

Steering Committee for the Review
of Government Service Provision

Report on Government Services 2026

Community services (part F)



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

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An appropriate reference for this publication is:

SCRGSP (Steering Committee for the Review of Government Service Provision) 2026, *Report on Government Services 2026*, Productivity Commission, Canberra.

The Productivity Commission acts as the Secretariat for the Steering Committee.

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Report on Government Services 2026

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

PART F: RELEASED ON 29 JANUARY 2026

F Community services

Data downloads

These data tables relate to the sector as a whole. Data specific to individual service areas is in the data tables under the relevant service area.

[Community services data tables \(Excel - 39.7 KB\)](#)

[Community services dataset \(CSV - 68.7 KB\)](#)

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

Note: Data tables are referenced by table xA.1, xA.2, etc., with x referring to the section or overview. For example, table FA.1 refers to data table 1 for this sector overview.

[Guide: How to find what you need in RoGS \(PDF - 812.9 KB\)](#)

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.

The community services 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, education, housing and homelessness and early childhood services.

[Aged care services](#)

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.

- **Total government recurrent expenditure** on aged care services was **\$39.8 billion** in 2024-25.
- The Australian Government provided 98.9% of government funding for aged care services in 2024-25. State and territory governments provided the remainder.

Services for people with disability

Government-funded assistance for people with disability and their carers, with a focus on the National Disability Insurance Scheme (NDIS), and social and economic outcomes for people with disability.

- **Total government recurrent expenditure** on disability services was **\$51.1 billion** in 2024-25, an increase of 5.5% compared to 2023-24.
- In 2024-25, governments contributed \$46.1 billion to the NDIS, with a further \$1.9 billion in government expenditure on direct service delivery outside of the NDIS.
- The ABS estimates that 5.5 million Australians, or 21.4% of the population, had a disability in 2022 (ABS 2024).

Total expenditure does not represent all expenditure on services for people with disability. People with disability may access non-disability specific services.

Child protection services

Government-funded services to promote family wellbeing and support 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.

- **Total government recurrent expenditure** on child protection services was around **\$11.3 billion** nationally in 2024-25, a real increase of 4.1% from 2023-24.
- In 2024-25, real recurrent expenditure on all child protection services per child aged 0–17 years in the population was \$1,943 nationally. The cost per child is derived based on the population of children aged 0–17 years in Australia.

Youth justice services

Services provided by statutory youth justice agencies for the supervision and case management of young people who have committed or allegedly committed an offence.

- **Total recurrent expenditure** on detention-based supervision, community-based supervision and group conferencing was **\$1.7 billion** nationally in 2024-25.
- The average daily number of young people under youth justice supervision in Australia (excluding the Northern Territory) in 2024-25 was 3,177.

Total government expenditure

Detailed information on the equity, effectiveness and efficiency of service provision and the achievement of outcomes for the aged care, services for people with disability, child protection and youth justice service areas is included in the service-specific sections.

Government expenditure in the sector

Total government expenditure for the community services in this report was around \$103.9 billion in 2024-25, a real increase of 75.1% over the past six years, primarily due to increases in expenditure on the NDIS. For the 2023-24 financial year (the most recent financial year for which data are available across all sections), the community services sector represented around 23.1% of total government expenditure covered in this report.

Government support payments for the sector

The Australian Government provides support payments to help with living expenses and provide financial assistance to individuals, families, carers and people with disability.

The Age Pension provides income support to older Australians who need it. The Age Pension is paid to people who meet age and residency requirements, subject to a means test. In 2024-25, \$62.2 billion was paid to 2.7 million Age Pension recipients, an increase from 2.5 million recipients in 2016 (table F.1; table FA.1).

The Disability Support Pension is a means-tested income support payment for people aged 16 years or over who have a physical, intellectual or psychiatric impairment and who meet certain eligibility criteria. In 2024-25, \$23.1 billion was paid to 830,900 Disability Support Pension recipients (table F.1), an increase from 782,900 in 2016 (table FA.1).

