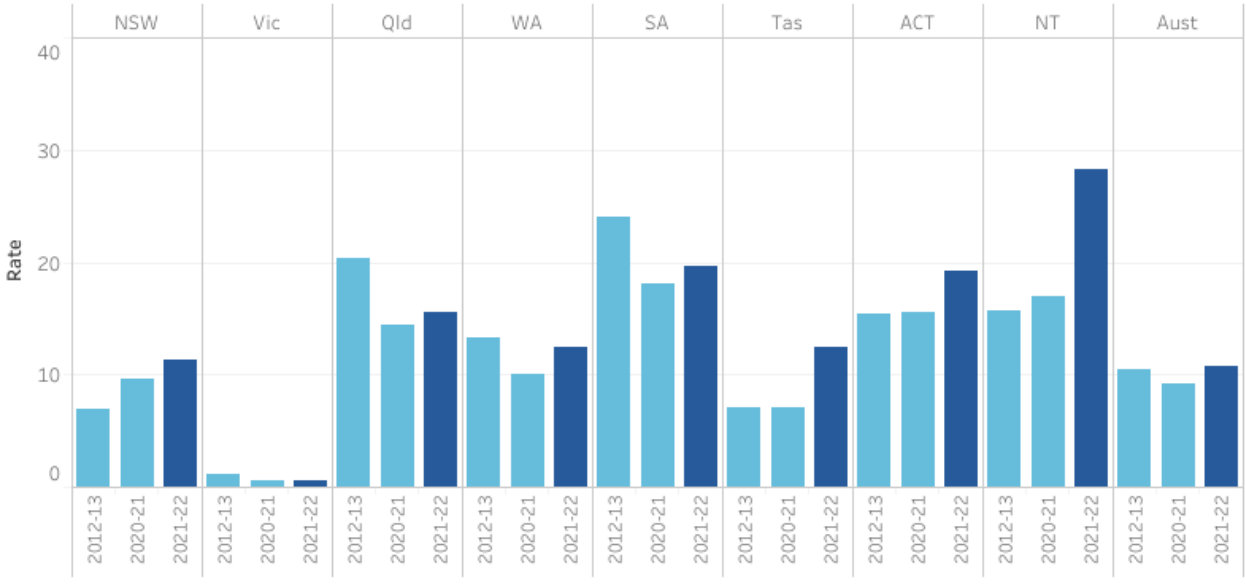
Nationally in 2021-22, the rate of all hospital patient days used by patients waiting for residential aged care was 10.7 per 1,000 patient days (figure 14.6b). Rates were lower for Aboriginal and Torres Strait Islander people compared to other Australians but higher for people from lower compared to higher socioeconomic areas and for people in remote compared to non-remote areas (table 14A.28). The proportion of separations for 'aged care type' patients waiting 35 days or longer was 13.7% nationally in 2021-22, the highest proportion in ten years (table 14A.27).

Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Figure 14.6b Measure 2: **Hospital patient days used by those eligible and waiting for residential aged care**
Rate per 1,000 patient days, by jurisdiction, by year



Source: table 14A.28

3. Affordability

‘Affordability’ is an indicator of governments’ objective to subsidise aged care services to improve affordability for people who need them.

‘Affordability’ is defined as out-of-pocket costs for aged care services (after subsidies), as a proportion of disposable income.

Low or decreasing out-of-pocket cost for aged care services as a proportion of disposable income represents more affordable aged care services and is desirable.

Data is not yet available for reporting on this indicator.

4. Elapsed times

‘Elapsed times’ is an indicator of governments’ objective to subsidise aged care services that are accessible. ‘Elapsed times’ are measured in days at the 50th and 90th percentile and reported separately for three measures:

- Measure 1 – aged care assessment times
- Measure 2 – home care elapsed times
- Measure 3 – residential aged care elapsed times.

Low and decreasing days waited are desirable. However, various factors can influence days waited, including system capacity to assess applications and allocate packages, consumer choices, and market/provider supply side factors.

Days waited at the 50th percentile means half the sample will have a shorter elapsed time than this figure and half will have a longer elapsed time. Days waited at the 90th percentile means 90% of the sample will have a shorter elapsed time, while 10% will have a longer elapsed time.

Aged care assessment times

Aged care assessment times are measured in days at the 50th and 90th percentile between referral for an aged care assessment and ACAT approval (excluding incomplete assessments).

Only national data was provided for publication in this report. It is expected that state and territory data will be available for future reports.

> Nationally, in 2022-23, 50% of older people who were referred for an aged care assessment waited up to 17 days to receive an ACAT approval (increasing to 98 days at the 90th percentile). The days waiting for ACAT approval have increased since 2017-18.

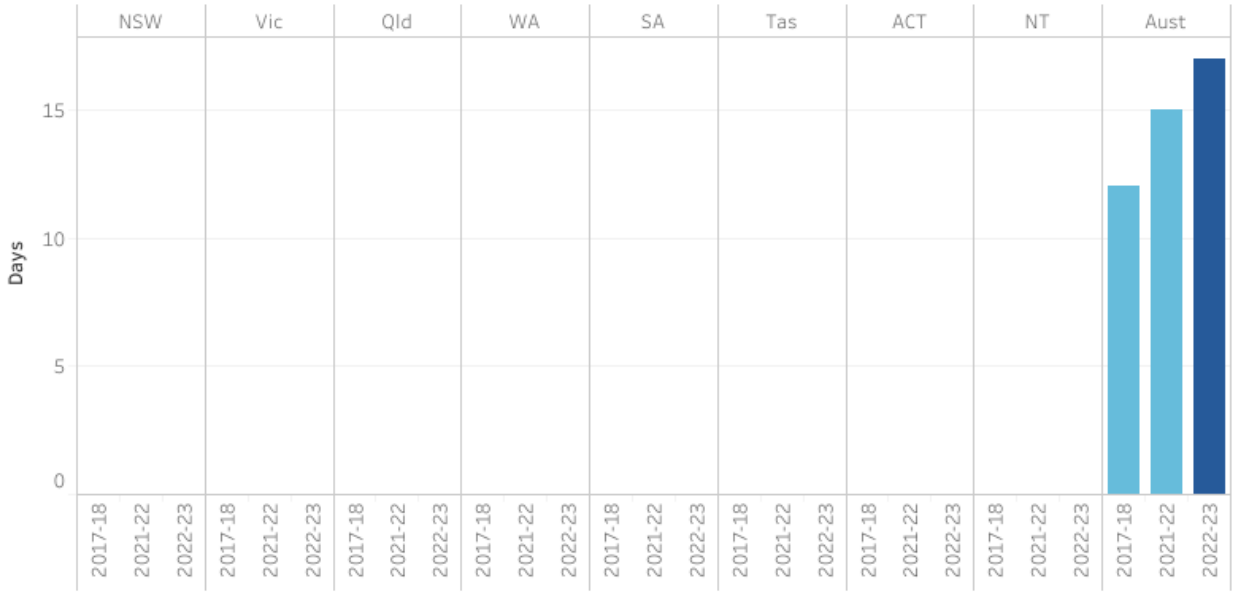
Data is comparable (subject to caveats) across jurisdictions and over time.

Data is not complete (subject to caveats) for the current reporting period. State and territory data for 2022-23 is not available.

Select year(s):
Multiple values

Select percentile:
50th percentile
90th percentile

Figure 14.7a **Time between referral for an aged care assessment and ACAT approval**
50th percentile, by jurisdiction, by year (a)



Source: table 14A.29

(a) State and territory data are not available for all years.

Home care packages

Home care elapsed times are measured in days at the 50th and 90th percentile between: (1) ACAT approval and the assignment of a home care package; (2) assignment of a home care package to service commencement date; and (3) ACAT approval to service commencement date. Results are reported for medium, high and all priority older people.

Once a home care package has been assigned, an older person has 56 calendar days to enter into a home care agreement with an approved provider. Clients can apply for an extension of 28 days, giving them a total of 84 calendar days in which to enter into an agreement with a provider. If an older person has not entered into a home care agreement by the required time, their home care package will be withdrawn. However, if the older person later decides that they want to receive home care services, they can rejoin the National Priority System (NPS). They will re-enter the NPS based on their approval date and are not disadvantaged (Department of Health and Aged Care 2017b).

Results measure days between ACAT approval to assignment of a home care package and service commencement for any home care package level, whether or not it was at the approved level. Results are also limited to the first time an older person is assigned a home care package and/or services commence for an older person, as this is most indicative of the typical experience; package upgrades and opt back-ins would inflate reported elapsed times.

Nationally in 2022-23, all priority groups waited 132 days at the 50th percentile and 187 days at the 90th percentile to be assigned a home care package following ACAT approval. The elapsed time has decreased from 247 days at the 50th percentile and 335 days at the 90th percentile in 2017-18. Days waited were shorter for high-priority clients (7 days and 12 days at the 50th and 90th percentiles, respectively).

Nationally in 2022-23, all priority groups waited 168 days at the 50th percentile and 236 days at the 90th percentile for services to commence after ACAT approval. The number of days waited has decreased from 281 days at the 50th percentile and 381 days at the 90th percentile in 2017-18. Days waited were shorter for high-priority clients (43 days and 83 days at the 50th and 90th percentiles, respectively).

Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

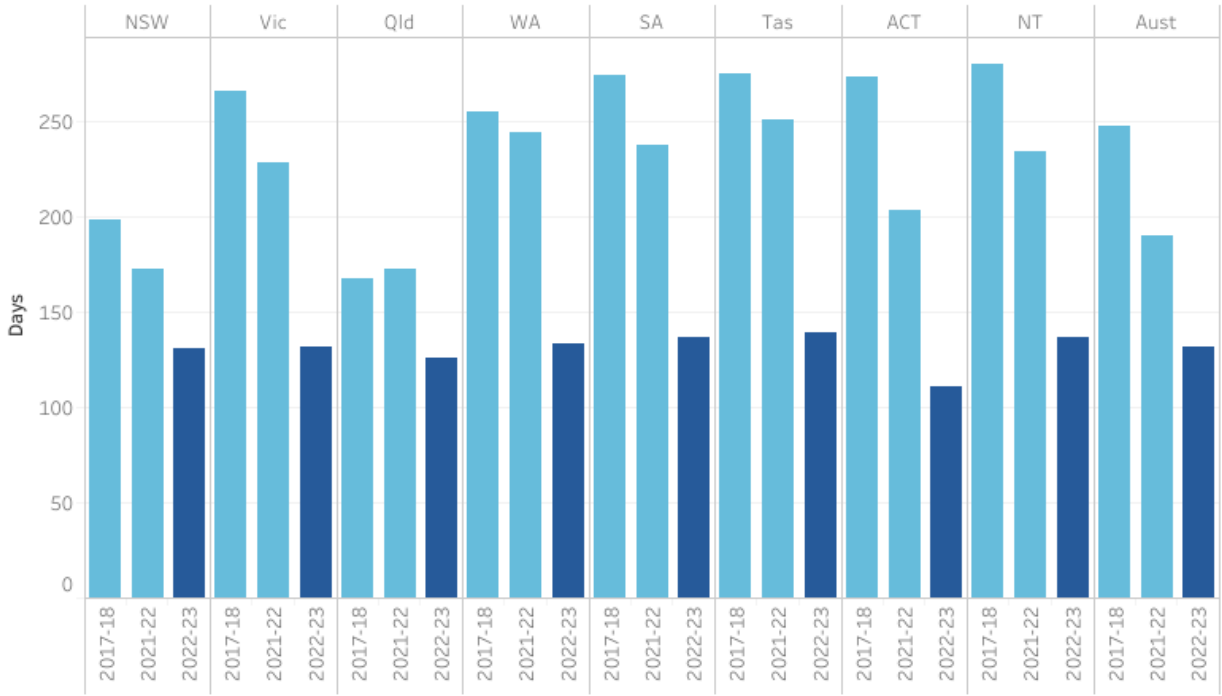
Select priority group:
- (●) All priority groups
- ( ) High priority
- ( ) Medium priority

Select year(s):
Multiple values

Select period:
- (●) Time between ACAT approval and assignment of a home care package
- ( ) Time between ACAT approval to service commencement date
- ( ) Time between assignment to service commencement date

Select percentile:
- (●) 50th percentile
- ( ) 90th percentile

Figure 14.7b **Time between ACAT approval and assignment of a home care package**
All priority groups, 50th percentile, by jurisdiction, by year



Source: table 14A.30

Residential aged care

Residential aged care elapsed times are measured in days at the 50th and 90th percentile between ACAT approval and residential aged care entry for all permanent residents and for a high priority cohort, defined as older people who enter residential aged care within 12 months of application (on the basis that older people with higher needs are unlikely to delay care entry by choice).

Not everyone assessed by an ACAT is approved for care, and some people are approved for more than one type of care. Additionally, care approvals do not lapse, which means assessments performed some years previously can be used for entry into residential aged care. With no central register of residential care offers, it is unclear if older people were offered a place and decided to delay their entry into care. Also, as an assessment can be for more than one type of care, older people can receive a home care package before they enter residential aged care.

Tables 14A.32 and 14A.33 provide information on all older people who entered into residential aged care. Tables 14A.34 to 14A.36 provide detailed information on people who entered residential aged care by equity groups.

> Nationally in 2022-23, permanent residents who entered care during the financial year and within one year of ACAT approval had an elapsed time of 63 days at the 50th percentile and 245 days at the 90th percentile (a largely consistent trend over the time series). Of all those admitted to residential care with known elapsed times in 2022-23, 67.4% were admitted within one year of ACAT approval.

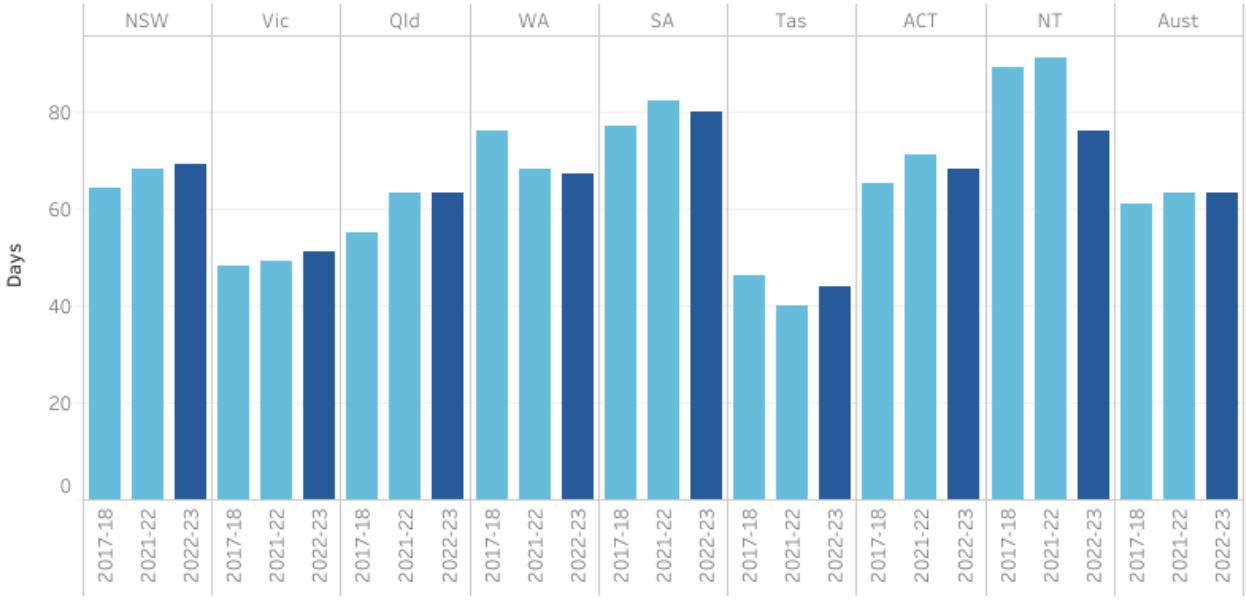
Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Select percentile:
50th percentile
90th percentile

Figure 14.7c **Elapsed times for Permanent residents who entered care during the financial year and within one year of ACAT approval**
50th percentile, by jurisdiction, by year



Source: table 14A.32

In 2022-23, 42.9% of older people entered residential aged care within 3 months of their ACAT approval (figure 14.7d); the median elapsed time was 135 days, a decrease from 153 days in 2021-22 (table 14A.33). Nationally, the median elapsed time between ACAT approval and entry into aged care services increased by 200% (a threefold increase) between 2013-14 and 2022-23.

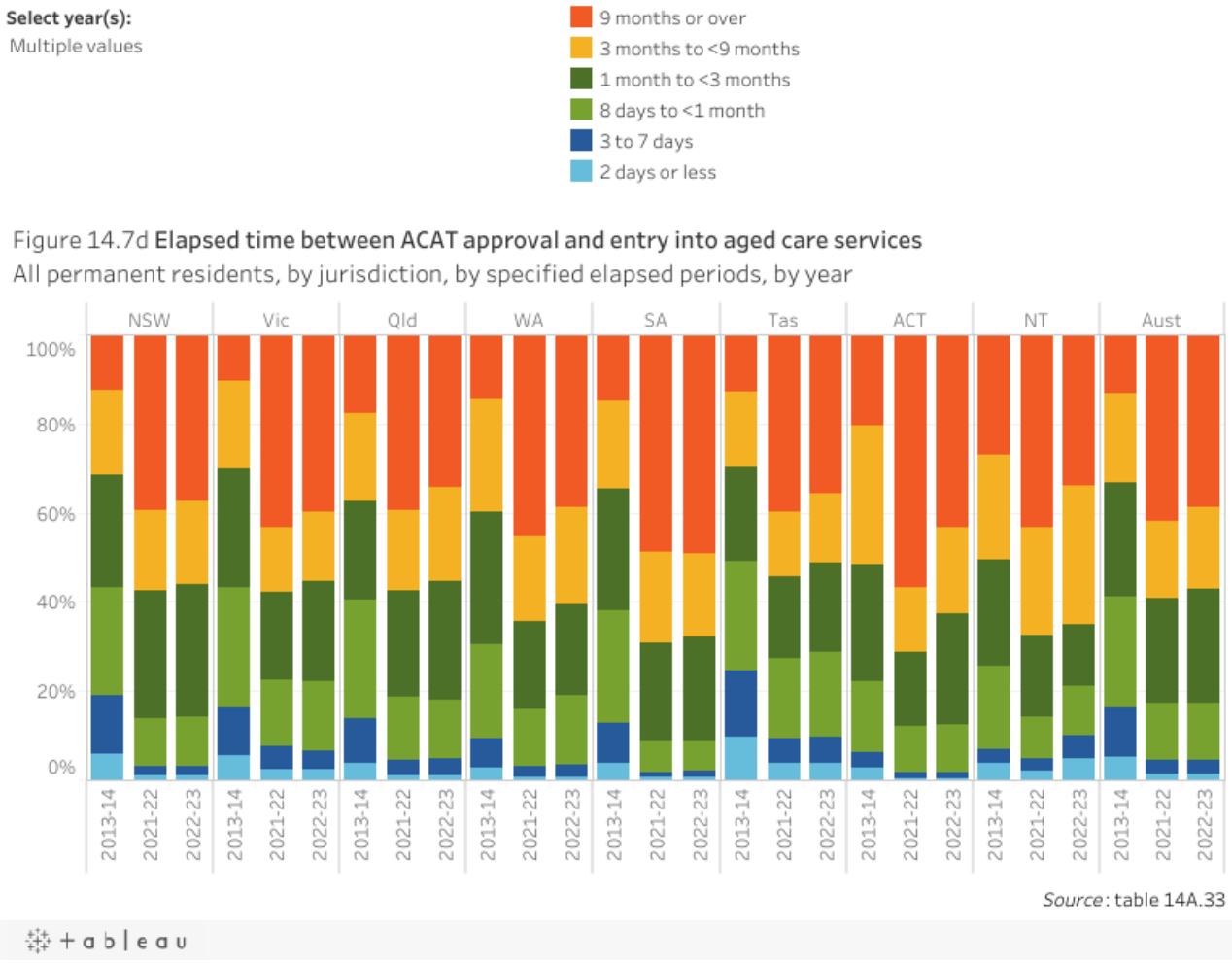


Figure 14.7d **Elapsed time between ACAT approval and entry into aged care services**
All permanent residents, by jurisdiction, by specified elapsed periods, by year

5. Addressing client needs

'Addressing client needs' is an indicator of governments' objective to subsidise aged care services that are appropriate to meet the needs of clients – person-centred, with an emphasis on integrated care, ageing in place and restorative approaches.

'Addressing client needs' will measure the extent to which:

- care recipients or their representatives had input into the planning of their care
- the supports identified in the care planning process to address an individual's needs were provided (match of needs)
- individual interests, customs, beliefs and cultural and ethnic backgrounds were valued and fostered.

Data is not yet available for reporting on this indicator.

6. Compliance with service standards

'Compliance with service standards' is an indicator of governments' objective to subsidise high quality aged care services.

‘Compliance with service standards’ measures the extent to which approved aged care services are meeting expected standards. Measures are reported for residential care and home care and home support.

Residential care – re-accreditation

For residential aged care, the proportion of accredited facilities given three-year re-accreditation is reported. Three years is the longest period for which re-accreditation can be granted (in most cases), so if a service is re-accredited for this period it implies a higher level of service quality than for those re-accredited for a shorter period. Further information on the accreditation standards and process is available at http://www.agedcarequality.gov.au.

Data for this measure do not include new facilities (1.3% of all residential care facilities) that have not been re-accredited as at 30 June 2023 (table 14A.40).

High or increasing proportions of services that are re-accredited for three years are desirable.

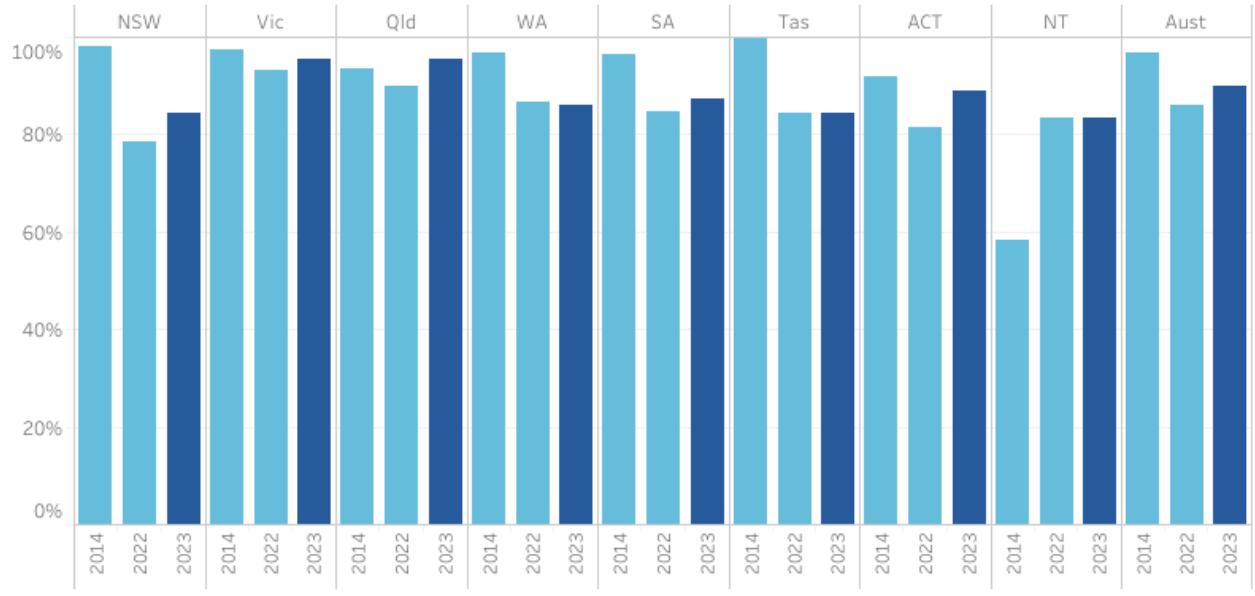
> During 2022-23, 90.1% of the 1,598 services re-accredited that year were given three-year accreditation status; up from 85.0% in 2021-22 (table 14A.37). At 30 June 2023, 89.9% of all 2,606 re-accredited residential aged care services had been given three-year accreditation. This is the highest value since 30 June 2019, but is still significantly lower than a peak of 98.3 in 2016. (figure14.8 and table 14A.40).

Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Figure 14.8 Measure 1: **Re-accreditation period in effect as at 30 June, 3 years**
By jurisdiction, by year



Source: table 14A.40

Compliance with Aged Care Quality Standards

On 1 July 2019, the Aged Care Quality Standards took effect for organisations providing all types of Commonwealth-subsidised aged care services.

- Standard 1 – Consumer dignity and choice
- Standard 2 – Ongoing assessment and planning with consumers
- Standard 3 – Personal care and clinical care
- Standard 4 – Services and supports for daily living
- Standard 5 – Organisation's service environment
- Standard 6 – Feedback and complaints
- Standard 7 – Human resources
- Standard 8 – Organisational governance.

High or increasing proportions of services that met all expected outcomes are desirable.

> For Australian Government subsidised aged care services, 60.7% of services received a re-accreditation audit during 2022-23 for residential aged care services, up from 26.6% in 2021-22, and 11.0% received a quality audit for home care and support (table 14A.41). The proportions of residential aged care and home care and home support service providers reviewed during 2022-23 that achieved the standards are in table 14.2.

Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year:
2022-23

Table 14.2 Meaure 2: **Compliance with Aged Care Quality Standards**
By jurisdiction, by provider, by service standards, 2022-23

			NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Residential aged care site audits	Standard 1	%	91.4	97.6	96.7	85.5	92.6	91.9	91.7	100.0	93.7
	Standard 2	%	86.0	92.4	93.4	85.5	83.3	86.5	100.0	100.0	88.9
	Standard 3	%	81.3	89.2	91.8	74.0	78.7	81.1	83.3	100.0	84.5
	Standard 4	%	90.6	95.0	98.4	88.5	95.4	89.2	100.0	40.0	93.1
	Standard 5	%	93.0	97.0	98.4	93.1	93.5	100.0	100.0	60.0	95.1
	Standard 6	%	93.2	96.5	96.7	87.0	93.5	91.9	91.7	80.0	94.1
	Standard 7	%	85.6	89.6	94.3	81.7	88.0	86.5	91.7	100.0	88.1
	Standard 8	%	84.6	88.5	89.8	79.4	85.2	81.1	75.0	80.0	86.0
	Reviews conducted (a)	no.	584	462	244	131	108	37	12	5	1,583
Home care and support service providers quality audits	Standard 1	%	90.1	86.2	91.0	91.9	83.7	66.7	75.0	50.0	87.0
	Standard 2	%	83.5	58.6	78.2	89.2	53.1	50.0	55.0	50.0	70.5
	Standard 3	%	89.0	88.5	88.5	94.6	87.8	75.0	75.0	50.0	87.8
	Standard 4	%	94.5	92.0	96.2	94.6	83.7	75.0	80.0	50.0	91.2
	Standard 5	%	98.9	97.7	100.0	100.0	95.9	91.7	90.0	100.0	97.9
	Standard 6	%	81.3	87.4	83.3	100.0	79.6	66.7	70.0	50.0	83.5
	Standard 7	%	79.1	82.8	80.8	91.9	71.4	41.7	70.0	50.0	78.7
	Standard 8	%	73.6	62.1	71.8	78.4	53.1	50.0	50.0	50.0	66.2
	Reviews conducted (a)	no.	91	87	78	37	49	12	20	2	376

Source: table 14A.41

.. Not applicable. – Nil or rounded to zero.

(a) Reviews conducted between the start and end of the financial year.

7. Quality of care

‘Quality of care’ is an indicator of governments’ objective to subsidise high quality aged care services. High quality aged care services provide services that meet residents’ personal, functional, clinical and psycho-social needs to a high standard.

‘Quality of care’ in residential aged care services is measured according to the expanded National Aged Care Mandatory Quality Indicator Program. Participation in the National Aged Care Mandatory Quality Indicator Program has been a requirement for all Australian Government subsidised residential aged care services since 1 July 2019.

Since 1 July 2021, approved providers of residential aged care are required to report on five quality indicators. The definitions and data collection methods for each quality indicator are outlined in the National Aged Care Mandatory Quality Indicator Program Manual 2.0 (Department of Health and Aged Care 2021b).

The indicator is defined by five measures:

- Pressure injuries
- Physical restraint
- Unplanned weight loss
- Falls and major injury
- Medication management.

Further details on the definitions of these measures are available in the Key terms section.

From 1 April 2023, the QI Program was expanded to include six new indicators (Activities of daily living, Incontinence care, Hospitalisations, Workforce, Consumer experience, and Quality of life). Reporting on these indicators commenced Q1 2023-24. This data is expected to be included in the 2025 report.

All else being equal, a low or decreasing occurrence of pressure injuries, use of physical restraint, unplanned weight loss, falls, and polypharmacy can suggest higher-quality services. However, high or increasing occurrences might reflect more effective reporting and monitoring arrangements.

> Pressure injuries – care recipients were observed for pressure injury once each quarter during 2022-23. In quarter 4 (Q4; April to June 2023), 5.8% of care recipients had one or more pressure injuries, down from the same quarter in 2022 (6.3%), prevalence was higher for lower grade pressure injuries. Data were similar across all quarters (between 5.8% and 6.5% of care recipients with one or more pressure injuries in Q3-Q4 and Q1, respectively) (table 14A.42).

Data is comparable (subject to caveats) across jurisdictions and over time.

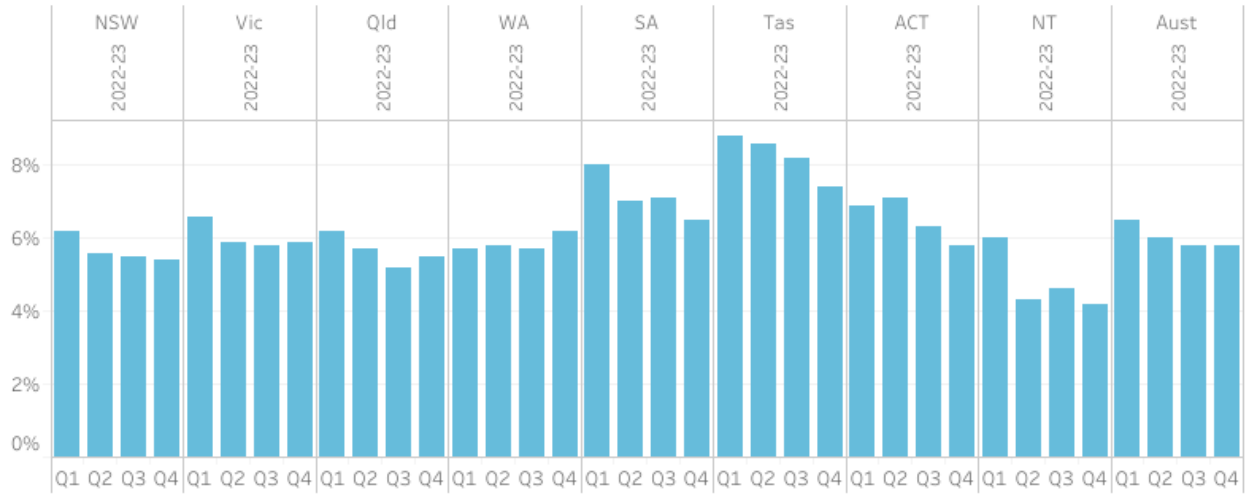
Data is complete (subject to caveats) for the current reporting period.

Select type:
- (●) One or more injuries
- ( ) Stage 1
- ( ) Stage 2
- ( ) Stage 3
- ( ) Stage 4
- ( ) Suspected deep tissue
- ( ) Unstageable

Select year(s):
2022-23

Select quarter(s):
All

Figure 14.9a Measure 1: **Pressure injuries, One or more injuries**
By jurisdiction, by year, by quarter



Source: table 14A.42

Physical restraint – the use of physical restraint was assessed by reviewing three days of existing care records each quarter during 2022-23. In quarter 4 (Q4; April to June 2023), 17.8% of care recipients experienced physical restraint, and 14.3% were restrained exclusively through the use of a secure area, down from the same quarter in 2022 (21.6% and 17.1%). Data showed some variation across quarters: for care recipients who experienced physical restraint (between 17.8% and 21.1% in Q4 and Q1, respectively) and for care recipients who experienced physical restraint through the use of a secure area (between 14.3% and 16.9% in Q4 and Q1, respectively) (table 14A.43).

Data is comparable (subject to caveats) across jurisdictions and over time.

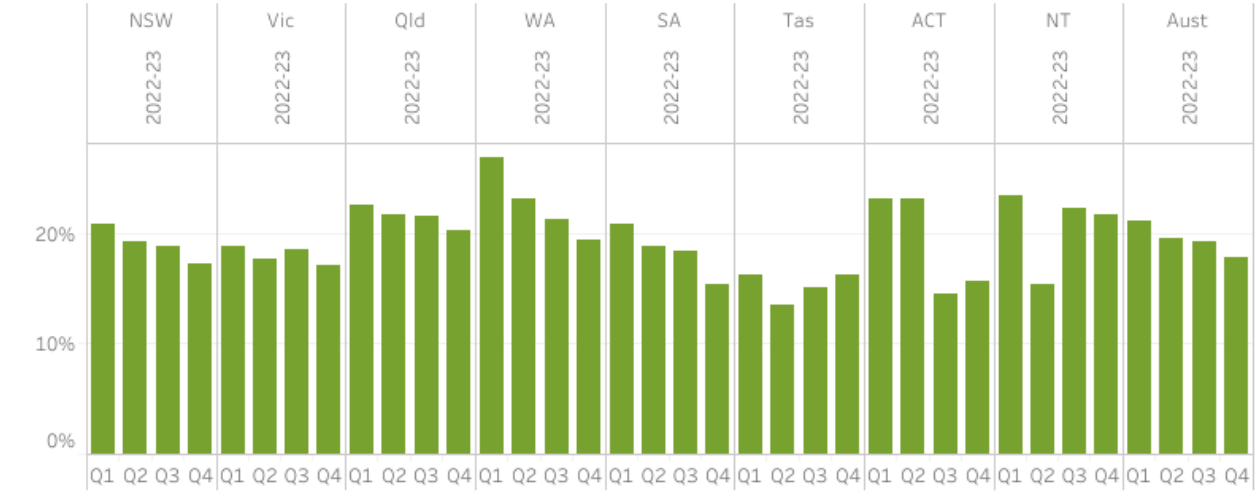
Data is complete (subject to caveats) for the current reporting period.

Select type:
All physical restraint
Physical restraint exclusively through the use of a secure area

Select year(s):
2022-23

Select quarter(s):
All

Figure 14.9b Measure 2: **Physical restraint, All physical restraint**
By jurisdiction, by year, by quarter



Source: table 14A.43

Unplanned weight loss – assessment of care recipients' weight loss occurred monthly, however both unplanned weight loss indicators were measured on a quarterly basis during 2022-23. In quarter 4 (Q4; April to June 2023), 7.7% of care recipients experienced significant unplanned weight loss (meaning unplanned weight loss of 5.0% or more when comparing their current and previous quarter finishing weights), and 7.9% of care recipients experienced consecutive unplanned weight loss (meaning consecutive unplanned weight loss every month over three consecutive months of the quarter) down from the same quarter in 2022 (9.4% for both measures). Data showed some variation across quarters: for care recipients who experienced significant unplanned weight loss (between 7.7% and 9.3% in Q4 and Q2, respectively) and for care recipients who experienced consecutive unplanned weight loss (between 7.9% and 11.0% in Q4 and Q1, respectively) (table 14A.44).

Data is comparable (subject to caveats) across jurisdictions and over time.

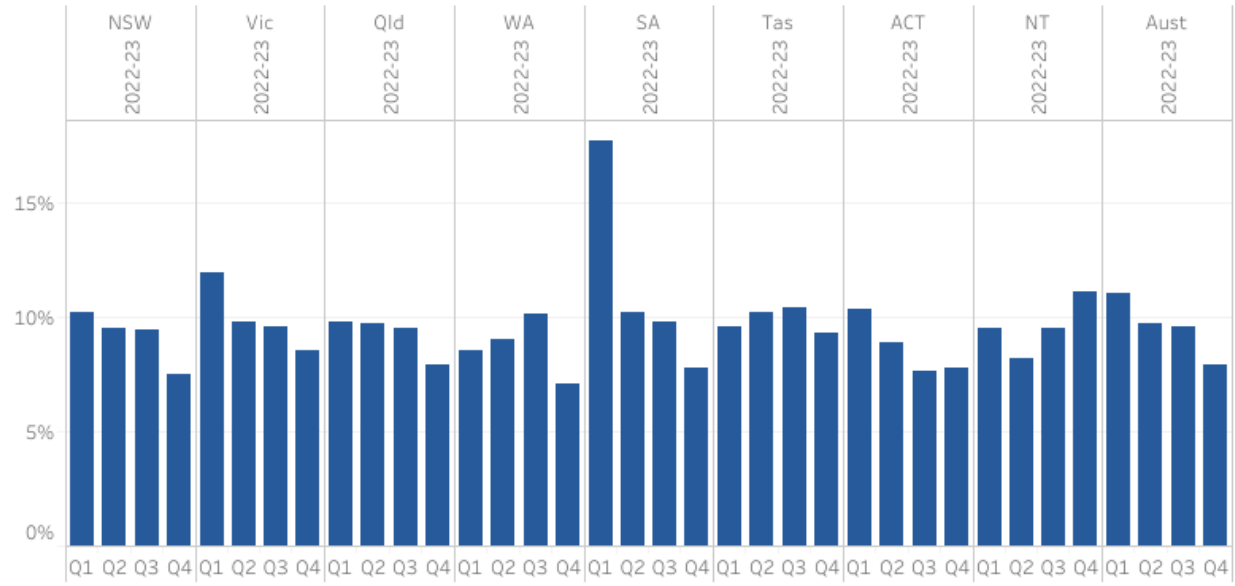
Data is complete (subject to caveats) for the current reporting period.

Select type:
Consecutive unplanned weight loss
Significant unplanned weight loss

Select year(s):
2022-23

Select quarter(s):
All

Figure 14.9c Measure 3: **Unplanned weight loss, Consecutive unplanned weight loss**
By jurisdiction, by year, by quarter



Source: table 14A.44

Falls and major injury – falls and falls resulting in major injury were assessed by reviewing care records over the entire quarter for each quarter during 2022-23. In quarter 4 (Q4; April to June 2023), 32.1% of care recipients experienced a fall, with 1.9% resulting in major injury (for example, bone fractures, joint dislocations, and head injuries), down from the same quarter in 2022 (32.2% and 2.2%). Data were similar across all quarters: for care recipients who experienced a fall (between 31.2% and 32.3% in Q3 and Q1, respectively) and for care recipients who experienced a fall resulting in major injury (between 1.9% and 2.1% in Q3-Q4 and Q1, respectively) (table 14A.45).

Data is comparable (subject to caveats) across jurisdictions and over time.

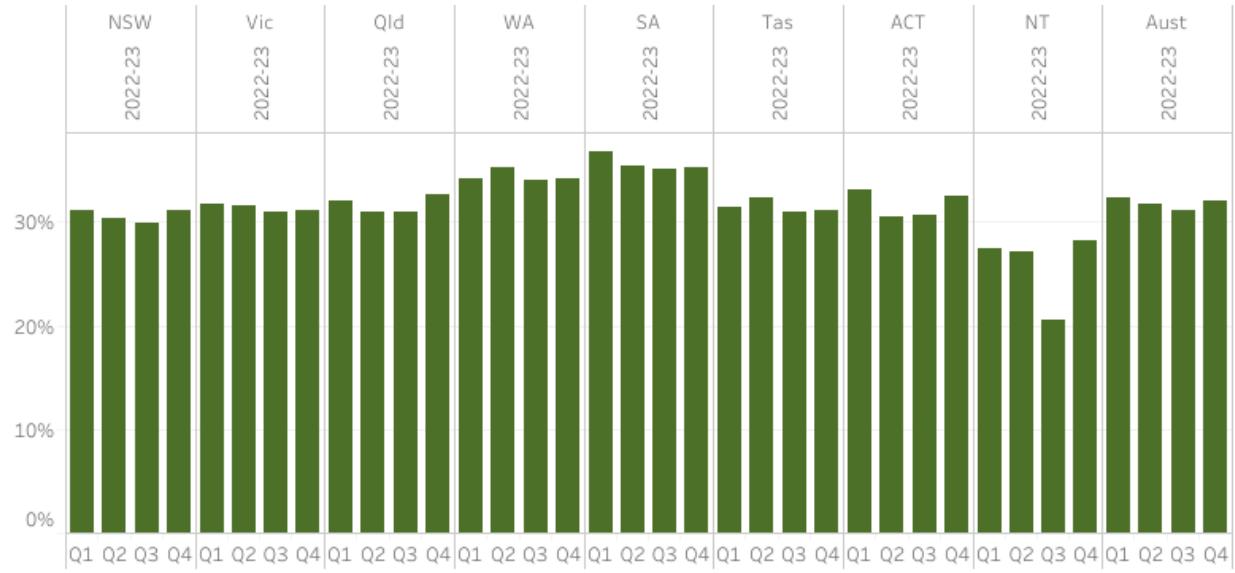
Data is complete (subject to caveats) for the current reporting period.

Select type:
(●) All falls
( ) Falls resulting in major injury

Select year(s):
2022-23

Select quarter(s):
All

Figure 14.9d Measure 4: **Falls, All falls**
By jurisdiction, by year, by quarter



Source: table 14A.45

Medication management – care recipients' medication charts and/or records were assessed through a single review each quarter during 2022-23. In quarter 4 (Q4; April to June 2023), 35.5% of care recipients were prescribed nine or more medications, down on the same quarter in 2022 (37.5%). In Q4, 9.5% of all care recipients received antipsychotic medications for a diagnosed condition of psychosis, although 18.0% of all care recipients received antipsychotic medications, down from the same quarter in 2022 (10.7% and 19.7%). Data were similar across all quarters: for care recipients who were prescribed nine or more medications (between 35.5% and 36.7% in Q4 and Q1, respectively) and for care recipients who received antipsychotics (between 18.0% and 18.6% in Q4 and Q1, respectively) (table 14A.46).

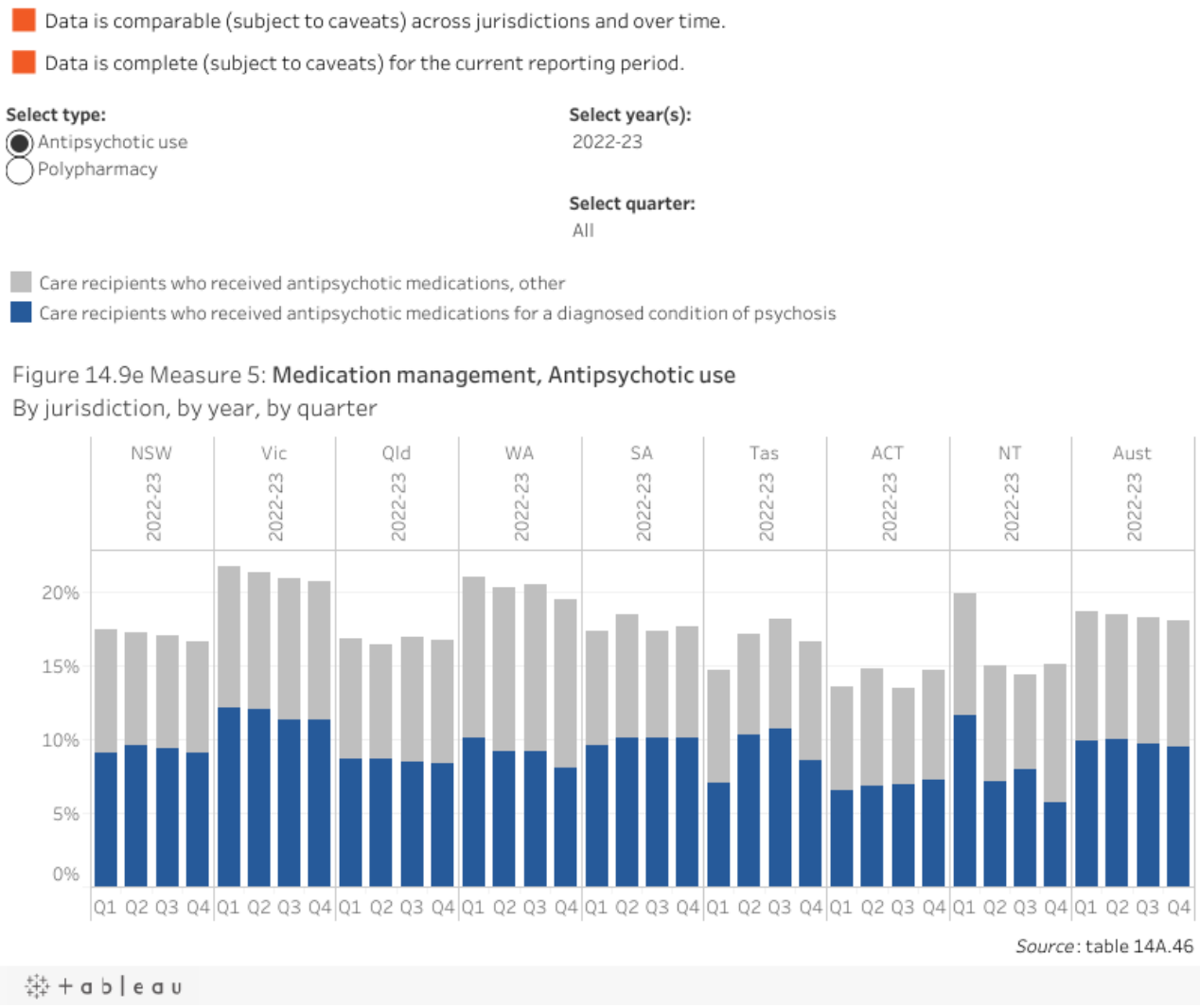


Figure 14.9e Measure 5: **Medication management, Antipsychotic use**
By jurisdiction, by year, by quarter

Source: table 14A.46

National Aged Care Mandatory Quality Indicator Program data used to report on this indicator are based on quarterly assessment data recorded by service as distinct from care recipients. Therefore, it is not possible to determine the number of quarters in which the same care recipients were assessed.

8. Client and carer satisfaction

'Client and carer satisfaction' is an indicator of governments' objective to subsidise high quality aged care services.

'Client and carer satisfaction' is defined by four measures:

- the proportion of people aged 65 years or over living in households, who are satisfied with the *range* of organised and formal service options available
- the proportion of people aged 65 years or over living in households, who are satisfied with the *quality* of assistance received from organised and formal services in the last six months
- the proportion of primary carers living in households (caring for people aged 65 years or over), who are satisfied with the *range* of formal service options available to help them in their caring role

- the proportion of primary carers living in households (caring for people aged 65 years or over), who are satisfied with the *quality* of assistance received from formal services in the last six months to help them in their caring role.

A high or increasing proportion of clients and carers who are satisfied is desirable as it suggests that the service received was of a higher quality.

Data for the Northern Territory should be interpreted with caution as the Survey of Disability, Ageing and Carers excludes very remote areas which comprises more than 20% of the estimated resident population in the Northern Territory living in private dwellings.

Nationally in 2018, 71.2% of people aged 65 years and over who reported a need for, or received formal services in the previous six months were satisfied with the *range* of services available – a decrease from 2015, but similar to 2012 (figure 14.10a).

Of people aged 65 years or over who received formal services in the previous six months, 84.4% were satisfied with the *quality* of assistance they received (table 14A.48) – a decrease from 2015 and 2012 (89.2% and 88.6% respectively).

(all measures) Data is comparable (subject to caveats) across jurisdictions and over time.

(all measures) Data is complete (subject to caveats) for the current reporting period.

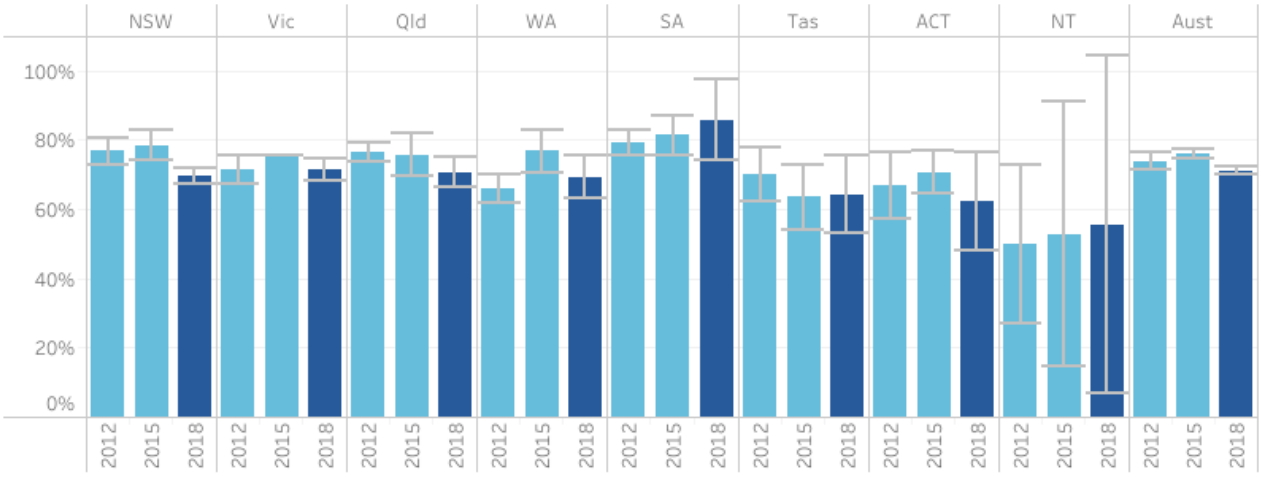
Select measure, people who received formal assistance:

- (●) Measure 1: who are satisfied with the range of organised services available
- ( ) Measure 2: who are satisfied with the quality of assistance

Select dissaggregation:

- (●) All people
- ( ) Males
- ( ) Females
- ( ) Major cities
- ( ) Regional and remote areas

Figure 14.10a **People who are satisfied with the range of organised services available**
People who received formal assistance from organised and formal services with at least one activity in the last six months, All people, by jurisdiction, by year (a), (b)



Source: table 14A.47

(a) For Measure 2, for the NT in 2018, confidence intervals are not available as the proportion has a relative standard error greater than 50%. (b) There are no major cities in Tasmania; no outer regional or remote areas in the ACT; no major cities or inner regional areas in the NT.

For primary carers of people aged 65 years or over, the proportion who were satisfied with the *range* of organised services available to help them in their caring role was 36.1% in 2018 – a decrease of around 10 percentage points from 2015 and 2012 (figure 14.10b).

Around 7 in 10 primary carers (71.3%) were satisfied with the *quality* of services provided to help them in their caring role – down from 84.7% in 2012 (table 14A.50).

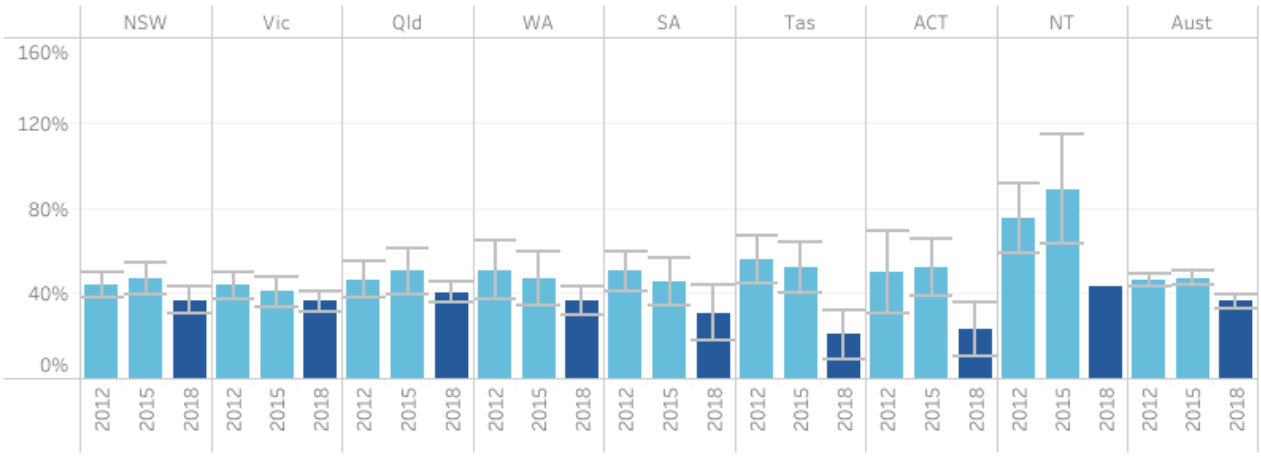
(all measures) Data is comparable (subject to caveats) across jurisdictions and over time.

(all measures) Data is complete (subject to caveats) for the current reporting period.

Select measure, primary carers:
- (●) Measure 3: who are satisfied with the range of organised services available
- ( ) Measure 4: who are satisfied with the quality of assistance

Select dissaggregation:
- (●) All people
- ( ) Males
- ( ) Females
- ( ) Major cities
- ( ) Regional and remote areas

Figure 14.10b **Primary carers who are satisfied with the range of organised services available**
Primary carers (carers of people aged 65 years or over) who received formal assistance in their caring role from organised services in the last six months, All people, by jurisdiction, by year, (a), (b)



Source: table 14A.49

(a) For Measure 3 (NT in 2018) and Measure 4 (SA in 2018), confidence intervals are not available as the proportion has a relative standard error greater than 50%. (b) There are no major cities in Tasmania, no outer regional or remote areas in the ACT, no major cities or inner regional areas in the NT.

9. Complaints received

'Complaints received' is an indicator of governments' objective to subsidise high quality aged care services.

'Complaints received' is defined as the number of in-scope complaints received by the Aged Care Quality and Safety Commission that relate to Australian Government funded providers of residential care, home care, CHSP or flexible aged care services. The complaints rate (complaints per 10,000 occupied bed days) is for complaints about residential aged care services only.

All else being equal, a low or decreasing rate of complaints can suggest higher quality services. However, a high or increasing rate of complaints may not necessarily mean lower quality services. It may reflect more effective complaints reporting and monitoring arrangements.

Further information on the operation of the Aged Care Quality and Safety Commission is available at http://www.agedcarequality.gov.au.

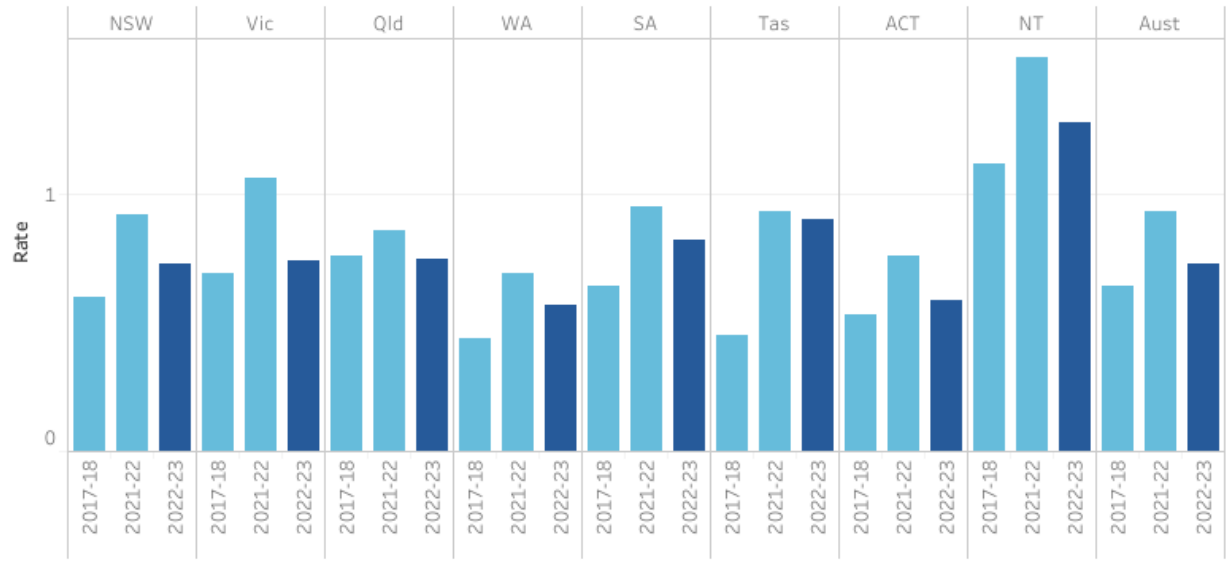
During 2022-23, the Aged Care Quality and Safety Commission received 9,198 in-scope complaints. Of these, 5,077 concerned permanent and respite residential aged care services, equivalent to 0.73 complaints per 10,000 occupied bed days, a decrease from 0.93 in 2021-22 (figure 14.11).

Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Figure 14.11 **Complaints received for Residential aged care (permanent and respite)**
Rate per 10,000 occupied bed days, by jurisdiction, by year



Source: table 14A.51

10. Serious incident notifications

'Serious incident notifications' is an indicator of governments' objective to subsidise high quality aged care services.

'Serious incident notifications' is defined as the number of Serious Incident Response Scheme notifications received by the Aged Care Quality and Safety Commission, by primary incident type, per 10,000 occupied bed days in residential care.

The Serious Incident Response Scheme (the Scheme) was introduced on 1 April 2021. The purpose of the Scheme is to help prevent and reduce incidents of abuse and neglect in residential aged care services subsidised by the Australian Government. The Scheme was extended to aged care services delivered in home or community settings on 1 December 2022.

The Scheme requires aged care providers to:

- Manage and take reasonable action to prevent incidents with a focus on the safety, health, wellbeing and quality of life of older people in residential aged care.
- Have an effective incident management system to respond to, assess, and enable continuous improvement to their management and prevention of incidents.
- Notify the Aged Care Quality and Safety Commission of all reportable incidents. Reportable incidents include any of the below that have occurred, are alleged to have occurred, or are suspected of having occurred to a consumer:
    - unreasonable use of force
    - unlawful sexual contact or inappropriate sexual conduct
    - neglect
    - psychological or emotional abuse
    - unexpected death
    - stealing or financial coercion by a staff member
    - inappropriate use of restrictive practices
    - unexplained absence from care

In a mature system where providers are routinely complying with reporting obligations, low or decreasing rates of Serious incident notifications are desirable. However, high or increasing rates might reflect more effective incident reporting mechanisms and organisational cultural change.

The number of Serious incident notifications does not necessarily correlate to the number of instances of harm to an older person in aged care. Reports might include multiple notifications of the same matter, allegations of incidents, and situations where incidents occurred but injury was avoided. Incident rates should be monitored over time to identify trends.

Notifications in this report concern residential aged care providers. Reporting will expand to the home care sector in future.

> Nationally, during 2022-23, the Aged Care Quality and Safety Commission received 50,583 Serious Incident Response Scheme notifications from residential aged care service providers, which equates to 7.3 notifications per 10,000 occupied bed days (an increase from 5.5 notifications per 10,000 occupied bed days in 2021-22, which was the first full year of the scheme)(figure 14.12). Notifications most commonly concerned the unreasonable use of force (table 14A.52).

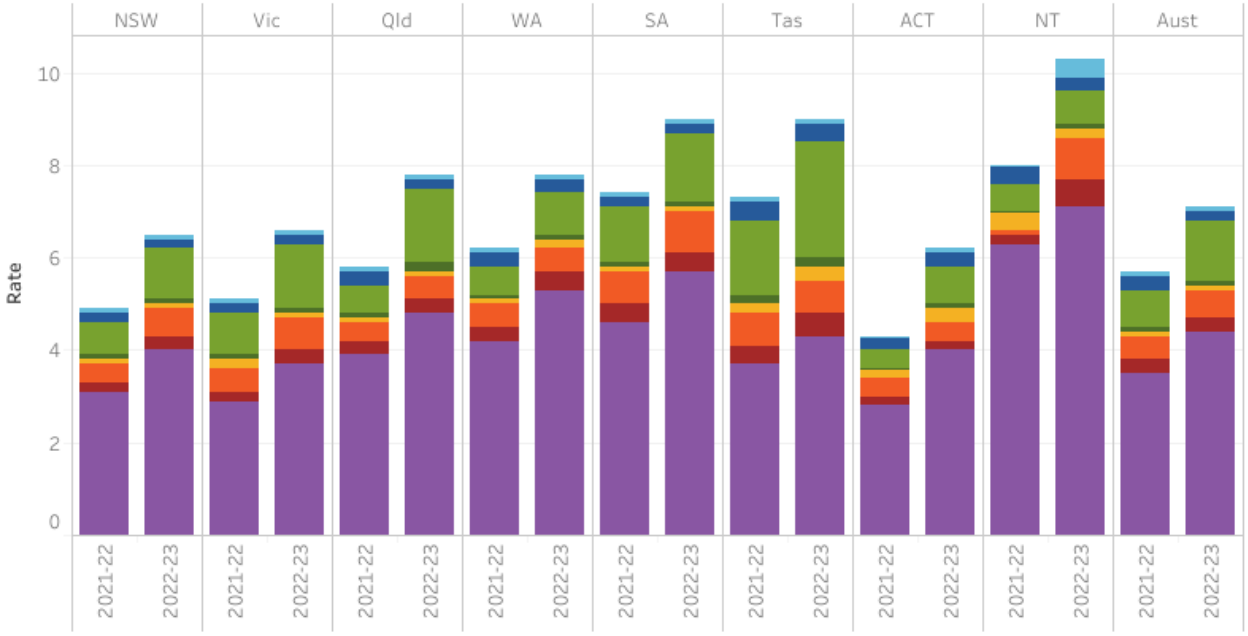
Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select chart:
By jurisdiction

- Inappropriate use of restrictive practices
- Unexplained absence
- Neglect
- Stealing or financial coercion
- Unexpected death
- Psychological or emotional abuse
- Unlawful sexual contact or inappropriate sexual conduct
- Unreasonable use of force

Figure 14.12 **Residential care serious incident notifications**
Notifications per 10,000 occupied bed days, by jurisdiction, by year



Source: table 14A.52

tableau

11. Workforce sustainability

'Workforce sustainability' is an indicator of governments' objective to provide sustainable aged care services.

Aged care workforce sustainability relates to the capacity of the aged care workforce to meet current and projected future service demand. These measures are not a substitute for a full workforce analysis that allows for training, migration, changing patterns of work and expected future demand. They can, however, indicate that further attention should be given to workforce planning for aged care services.

This indicator is currently under development for reporting in the future.

12. Residential aged care unit costs

'Residential aged care unit costs' is an indicator of governments' objective to subsidise aged care services in an efficient manner.

‘Residential aged care unit costs’ is defined by two measures:

- Average annual program cost, per occupied bed day – real annualised government expenditure on residential aged care services.
- Average annual Australian Government residential aged care subsidy (all levels of care), per claim day – real annualised subsidy entitlements plus Conditional Adjustment Payment (CAP).

For measure 1, annualised costs are derived using total government aged care program expenditure on residential aged care services (Australian Government Department of Health and Aged Care, Department of Veterans' Affairs, and state and territory government supplements), divided by the number of occupied bed days, multiplied by 365 to present an average cost figure for an aged care resident in care for a year.

For measure 2, annualised costs are derived using total Australian Government aged care subsidy claims, divided by the number of claim days, multiplied by 365 to present an average subsidy amount that aged care providers could have claimed for an aged care resident in care for a year.

While high or increasing cost per residential aged care unit might reflect deteriorating efficiency, it might also reflect changes in aspects of the service (such as greater time spent with clients) or differences in the characteristics of clients (such as their geographic location or higher levels of acuity). Similarly, while low or declining cost per residential aged care unit might reflect improving efficiency, it might also reflect declining quality.

Not all expenditure is included in these measures. Expenditure by local governments and non-government sources is not captured.

> Nationally, in 2022-23, the average annualised cost per occupied bed day was $85,891, up from $71,420 in 2014-15 (table 14A.53 and figure 14.13).

> Nationally, in 2022-23, the average annualised Australian Government subsidy per claim day was $77,697, up from $60,663 in 2013-14 (table 14A.54 and figure 14.13).

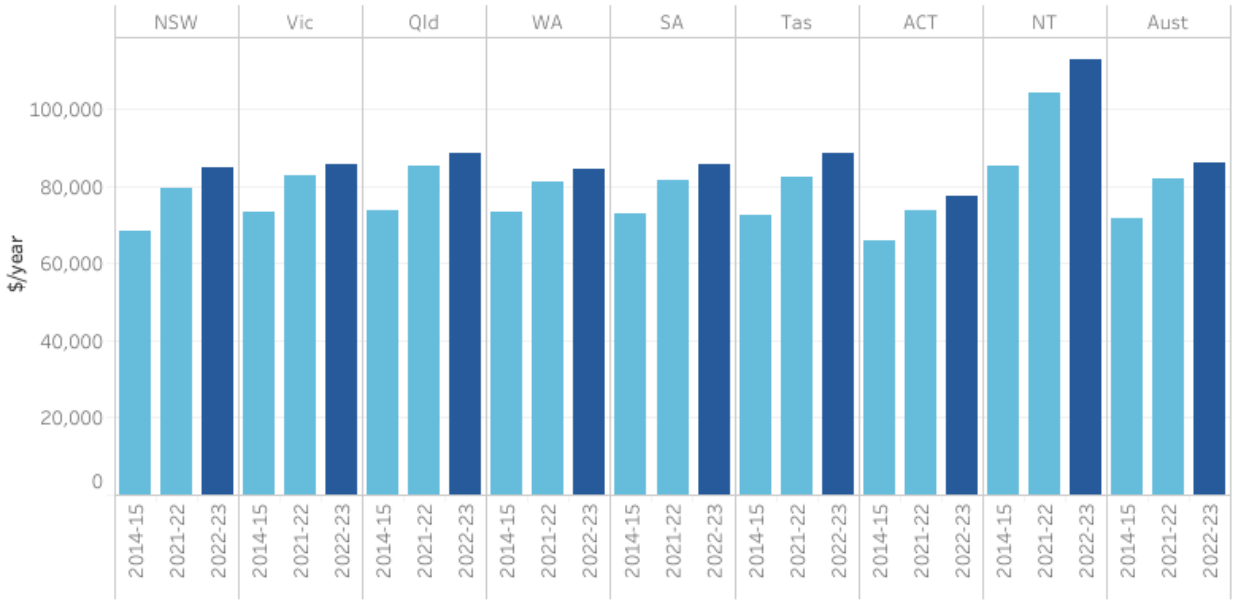
Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year:
Multiple values

Select measure:
(●) Average annualised cost per occupied bed day
( ) Average annualised Australian Government subsidy per claim day

Figure 14.13 **Residential care services Average annualised cost per occupied bed day**
By jurisdiction, by year (2022-23 dollars)



Source: table 14A.53

tableau

13. Home care unit costs

'Home care unit costs' is an indicator of governments' objective to subsidise aged care services in an efficient manner.

'Home care unit costs' is defined by four measures:

- Average annual program cost of home care – real Australian government expenditure on the home care package program per recipient
- Average annualised home care package payment – real payments on home care packages to recipients.
- Expenditure per hour of service for CHSP – real Australian Government expenditure on services, divided by the number of hours of service provided
- Average annual program cost of CHSP – real Australian Government expenditure on CHSP per client.

While high or increasing cost per home care unit might reflect deteriorating efficiency, it might also reflect changes in aspects of the service (such as greater time spent with clients) or differences in

the characteristics of clients (such as their geographic location). Similarly, while low or declining cost per home care unit might reflect improving efficiency, it may also reflect declining quality.

Not all expenditure is included in these measures. Expenditure by local governments and non-government sources is not captured.

Nationally in 2022-23, the cost per recipient of a home care package programme was $17,892 (table 14A.55).

Nationally in 2022-23, the cost per recipient of the Commonwealth Home Support Programme (CHSP) was $3,631, up from $3,115 in 2017-18 (table 14A.56).

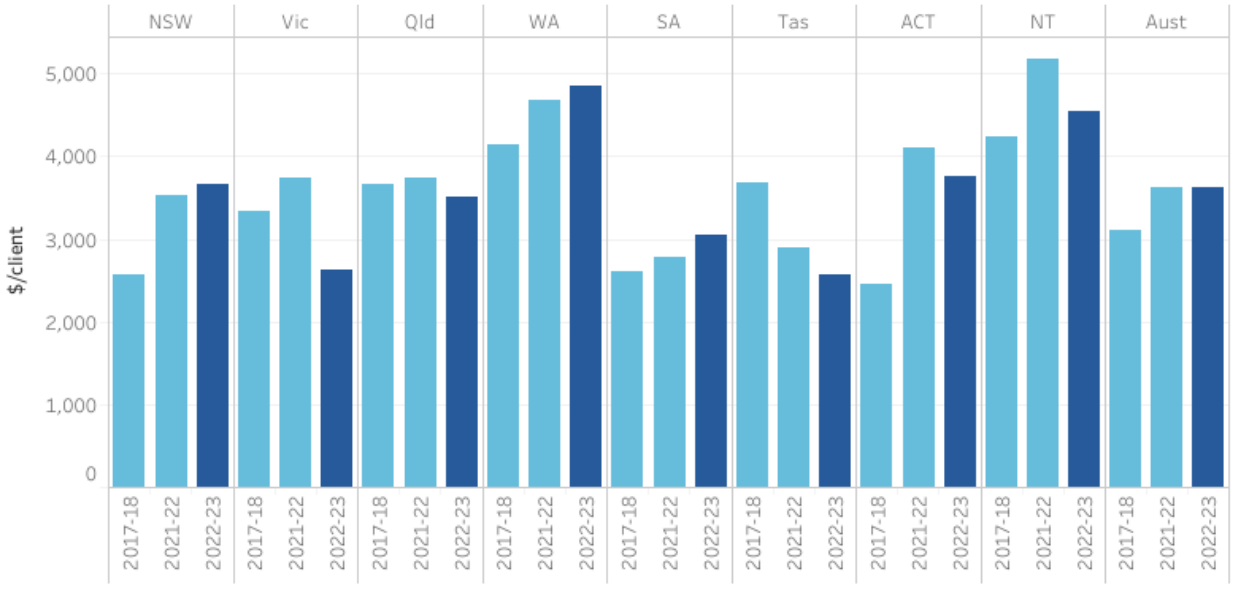
Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year:
Multiple values

Select programme:
(●) Commonwealth Home Support Programme
( ) Home care

Figure 14.14a **Cost per CHSP**
Cost per recipient, by jurisdiction, by year (2022-23 dollars)



Source: table 14A.56

Nationally, in 2022-23, the average annualised payment per home care package was $22,400. The average annualised payment amount increased with package level ($6,800 for a level one home care package, compared to $40,300 for a level four home care package) (figure 14.14b).

Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select home care level:
All home care packages

Figure 14.14b **Average payment per home care package, All home care packages**
By jurisdiction, 2022-23 (2022-23 dollars)

Source: table 14A.57

Table 14A.57 includes additional contextual information on aged care package entitlement (i.e. allocated funds) and unspent funds.

> Nationally, in 2022-23, Australian Government expenditure on CHSP services per hour was higher for nursing and allied health than for domestic assistance and personal care (figure 14.14c and 14.14d). Expenditure per hour of service for personal care was $120.55 in 2022-23, up from $104.23 in 2021-22. Expenditure per hour of service for allied health decreased to $124.77 in 2022-23 from $141.79 in 2021-22. The national real expenditure per hour of service for personal care is significantly closer to that of allied health than has been the case over the five years of the recorded time series. In some jurisdictions, expenditure per hour of service for personal care exceeded that of allied health.

Data is not comparable across jurisdictions, but is comparable (subject to caveats) within jurisdictions over time.

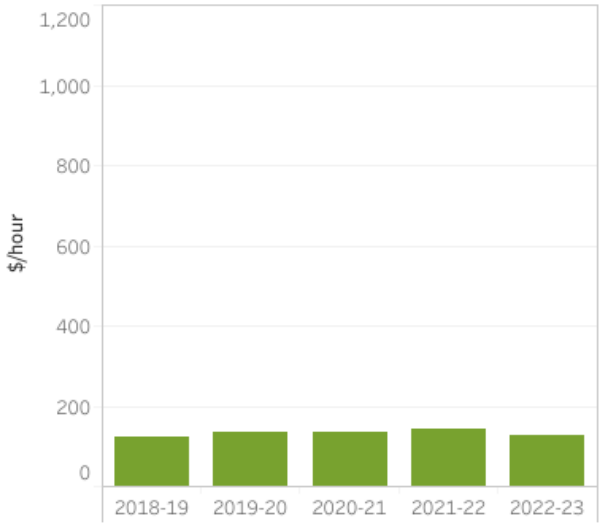
Data is complete (subject to caveats) for the current reporting period.

Figure 14.14 **Cost per output unit - Australian Government expenditure per hour of service**
Allied Health, by year (2022-23 dollars)

Select labour type (applies to both figures):
- (●) Allied Health
- ( ) Domestic assistance
- ( ) Nursing
- ( ) Personal Care

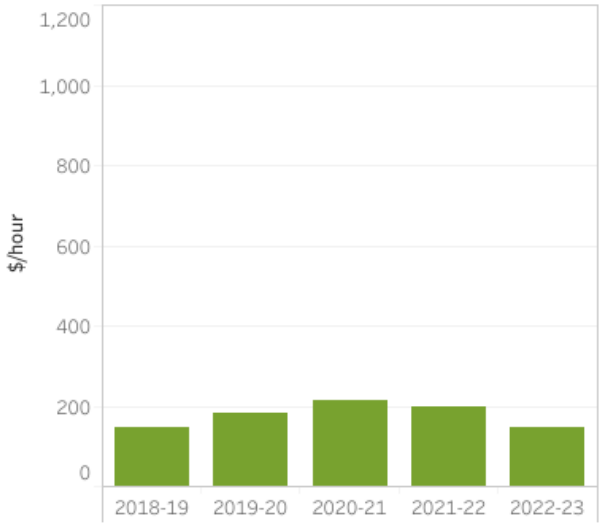
Select jurisdiction (applies to figure 14.14d):
NT

Figure 14.14c *National*



Source: table 14A.58

Figure 14.14d *NT*



Source: table 14A.58

+ableau

14. Restorative care unit costs

'Restorative care unit costs' is an indicator of governments' objective to subsidise aged care services in an efficient manner.

'Restorative care unit costs' is defined by two measures:

- Transition care, real cost per recipient day
- Short-term restorative care, real cost per recipient day.

The Transition Care Programme is funded by the Australian Government and the state and territory governments, while the Short Term Restorative Care Programme is funded by the Australian Government.

While high or increasing cost per restorative care unit might reflect deteriorating efficiency, it might also reflect changes in aspects of the service (such as greater time spent with clients) or differences in the characteristics of clients (such as their geographic location or entry conditions). Similarly, while low or declining cost per restorative care unit might reflect improving efficiency, it might also reflect declining quality.

Not all expenditure is included in these measures. Expenditure by local governments and non-government sources on services is not captured.

Nationally, in 2022-23, the cost per day of the Transition Care Programme was $397.10, up from $326.33 in 2017-18 (table 14A.59).

Nationally, in 2022-23, the cost per day of the Short Term Restorative Care Programme was $213.00, up from $195.66 in 2021-22 (table 14A.59).

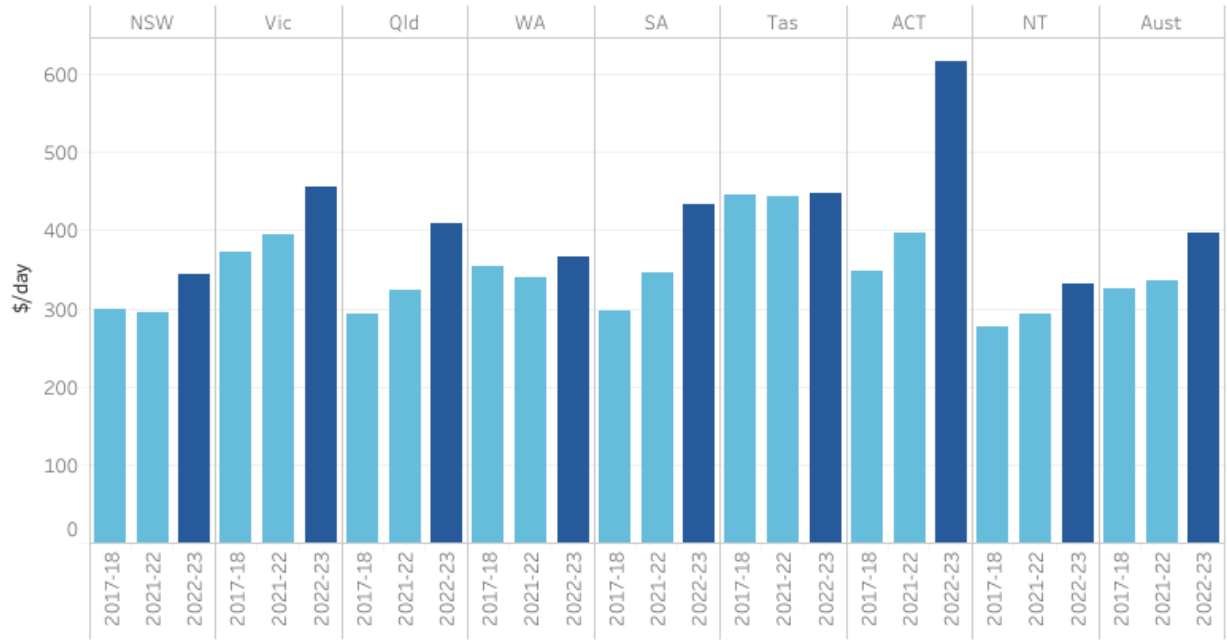
Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Select programme type:
Short Term Restorative Care Programme
Transition Care Programme

Figure 14.15 **Transition Care Programme Real cost per day**
By jurisdiction, by year (2022-23 dollars)



Source: table 14A.59

tableau

15. Aged care assessment unit costs

'Aged care assessment unit costs' is an indicator of governments' objective to subsidise aged care services in an efficient manner.

'Aged care assessment unit costs' is defined by two measures:

- Australian Government expenditure per ACAT assessment – Australian Government expenditure on the Aged Care Assessment Team (ACAT) Program, divided by the number of completed assessments
- Australian Government expenditure per RAS assessment – Australian Government expenditure on the Regional Assessment Services (RAS) program, divided by the number of completed assessments.

While high or increasing cost per assessment unit might reflect deteriorating efficiency, it might also reflect changes in aspects of the service (such as greater time spent with clients) or differences in the characteristics of clients (such as their geographic location). Similarly, while low or declining cost per assessment unit might reflect improving efficiency, it might also reflect declining quality.

Not all expenditure is included in these measures. Expenditure by local governments and non-government sources on services (for example, client fees for CHSP) and state and territory governments' contributions to the cost of ACAT assessments are not captured.

> Nationally, in 2022-23, the average Australian Government expenditure per ACAT assessment was $656.61 up from $638.24 in 2013-14, and down from $849.35 in 2016-17 (table 14A.60).

> Nationally, in 2022-23, the average Australian Government expenditure per RAS assessment was $398.40, down from $473.98 in 2017-18 (table 14A.61).

Data is comparable (subject to caveats) across jurisdictions and over time.

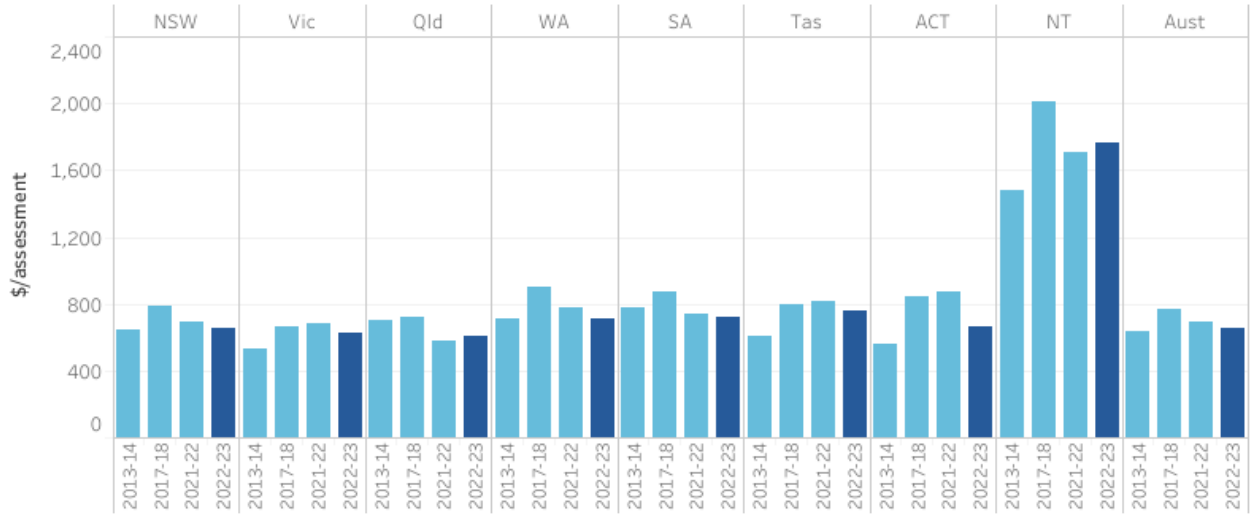
(measure 1) Data is complete (subject to caveats) for the current reporting period.

(measure 2) Data is not complete (subject to caveats) for the current reporting period. State and territory data for 2022-23 is not available.

Select year(s):
Multiple values

Select program type:
(●) Aged care assessment program
( ) Regional Assessment Services program

Figure 14.16 **Measure 1: Cost per output unit - Australian Government expenditure per ACAT assessment**
By jurisdiction, by year (2022-23 dollars)



Source: table 14A.60

tableau

16. Social participation in the community

'Social participation in the community' is an indicator of governments' objective to encourage the wellbeing and independence of older people.

'Social participation in the community' is indicative of the wellbeing and independence of older people as defined by three measures, the estimated proportions of older people (aged 65 years and over) who:

- participated in social or community activities away from home in the last three months
- had face-to-face contact with family or friends not living in the same household in the last week
- did not leave home or did not leave home as often as they would like.

These measures are reported by disability status (profound or severe disability, other disability, all disability, without disability) and for all older people. Disability status is used as a *proxy* to identify older people who might need more assistance to support their social participation.

High or increasing proportions of social participation in the community are desirable.

Data for the Northern Territory should be interpreted with caution as the Survey of Disability, Ageing and Carers excludes very remote areas which comprises more than 20% of the estimated resident population in the Northern Territory living in private dwellings.

Nationally in 2018:

- 94.4% of older people reported having participated in social or community activities away from home in the last three months; similar to 2015 (figure 14.17)
- 77.1% of older people reported having face-to-face contact with family or friends who were not living in the same household in the last week; similar to 2015 (table 14A.63)
- 13.8% of older people reported they did not leave home or did not leave home as often as they would like; similar to 2015 (table 14A.64).

(all measures) Data is comparable (subject to caveats) across jurisdictions.

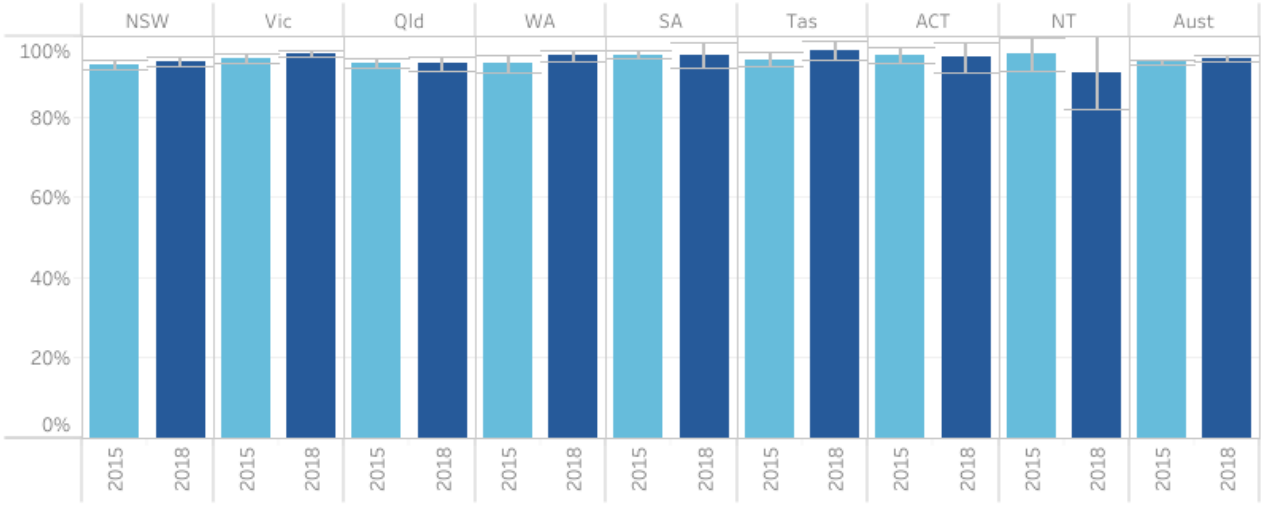
(all measures) Data is complete (subject to caveats) for the current reporting period.

Select the estimated proportion of older people who:

- (●) Measure 1: Participated in social or community activities away from home in the last three months
- ( ) Measure 2: Had face-to-face contact with family or friends not living in the same household in the last week
- ( ) Measure 3: Did not leave home or did not leave home as often as they would like

Figure 14.17 **Measure 1: Participated in social or community activities away from home in the last three months**

Older people aged 65+ years old, by jurisdiction, by year (a)



Source: table 14A.62

(a) For Measure 3, for the NT in 2018, confidence intervals are not available as the proportion has a relative standard error greater than 50%.

Data is available by disability status in tables 14A.62–64.

17. Enabling people with care needs to live in the community

'Enabling people with care needs to live in the community' is an indicator of governments' objective to promote the wellbeing and independence of older people, by enabling them to stay in their own homes.

Enabling people with care needs to live in the community' is defined as the proportion of older people with care needs who are living in the community.

An increasing proportion of older people with care needs who want to and are living in the community is desirable. This indicator should be considered alongside the outcome indicator on social participation.

Data is not yet available for reporting against this indicator.

18. Maintenance of individual function

‘Maintenance of individual function’ is an indicator of governments’ objective for aged care services to promote the wellbeing and independence of older people.

‘Maintenance of individual function’ is defined as improvement in the level of physical function for Transition Care Programme (TCP) and Short-Term Restorative Care Programme (STRCP) clients from entry to exit, measured as the difference between the average Modified Barthel Index (MBI) score on TCP entry and exit.

An increase in the score from entry to exit is desirable.

The MBI measures functioning ranging from zero (fully dependent) to 100 (fully independent). Data is reported for recipients who completed an episode only. See the context section for more information on TCP and STRCP.

This indicator needs to be interpreted with caution. The TCP and STRCP operate with some differences across jurisdictions, including differences in health and aged care service systems, local operating procedures and client groups. Variations in the average MBI scores on entry and exit from the program may reflect differences in client groups for the program across jurisdictions.

> The TCP is a small program only available directly upon discharge from the hospital (in 2022-23 there were 14,340 admissions to the TCP) (table 14A.65). The average duration is around 10 weeks, with a maximum duration of 12 weeks (may be extended by a further six weeks in some circumstances).

> The STRCP provides services to older people for up to 8 weeks (56 days) to help them delay or avoid long-term care (in 2022-23, there were 8,087 admissions to the STRCP) (table 14A.66). A client can access 2 episodes of STRC within a 12-month period. The support can occur in the person’s home, an aged care (nursing) home or a combination of both.

> Nationally in 2022-23, the average MBI score for TCP clients increased from entry (71) to exit (82), similar to previous years (table 14A.65). Nationally in 2022-23, the average MBI score for STRCP clients increased from entry (82) to exit (85), similar to the previous year. Entry and exit scores vary across jurisdictions (table 14A.66).

Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select programme type:

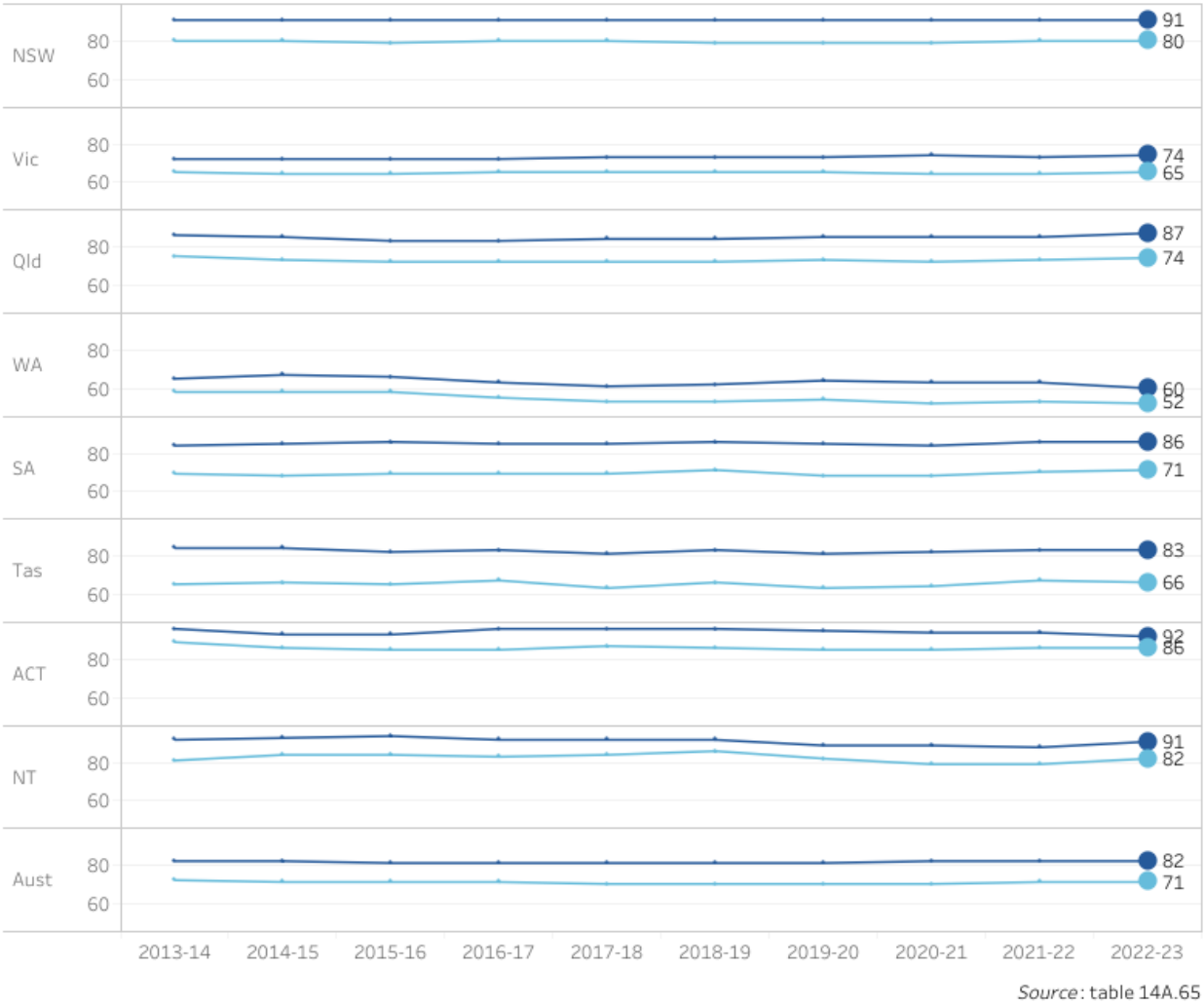
Short Term Restorative Care Programme

Transition Care Programme

on entry

on exit

Figure 14.18 **Maintenance of individual function: Average Modified Barthel Index on entry and exit**
Transition Care Programme, by jurisdiction, by year



Source: table 14A.65

+ableau

19. Wellbeing and independence in residential care

'Wellbeing and independence in residential care' is an indicator of governments' objective to promote the wellbeing and independence of older people, by assisting them in residential care.

'Wellbeing and independence in residential care' is defined as the proportion of older people assessed as having a high quality of life in residential aged care. Quality of life is the degree to which an individual resident's wellbeing meets their personal expectations and those of their carers.

A high or increasing proportion of older people in residential aged care with a high quality of life is desirable.

Data is not yet available for reporting on this indicator.

Indigenous data

Performance indicator data for Aboriginal and Torres Strait Islander people in this section is available in the data tables listed below. Further supporting information can be found in the 'Indicator results' tab and data tables.

Aged care services data disaggregated for Aboriginal and Torres Strait Islander people

Table number	Table title
Table 14A.24	Representation of Aboriginal and Torres Strait Islander people in the aged care target population and aged care recipients
Table 14A.27	Public hospital separations for care type 'maintenance' for older people aged 65 years or over and Aboriginal and Torres Strait Islander people aged 50-64 years
Table 14A.28	Hospital patient days used by those eligible and waiting for residential aged care
Table 14A.36	Elapsed times for residential aged care, by Indigenous status

Explanatory material

Key terms

Terms	Definition
Accreditation	Accreditation is a key component of the Australian Government's quality framework for federally funded residential aged care and is a quality assurance system for residential aged care services – based on the principle of continuous improvement. Accreditation requires assessment against the Aged Care Quality Standards - grouped into eight standards: consumer dignity and choice; ongoing assessment and planning with consumers; personal care and clinical care; services and supports for daily living; service environment; feedback and complaints; human resources; and organisational governance.
Aged care	Services funded and/or provided by governments that respond to the functional and social needs of older people, and the needs of their carers. Home care and home support services aim to optimise independence and to assist older people to stay in their own homes, while residential care services provide accommodation and care for those who can no longer be cared for at home. Assessment of care needs is an important component of aged care. The majority of aged care services assist in activities of daily living such as personal care (for example, bathing and dressing), housekeeping and meal provision. Other services aim to promote social participation and connectedness. These services are delivered by trained aged care workers and volunteers. However, aged care services may also be delivered by health professionals such as nurses and occupational therapists. Aged care services generally aim to promote wellbeing and foster function rather than to treat illness. Although some aged care services such as transition care have a specific restorative role, they are distinguished from the health services described in Part E of this Report. Aged care services may be funded through programs specifically or mainly directed to older people, or through programs that address the needs of people of different ages.
Aged care target population	The Aged Care target population is defined as all people (Aboriginal and Torres Strait Islander and non-Indigenous) aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years. This is the population within the scope of, and funded for services under, the national aged care system.
Aged care type patient (unmet need indicator)	Aged care type patients are those who are waiting for residential aged care where the care type is *Maintenance*, a diagnosis was reported as *Person awaiting admission to residential aged care service* and the separation mode was not *Other (includes discharge to place of usual residence)*. Includes overnight separations only.

Terms	Definition
Aged care planning population	The Aged care planning population is defined as people aged 70 years or over. This is the population used by the Australian Government for its needs-based planning framework to ensure sufficient supply of both places by matching the growth in the number of aged care places with growth in the aged population. It also seeks to ensure balance in the provision of services between metropolitan, regional, rural and remote areas, as well as between people needing differing levels of care. Under the framework, the Australian Government seeks to achieve and maintain a specified national provision level of subsidised operational aged care places for every 1000 people aged 70 years or over. This provision level is known as the aged care provision ratio (DoHA 2012).
Aged Care Quality Standards	From 1 July 2019 organisations providing Australian Government subsidised aged care services have been required to comply with the Aged Care Quality Standards. Organisations are assessed by the Aged Care Quality and Safety Commission and must be able to provide evidence of their compliance with the eight standards (ACQSC 2020): Standard 1 – Consumer dignity and choice: this standard reflects concepts important in treating consumers with dignity and respect, supporting choice and independence, and fostering social inclusion, health and wellbeing. Standard 2 – Ongoing assessment and planning with consumers: planned care and services should meet each consumer's needs, goals and preferences, and optimise their health and wellbeing. Standard 3 – Personal and clinical care: consumers and the community expect the safe, effective and quality delivery of personal and clinical care, applying to all services delivering personal and clinical care specified in the *Quality of Care Principles*. Standard 4 – Service and supports for daily living: covers a wide range of options that aim to support consumers to live as independently as possible. Standard 5 – Organisation's service environment: applies to physical service environments that organisations provide for residential care, respite care and day therapy centres. Standard 6 – Feedback and complaints: requires an organisation to have a fair, accessible, confidential and prompt system for resolving complaints. Standard 7 – Human resources: requires an organisation to have and use a skilled and qualified workforce. Standard 8 – Organisational governance: this Standard holds the governing body of an organisation responsible for the organisation and delivery of safe and quality care services. Further detail on the standards can be found on the ACQSC website at https://agedcarequality.gov.au.

Terms	Definition
Ageing in place in residential care	An approach that aims to provide residents with appropriate care and increased choice by allowing them to remain in the same facility regardless of changes in their level of care needs. It also allows couples with different levels of care needs to be cared for in the same facility. The main facet of 'ageing in place' is that funding is tied to the assessed care needs of the client rather than to the services provided by the facility.
Capital expenditure on residential services	Expenditure on building and other capital items, specifically for the provision of Australian Government funded residential aged care.
Care leaver	A care leaver is a person who was in institutional care (such as an orphanage or mental health facility) or other form of out-of-home care, including foster care, as a child or youth (or both) at some time during their lifetime (DoHA 2012).
Centre-based respite	Respite care provided from a facility such as a day care or health centre. Respite care is usually combined with social support services to maintain the functional capabilities of the person receiving care.
Complaint	A complaint by the affected care recipient or his or her representative, or anyone else, to the ACQSC about matters relevant to an approved provider's responsibilities under the *Aged Care Act 1997* (Cth) or the Aged Care Principles.
Disability	In the ABS SDAC 2018, a person has a disability if they report they have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. This includes: loss of sight (not corrected by glasses or contact lenses); loss of hearing where communication is restricted, or an aid to assist with, or substitute for, hearing is used; speech difficulties; shortness of breath or breathing difficulties causing restriction; chronic or recurrent pain or discomfort causing restriction; blackouts, seizures, or loss of consciousness; difficulty learning or understanding; incomplete use of arms or fingers; difficulty gripping or holding things; incomplete use of feet or legs; nervous or emotional condition causing restriction; restriction in physical activities or in doing physical work; disfigurement or deformity; mental illness or condition requiring help or supervision; memory problems or periods of confusion causing restriction; social or behavioural difficulties causing restriction; long term effects of head injury, stroke or other brain damage causing restriction; receiving treatment or medication for any other long term conditions or ailments and still being restricted and any other long term conditions resulting in a restriction.

Terms	Definition
Elapsed time	The measure of the time elapsed between key events in the process of getting Aged care services. The key time events that are measures are: • Time waited in days from referral for an aged care assessment to ACACT approval • ACAT approval to assignment of a home care package • ACAT approval to service commencement of a home care package • ACAT approval to entry into residential aged care • Assignment of a home care package to service commencement of that package

Terms	Definition

National Aged Care Mandatory Quality Indicator Program	**Pressure injuries:**
	• A pressure injury is a localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, shear, or a combination of these factors. Pressure injuries are potentially life threatening, decrease a care recipient's quality of life and are expensive to manage. Regular monitoring of pressure injuries is critical because they can develop rapidly and are a painful but often preventable complication.
	• Assessment of pressure injuries is based on one observation on or around the same day in each quarter of the year and is subject to consent.
	• Pressure injuries are reported according to stages:
	  ◦ Stage 1 Pressure injury: intact skin with non-blanchable redness of a localised area.
	  ◦ Stage 2 Pressure injury: partial-thickness skin loss presenting as a shallow open ulcer with a red/pink wound bed.
	  ◦ Stage 3 Pressure injury: full-thickness skin loss, no exposure of bone, tendon or muscle.
	  ◦ Stage 4 Pressure injury: full-thickness skin loss, with exposed bone, tendon or muscle.
	  ◦ Unstageable Pressure injury: full-thickness skin loss in which the base of the injury is covered by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black).
	  ◦ Suspected Deep Tissue injury: purple or maroon localised area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.
	Physical restraint:
	• Physical restraint refers to any practice or intervention that restricts a care recipient's rights or freedom of movement. This includes physical restraint, mechanical restraint, environmental restraint and seclusion but excludes chemical restraint. It is a legal requirement for residential aged care services to document all instances of physical restraint. Acts of physical restraint are recorded even if a care recipient or their representative have provided consent for the use of the restraint.
	• Assessment of physical restraint is based on a review of three days of existing records for all care recipients each quarter, except care recipients absent from services for the assessment period (e.g., the care recipient was hospitalised for the entire three-day period). This quality indicator is therefore a measure of the use of physical restraint across a three-day period only. This three-day period is selected and recorded by providers but must be varied each quarter and not known to staff directly involved in care.

Terms	Definition

	Unplanned weight loss:
	• Weight loss is considered to be unplanned where there is no written strategy or ongoing record relating to planned weight loss for a care recipient.
	• Assessment of unplanned weight loss involves weighing care recipients each month around the same time of day while wearing clothing of a similar weight and is subject to consent. Care recipients excluded from weight loss assessment are those who withheld consent to be weighed, who are receiving end-of-life care, or who did not have the required weight records available.
	• This measure is reported for:
	  ◦ Significant unplanned weight loss: care recipients who experienced significant unplanned weight loss of 5% or more when comparing their current and previous quarter finishing weights.
	  ◦ Consecutive unplanned weight loss: care recipients who experienced consecutive unplanned weight loss every month over three consecutive months of the quarter.
	Falls and major injury:
	• A fall is an event that results in a person coming to rest inadvertently on the ground or floor or other lower level. A fall resulting in major injury involves one or more of the following: bone fractures, joint dislocations, closed head injuries with altered consciousness and/or subdural haematoma.
	• Assessment of falls and major injury is conducted through a review of the care records of care recipients for the entire quarter, except care recipients who were absent from the service for the entire quarter.
	• This measure is reported for:
	  ◦ Falls: care recipients who experienced a fall (one or more) at the service during the quarter.
	  ◦ Falls resulting in major injury: care recipients who experienced a fall (one or more) at the service, resulting in major injury or injuries, during the quarter.
	Medication management:
	• Medications are chemical substances used to prevent, diagnose, cure, control or alleviate disease or enhance physical and/or mental welfare. This includes prescription and non-prescription medicines and complementary health care products, irrespective of the administered route.
	• Polypharmacy is the prescription of nine or more medications to a care recipient. Any medication with an active ingredient is counted, except for lotions, creams or ointments used in skin and wound care, dietary supplements, short-term medications (such as antibiotics or temporary eye drops) and PRN medications ('pro re nata' meaning administered as needed rather than according to a schedule)

Terms	Definition

	• Antipsychotics are medications prescribed for the treatment of a diagnosed condition of psychosis such as schizophrenia, bipolar disorder, Huntington's chorea, delusions and hallucinations.
	• Assessment of polypharmacy is conducted through a single review of medication charts and/or administration records for each are recipient on a collection date selected by the service every quarter. For antipsychotics, a seven-day medication chart and/or administration record review is conducted for each care recipient every quarter.
	• This measure is reported for:
	  ◦ Polypharmacy: care recipients who were prescribed nine or more medications.
	  ◦ Antipsychotics: care recipients who received an antipsychotic medication during the seven-day assessment period each quarter (including whether it was administered for a diagnosed condition of psychosis).

Older people	All people (Aboriginal and Torres Strait Islander and non-Indigenous) aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years.
People from non-English speaking countries	People who were born in non-English speaking countries. English-speaking countries are defined as Australia, New Zealand, the United Kingdom, Ireland, the United States, Canada and South Africa.
People with profound, severe and moderate disability	A person with a profound disability is unable to do, or always needs help with, a core activity task. A person with a severe disability: sometimes needs help with a core activity task, and/or has difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication. A person with a moderate disability needs no help, but has difficulty with a core activity task.
Personal care	Assistance in undertaking personal tasks (for example, bathing).

Terms	Definition
Places	A capacity within an aged care service for the provision of residential care, community care or flexible care in the residential care context to an individual (*Aged Care Act 1997* (Cth)); also refers to 'beds' (*Aged Care (Consequential Provisions) Act 1997* (Cth), s.16).
Primary carer	In the ABS SDAC, a primary carer is defined as a person who provides the most informal assistance to a person with one or more disabilities, with one or more of the core activities of mobility, self care or communication.
Respite care	Alternative care arrangements for dependent people living in the community, with the primary purpose of giving a carer or a care recipient a short term break from their usual care arrangement.
Selected equity groups	Section 11-3 of the *Aged Care Act 1997,* specifies the following people as people with special needs: people from Aboriginal and Torres Strait Islander communities; people from culturally and linguistically diverse backgrounds; veterans; people who live in rural or remote areas; people who are financially or socially disadvantaged; people who are homeless or at risk of becoming homeless; care-leavers; parents separated from their children by forced adoption or removal; and lesbian, gay, bisexual, transgender and intersex people.
Veterans	Veterans, war widows, widowers and dependants who hold a Repatriation Health Card and are entitled to health services and treatment under the *Veterans' Entitlements Act 1986* (VEA), *Safety, Rehabilitation and Compensation Act 1988* (SRCA) or the *Military Rehabilitation and Compensation Act 2004* (MRCA).

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Report on Government Services 2024

PART F, SECTION 15: RELEASED ON 22 JANUARY 2024

15 Services for people with disability

This section reports on the Australian, state and territory governments' assistance provided to people with disability and their carers. Performance reporting currently focuses on assistance provided by governments to people with disability via the National Disability Insurance Scheme (NDIS) and through specialist disability services under the National Disability Agreement (NDA), as well as the broad social and economic outcomes of people with disability and their use of mainstream services.

The **Indicator results** tab uses data from the data tables to provide information on the performance for each indicator in the **Indicator framework.** The same data is also available in CSV format.

Data downloads

15 Services for people with disability data tables (XLSX 951.0 KB)

15 Services for people with disability (CSV 2.5 MB)

Refer to the corresponding table number in the data tables for detailed definitions, caveats, footnotes and data source(s).

Guide: How to find what you need in RoGS (PDF 288.6 KB)

Context

Objectives for services for people with disability

Disability services aim to support people with disability and their carers to have an enhanced quality of life, enjoy choice and wellbeing, achieve independence, social and economic participation, and full inclusion in the community.

Under the NDIS, governments aim to achieve this objective through the provision of an NDIS that:

- enables people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports
- provides reasonable and necessary supports including early intervention supports
- promotes the provision of high quality and innovative supports
- provides timely decisions on access to NDIS applicants.

For specialist disability services provided outside the NDIS, governments aim to achieve this objective by providing access to disability services:

- that meet the individual needs of people with disability and their carers
- that provide skills and support to people with disability to enable them to live as independently as possible
- that meet a particular standard of quality

- on the basis of relative need
- that assist families and carers in their caring role.

Governments aim to meet these objectives in an equitable, efficient and sustainable manner.

Service overview

Governments provide assistance to people with disability and their carers through the NDIS and specialist disability services.

The NDIS was established under the *National Disability Insurance Scheme Act 2013* (Cth). The NDIS adopts an insurance-based model of funding and delivering supports for people with disability. The scheme is not means tested and is uncapped (demand-driven). The NDIS provides reasonable and necessary supports to people with a permanent and significant disability who need assistance with everyday activities.

People applying to access the scheme are assessed according to a standard set of criteria. People who meet these criteria receive a package of funding to purchase the supports identified in their approved plan. The NDIS market-based approach is based on the premise that people with disability should be able to exercise choice and control in the supports they access.

Services and supports provided to NDIS participants are regulated by the NDIS Quality and Safeguards Commission. The Commission's role includes provider registration, complaints management and reportable incidents, behaviour support, and compliance with practice standards and the NDIS code of conduct. During 2022-23, the Commission received 10,687 complaints and was notified of 1,629,541 reportable incidents by NDIS providers (tables 15A.43-45). The NDIA also receives complaints relating to the Scheme (NDIA 2023a).

Complaints about state-funded specialist disability services outside the NDIS can be made to independent agencies across jurisdictions (such as ombudsmen and disability services commissioners).

The NDA (effective 1 January 2009, revised in 2012 and with performance benchmarks that expired in 2018) provided a national framework for the delivery of disability services. However, with the transition of state and territory services to the NDIS, the number and range of specialist disability services provided under the NDA has declined. Specialist disability services that continue to be provided include:

- employment services, which the Australian Government delivers
- Basic Community Care (BCC) services, which assist people with disability or a chronic health condition aged under 65 years (and Aboriginal and Torres Strait Islander people aged under 50 years) to live independently and to actively participate and engage in their community.

People with disability have the same right of access to mainstream services as all Australians, consistent with the goals of *Australia's Disability Strategy 2021 - 2031* (Australia's Disability Strategy), launched on 3 December 2021. Australia's Disability Strategy sets out Australia's national disability policy framework. Its purpose is to:

- provide national leadership towards greater inclusion of people with disability
- guide activity across all areas of public policy to be inclusive and responsive to people with disability
- drive mainstream services and systems to improve outcomes for people with disability

- engage, inform and involve the whole community in achieving a more inclusive society.

All levels of government have committed to delivering more comprehensive and visible reporting under Australia's Disability Strategy through the Outcomes Framework. Governments will report annually on progress against seven outcome areas. Further information on Australia's Disability Strategy can be found at https://www.disabilitygateway.gov.au/ads, and the most recent data for the Outcomes Framework is available at https://www.aihw.gov.au/australias-disability-strategy.

Data on the participation of people with disability in mainstream government services can be found in other sections of this report (sections 3, 4, 5, 14, 18, 19 and sector overview G).

Roles and responsibilities

The Australian, state and territory governments have different but complementary roles and responsibilities:

- all governments share responsibility for NDIS policy, funding and governance (NDIA 2020)
- state and territory governments are responsible for providing specialist disability services, except disability employment services
- states and territories have full financial and operational responsibility for Basic Community Care (BCC) services for people with disability aged under 65 years (and Aboriginal and Torres Strait Islander people aged under 50 years)
- the Australian Government is responsible for providing employment services for people with disability and income support.

Funding

In 2022-23, governments contributed $35.2 billion to the NDIS, with a further $2.2 billion in government expenditure on specialist disability services provided outside of the NDIS (table 15A.1 and 15A.3). For all jurisdictions, contributions to the NDIS formed the bulk of funding for disability services (table 15A.4 and 15A.5). Further information on funding sources, categories of expenditure and government expenditure in prior years are available in data tables 15A.1–15A.5.

In addition to contributing to NDIS participant costs, the Australian Government also funds the NDIA as an independent statutory agency to implement the NDIS. NDIA operating expenses are $1.8 billion in 2022-23 (NDIA 2023a).

In 2022-23, the NDIS committed $44.8 billion in support to participants. This represents an increase of $6.3 billion (or 16.3%) in committed supports to participants compared to the previous financial year (table 15A.17 and table 15.1).

At 30 June 2023, $33.3 billion of support committed to participants during the 2022-23 financial year had been paid.

Select year(s):
Multiple values

Table 15.1 **NDIS committed supports and payments**
By jurisdiction, by year (2022-23 dollars)

			NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Total committed supports	2022-23	$m	13,689.6	11,222.4	9,571.8	3,971.1	3,817.4	1,138.8	694.8	682.5	44,793.3
	2021-22	$m	11,935.4	9,596.9	8,196.8	3,306.6	3,283.0	1,002.9	629.2	566.7	38,521.5
	2013-14	$m	59.9	64.0	1.6	0.3	12.4	20.5	0.3	0.1	159.1
Total payments	2022-23	$m	10,441.3	8,130.1	7,177.7	2,793.7	2,825.1	783.5	510.7	500.5	33,259.1
	2021-22	$m	9,300.0	7,069.4	6,344.6	2,443.9	2,506.6	787.6	492.7	436.4	29,517.8
	2013-14	$m	44.4	38.4	0.7	0.1	6.7	11.4	0.2	–	101.9

Source: table 15A.17
– Nil or rounded to zero.

Data tables are referenced above by a '15A' prefix and all data (footnotes and data sources) is available for download above (in Excel and CSV format).

Outlays on income support payments and allowances to people with disability and their carers in 2022-23 (on an accrual basis) amounted to $29.8 billion, comprising $19.4 billion for the Disability Support Pension, $7.0 billion for the Carer Payment, $2.6 billion for the Carer Allowance, $605.9 million for the Carer Supplement, $194.2 million for the Child Disability Assistance Payment, $33.5 million for the Mobility Allowance, $8.4 million for Essential Medical Equipment payments and $1.8 million for the Carer Adjustment Payment (DSS 2023).