Select year:

2024-25

Table F.1 Income support, Australia

By payment type, 2024-25

	Expenditure on assistance (\$m)	Recipients of assistance at 30 June ('000)
Age Pension	62,186.8	2,667.4
Disability Support Pension	23,084.5	830.9
Carer Supplement	637.5	690.0
Carer Allowance	3,035.2	686.4
Carer Payment	8,087.2	325.8
Child Disability Assistance Payment	213.5	181.9
Mobility Allowance	35.3	10.7

Source: tables FA.1 & FA.2

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Carer payments for child protection services

Authorised carers who care for children in out-of-home care receive an allowance from their state or territory government. This allowance is intended to help cover the costs of caring for a child. The types and amounts of carer payments vary across states and territories (New South Wales Department of Communities and Justice 2025; Victoria Department of Families, Fairness and Housing 2025; Queensland Government 2025; South Australia Department of Child Protection 2025).

Flows in the sector

The community services sector is diverse. Some services are funded and provided by governments, while others are government-funded but delivered by not-for-profit or private providers (for example, private residential aged care services, private providers under the NDIS and child protection prevention and family strengthening services delivered by not-for-profit organisations). Governments also partner with community organisations to provide diversion and early intervention programs to young people across Australia.

Governments regulate the quality and safety of services across the sector. This includes oversight bodies such as 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 is available in sections 14 and 15. The Productivity Commission inquiry *'Delivering quality care more efficiently'* examines reforming quality and safety regulation to support a more cohesive care economy (Productivity Commission 2025).

The sector provides support to specific population groups, including children and young people, families, older people and people with disability. Understanding the characteristics of people accessing community services and their pathways through the service system, including interactions with other services such as health and housing, enables governments to plan and provide services. Linked (integrated) datasets, such as the National

Disability Data Asset, which combine information from multiple sources, can support this analysis (Information Box 1).

Information box 1: The potential of linked data to support cross-sectoral analysis

Disability flags in the National Disability Data Asset (NDDA)

In consultation with the disability community and disability data experts, indicators of disability, known as disability flags, have been developed for the NDDA. Disability flags support the consistent inclusion and description of cohorts of people with disability in analyses of deidentified administrative data. The first-generation flag includes people who participated in the NDIS, as well as people who were eligible for, or received, certain disability-related government payments and services.

Disability flags do not represent all people with disability in Australia. Some people with disability may not access services or may access services that are not disability-specific. Disability flags do not measure a broad or unified conceptual definition of disability. More data from Commonwealth, state and territory governments will enable further cross-sectoral service use and service need analysis in future.

Using data from 2022, the first-generation disability flag showed that 1.4 million people, or 5.4% of the population, had received disability-related government payments and services in that year. The proportion of people who received disability-related government payments and services by age, sex, and remoteness area is available in the NDDA factsheet: <https://www.ndda.gov.au/measuring-disability-factsheet>.

How disability flags can support analysis

Linked data and disability flags can support analysis and service provision by:

- identifying the potential population of people with disability, by region
- improving understanding of existing service use by people with disability
- estimating unmet need for services and forecasting service needs, by region.

There are other linked data sets available or under development, including:

- The National Aged Care Data Asset for aged care research: <https://www.aihw.gov.au/reports-data/nacda>
- The Child Wellbeing Data Asset: <https://www.aihw.gov.au/reports-data/child-wellbeing-data-asset>

The community services workforce

Estimating the size of the community services workforce is challenging 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 or 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 2022). The occupation group includes:

- 'personal carers and assistants', such as ageing and disability support workers and child or youth residential care assistants
- 'welfare support workers', such as youth workers and family support workers.

In 2021, 3.0% of employed people worked as aged care and disability support workers, up from 1.2% in 2016. The proportion of welfare support workers increased from 0.5% in 2016 to 0.9% in 2021 (ABS 2022).

Information about carers enables governments to plan for future service demand for carer support and assistance to the people for whom they care.

The role of carers for people with disability or older people

Carers play a vital role in supporting older people and people with disability to remain in their homes and communities. According to the 2022 ABS *Survey of Disability, Ageing and Carers* (ABS 2024; ABS 2019):

- Nationally in 2022, there were 3.0 million carers, representing 11.9% of all Australians living in households, up from 2.6 million carers (10.8% of all Australians living in households) in 2018.
- Around 1.2 million people (4.5% of the Australian population aged 15 years or 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.
- Two-thirds (67.7%) of primary carers were female, decreasing from 71.8% in 2018.