Size and scope

The ABS estimates that 4.4 million Australians or 17.7% of the population had a disability in 2018 (for those aged under 65 years, this was 2.4 million Australians or 11.6% of this age group). An estimated 5.7% of the population had a profound or severe core activity limitation (for those aged under 65 years this was 3.5%) – these results are similar to 2015, 2012 and 2009 (ABS 2019, 2016, 2013, 2011a). Males and females are similarly affected by disability (for all ages, 17.6% and 17.8%, respectively; for those aged under 65 years, 12.0% and 11.4%, respectively) (ABS 2019).

Aboriginal and Torres Strait Islander people experience higher rates of disability than non-Indigenous people. In 2018, 8.8% of all Aboriginal and Torres Strait Islander people living in private dwellings (excluding those living in very remote areas and discrete Aboriginal and Torres Strait Islander communities) had a profound or severe core activity limitation, similar to 2015 (7.3%) – around 1.8 times the proportion for non-Indigenous people up from 1.5 times in 2015 (ABS 2021a).

Table 15A.6 contains additional information on disability prevalence.

National Disability Insurance Scheme participants

Nationally, at 30 June 2023, there were 610,502 active NDIS participants with approved plans (table 15A.7), 46,694 of whom identified as Aboriginal or Torres Strait Islander (around 7.6% of NDIS participants) (table 15A.9). Nationally, at 30 June 2023, 41,441 participants with approved plans had exited the Scheme since 1 July 2013 (NDIA 2023b).

Nationally, at 30 June 2023, autism was the most common form of disability for NDIS participants (35.2%), followed by intellectual disability (16.5%) (table 15A.7). Data on the characteristics of NDIS participants is available in tables 15A.7-10.

Additional information on NDIS participants' access to mainstream services and satisfaction with the NDIS is available in tables 15A.14-15. Information on the characteristics of active NDIS providers is available in table 15A.16. An analysis of the characteristics of NDIS participants linked to the Multi-Agency Data Integration Project is contained in *Characteristics of National Disability Insurance Scheme participants, 2019: Analysis of linked data* (ABS 2021b).

Users of Commonwealth employment services

Nationally in 2022-23, 163,649 people used Disability Management Services (table 15A.31) and 225,787 used Employment Support Services (table 15A.30).

Potential Population

An estimate of the population with the potential to require specialist disability services is referred to as the 'NDA potential population' – the number of people aged 0–64 years who require ongoing and/or long-term episodic support, have a permanent or chronic impairment and substantially reduced capacity in one or more core activities (see Explanatory material tab for definitions). Note that this is distinct from the NDIS potential population, which is an estimate of the number of people with significant and enduring support needs who would be eligible for support under the NDIS. Table 15.2 shows the NDIS potential population and the NDA potential population.

Table 15.2 **NDIS and NDA Potential population at 30 June**
By jurisdiction, 2023

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
NDIS	no.	213,076	192,143	156,118	62,728	61,825	15,645	11,924	6,495	719,952
NDA	no.	219,565	175,915	143,844	71,835	43,891	13,744	11,911	9,779	690,485

Source: tables 15A.18 and 15A.29

Data tables are referenced above by a '15A' prefix and all data (footnotes and data sources) is available for download above (in Excel and CSV format).

Use of Basic Community Care

As service users have transitioned to the NDIS, only limited data is available on Basic Community Care (BCC). In 2022-23, for the three jurisdictions for which BCC service user data were available (Victoria, Queensland and Tasmania), there were a combined 67,672 service recipients (table 15A.11). For the two jurisdictions for which data on hours were available (Victoria and Tasmania), service recipients received around 1.4 million hours of service (table 15A.12). The majority of service hours were for nursing care, social support and domestic assistance (24.2%, 17.6% and 16.1% respectively) (table 15A.12). The quality of BCC data varies across jurisdictions and comparisons should be made with caution.

Disability support workforce

The most recent National Disability Services (NDS) 2023 Workforce Census provides information on the disability sector workforce. According to the 2023 Workforce Census, nationally at June 2023, the disability workforce was predominantly female (two-thirds) and aged 25 to 44 years (51%). Additionally, 59% of the disability support workforce was permanent, with 20% of permanent workers employed full time. There has been a steady increase in casual workers, who comprised 39% of the disability support workforce (up from 31% in December 2020). The 2023 Workforce Census also showed that over the past 12 months, turnover rates have decreased for permanent workers (from 26% to 22%) and casuals (from 13% to 11%). While turnover rates decreased, disability service providers experienced other workforce challenges; 78% of disability services providers found it extremely or moderately difficult to recruit disability support workers (NDS unpublished 2023a; NDS 2023b).

Income support and allowances

At 30 June 2023, there were around 770,500 recipients of the Disability Support Pension, 305,300 recipients of the Carer Payment, 642,700 recipients of the Carer Allowance, 660,200 recipients of the Carer Supplement (paid to Carer Payment and Carer Allowance recipients), 168,100 recipients of the Child Disability Assistance Payment and 11,000 recipients of the Mobility Allowance (table 15A.13).

Informal carers

Family and friends provide most of the help and care that people with disability receive. Information about informal carers enables governments to plan for future service demand for carer support and assistance to the people for whom they care (see Explanatory material tab for different definitions of informal carers across collections).

In 2018, an estimated 861,600 informal primary carers (of which 628,400 were aged less than 65 years) provided the majority of assistance with self-care, mobility and communication for people with disability (ABS 2019).

Indicator framework

The performance indicator framework provides information on equity, effectiveness and efficiency, and distinguishes the outputs and outcomes of services for people with disability.

The performance indicator framework shows which data is complete and comparable in this report. For data that is not considered directly comparable, text includes relevant caveats and supporting commentary. Section 1 discusses data comparability and completeness from a report-wide perspective. In addition to the contextual information for this service area (see Context tab), the report's statistical context (Section 2) contains data that may assist in interpreting the performance indicators presented in this section.

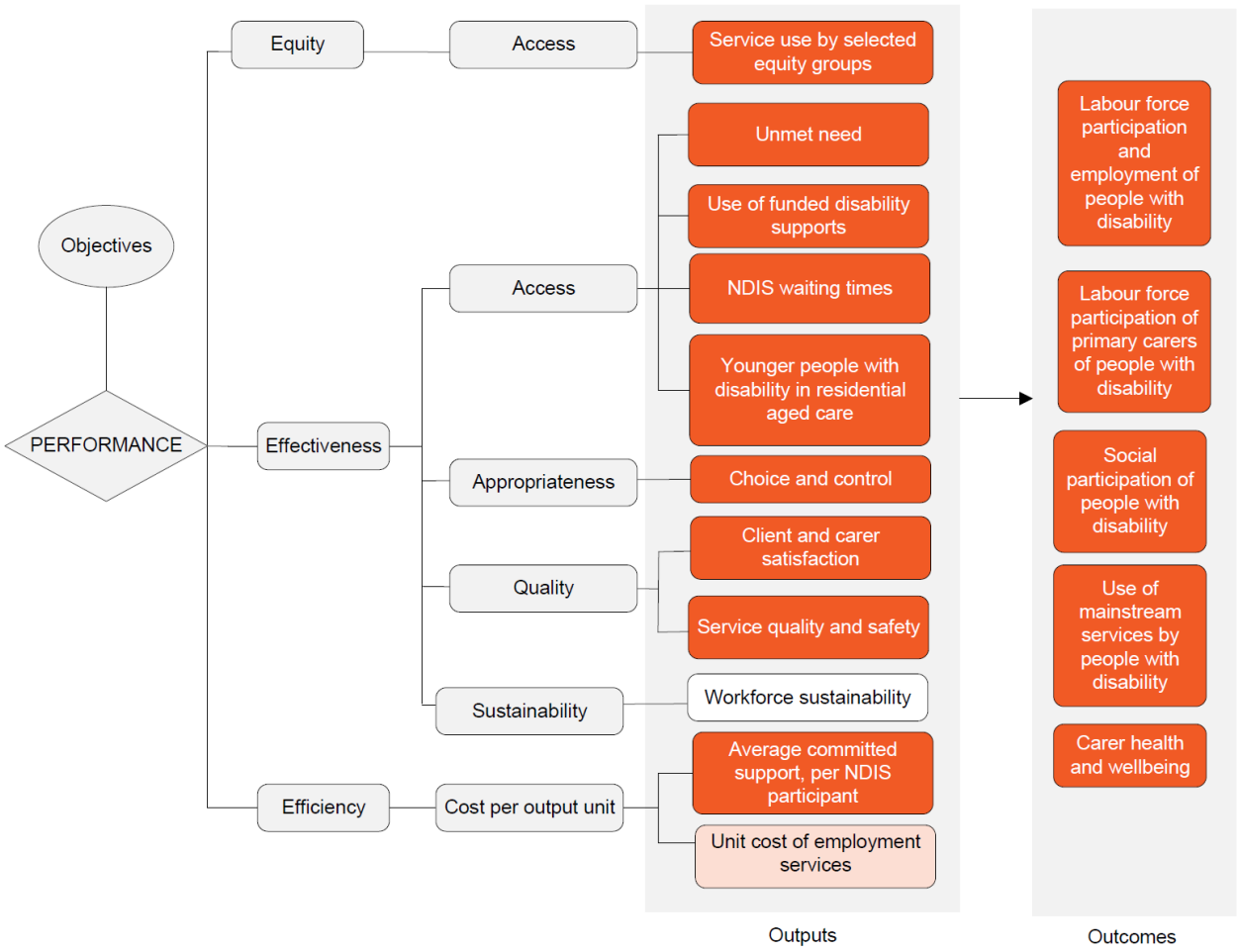
Improvements to performance reporting for services for people with disability are ongoing and include identifying data sources to fill gaps in reporting for performance indicators and measures, and improving the comparability and completeness of data.

Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (see section 1). Output information is also critical for equitable, efficient and effective management of government services.

Outcomes

Outcomes are the impact of services on the status of an individual or group (see section 1).



Key to indicators*

Text	Most recent data for all measures is comparable and complete
Text	Most recent data for at least one measure is comparable and complete
Text	Most recent data for all measures is either not comparable and/or not complete
Text	No data reported and/or no measures yet developed

* A description of the comparability and completeness is provided under the Indicator results tab for each measure

Text version of indicator framework

Performance – linked to Objectives

Outputs

Equity – Access

- Service use by selected equity groups – most recent data for all measures is comparable and complete

Effectiveness – Access

- Unmet need – most recent data for all measures is comparable and complete
- Use of funded disability supports – most recent data for all measures is comparable and complete
- NDIS waiting times – most recent data for all measures is comparable and complete
- Younger people with disability in residential aged care – most recent data for all measures is comparable and complete

Effectiveness – Appropriateness

- Choice and control – most recent data for all measures is comparable and complete

Effectiveness – Quality

- Client and carer satisfaction – most recent data for all measures is comparable and complete
- Service quality and safety – most recent data for all measures is comparable and complete

Effectiveness – Sustainability

- Workforce sustainability– no data reported and/or no measures yet developed

Efficiency – Inputs per output unit

- Average committed supports, per NDIS participant – most recent data for all measures is comparable and complete
- Unit cost of employment services – most recent data for all measures is either not comparable and/or not complete

Outcomes

- Labour force participation and employment of people with disability – most recent data for all measures is comparable and complete
- Labour force participation of primary carers of people with disability – most recent data for all measures is comparable and complete
- Social participation of people with disability – most recent data for all measures is comparable and complete
- Use of mainstream services by people with disability – most recent data for all measures is comparable and complete
- Carer health and wellbeing – most recent data for all measures is comparable and complete

A description of the comparability and completeness is provided under the Indicator results tab for each measure.

Indicator results

This section presents an overview of 'Services for people with disability' performance indicator results. Different delivery contexts, locations and types of clients can affect the equity, effectiveness and efficiency of services for people with disability.

Information to assist interpretation of this data can be found with the indicators below and all data (footnotes and data sources) are available for download above as an excel spreadsheet and as a CSV dataset. Data tables are identified by a '15A' prefix (for example, table 15A.1).

Specific data used in figures can be downloaded by clicking in the figure area, navigating to the bottom of the visualisation to the grey toolbar, clicking on the 'Download' icon and selecting 'Data' from the menu. Selecting 'PDF' or 'Powerpoint' from the 'Download' menu will download a static view of the performance indicator results.

1. Service use by selected equity groups

'Service use by selected equity groups' is an indicator of governments' objective to provide disability services in an equitable manner.

'Service use by selected equity groups' is defined as the proportion of service users per 1,000 people in the potential population in a selected equity group, compared with the proportion of service users per 1,000 people in the potential population outside the selected equity group.

A service user is a person with disability who is an active NDIS participant (that is, has an approved NDIS plan) or a person with disability who received at least one funded specialist disability employment service.

The potential population estimates the number of people with the potential to require disability services at a point in time (typically as at 30 June). (Further details on potential populations can be found in the Explanatory material tab.)

Data is reported for three selected equity groups:

- people from outer regional and remote/very remote areas
- Aboriginal and Torres Strait Islander people
- people from culturally and linguistically diverse (CALD) backgrounds (defined as people born in a non-English speaking country).

While a lower proportion within the selected equity group relative to outside the selected equity group can indicate reduced access, it can also represent strong alternative informal support networks (and consequently a lower level of otherwise unmet need) or a lower tendency for people in a selected equity group choosing to access disability services. Similarly, a higher proportion can suggest poor service targeting, a lack of alternative informal support networks, or a greater tendency of people in a selected equity group choosing to access disability services.

This indicator does not provide information on whether the services were appropriate for the needs of the people receiving them or correctly targeted on the basis of relative need. The indicator does not consider differences in the level of informal assistance available for people in selected equity groups and outside selected equity groups.

> Nationally at 30 June 2023, the proportion of the potential population who were participants in the NDIS was:

- lower in remote and very remote areas than in major cities and inner and outer regional areas
- higher for Aboriginal and Torres Strait Islander people than non-Indigenous people
- lower for people from a CALD background than people from a non-CALD background (figure 15.1a).

Data is comparable (subject to caveats) across jurisdictions and over time.

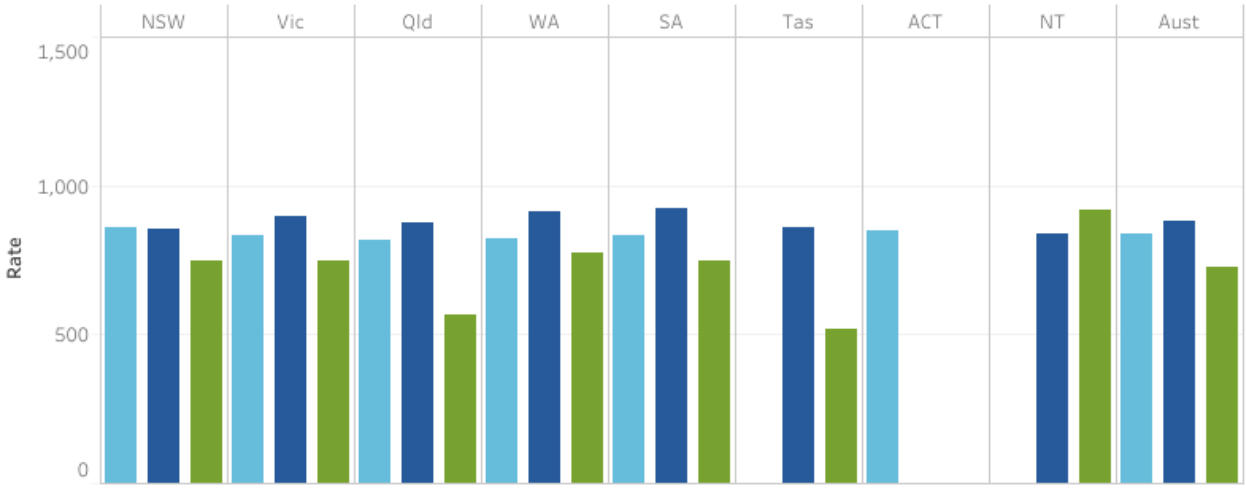
Data is complete (subject to caveats) for the current reporting period.

Select equity group:
- (●) Remoteness area
- ( ) Indigenous status
- ( ) CALD status

Major cities
Inner and outer regional
Remote and very remote

Select year:
2023

Figure 15.1a **NDIS participants by selected equity group**
Rate of participants at 30 June, Per 1,000 potential population, by jurisdiction, by Remoteness area, 2023



Source: table 15A.19

(a) Refer to data tables for information on non-publication of data for individual jurisdictions.

Nationally in 2022-23, the proportion of the potential population who used Commonwealth Disability Employment Support Services was:

- lower in remote and very remote areas than in major cities and inner and outer regional areas
- higher for Aboriginal and Torres Strait Islander people than non-Indigenous people
- higher for people from a non-English speaking background than people from an English-speaking background (figure 15.1b).

Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select equity group:

- (●) Remoteness area
- ( ) Indigenous status
- ( ) CALD status

- Major cities
- Inner and outer regional
- Remote and very remote

Select year:
2022-23

Figure 15.1b **Employment Support Services**
Rate of users Per 1,000 potential population, by jurisdiction, by Remoteness area, 2022-23 (a)

Source: table 15A.20

(a) Refer to data tables for information on non-publication of data for individual jurisdictions.

2. Unmet need

'Unmet need' is an indicator of governments' objective to provide services that meet the individual needs of people with disability and their carers.

'Unmet need' is defined by two measures:

- the proportion of people (aged 0-64 years) living in households who need more formal assistance than they are currently receiving
- the proportion of carers (of people aged 0-64 years) who report a need for further assistance in their caring roles.

A low or decreasing proportion of people reporting a need for further assistance is desirable.

The ABS Survey of Disability, Ageing and Carers (SDAC) does not include people living in discrete Indigenous communities, which affects the representativeness of results for the Northern Territory. Approximately 20% of the resident population of the Northern Territory live in discrete Indigenous communities.

Nationally in 2018, 37.5% of people aged 0-64 years reported a need for more formal assistance than they are currently receiving (figure 15.2). The proportion was higher for females than males (39.0% compared to 36.1%) and higher for people in major cities compared to people in regional and remote areas (37.4% compared to 36.8%) (table 15A.27).

Nationally in 2018, 32.0% of carers of people aged 0-64 years reported a need for further assistance in their caring roles (figure 15.2). The proportion was higher for females than males (32.9% compared to 30.1%), and higher for people in major cities compared to people in regional and remote areas (33.4% compared to 29.4%) (table 15A.28).

(all measures) Data is comparable across jurisdictions and over time.

(all measures) Data is complete (subject to caveats) for the current reporting period.

Select measure:

(●) Measure 1: People who need more formal assistance than they are currently receiving

( ) Measure 2: Carers who report a need for further assistance in their caring roles

Select dissaggregation:

(●) All people

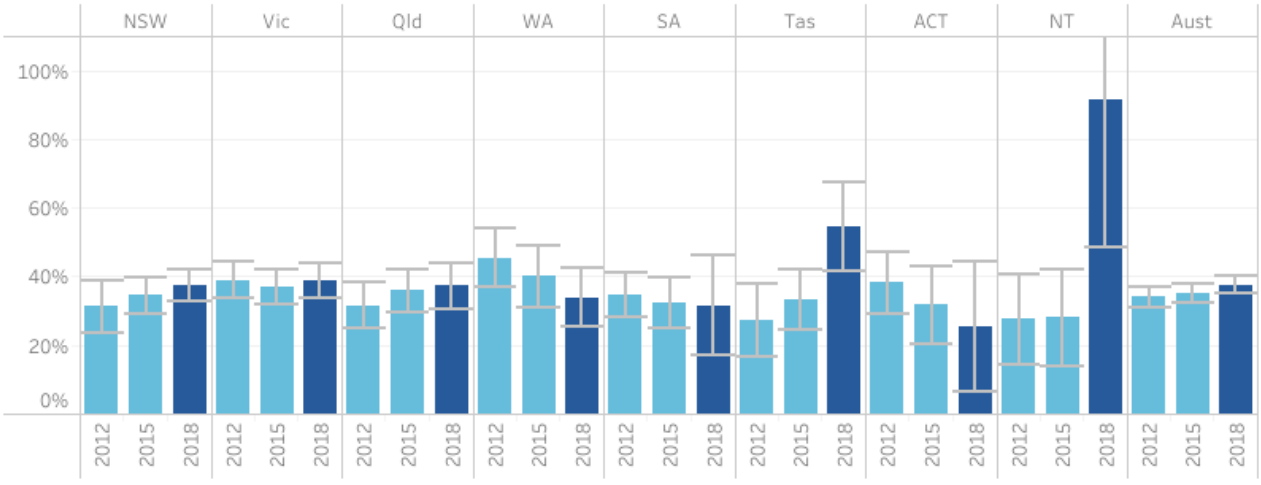
( ) Females

( ) Males

( ) Major cities

( ) Regional and remote

Figure 15.2 **Measure 1: People who need more formal assistance than they are currently receiving**
All people, by jurisdiction, by year (a)



Source: table 15A.27

(a) Refer to data tables for information on non-publication of data for individual jurisdictions.

3. Use of funded disability supports

'Use of funded disability supports' is a proxy indicator of governments' objective to provide access to disability services on the basis of relative need.

‘Use of funded disability supports’ is defined by two measures:

- the number of people with disability accessing the NDIS, as a proportion of the potential population
- the number of people with disability and with an employment restriction accessing employment services, as a proportion of the potential population.

Measure 1 is calculated as the number of NDIS active participants (numerator), divided by the estimated NDIS potential population (denominator), expressed as a percent and reported by age and sex. The NDIS potential population includes people with significant and enduring support needs who are eligible for individualised support under the NDIS. The NDIS potential population is derived by the NDIA. Further details can be found in the Explanatory material tab.

Measure 2 is calculated as the number of people with disability and an employment restriction accessing employment services (numerator), divided by the estimated number of people with disability and an employment restriction (denominator), expressed as a percent. Data are reported for two Australian Government employment service types: (1) Disability Management Services, and (2) Employment Support Services.

The number of people with disability and have an employment restriction, accessing employment services provided by the Department of Social Services. The estimated number of people with disability and an employment restriction is derived by the AIHW. Further details on the potential population, employment services and employment restrictions can be found in the Explanatory material tab.

For measure 1, a high or increasing proportion of the potential population participating in the Scheme indicates greater access to the Scheme. For measure 2, a high or increasing proportion of the estimated potential population accessing employment services indicates greater access to that service.

> Nationally at 30 June 2023, the number of people with disability accessing the NDIS as a proportion of the potential population was 84.8% – an increase of 75,847 participants from 30 June 2022 (figure 15.3a).

Data is comparable (subject to caveats) across jurisdictions and over time.

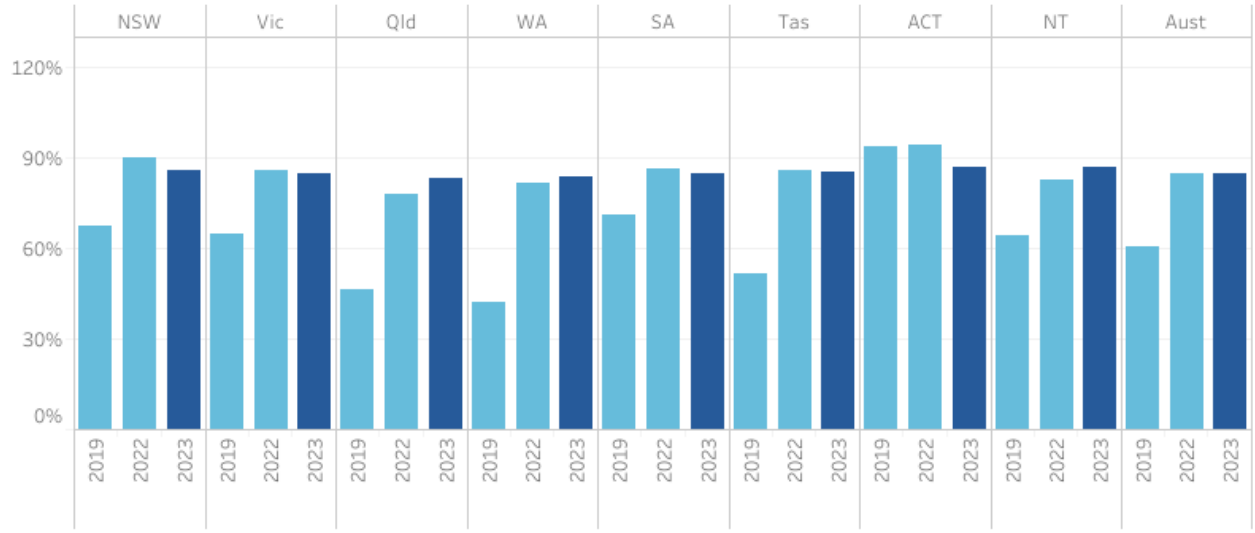
Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Select age group:
- (●) All ages
- ( ) 0-14 years old
- ( ) 15-24 years old
- ( ) 25-44 years old
- ( ) 45-64 years old
- ( ) 65+ years old

Select sex:
- (●) All people
- ( ) Females
- ( ) Males

Figure 15.3a **NDIS participants at 30 June as a proportion of the potential population**
All ages, All people, by jurisdiction, by year



Source: table 15A.29

Nationally in 2022-23, for people aged 15–64 years with disability and with an employment restriction:

- 11.6% were using Australian Government funded Disability Management Services (DMS) – an increase from 8.4% in 2013-14 (table 15A.31)
- 16.0% were using Australian Government funded open employment services, Employment Support Services (ESS) in 2022-23 – an increase from 7.7% in 2013-14 (table 15A.30).

Data is comparable (subject to caveats) across jurisdictions and over time.

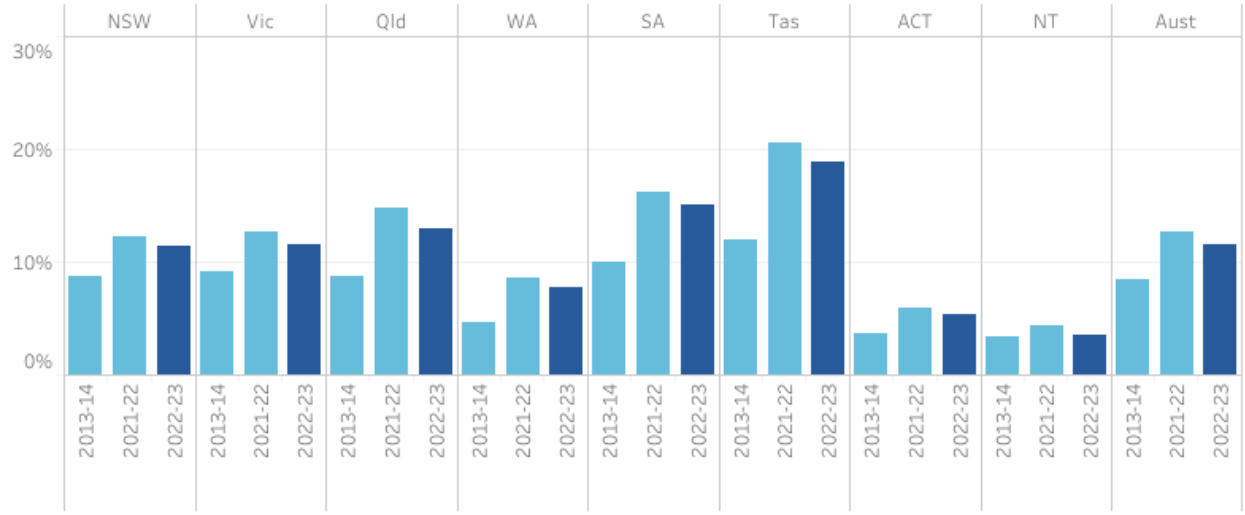
Data is complete (subject to caveats) for the current reporting period.

Select service:
Disability Management Services
Employment Support Services

Select sex:
All people
Females
Males

Select year(s):
Multiple values

Figure 15.3b **Users of Disability Management Services**
Number of users as a proportion of the estimated population with an employment restriction, 15-64 years old, by jurisdiction, by year



Source: table 15A.31

tableau

4. NDIS waiting times

'NDIS waiting times' is an indicator of governments' objective to provide timely decisions on access to applicants of the NDIS.

'NDIS waiting times' measures the time taken in days at the 50th and 90th percentiles for people to obtain access to the NDIS and is defined by two measures:

- 'Timeliness of NDIS eligibility decision' is defined as the time taken to determine a person's eligibility for the NDIS, measured from the time a person submits an access request to the NDIS to the NDIA's decision on the access request *(excluding applicants who received a request for additional information from the NDIA)*.
- 'Timeliness of first plan approval' is defined as the time taken to complete approval of a participant's first plan in the NDIS, measured from the time the NDIA approved a person's access to the Scheme to the point of first plan approval by the Agency.

Days waited at the 50th percentile means half the sample will have a shorter waiting time than this figure and half will have a longer waiting time. Days waited at the 90th percentile means 90% of the sample will have a shorter waiting time, while 10% will have a longer waiting time.

Short or decreasing times for making access decisions to the NDIS are desirable.

The scope of reporting on measure 1, 'Timeliness of NDIS eligibility decision' is comparable over time. However, the waiting times measure is limited to applicants who were not required to provide additional information.

> Nationally at 30 June 2023, 50% of applicants to the NDIS received a decision on their application within 5 days of submitting an access request (increasing to 13 days at the 90th percentile), a consistent trend over the past three years. Nationally at 30 June 2023, 50% of NDIS participants had their first plan approved within 27 days (increasing to 60 days at the 90th percentile), an improvement on results reported in 2022 (37 days at the 50th percentile and 78 days at the 90th percentile) (figure 15.4).

(all measures) Data is comparable (subject to caveats) across jurisdictions and over time.

(all measures) Data is complete (subject to caveats) for the current reporting period.

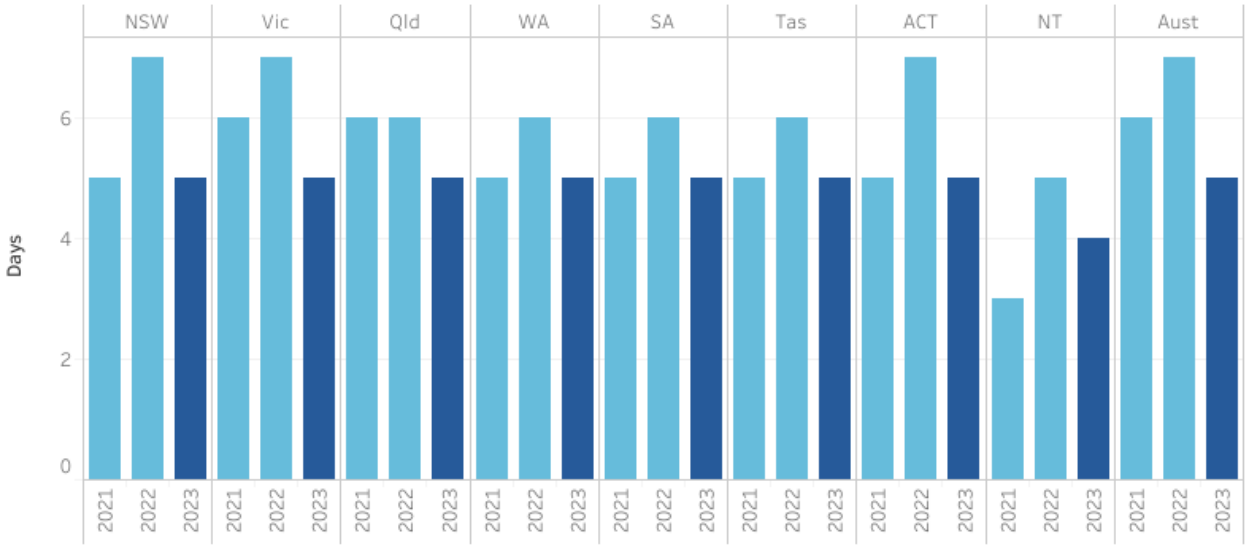
Select measure:
- (●) Measure 1: Number of days to access decision when no further information was required
- ( ) Measure 2: Number of days to complete an approval of a first plan

Select year(s):
All

Select percentile:
- (●) 50th percentile
- ( ) 90th percentile

Select age group:
- (●) All ages
- ( ) 0-6 years old
- ( ) 7+ years old

Figure 15.4 **Measure 1: Number of days to access decision when no further information was required**
50th percentile, All ages, by jurisdiction, by year



Source: table 15A.32

tableau

5. Younger people with disability in residential aged care

'Younger people with disability in residential aged care' is an indicator of governments' objective to provide access to disability services on the basis of relative need; and through the NDIS, to provide reasonable and necessary supports, including early intervention supports.

'Younger people with disability in residential aged care' is defined as the rate of non-Indigenous people aged 0–64 years and Aboriginal and Torres Strait Islander people aged zero to 49 years

admitted to permanent residential aged care per 10,000 people in the potential population. (Further details on the potential population can be found in the Explanatory material tab.)

These data should be interpreted with care, as some younger people choose to remain in residential aged care for a variety of reasons, such as:

- their physical and nursing needs can be best met in residential aged care
- they are satisfied with their current living situation (that is, it is their preferred home)
- the facility is located close to family and friends, or they have family living in the same facility
- they are nearing the age of 65 and wish to remain.

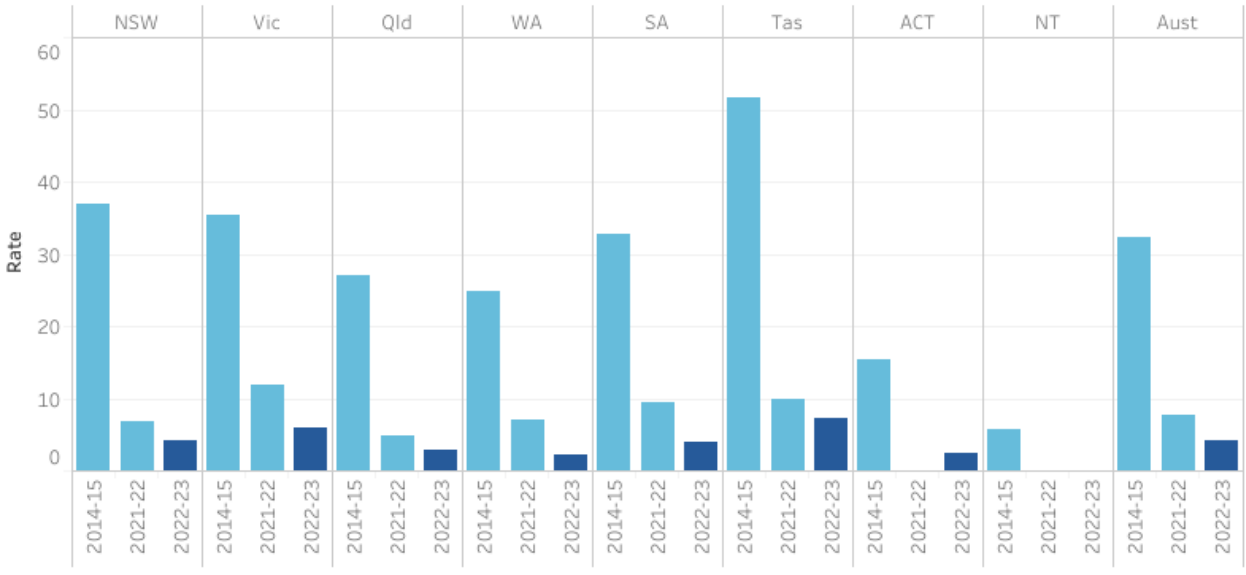
> Nationally in 2022-23, the rate of people aged zero to 64 years admitted to permanent residential aged care was 4.1 per 10,000 people in the potential population, a decrease from 2021-22 (7.6 per 10,000 people) and 2014-15 (32.4 per 10,000 people) (figure 15.5). Of those aged zero to 64 admitted to permanent residential aged care in 2022-23, 98.9% were aged 50 years or over (table 15A.34).

Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Figure 15.5 **People admitted to permanent residential aged care**
Rate per 10,000 potential population, by jurisdiction, by year



Source: table 15A.34

Data on the number of younger people receiving and separating from residential aged care to return to home or family are available in tables 15A.35–36. Nationally, at 30 June 2023, there were 2,066 permanent aged care residents aged under 65 years. Of these, 95.4% were aged 50 years or over (table 15A.35).

Data on the number of younger people receiving residential aged care by Indigenous status is available in table 15A.36. Data on state and territory government expenditure for younger people

with disability in residential aged care is reported in table 14A.3 of section 14 in this report.

Although data on the disability status of younger people entering, receiving, or exiting residential aged care is not available, table 15A.37 contains information on the subset of younger people in residential aged care who are NDIS participants.

6. Choice and control

'Choice and control' is an indicator of governments' objective under the NDIS to enable people with disability to exercise choice and control in pursuing their goals and planning delivery of their supports.

'Choice and control' is defined as the proportion of NDIS participants who have been in the scheme for at least two years and who experience independence, choice and control over their care.

'Choice and control' is defined by two measures:

- the proportion of active NDIS participants (aged 15 years and over) who report that they get to choose who supports them
- the proportion of families and carers of active NDIS participants (aged 15 years and over) who report that they feel in control when selecting services.

Data for this indicator are sourced from the NDIS Outcome Framework longitudinal survey. NDIS participants are invited to complete this survey when their plans are reviewed, and only active participants as at 30 June are included. Active participants are eligible participants with an approved plan, but this might also include cases where a participant's plan has expired and a new plan has not formally commenced, but the participant has not exited the scheme.

High or increasing proportions of NDIS participants and families and carers of NDIS participants who report experiencing choice and control is desirable.

> Nationally, at 30 June 2023, 51% of NDIS participants aged 15 years and over reported that they get to choose who supports them, while 42% of families and carers of NDIS participants aged 15 years and over reported that they feel in control when selecting services. Results varied across jurisdictions (table 15A.38).

(all measures) Data is comparable (subject to caveats) across jurisdictions and over time.

(all measures) Data is complete (subject to caveats) for the current reporting period.

Select measure:

(●) Measure 1: Proportion of NDIS participants aged 15 years or over who say: they get to choose who supports them

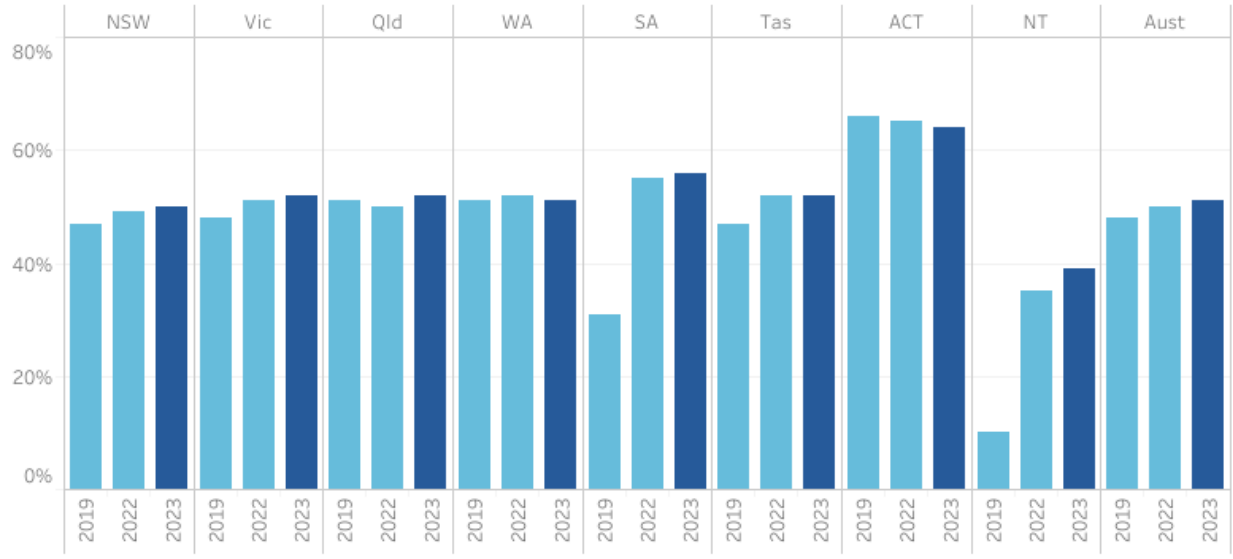
( ) Measure 2: Proportion of families/carers of NDIS participants, aged 15 years or over who say: they feel in control selecting services

Select year(s):

Multiple values

Figure 15.6 **Measure 1: Proportion of NDIS participants aged 15 years or over who say: they get to choose who supports them**

By jurisdiction, by year (a)



Source: table 15A.38

(a) Refer to data tables for information on non-publication of data for individual jurisdictions.

tableau

7. Client and carer satisfaction

'Client and carer satisfaction' is an indicator of governments' objective to provide access to disability services that meet a particular standard of quality; and under the NDIS, to promote the provision of high quality and innovative supports.

'Client and carer satisfaction' is defined by four measures:

- the proportion of people with disability aged 15–64 years who are satisfied with the quality of assistance received from organised and formal services in the last six months
- the proportion of people with disability aged 15–64 years who are satisfied with the range of organised and formal service options available
- the proportion of primary carers (of people with disability aged zero to 64 years) who are satisfied with the quality of assistance received from formal services, by the person with disability and by the carer in the last six months
- the proportion of primary carers (of people with disability aged zero to 64 years), who are satisfied with the range of formal service options available to help them in their caring role.

Care should be taken in interpreting results as the data is not able to distinguish between disability and mainstream services.

A high or increasing proportion of clients and carers who are satisfied is desirable as it suggests that the service received was of a higher quality.

Nationally in 2018, of people aged 15–64 years with a disability who received formal services in the previous six months, 76.6% were satisfied with the *quality* of assistance they received (figure 15.7a; table 15A.39), and 49.1% were satisfied with the *range* of services received (table 15A.41). These figures were not significantly different from 2015 and 2012 (tables 15A.39 and 15A.41).

Data is comparable (subject to caveats) across jurisdictions and over time.

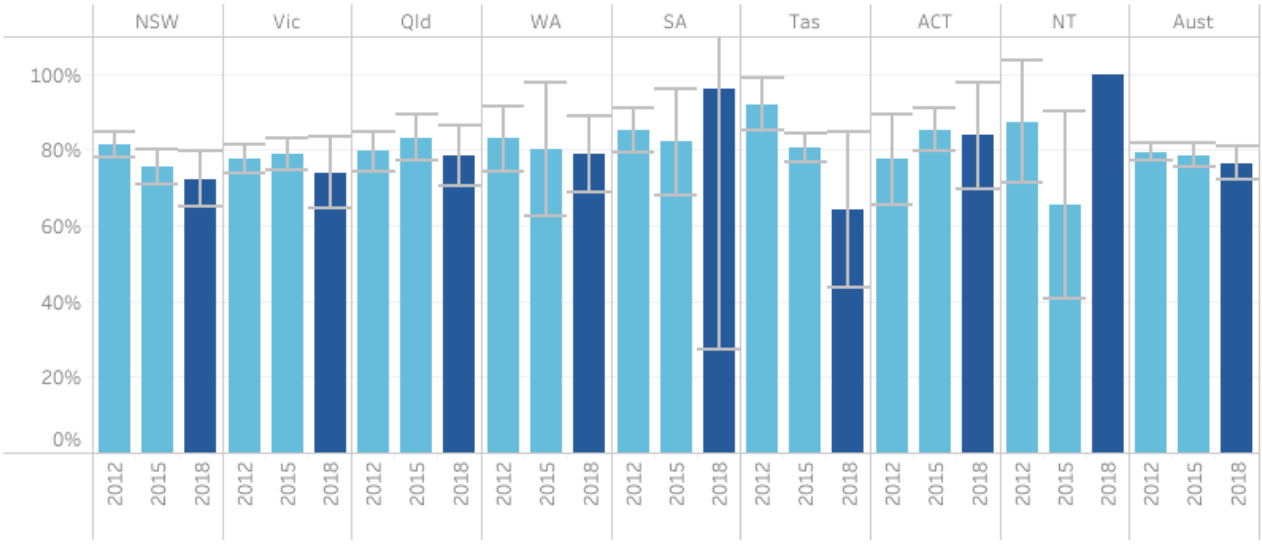
Data is complete (subject to caveats) for the current reporting period.

Select measure:

Measure 1: People who are satisfied with the quality of assistance received

Measure 2: People who are satisfied with the range of organised and formal services received

Figure 15.7a **Measure 1: People who are satisfied with the quality of assistance received**
People with reported disability who received formal assistance from organised and formal services with at least one activity in the previous six months, 15-64 years old, by jurisdiction, by year (a), (b)



Source: table 15A.39

(a) Confidence intervals are not available where the proportion has a relative standard error greater than 50%. (b) Refer to data tables for information on the non-publication of data for individual jurisdictions.

Nationally, the proportion of primary carers who were satisfied with the *quality* of services received was 66.6% in 2018 compared to 73.4% in 2015 and 69.0% in 2012 (figure 15.7; table 15A.40). There was no significant change from 2015 in satisfaction with the *range* of services received (29.6% in 2018, 32.5% in 2015 and 33.7% in 2012) (figure 15.7b; table 15A.42).

Data is comparable (subject to caveats) across jurisdictions and over time.

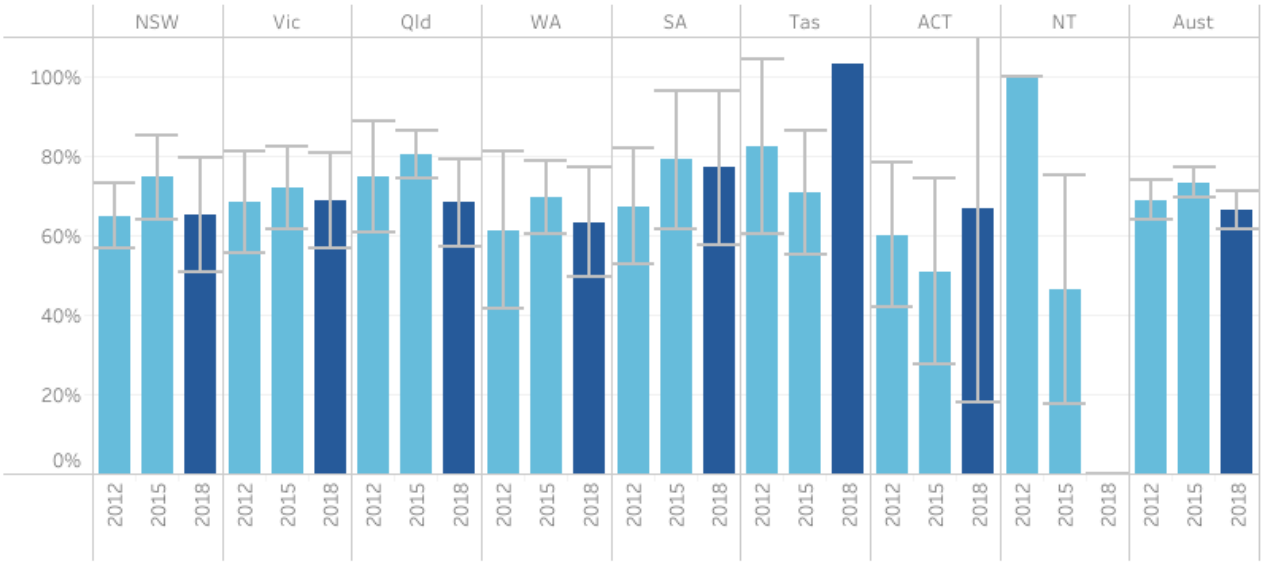
Data is complete (subject to caveats) for the current reporting period.

Select measure:

Measure 3: Primary carers who are satisfied with the quality of assistance received

Measure 4: Primary carers who are satisfied with the range of organised and formal services received

Figure 15.7b **Measure 3: Primary carers who are satisfied with the quality of assistance received**
Primary carers (carers of people with disability aged 0-64 years) who received formal assistance in their caring role from organised services in the previous six months, by jurisdiction, by year (a), (b)



Source: table 15A.40

(a) Confidence intervals are not available where the proportion has a relative standard error greater than 50%. (b) Refer to data tables for information on the non-publication of data for individual jurisdictions.

8. Service quality and safety

'Service quality and safety' is an indicator of governments' objective to provide access to disability services that meet a particular standard of safety and quality; and, under the NDIS, to promote the provision of high-quality and innovative supports.

'Service quality and safety' refers to the right of individuals to receive safe and high-quality disability services, free from abuse and neglect and is defined by two measures:

- Complaints, as a proportion of active NDIS participants
- Reportable incidents, comprising:
    - the number of participants who experienced unauthorised use of restrictive practices, as a proportion of active NDIS participants. Restrictive practices include seclusion and chemical, physical, mechanical and environmental restraint
    - the number of other reportable incidents, as a proportion of active NDIS participants. Other reportable incidents include death, serious injury, abuse or neglect, unlawful sexual or physical contact, and sexual misconduct.

The number of reportable incidents does not necessarily correlate with the number of instances of harm to a person with a disability. Reports might include multiple notifications of the same matter, allegations of incidents, and situations where incidents occurred but injury was avoided.

High service quality and safety levels are desirable, as evidenced by low and decreasing rates of complaints and reportable incidents. However, high or increasing rates might reflect more effective incident reporting mechanisms and organisational cultural change.

The NDIS Quality and Safeguards Commission receives complaints about NDIS providers and their workers. Complaints are classified into four categories: provider practice, provider policies and procedures, worker conduct or capability; and alleged abuse and neglect. When the NDIS Quality and Safeguards Commission receives a complaint, it can take a range of actions depending on the nature of the complaint, including holding conciliation meetings and undertaking investigations.

> Nationally in 2022-23, there were 17.5 complaints per 1,000 active NDIS participants, an increase from 16.2 complaints per 1,000 active NDIS participants in 2021-22 (table 15A.43). The most common complaint type concerned provider practice with 6.6 complaints per 1,000 active NDIS participants. Results varied across jurisdictions.

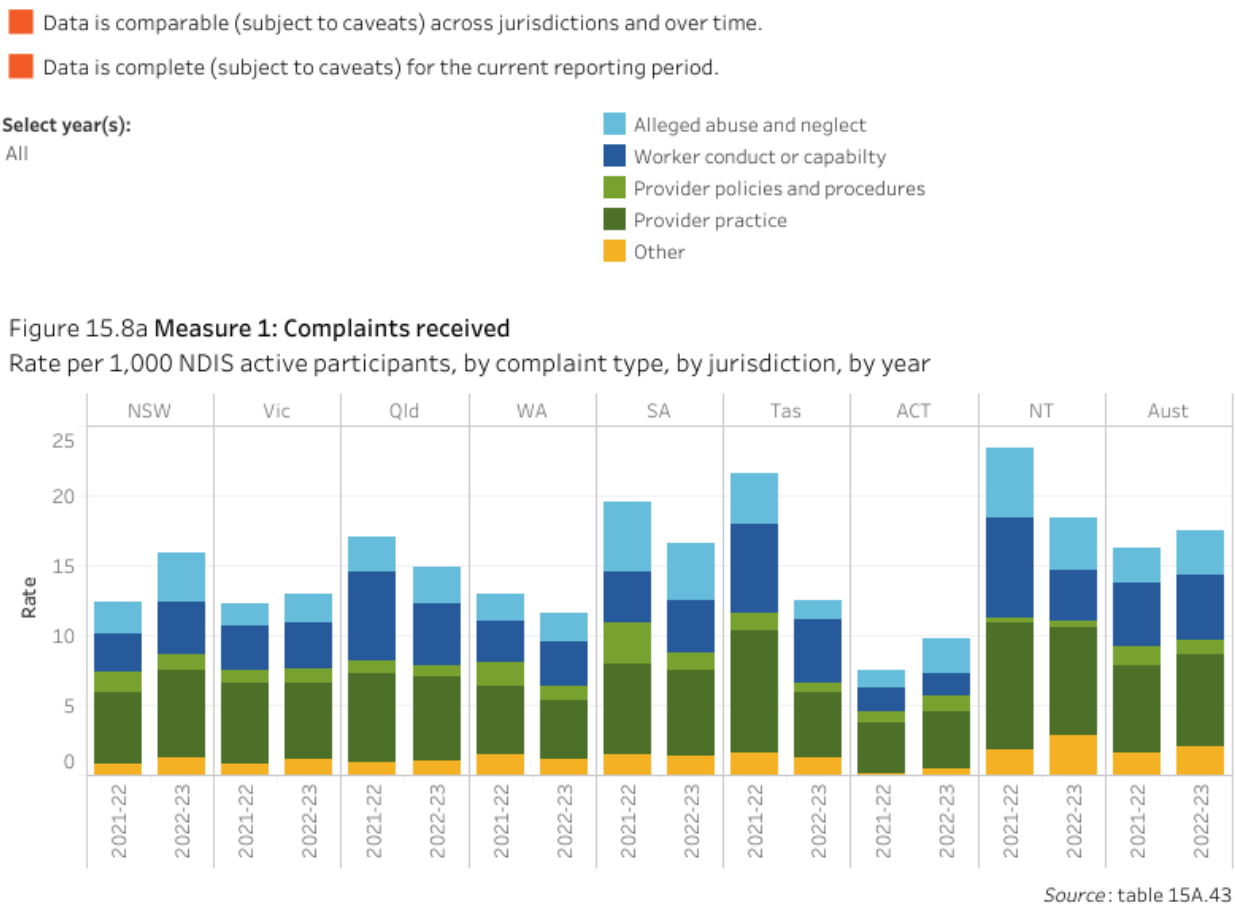


Figure 15.8a **Measure 1: Complaints received**
Rate per 1,000 NDIS active participants, by complaint type, by jurisdiction, by year

Source: table 15A.43

Registered providers must report specific 'reportable incidents' to the NDIS Quality and Safeguards Commission when connected with the provision of NDIS supports and services. Reportable incidents include death; serious injury; abuse or neglect; unlawful sexual or physical contact; sexual misconduct; and unauthorised use of restrictive practices.

Nationally in 2022-23. there were 33.8 other reportable incidents (excluding unauthorised use of restrictive practices) per 1,000 NDIS participants, an increase from 30.0 other reportable incidents per 1,000 active NDIS participants in 2021-22. The rate per 1,000 NDIS participants varied across category types from 0.8 for alleged sexual misconduct to 15.3 for alleged abuse and neglect (table 15A.44).

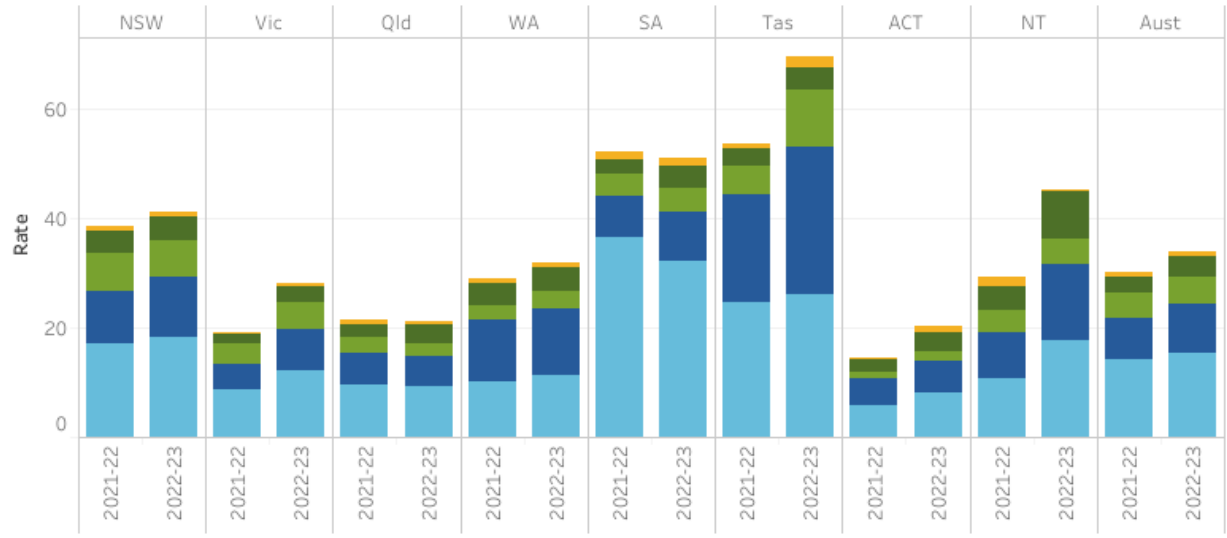
Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year(s):
All

Alleged sexual misconduct
Any death
Allegations of unlawful physical or sexual contact
Serious injury (including accidents)
Alleged abuse and neglect

Figure 15.8b **Measure 2a: Reportable incidents**
Rate per 1,000 NDIS active participants, by reportable incident type, by jurisdiction, by year



Source: table 15A.44

Nationally in 2022-23 there were 16.0 NDIS participants were subject to unauthorised restrictive practices per 1,000 NDIS participants (including seclusion and chemical, physical, mechanical and environmental restraint), the same rate as 2021-22 (table 15A.45). The number of NDIS participants who were subject to unauthorised restrictive practices per 1,000 NDIS participants varied across category types from 0.8 for seclusion to 8.1 for chemical restraint (table 15A.45).

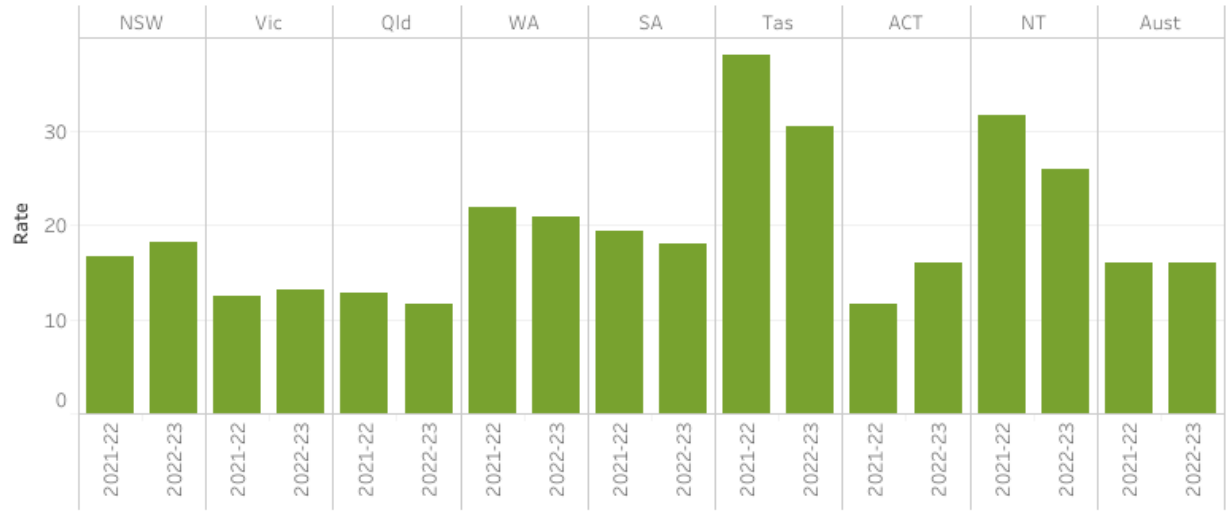
Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year(s):
All

Select reportable incidence of unauthorised restrictive practice:
Unauthorised use of restrictive practices (all modes)

Figure 15.8c **Measure 2b: Unauthorised use of restrictive practices (all modes) (a)**
Rate per 1,000 NDIS active participants, by jurisdiction, by year



Source: table 15A.45

(a) Measure is at the participant level, NDIS participants who experience at least one reportable incident.

9. Workforce sustainability

'Workforce sustainability' is an indicator of governments' objective to provide sustainable services for people with disability.

Services for people with disability workforce sustainability relates to the capacity of the disability workforce to meet current and projected future service demand. These measures are not a substitute for a full workforce analysis that allows for training, migration, changing patterns of work and expected future demand. They can, however, indicate that further attention should be given to workforce planning for services for people with disability.

This indicator is currently under development for reporting in the future.

10. Average committed supports, per NDIS participant

'Average committed supports, per NDIS participant' is an indicator of governments' objective to provide access to disability services in an efficient manner.

'Average committed supports, per NDIS participant' is measured at 30 June each year and concerns participants' most recent plans at that date.

To reflect cost differences in the intensity of support required by participants with different personal characteristics, this data is disaggregated by disability type, level of functional capacity, age, and sex, and reported separately for participants with and without supported independent living (SIL).

Supported independent living is for people with higher support needs, who always require some level of help at home. This can include significant help throughout the day, seven days a week and overnight support.

Efficiency data are difficult to interpret. Although high or increasing expenditure per unit of output can reflect deteriorating efficiency, it can also reflect improvements in the quality or other attributes of the services provided, or an increase in users' service needs. Similarly, low or declining expenditure per unit of output can reflect improving efficiency, or lower quality and less effective services.

To assist interpretation of this data, information on average payments, per NDIS participant and service utilisation are included in tables 15A.50-60.

> Nationally, at 30 June 2023, average committed supports, per NDIS participant, was $75,000, similar to $73,000 in 2019. The need for supported independent living has a material impact on NDIS package costs. For participants without supported independent living, average committed supports, per NDIS participant was $56,000, similar to $53,000 in 2019. Whereas average committed supports, per NDIS participant in need of supported independent living was $415,000, an increase from $320,000 in 2019. Data by participant characteristics (disability type, level of functional capacity, age, and sex) and jurisdiction are reported in tables 15A.46-49.

Data is comparable (subject to caveats) across jurisdictions and over time.

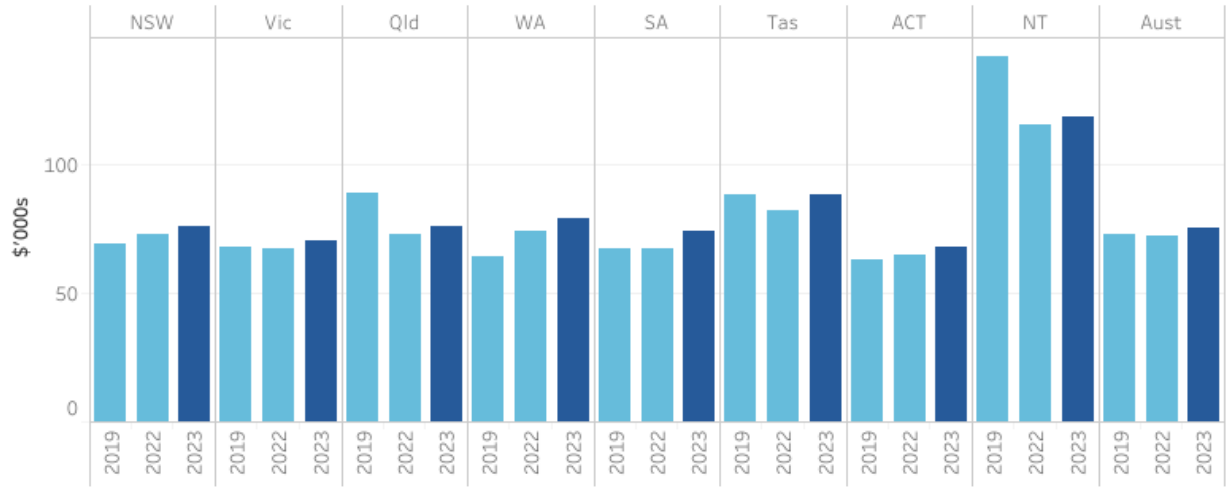
Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Select supported independent living status (SIL):
(●) All participants
( ) Participants with SIL
( ) Participants without SIL

Select disability type:
All disability types

Figure 15.9 **Average annualised committed support Per active participant with approved NDIS plan at 30 June**
All participants, All disability types, by jurisdiction, by year, 2022-23 dollars



Source: table 15A.46

11. Unit cost of employment services

'Unit cost of employment services' is an indicator of governments' objective to provide access to disability services in an efficient manner.

'Unit cost of employment services' is defined as the net Australian government expenditure divided by the number of users of non-government provided employment services.

Assuming all other factors remain constant (such as service quality and accessibility), low or decreasing government expenditure per service user reflects a more efficient provision of this service.

Efficiency data are difficult to interpret. Although high or increasing expenditure per unit of output can reflect deteriorating efficiency, it can also reflect improvements in the quality or other attributes of the services provided, or an increase in the service needs of users. Similarly, low or declining expenditure per unit of output can reflect improving efficiency, or lower quality and less effective services.

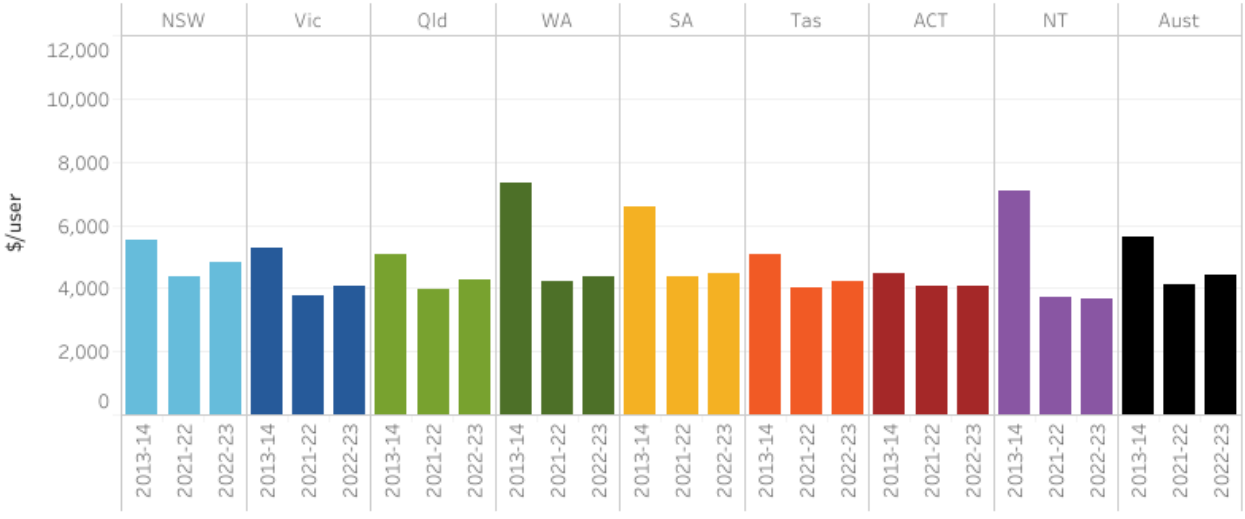
> Nationally, for all employment services, the estimated Australian Government contribution per service user assisted (non-government provided employment services) was $4,405 in 2022-23 (figure 15.10) – $4,392 per user of open services (employed or seeking employment in the open labour market) and $15,212 per user of supported services (employed by the service provider) (table 15A.61). Australian Government funding per user of non-government provided employment services was higher in 2022-23 ($4,405) compared to 2021-22 ($4,109) but continued the downwards trend over the 10-year time series ($5,635 in 2013-14) (table 15A.62).

Data is not comparable (subject to caveats) across jurisdictions nor within some jurisdictions over time.

Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Figure 15.10 **Real Australian Government funding per user of Non-government provided employment services**
By jurisdiction, by year (2022-23 dollars)



Source: table 15A.61-15A.62

12. Labour force participation and employment of people with disability

'Labour force participation and employment of people with disability' is an indicator of governments' objective to help people with disability achieve economic participation.

'Labour force participation and employment of people with disability' is defined by three measures (each by disability status):

- *Labour force participation rate* defined as the number of people with disability aged 15–64 years who are in the labour force (employed or unemployed) divided by the number of people with disability aged 15–64 years
- *Employment–to–population ratio* defined as the number of people with disability aged 15–64 years who are employed divided by the number of people with disability aged 15–64 years
- *Unemployment rate* defined as the number of people with disability aged 15–64 years who are unemployed divided by the number of people with disability aged 15–64 years who are in the labour force (employed or unemployed).

High or increasing labour force participation and employment rates and low or decreasing unemployment rates for people with disability are desirable.

This indicator does not assess whether employment opportunities are appropriate or fulfilling. Data on underemployment (see the Explanatory material tab for a definition) can be found in table 15A.63. Information on Labour force participants and employment-to-population for people with a disability age 15-64 by remoteness can be found in tables 15A.67 and 15A.68.

> For people aged 15–64 years with a profound or severe core activity limitation, 27.2% were in the labour force and 23.9% were employed in 2018; these rates are similar to 2015 but lower than 2009 (figure 15.11; tables 15A.64–65). The unemployment rate was 12.7% in 2018; not significantly different to previous survey years (table 15A.66).

(all measures) Data is comparable across jurisdictions and over time.

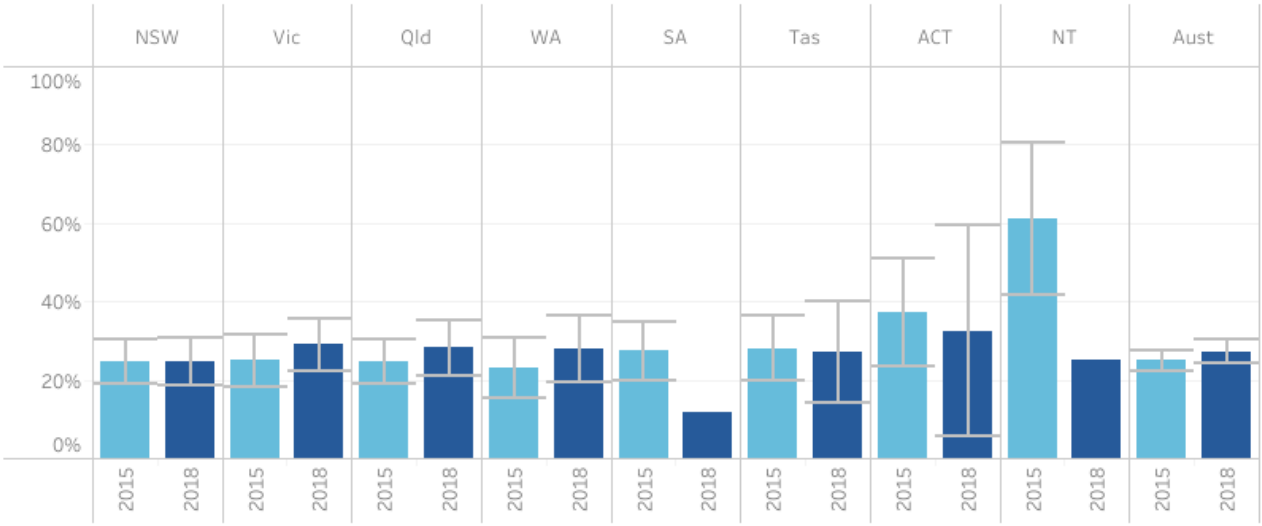
(all measures) Data is complete (subject to caveats) for the current reporting period.

Select measure, people aged 15-64 years old:
- (●) Measure 1: who are in the labour force
- ( ) Measure 2: who are employed
- ( ) Measure 3: who are unemployed

Select disability status:
- (●) With profound or severe disability
- ( ) With other disability
- ( ) Total with disability
- ( ) With no disability

Select year(s):
Multiple values

Figure 15.11 **Measure 1: People who are in the labour force With profound or severe disability** 15-64 years old, by jurisdiction, by year (a), (b)



Source: table 15A.64

(a) Confidence intervals are not available where the proportion has a relative standard error greater than 50%. (b) Refer to data tables for information on non-publication of data for individual jurisdictions.

13. Labour force participation of primary carers of people with disability

'Labour force participation of primary carers of people with disability' is an indicator of governments' objective to help carers of people with disability achieve economic participation.

'Labour force participation of primary carers of people with disability' is defined by three measures:

- *Labour force participation rate* defined as the number of primary carers of people with disability aged 15–64 years who are in the labour force (employed or unemployed) divided by the number of primary carers of people with disability aged 15–64 years
- *Employment–to–population ratio* defined as the number of primary carers of people with disability aged 15–64 years who are employed divided by the number of primary carers of people with disability aged 15–64 years
- *Unemployment rate* defined as the number of primary carers of people with disability aged 15–64 years who are unemployed divided by the number of primary carers of people with disability aged 15–64 years who are in the labour force (employed or unemployed).

High or increasing labour force participation and employment rates and low or decreasing unemployment rates for carers of people with disability are desirable.

This indicator does not provide information on whether the participation in the labour force is fulfilling. Information on the rate of underemployment can be found in table 15A.69 (see the Explanatory material tab for a definition). For information on labour force participant rates, employment-to-population and unemployment rates for primary carers of people with disability aged 15-64 by remoteness, see tables 15A.73 and 15A.74.

Nationally in 2018, the labour force participation rate and employment–to–population ratio for primary carers of people with disability aged 15–64 years was 57.0% and 53.2% respectively; these rates are not significantly different from 2015 and 2012 (figure 15.12; tables 15A.70–71).

Nationally, the unemployment rate for primary carers of people with disability aged 15–64 years did not change significantly between 2012 and 2018, with the rate at 7.1% in 2018 (table 15A.72).

(all measures) Data is comparable across jurisdictions and over time.

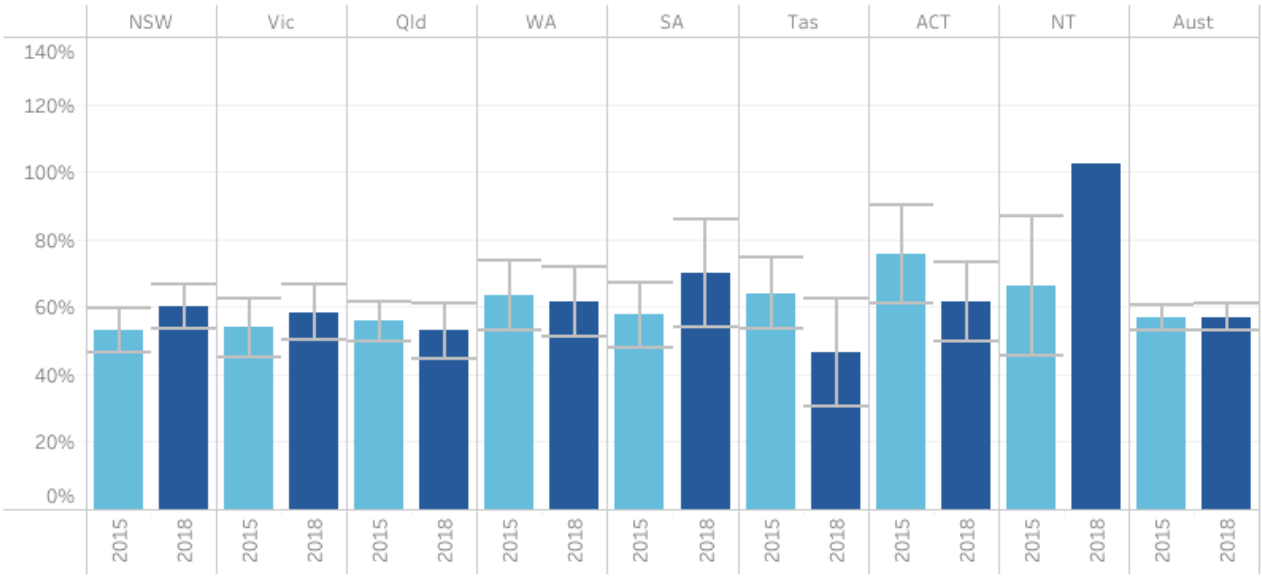
(all measures) Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Select measure, primary carers aged 15-64 years old:
- (●) Measure 1: who are in the labour force
- ( ) Measure 2: who are employed
- ( ) Measure 3: who are unemployed

Select sex:
- (●) All people
- ( ) Females
- ( ) Males

Figure 15.12 **Measure 1: Primary carers who are in the labour force**
All people, 15-64 years old, by jurisdiction, by year (a), (b)



Source: table 15A.70

(a) Refer to data tables for information on non-publication of data for individual jurisdictions. (b) Confidence intervals are not available where the proportion has a relative standard error greater than 50%.

14. Social participation of people with disability

‘Social participation of people with disability’ is an indicator of governments’ objective to help people with disability achieve social participation.

‘Social participation of people with disability’ is defined by three measures:

- The proportion of people with disability aged 15–64 years who have had face-to-face contact with ex-household family or friends in the previous week
- The proportion of people with disability aged 15–64 years who travelled to a social activity in the last two weeks
- The proportion of people with disability aged 5–64 years who report the main reason for not leaving home as often as they would like is their disability or condition.

A high or increasing proportion of people with disability who participate in social or community activities reflects greater inclusion in the community.

This indicator does not provide information on the degree to which the identified types of social or community activities contribute to people’s quality of life. For information on the social participation of people with disability by remoteness, see tables 15A.76-78.

Social participation outcomes decreased from 2012 to 2018.

- Nationally, for people with disability aged 15–64 years, the proportion who had face-to-face contact with ex-household family or friends in the previous week decreased by around 7 percentage points to 67.6% (table 15A.76).
- The decrease was less for the proportion who travelled to a social activity in the last two weeks (down by 1 percentage point to 89.7%; figure 15.13). Though for people with a profound or severe disability the decrease was greater (down by around 5 percentage points to 79.7%; table 15A.77).
- Nationally, for people with disability aged 5–64 years, the proportion who reported the main reason for not leaving home as often as they would like is their disability or condition increased from 14.7% in 2012 to 16.3% in 2018 (table 15A.78). For people with profound or severe disability, the proportion was stable over this period (30.9% in 2018) (table 15A.78).

(all measures) Data is comparable across jurisdictions and over time.

(all measures) Data is complete (subject to caveats) for the current reporting period.

Select measure, people with disability:

(●) Measure 1: who have had face-to-face contact with ex-household family or friends in the previous week
( ) Measure 2: who travelled to a social activity in the last two weeks
( ) Measure 3: who report the main reason for not leaving home as often as they would like is their disability or condition

Select year(s):

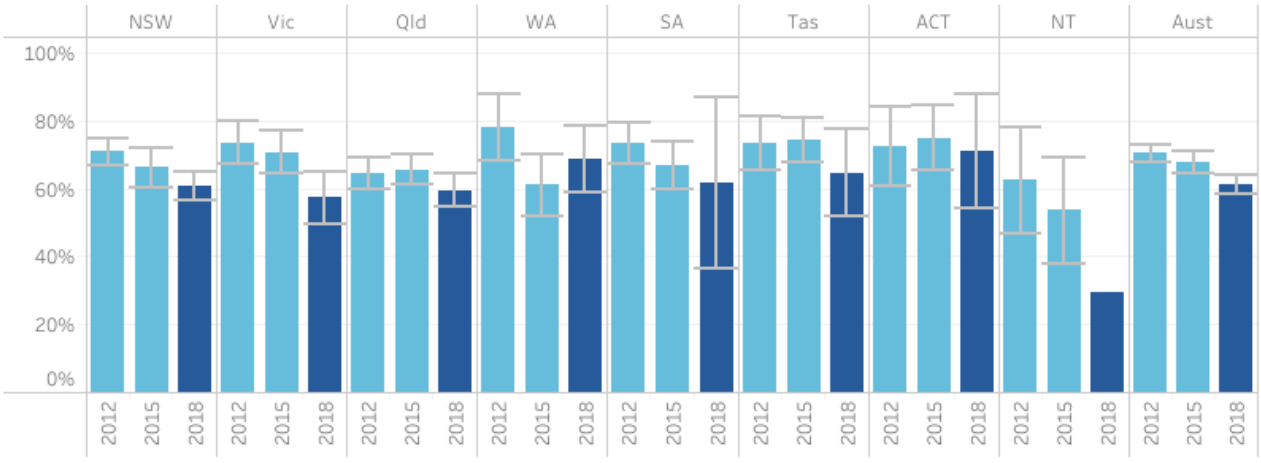
All

Select disability status:

(●) With profound or severe disability
( ) With other disability
( ) Total with disability

Figure 15.13 **Measure 1: People who have had face-to-face contact with ex-household family or friends in the previous week**

With profound or severe disability, by jurisdiction, by year (a)



Source: table 15A.76

(a) For the NT in 2018, confidence intervals are not available as the proportion that have profound or severe disability has a relative standard error greater than 50%.

15. Use of mainstream services by people with disability

'Use of mainstream services by people with disability' is an indicator of governments' objective that people with disability and their carers have an enhanced quality of life and enjoy choice and wellbeing.

'Use of mainstream services by people with disability' is defined as the proportion of people with disability who sought to access mainstream services and were able to do so confidently (that is without experiencing difficulty or discrimination). Data are reported for the following proxy measures:

- the proportion of people with disability aged 15–64 years (living in households) who experienced discrimination due to disability from service and hospitality staff in the last 12 months
- the proportion of people with disability aged 15–64 years (living in households) who avoided services due to disability in the last 12 months
- the proportion of people with disability aged 15–64 years (living in households) who could not use or use only some public transport.

Data for possible sources of discrimination include: teacher or lecturer; health staff; bus driver, rail staff or taxi driver; restaurant and hospitality staff; and sales staff. Data for possible services avoided due to discrimination include: education and medical facilities; shops, banks and other services; restaurants, cafes or bars; public transport; parks and other recreation facilities.

Data on respondents' ability to use public transport includes people with disability aged 15-64 years only. Data exclude people not living in households and people who reported they do not leave home. When interpreting these data, users should be aware that respondents were asked to report their ability to use public transport regardless of whether it was available in their area. Therefore, these data cannot provide insight into public transport availability for people with disability or barriers within specific transport services.

Low or decreasing proportions of people with disability experiencing difficulty or discrimination is desirable.

Contextual information on the proportion of active NDIS participants with approved plans accessing mainstream supports is available in table 15A.14. For additional information on people with disability who avoided services by remoteness, see table 15A.80.

Nationally in 2018, for people with disability aged 15–64 years:

- 5.6% reported experiencing unfair treatment or discrimination in the last 12 months from service and hospitality staff, due to their disability. The proportion was higher for those outside of major cities (7.0%) compared to those within (4.8%) (figure 15.14; table 15A.79)
- around one-quarter (27.7%) avoided services that involved interaction with service and hospitality staff, due to their disability (figure 15.14; table 15A.80)
- 15.6% reported they could not use, or could use only some, public transport (figure 15.14; table 15A.81).

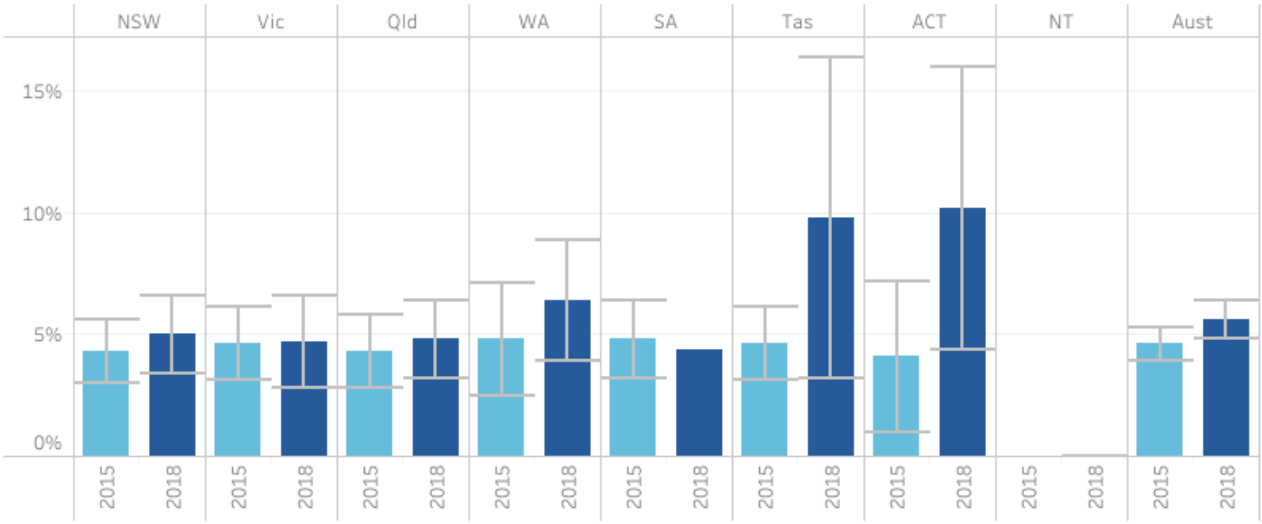
(all measures) Data is comparable across jurisdictions.

(all measures) Data is complete (subject to caveats) for the current reporting period.

Select measure, people with disability aged 15–64 years:

- (●) Measure 1: who experienced unfair treatment or discrimination in the last 12 months from service or hospitality staff
- ( ) Measure 2: who avoided services due to disability in the last 12 months
- ( ) Measure 3: who either could use some but not all forms of public transport, or could not use any form of public transport

Figure 15.14 **Measure 1: People with disability who experienced unfair treatment or discrimination in the last 12 months from service or hospitality staff**
By jurisdiction, by year (a)



Source: table 15A.79

(a) For Measure 1: For SA in 2018, confidence intervals are not available as the proportion has a relative standard error greater than 50%, and 2015 data for the NT were not published.

+ a b | e a u

16. Carer health and wellbeing

'Carer health and wellbeing' is an indicator of governments' objective that people with disability and their carers have an enhanced quality of life and enjoy choice and wellbeing.

'Carer health and wellbeing' is defined using two measures:

- the proportion of primary carers of people with disability who feel satisfied with their caring role
- the proportion of primary carers of people with disability who do not experience negative impacts on their wellbeing due to their caring role.

A high or increasing rate of carers who feel satisfied with their caring role and who do not experience negative impacts on their wellbeing due to their caring role is desirable.

> Nationally in 2018, 22.1% of primary carers of people with disability were satisfied with their caring role and 43.7% did not experience negative impacts on their wellbeing due to their caring role (figure 15.15).The proportion of primary carers who were satisfied with their caring role and who did not experience negative impacts on their wellbeing due to their caring role were higher for male than female carers (figure 15.15; tables 15A.82–83).

(all measures) Data is comparable across jurisdictions and over time.

(all measures) Data is complete (subject to caveats) for the current reporting period.

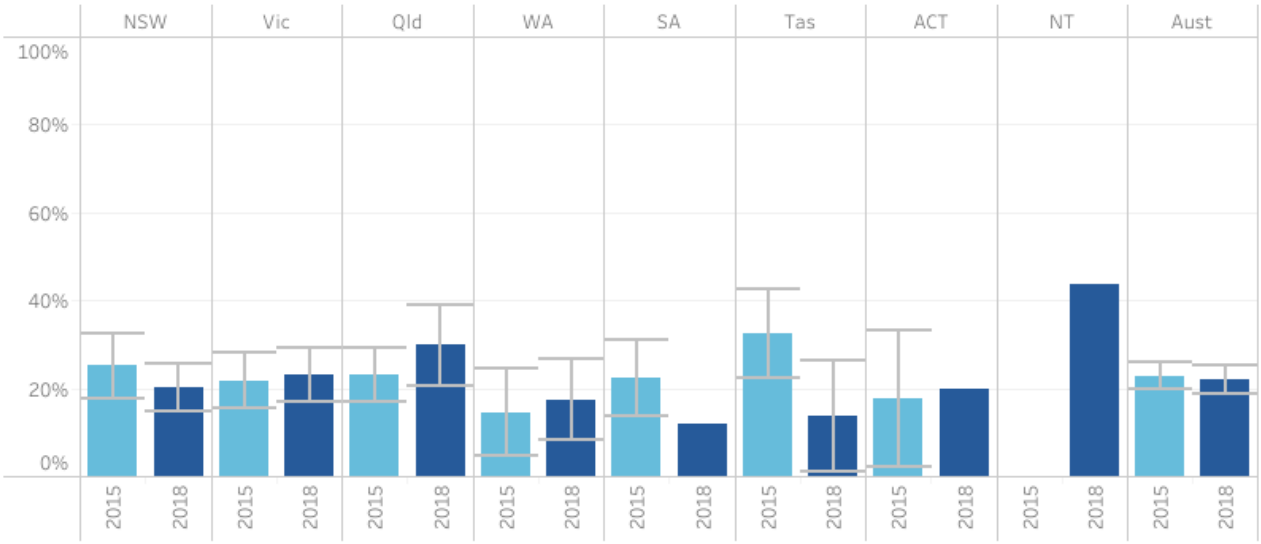
Select measure, primary carers:

(●) Measure 1: who feel satisfied with their caring role
( ) Measure 2: who do not experience negative impacts on their wellbeing due to their caring role

Select year(s):
Multiple values

Select sex:
(●) All people
( ) Females
( ) Males

Figure 15.15 **Measure 1: Primary carers who feel satisfied with their caring role**
All people, by jurisdiction, by year (a), (b)



Source: table 15A.82

(a) Confidence intervals are not available where the proportion has a relative standard error greater than 50%. (b) Refer to data tables for information on non-publication of data for individual jurisdictions.

Indigenous data

Performance indicator data for Aboriginal and Torres Strait Islander people in this section are available in the data tables listed below. Further supporting information can be found in the 'Indicator results' tab and data tables.

Disability services data disaggregated for Aboriginal and Torres Strait Islander people

Table number	Table title
Table 15A.21	Proportion of the potential population who are participants in the NDIS, by Indigenous status, 30 June
Table 15A.22	Users of Employment Support Services aged 15–64 years, by Indigenous status
Table 15A.23	Aboriginal and Torres Strait Islander users of open employment services/Employment Support Services aged 15-64 years, by age
Table 15A.24	Aboriginal and Torres Strait Islander users of Employment Support Services aged 15–64 years, by age
Table 15A.34	Rate of younger people admitted to permanent residential aged care per 10,000 potential population, by Indigenous status, by age
Table 15A.36	Younger people who separated from permanent residential aged care to return to home/family

Explanatory material

Interpreting efficiency data

This report includes 2022-23 expenditure data provided by Australian, state and territory governments. Expenditure data in this report may differ from information reported elsewhere.

Table 15.3 Comparability of expenditure estimates for government provided specialist disability services, by items included, 2022-23

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Superannuation	**Included**	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Basis of estimate	Accrual	Accrual	Accrual	Accrual	Accrual	Accrual	Accrual	Accrual	Accrual
Workers compensation	**Included**	✓	✓	✓	✓	✓	✓	✓	✓	✓
Actual payroll tax	**Included**	✗	✗	..	..	✗	..	..	✗	..
Basis of apportioning umbrella department costs	**Included**	✓	✓	✓	..	✓	✓	✓	✓	✓
	Departmental formula	✓	✓	✓	..	✓	✓	✗	✓	✓
	% of FTE employees	✗	✗	✗	..	✗	✓	✓	✗	✗
Long service leave	**Entitlements**	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Basis of estimate	Accrual	Accrual	Accrual	Accrual	Accrual	Accrual	Accrual	Accrual	Accrual
	Depreciation	✓	✓	✓	✓	✓	✓	✓	✓	✓

FTE = full time equivalent.
.. Not applicable. ✗ Not included. ✓ Included.

Source: Australian, state and territory governments unpublished.

Key terms

Terms	Definition
Core activities as per the 2018 ABS SDAC	Communication, mobility and self-care.

Terms	Definition
Disability	The United Nation's Convention on the Rights of Persons with Disabilities, ratified by Australia on 17 July 2008, defines 'persons with disabilities' as those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. The World Health Organisation defines 'disabilities' as impairments, activity limitations, and participation restrictions: an impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; and a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives (WHO 2009). In the ABS SDAC 2018, a person has a disability if they 'report they have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. This includes: • loss of sight (not corrected by glasses or contact lenses) • loss of hearing where communication is restricted, or an aid to assist with, or substitute for, hearing is used • speech difficulties • shortness of breath or breathing difficulties causing restriction • chronic or recurrent pain or discomfort causing restriction • blackouts, seizures, or loss of consciousness • difficulty learning or understanding • incomplete use of arms or fingers • difficulty gripping or holding things • incomplete use of feet or legs • nervous or emotional condition causing restriction • restriction in physical activities or in doing physical work • disfigurement or deformity • mental illness or condition requiring help or supervision • memory problems or periods of confusion causing restriction • social or behavioural difficulties causing restriction • long term effects of head injury, stroke or other brain damage causing restriction • receiving treatment or medication for any other long term conditions or ailments and still being restricted • any other long term conditions resulting in a restriction.

Terms	Definition
	The third Commonwealth State/Territory Disability Agreement (CSTDA) (2003, p. 9) defined 'people with disabilities' as those whose disability manifests itself before the age of 65 years and for which they require significant ongoing and/or long term episodic support. For these people, the disability will be attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which is likely to be permanent and results in substantially reduced capacity in at least one of the following: self-care/management, mobility and communication.
Employment services	Employment services comprise open employment services and supported employment services. Where users of employment services are described without further qualification, this includes people who use either or both open and supported employment services. All open employment services are now included in the Disability Employment Services (DES) program administered by the Department of Social Services (DSS). Disability Employment Services has two parts: Disability Management Services (DMS) is for job seekers with disability, injury or health condition who need assistance to find a job and occasional support to keep a job; and Employment Support Services (ESS) provides assistance to people with permanent disability and who need regular, ongoing support to keep a job. DES are intended for all people with disability who require assistance in obtaining or maintaining mainstream employment. They are distinct from Australian Disability Enterprises, which provides employment for people with a disability that restricts them from engaging in mainstream employment. As DES are available for all people with a disability, the SDAC extract for this type of service is information on all people with a disability in SDAC with an *employment restriction*, regardless of the criteria used in generating the more restricted potential population.
Employment restriction	An employment restriction is determined for people (aged 15 years and over and living in a private household) with one or more disabilities if, because of their disability, they: • are permanently unable to work • are restricted in the type of work they can or could do • need or would need at least one day a week off work on average • are restricted in the number of hours they can or could work • require or would require an employer to provide special equipment, modify the work environment or make special arrangements • require assistance from a disability job placement program or agency • need or would need to be given ongoing assistance or supervision • would find it difficult to change jobs or get a better job.

Terms	Definition
Geographic location	Geographic location is based on the Australian Statistical Geography Standard of Remoteness Areas, which categorises areas as 'major cities', 'inner regional', 'outer regional', 'remote' and 'very remote'. The criteria for Remoteness Areas are based on the Accessibility/Remoteness Index of Australia, which measures the remoteness of a point based on the physical road distance to the nearest urban centre in each of the five size classes (ABS 2011b).
Government and non-government provided services	Government provision means that a service is both funded and directly provided by a government department, agency or local government. Non-government provision is a service purchased or part-funded by a government department or agency, but provided by a non-government organisation. Non-government service providers may receive funds from the private sector and the general public in addition to funding, grants and input tax concessions (such as payroll tax exemptions) from governments. Data on funds that non-government service providers receive from the private sector and the general public are outside the scope of this Report.
Informal carer	*ABS informal assistance/providers*: unpaid help or supervision that is provided to persons with disability or persons aged 65 years and over. It only includes assistance that is provided because of a person's disability or because they are older. Informal assistance may be provided by family, friends, or neighbours. For the Survey of Disability, Ageing and Carers, any assistance received from family or friends is considered to be informal regardless of whether or not the provider was paid, such as through the Carer Payment or other allowances. It does not include providers whose care is privately organised (ABS 2019). Section 5 of the *Carer Recognition Act* (Cth) 2010 defines the term 'carer' for the purposes applying to that legislation. See also primary carer.

Terms	Definition
Labour force participation rate for people with a profound or severe core activity limitation	The total number of people with a profound or severe core activity limitation in the labour force (where the labour force includes employed and unemployed people), divided by the total number of people with a profound or severe core activity limitation who are aged 15–64 years, multiplied by 100. An employed person is a person who, in their main job during the remuneration period (reference week): • worked one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (including employees, employers and self-employed people) • worked one hour or more without pay in a family business, or on a farm (excluding people undertaking other unpaid voluntary work), or • was an employer, employee or self-employed person or unpaid family helper with a job, business or farm, but was not at work. An unemployed person is aged 15–64 years who was not employed during the remuneration period but was looking for work. Labour force participation data is collected in the SDAC using the ABS standard 'minimum set' of questions to produce estimates of the current economically active population.
Mild core activity limitation	The person needs no help and has no difficulty with any of the core activity tasks, but: • uses aids or equipment, or has one or more of the following limitations • cannot easily walk 200 metres • cannot walk up and down stairs without a handrail • cannot easily bend to pick up an object from the floor • cannot use public transport • can use public transport, but needs help or supervision • needs no help or supervision, but has difficulty using public transport (as per the 2018 SDAC).
Moderate core activity limitation	The person needs no help, but has difficulty with a core activity task (as per the 2018 SDAC).

Terms	Definition

NDA potential population	Under the NDA reporting in RoGS, the potential population has been defined as all those people:
	• under the age of 65 years and Australian citizens or permanent residents (or aged 0–49 for Aboriginal and Torres Strait Islander people); and
	• who are most appropriately supported by disability services; and
	• require ongoing and/or long term episodic support or would benefit from early intervention; and
	• with a permanent/chronic impairment; and
	• with a substantially reduced capacity in one or more core activities.
	In a given reporting period, the potential population has been calculated using a subset of the number of people with disability identified in the Survey of Disability, Ageing and Carers (SDAC), defined according to several criteria as follows:
	Have a Longer-term health condition that:
	• *most appropriately supported by disability services*
	• *would benefit from early intervention*
	• *requires ongoing and/or long term episodic support*
	Children:
	• all children under 10 years with a disability and an included condition who had any need for assistance, including only schooling restrictions, are included in the potential population.
	Impairment groups and core activity limitations:
	• *with a permanent/chronic impairment*
	• *with a substantially reduced capacity in one or more core activities*:
	  ◦ to determine this, core activities in SDAC were identified as communication, mobility, and self-care.
	• Reduced capacity was considered in the context of four levels of core activity limitation:
	  ◦ profound: the person is unable to do, or always needs help with, a core activity task
	  ◦ severe: the person sometimes needs help with a core activity or task
	  ◦ moderate: the person needs no help, but has difficulty with a core activity or task
	  ◦ mild: the person needs no help and has no difficulty with any of the core activity tasks, but uses aids and equipment (for example).
	The level of core activity limitation used to include people in the SDAC potential population (along with other criteria) varied according to their impairment group

Terms	Definition
	Use of inferred data The household component was benchmarked to the estimated in-scope population at a point in time. Information used to benchmark include: • age • sex • usual place of residence • household composition • the Socio-Economic Indexes for Areas (SEIFA) index of relative socio-economic disadvantage national decile. Previous iterations of SDAC were not weighted using SEIFA benchmarks. Using benchmarks means the estimates in SDAC match the composition of the whole population in the scope of the survey. They do not match estimates for the total Australian population from other sources. These may include people living in non-private dwellings, very remote parts of Australia and discrete Aboriginal or Torres Strait Islander communities. Very remote parts of Australia and discrete Aboriginal or Torres Strait Islander communities are outside the scope of the survey population. Other data sources are used to impute the State/Territory distribution of the potential population and the potential Indigenous population. ABS Estimated Resident Population data are used to derive State/Territory distributions of the potential population. In conjunction with Census data, they are also used to derive estimates of the Indigenous potential population. A similar technique to that used for estimating the Indigenous potential population is used to derive estimates of the potential population by remoteness area and country of birth. For more information on calculating the potential population, see appendix A of SCRGSP (2013).

Terms	Definition
NDIS potential population	This population includes those with significant and enduring support needs who are eligible for individualised support under the NDIS. It is derived by the NDIA, based on the method used in the Productivity Commission report *Disability Care and Support,* released in 2011. To estimate the number of people with significant and enduring support needs who would be eligible for individualised support, in *Disability Care and Support* the Productivity Commission: • calculated the number of participants (excluding those with psychiatric disability) based on a combination of functional support and main disabling condition – this comprised persons who i) had significantly reduced functioning in self-care, communication, mobility, or self-management and would require significant ongoing support and/or ii) were in an early intervention group, consisting of those for whom there was a reasonable potential for early interventions that would improve their level of functioning, or those with newly diagnosed degenerative diseases • made allowance for participants with psychiatric disability through extensive modelling undertaken by the Australian Government – these included persons who; had a severe and enduring mental illness (usually psychosis), had significant impairments in social, personal, and occupational functioning requiring intensive, ongoing support, and persons who required extensive health and community supports to maintain their lives outside of institutional care. Using data from the 2009 SDAC, the Commission estimated that just over 410 000 persons would be eligible for support under the NDIS in 2009. On at least an annual basis, the emerging experience of the NDIS is compared to the initial estimates of the Productivity Commission, to determine whether an adjustment to the potential population is necessary. In 2018, the NDIA further developed experience-based modelling for this purpose. Historically ABS population growth rates were used to arrive at the total potential population at a point in time. This year, the "Budget 2022-23 population projections, Australia, 2021-22 to 2032-33 from the Centre for Population Projections" were used. For special needs groups, the NDIA uses ABS Census to obtain information on the number of individuals with 'need for assistance', which is available by CALD and Indigenous status, and also allows for regional variation. The total potential population is then allocated by LGA, sex, Indigenous and CALD status using the 'need for assistance' variable distribution. In the 2021-22 Annual Financial Sustainability Report (AFSR), the NDIA projected a higher future steady state potential population for the NDIS than in the previous 2020-21 AFSR, resulting in an increase in the estimated NDIS potential population between June 2021 and June 2022.

Terms	Definition
Payroll tax	A tax levied on employers based on the value of wages and certain supplements paid or payable to, or on behalf of, their employees (SCRCSSP 1999). Payroll tax arrangements for government funded and delivered services differ across jurisdictions. Differences in the treatment of payroll tax can affect the comparability of unit costs across jurisdictions and services. These differences include payroll tax exemptions, marginal tax rates, tax free thresholds and clawback arrangements (see SCRCSSP 1999). There are two forms of payroll tax reported: *actual* – payroll tax actually paid by non-exempt services *imputed* – a hypothetical payroll tax amount estimated for exempt services. A jurisdiction's estimate is based on the cost of salaries and salary related expenses, the payroll tax threshold and the tax rate.
Primary carer	*ABS SDAC primary carer:* A primary carer is a person who provides the most informal assistance to a person with one or more disabilities, with one or more of the core activities of mobility, self-care, or communication (ABS 2019). See also informal carer.
Primary disability group	Disability group that most clearly expresses the experience of disability by a person. The primary disability group can also be considered as the disability group causing the most difficulty to the person (overall difficulty in daily life, not just within the context of the support offered by a particular service).
Profound core activity limitation	The person is unable to do, or always needs help with, a core activity task (as per the 2018 SDAC).
Real expenditure	Actual expenditure (accrual) adjusted for changes in prices, using the General Government Final Consumption Expenditure (GGFCE) deflator, and expressed in terms of current year dollars.
Seclusion	Seclusion is the confinement of a person with disability to a room or physical space to restrict movement and prevent a person from voluntarily leaving.
Schooling	*Schooling restriction:* as a result of disability, being Unable to attend school, attends a special school, attends special classes at an ordinary school, needs at least one day a week off school on average, has difficulty at school.

Terms	Definition
Service	A service is a support activity provided to a service user, in accord with the NDA. Services within the scope of the collection are those for which funding has been provided during the specified period by a government organisation operating under the NDA.
Service user	A service user is a person with disability who receives a specialist disability service. A service user may receive more than one service over a period of time or on a single day.
Severe core activity limitation	The person sometimes needs help with a core activity task, and/or has difficulty understanding or being understood by family or friends or can communicate more easily using sign language or other non-spoken forms of communication (as per the SDAC 2018).
Supported independent living (SIL)	Supported independent living helps people with disability remain in their homes. It includes help or supervision with daily tasks, like personal care or cooking meals. Supported independent living is for people with higher support needs, who need some level of help at home all the time.

Terms	Definition
Restraint	Mechanical restraint The application of devices (including belts, harnesses, manacles, sheets and straps) on a person's body to restrict his or her movement. It does not include the use of furniture (including beds with cot sides and chairs with tables fitted on their arms) except where these devices are used solely for the purpose of restraining a person's freedom of movement. The use of a medical or surgical appliance for the proper treatment of physical disorder or injury is not considered mechanical restraint. Physical restraint The application of hands-on immobilisation by health care staff to restrict or subdue movement of a person's body for the primary purpose of influencing behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person. Environmental restraint Restricting a person's free access to all parts of their environment, including items or activities (for example, locking doors and cupboards, restricting access to items such as television or games). Chemical restraint Medication given primarily to control a person's movements or behaviour, rather than to treat a mental illness or physical condition. Chemical restraint may involve the administration of higher than usual doses of a person's regular medication; or the administration of psychotropic medication (alone or in combination) to a person who does not have a diagnosed mental illness. Appropriate use of medications to reduce or manage symptoms of diagnosed anxiety, depression or psychosis is not chemical restraint. Some medications that are used to reduce symptoms of physical conditions or medically identified major mental illnesses have side effects. This may include sedating the person to whom they are given.
Underemployment	Underemployed people are defined as persons with disability aged 15–64 years who are employed and usually work less than 35 hours per week, who wanted to work more hours and would be able to start work with more hours in the next 4 weeks.

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Report on Government Services 2024

PART F, SECTION 16: RELEASED ON 22 JANUARY 2024

16 Child protection services

This section reports on the performance of governments in providing child protection services across Australia.

The **Indicator results** tab uses data from the data tables to provide information on the performance for each indicator in the **Indicator framework.** The same data is also available in CSV format.

Data downloads

16 Child protection services data tables (XLSX 689.4 KB)

16 Child protection dataset (CSV 1.7 MB)

Refer to the corresponding table number in the data tables for detailed definitions, caveats, footnotes and data source(s).

Guide: How to find what you need in RoGS (PDF 288.6 KB)

Context

Objectives for child protection services

Child protection services aim to promote child and family wellbeing by:

- enabling families to care for, and protect, children and young people
- protecting children and young people who are at risk of abuse and neglect or whose families do not have the capacity to provide care and protection
- supporting children and young people in the child protection system to reach their potential.

To achieve these aims, governments seek to provide child protection services that:

- are responsive, ensuring that notifications are responded to, and investigations are completed, in a timely and appropriate manner
- are targeted to children and young people who are experiencing disadvantage and/or are vulnerable, particularly priority groups such as Aboriginal and Torres Strait Islander children, children and families with multiple and complex needs, and children with disability
- support and strengthen families so that children can live in a safe and stable family environment
- provide quality care for children and young people aged 0–17 years who cannot live with their parents for reasons of safety or family crisis, with an emphasis on safety, stability and permanency in children's living arrangements
- meet the needs of individual children and young people in the child protection system
- are delivered sustainably.

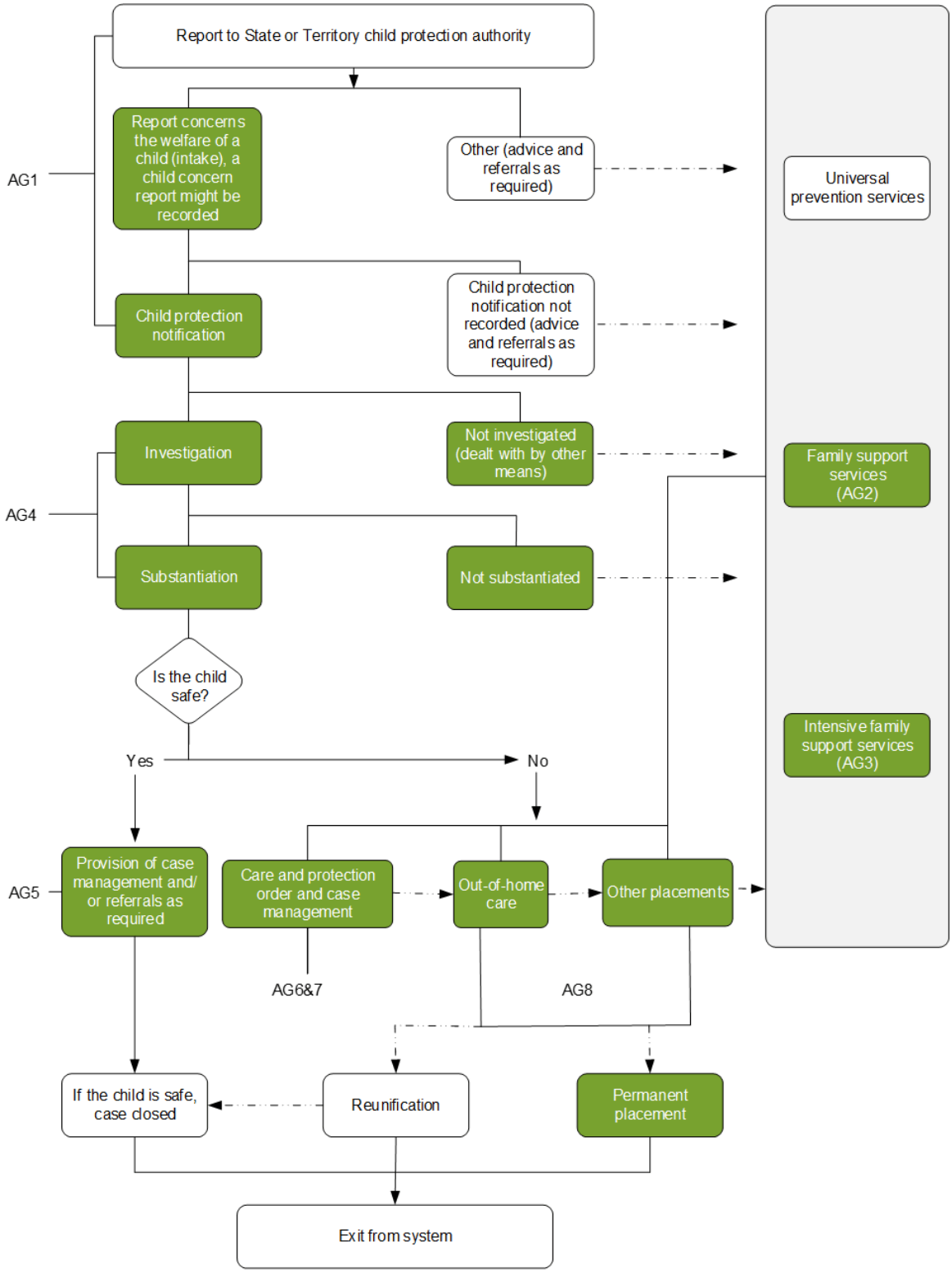
Governments aim for child protection services to meet these objectives in an equitable and efficient manner.

Service overview

Child protection services provide support and intervention to promote child and family wellbeing, and to protect children and young people aged 0–17 years who are at risk of abuse and neglect, or whose families do not have the capacity to provide care and protection.

Figure 16.1 is a simplified representation of the child protection services system, depicting common pathways through the system and referrals to support services.

Figure 16.1 The child protection services system [a, b, c, d, e]



a Dashed lines indicate that clients may or may not receive these services, depending on need, service availability, and client willingness to participate in voluntary services. **b** Support services include family preservation and reunification services provided by government and other agencies. **c** Green shading indicates data is reported. **d** Services differ across jurisdictions. **e** AG = Activity Group. See the 'Explanatory material' tab for detailed definitions.

Source: State and territory governments (unpublished).

Roles and responsibilities

State and territory governments have responsibility for funding and/or providing child protection services in Australia. Each jurisdiction has its own legislation that defines '*a child in need of protection'* and determines the policies and practices of its child protection system. While this legislation varies in detail, its intent is similar across jurisdictions (table 16.1).

Table 16.1 State and territory legislative definitions of 'a child in need of protection'

State/Territory	Legislative provisions
NSW	Section 71(1) of the *Children and Young Persons (Care and Protection) Act 1998* (NSW)
Vic	Section 162(1) of the *Children, Youth and Families Act 2005* (Vic)
Qld	Section 10 of the *Child Protection Act 1999* (Qld)
WA	Section 28(2) of the *Children and Community Services Act 2004* (WA)
SA	Section 18 of the *Children and Young People (Safety) Act 2017* (SA)
Tas	Section 4(1) of the *Children, Young Persons and Their Families Act 1997* (Tas)
ACT	Section 345 of the *Children and Young People Act 2008* (ACT)
NT	Section 20 of the *Care and Protection of Children Act 2007* (NT)

Other government services have a role in child protection, including:

- mandatory reporting responsibilities for particular occupations in some jurisdictions
- education and child care services, which in some jurisdictions includes education on protective behaviours
- health services and mental health services, which support the assessment of child protection matters and deliver general medical and dental services as well as therapeutic, counselling and other services
- police services, which investigate serious allegations of child abuse and neglect, particularly criminal matters, and may also work on child protection assessments
- courts, which decide whether a child will be placed on an order.

This section reports on services provided by state and territory governments to promote family wellbeing and to protect children, specifically: family support services; intensive family support services; protective intervention services and out-of-home care services (see 'Explanatory material' tab for definitions). Data is also included on expenditure by the Australian Government on intensive family support services.