Section 14 of this report includes further information on carers of people aged 65 years or over and Section 15 of this report includes further information on carers of people with disability aged under 65 years.

The role of carers in child protection services

Carers, often referred to as relative/kinship carers or foster carers, play a crucial role in providing home-based care for children in the child protection system. Nationally at 30 June 2024, there were 16,009 relative/kinship carer households and 7,980 foster carer households. Section 16 of this report includes further information on kinship carer households and foster carer households.

Carers' wellbeing

Nationally in 2024-25, 68.1% of carers of people with disability aged 0–64 years reported low levels of wellbeing on the Personal Wellbeing Index compared to carers of children and youth (61.1%), carers of people aged 65 years or over (54.6%) and the general population (33.6%) (figure F.1)

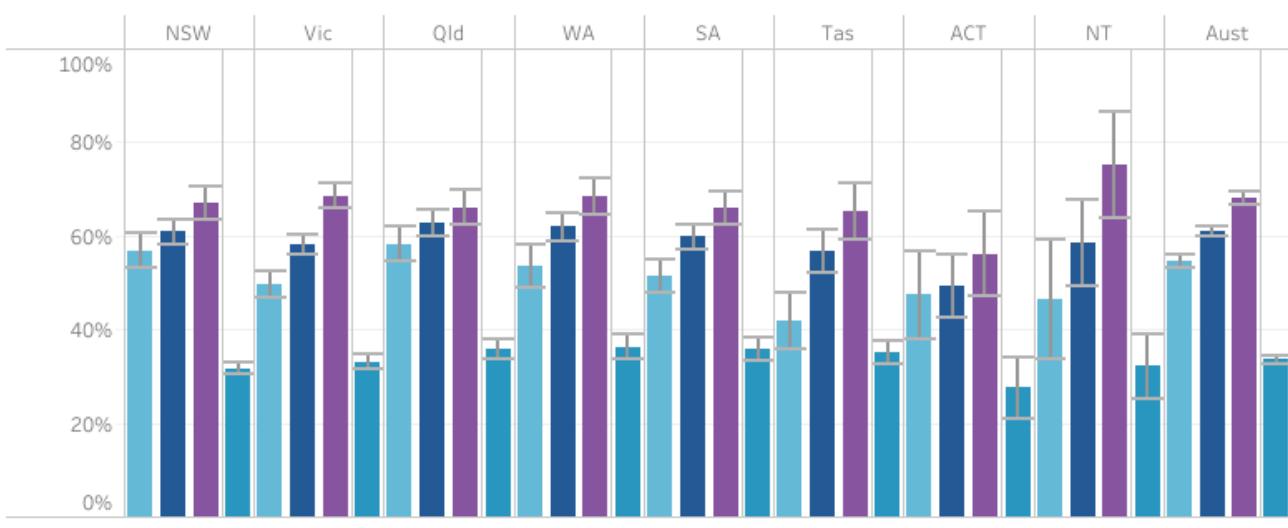
Carers of people with disability also reported less favourable outcomes than other carer groups and the general population in relation to loneliness and self-assessed health (table FA.3).

Select year:
2024-25

Select measure:
 Personal Wellbeing Index - proportion with low wellbeing
 Proportion of respondents who reported being often/always lonely
 Proportion of respondents who reported either fair/poor health

Carers of people aged 65 years or over Carers of people with disability aged 0-64 years
 Carers of children and youth aged 0-19 years General Population

Figure F.1 Wellbeing of carers (Personal Wellbeing Index - proportion with low wellbeing)
By Jurisdiction, by carer type, 2024-25 (a)



Source: table FA.3

(a) The question of how often one feels lonely was not asked in the 2021-22 Regional Wellbeing Survey, the source of the general population values.

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Performance outcomes summary

A summary of the aged care services, services for people with disability, child protection services and youth justice services performance indicator results are presented. Detailed information is in the service-specific sections.

14 Aged care services

Compliance with care minutes varied across Australia in 2024-25.

Nationally in 2024-25:

- 45.9% of residential aged care services met both the total care minutes target and the registered nurse (RN) care minutes target, an increase from 34.0% in 2023-24 (separately, 55.8% of residential aged care services met the total care minutes target and 70.2% met the RN care minutes target)

- 93.5% of residential aged care services met the 24/7 RN requirement to have an RN on-site and on-duty 24 hours a day, seven days a week, an increase from 89.3% in 2023-24.