Funding

Total recurrent expenditure on family support services, intensive family support services, protective intervention services, and care services (out-of-home-care and other supported placements) was $9.4 billion nationally in 2022-23 (a real increase of 9.5% from 2021-22) of which care services accounted for 63.1%, or $5.9 billion (table 16A.8).

In 2022-23, real recurrent expenditure on all child protection services per child aged 0–17 years in the population was $1,638 nationally (figure 16.2).

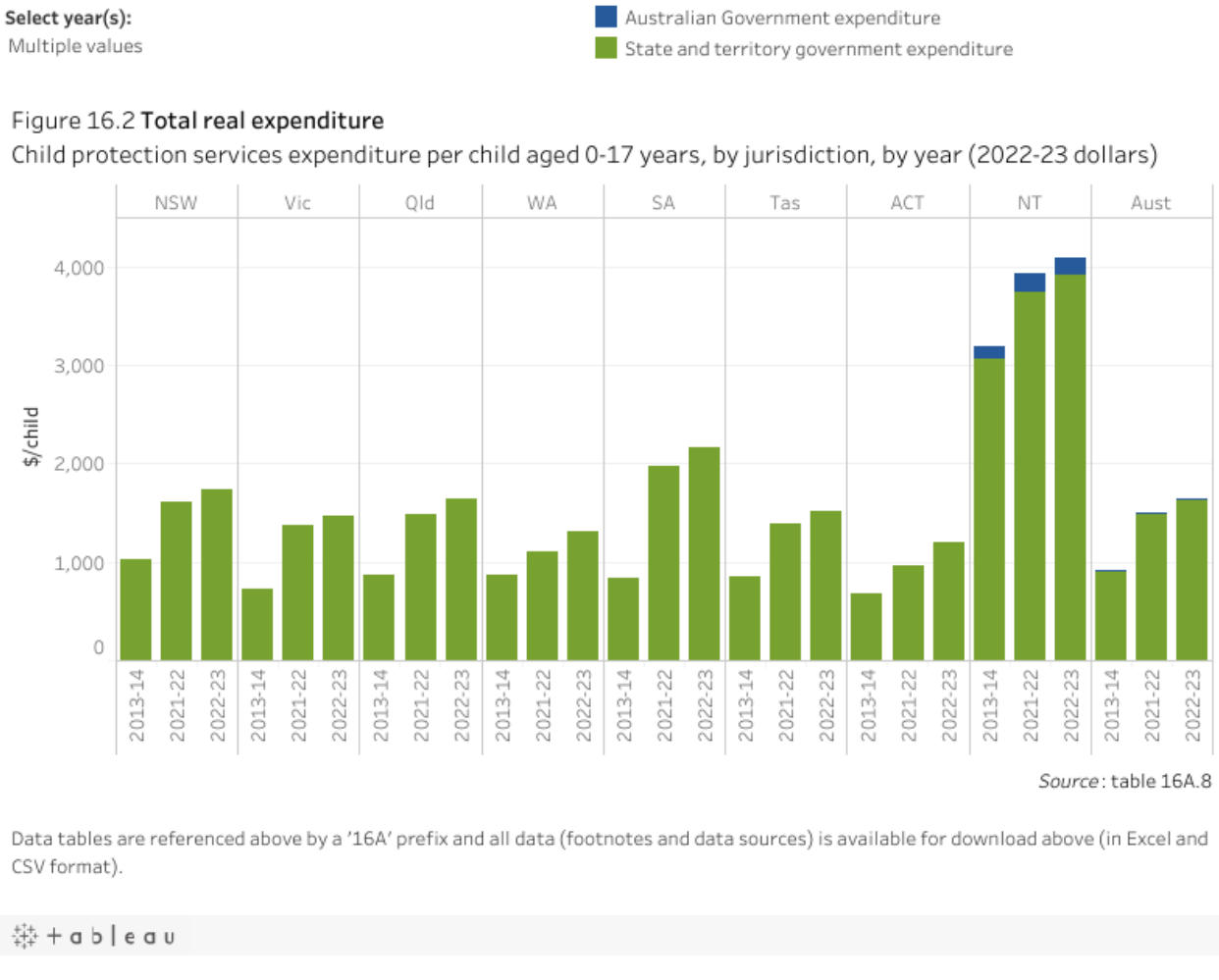


Figure 16.2 **Total real expenditure**
Child protection services expenditure per child aged 0-17 years, by jurisdiction, by year (2022-23 dollars)

Source: table 16A.8

Data tables are referenced above by a '16A' prefix and all data (footnotes and data sources) is available for download above (in Excel and CSV format).

Size and scope

Nationally, the following number of children aged 0–17 years received protective intervention services and out-of-home-care services during 2022-23 (also reported as a rate per 1,000 children in the population) (tables 16A.1–4):

- 292,173 children were the subject of *notifications*; 51.1 notifications per 1,000 children

- 105,209 children were the subject of a *finalised investigation*; 18.4 finalised investigations per 1,000 children
- 45,746 children were the subject of a *substantiation*; 8.0 substantiations per 1,000 children
- 60,592 children were on *care and protection orders* at 30 June 2023; 10.5 children on care and protection orders per 1,000 children
- 45,284 children were in *out-of-home care* at 30 June 2023, 7.9 per 1,000 children aged 0–17 years, with a further 10,533 children in *other supported placements* at 30 June 2023.
    - There were 55,774 children in out-of-home care at least once during 2022-23; with 10,956 children admitted to, and 11,201 discharged from, out-of-home care during this period. See 'Reporting on out-of-home care' (below) for information about the definition of out-of-home care used in this report.

Nationally in 2022-23, around four in ten notifications (38.1%) resulted in an investigation; the remaining notifications were dealt with by other means, such as providing advice or referral to services. The proportion of notifications dealt with by other means varied significantly across jurisdictions (table 16A.5).

Nationally in 2022-23, around one in four children (24.3%) admitted to a care and protection order had prior admissions to such orders, though this proportion varied across jurisdictions (table 16A.6). Nationally, at 30 June 2023, nearly all children (93.6%) in out-of-home care were on care and protection orders (table 16A.7).

Aboriginal and Torres Strait Islander children are overrepresented in the child protection system (tables 16A.1–2 and 16A.35). For further details see the performance indicator ‘Disproportionality’ under the 'Indicator Results' tab.

Population data on children aged 0–17 years by Aboriginal and Torres Strait Islander status from December 2013 to 2022 and June 2014 to 2023 is available in table 16A.42.

Reporting on out-of-home care

To improve the comparability of out-of-home care data, particularly regarding children on third-party parental responsibility orders, Children and Families Secretaries agreed in 2019 to narrow the scope of out-of-home care. The narrower scope is consistent with permanency reforms that consider children on third-party parental responsibility orders as having transitioned from out-of-home care into a permanent and stable arrangement.

For national reporting, out-of-home care is defined as overnight care for children aged less than 18 years who were unable to live with their families due to child safety concerns. This includes:

- placements approved by the department responsible for child protection for which there is both ongoing case management and financial payment (including where a financial payment has been offered but has been declined by the carer)
- legal (court ordered) and voluntary placements and placements made for the purposes of providing respite for parents or carers.

Data from 2018–19 onwards is reported according to the updated national definition. Other living arrangements that were previously included in the scope of out-of-home care are now reported as ‘other supported placements’. Supplementary data on the number of children in care according to

the previous definition (that is, out-of-home care or other supported placements) is reported in data tables (where available) until 2018–19.

Reporting against this narrower scope has resulted in some jurisdictions reporting fewer children in out-of-home care from 2018–19 onwards compared to earlier years. The most significant difference relates to the exclusion of children in third-party parental responsibility arrangements, although some jurisdictions were already excluding these children from national reporting on out-of-home care (Victoria from 2017–18, New South Wales from 2014–15, and Western Australia for all years).

Indicator framework

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of child protection services.

The performance indicator framework shows which data is complete and comparable in this report. For data that is not considered directly comparable, text includes relevant caveats and supporting commentary. Section 1 discusses data comparability and completeness from a report-wide perspective. In addition to the contextual information for this service area (see 'Context' tab), the report's statistical context (section 2) contains data that may assist in interpreting the performance indicators presented in this section.

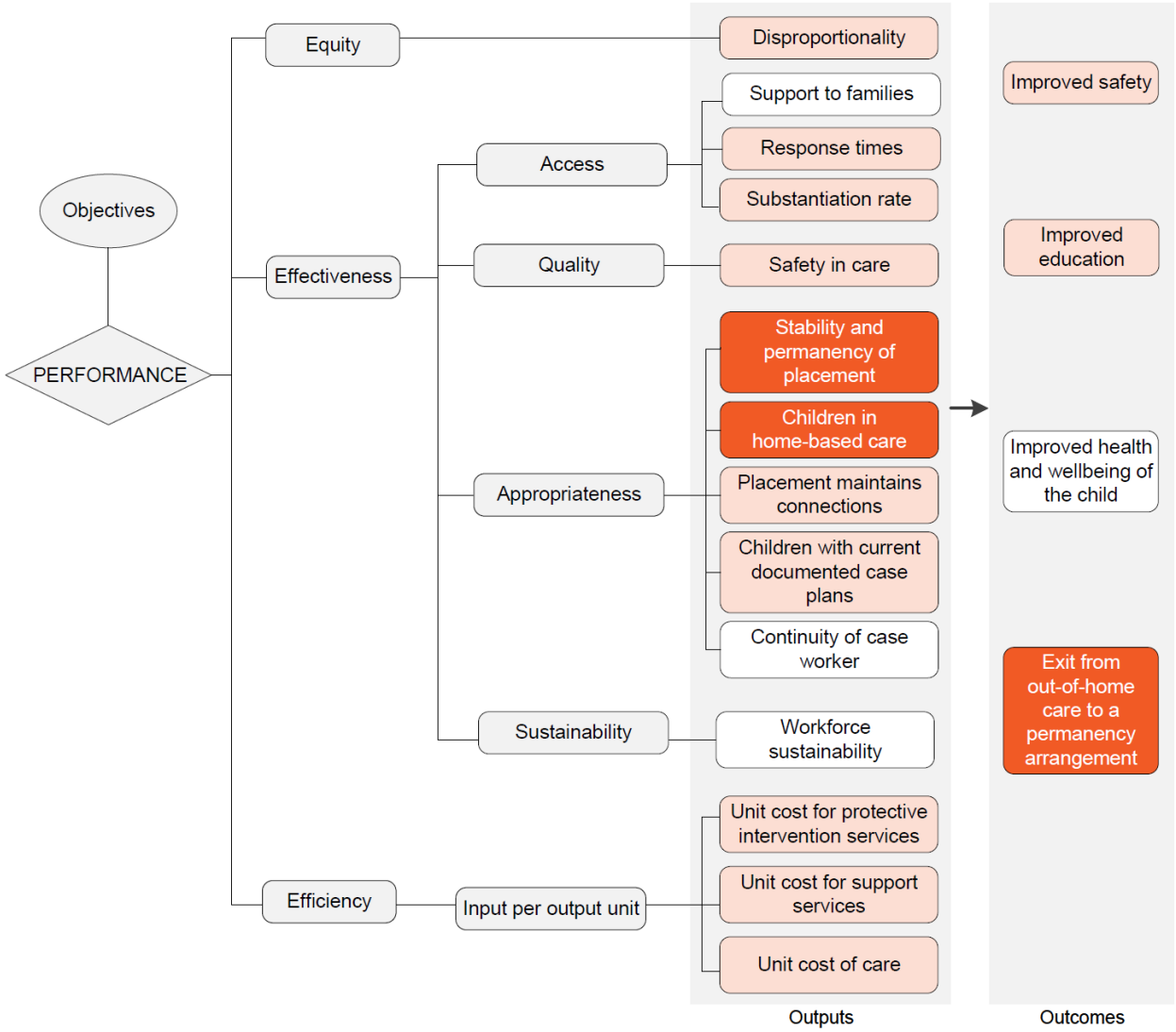
Improvements to performance reporting for child protection services are ongoing and include identifying data sources to fill gaps in reporting for performance indicators and measures, and improving the comparability and completeness of data.

Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (section 1). Output information is also critical for equitable, efficient and effective management of government services.

Outcomes

Outcomes are the impact of services on the status of an individual or group (section 1).



Text version of indicator framework

Performance – linked to Objectives

Outputs

Equity

- Disproportionality – most recent data for all measures is either not comparable and/or not complete

Effectiveness – Access

- Support to families – no data reported and/or no measures yet developed
- Response times – most recent data for all measures is either not comparable and/or not complete
- Substantiation rate – most recent data for all measures is either not comparable and/or not complete

Effectiveness – Quality

- Safety in care – most recent data for all measures is either not comparable and/or not complete

Effectiveness – Appropriateness

- Stability and permanency of placement – most recent data for all measures is comparable and complete
- Children in home-based care – most recent data for all measures is comparable and complete
- Placement maintains connections – most recent data for all measures is either not comparable and/or not complete
- Children with current documented case plans – most recent data for all measures is either not comparable and/or not complete
- Continuity of case worker – no data reported and/or no measures yet developed

Effectiveness – Sustainability

- Workforce sustainability – no data reported and/or no measures yet developed

Efficiency – Inputs per output unit

- Unit cost for protective intervention services – most recent data for all measures is either not comparable and/or not complete
- Unit cost for support services – most recent data for all measures is either not comparable and/or not complete
- Unit cost of care – most recent data for all measures is either not comparable and/or not complete

Outcomes

- Improved safety – most recent data for all measures is either not comparable and/or not complete
- Improved education – most recent data for all measures is either not comparable and/or not complete
- Improved health and wellbeing of the child – no data reported and/or no measures yet developed
- Exit from out-of-home care to a permanency arrangement – most recent data for all measures is comparable and complete

A description of the comparability and completeness is provided under the 'Indicator results' tab for each measure.

Indicator results

This section provides an overview of 'Child protection services' performance indicator results. Different delivery contexts, locations and types of clients can affect the equity, effectiveness and efficiency of child protection services.

Information to assist the interpretation of this data can be found with the indicators below and all data (footnotes and data sources) are available for download above as an excel spreadsheet and as a CSV dataset. Data tables are identified by a '16A' prefix (for example, table 16A.1).

Performance indicator results may differ from similar data included in jurisdictions' annual reports due to different counting rules applied for jurisdictional reports.

Specific data used in figures can be downloaded by clicking in the figure area, navigating to the bottom of the visualisation to the grey toolbar, clicking on the 'Download' icon and selecting 'Data' from the menu. Selecting 'PDF' or 'Powerpoint' from the 'Download' menu will download a static view of the performance indicator results.

1. Disproportionality

'Disproportionality' is an indicator of governments' objective to provide child protection services in an equitable manner.

'Disproportionality' is defined as the extent to which a group's representation in the child protection services system is proportionate to their representation in the child protection services target population (0-17 years).

The disproportionality ratio for Aboriginal and Torres Strait Islander children is calculated by dividing the proportion of children in the child protection system who are Aboriginal and Torres Strait Islander by the proportion of children in the target population who are Aboriginal and Torres Strait Islander.

The disproportionality ratio for Aboriginal and Torres Strait Islander children is calculated as follows:

$$Ratio = \left(\frac{\text{Aboriginal and Torres Strait Islander children in the child protection system}}{\text{All children in the child protection system}} \right) / \left(\frac{\text{Aboriginal and Torres Strait Islander children in the target population [0–17 years]}}{\text{All children in the target population [0–17 years]}} \right)$$

If a group's representation is proportionate to their representation in the target population, the disproportionality ratio will equal 1.0. For example, if 6% of all children in the child protection system are Aboriginal and Torres Strait Islander and 6% of all children in the target population (0–17 years) are Aboriginal and Torres Strait Islander, then the disproportionality ratio will be 1.0.

Another example is if 10% of all children in the child protection system are Aboriginal and Torres Strait Islander, but only 6% of all children in the target population (0–17 years) are Aboriginal and Torres Strait Islander, the disproportionality ratio is 1.7 (10% divided by 6%). In this example, Aboriginal and Torres Strait Islander children are 1.7 times as likely to be represented in the child protection system relative to their representation in the target population.

This measure comprises six disproportionality ratios for components of the child protection services system (figure 16.1 includes a simplified representation of the components):

- notifications
- commencing intensive family support services
- investigations
- substantiations

- care and protection orders
- out-of-home care.

Disproportionality provides an indication of the extent to which Aboriginal and Torres Strait Islander children are overrepresented in child protection services. Some of this overrepresentation may be a result of child protection policies and practices providing different supports and services based on need.

A group's representation should be proportional to their need for supports and services. Higher need may result in necessary disproportionality (that is, a ratio greater than 1.0). If risk factors and need are the same across groups, then neither overrepresentation nor underrepresentation is desirable (that is, the disproportionality ratio should be 1.0). Both overrepresentation and underrepresentation can have undesirable consequences.

Disproportionality can reflect uneven distribution of structural and relative disadvantage across the population and other social and economic risk factors indicating a greater need for appropriate supports and services. Disproportionality can also reflect biases in the system that should be avoided.

Disproportionality ratios might fluctuate because of policy, funding and/or practice changes, such as increased investment in intensive family support and services to divert children from care, better targeting of investigative resources and the introduction of mandatory reporting. Increased community awareness and willingness to notify suspected instances of child abuse, neglect or harm can also influence these ratios.

Disproportionality ratios should be considered in conjunction with data on the proportion of children for whom Aboriginal and Torres Strait Islander status is not stated, which varies across states and territories (refer to tables 16A.1–3 and 16A.35). Disproportionality ratios might understate Aboriginal and Torres Strait Islander children's disproportionality in the child protection system where there are high rates of children of unknown or not stated Aboriginal and Torres Strait Islander status. To assist with the interpretation of this indicator, table 16A.42 details the population of children aged 0–17 years by Indigenous status.

> The 2022-23 disproportionality ratios for Aboriginal and Torres Strait Islander children varied within and across jurisdictions for each component of the child protection system (figure 16.3 and table 16A.9). Across all jurisdictions in 2022-23, Aboriginal and Torres Strait Islander children were between two and eight times more likely to be subjects of substantiations compared to their relative proportion in the population aged 0–17 years (nationally 6% of children aged 0–17 years are Aboriginal and Torres Strait Islander people; refer to table 16A.42).

Data is not comparable across jurisdictions but is comparable (subject to caveats) within jurisdictions over time (see caveats in data tables).

Data is not complete for the current reporting period. All required 2022-23 data for intensive family support services is not available for Tasmania and the Northern Territory.

Select year: 2022-23

Figure 16.3 **Disproportionality ratios for Aboriginal and Torres Strait Islander children**

Source: Table 16A.9

Ntfns: Notifications; **IFSS**: Intensive Family Support Services (children commencing); **Invns**: Investigations (finalised); **Subns**: Substantiations; **C&P**: Care and Protection Orders; **OOHC**: Out-of-home care.

(a) Data is not available for IFSS for some jurisdictions for some years, refer to data tables for more information. (b) Data is not available for investigations and substantiations for NSW for 2017-18.

2. Support to families

‘Support to families’ is an indicator of governments’ objective to support and strengthen families so that children can live in a safe and stable family environment.

‘Support to families’ is defined as the proportion of families identified as requiring support who receive support.

High or increasing proportions of families who have been identified as requiring support and who receive support is desirable.

Data is not yet available for reporting against this indicator.

3. Response times

‘Response times’ is an indicator of governments’ objective to provide child protection services that are responsive, ensuring that notifications are responded to, and investigations are completed, in a timely and appropriate manner.

‘Response times’ is defined by three measures:

- response time to *commence* an investigation from the *notification* date. This is defined as the proportion of investigations commenced within specified time periods, where the length of time (measured in days) between the date a child protection department records a notification and the date an investigation is subsequently commenced
- response time to *complete* an investigation from the *notification* date. This is defined as the proportion of investigations completed within specified time periods, where the length of time (measured in days) between the date a child protection department records a notification and the date an investigation is completed (that is, the date an investigation outcome is determined).
- response time to *complete* an investigation from the *commencement* date. This is defined as the proportion of investigations completed within specified time periods, where the length of time (measured in days) between the date a child protection department commences an investigation, and the date an investigation is completed (that is, the date an investigation outcome is determined).

High and increasing proportions of investigations commenced and completed in shorter periods is desirable.

The length of time between recording a notification and commencing an investigation indicates the promptness in responding to child protection concerns. The length of time between recording a notification and completing an investigation, and between commencing and completing an investigation, indicates the effectiveness of responding to and conducting investigations in a timely manner.

> Nationally (excluding Tasmania) in 2022-23, 52.5% of investigations commenced within seven days of a notification being recorded (the lowest proportion over the 10 years of reported data) (figure 16.4a and table 16A.10). Response times varied across jurisdictions.

Data is not comparable across jurisdictions or within some jurisdictions over time (see caveats in data tables).

Data is not complete for the current reporting period. All required 2022-23 data is not published for Tasmania.

Select year(s)
(applies to all figures):
Multiple values

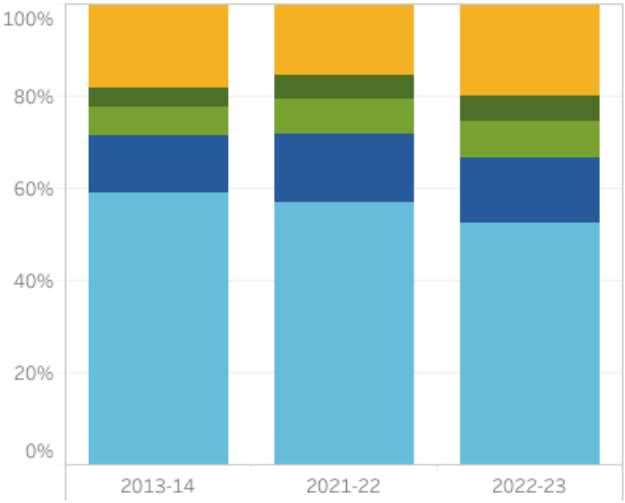
Select jurisdiction
(applies to figure 16.4b):
NSW

29 days or more
22 to 28 days
15 to 21 days
8 to 14 days
Up to 7 days

Figure 16.4 Measure 1: **Investigations commenced from the notification date**

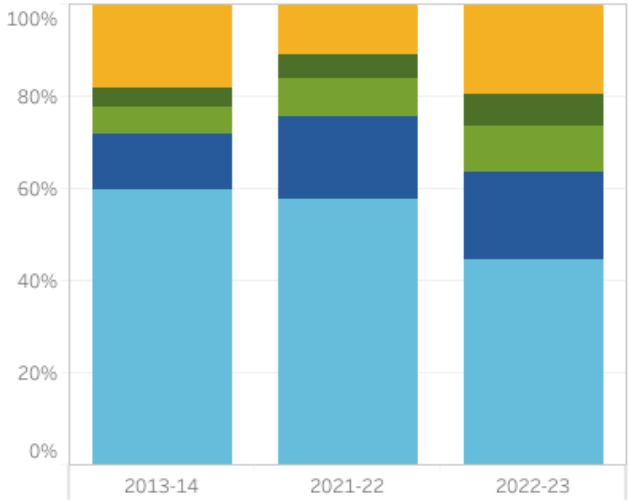
..

Figure 16.4a ***Aust***



Source: table 16A.10

Figure 16.4b ***NSW***



Source: table 16A.10

(a) Data for NSW was not available for 2017-18. (b) Data for Tasmania is not published for 2022-23, refer to data tables for more informati..

Nationally (excluding Tasmania) in 2022-23, 16.4% of investigations were completed from the notification date in 28 days or fewer (the lowest proportion over the 10 years of reported data) and almost one in three investigations (31.0%) took longer than 90 days to complete (figure 16.4c and table 16A.11). Response times varied across jurisdictions.

Data is not comparable across jurisdictions or within some jurisdictions over time (see caveats in data tables).

Data is not complete for the current reporting period. All required 2022-23 data is not published for Tasmania.

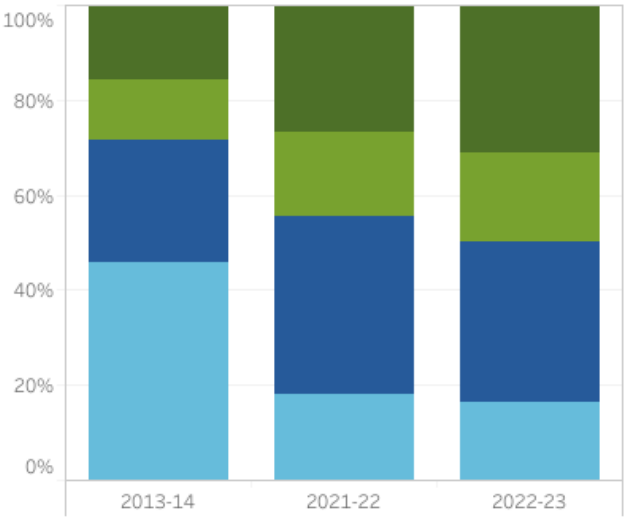
Select year(s)
(applies to all figures):
Multiple values

Select jurisdiction
(applies to figure 16.4d):
NSW

More than 90 days
63 to 90 days
29 to 62 days
28 days or fewer

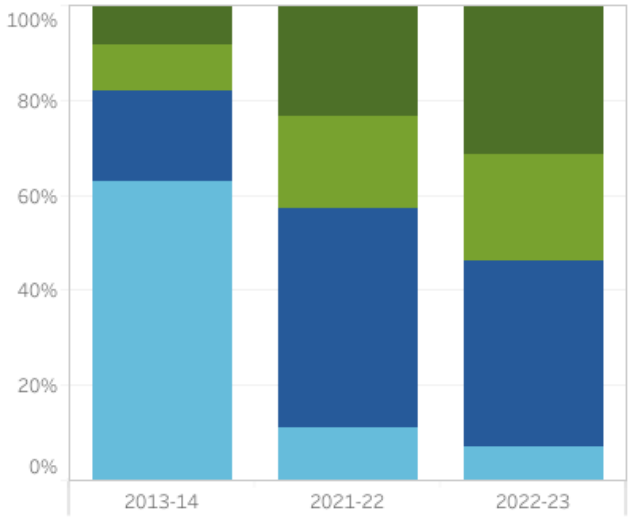
Figure 16.4 Measure 2: **Investigations completed from the notification date**
By length of time (a), (b)

Figure 16.4c ***Aust***



Source: table 16A.11

Figure 16.4d ***NSW***



Source: table 16A.11

(a) Data for NSW was not available for 2017-18. (b) Data for Tasmania is not published for 2022-23, refer to data tables for more informati..

tableau

Nationally in 2022-23, 27.7% of investigations were completed from the commencement date in 28 days or fewer and 20.8% took more than 90 days to complete (figure 16.4e and table 16A.12). Response times varied across jurisdictions.

Data is not comparable across jurisdictions or within some jurisdictions over time (see caveats in data tables).

Data is complete (subject to caveats) for the current reporting period.

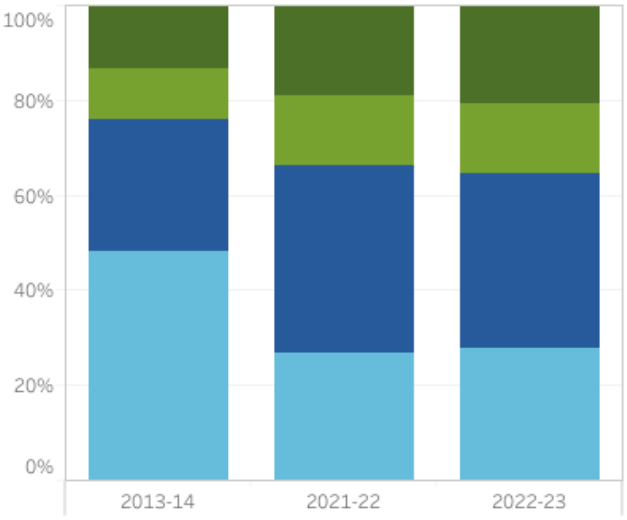
Select year(s)
(applies to all figures):
Multiple values

Select jurisdiction
(applies to figure 16.4f):
NSW

More than 90 days
63 to 90 days
29 to 62 days
28 days or fewer

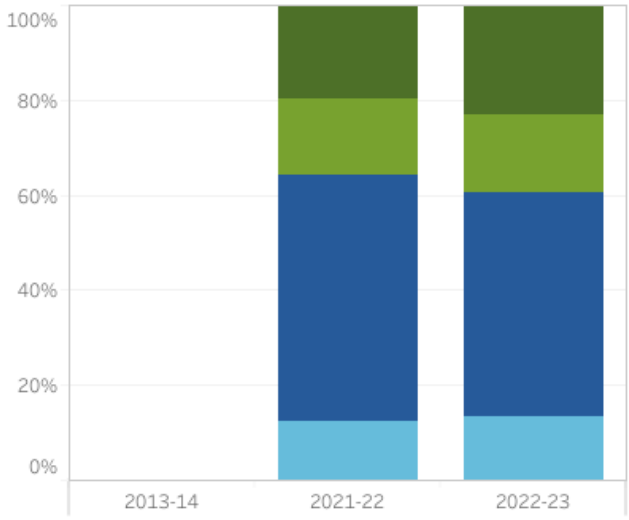
Figure 16.4 Measure 3: **Investigations completed from the commencement date**
By length of time (a)

Figure 16.4e ***Aust***



Source: table 16A.12

Figure 16.4f ***NSW***



Source: table 16A.12

(a) Data for NSW was not available prior to 2021-22.

4. Substantiation rate

'Substantiation rate' is an indicator of governments' objective that child protection services are targeted to children and young people who are at greatest risk.

'Substantiation rate' is defined as the proportion of finalised investigations where abuse or neglect, or risk of abuse or neglect, was confirmed.

The substantiation rate provides an indication of the extent to which services are targeted to those at greatest risk, thereby avoiding the human and financial costs of an investigation where no abuse or neglect had occurred or was at risk of occurring.

It is difficult to determine a target substantiation rate. A very low substantiation rate might indicate that investigations are not directed to appropriate cases. A very high substantiation rate might indicate that the criteria for substantiation are unnecessarily bringing 'lower risk' families into the statutory system. Substantiation rates should be monitored over time to observe and respond to trends.

Substantiation rates might fluctuate because of policy, funding and practice changes. For example, targeting investigative resources to more serious cases may mean investigations are more likely to result in substantiation, and there are varying thresholds for recording a substantiation. Mandatory reporting, increased community awareness and willingness to notify suspected instances of child abuse, neglect or harm may also affect the substantiation rate.

Nationally in 2022-23, nearly half (44.1%) of all finalised investigations were substantiated for abuse or neglect, or risk of abuse or neglect (figure 16.5 and table 16A.13). The substantiation rate varied across jurisdictions and over time.

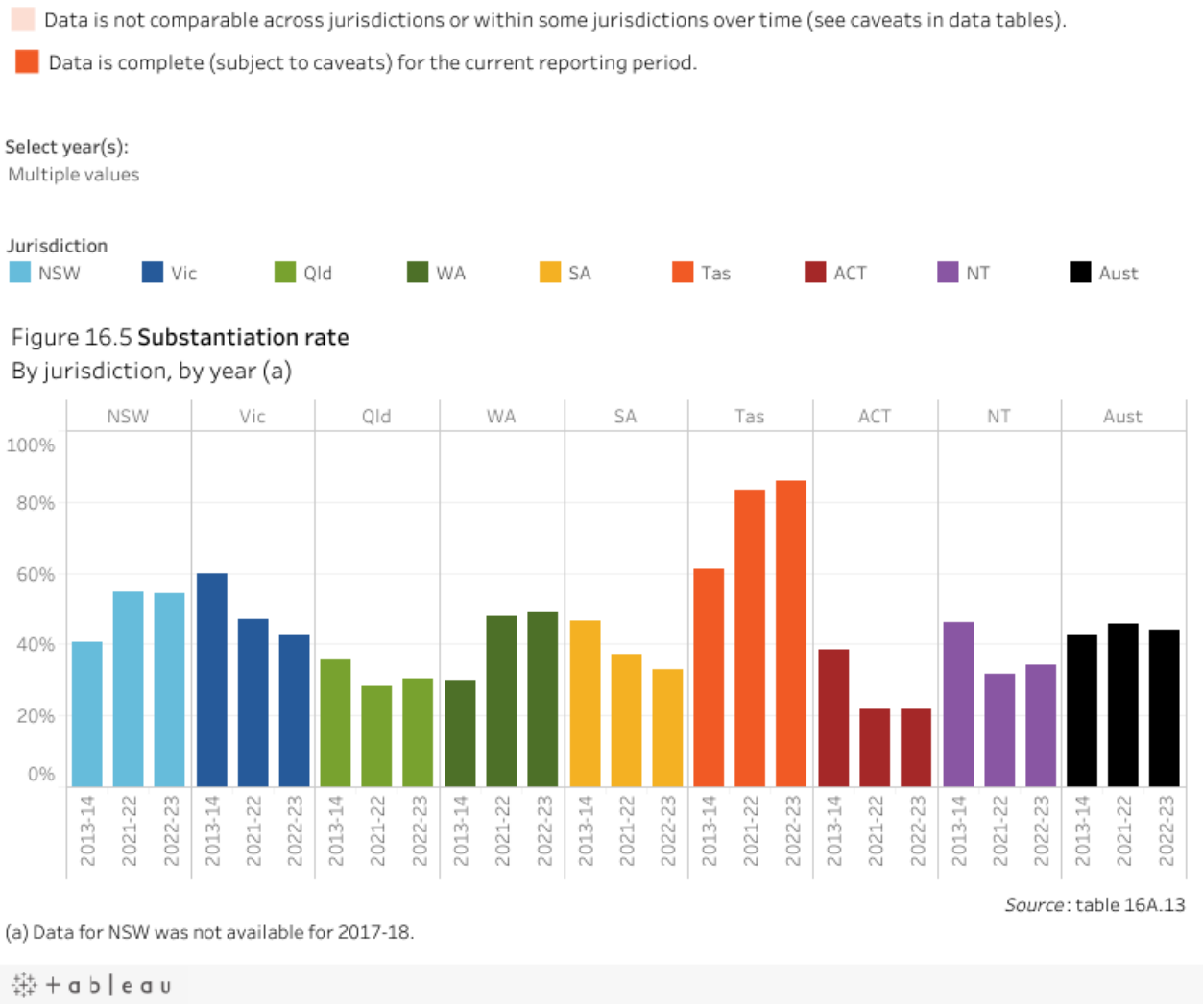


Figure 16.5 **Substantiation rate**
By jurisdiction, by year (a)

Source: table 16A.13

(a) Data for NSW was not available for 2017-18.

5. Safety in care

'Safety in care' is an indicator of governments' objective to provide quality care for children and young people aged 0–17 years who cannot live with their parents for reasons of safety or family crisis, with an emphasis on safety, stability and permanency in children's living arrangements.

'Safety in care' covers children in out-of-home care and children in other supported placements, and is defined by two measures:

- the proportion of children in care who were the subject of a substantiation of sexual abuse, physical abuse, emotional abuse or neglect
- the proportion of children in care who were the subject of a substantiation of sexual abuse, physical abuse, emotional abuse or neglect where the person responsible was living in the household providing out-of-home care.

For the first measure, the person responsible can be anyone who encounters the child while the child is in out-of-home care or other supported placements (that is, not limited to a person living in the household). For the second measure, the person responsible is limited to someone in the household providing out-of-home care or other supported placements.

Zero or decreasing proportions of substantiations for both measures is desirable. Care should be taken when interpreting this data as the threshold for substantiating abuse or neglect or risk involving a child in care is generally lower than that for a child in the care of his or her parents. This is because governments assume a greater duty of care for children removed from the care of their parents for protective reasons.

Data reported for this indicator should be interpreted with caution. Jurisdictions employ different data systems and record keeping methods, which vary in scope (for example, whether data is collected on all, or only particular, care settings) and detail collected (for example, whether the perpetrator is recorded and whether an incident resulted in a substantiation or equivalent). These differences affect the comparability of this data across jurisdictions.

> In 2022-23, the proportion of children in care who were the subject of a substantiation of abuse or neglect was between 0.1% and 4.6% across all jurisdictions (table 16.2a and table 16A.14).

Data is not comparable across jurisdictions or within some jurisdictions over time (see caveats in data tables).

Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Table 16.2a Measure 1: **Children in care who were the subject of a substantiation of sexual abuse, physical abuse, emotional abuse or neglect**
By jurisdiction, by year (a), (b)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
2022-23	%	4.6	3.1	1.5	2.6	3.1	0.1	0.7	4.3
2021-22	%	4.8	na	1.2	2.2	2.9	0.8	1.2	1.8
2013-14	%	na	na	1.6	1.3	0.7	0.4	3.7	1.7

Source: table 16A.14
na Not available.
(a) Data for Victoria was not available prior to 2022-23 and for NSW was not available prior to 2016-17. (b) Data for Victoria only relates to substantiations for children in out-of-home care that are classified as 'staff to client' and 'client to client'.

In 2022-23, the proportion of children in care who were the subject of a substantiation of abuse or neglect where the person responsible was living in the household providing out-of-home care was between zero and 3.3% across all jurisdictions where data was available (table 16.2b and table 16A.15).

Data is not comparable across jurisdictions or within some jurisdictions over time (see caveats in data tables).

Data is not complete for the current reporting period. All required 2022-23 data is not available for Queensland and the Northern Territory.

Select year(s):
Multiple values

Table 16.2b Measure 2: **Children in care who were the subject of a substantiation and the person responsible was in the household providing out-of-home care**
By jurisdiction, by year (a)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
2022-23	%	3.3	1.6	na	–	0.8	0.1	0.1	na
2021-22	%	3.1	1.9	na	–	0.6	0.5	1.0	na
2013-14	%	0.3	1.1	na	0.2	0.4	na	2.6	na

Source: table 16A.15

na Not available. – Nil or rounded to zero.

(a) All required data is not available for Queensland and the NT. Data for Tasmania was not available prior to 2018-19.

tableau

6. Stability and permanency of placement

'Stability and permanency of placement' is a partial indicator of governments' objective to provide quality care for children and young people aged 0–17 years who cannot live with their parents for reasons of safety or family crisis, with an emphasis on safety, stability and permanency in children's living arrangements.

'Stability and permanency of placement' is defined by two measures:

- the proportion of children on an order exiting out-of-home care who had one or two placements during a period of continuous out-of-home care, by length of care (less than 12 months and 12 months or more)
- the proportion of children in out-of-home care for two or more years who had one or two placements in the past two years.

High proportions of children exiting out-of-home care, or who have been in out-of-home care for two or more years, who had one or two placements, is desirable. However, this indicator should be

considered in conjunction with other placement indicators. Children can have multiple placements for appropriate reasons, for example:

- an initial placement followed by a longer-term placement
- placement change to achieve better compatibility between a child and family
- placement change to achieve a permanent care arrangement.

It is not desirable for a child to stay in an unsatisfactory or unsupportive placement. In addition, older children are more likely to have multiple placements as they move towards independence and voluntarily seek alternate placements. Children who have been in out-of-home care for a long period are more likely to have multiple placements as they transition to a permanent care arrangement once it has been determined that they cannot live with their parents.

Data for children exiting out-of-home care is only for children who were on orders and who exited out-of-home care during the reporting period. There are limitations to counting placement stability and permanency using a cohort of children on exit from care rather than longitudinally tracking a cohort of children from their entry into care. An exit cohort is biased to children who stay a relatively short time in care and thus are more likely to have experienced fewer placements. The data for children exiting out-of-home care does not distinguish between long- and short-term orders; long-term orders can indicate legal permanency of placement, though a child may still experience multiple placements.

> Nationally (excluding the Australian Capital Territory and Tasmania) in 2022-23, of children on a care and protection order who exited out-of-home care within 12 months, 87.9% experienced one or two placements (figure 16.6a and table 16A.16). Nationally in 2022-23, for children who had been in out-of-home care 12 months or more, the proportion was 51.4%. To assist with the interpretation of this indicator, table 16A.17 details the length of time children spent in continuous out-of-home care for all children in out-of-home care, while table 16A.19 details the length of time in continuous out-of-home care for children who exited out-of-home care.

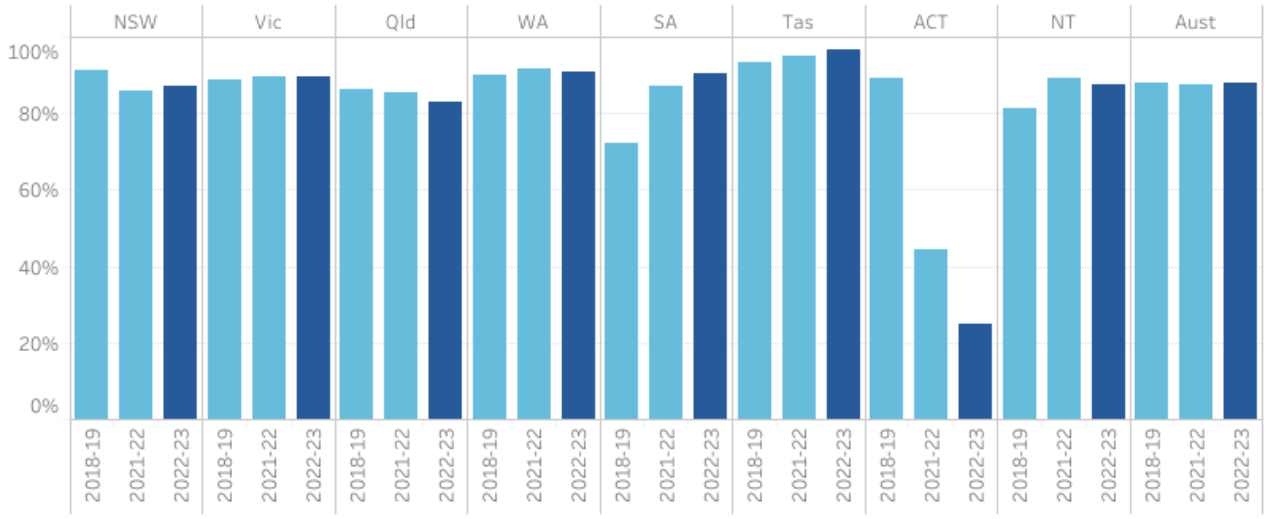
Data is comparable (subject to caveats) across jurisdictions and over time (from 2018-19 onwards).

Data is complete (subject to caveats) for the current reporting period.

Select length of care:
(●) Less than 12 months in care
( ) 12 months or more in care

Select year(s):
Multiple values

Figure 16.6a Measure 1: **Children exiting out-of-home care who had one or two placements**
Children on a care and protection order, 0-17 years old, Less than 12 months in care, by jurisdiction, by year (a)



Source: table 16A.16

(a) Australian totals for 'less than 12 months in care' exclude Tasmania from 2019-20 onwards and the ACT for 2022-23 due to small-number suppression policies applied by these jurisdictions (refer to data tables for further information).

Nationally in 2022-23, 87.5% of children who have been in out-of-home care for two years or more have had one or two placements in the past two years (figure 16.6b and table 16A.18).

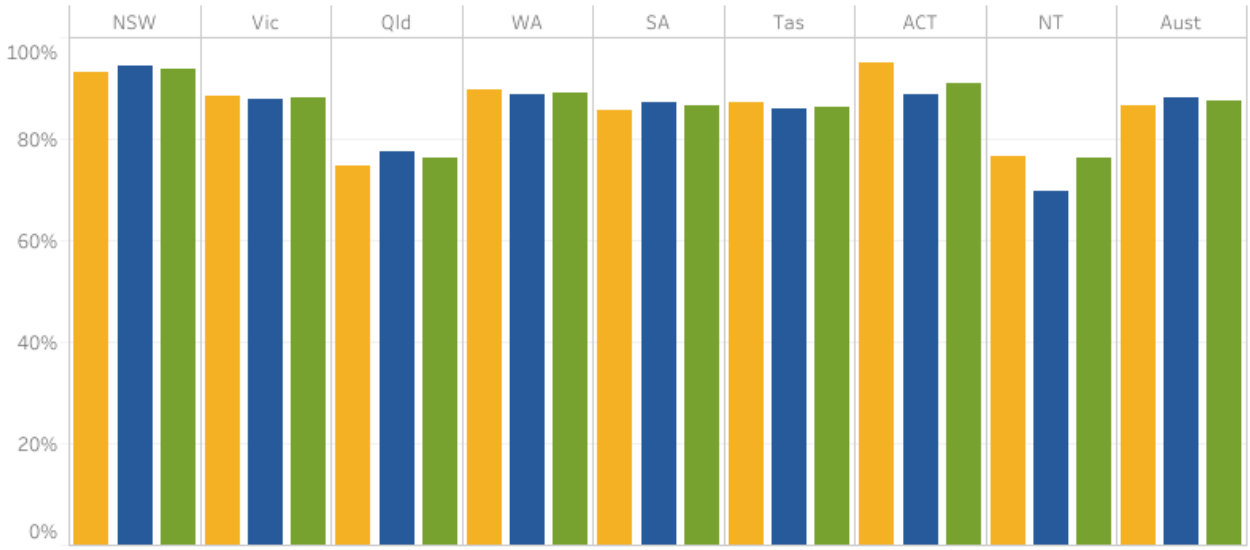
Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year:
2023

Aboriginal and Torres Strait Islander people
Non-Indigenous people
All people

Figure 16.6b Measure 2: **Children in out of home care who had 1-2 placements in the last two years**
Children in care at 30 June, 2-17 years old, by jurisdiction, by Indigenous status, 2023



Source: table 16A.18

7. Children in home-based care

'Children in home-based care' is an indicator of governments' objective to provide services that meet the needs of children and young people in the child protection system.

'Children in home-based care' is defined as the proportion of children in out-of-home care who are in home-based care.

A high or increasing proportion of children in out-of-home care who are placed in home-based care is desirable.

Placing children in home-based care is generally considered to be in their best interests, particularly for younger children. Children will generally make better developmental progress in family settings than in residential or institutional care environments.

> Nationally at 30 June 2023, 89.3% of children in out-of-home care were in home-based care — 95.7% for children aged less than 12 years, and 78.7% for children aged 12–17 years (figure 16.7). Nationally, proportions were similar for Aboriginal and Torres Strait Islander children and non-Indigenous children (table 16A.20). To assist with interpretation of this indicator, table 16A.21 provides information on placement type by Aboriginal and Torres Strait Islander status.

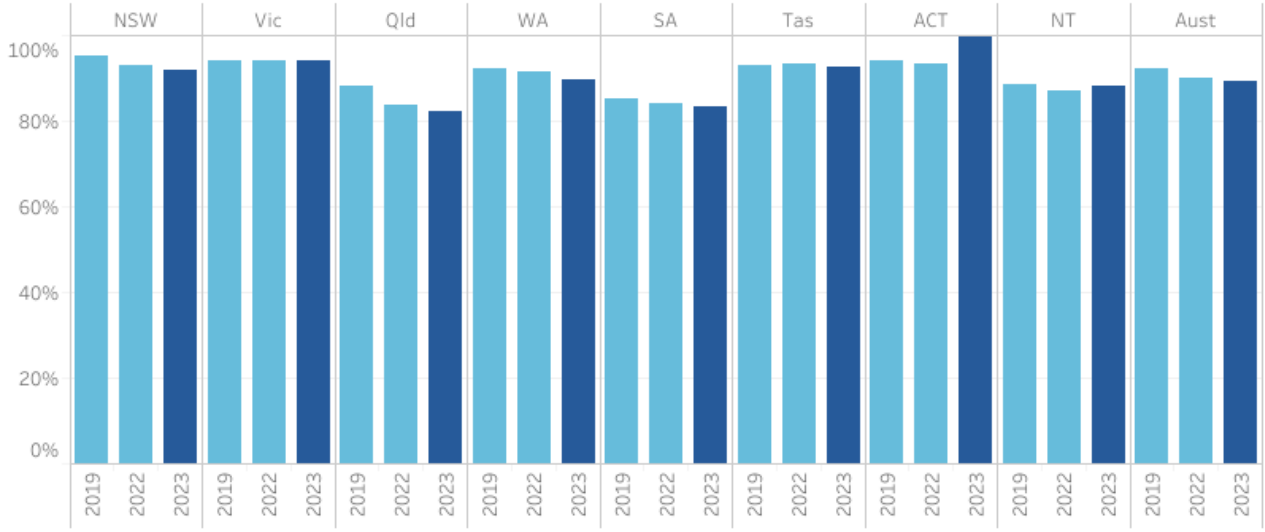
Data is comparable (subject to caveats) across jurisdictions and over time (from 2019 onwards).

Data is complete (subject to caveats) for the current reporting period.

Select age group:
(●) 0-17 years old
( ) 12-17 years old
( ) <12 years old

Select year(s):
Multiple values

Figure 16.7 **Children in out-of-home care and in a home-based placement at 30 June**
0-17 years old, by jurisdiction, by year



Source: table 16A.20

+ableau

8. Placement maintains connections

'Placement maintains connections' is an indicator of governments' objective to provide services that meet the needs of children and young people in the child protection system.

'Placement maintains connections' is defined by four measures:

- placement with relatives or kin – the proportion of all children in out-of-home care placed with relatives or kin who receive government financial assistance to care for that child
- placement in accordance with the Aboriginal and Torres Strait Islander child placement principle – the proportion of Aboriginal and Torres Strait Islander children aged 0–17 years in out-of-home care at 30 June who were living with Aboriginal and Torres Strait Islander or non-Indigenous relatives or kin, or other Aboriginal and Torres Strait Islander carers
- local placement – the proportion of children in out-of-home care attending the same school that they attended before entering out-of-home care
- placement with sibling – the proportion of children on orders and in out-of-home care at 30 June who have siblings also on orders and in out-of-home care and are placed with at least one of their siblings.

High or increasing rates for all four measures are desirable. A placement decision needs to consider many factors relating to a child's safety and wellbeing and might involve weighing up a range of

options. At times, placement with family, kin and/or community may not be possible. Nevertheless, for Aboriginal and Torres Strait Islander children, placements that maintain and strengthen connections with family, culture and country are preferred to nurture and support a child's wellbeing, spirituality and identity.

The measure 'placement in accordance with the Aboriginal and Torres Strait Islander child placement principle' should be interpreted with care as it is a proxy, reporting the placement outcomes of Aboriginal and Torres Strait Islander children rather than compliance with the principle.

Identification of Aboriginal and Torres Strait Islander status may lead to data quality issues for this indicator, in particular, high rates of unknown or not stated status are likely to affect results.

Data for measure 3 'local placement' and measure 4 'placement with sibling' is under development and is not available for this report.

> Nationally at 30 June 2023, the proportion of children in out-of-home care who were placed with relatives or kin was 54.7%, slightly lower for Aboriginal and Torres Strait Islander children (54.2%) compared to non-Indigenous children (55.0%) (figure 16.8a and table 16A.22).

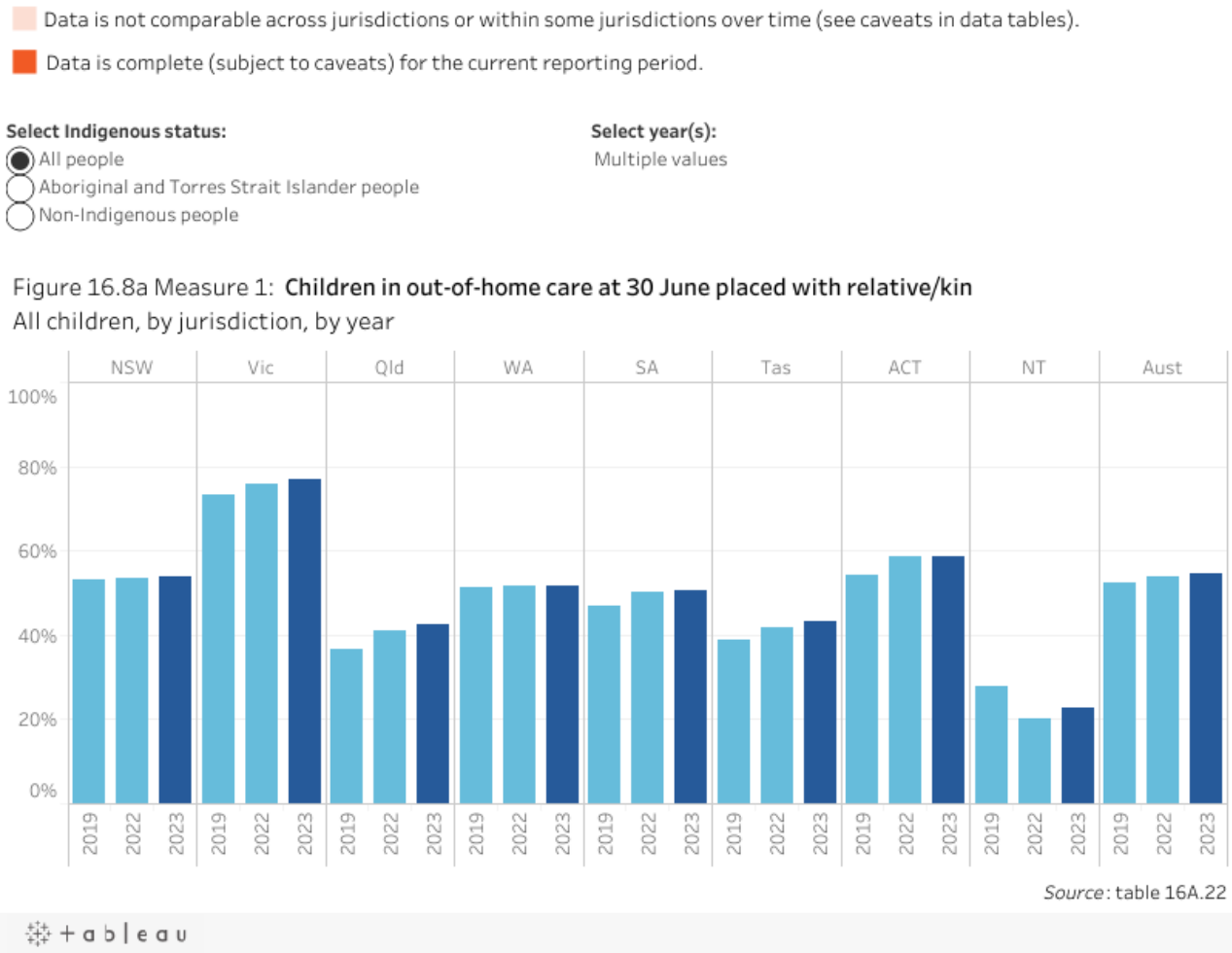


Figure 16.8a Measure 1: **Children in out-of-home care at 30 June placed with relative/kin**
All children, by jurisdiction, by year

The Aboriginal and Torres Strait Islander child placement principle comprises five core elements: prevention, partnership, placement, participation and connection (SNAICC 2018; DSS 2021). The placement element sets a hierarchy of preferred options for caregivers of Aboriginal and Torres Strait Islander children in out-of-home care. It is designed to ensure the highest possible level of connection to family, community, culture and country is maintained for an Aboriginal and Torres Strait Islander child in care.

The placement hierarchy is:

- with Aboriginal or Torres Strait Islander or non-Indigenous relatives or extended family members (kin), or other relatives and family members
- with Aboriginal and Torres Strait Islander members of the child's community
- with Aboriginal and Torres Strait Islander family-based carers.

If the above options are not available, the child may be placed in another care arrangement (such as with a non-Indigenous carer or in a residential setting).

If a child is not placed with his or her extended Aboriginal or Torres Strait Islander family, the placement must be within close geographic proximity to a child's family (such as Aboriginal or Torres Strait Islander or non-Indigenous relatives or extended family members (kin)).

All jurisdictions have adopted the Aboriginal and Torres Strait Islander child placement principle in legislation and policy.

> Nationally at 30 June 2023, 63.2% of Aboriginal and Torres Strait Islander children in out-of-home care were placed either with relatives/kin (54.3%) or with Aboriginal and Torres Strait Islander family-based carers (8.9%) (figure 16.8b and table 16A.23).

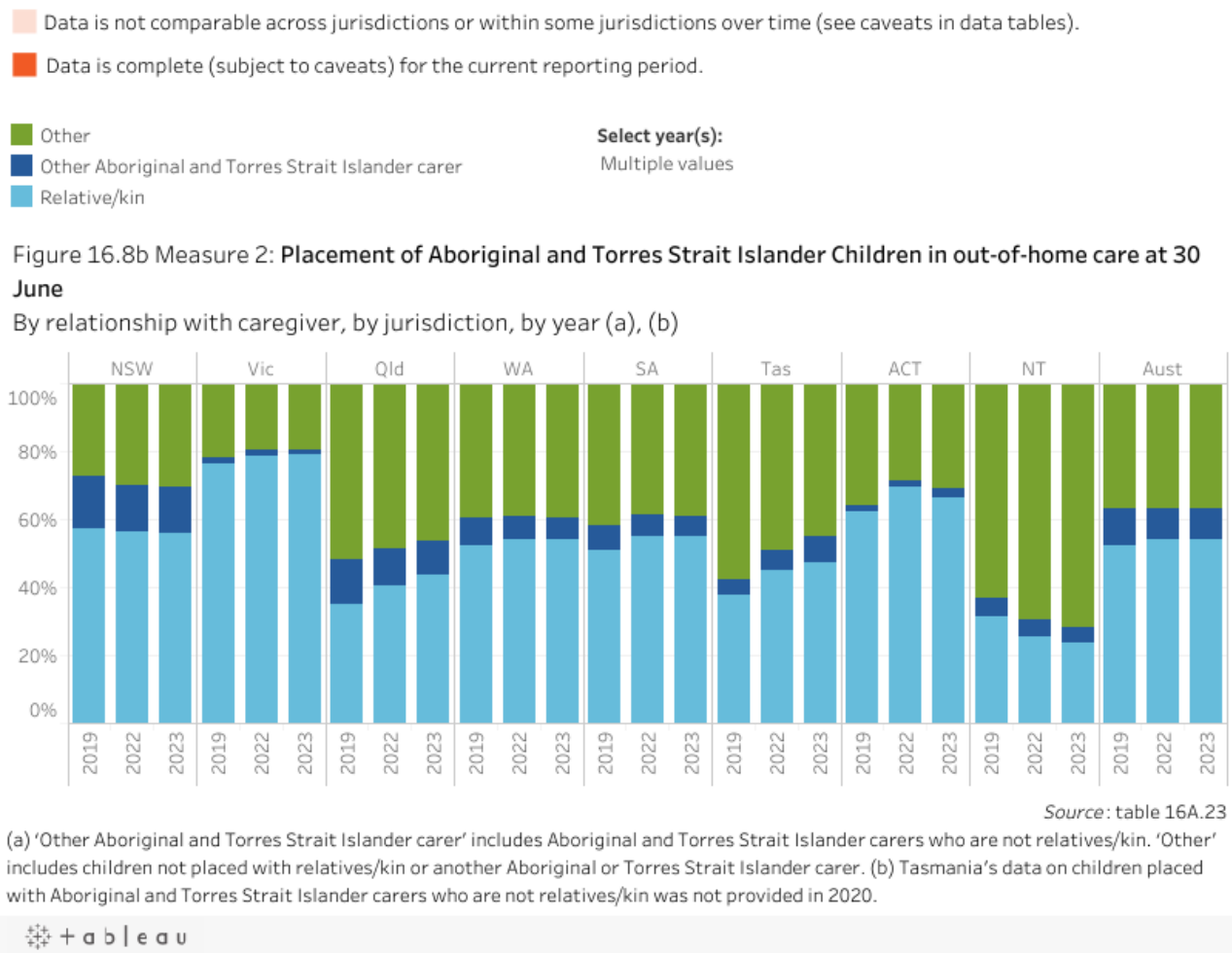


Figure 16.8b Measure 2: **Placement of Aboriginal and Torres Strait Islander Children in out-of-home care at 30 June**
By relationship with caregiver, by jurisdiction, by year (a), (b)

Source: table 16A.23

(a) 'Other Aboriginal and Torres Strait Islander carer' includes Aboriginal and Torres Strait Islander carers who are not relatives/kin. 'Other' includes children not placed with relatives/kin or another Aboriginal or Torres Strait Islander carer. (b) Tasmania's data on children placed with Aboriginal and Torres Strait Islander carers who are not relatives/kin was not provided in 2020.

9. Children with current documented case plans

‘Children with current documented case plans’ is an indicator of governments’ objective to provide services that meet the needs of individual children and young people in the child protection system.

‘Children with current documented case plans’ is defined as the number of children who have a current documented and approved case plan as a proportion of all children who are required to have a current documented and approved case plan.

A case plan is an individualised, dynamic written plan (or support agreement) developed between a family and an agency based on an assessment process. A current documented case plan is one that has been approved and/or reviewed within the previous 12 months.

A high or increasing rate of children with current documented case plans is desirable.

The indicator does not assess the quality of case plans, nor the extent to which identified needs and actions are put into place. These factors should be taken into account when considering the results reported for this indicator.

> Nationally at 30 June 2023, 89.3% of children required to have a current documented and approved case plan, had such a plan (figure 16.9 and table 16A.24).

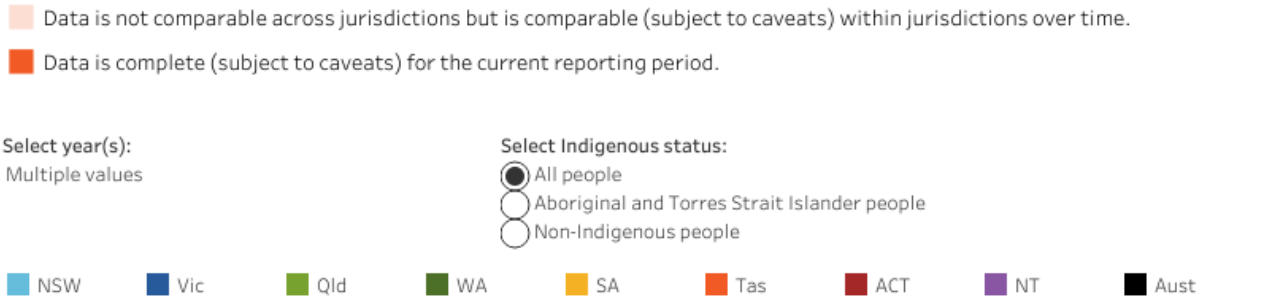
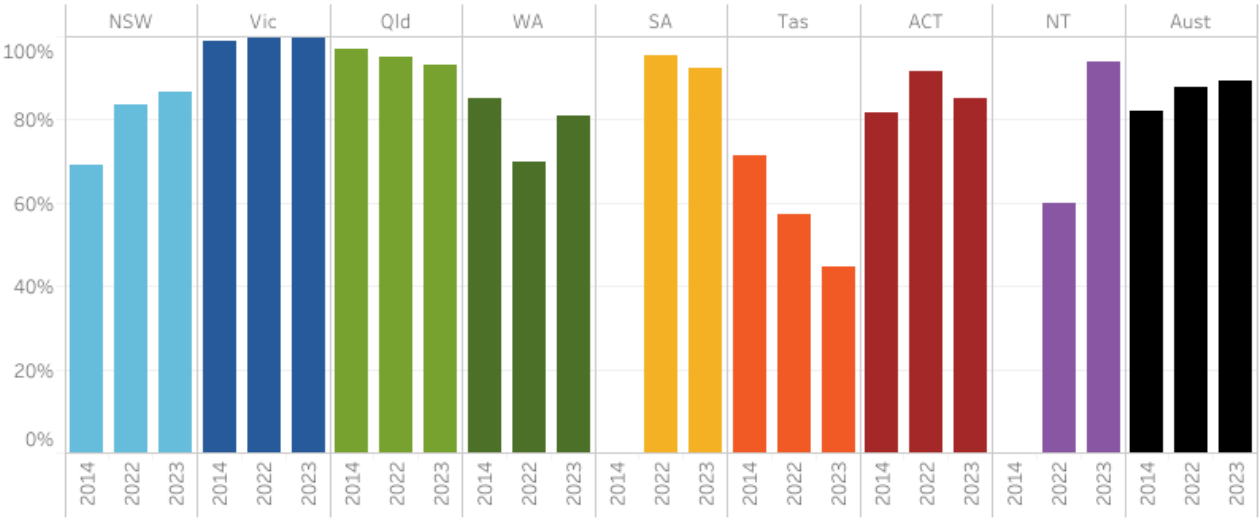


Figure 16.9 **Children with a current documented case plan, at 30 June**
All children, by jurisdiction, by year (a)



Source: table 16A.24

(a) Refer to data tables for information on non-publication of data for individual jurisdictions.

10. Continuity of case worker

‘Continuity of case worker’ is an indicator of governments’ objective to provide quality care for children and young people aged 0–17 years who cannot live with their parents for reasons of safety or family crisis, with an emphasis on safety, stability and permanency in children’s living arrangements.

‘Continuity of case worker’ is defined as the proportion of children in out-of-home care who have one caseworker assigned during the reporting period.

A high or increasing percentage of children in out-of-home care who have one caseworker assigned during the reporting period is desirable.

Data is not yet available for reporting on this indicator.

11. Workforce sustainability

‘Workforce sustainability’ is an indicator of governments’ objective to provide sustainable child protection services.

'Workforce sustainability' relates to the capacity of the child protection workforce to meet current and projected future service demand. These measures are not a substitute for a full workforce analysis that allows for training, migration, changing patterns of work and expected future demand. They can, however, indicate that further attention should be given to workforce planning for services.

This indicator is currently under development for reporting in the future.

12. Unit costs for protective intervention services activity groups

‘Unit costs for protective intervention services activity groups’ is reported as an indicator of governments’ objective to provide child protection services in an efficient manner.

‘Unit costs for protective intervention services activity groups’ is defined as total recurrent expenditure on a child protection activity, divided by the relevant units of service activity, resulting in six measures:

- cost per report to child protection (AG1)
- cost per notification (AG1)
- cost per notification investigated (AG4)
- cost per child commencing protective intervention and coordination services who is not on an order (AG5)
- cost per order issued (AG6)
- cost per child commencing protective intervention and coordination services who is on an order (AG7).

Low or decreasing expenditure per child protection activity can suggest more efficient services but could also indicate lower quality and should be considered together with the results for other indicators in this section.

Data for unit costs is experimental and should be considered together with the proportional allocation of total expenditure across all activity groups in the pathways method.

Child protection reports are not a separate process from child protection notifications in Victoria and the Australian Capital Territory and data for the cost per report to child protection measure is not applicable for those jurisdictions.

Unit costs for child protection intervention service activities from 2013-14 to 2022-23 varied across jurisdictions where data was available (figure 16.10). In 2022-23, the cost per report to child protection (AG1) ranged from $201 to $495 (this unit cost is not applicable for all jurisdictions); and the cost per notification investigated (AG4) ranged from $1,600 to $4,976 (excluding Northern Territory). Other unit costs are reported in tables 16A.25–32.

(all measures) Data is not comparable across jurisdictions but is comparable (subject to caveats) within jurisdictions over time.

(all measures) Data is not complete for the current reporting period (AG1, AG4-7). Required data for 2022-23 for at least one of the measures for this indicator is not available for Victoria, South Australia, Tasmania and the Australian Capital Territory, and is not published for the Northern Territory.

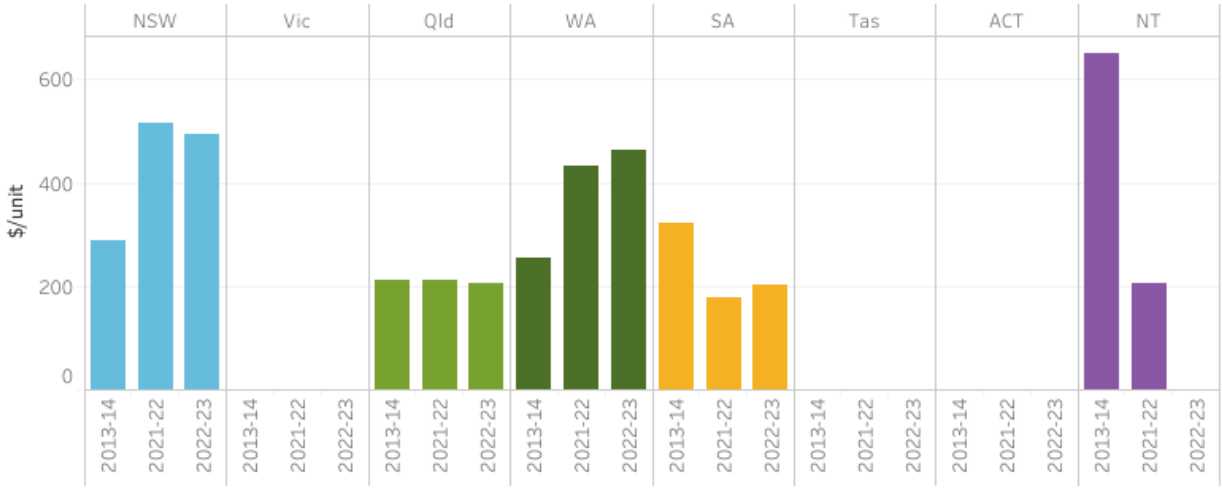
Select measure:

- (●) AG1: Cost per report to child protection
- ( ) AG1: Cost per notification
- ( ) AG4: Cost per notification investigated
- ( ) AG5: Cost per child receiving protective intervention and coordination services who is not on an order
- ( ) AG6: Cost per order issued
- ( ) AG7: Cost per child receiving protective intervention and coordination services who is on an order

Select year(s):
Multiple values

Jurisdiction
NSW Vic Qld WA SA Tas ACT NT

Figure 16.10 **AG1: Cost per report to child protection**
By jurisdiction, by year (2022-23 dollars) (a)



Source: tables 16A.25-32

(a) Refer to data tables for information on non-publication of data for individual jurisdictions.

13. Unit cost for support services

‘Unit cost for support services’ is reported as an indicator of governments’ objective to provide child protection services in an efficient manner.

‘Unit cost for support services’ is defined as total recurrent expenditure on support services, divided by the number of children receiving support services, resulting in two measures:

- Measure 1: Cost per child receiving family support services (AG2)
- Measure 2: Cost per child receiving intensive family support services (AG3).

A low or decreasing cost per child receiving support services can suggest more efficient services but could also indicate lower quality and should be considered together with the results for other indicators in this section.

To be included in the Intensive family support services data, services must meet specific criteria, such as averaging at least four hours of service provision per week for a specified short-term period (usually less than six months).

Data for unit costs is experimental and should be considered together with the proportional allocation of total expenditure across all activity groups in the pathways method.

> Nationally (excluding the Northern Territory) in 2022-23, the cost per child receiving intensive family support services was $10,976 (figure 16.11 and table 16A.34).

(all measures) Data is not comparable across jurisdictions but is comparable (subject to caveats) within jurisdictions over time (see caveats in data tables).

(measure 1) Data is not complete for the current reporting period for family support services (AG2). Required data for 2022-23 for New South Wales, Victoria, South Australia, Tasmania and the Australian Capital Territory is not available, and is not published for the Northern Territory.

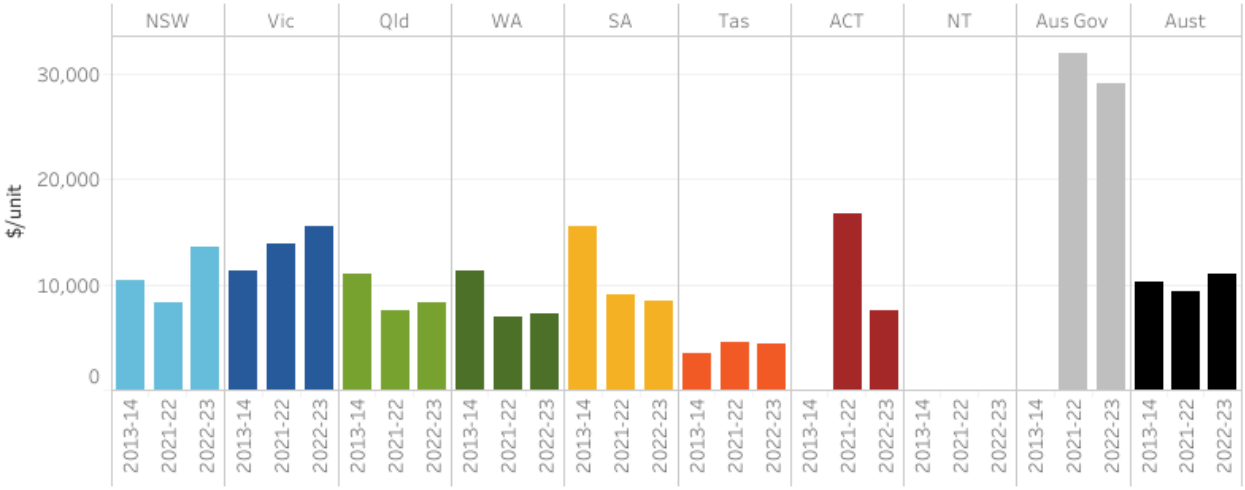
(measure 2) Data is not complete for the current reporting period for intensive family support services (AG3). Required data for 2022-23 is not published for the Northern Territory.

Select measure:
AG2: Cost per child receiving family support services
AG3: Cost per child receiving intensive family support services

Select year(s):
Multiple values

Jurisdiction
NSW Vic Qld WA SA Tas ACT NT Aus Gov Aust

Figure 16.11 **AG3: Cost per child receiving intensive family support services**
By jurisdiction, by year (2022-23 dollars) (a), (b)



Source: tables 16A.25-16A.34

(a) Refer to data tables for information on non-publication of data for individual jurisdictions. (b) In 2021-22, the intensive family support services (IFSS) program delivered by the Australian Government in the Northern Territory ceased and was replaced with the Children and Family Intensive Support (CaFIS) program. Refer to data tables for further information.

To assist with the interpretation of this indicator, table 16A.35 provides details on the number of children commencing intensive family support services by Indigenous status.

14. Unit cost of care

'Unit cost of care' is an indicator of governments' objective to provide child protection services in an efficient manner.

'Unit cost of care' covers children in out-of-home care and children in other supported placements, and is defined as total real recurrent expenditure on out-of-home care services and other supported placements, divided by the total number of placement nights (AG8).

Low or decreasing expenditure per placement night can suggest more efficient services but could also indicate lower quality and should be considered together with the results for other indicators in this section.

Data for unit costs is experimental and should be considered together with the proportional allocation of total expenditure across all activity groups in the pathways method.

Nationally in 2022-23, the unit cost of care was $335, continuing the trend in increased real costs since 2013-14 (figure 16.12 and table 16A.36).

The unit cost of care should be considered in conjunction with expenditure on care services per child and by placement type. The annual cost per child in care at 30 June 2023 varied across jurisdictions ranging between $79,992 and $161,914 (table 16A.37). In jurisdictions where data was available, annual costs per child were considerably higher for residential care (ranging between $561,246 and around $1.1 million) compared to non-residential care (ranging between $50,616 and $67,275) (table 16A.37). To assist with interpretation, table 16A.21 details children in out-of-home care by placement type.

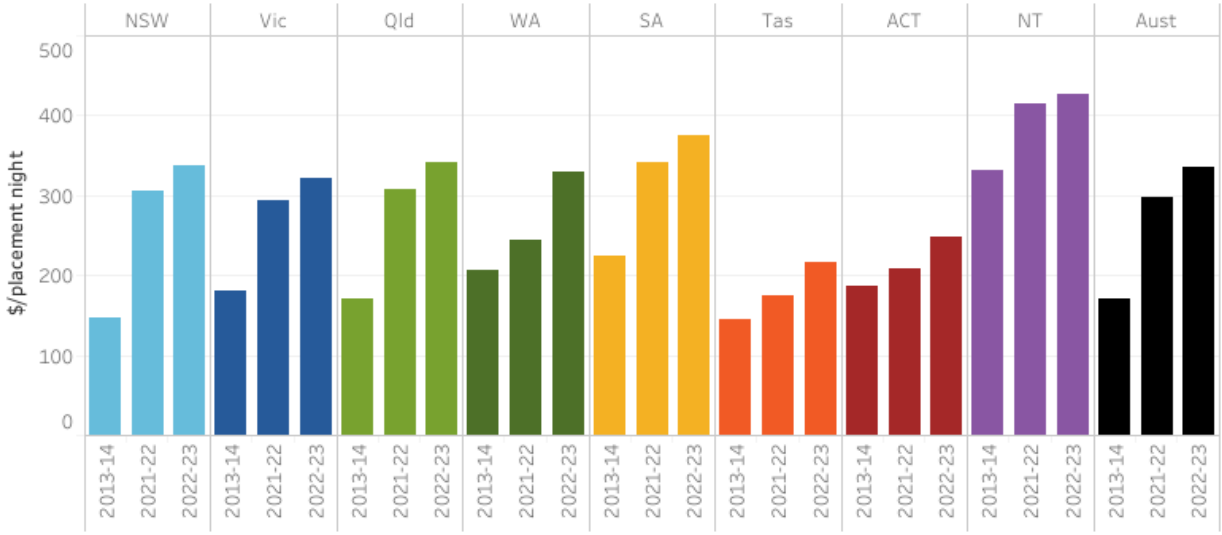
Data is not comparable across jurisdictions but is comparable (subject to caveats) within jurisdictions over time.

Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Jurisdiction
NSW Vic Qld WA SA Tas ACT NT Aust

Figure 16.12 **Real expenditure on care services per placement night**
By jurisdiction, by year(2022-23 dollars)



Source: table 16A.36

tableau

15. Improved safety

'Improved safety' is an indicator of governments' objective to protect children and young people who are at risk of abuse and neglect within their families, or whose families do not have the capacity to provide care and protection.

‘Improved safety’ is defined by two measures:

- Measure 1: Substantiation rate *after a decision not to substantiate.* This is defined as the proportion of children who were the subject of an investigation in the previous financial year that led to a decision not to substantiate, and who were later the subject of a substantiation within three or 12 months of the initial decision not to substantiate. The year reported relates to the year of the initial decision not to substantiate.
- Measure 2: Substantiation rate *after a prior substantiation.* This is defined as the proportion of children who were the subject of a substantiation in the previous financial year, who were subsequently the subject of a further substantiation within the following three or 12 months. The year reported relates to the year of the initial substantiation.

Zero or decreasing rates for these measures are desirable.

Measure 1 partly assesses the extent to which an investigation did not succeed in identifying a risk of abuse or neglect to a child who is subsequently the subject of a substantiation. However, a demonstrable risk of abuse or neglect might not have existed in the first instance and family circumstances might have changed since the initial decision not to substantiate.

Measure 2 partly assesses the adequacy of interventions offered to children to protect them from further abuse or neglect. However, it does not distinguish between subsequent substantiations that are related to the initial notification (that is, the same source of risk of abuse or neglect) and those that are unrelated to the initial notification (that is, a different source of risk of abuse or neglect).

For both measures, results can be affected by factors outside the control of child protection services.

Varying thresholds for recording a substantiation across jurisdictions should also be considered when interpreting data for this indicator (see 'Explanatory material' tab).

> The proportion of substantiations that occurred within three and 12 months of a *decision not to substantiate* in 2021-22 was under 6% and 15% respectively in all jurisdictions (figure 16.13 and table 16A.38). The proportion of substantiations that occurred within three and 12 months of a *prior substantiation* in 2021-22 was under 10% and 21% respectively in all jurisdictions (figure 16.13 and table 16A.39).

(all measures) Data is not comparable across jurisdictions but is comparable (subject to caveats) within jurisdictions over time.

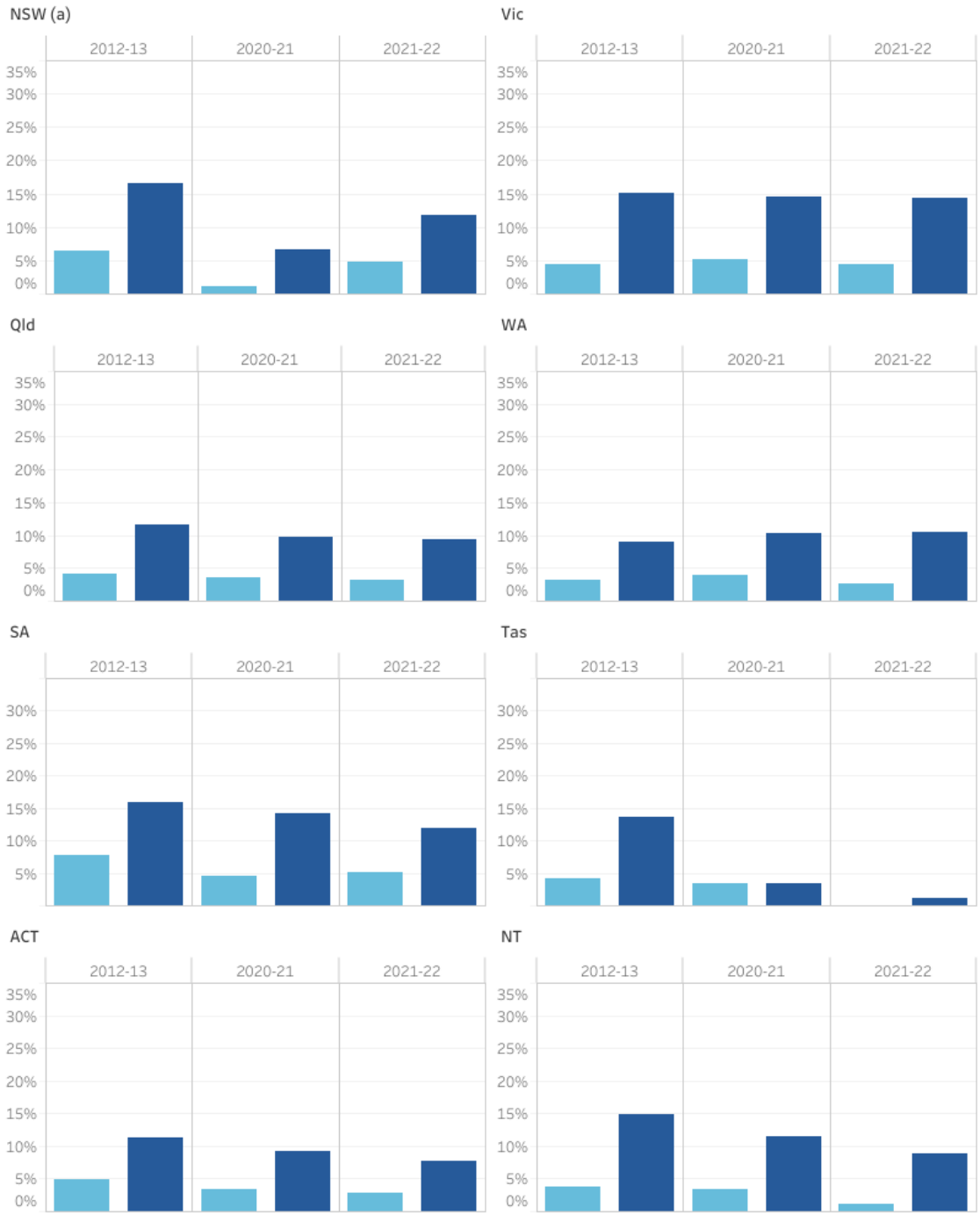
(all measures) Data is complete (subject to caveats) for the current reporting period.

Figure 16.13 **Improved Safety**

Children who were the subject of a:
- (●) Measure 1: Substantiation after a decision not to substantiate
- ( ) Measure 2: Substantiation after a prior substantiation

Select year(s):
Multiple values

- Subject of a substantiation within three months
- Subject of a substantiation within 12 months



Source: table 16A.38

(a) Data for NSW for 2016-17 and 2017-18 was not available.

16. Improved education

‘Improved education’ is an indicator of governments’ objective to support children and young people in the child protection system to reach their potential.

‘Improved education’ is defined as the proportion of children on guardianship and custody orders achieving at or above national minimum standards in reading and numeracy in year 5.

A high or increasing rate of children on guardianship and custody orders achieving at or above national minimum standards in reading and numeracy, and relative to all children, is desirable.

Factors outside the control of child protection services have an influence on the educational outcomes of children on guardianship and custody orders, and care should be exercised when interpreting results.

When interpreting NAPLAN (National Assessment Program — Literacy and Numeracy) data, it is important to take into account student participation rates (table 16A.40). Children exempted from NAPLAN testing are recorded as not having met the national minimum standards in reading and numeracy. Experimental data indicates that children on guardianship and custody orders are exempted from NAPLAN testing at significantly higher rates than the general student population, which might contribute to poorer reported NAPLAN results for children on orders, compared with the general student population.

NAPLAN results for children in care were significantly lower than for all students. In 2022, for jurisdictions with available data (Queensland, Western Australia and South Australia):

- the proportion of children in care who were at or above the year 5 national minimum standard for *reading* was between 62.4% and 73.0%, compared to 94.3% to 94.4% for all students
- the proportion of children in care who were at or above the year 5 national minimum standard for *numeracy* was between 63.6% and 74.2%, compared to 94.1% to 94.7% for all students (figure 16.14 and table 16A.40).

Data is comparable across jurisdictions and over time.

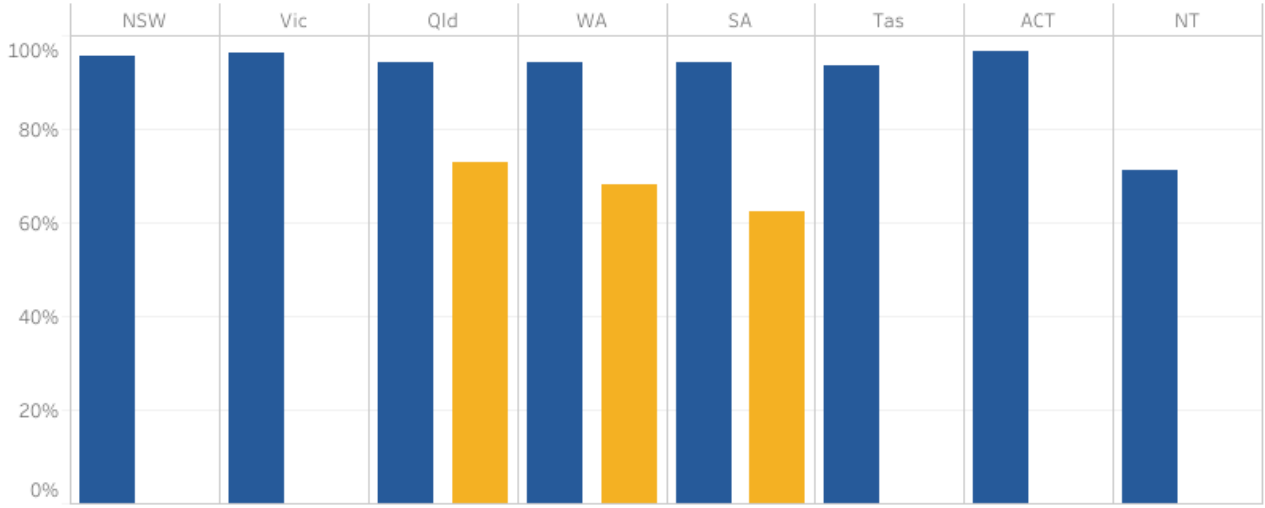
Data is not complete for the current reporting period. Only Queensland, Western Australia and South Australia were able to provide data for the 2022 reporting period.

Select year(s):
2022

Select educational outcome:
Reading
Numeracy

All students
Children on orders

Figure 16.14 **Proportion at or above the national minimum standard**
Reading at the Year 5 level, by jurisdiction, 2022 (a)



Source: table 16A.40

(a) Refer to data tables for information on non-publication of data for individual jurisdictions.

17. Improved health and wellbeing of the child

'Improved health and wellbeing of the child' is an indicator of governments' objective to support children and young people in the child protection system to reach their potential.

'Improved health and wellbeing of the child' is yet to be defined. This indicator has been identified for development and reporting in future, potentially using separate measures for physical health, social and emotional wellbeing domains.

In the absence of a national data collection, table 16.3 presents summary information on jurisdictions' local approaches to measuring the health and wellbeing of children in out-of-home care.

Table 16.3 Measuring the health and wellbeing of children in out-of-home care

New South Wales

Key features	New South Wales's Quality Assurance Framework (QAF) collects key information on children in out-of-home care (OOHC). The QAF provides OOHC caseworkers with access to reliable information about the safety, permanency and wellbeing of children in OOHC who are on care and protection orders and under the parental responsibility of the Minister. The QAF has been designed and tested with children and young people in foster care placements across nine trial sites. The questionnaires developed for use in the trial will be promoted for use by all caseworkers in the OOHC sector in New South Wales as a tool to enhance their casework planning, particularly development and implementation of Aboriginal cultural plans. The Strengths and Difficulties Questionnaire (SDQ) for carers collects information from the primary carer about the child or young person (aged 2–17 years). Information is collected on: • Emotional difficulties • Conduct problems • Hyperactivity or inattention • Peer relationship programs • Pro-social behaviours. The Children and Young Person Questionnaire (CYPQ) is a set of questions for children and young people in OOHC in the areas of safety and permanency and cultural and spiritual identity. The CYPQ is asked every six months. There are three sections: • Safety and permanency (for 7–17 year olds) • Multicultural connection, for multicultural children (for 12–17 year olds) • Aboriginal cultural connection, for Aboriginal and Torres Strait Islander children (for 9–17 year olds).
Statistics	Not available
Link	More information about SDQ can be found here: https://www.facs.nsw.gov.au/reforms/children-families/QAF/chapters/4.-Strengths-and-Difficulties-Questionnaire-SDQ-for-Carers More information about CYPQ can be found here: https://www.facs.nsw.gov.au/reforms/children-families/QAF/chapters/Children-and-Young-Person-Questionnaire-CYPQ

Victoria

Key features	Victoria's child protection system collects data on the health and wellbeing of children in care via the following methods: **Care Services Outcomes Tracking Survey** • The care services outcomes tracking survey (the survey) monitors the outcomes of children and young people in care across all domains of their lives, including housing, meaningful use of time, learning and development, cultural and social wellbeing, Aboriginal identity and rights, health, safety and behaviours. • The first care services outcomes tracking survey was conducted in 2016. A second cycle of the survey was conducted between 10 September and 30 October 2018. • The third (and most recent) cycle was conducted between 9 August 2021 and 11 November 2021. For this cycle, a total of 2,024 children and young people were randomly selected for the survey, with surveys completed by their case managers. The sample was selected to provide survey results that are representative of all Victorian children and young people subject to family reunification orders, care by the Secretary orders and long-term care orders at the start of the survey period (9 August 2021). Thirty-two Community Service Organisations (CSOs) and four Child Protection (CP) divisions completed 1,776 surveys during the survey period, representing a high response rate of 88%. • The report from Cycle 3 provides a statistical analysis of results from the survey and tracks progress of outcomes over time. • Reports on the results of these surveys are not published. **Looking After Children (LAC) data** • Victoria's child protection case management system – Client Relationship Information System (CRIS) – collects information about children in care services (i.e., out-of-home care) under the "Looking After Children" (LAC) framework. • LAC data is not currently mandatory to complete. However, it is recommended that staff use the LAC to inform and enable the best possible care for each child based on their developmental needs and outcomes. • The LAC domains include: Health, Emotional and behavioural development, Education, Family and social relationships, Identity, Social presentation, Self-care skills. • LAC data is not published.
Statistics	Not available
Link	More information about LAC can be found here: https://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/out-home-care/looking-after-children

Queensland

Key features	**Census** Queensland conducts an annual census of children in care which collects data about health and wellbeing from a representative sample of children in care in the custody/guardianship of the Chief Executive from their assigned Child Safety Officer. This data is used to build more detailed profiles of children in care to inform policy and program development. Data collected from the census includes such things as: • Level of development and intellectual ability • Level of emotional wellbeing and resilience • Mental illness and/or behavioural disorder, assessment status, impact, support • Disability and/or neurodevelopmental disability, assessment status, impact, support • Prescribed medications • Engagement in activities • Relationship with immediate and extended biological family • Level of peer and social relationships • Cultural identity. **Survey** Queensland conducts an annual survey of children in care to hear directly from children and young people about their life and care experience, and what could be changed to make things better for them. Data collected from the survey is centred around the following outcomes for children and young people in care: • Safe, secure and stable • Healthy • Learning, earning and developing • Participating, belonging and identity **Client information system** Queensland currently collects some data about the health and wellbeing of children in the child protection system in its client information system. This includes data regarding access to the National Disability Insurance Scheme (NDIS), disability and medical conditions. Queensland also collects (or data matches) a range of education data, including education support plans, NAPLAN results and post school destinations. Data about children's level of functioning in a range of domains including physical health is routinely recorded as part of the child strengths and needs assessment tool used during case planning. Improvements and expansions to the collection of health and wellbeing data have been requested for Queensland's new client information system, however requirements for the system are yet to be prioritised and approved.

Statistics	The Our Performance website by the Queensland Department of Child Safety, Seniors and Disability Services reports a range of statistics about the wellbeing of children in care (see link below).
Link	For statistics about the wellbeing of children in care in Queensland, see https://performance.cyjma.qld.gov.au/?domain=6r87nygu3rk0&subdomain=1gqevhwe6mbk

Western Australia

Key features	Western Australia uses Viewpoint which is a web-based software program that promotes participation by children in out-of-home care in the development of their personal care plans. Children in the Chief Executive Officer's care aged 5–17 years of age are invited and encouraged to use Viewpoint as part of participating in their care planning process. The questionnaires focus on the child's views, concerns, and experiences, and identifies issues that require further examination and reflection in follow up discussions. Where applicable, the child's Viewpoint responses are compared with previous questionnaire responses to measure progress and identify areas of ongoing concern from the child's perspective. The Viewpoint questions align to nine interconnected dimensions in respect of a child's care: safety, care arrangements, health, education, social and family relationships, recreation and leisure, emotional and behavioural development, identity and culture, and legal and financial. Viewpoint offers a management reporting system which collates live data for use in service monitoring and improvement, strategic and operational planning and reporting. Western Australia also uses the Strengths and Difficulties Questionnaire (SDQ) which is a brief emotional and behavioural screening questionnaire. The process involves collecting information from an adult who knows the child, such as a carer or teacher, or by young people themselves if they're 11 years of age or older (depending on their understanding). The goal is to capture the perspective of the child in relation to specific attributes across five areas: • Emotional symptoms • Conduct problems • Hyperactivity/inattention • Peer relationship problems • Prosocial behaviour.
Statistics	Not available
Link	More information on Viewpoint and SDQ can be found here: https://manuals.communities.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=280

South Australia

Key features	The child survey utilised by the South Australian Department for Child Protection is a tool to assist case workers to engage with children and young people in care by providing a method of recording their views about their experiences and wellbeing. The survey provides children and young people with an opportunity to express their views by sharing what is important to them and what could improve their care experience. Every child or young person aged 5 to 17 years who has been in care for three months or more is invited to complete a survey at least once every 12 months. During the 2022-23 reporting period, work was undertaken to develop a new integrated highly configurable survey system co-designed with children and young people who have had a care experience. The new survey system was implemented in July 2023 and provides an engaging platform for children and young people, works seamlessly on mobile devices and computers, allows case workers to flag, review and comment on responses, and enables administrators to create and edit surveys and develop reports on survey results.
Statistics	Not available
Link	Not available

Tasmania

Key features

The Tasmanian Department for Education, Children and Young People is currently prioritising the development of The Child Advocate's Survey for Children in Care. The survey is specifically tailored for children in out-of-home care. The questionnaire is still in development, and once implemented will help Care Teams identify areas where children in out-of-home care might require additional support, as well as enabling children in care to share their views directly into their Care Teams and Care Plans.

The survey includes questions developed by children and young people in care, aligned with the wellbeing domains in the Tasmanian Child and Youth Wellbeing Framework:

- Being loved and safe
- Having material basics
- Being healthy
- Learning
- Participating
- Having a positive sense of culture and identity.

The survey itself upholds the Participation domain of the framework, which outlines the right for children to have a say, have their opinion heard, be valued and be included in decision making.

The survey will also enable children (aged 5-11) and young people (aged 12-17) to share their views into their Care Teams and their Care Plan and will provide data to support the oversight and monitoring of children's experiences in care. The primary participants will be children in foster, kinship, and residential care.

The Child Advocate's Survey includes questions specific to the child's care. For example, questions are included relating to the child's relationship with their care team, carers, and Child Safety Officers, as well as questions relating to their Care Plan. Some example questions are provided below.

Things I need:

- I get enough good, healthy food.
- I get enough privacy and space at home.

Participating:

- Important adults in my life listen to me and value what I say, like my parents, carers, teachers, workers.
- The important adults in my life explain decisions that affect me.

Loved and Safe:

- I have someone who cares for me that I trust.
- I have someone in my life who accepts me for who I am, loves me no matter what.
- I have someone to go to if something is not right, like feeling unsafe.

Being Healthy:

- I feel good about my physical health, like in my body.

	• I feel good about my mental health, like in my thoughts. • I feel good about my emotional health, like in my feelings. • I have an adult to go to if I have worries about my health. **Culture and Identity:** • I have somewhere I feel I belong, I fit in, like a group of people, my culture, or a place. • Others respect me for who I am. **Learning:** • I feel safe where I learn.
Statistics	Not available
Link	Information on Wellbeing Tasmania may be found at: https://wellbeing.tas.gov.au Additional information on Tasmania's Child and Youth Wellbeing Strategy, 'It takes a Tasmanian village' can be found at: https://hdp-au-prod-app-tas-shapewellbeing-files.s3.ap-southeast-2.amazonaws.com/2116/3159/8898/Child_and_Youth_Wellbeing_Strategy_Sept_2021_wcag_FINAL.pdf

Australian Capital Territory

Key features	Australian Capital Territory has developed a dashboard to support the Wellbeing Indicator Framework (the Framework). The Framework also includes a Children and Young People Lens. Information on child protection information is primarily already published in RoGS or Child protection Australia. For the Children and Young People Lens of wellbeing – the Australian Capital Territory will be publishing data on Child Concern Reports where the harm type is Family and Domestic Violence. The Children and Young People Lens aligns to the domains of ACT Wellbeing Framework.
Statistics	Not available
Link	ACT Wellbeing Framework - https://www.act.gov.au/wellbeing/explore-overall-wellbeing Children and Young People Lens - https://www.communityservices.act.gov.au/children-and-families/resources/Children-and-Young-People-Lens-of-ACT-Wellbeing-Framework

Northern Territory	
Key features	In the Northern Territory health information is recorded within the Care plan in the current Client Management system. However, this information is not easily extractable and not available for reporting. The NT is currently in the process of implementing a new Client/Case management system. It is anticipated that the new system will have an improved capability to record and report on health and wellbeing information.
Statistics	No statistics are currently reported
Link	Not available

Source: state and territory governments (unpublished).

18. Exit from out-of-home care to a permanency arrangement

'Exit from out-of-home care to a permanency arrangement' is an indicator of governments' objective to protect children and young people who are at risk of abuse and neglect within their families or whose families do not have the capacity to provide care and protection.

'Exit from out-of-home care to a permanency arrangement' is defined as the number of children and young people who exited out-of-home care to a permanency outcome (reunified with their families, adopted or placed on third party parental responsibility orders), and for whom there was no return to out-of-home care within 12 months, as a proportion of all children who exited out-of-home care to a permanency outcome in the previous reporting period.

High or increasing proportions of children and young people exiting out-of-home care to a permanency outcome for whom there was no return to out-of-home care is desirable.

> Nationally, 88.0% of children who left out-of-home care to a permanency arrangement in 2021-22 did not return to out-of-home care in the following 12 months (figure 16.15 and table 16A.41).

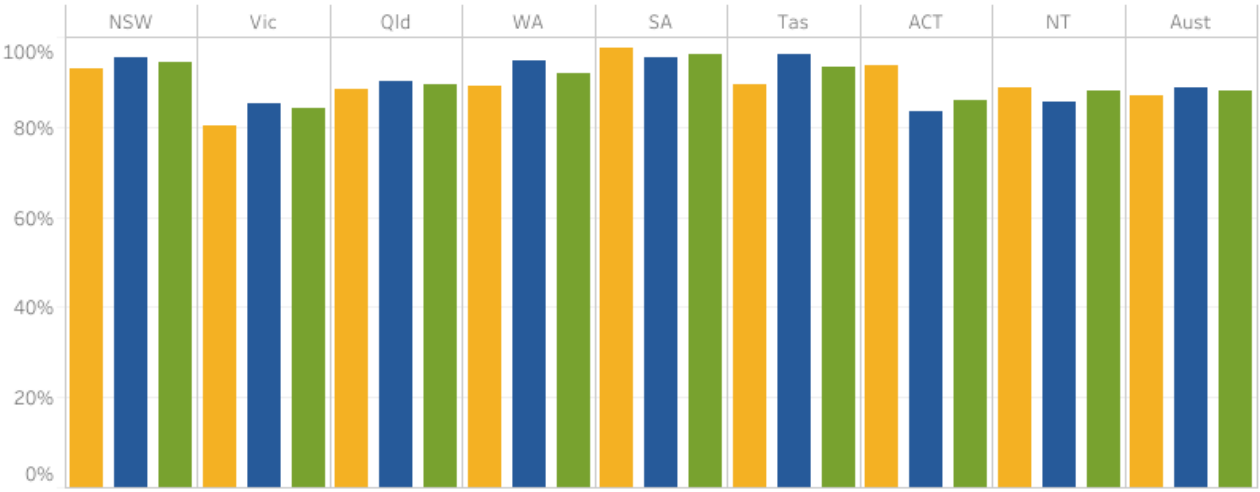
Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete for the current reporting period.

Select year:
2021-22

Aboriginal and Torres Strait Islander people
Non-Indigenous people
All people

Figure 16.15 **Children exiting out-of-home care to a permanency arrangement who did not return to out-of-home care within 12 months**
By jurisdiction, by Indigenous status, 2021-22 (a)



Source: table 16A.41

(a) Data for NSW and Queensland was not available prior to 2018-19.

Indigenous data

Performance indicator data for Aboriginal and Torres Strait Islander people in this section is available in the data tables listed below. Further supporting information can be found in the 'Indicator results' tab and data tables.

Child protection services data disaggregated for Aboriginal and Torres Strait Islander people

Table number	Table title
Table 16A.9	Disproportionality ratios for Aboriginal and Torres Strait Islander children aged 0–17 years
Table 16A.18	Children aged 2–17 years in out-of-home care for two years or more, by Indigenous status, at 30 June, by Indigenous status
Table 16A.20	Children in care and in a home-based placement, by Indigenous status, by age, at 30 June
Table 16A.22	Children aged 0–17 years in care placed with relatives/kin, by Indigenous status, at 30 June
Table 16A.23	Aboriginal and Torres Strait Islander children aged 0–17 years in care by relationship of caregiver, at 30 June
Table 16A.24	Children aged 0–17 years with documented case plans, by Indigenous status, at 30 June
Table 16A.41	Children aged 0–16 years exiting out-of-home care to a permanency arrangement, by Indigenous status

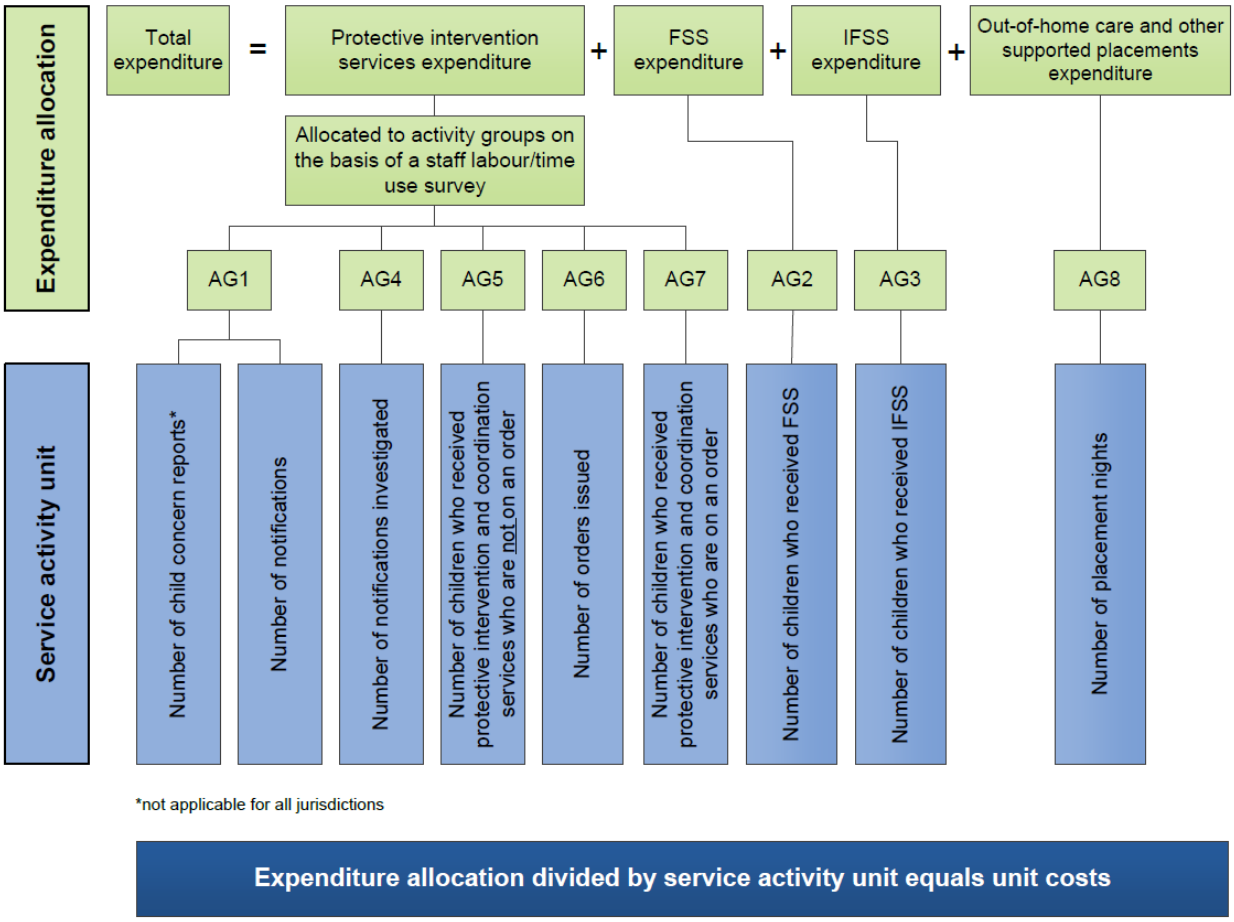
Explanatory material

Interpreting efficiency data

Efficiency indicators for child protection services are calculated using the pathways model, a top-down activity-based costing method. Eight national pathways provide a high-level representation of the services that children and families could receive in any jurisdiction. Each pathway consists of common activity groups, which act as the 'building blocks' for each of the pathways. The aggregate cost of each activity group within the pathway will allow the unit cost of an individual pathway to be derived. Figure 16.16 shows how unit costs are calculated in accordance with the pathways model.

The activity groups and detailed definitions are included in the 'Explanatory material' tab. Development of national reporting against these activity groups is ongoing and data is experimental.

Figure 16.16 Calculation of unit costs in accordance with the pathways model[a]



a Activity group 1 (AG1): Receipt and assessment of initial information about a potential protection and support issue. **Activity group 2 (AG2):** Provision of generic family support services (FSS). **Activity group 3 (AG3):** Provision of intensive family support services (IFSS). **Activity group 4 (AG4):** Secondary information gathering and assessment. **Activity group 5 (AG5):** Provision of short-term protective intervention and coordination services for children not on an order. **Activity group 6 (AG6):** Seeking an order. **Activity group 7 (AG7):** Provision of protective intervention, support and coordination services for children on an order. **Activity group 8 (AG8):** Provision of out-of-home care services and other supported placements.

Reports, notifications, family support services, intensive family support services and intervention orders relate to children aged 0–17 years. Investigations and secondary information gathering may relate to young people aged 18 years or over if the notification was received while the child was aged less than 18 years. Expenditure on other supported placements may include expenditure relating to young people aged over 18 years.

Differences across jurisdictions in the calculation of child protection expenditure are listed in table 16.4.

Table 16.4 Comparability of government recurrent expenditure — items included, 2022-23

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Superannuation	**Included**	✓	✓	✓	✓	✓	✓	✓	✓
	Method	Accrual	Accrual	Accrual	Actuals	Accrual	Funding	Actuals	Accrual
Workers compensation	**Included**	✓	✓	✓	✓	✓	✓	✓	✓
Payroll tax	**Included**	✓	✓	na	na	✓	na	..	✓
Termination leave	**Included**	✓	✓	✓	✓	✓	✓	✓	✓
	Method	Actuals	Accrual	Accrual	Actuals	Accrual	Actuals	Accrual	Other
Long service leave	**Included**	✓	✓	✓	✓	✓	✓	✓	✓
	Method	Actuals	Accrual	Accrual	Actuals	Accrual	Actuals	Accrual	Other
Sick leave	**Included**	✓	✓	✓	✓	✓	✓	✓	✓
	Method	Actuals	Actual	Actuals	Actuals	Actuals	Actuals	Actuals	Other
Depreciation	**Included**	✓	✓	✓	✓	✓	✓	✓	✓
Rent	**Included**	✓	✓	✓	✓	✓	✓	✓	✓
Utilities	**Included**	✓	✓ but not shown separately	✓	✓	✓	✓	✓	✓
Umbrella department costs	**Included**	na	✓	✓	✓	✓	✓	✓	✓
	Method	na	Dept formula	Dept formula	FTE	Dept formula	Dept formula	FTE / budget	Dept formula

Dept = Departmental
na Not available. ✓ Item included. ✗ Item not included. . . Not applicable.

Source: state and territory governments (unpublished).

Key terms

Terms	Definition
Aboriginal and Torres Strait Islander person	Person of Aboriginal or Torres Strait Islander descent who identifies as being an Aboriginal or Torres Strait Islander and is accepted as such by the community with which he or she lives.
Activity Group 1 (pathways) **Receipt and assessment of initial information about a potential protection or support issue**	Activities that are typically associated with receipt and assessment of initial information including receipt and recording of information, review of department databases, initial assessment of information and decisions about the appropriate response. This activity can also include consultation, with possible provision of advice. Activities by non-government organisations (NGOs) may be included if appropriate.
Activity Group 2 (pathways) **Provision of generic family support services**	Activities that are typically associated with provision of lower level family support services at various stages including identification of family needs, provision of support services and diversionary services, some counselling and active linking of the family to support networks. Services are funded by government but can be delivered by either the relevant agency or a NGO. This bundle of services does not involve planned follow-up by the relevant agency after initial service delivery. The services will be delivered under voluntary arrangements between the relevant agency and family. Clients may receive these services more than once.
Activity Group 3 (pathways) **Provision of intensive family support services**	Activities that are typically associated with provision of complex or intensive family support services including provision of therapeutic and in-home supports such as counselling and mediation, modelling of positive parenting strategies, referrals to intensive support services that may be provided by NGOs, advocacy on behalf of clients, and intensive support for a family in a residential setting and/or supported accommodation. These services may be provided if other diversionary services are inappropriate to the case and may lead to statutory services being provided to the client.

Terms	Definition
Activity Group 4 (pathways) **Secondary information gathering and assessment**	Activities that are typically associated with secondary information gathering and assessment are currently counted as 'investigations' in this report. As part of this activity group a decision may be made to substantiate or not substantiate. Information gathering activities include: • sighting the child • contacting people with relevant information about the child or family (for example, teachers, police, support services) • interviewing the child, sibling(s) and parents • observing family interactions • obtaining assessments of the child and/or family • conducting family group conferences • liaising with agencies providing services to the child and family • recording a substantiation or non-substantiation decision • case conferences with partners and contributors in the investigation and assessment process.
Activity Group 5 (pathways) **Provision of short-term protective intervention and coordination services for children not on an order**	Activities that are typically associated with provision of short-term protective intervention and coordination services including: • working with the family to address protective issues • developing networks of support for the child • monitoring and reviewing the safety of the child • monitoring and reviewing family progress against case planning goals • case conferences with agencies providing services to the child and/or family, internal discussions and reviews • specialist child-focused therapeutic support.

Terms	Definition
Activity Group 6 (pathways) **Seeking an order**	Activities that are typically associated with seeking orders (court orders or voluntary/administrative orders) including: • preparing applications for the order • preparing reports for the court • obtaining assessment reports to submit to the court • informing parties to the court proceedings, including parents, the child, and lawyers • informing and briefing legal counsel or internal court groups • going through internal pre-court review processes • attending court • conducting family group conferences.
Activity Group 7 (pathways) **Provision of protective intervention, support and coordination services for children on an order**	Activities that are typically associated with provision of longer-term protective intervention and coordination services including: • monitoring the child or young person's progress and development (for example, social development and education progress) and undertaking activities that facilitate progress and development • meeting any specific requirements of any court order • reviewing appropriateness of the order for the circumstances of the child or young person. This usually occurs at intervals established by the court or in legislation • reporting back to court • long term cases involving out-of-home care.
Activity Group 8 (pathways) **Provision of care services**	Activities that are typically associated with provision of out-of-home care and other supported placements services including: • finding suitable placement(s) for the child • assisting the child or young person to maintain contact with his/her family • in some cases, staff payments for recruiting and training carers • assessing suitability of potential kinship carers • assisting the child or young person to maintain contact with their family • working to return the child home • assisting the child or young person as they prepare to leave care as the end of the order approaches.

Terms	Definition
Care and protection orders	Care and protection orders are legal orders or arrangements that give child protection departments some responsibility for a child's welfare. The scope of departmental involvement mandated by a care and protection order is dependent on the type of order, and can include: • responsibility for overseeing the actions of the person or authority caring for the child • reporting or giving consideration to the child's welfare (for example, regarding the child's education, health, religion, accommodation and financial matters). Types of care and protection orders: • Finalised guardianship or custody orders – involve the transfer of legal guardianship to the relevant state or territory department or NGO. These orders involve considerable intervention in a child's life and that of his or her family, and are sought only as a last resort. Guardianship orders convey responsibility for the welfare of a child to a guardian. Guardianship orders do not necessarily grant the right to the daily care and control of a child, or the right to make decisions about the daily care and control of a child, which are granted under custody orders. Custody orders generally refer to orders that place children in the custody of the state or territory, or department responsible for child protection or NGO. These orders usually involve the child protection department being responsible for the daily care and requirements of a child, while his or her parent retains legal guardianship. Custody alone does not bestow any responsibility regarding the long-term welfare of the child. • Finalised third party parental responsibility orders – transfer all duties, powers, responsibilities and authority parents are entitled to by law, to a nominated person(s) considered appropriate by the court. The nominated person may be an individual such as a relative or an officer of a state or territory department. Third party parental responsibility may be ordered when a parent is unable to care for a child. 'Permanent care orders' are an example of a third party parental responsibility order and involve the transfer of guardianship to a third party carer. It can also be applied to the achievement of a stable arrangement under a long-term guardianship order to 18 years without guardianship being transferred to a third party. These orders are only applicable in some jurisdictions. • Finalised supervisory orders – give the department responsible for child protection some responsibility for a child's welfare. Under these orders, the department supervises and/or directs the level and type of care that is to be provided to the child. Children under supervisory orders are generally under the responsibility of their parents and the guardianship or custody of the child is unaffected. Finalised supervisory orders are therefore less interventionist than finalised guardianship orders but require the child's parent or guardian to meet specified conditions, such as medical care of the child.

Terms	Definition
	• Interim and temporary orders – generally cover the provision of a limited period of supervision and/or placement of a child. Parental responsibility under these orders may reside with the parents or with the department responsible for child protection. Orders that are not finalised (such as an application to a court for a care and protection order) are also included in this category, unless another finalised order is in place. • Administrative arrangements – agreements with child protection departments that have the same effect as a court order in transferring custody or guardianship. These arrangements can also allow a child to be placed in out-of-home care without going through court. Children are counted only once, even if they are on more than one care and protection order.
Child	A person aged 0–17 years (including, at times, unborn children).
Children in out-of-home care during the year	The total number of children who were in at least one out-of-home care placement at any time during the year. A child who is in more than one placement is counted only once.
Exited out-of-home care	Where a child leaves a government-funded placement for more than 60 days. This does not necessarily mean that a child has returned to the care of his or her family.
Family based care	Home-based care (see 'Out-of-home care').
Family group homes	Homes for children provided by a department or community-sector agency which have live-in, non-salaried carers who are reimbursed and/or subsidised for the provision of care.
Family support services	Activities associated with the provision of lower level (that is, non-intensive) services to families in need, including identification and assessment of family needs, provision of support and diversionary services, some counselling and active linking and referrals to support networks. These types of services are funded by government but can be delivered by a child protection agency or a non-government organisation. These services are typically delivered via voluntary arrangements (as distinct from court orders) between the relevant agency and family. This suite of services does not typically involve planned follow-up by the applicable child protection agency after initial service referral or delivery.
Guardian	Any person who has the legal and ongoing care and responsibility for the protection of a child.

Terms	Definition
Intensive family support services	Specialist services that aim to prevent the imminent separation of children from their primary caregivers as a result of child protection concerns and to reunify families where separation has already occurred. These services: • are funded or established explicitly to prevent the separation of or to reunify families • provide a range of services as part of an integrated strategy focusing on improving family functioning and skills, rather than providing a single type of service • are intensive in nature, averaging at least four hours of service provision per week for a specified short term period (usually less than six months). Families are generally referred to these services by the statutory child protection agency and will have been identified through the child protection process. Intensive family support services may use some or all of the following strategies: assessment and case planning; parent education and skill development; individual and family counselling; drug and alcohol counselling and domestic and family violence support; anger management; respite and emergency care; practical and financial support; mediation, brokerage and referral services; and training in problem solving.
Investigation	An investigation is the process whereby the relevant department obtains more detailed information about a child who is the subject of a notification and makes an assessment about the risk of abuse or neglect to the child, and his or her protective needs. Not all notifications are investigated in all jurisdictions. For example, if a determination is made that a child and family are better served by family support services rather than a child protection response, children and families might be referred to diversionary and support services. Once it has been decided that an investigation is required, the investigation process is similar across jurisdictions. The department responsible for child protection may obtain further information about the child and his or her family by checking information systems for any previous history, undertaking discussions with agencies and individuals, interviewing/sighting the child and/or interviewing the caregivers/parents. At a minimum, the child is sighted whenever practicable, and the child's circumstances and needs are assessed. Where possible, an investigation determines whether a notification is substantiated or not substantiated.
Investigation finalised	Where an investigation is completed and an outcome of 'substantiated' or 'not substantiated' is recorded by 31 August.
Investigation in process	Where an investigation is commenced but an outcome is not recorded by 31 August.

Terms	Definition
Length of time in continuous out-of-home care	The length of time a child is in out-of-home care on a continuous basis. Any break of 60 days or more is considered to break the continuity of the placement. Where a child returns home for less than 60 days and then returns to the former placement or to a different placement, this does not affect the length of time in care. Holidays or authorised absences (less than 60 days) in a placement do not break the continuity of placement. A break in a placement does not necessarily mean a child has returned to the care of his or her family.
Notification	Notifications are reports lodged by members of the community with the appropriate statutory child protection department to signify that they have reason to believe that a child is in need of protection. Depending on the circumstances, not all reports received by child protection departments will be recorded as notifications. Most jurisdictions assess incoming reports to determine whether they meet the threshold for recording a notification. Where, for example, a determination is made that the alleged behaviour does not meet the definition of a child in need of protection, a child concern report or equivalent might be recorded instead. If the alleged behaviour does not meet the threshold for recording a notification or a child concern report, the person reporting the matter might be provided with general advice and/or a referral. Jurisdictions count notifications at different points in the response to a report, ranging from the point of initial contact with the source of the report to the end of a screening and decision making process. This means the number of notifications is not strictly comparable across jurisdictions. Notifications are subsequently investigated based on the policies and practices in each jurisdiction. Notification and investigation data is collected early in the child protection process and often before an agency has full knowledge of a child's circumstances. This lack of information and the inherent difficulties in identifying Indigenous status mean that data on the number of notifications and investigations by Indigenous status should be interpreted with care.
Other relative	A grandparent, aunt, uncle or cousin, whether the relationship is half, full, step or through adoption, and can be traced through or to a person whose parents were not married to each other at the time of the child's birth. This category includes members of Aboriginal communities who are accepted by that community as being related to the child.
Other supported placements	Governments may provide financial support for children and young people in living arrangements that are not defined as out-of-home care and will usually have arranged these placements. These placements usually include children on third party parental responsibility orders and children on immigration orders (where funding is provided by the Australian Government and children who do not come through the child protection system). They may also include ongoing placements for children aged 18 years or over.

Terms	Definition
Out-of-home care	Overnight care for children aged less than 18 years who were unable to live with their families due to child safety concerns. This includes placements approved by the Department responsible for child protection for which there is ongoing case management and financial payment (including where a financial payment has been offered but has been declined by the carer). This includes legal (court ordered) and voluntary placements, and placements made for the purposes of providing respite for parents or carers. Other living arrangements that were previously included in the scope of out-of-home care will be reported separately as 'other supported placements'.
Permanency arrangement	Permanency arrangements include: • Reunification: Where the Department/agency has transferred full parental guardianship/custody of the child back to the birth parent, family or former guardian within the reporting period. Only Department/agency-approved reunifications are included. This includes children who self-reunified, with subsequent endorsement by the Department/agency. A reunification or supervisory order may be granted or there may be no order in effect. • Finalised third-party parental responsibility order: Order transferring all duties, powers, responsibilities and authority to which parents are entitled by law to a nominated person(s) whom the court considers appropriate. The nominated person may be an individual such as a relative or an officer of the state or territory department. Third-party parental responsibility may be ordered in the event that a parent is unable to care for a child, with parental responsibility then transferred to a relative, or other nominated person. 'Long-term' generally refers to where the order confers guardianship/parental responsibility until the child turns 18 years of age. • Adoption order: An adoption order, made by a competent authority under adoption legislation, by which the adoptive parent(s) become the legal parent(s) of the child. The way in which an adoption is finalised depends on the procedures of the state or territory departments responsible for adoption in each jurisdiction. This includes both known-carer adoptions and local adoptions.
Protective intervention services	Functions of government that receive and assess allegations of child abuse and neglect, and/or harm to children and young people, provide and refer clients to family support and other relevant services, and intervene to protect children.

Terms	Definition
Relatives/kin	People who are family or close friends, or are members of a child or young person's community (in accordance with their culture) who are reimbursed (or who have been offered but declined reimbursement) by the state and territory for the care of a child. For Aboriginal and Torres Strait Islander children, a kinship carer may be another Aboriginal and Torres Strait Islander person who is a member of their community, a compatible community or from the same language group.
Residential care	Where the placement is in a residential building whose purpose is to provide placements for children and where there are paid staff.
Respite care	Respite care is a form of out-of-home care used to provide short-term accommodation for children where the intention is for the child to return to their prior place of residence. Respite placements include: *respite from birth family*, where a child is placed in out-of-home care on a temporary basis for reasons other than child protection (for example, the child's parents are ill or unable to care for them on a temporary basis; or as a family support mechanism to prevent entry into full time care, as part of the reunification process, as a shared care arrangement); *respite from placement*, where a child spends regular, short and agreed periods of time with another carer other than their primary carer.
Stability and permanency of placement	Number of placements for children who exited out-of-home care and did not return within 60 days. Placements exclude respite or temporary placements lasting less than seven days. Placements are counted separately where there is: • a change in the placement type — for example, from a home-based to a facility-based placement • within placement type, a change in venue or a change from one home-based placement to a different home-based placement. Each placement should only be counted once. A return to a previous placement is not included as a different placement. A return home is not counted as a placement, although if a child returns home for 60 days or more they are considered to have exited care.
Strengths and Difficulties Questionnaires (SDQ)	The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 2 to 17 year olds. There are several versions to meet the needs of researchers, clinicians and educators. All versions ask about 25 attributes divided between five scales 1) emotional symptoms (5 items); conduct problems (5 items); hyperactivity/inattention (5 items); peer relationship problems (5 items); prosocial behaviour (5 items).

Terms	Definition
Substantiation	A substantiation is the outcome of an investigated notification that has resulted in the conclusion that there is reasonable cause to believe a child has been, is being or is likely to be abused, neglected or otherwise harmed. It does not necessarily require sufficient evidence for a successful prosecution and does not imply that treatment or case management is, or is to be, provided. However, if an investigation results in a substantiation, intervention by child protection services might be needed to protect the child. This intervention can take a number of forms, including one or more of: referral to other services; supervision and support; an application to court; and a placement in out-of-home care. The legal definitions of abuse and neglect are similar across jurisdictions. However, while the legal definitions for substantiating notifications are similar across jurisdictions, there remain some differences in practice, including different thresholds for recording a substantiation (that is, some jurisdictions substantiate harm or risk of harm to a child, and others substantiate actions by parents or incidents that cause harm). These differences impact on the comparability of this data.
Third-party parental responsibility orders	An order transferring all duties, powers, responsibilities, and authority to which parents are entitled by law to a nominated person(s) whom the court considers appropriate. The nominated person may be an individual, such as a relative, or an officer of the state or territory department responsible for child protection. Third-party parental responsibility may be ordered in the event that a parent is unable to care for a child, with parental responsibility then transferred to a relative, or other nominated person. Finalised third-party parental responsibility orders can be a long-term order or a short-term order. Third-party parental responsibility orders vary across jurisdictions. Despite this: • in most instances, third-party parental responsibility orders transfer guardianship away from the state and to a known carer • in nearly all cases, third-party parental carers are offered the same carer payments as long-term guardians • there is generally no ongoing case management for children on third-party parental responsibility orders, except in Queensland, South Australia and the Australian Capital Territory, and for children subject to long-term orders granting guardianship to other suitable persons only. This is in contrast to long-term guardianship or custody orders to the state, which feature ongoing case management.

References

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SNAICC (Secretariat of National Aboriginal and Islander Child Care) 2018. *The Aboriginal and Torres Strait Islander Child Placement Principle: a guide to support implementation.* Melbourne: SNAICC. https://www.snaicc.org.au/the-aboriginal-and-torres-strait-islander-child-placement-principle-a-guide-to-support-implementation (accessed 12 October 2022).

Report on Government Services 2024

PART F, SECTION 17: RELEASED ON 22 JANUARY 2024

17 Youth justice services

This section reports on the performance of governments in providing youth justice services.

The **Indicator results** tab uses data from the data tables to provide information on the performance for each indicator in the **Indicator framework.** The same data is also available in CSV format.

Data downloads

17 Youth justice services data tables (XLSX 370.5 KB)

17 Youth justice services dataset (CSV 835.0 KB)

Refer to the corresponding table number in the data tables for detailed definitions, caveats, footnotes and data source(s).

Guide: How to find what you need in RoGS (PDF 288.6 KB)

Context

Objectives for youth justice services

Youth justice services aim to promote community safety, rehabilitate and reintegrate young people who offend, and contribute to a reduction in youth re-offending.

To achieve these aims, governments seek to provide youth justice services that:

- divert young people who offend from further progression into the youth justice system to alternative services
- assist young people who offend to address their offending behaviour
- provide a safe and secure environment for the protection of young people during their time in detention
- assist young people who are in youth justice detention to return to the community
- promote the importance of the families and communities of young people who offend, particularly Aboriginal and Torres Strait Islander communities, in the provision of services and programs
- support young people to understand the impact of their offending on others, including victims and the wider community
- recognise the rights of victims
- are delivered sustainably.

Governments aim for youth justice services to meet these objectives in an equitable and efficient manner.

Service overview

Youth justice systems are responsible for administering justice to those who have committed or allegedly committed an offence while considered by law to be a child or young person (predominantly aged 10–17 years).

The youth justice system in each state and territory comprises:

- police, who are usually a young person's first point of contact with the system, and are typically responsible for administering the options available for diverting young people from further involvement in the youth justice system (section 6)
- courts (usually a special children's or youth court), where matters relating to the charges against young people are heard. The courts are largely responsible for decisions regarding bail, remand and sentencing (section 7)
- statutory youth justice agencies, which are responsible for the supervision and case management of young people on a range of legal and administrative orders, and for the provision of a wide range of services intended to reduce and prevent crime
- non-government and community service providers, who may work with youth justice agencies to provide services and programs for young people under supervision.

This section reports on services provided by statutory youth justice agencies that are responsible for the supervision and case management of young people who have committed or allegedly committed an offence; in particular, community-based supervision, detention-based supervision and group conferencing (see the 'Explanatory material' tab for definitions).

Roles and responsibilities

State and territory governments have responsibility for funding and/or providing youth justice services in Australia. Each jurisdiction has its own legislation that determines the policies and practices of its youth justice system and while this legislation varies in detail, its intent is similar across jurisdictions.

Legislation in all jurisdictions requires that the offence giving rise to youth justice involvement be committed while a young person is aged between 10–17 years (in Queensland, it was 10–16 years until February 2018, after which it became 10–17 years).

However, youth justice agencies might continue their involvement with these young people after they reach adulthood, for example, where young people turn 18 years of age while on an order. In five jurisdictions (Victoria, Queensland, Western Australia, South Australia and Tasmania) there is no upper age limit for youth justice involvement. In New South Wales, the Australian Captial Territory and the Northern Territory, the upper age limits for youth justice involvement are 21.5 years, 21 years, and 18 years, respectively.

Diversion of young offenders

In all jurisdictions, police have responsibility for administering options for diverting young people who have committed (or allegedly committed) relatively minor offences from further involvement in the youth justice system. Diversionary options include warnings (informal cautions), formal cautions, and infringement notices. Responsibility for administering the diversionary processes available for more serious offences lies with youth justice authorities, courts and in some cases, other agencies.

Comparable and complete national data is yet to become available to illustrate the nature or level of diversion undertaken by jurisdictions.

Funding

The youth justice expenditure data included in this report is based on the total costs incurred by governments in supervising young offenders of any age, where the offence giving rise to youth justice supervision was committed while the young person was aged 10–17 years (table 17A.10).

Total recurrent expenditure on detention-based supervision, community-based supervision and group conferencing was $1.3 billion nationally in 2022-23, with detention-based supervision accounting for the majority of this expenditure (64.7%, or $855.3 million) (table 17A.10). Nationally in 2022-23, recurrent expenditure on youth justice services per young person in the population aged 10–17 years (as distinct from per youth justice client, which is reported as a performance indicator under the 'Indicator results' tab) was $508 (figure 17.1).

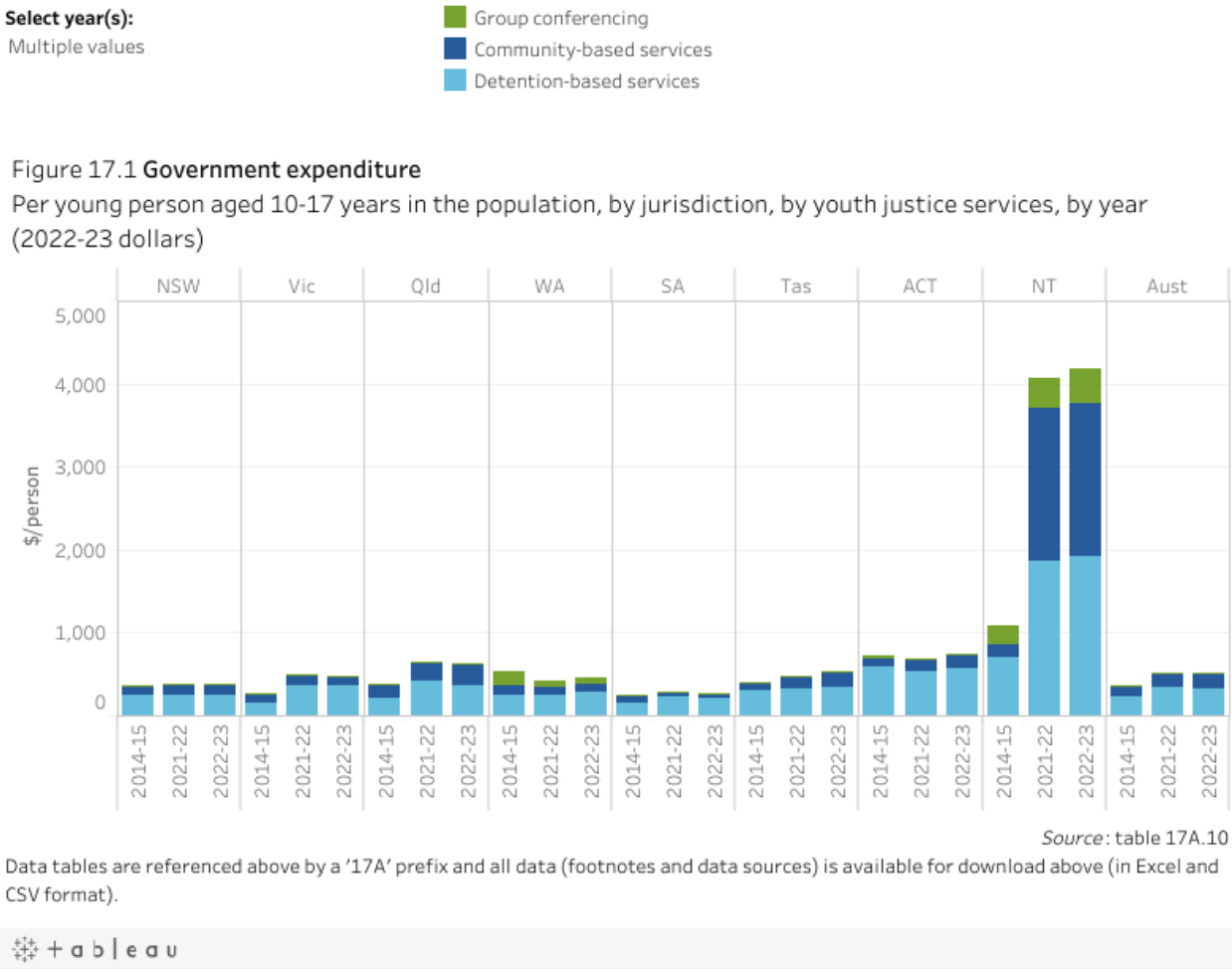


Figure 17.1 **Government expenditure**
Per young person aged 10-17 years in the population, by jurisdiction, by youth justice services, by year (2022-23 dollars)

Source: table 17A.10

Data tables are referenced above by a '17A' prefix and all data (footnotes and data sources) is available for download above (in Excel and CSV format).

Size and scope

The average daily number of young people aged 10–17 years under youth justice supervision in Australia in 2022-23 was 3,446 (table 17A.1). Of the young people under supervision on an average day in 2022-23, 79.7% were supervised in the community (includes supervised bail, probation and parole), with the remainder in detention (figure 17.2 and table 17A.1).

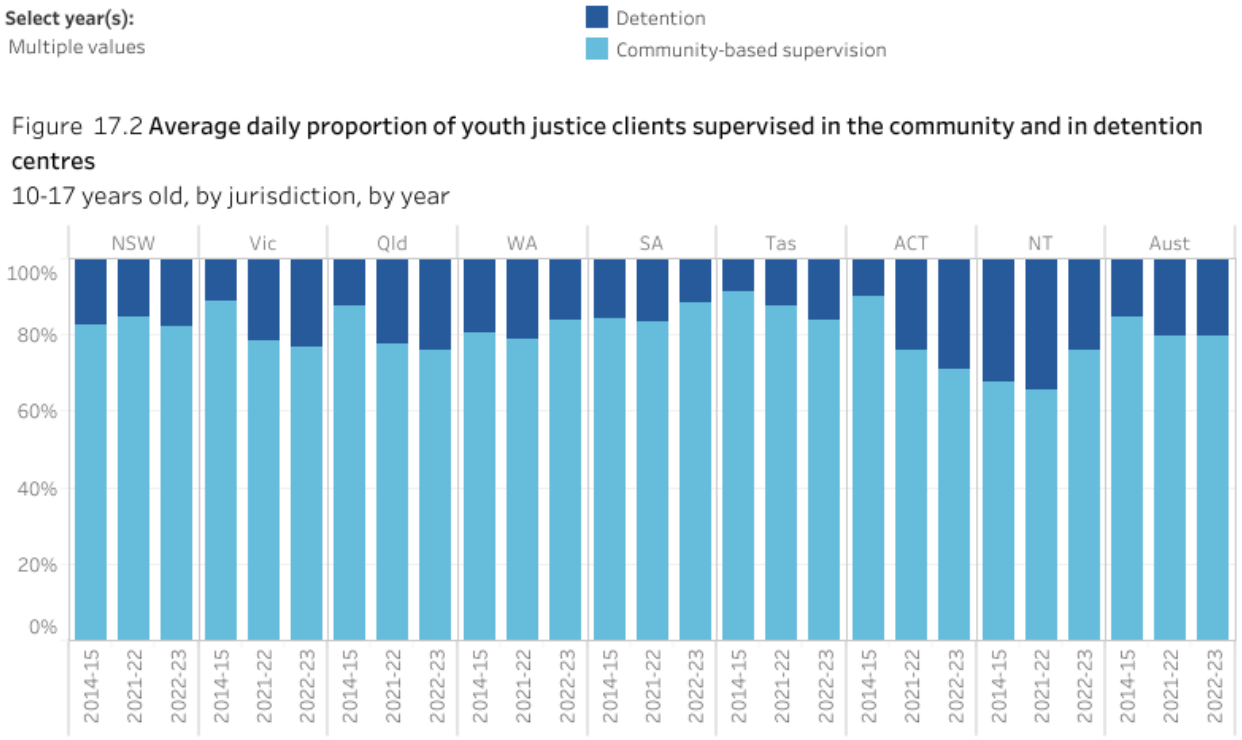


Figure 17.2 **Average daily proportion of youth justice clients supervised in the community and in detention centres**
10-17 years old, by jurisdiction, by year

Source: table 17A.1

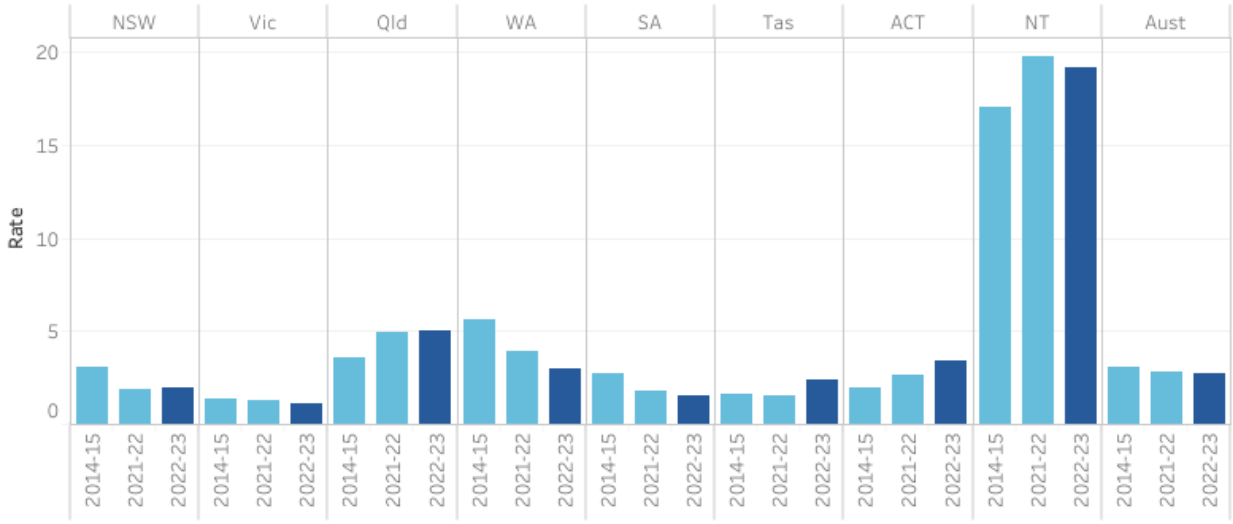
Data tables are referenced above by a '17A' prefix and all data (footnotes and data sources) is available for download above (in Excel and CSV format).

Nationally in 2022-23, the average daily rate of detention was 2.7 per 10,000 young people and the average daily rate of community-based supervision was 10.6 per 10,000 young people (figure 17.3).

Select year(s):
Multiple values

Select supervision type:
(●) Detention
( ) Community-based supervision

Figure 17.3 **Average daily rate of young people in detention**
Per 10,000 young people aged 10-17 years, by jurisdiction, by year



Source: table 17A.1

Data tables are referenced above by a '17A' prefix and all data (footnotes and data sources) is available for download above (in Excel and CSV format).

Centre utilisation (the number of all young people in detention centres as a proportion of the number of permanently funded beds) was 55.9% nationally in 2022-23 (table 17A.2). Youth justice detention centres operating at below full capacity assists to maintain a safe operating environment for young offenders.

Most young people aged 10–17 years supervised by youth justice agencies are male (in 2022-23, 89.0% in detention and 76.8% in the community) (tables 17A.3–4).

Aboriginal and Torres Strait Islander young people are overrepresented in the youth justice system – in detention-based supervision (28 times the rate for non-Indigenous young people nationally in 2022-23) and in community-based supervision (almost 22 times the rate for non-Indigenous young people) (figure 17.4 and tables 17A.7-8).

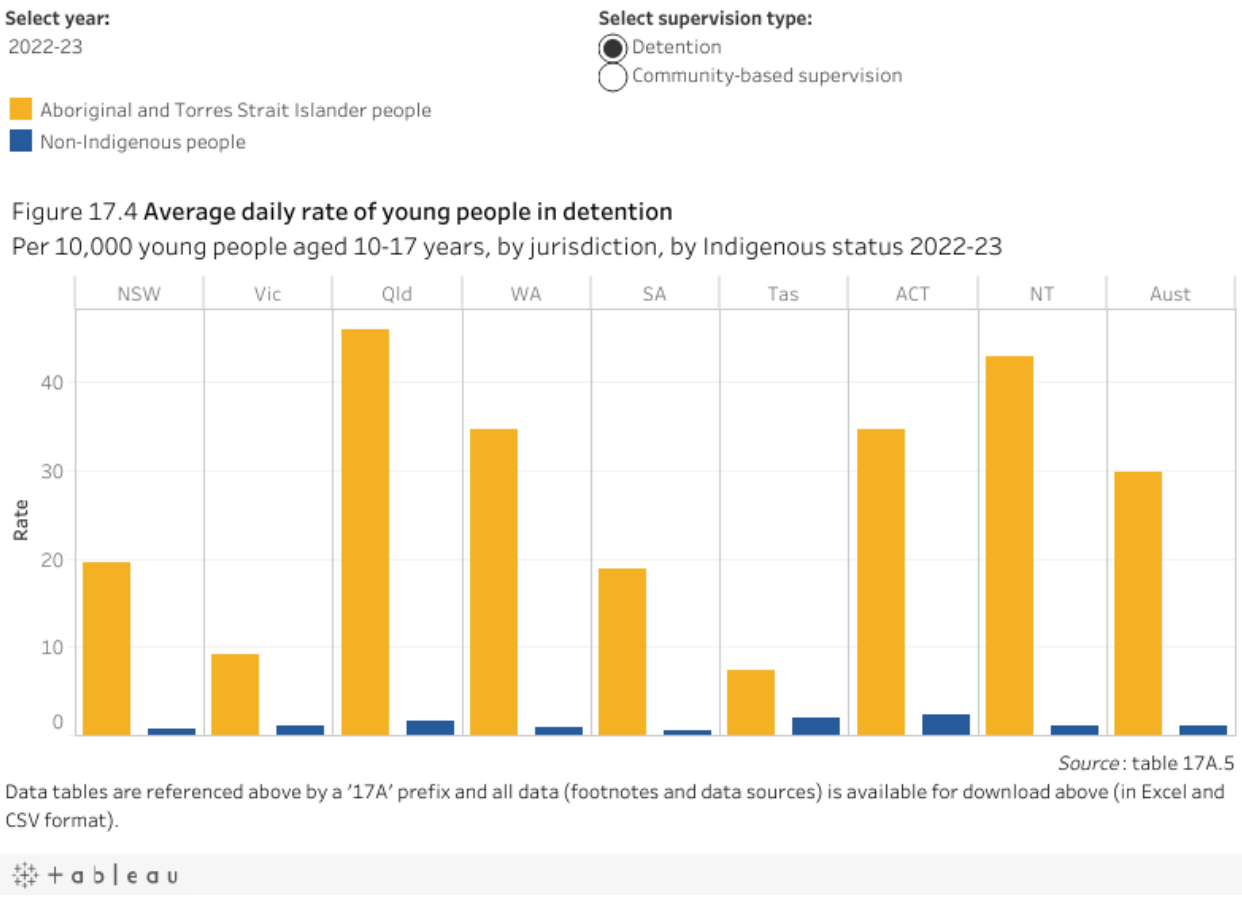


Figure 17.4 **Average daily rate of young people in detention**
Per 10,000 young people aged 10-17 years, by jurisdiction, by Indigenous status 2022-23

Source: table 17A.5

Data tables are referenced above by a '17A' prefix and all data (footnotes and data sources) is available for download above (in Excel and CSV format).

Nationally in 2022-23, 554 young people in community-based supervision (7.0%) and 600 young people in detention (13.0%) were aged 10–13 years old. More than 70% these young people were Aboriginal and Torres Strait Islander (table 17A.9). The data is based on aggregate counts of all young people under youth justice supervision during the year (not average daily counts as used for other reporting in this section).

Aboriginal and Torres Strait Islander young people aged 10–13 years are considerably overrepresented in the youth justice system, and to a greater extent in community-based supervision (45 times the rate for non-Indigenous young people in 2022-23) compared to detention-based supervision (43 times the rate for non-Indigenous young people). The rate ratios are lower for those aged 14–17 years (19:1 for community-based supervision and 21:1 for detention) (figure 17.5).

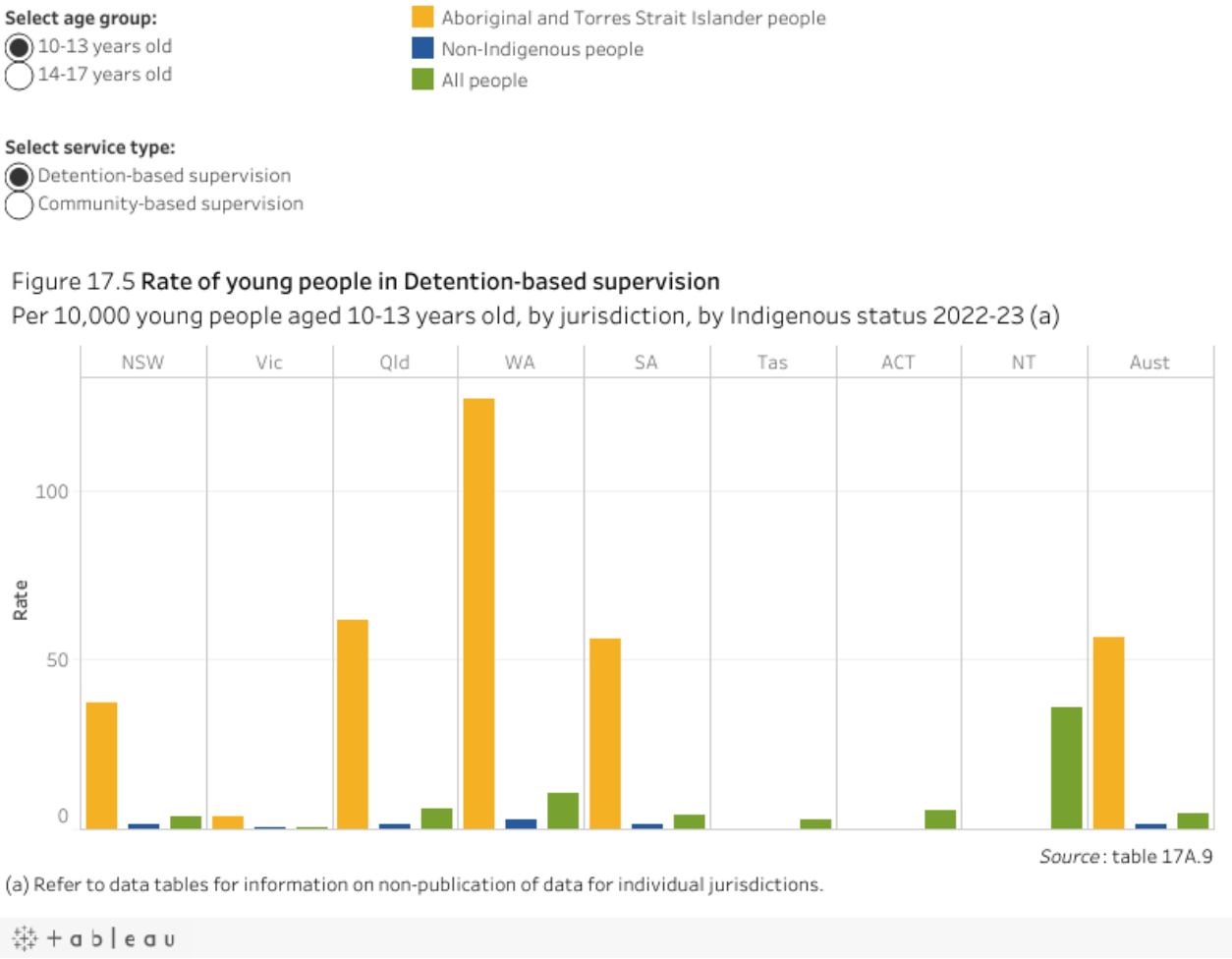


Figure 17.5 **Rate of young people in Detention-based supervision**
Per 10,000 young people aged 10-13 years old, by jurisdiction, by Indigenous status 2022-23 (a)

Population data on young adults aged 10–17 years by sex and by Indigenous status from December 2014 to 2022 is available in tables 17A.27 and 17A.28 respectively.

Indicator framework

The performance indicator framework provides information on equity, effectiveness and efficiency and distinguishes the outputs and outcomes of youth justice services.

The performance indicator framework shows which data is complete and comparable in this report. For data that is not considered directly comparable, text includes relevant caveats and supporting commentary. Section 1 discusses data comparability and completeness from a report-wide perspective. In addition to the contextual information for this service area (see 'Context' tab), the report's statistical context (section 2) contains data that may assist in interpreting the performance indicators presented in this section.

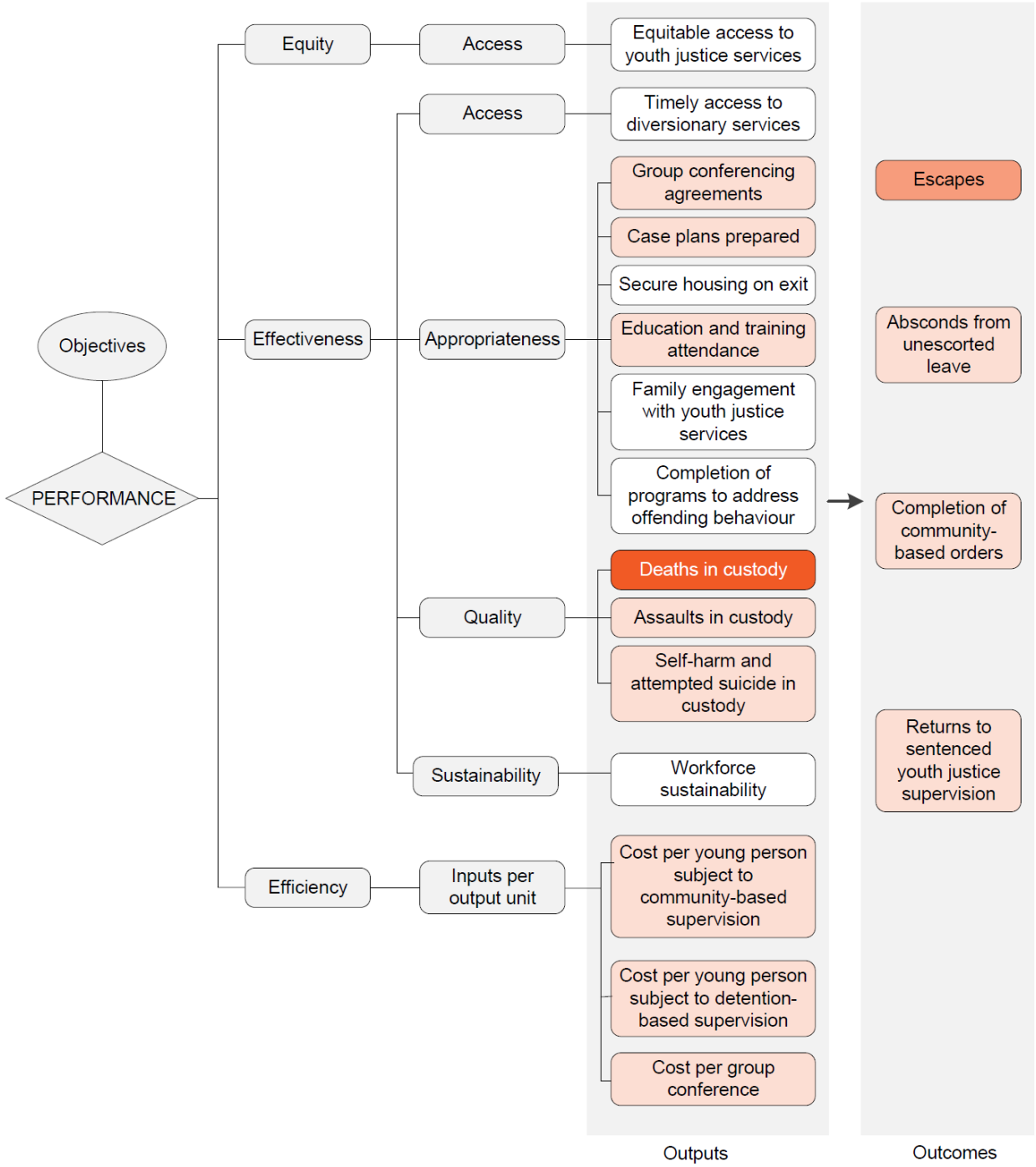
Improvements to performance reporting for youth justice services are ongoing and include identifying data sources to fill gaps in reporting for performance indicators and measures and improving the comparability and completeness of data.

Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (see section 1). Output information is critical for equitable, efficient and effective management of government services.

Outcomes

Outcomes are the impact of services on the status of an individual or group (see section 1).



Key to indicators*

Text	Most recent data for all measures is comparable and complete
Text	Most recent data for at least one measure is comparable and complete
Text	Most recent data for all measures is either not comparable and/or not complete
Text	No data reported and/or no measures yet developed

* A description of the comparability and completeness is provided under the Indicator results tab for each measure

Text version of indicator framework

Performance – linked to Objectives

Outputs

Equity – Access

- Equitable access to youth justice services – no data reported and/or no measures yet developed

Effectiveness – Access

- Timely access to diversionary services – no data reported and/or no measures yet developed

Effectiveness – Appropriateness

- Group conferencing agreements – most recent data for all measures is either not comparable and/or not complete
- Case plans prepared – most recent data for all measures is either not comparable and/or not complete
- Secure housing on exit – no data reported and/or no measures yet developed
- Education and training attendance – most recent data for all measures is either not comparable and/or not complete
- Family engagement with youth justice services – no data reported and/or no measures yet developed
- Completion of programs that aim to address offending behaviour – no data reported and/or no measures yet developed

Effectiveness – Quality

- Deaths in custody – most recent data for all measures is comparable and complete
- Assaults in custody – most recent data for all measures is either not comparable and/or not complete
- Self-harm and attempted suicide in custody – most recent data for all measures is either not comparable and/or not complete

Effectiveness – Sustainability

- Workforce sustainability – no data reported and/or no measures yet developed

Efficiency – Inputs per output unit

- Cost per young person subject to community-based supervision – most recent data for all measures is either not comparable and/or not complete
- Cost per young person subject to detention-based supervision – most recent data for all measures is either not comparable and/or not complete
- Cost per group conference – most recent data for all measures is either not comparable and/or not complete

Outcomes

- Escapes – most recent data for at least one measure is comparable and complete

- Absconds from unescorted leave – most recent data for all measures is either not comparable and/or not complete
- Completion of community-based orders – most recent data for all measures is either not comparable and/or not complete
- Returns to sentenced youth justice supervision – most recent data for all measures is either not comparable and/or not complete

A description of the comparability and completeness is provided under the 'Indicator results' tab for each measure.

Indicator results

This section presents an overview of 'Youth justice services' performance indicator results. Different delivery contexts, locations and types of clients can affect the equity, effectiveness and efficiency of youth justice services. Performance indicator results may differ from similar data included in jurisdictions' annual reports due to different counting rules applied for these jurisdictional reports.

Information to assist the interpretation of this data can be found with the indicators below and all data (footnotes and data sources) is available for download above as an excel spreadsheet and as a CSV dataset. Data tables are identified by a '17A' prefix (for example, table 17A.1).

Specific data used in figures can be downloaded by clicking in the figure area, navigating to the bottom of the visualisation to the grey toolbar, clicking on the 'Download' icon and selecting 'Data' from the menu. Selecting 'PDF' or 'Powerpoint' from the 'Download' menu will download a static view of the performance indicator results.

1. Equitable access to youth justice services

'Equitable access to youth justice services' is an indicator of governments' objective to provide youth justice services in an equitable manner.

'Equitable access to youth justice services' is defined as the proportion of young people required to enter youth justice services who receive equitable access to particular processes or services within the system.

A lack of access to particular services (including specialised services and community-based programs) or justice processes when in the system can create barriers to equitable treatment and ultimately to outcomes. For example, if a young person cannot access a community-based program due to requirements such as age, gender, location or living arrangement, and that program is available to other young people, then the young person does not have equitable access.

High or increasing proportions of young people who enter these services who receive equitable treatment through access to particular services and processes is desirable.

Data is not yet available for reporting against this indicator.

2. Timely access to diversionary services

'Timely access to diversionary services' is an indicator of governments' objective to divert young people who offend from further progression into the youth justice system to alternative services.

'Timely access to diversionary services' is defined as the proportion of diversionary services accessed by young people within a specified time period.

A high or increasing proportion of diversionary services accessed within the specified time period is desirable.

Data is not yet available for reporting against this indicator.

3. Group conferencing agreements

'Group conferencing agreements' is a partial indicator of governments' objective to divert young people who offend from further progression into the youth justice system to alternative services, and to recognise the rights of victims.

‘Group conferencing agreements’ is defined as the number of young people who receive group conferencing and who as a result reach an agreement, as a proportion of all young people who receive group conferencing.

Data for this indicator should be interpreted with caution as group conferencing differs across jurisdictions in relation to:

- its place in the court process (for example, whether young people are referred by police before court processes begin, or by the court as an alternative to sentencing)
- whether the agreement requires all conference participants to agree
- the consequences for young people if they do not comply with the outcome plans of a conference
- eligibility.

In addition, while all jurisdictions provide the opportunity for victims and/or their representatives to be involved in group conferencing, thereby recognising the rights of victims and resulting in many benefits for all parties, the level of involvement should reflect the needs and desires of the victim. Therefore, not all group conferences or group conferencing agreements will involve the victim as part of the process or agreement.

A high or increasing rate of young people receiving group conferencing, and for whom an agreement is reached, is desirable.

> Nationally in 2022-23, 83.9% of all concluded group conferences resulted in an agreement. Nationally in 2022-23, 82.6% of concluded group conferences for Aboriginal and Torres Strait Islander young people resulted in an agreement (figure 17.6 and table 17A.12).

Data is not comparable across jurisdictions or within some jurisdictions over time (refer to footnotes in data tables for specific jurisdictions).

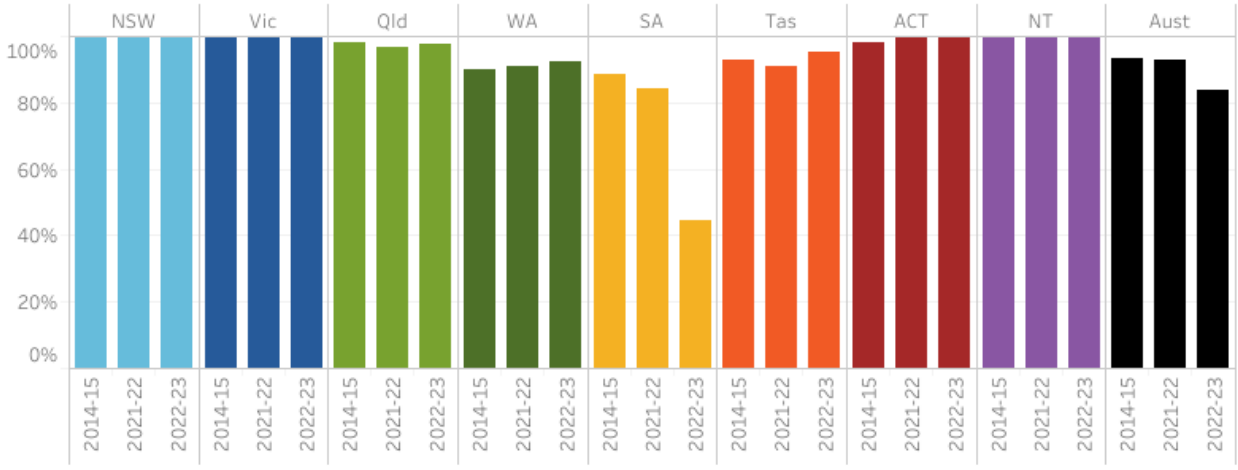
Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Select Indigenous status:
- Aboriginal and Torres Strait Islander people
- Non-Indigenous people
- All people

Jurisdiction:
NSW Vic Qld WA SA Tas ACT NT Aust

Figure 17.6 **Group conferencing Resulting in an agreement**
By All people, by jurisdiction, by year (a)



Source: table 17A.12

(a) In Victoria, it is a requirement that all group conferences reach an agreement.

4. Case plans prepared

'Case plans prepared' is an indicator of governments' objective to assist young people who offend to address their offending behaviour.

'Case plans prepared' is defined as the number of eligible young people who had a documented case plan prepared or reviewed within six weeks of commencing:

- a sentenced community-based order, as a proportion of all young people commencing a sentenced community-based order
- a sentenced detention order, as a proportion of all young people commencing a sentenced detention order.

Case plans are formal written plans that assess a young person's risks and needs for general safety and rehabilitation for specific offending behaviours. An eligible young person is one who is serving a sentenced order that requires case management. In some jurisdictions, all young people on a youth justice order are case-managed whereas other jurisdictions have supervised orders that do not require case management plans.

A high or increasing proportion of case plans prepared is desirable.

Nationally (excluding Western Australia and the Northern Territory), 87.8% of eligible young people had a case plan prepared within six weeks of commencing a sentenced community-based order in 2022-23 (figure 17.7). This proportion has fluctuated between 81.7% and 91.3% over the past nine years (table 17A.13). Nationally (excluding the Northern Territory), 92.8% of eligible young people had a case plan prepared within six weeks of commencing a sentenced detention order in 2022-23 (figure 17.7).

Data is not comparable across jurisdictions or within some jurisdictions over time (refer to footnotes in data tables for specific jurisdictions).

Data is not complete for the current reporting period of 2022-23. Sentenced community-based order data is not available for Western Australia and the Northern Territory. Sentenced detention order data is not available for the Northern Territory. Sentenced detention order data by Indigenous status is not published for Tasmania.

Select year: 2022-23

Select order type:
- (●) Sentenced community-based orders
- ( ) Sentenced detention orders

- Aboriginal and Torres Strait Islander people
- Non-Indigenous people
- All people

Figure 17.7 **Case plans prepared/reviewed within six weeks of commencing sentenced community-based orders**
By jurisdiction, by Indigenous status 2022-23 (a)

Source: table 17A.13

(a) Refer to data tables for information on non-publication of data for individual jurisdictions.

5. Secure housing on exit

'Secure housing on exit' is an indicator of governments' objective to assist young people who are in youth justice detention to return to the community.

'Secure housing on exit' is defined as the proportion of young people who exit youth justice detention to a stable, permanent housing arrangement.

Ensuring young people have suitable, stable accommodation is a critical factor in preventing offending and reoffending, and is a core component of reintegrating young people into the

community post-detention. Lack of suitable housing options can contribute to an increased risk of incarceration (Almquist and Walker 2022; Alves and Roggenbuck 2021; Yfoundation 2021).

A high or increasing percentage of young people who exit youth justice detention to a stable, permanent housing arrangement is desirable.

Data is not yet available for reporting against this indicator.

6. Education and training attendance

'Education and training attendance' is an indicator of governments' objective to assist young people who are in youth justice detention to return to the community.

'Education and training attendance' is defined by two measures:

- the number of young people of compulsory school age in detention attending an education course, as a percentage of all young people of compulsory school age in detention.
- the number of young people *not* of compulsory school age in detention attending an education or training course, as a percentage of all young people *not* of compulsory school age in detention.

Compulsory school age refers to specific state and territory governments' requirements for a young person to participate in school, which are based primarily on age (see section 4 in this report for further information). Education or training course refers to school education or an accredited education or training course under the Australian Qualifications Framework.

High or increasing proportions of young people attending education and training are desirable.

Exclusions include young people not under youth justice supervision and young people whose situation might preclude their participation in education programs (for example, due to temporary leave such as work release, medically unable to participate, in isolation, a risk assessment resulting in exclusion from education, attending court, or on remand or sentenced for fewer than seven days).

The method for counting young people attending education differs across jurisdictions, with one of the following three methods used: (1) an exceptions basis, where the number of young people who do not attend due to one of the excluded reasons is determined and it is taken that all other young people are attending, (2) daily data averaged over the number of school days in the financial year, or (3) averaging the number of young people as at the second last day of each school term or an alternative day as required.

> Nationally (excluding the Northern Territory and Tasmania) in 2022-23, 99.9% of young people in detention and of compulsory school age were attending an education course and 99.9% of young people in detention *not* of compulsory school age were attending an accredited education or training course (table 17.1 and table 17A.14). Most jurisdictions recorded 100% for both measures, including for Aboriginal and Torres Strait Islander young people.

(all measures) Data is not comparable across jurisdictions or within some jurisdictions over time (refer to footnotes in data tables for specific jurisdictions).

(all measures) Data is not complete for the current reporting period. All required 2022-23 data is not available for Tasmania and the Northern Territory. Data by Indigenous status for the Australian Capital Territory is not published.

Select year(s):
Multiple values

(●) Young people in detention, of compulsory school age
( ) Young people in detention, not of compulsory school age

Table 17.1 **Education and training attendance**
Young people in detention of compulsory school age attending an accredited education or training course, by jurisdiction, by Indigenous status, by year (%) (a), (b)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Aboriginal and Torres Strait Islander people	2022-23	100.0	100.0	100.0	99.4	100.0	na	np	na	99.9
	2021-22	100.0	100.0	100.0	80.7	100.0	95.3	100.0	na	95.1
	2014-15	100.0	100.0	100.0	96.7	100.0	100.0	100.0	100.0	99.1
Non-Indigenous people	2022-23	100.0	100.0	100.0	100.0	100.0	na	np	na	100.0
	2021-22	100.0	100.0	100.0	88.0	100.0	94.4	100.0	na	98.4
	2014-15	100.0	100.0	100.0	92.0	100.0	100.0	100.0	100.0	98.6
All people	2022-23	100.0	100.0	100.0	99.6	100.0	na	100.0	na	99.9
	2021-22	100.0	100.0	100.0	82.9	100.0	94.7	100.0	na	96.6
	2014-15	100.0	100.0	100.0	95.3	100.0	100.0	100.0	100.0	98.8

Source: table 17A.14
.. Not applicable. **na** Not available. **np** Not published.
(a) From 2021-22, the ACT adopted a policy of not publishing small numbers (numbers less than five). (b) Data is not available for the Northern Territory from 2017-18 onwards.

7. Family engagement with youth justice services

'Family engagement with youth justice services' is an indicator of governments' objective to promote the importance of the families of young people who offend, in particular Aboriginal and Torres Strait Islander communities, in the provision of services and programs.

'Family engagement with youth justice services' is defined by three measures:

- the proportion of young people participating in group conferencing whose family is engaged
- the proportion of young people subject to community-based supervision whose family is engaged
- the proportion of young people subject to detention-based supervision who have contact with their family.

High or increasing proportions of young people receiving youth justice services whose families engage with youth justice services is desirable.

Data is not yet available for reporting against this indicator.

8. Completion of programs that aim to address offending behaviour

‘Completion of programs that aim to address offending behaviour’ is a proxy indicator of governments’ objective to support young people to understand the impact of their offending on others, including victims and the wider community.

‘Completion of programs that aim to address offending behaviour’ is defined as the proportion of young people referred to programs that aim to address offending behaviour, who complete the program.

A high or increasing proportion of young people completing these programs is desirable.

This indicator is a proxy indicator and needs to be interpreted with care. Completion of a program that aims to address offending behaviour may not change the young person’s understanding of the impact of their behaviour.

Data is not yet available for reporting against this indicator. Table 17.2 provides summary information about programs available to young offenders that aim to address their offending behaviour.

Table 17.2 Programs to address offending behaviour

NSW	New South Wales uses the Youth Level of Service/Case Management Inventory to assess young offenders’ level of risk and to develop individualised case management plans in response to identified criminogenic needs. Changing Habits and Reaching Targets (CHART) is the primary offence focused intervention used across New South Wales. CHART is a cognitive behavioural program that can be adapted to each young offenders’ criminogenic needs and is facilitated by caseworkers in community and custody. Other programs delivered to young offenders in New South Wales include: X-Roads, an individual intervention for young people with significant substance misuse issues; Dthina Yuwali, an Aboriginal-specific Alcohol and Other Drugs group work program; and My Journey My Life, a group program for young Aboriginal males that aims to reduce the incidence of family and inter-generational violence. New South Wales also funds non-government organisations to provide a Rural Residential Alcohol and Other Drug Rehabilitation program, the Youth on Track early intervention scheme, an Aboriginal Reintegration and Transition program, and other case management, mentoring and accommodation support programs.

Vic	Victoria offers a range of offence-specific, offence-related and psychosocial programs to target offending behaviour, in conjunction with a comprehensive individualised case planning framework (including assessment and client service planning). This framework is supported by Practice Guidelines that provide clear direction on intervention planning, implementation, sequencing and priority. All interventions are delivered in accordance with the Risk-Need-Responsivity (RNR) model. The offence-specific interventions are designed to target the criminogenic factors contributing to a young person's offending behaviour, based on the type of offending (violence, sexual, family violence or motor vehicle offending). These interventions are intensive programs that can be delivered in a group or individual setting based on need and include AVIP-2 (Adolescent Violence Intervention Program), MAPPS (Male Adolescent Program for Positive Sexuality), Well Families (family violence) and On Track (motor vehicle offending). Offence-related and psychosocial interventions are available to all young people identified as likely to benefit from the intervention. They are designed to support treatment readiness, responsivity and other related factors that can contribute to offending behaviour. Intervention targets include antisocial thinking and cognitive distortions, problem-solving and consequential thinking, hypothetical offence chain analysis, anger management, healthy relationships and communication skills. Case Management Interventions are typically delivered as part of supervision, individually or as small groups. This includes the CHART program (Changing Habits and Reaching Targets), a cognitive behavioural intervention for positive behaviour change, the Changing Gears, Changing Direction program (for low level motor vehicle offending) and the Knife Crime Program, which includes an offence-specific and psychosocial component targeting the factors that contribute to knife crime. In circumstances in which there are identified needs for a young person that cannot be addressed through existing interventions, a referral process for specialist services is provided. Interventions are routinely reviewed for currency, with an accreditation and intervention panel under re-establishment for the purposes of ensuring that interventions are evidence-based, measurable and target the appropriate factors.

Qld	In the Queensland youth justice system, a young person's risk, needs and responsivity are assessed using the Youth Level of Service Case Management Inventory (YLS-CMI 2.0™) to inform level of supervision, service and targeted interventions. Youth Justice has a suite of evidence-informed therapeutic programs that address criminogenic needs and specific offending behaviours in both community and detention settings across our state. These programs include: Transition to Success (T2S), Integrated Case Management (ICM), Changing Habits and Reaching Targets (CHART), Aggression Replacement Training (ART®), Emotional Regulation and Impulse Control (ERIC), Rethinking Our Attitudes to Driving (ROAD); and two culturally specific programs: Young Black and Proud (YBP) and Black Chicks Talking (BCT). Additionally, Youth Justice delivers a range of interventions aimed at improving outcomes across cultural connection, health and wellbeing, participation in learning and engagement in employment, housing stability, family relationships and connection to community. These outcomes align across strategic initiatives that collaborate across other departments and agencies to, intervene early, keep young people out of court and custody, reduce reoffending and keep communities safe. As part of ongoing reform of Queensland's youth justice system, programs will continue to be subject to monitoring and evaluation informing the continuous development and implementation of evidence-based responses for reducing offending and re-offending by young people. Monitoring and evaluation design and implementation processes are informed and underpinned by the Youth Justice Framework for Practice, the Standardised Program Evaluation Protocol™ as well as best practice research and evaluation methodologies.
WA	Youth Justice Services (YJS) provides a range of programs to young people in the community and in custody across Western Australia. These programs seek to address health, rehabilitative, recreational, cultural and educational needs and are delivered by either departmental staff or external service providers. New service agreements, which incorporate the Aboriginal Youth Services Investment Priorities and Principles, commenced on 1 January 2017. The programs are implemented across the state in the community and in Banksia Hill Detention Centre, with the majority of programs delivered across the custodial and community settings including a through care component to ensure young people have access to supports throughout their contact with the youth justice system. The new service agreements were the first agreements for the department to include a requirement for service providers to adhere to the Principles for Child Safety in Organisations, endorsed by the Australian Children's Commissioners and Guardians.

SA	Youth Justice Services case management has an individualised approach to service delivery, focused on engagement, goal setting and goal achievement. Case management places substantial emphasis on a rehabilitative approach and reconnecting to the community. A range of services are available for young people at the Kurlana Tapa Youth Justice Centre including access to a range of health professionals. There is also an emphasis on community reintegration and staff are trained in behaviour support techniques to de-escalate behaviour. The Youth Justice Assessment and Intervention Services multidisciplinary team conducts a range of assessments including criminogenic risk and mental health assessments to inform service delivery and therapeutic activities for young people. During 2020-21, Youth Justice Services commenced work to strengthen the therapeutic environment at Kurlana Tapa Youth Justice Centre, including the development of a pilot Enhanced Support Team. The Enhanced Support Team will improve responses for young people with complex needs, including those with a disability. Youth Justice Services, together with its sector partners, delivers or facilitates delivery of a range of programs for young people. These include therapeutic interventions, life skill development and social integration that build engagement back to community. Examples of rehabilitation programs offered include: • CHART (Changing Habits and Reaching Targets) is used as part of case management/statutory supervision. It uses a skills oriented, cognitive behavioural focus to challenge offending behaviour for young people who require a moderate to high level of intervention to reduce their risk of reoffending. The focus for delivery is to use participatory learning methods and to be responsive to client needs, motivations and learning styles. It also includes discretionary modules, which contribute to an individualised approach. • Ignition which focuses on improving social and independent living skills through weekly workshops and links to the Integrated Housing Exists Program accommodation and support to maintain a property. • The KIND program is a tailored intervention for adolescents who perpetrate family or dating violence. The frameworks underpinning KIND are those of restorative justice, assertive engagement, family systems therapy and trauma informed care and works with victims of the violence where possible. The KIND program aims to improve the safety and wellbeing of young people by assisting them to make changes in four key domains: Kinship, Improved relationships, No violence and Developing Skills. Aboriginal young people and their families are provided with access to a range of cultural support services, such as the Journey to Respect Aboriginal and Torres Strait Islander specific intergenerational violence prevention program and the Respect Sista Girls 2 program, for Aboriginal girls in custody. Yarning Circles are run for Aboriginal girls and boys within Kurlana Tapa.

Tas

Tasmania utilises the Youth Level of Service/Case Management Inventory risk assessment tool and the Changing Habits and Reaching Targets (CHART) offending behaviour program. The tools support a modular and structured approach to working with young people who are at a high risk of reoffending. The program uses active, participatory learning methods and employs a skills-oriented, cognitive-behavioural approach to casework with young offenders.

Tasmania also sources expertise from a range of government, non-government and community-based services to provide offending-specific programs to young people based on their assessed risk and need. The community-based Targeted Youth Support Service provides intensive case management and interventions for vulnerable young people and their families. The target groups for this service are young people identified as having significant and/or multiple risk issues and without intensive support, young people known to child protection, and young people at risk of entry and/or escalation within the youth justice system.

The Sexual Assault Support Services (SASS) is also funded by the Department for Education, Children and Young People (DECYP) to run the PAST Program (Prevention, Assessment, Support and Treatment Program) which is a program focussed on young people aged 17 years and under, who are displaying Harmful Sexualised Behaviour. The program provides therapeutic intervention, assessment and case management and is delivered in collaboration with Mission Australia.

Step Up is a statewide program provided by Colony 47. Colony 47 works with adolescents aged 11 to 17 who are using violent behaviour in the home, towards family members or intimate partners. The program is a one-on-one case management, outreach model that works with both the young person and their family or intimate partner. Young people learn and practice nonviolent, respectful ways of communicating and resolving conflict with those they have been abusive towards, while parents learn a model of respectful parenting that balances leadership and positive support, promoting non-violence in the family.

In partnership with the Child and Adolescent Mental Health Services, Life without Barriers provides Multisystemic Therapy (MST) to support children and young people whose severe antisocial behaviour puts them at risk of disengagement from school and entry into the youth justice system. MST provides this support by helping children and young people to build skills to function responsibly and successfully in their natural environments long term. Some of the ways MST supports young people by:

- Addressing the core causes of the young person’s behaviour.
- Viewing the young person as a network of systems, including family, peers, school, and neighbourhood.
- Building the strength of the systems surrounding the young person.
- Empowering caregivers to be long-term change agents.

54 Reasons (Formerly Save the Children) runs two state-wide programs: the Transition from Detention program assists young people to reintegrate back into the community after being detained in Ashley Youth Detention Centre (AYDC), and the Supporting Young People on Bail Program which supports young people placed on Court Bail. Youth workers work with young people to identify their recreational, educational, vocational/employment goals and aspirations. The goals form the young person’s bail support plan. Support is provided during their bail period to help them meet their goals.

The Juvenile Fire Lighting Intervention Program (JFLIP) is a state-wide behaviour change program designed for children aged 4–14 who engage in unsafe fire-setting. It is a family-based program delivered in the home by trained JFLIP fire-fighters. JFLIP

	practitioners also participate in community conferences and formal cautions for young people who have committed fire-related offences. Tasmanian Aboriginal Corporation (TAC), which has supervised a number of young people on community service orders and involved them in health and wellbeing programs, as well as tasks such as land care. A TAC youth worker meets with young people at the AYDC, and staff as required, often on a weekly basis. TAC also attends mediation conferences when an Aboriginal young person is involved. AYDC consults with TAC as part of exit planning and the youth worker will provide mentoring to young people on return to the community. The Circular Head Aboriginal Corporation delivers the Youth Prevention and Diversion Program which provides case management, mentoring and referrals to other service providers for Indigenous Youth (aged 12 to 24) at risk of offending or entering the criminal justice system. The program also offers reintegration services for young people returning to the community from AYDC and support services to bridge the gap to education and employment services.
ACT	The Australian Capital Territory develops bespoke programs to meet the individual needs of young people, utilising experts in the field to ensure the best outcomes. In addition, the Australian Capital Territory utilises the offending-specific program Changing Habits and Reaching Targets (CHART). CHART is designed specifically for young people assessed as moderate to high-risk of reoffending. This behaviour program is used by staff as part of their case work intervention either with individuals or with small groups of two to three clients. CHART is evidence-based and is informed by the 'What Works' approach to offender rehabilitation. This approach is characterised by the application of five basic principles of good practice for effective interventions: risk, needs, responsiveness, program integrity and professional discretion.
NT	The Northern Territory provides a number of offending-specific programs to assist young people and inmates in contact with the criminal justice system. Programs offered in the Northern Territory include: sex offender treatment programs; violent offender treatment programs; the Safe, Sober, Strong Program; and the Family Violence Program. These programs are offered to inmates in adult correctional centres and youth detention centres. The programs are facilitated by psychologists and social workers with experience in these areas. The Intensive Alcohol and Drug Program is facilitated and run by non-government organisations. In addition, individual treatment programs are provided to inmates and young people with an identified need for specific treatment programs. The programs are based on cognitive behavioural therapy. A 'hands on' approach, as distinct from a 'classroom style' approach, has been adopted in facilitating these programs to reflect cultural differences, language difficulties and lower literacy levels which inmates or youth detainees in these programs may experience. The Northern Territory adult correctional and youth justice systems have a disproportionately high number of Aboriginal and Torres Strait Islander young people in custody or detention. Accordingly, input has been provided by an Indigenous Torres Strait Islander Consultative Committee and from Aboriginal and Torres Strait Islander employees attached to the Offender Services, Programs and Indigenous Affairs Division to ensure programs are relevant and appropriate.

Source: state and territory governments (unpublished).

9. Deaths in custody

‘Deaths in custody’ is an indicator of governments’ objective to provide a safe and secure environment for the protection of young people during their time in detention.

‘Deaths in custody’ is defined as the number of young people who died while in custody.

Zero deaths or a decreasing number of deaths in custody is desirable.

Deaths are restricted to those that occurred while the young person was in the legal and/or physical custody of a youth justice agency or en route to an external medical facility (even if not escorted by youth justice agency workers). Deaths from apparently natural causes are included.

> No young people died while in the legal or physical custody of an Australian youth justice agency in 2022-23 (table 17.3 and table 17A.15).

Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Table 17.3 **Deaths in custody**
By jurisdiction, by Indigenous status, by year (number)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Aboriginal and Torres Strait Islander people	2022-23	–	–	–	–	–	–	–	–	–
	2021-22	–	–	–	–	–	–	–	–	–
	2014-15	–	–	–	–	–	–	–	–	–
Non-Indigenous people	2022-23	–	–	–	–	–	–	–	–	–
	2021-22	–	–	–	–	–	–	–	–	–
	2014-15	–	–	–	–	–	–	–	–	–
All people	2022-23	–	–	–	–	–	–	–	–	–
	2021-22	–	–	–	–	–	–	–	–	–
	2014-15	–	–	–	–	–	–	–	–	–

Source: table 17A.15
– Nil or rounded to zero.

10. Assaults in custody

‘Assaults in custody’ is an indicator of governments’ objective to provide a safe and secure environment for the protection of young people during their time in detention.

‘Assaults in custody’ is defined by two measures:

- the rate of incidents of young people who are seriously assaulted (that is, sustain an injury that requires hospitalisation or any act of sexual assault) due to an act perpetrated by one or more young people, per 10,000 custody nights.
- the rate of incidents of young people who are assaulted (that is, sustain an injury, but do not require hospitalisation) due to an act perpetrated by one or more young people, per 10,000 custody nights.

If a young person is injured in more than one separate incident, each incident is counted. If multiple young people are injured, each young person is counted.

This indicator captures injuries from a range of actions. Types of actions that constitute assaults include intentional acts of direct infliction of force and violence (for example, fistfights) and intentional acts of indirect and non-confrontational force or violence (for example, administering illicit drugs or poison, spiking food or drink, and setting traps). Types of injuries include bruises, cuts or lacerations, open wounds, fractured or broken bones or teeth, burns or scalds, poisoning, dislocations and sprains, and concussions.

Zero, low or decreasing rates of assault in custody are desirable.

Data reported for this indicator needs to be interpreted with caution. The thresholds for recording an assault and the extent to which minor injuries are included may differ across jurisdictions. The evidence and information used to determine whether an injury has been sustained, and an assault should be recorded, varies across jurisdictions.

Because of their age and vulnerability, the duty of care required for young people in detention is greater than might be the case in adult custodial facilities. In discharging their duty of care to young people in detention, youth justice agencies aim to create safe and secure environments in which typical adolescent development can occur and in which young people can socialise with others in a positive and constructive way prior to their release back into their families and communities.

Data on incidents of staff assault and serious assault is presented as contextual information in data tables 17A.16 and 17A.17.

> Nationally (excluding Tasmania) in 2022-23, there were 23 incidents of young people injured in custody due to a serious assault (table 17.4a and table 17A.16).

Data is not comparable across jurisdictions or within some jurisdictions over time (refer to footnotes in data tables for specific jurisdictions).

Data is not complete for the current reporting period. All data for 2022-23 for Tasmania is not published.

Select year:
2022-23

Table 17.4a Measure 1: **Assaults in custody: Incidents of Young people in custody with injuries as a result of a serious assault**
Number and rate per 10,000 custody nights, by jurisdiction, by Indigenous status 2022-23 (a)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Aboriginal and Torres Strait Islander people	no.	3	2	1	2	–	np	–	2
Non-Indigenous people	no.	2	10	1	–	–	np	–	–
All people	no.	5	12	2	2	–	np	–	2
Aboriginal and Torres Strait Islander people	rate	0.8	3.8	0.1	0.8	–	np	–	1.1
Non-Indigenous people	rate	0.6	2.9	0.3	–	–	np	–	–
All people	rate	0.7	3.0	0.2	0.6	–	np	–	1.1

Source: table 17A.16

– Nil or rounded to zero. **na** Not available. **np** Not published.

(a) In 2021-22, Tasmania formalised a small-number suppression policy that applies to data from 2019-20 onwards (numbers less than five).

Nationally in 2022-23, there were 271 incidents of young people injured in custody due to an assault (excluding serious assaults) (table 17.4b and table 17A.17).

Data is not comparable across jurisdictions or within some jurisdictions over time (refer to footnotes in data tables for specific jurisdictions).

Data is not complete for the current reporting period. Data by Indigenous status for 2022-23 for the Australian Capital Territory is not published.

Select year:
2022-23

Table 17.4b Measure 2: **Assaults in custody: Incidents of Young people in custody with injuries as a result of an assault (excludes serious assaults)**
Number and rate per 10,000 custody nights, by jurisdiction, by Indigenous status 2022-23 (a)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Aboriginal and Torres Strait Islander people	no.	42	10	16	4	4	6	np	61
Non-Indigenous people	no.	21	55	21	3	4	10	np	3
All people	no.	63	65	37	7	8	16	7	68
Aboriginal and Torres Strait Islander people	rate	11.0	18.9	2.2	1.6	6.3	37.9	np	34.1
Non-Indigenous people	rate	6.5	16.1	6.6	3.1	7.8	30.7	np	45.7
All people	rate	8.8	16.5	3.6	2.0	7.0	33.1	10.3	36.6

Source: table 17A.17
– Nil or rounded to zero. **na** Not available. **np** Not published.
(a) From 2021-22, the ACT adopted a policy of not publishing small numbers (numbers less than five).

11. Self-harm and attempted suicide in custody

'Self-harm and attempted suicide in custody' is an indicator of governments' objective to provide a safe and secure environment for the protection of young people during their time in detention.

'Self-harm and attempted suicide in custody' is defined by two measures:

- the rate of incidents of self-harm or attempted suicide in custody requiring hospitalisation, per 10,000 custody nights
- the rate of incidents of self-harm or attempted suicide in custody not requiring hospitalisation, per 10,000 custody nights.

The number of young people who self-harmed or attempted suicide is reported as contextual information to assist with interpretation of incident data. An incident is counted each time a young person self-harms or attempts suicide. Therefore, the number of incidents and the number of young people will differ when one young person has self-harmed on two or more occasions in the reporting period, as each occasion will be counted as a separate incident.

Types of self-inflicted incidents that constitute self-harm include poisoning, hanging, attempted strangulation, suffocation, drowning, electrocution, burning, cutting, jumping from a high place, and jumping or lying in front of a moving object.

Zero, low or decreasing rates of self-harm or attempted suicide in custody are desirable.

Data reported for this indicator needs to be interpreted with caution. Methods of data collection vary across jurisdictions (for example, manual case file reviews compared to the collation of electronic incident reports). Therefore, the ability for jurisdictions to provide accurate data for this indicator is dependent on the consistent and reliable documentation of relevant incidents. Table 17A.18 details the total number of nights in custody for all young people by Indigenous status.

Nationally (excluding the Australian Capital Territory) in 2022-23, there were 26 incidents of self-harm or attempted suicide requiring hospitalisation (table 17.5a and table 17A.19).

Data is not comparable across jurisdictions or within some jurisdictions over time (refer to footnotes in data tables for specific jurisdictions).

Data is not complete for the current reporting period. Data by Indigenous status for 2022-23 for the Australian Capital Territory is not published.

Select year:
2022-23

Table 17.5a Measure 1: **Self-harm and attempted suicide in custody: Incidents requiring hospitalisation**
Number and rate per 10,000 custody nights, by jurisdiction, by Indigenous status 2022-23 (a), (b)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Aboriginal and Torres Strait Islander people	no.	–	–	–	5	6	–	np	9
Non-Indigenous people	no.	2	1	–	2	1	–	np	–
All people	no.	2	1	–	7	7	–	np	9
Aboriginal and Torres Strait Islander people	rate	–	–	–	2.0	9.5	–	np	5.0
Non-Indigenous people	rate	0.6	0.3	–	2.1	1.9	–	np	–
All people	rate	0.3	0.3	–	2.0	6.1	–	1.5	4.8

Source: table 17A.19

– Nil or rounded to zero. **na** Not available. **np** Not published.

(a) From 2021-22, the ACT adopted a policy of not publishing small numbers (numbers less than five). (b) Data for WA is not available prior to 2021-22.

Nationally in 2022-23, there were 310 incidents of self-harm or attempted suicide that did not require hospitalisation but did require psychological or medical treatment (table 17.5b and table 17A.19).

Data is not comparable across jurisdictions or within some jurisdictions over time (refer to footnotes in data tables for specific jurisdictions).

Data is complete (subject to caveats) for the current reporting period.

Select year:
2022-23

Table 17.5b Measure 2: **Self-harm and attempted suicide in custody: Incidents not requiring hospitalisation but received psychological or medical treatment**
Number and rate per 10,000 custody nights, by jurisdiction, by Indigenous status 2022-23 (a), (b)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Aboriginal and Torres Strait Islander people	no.	32	5	49	33	20	8	8	49
Non-Indigenous people	no.	3	14	59	11	5	10	–	1
All people	no.	35	19	108	44	25	18	8	53
Aboriginal and Torres Strait Islander people	rate	8.4	9.4	6.8	13.4	31.6	50.6	47.3	27.4
Non-Indigenous people	rate	0.9	4.1	18.6	11.4	9.7	30.7	–	15.2
All people	rate	4.9	4.8	10.4	12.8	21.8	37.2	11.7	28.5

Source: table 17A.19

– Nil or rounded to zero. **na** Not available. **np** Not published.

(a) From 2021-22, the ACT adopted a policy of not publishing small numbers (numbers less than five). (b) Data for WA is not available prior to 2021-22.

12. Workforce sustainability

‘Workforce sustainability’ is an indicator of governments’ objective to provide sustainable youth justice services.

Workforce sustainability relates to the capacity of the youth justice workforce to meet current and projected future service demand. These measures are not a substitute for a full workforce analysis that allows for training, migration, changing patterns of work and expected future demand. They can, however, indicate that further attention should be given to workforce planning for youth justice services.

This indicator is currently under development for reporting in the future.

13. Cost per young person subject to community-based supervision

‘Cost per young person subject to community-based supervision’ is an indicator of governments’ objective to provide youth justice services in an efficient manner.

‘Cost per young person subject to community-based supervision’ is defined as recurrent expenditure on community-based supervision per day, divided by the average daily number of young people subject to community-based supervision.

- Recurrent expenditure per day is calculated as annual recurrent expenditure divided by 365.25.
- The average daily number of young people is calculated by summing the number of days each young person spends under community-based supervision during the year (irrespective of age) and dividing this total by the number of days in the same year.

A low or decreasing average cost per day per young person is desirable as, all else being equal, it suggests more efficient resource management.

> Nationally in 2022-23, the average cost per day per young person subject to community-based supervision was $305. This data varies across jurisdictions (figure 17.8 and table 17A.20).

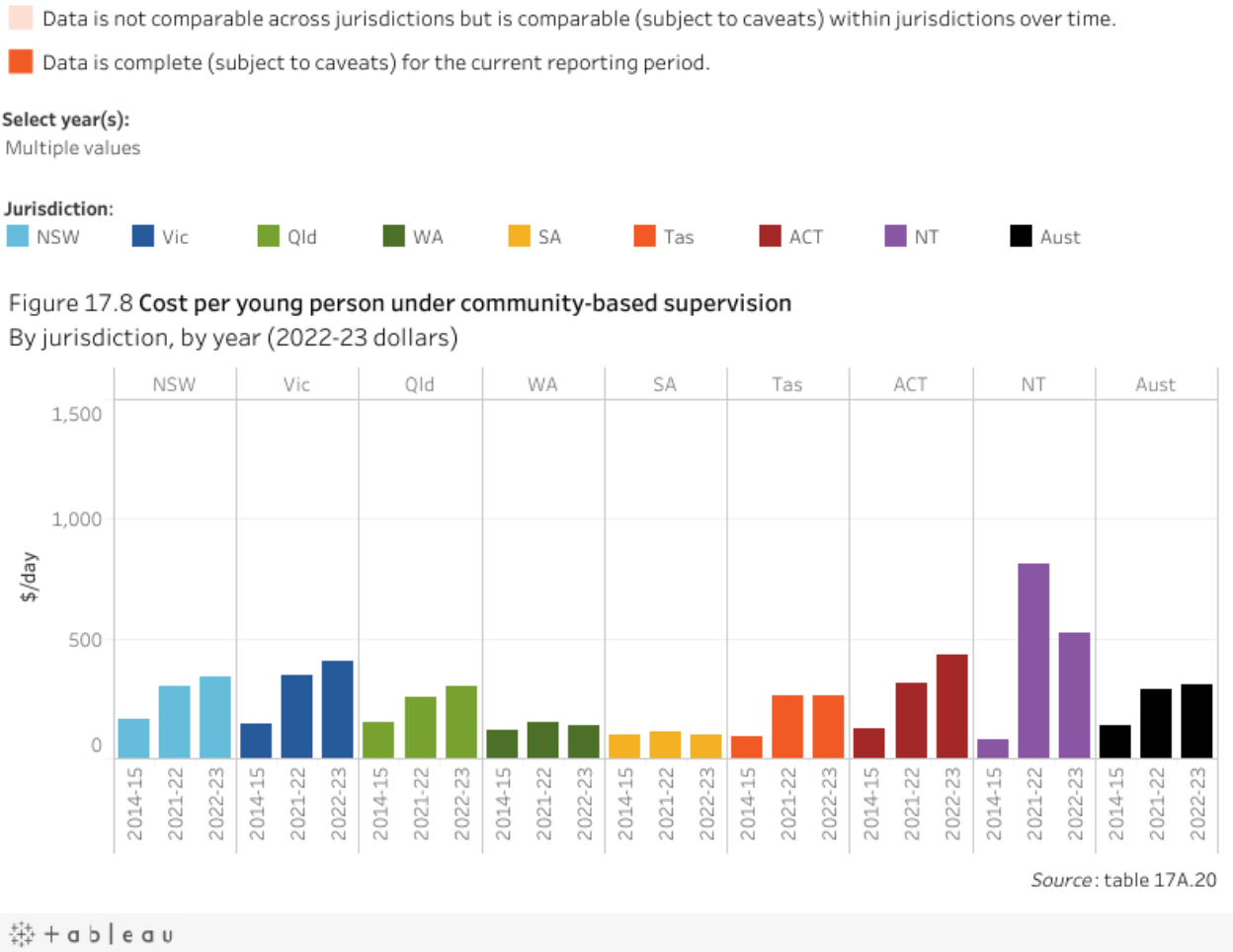


Figure 17.8 **Cost per young person under community-based supervision**
By jurisdiction, by year (2022-23 dollars)

Source: table 17A.20

14. Cost per young person subject to detention-based supervision

'Cost per young person subject to detention-based supervision' is an indicator of governments' objective to provide youth justice services in an efficient manner.

'Cost per young person subject to detention-based supervision' is defined as recurrent expenditure on detention-based supervision per day, divided by the average daily number of young people subject to detention-based supervision.

- Recurrent expenditure per day is calculated as annual recurrent expenditure divided by 365.25.

- The average daily number of young people is calculated by summing the number of days each young person spends under detention-based supervision during the year (irrespective of age) and dividing this total by the number of days in the same year.

A low or decreasing average cost per day per young person is desirable as, all else being equal, it suggests more efficient resource management.

> Nationally in 2022-23, the average cost per day per young person subject to detention-based supervision was $2,827. This data varies across jurisdictions (figure 17.9 and table 17A.21).

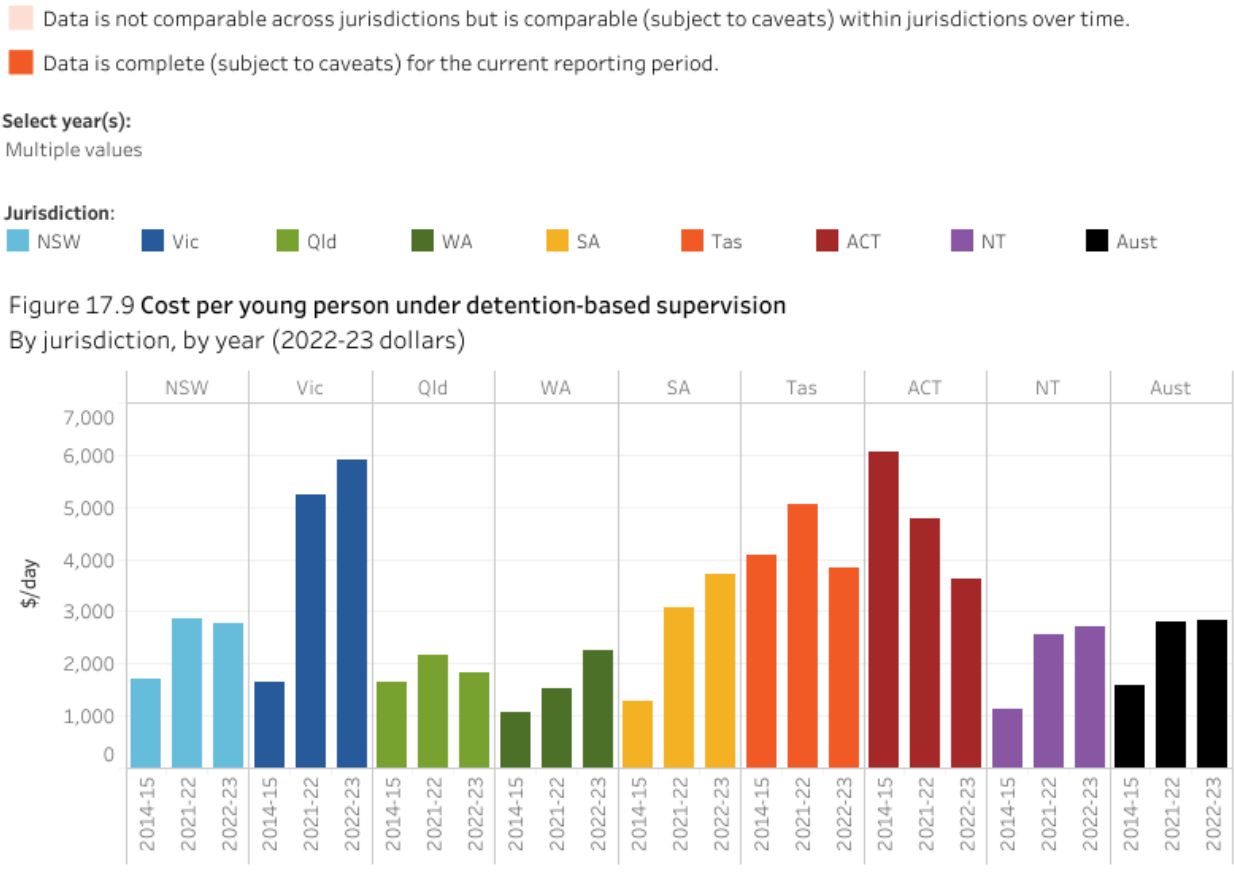


Figure 17.9 **Cost per young person under detention-based supervision**
By jurisdiction, by year (2022-23 dollars)

Source: table 17A.21

15. Cost per group conference

'Cost per group conference' is an indicator of governments' objective to provide youth justice services in an efficient manner.

'Cost per group conference' is defined as the total recurrent expenditure on group conferencing divided by the number of concluded group conferences.

A low or decreasing unit cost is desirable as it suggests more efficient resource management.

Data for this indicator should be interpreted with caution as the provision of group conferencing differs across jurisdictions.

Nationally in 2022-23, the average cost per concluded group conference was $6,124. This data varies across jurisdictions (figure 17.10 and table 17A.22).

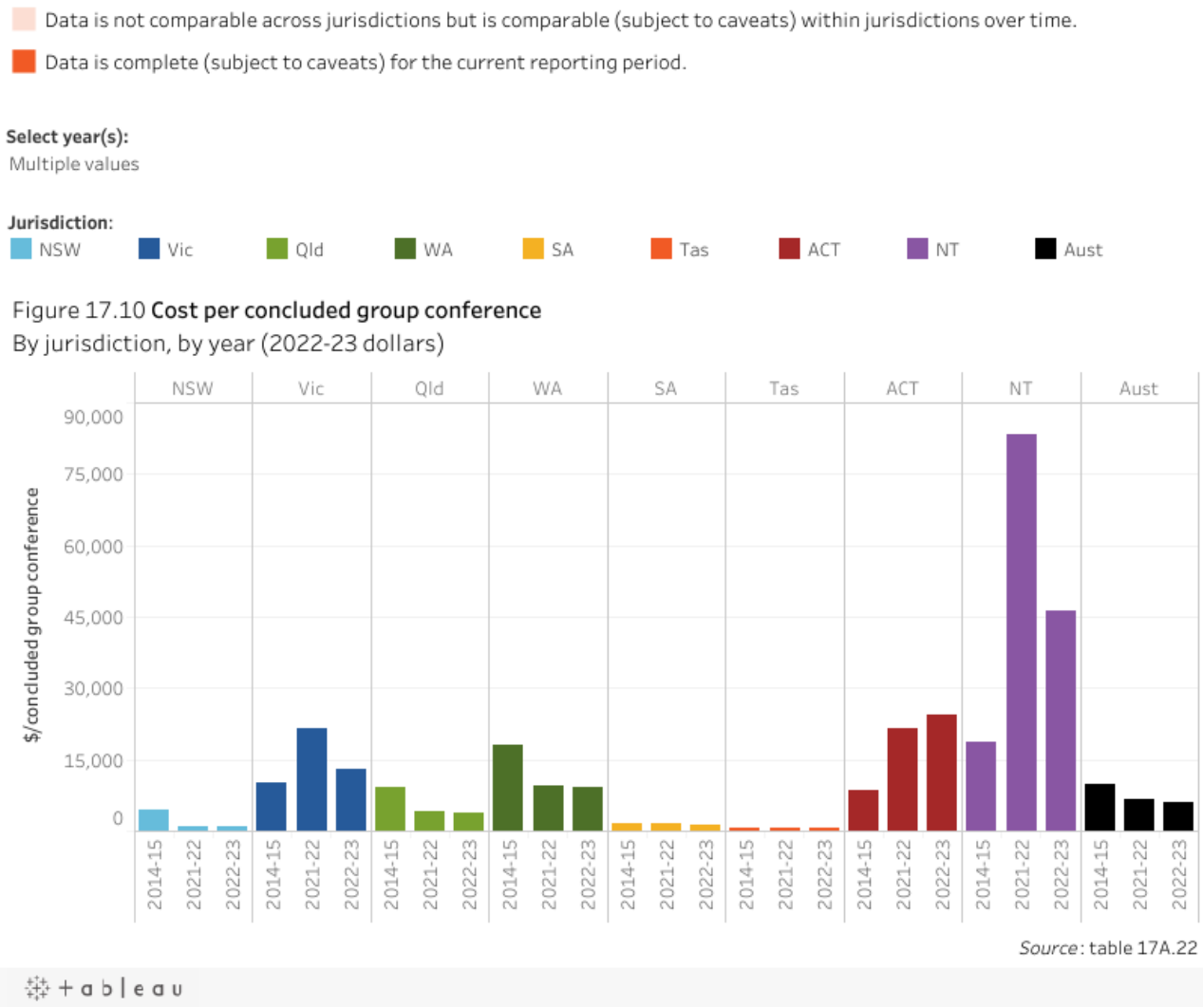


Figure 17.10 **Cost per concluded group conference**
By jurisdiction, by year (2022-23 dollars)

Source: table 17A.22

16. Escapes

'Escapes' is an indicator of governments' objective to promote community safety.

'Escapes' is defined by two measures:

- the rate of young people who escape from a youth justice detention centre, per 10,000 custody nights
- the rate of young people who escape during periods of escorted movement, per 10,000 escorted movements.

An escape from a youth justice detention centre is defined as a breach of a secure perimeter or defined boundary of a detention centre, by a young person under the supervision of the centre.

A period of escorted movement is defined as a period of time during which a young person is in the custody of the youth justice agency while outside a detention centre, and ends when the young person is returned to the detention centre, or is no longer in the legal or physical custody of the youth justice agency. An escape from an escorted movement is defined as the failure of a young

person to remain in the custody of a supervising youth justice worker or approved service provider during a period of escorted movement.

An escape is counted each time a young person escapes. For example, if a young person escapes three times during the year, three escapes are recorded. If three young people escape at the same time, three escapes are recorded.

Zero or decreasing rates of escape are desirable.

> Nationally (excluding Tasmania) in 2022-23, there were two escapes from youth justice detention centres (table 17.6a and 17A.23).

Data is comparable (subject to caveats) across jurisdictions and over time.

Data is not complete for the current reporting period. Data for Tasmania for 2022-23 is not published.

Select year:
2022-23

Table 17.6a Measure 1: **Escapes from Youth justice detention centres**
Number and rate per 10,000 custody nights, by jurisdiction, by Indigenous status, 2022-23 (a)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Aboriginal and Torres Strait Islander people	no.	–	–	–	–	–	np	–	–	–
Non-Indigenous people	no.	–	2	–	–	–	np	–	–	2
All people	no.	–	2	–	–	–	np	–	–	2
Aboriginal and Torres Strait Islander people	rate	–	–	–	–	–	np	–	–	–
Non-Indigenous people	rate	–	0.6	–	–	–	np	–	–	0.2
All people	rate	–	0.5	–	–	–	np	–	–	0.1

Source: table 17A.23

– Nil or rounded to zero. **np** Not published.

(a) In 2021-22, Tasmania formalised a small-number suppression policy that applies to data from 2019-20 onwards (numbers less than five).

> Nationally in 2022-23, there were four escapes from a period of escorted movement (table 17.6b and 17A.23).

Data is comparable (subject to caveats) across jurisdictions and over time.

Data is complete (subject to caveats) for the current reporting period.

Select year:
2022-23

Table 17.6b Measure 2: **Escapes from Escorted movements**
Number and rate per 10,000 escorted movements, by jurisdiction, by Indigenous status 2022-23 (a)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Aboriginal and Torres Strait Islander people	no.	–	–	–	–	–	–	–	–	–
Non-Indigenous people	no.	–	–	–	–	–	4	–	–	4
All people	no.	–	–	–	–	–	4	–	–	4
Aboriginal and Torres Strait Islander people	rate	–	–	–	–	–	–	..	..	–
Non-Indigenous people	rate	–	–	–	–	–	219.8	..	..	13.4
All people	rate	–	–	–	–	–	147.1	..	..	6.2

Source: table 17A.23

– Nil or rounded to zero. **..** Not applicable. **na** Not available. **np** Not published.

(a) In 2021-22, Tasmania formalised a small-number suppression policy that applies to data from 2019-20 onwards (numbers less than five).

tableau

17. Absconds from unescorted leave

‘Absconds from unescorted leave’ is an indicator of governments’ objective to promote community safety.

‘Absconds from unescorted leave’ is defined as the rate of young people who have unescorted temporary leave and fail to return to custody, per 1,000 periods of unescorted leave.

Unescorted leave is leave for a young person held in custody that is authorised in writing and does not require the young person to be escorted by a youth justice worker. An abscond is a failure to return from leave and occurs when the youth justice agency advises police of the young person’s failure to return to custody.

Zero, low or decreasing rates of absconds from unescorted leave are desirable.

Management of young people while they are in the legal custody of a youth detention centre includes the provision of appropriate assessment, planning and supervision to enable young people to undertake unescorted temporary leave from detention centres. Unescorted leave is undertaken for activities such as education, training and employment.

> No young people absconded from unescorted leave in 2022-23. Data is available from 2014-15 and shows one young person absconded over this period (table 17.7 and table 17A.24).

Data is comparable (subject to caveats) across jurisdictions and over time. However, not all jurisdictions permit unescorted leave to be undertaken (for these jurisdictions this indicator is not applicable).

Data is not complete for the current reporting period. Rates by Indigenous status for 2022-23 for the Australian Capital Territory is not published.

Select year:
2022-23

Table 17.7 **Absconds from unescorted leave**
Number and rate per 1,000 periods of unescorted leave, by jurisdiction, by Indigenous status, 2022-23 (a)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Aboriginal and Torres Strait Islander people	no.	–	–	..	..	–	–	–	–	–
Non-Indigenous people	no.	–	–	..	..	–	–	–	–	–
All people	no.	–	–	..	..	–	–	–	–	–
Aboriginal and Torres Strait Islander people	rate	–	–	..	..	–	..	np	..	–
Non-Indigenous people	rate	–	–	..	..	–	..	np	..	–
All people	rate	–	–	..	..	–	..	–	..	–

Source: table 17A.24
– Nil or rounded to zero. .. Not applicable.
(a) From 2021-22, the ACT adopted a policy of not publishing small numbers (numbers less than five).

tableau

18. Completion of community-based orders

‘Completion of community-based orders’ is an indicator of governments’ objective to rehabilitate and reintegrate young people who offend.

‘Completion of community-based orders’ is defined as the proportion of sentenced community-based supervision orders successfully completed.

Successful completion occurs when the earliest of the order expiry date or the order termination date is reached, and a breach action is neither pending nor finalised. An order is not successfully completed where a court decides that an order was breached, irrespective of the court-ordered outcome. It excludes orders that have not yet been completed and/or the breach action has not been finalised.

A high or increasing proportion of orders successfully completed is desirable. However, where offenders are non-compliant and pose a risk, a breach action (an unsuccessful completion) may be warranted. As a result, a completion rate less than 100% may not necessarily indicate poor performance and may reflect appropriate supervision of young people on community-based supervision orders.

> Nationally, 84.8% of community-based orders were successfully completed in 2022-23, steadily increasing from 78.5% in 2014-15 (figure 17.11 and table 17A.25).

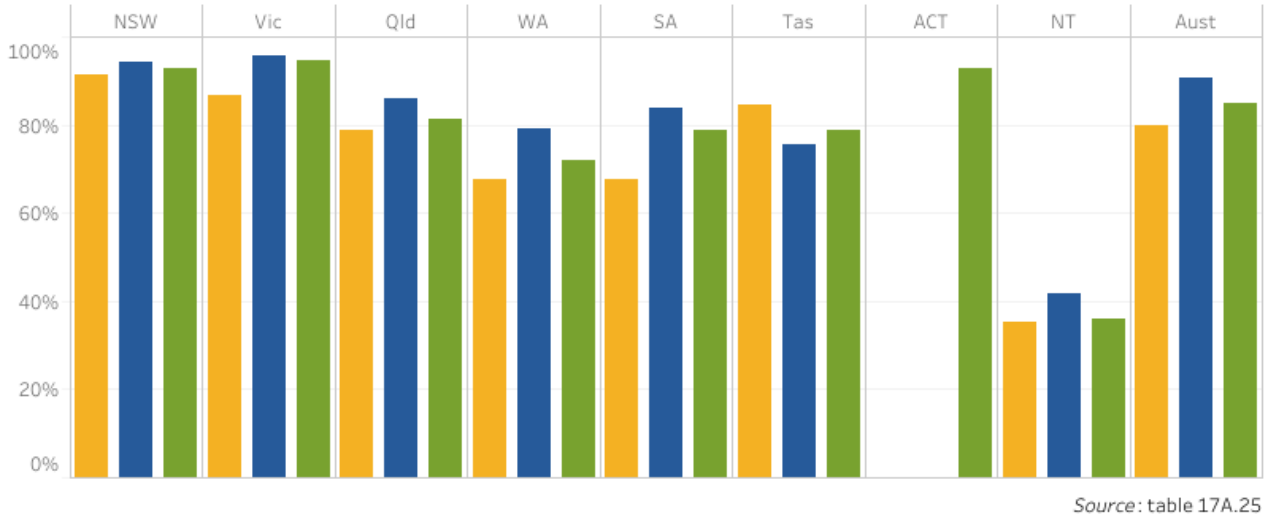
Data is comparable (subject to caveats) across jurisdictions and over time.

Data is not complete for the current reporting period. Data by Indigenous status for 2022-23 for the Australian Capital Territory is not published.

Select year:
2022-23

Aboriginal and Torres Strait Islander
Non-Indigenous
All people

Figure 17.11 **Completion of community-based orders**
By jurisdiction, by Indigenous status, 2022-23 (a)



Source: table 17A.25

(a) From 2021-22, the ACT adopted a policy of not publishing small numbers (numbers less than five).

tableau

19. Returns to sentenced youth justice supervision

'Returns to sentenced youth justice supervision' is an indicator of governments' objective to contribute to a reduction in youth re-offending.

'Returns to sentenced youth justice supervision' is defined as the proportion of young people released from sentenced supervision who are aged 10–16 years at the time of release who returned to sentenced supervision within 12 months. Data is reported by the state or territory of the original sentenced supervision, even if the return to supervision is not in that state or territory.

This measure has a number of caveats that need to be considered when interpreting the results:

- data is restricted to young people who received a supervised sentence and do not include young people for whom an offence resulted in an unsupervised sentence
- data does not include information on young people supervised by adult justice departments
- some returns to sentenced supervision may be due to a breach of a previous order rather than a new offence.

This measure should not be interpreted as a measure of recidivism. Accurately measuring recidivism requires information on all criminal acts committed by a young person, including acts that did not come to the attention of authorities and acts that did not result in a return to youth justice sentenced supervision.

This measure should be considered in the context of other youth justice outcome indicators, as many factors are likely to influence youth offending patterns, including a young person's family

environment and social circumstances. In addition, as factors that give rise to offending vary from region to region, direct comparisons of rates should not be made in isolation from the broader social context of each region.

A low rate of returns to sentenced youth justice supervision is desirable.

> Nationally, 57.8% of young people aged 10–16 years at the time of release from sentenced supervision in 2020-21 returned within 12 months (figure 17.12 and table 17A.26).

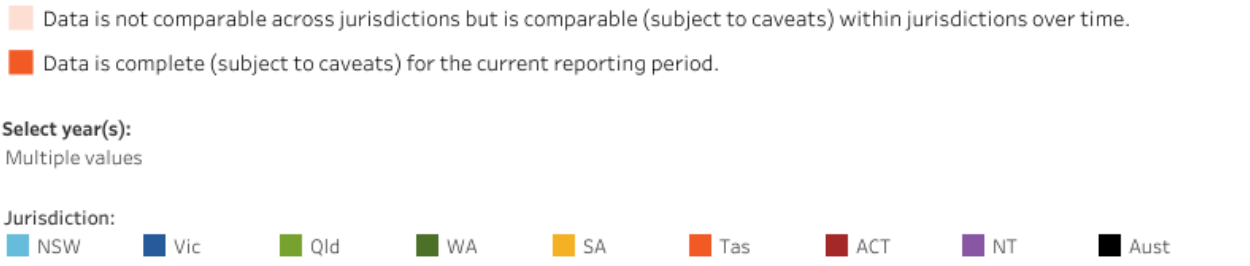
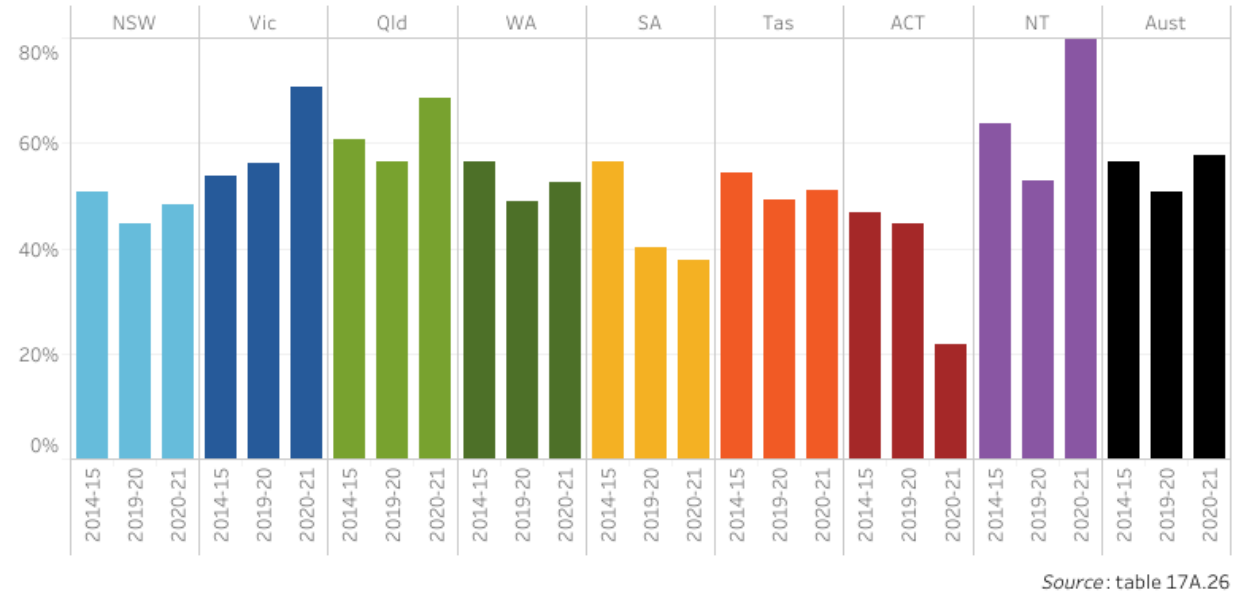


Figure 17.12 **Young people who returned to sentenced supervision within 12 months**
By jurisdiction, by year



Source: table 17A.26

Indigenous data

Performance indicator data for Aboriginal and Torres Strait Islander young people in this section is available in the data tables listed below. Further supporting information can be found in the 'Indicator results' tab and data tables.

Youth justice services data disaggregated for Aboriginal and Torres Strait Islander young people

Table number	Table title
Table 17A.12	Proportion of group conferences resulting in an agreement, by Indigenous status
Table 17A.13	Case plans prepared/reviewed within six weeks of commencing a sentenced order, by Indigenous status
Table 17A.14	Proportion of young people in detention attending education and training, by Indigenous status
Table 17A.15	Deaths in custody, by Indigenous status
Table 17A.16	Serious assaults in custody, by Indigenous status
Table 17A.17	Assaults in custody, by Indigenous status
Table 17A.19	Self-harm and attempted suicide in custody, by Indigenous status
Table 17A.23	Escapes from detention and escorted movement, by Indigenous status
Table 17A.24	Absconds from unescorted leave, by Indigenous status
Table 17A.25	Completion of community-based orders, by Indigenous status

Explanatory material

Interpreting efficiency data

The unit costs presented in this report may differ to unit costs reported in jurisdiction-specific annual reports due to different methods of calculation.

Efficiency indicators cannot be interpreted in isolation and should be considered in conjunction with other indicators. A low cost per young person subject to community-based supervision could reflect less investment in rehabilitation programs to address a young person's offending needs, or less intensive case management of young people on community-based supervision orders. Unit costs are also affected by differences in the profile of young offenders, geographic dispersion and other factors that limit opportunities to reduce overheads through economies of scale.

In addition, the average daily costs of supervising young offenders are significantly higher than unit costs for adult offenders. This is likely to be explained by more extensive supervision requirements when working with minors and the more limited opportunity for economies of scale in smaller youth justice systems.

Differences across jurisdictions in the calculation of youth justice expenditure are listed in table 17.8.

Table 17.8 Comparability of government recurrent expenditure – items included, 2022-23

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Superannuation	**Included**	✓	✓	✓	✓	✓	✓	✓	✓
	Method	Actuals	Actuals	Actuals	Actuals	Accrual	Funding	Actuals	Direct costs
Salary expenses and expenses in the nature of salary	**Included**	✓	✓	✓	✓	✓	✓	✓	✓
	Method	Accrual	Actuals	Actuals	Actuals	Accrual	Funding	Accrual	Funding
Administrative expenditure	**Included**	✓	✓	✓	✗	✓	✓	✓	✓
	Method	Actuals	Actuals	Actuals	..	Actuals	Actuals	Accrual	Direct costs
Client costs	**Included**	✓	✓	✓	✓	✓	✓	✓	✓
Other operating expenses (eg, utilities, maintenance)	**Included**	✓	✓	✓	✓	✓	✓	✓	✓

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Debt servicing fees	**Included**	✗	..	✗	✓	✓	✗	✓	✓
Annual depreciation	**Included**	✓	✓	✓	✓	✓	✓	✓	✓
	Method	Straight line	Straight line	Actuals	Straight line	Straight line	Actuals	Straight line	Straight line
Umbrella department costs	**Included**	✓	✓	✓	✗	✓	✓	✓	✓
	Method	Pro rata	Pro rata	Actuals	..	Actuals	Dept formula	FTE employees	Dept formula

Dept = Departmental. FTE = Full Time Equivalent.
.. Not applicable. ✓ Item included. ✗ Item not included.

Source: state and territory governments (unpublished).

Key terms

Terms	Definition
Assaults	An assault is an intentional act of direct infliction of force or violence, or indirect or non-confrontational force or violence, such as stalking resulting in physical harm to individuals, administration of illicit drugs, poison, drink/food spiking and setting traps. Serious assaults are all acts of sexual assault and those requiring the young person or staff member to receive treatment in, or be admitted to, a hospital. Triage only in a hospital emergency department does not count as an admission.
Community-based youth justice supervision	Community-based youth justice supervision is an alternative to detention, where a sentenced order or an unsentenced order (such as conditional bail) is served in the community.
Detention-based youth justice supervision	Detention-based youth justice supervision involves young people spending time in a custodial environment, either serving their sentence or on remand.

Terms	Definition
Group conferencing	Group conferences are decision-making forums that aim to minimise the progression of young people into the youth justice system and provide restorative justice. Typically, a group conference involves the young offender(s) and victim(s) and their families, police and a youth justice agency officer, all of whom attempt to agree on a course of action required of the young offender/s to make amends for his or her offence/s.
Police caution	A police officer administering a caution, or warning, to a child instead of bringing a child before a court for the offence.
Pre-sentence community	Pre-sentence arrangements where the youth justice department is responsible for the case management or supervision of a young person (such as supervised or conditional bail where the youth justice department is involved with monitoring or supervising a young person).
Pre-sentence detention	Remanded or held in a youth justice centre or police watch house prior to appearing in court or being sentenced.
Sentenced community-based supervision	Includes probation, recognisance (a bond or obligation entered into before a court, binding a person to do a particular act) and community service orders which are supervised or case managed by the youth justice department. May be supervision with or without additional mandated requirements, requiring some form of obligation or additional element that a young person is required to meet. This obligation could be community work such as a community service order, a developmental activity or program attendance. The youth justice department may or may not directly supervise any additional mandated requirements but remains responsible for the overall case management of a young person.
Supervision period	A period of time during which a young person is continuously under youth justice supervision of one type or another. A supervision period is made up of one or more contiguous episodes.
Youth justice centre	A place administered and operated by a youth justice department, where young people are detained while under the supervision of the relevant youth justice department on a remand or sentenced detention episode.
Youth justice conference/group conference	A youth justice conference, or group conference, is a facilitated meeting resulting in a formal agreement to repair the harm caused by the offence. Participants can include the victim(s), offender(s), a youth justice agency officer, police and other key stakeholders. Referrals may be initiated by the police or the courts.

Terms	Definition
Youth justice department	Departments in each state and territory that are responsible for youth justice matters.

References

Almquist, L. and Walker, S. C. (2022), *Reciprocal associations between housing instability and youth criminal legal involvement: a scoping review, Health and Justice, 10 (15),* https://doi.org/10.1186/s40352-022-00177-7 (accessed 7 October 2022).

Alves, T. and Roggenbuck, C. (2021), *Final Report: Towards a Youth Homelessness Strategy for Victoria,* prepared by Australian Housing and Urban Research Institute Limited (AHURI), Melbourne. https://www.ahuri.edu.au/sites/default/files/documents/2021-11/AHURI-Prof-Services-Final-Report-Towards-a-Youth-Homelessness-Strategy-for-Victoria%20%282%29.pdf (accessed on 7 October 2022).

Yfoundations (2021), *Young, in trouble and nowhere to go: Homeless adolescent's pathways into and out of detention in NSW,* https://www.yfoundations.org.au/youth_justice_report (accessed on 7 October 2022).