Serious incident notifications and complaints regarding residential aged care increased in 2024-25.

Nationally in 2024-25 there were:

- 58,995 Serious Incident Response Scheme notifications from residential aged care service providers, which equates to 8.0 notifications per 10,000 occupied bed days (continuing year-on-year increases from 5.5 notifications per 10,000 occupied bed days in 2021-22, the first full year of the scheme)
- 6,211 in-scope complaints concerning permanent and respite residential aged care services, equivalent to 0.85 complaints per 10,000 occupied bed days, an increase from 0.76 in 2023-24, although down from a peak of 0.93 in 2021-22.

Unit costs in residential aged care and home care increased in 2024-25, while Transition Care Programme unit costs decreased.

Nationally in 2024-25:

- the average annualised cost per occupied bed day was \$120,467, a real increase from \$83,091 in 2015-16
- the cost per recipient of a home care package programme was \$24,516, a real increase from \$19,427 in 2022-23
- the cost per day for the Transition Care Programme was \$380, a real decrease from \$478 in 2023-24.

More information: [section 14 Aged care services](#)

15 Services for people with disability

NDIS waiting times for approval of a first plan improved in 2024-25.

Nationally in 2024-25:

- 50% of applicants to the NDIS received a decision on their application or a request for further information within 71 days of submitting an access request, increasing to 117 days at the 90th percentile
- 50% of NDIS participants had their first plan approved within 19 days (increasing to 58 days at the 90th percentile), an improvement on results reported in 2022-23 (27 days at the 50th percentile and 60 days at the 90th percentile).

NDIS participant experiences in admitted hospital care

Nationally in 2024-25:

- it took an average of 2.6 days for the NDIA to contact a NDIS participant after being notified of hospital admission

- it took an average of 19 days to be discharged from the hospital once medically ready for discharge.

Reportable incidents increased in 2024-25.

Nationally in 2024-25:

- there were 45.7 total complaints per 1,000 active NDIS participants, an increase from 21.2 in 2022-23
- there were 46.1 other reportable incidents (excluding unauthorised use of restrictive practices) per 1,000 NDIS participants, an increase from 29.9 other reportable incidents per 1,000 active NDIS participants in 2021-22
- rates of reportable incidents varied across category types from 1.1 per 1,000 NDIS participants for alleged sexual misconduct to 20.1 per 1,000 NDIS participants for alleged abuse and neglect.

Australian Government funding per user of non-government provided employment services declined in 2024-25.

Nationally in 2024-25, the estimated Australian Government contribution was:

- \$4,257 per user of services (non-government provided employment services), a real decline from \$4,944 in 2019-20
- \$4,248 per user of open services (employed or seeking employment in the open labour market)
- \$17,202 per user of supported services (employed by the service provider).

More information: [section 15 Services for people with disability](#)

16 Child protection services

The rate of children who were the subject of child protection notifications, finalised investigations and substantiations of likely abuse or neglect varied across jurisdictions.

In 2024-25 (excluding Queensland) there were between:

- 23.1 notifications per 1,000 children and 171.2 notifications per 1,000 children across jurisdictions.
- 5.9 finalised investigations per 1,000 children and 43.1 finalised investigations per 1,000 children across jurisdictions.
- 1.9 substantiations per 1,000 children and 15.6 substantiations per 1,000 children across jurisdictions.

The rate of children in out-of-home care (excluding Queensland) at 30 June 2025 ranged from 6.1 per 1,000 children to 13.1 per 1,000 children across jurisdictions.

For children in out-of-home care at 30 June 2025 (excluding Queensland):

- 90.4% of children were in home-based care (including foster care, relative/kinship care and other care).
- proportions in home-based care were similar for Aboriginal and Torres Strait Islander children (90.7%) and non-Indigenous children (90.2%).

Expenditure for care services for children in out-of-home care and other supported placements varied across jurisdictions.

In 2024-25:

- expenditure for care services (2024-25 dollars) ranged from \$100.9 million to \$2.0 billion across jurisdictions.
- the unit cost of care for children in out-of-home care and other supported placements (excluding Queensland) varied across jurisdictions, ranging from \$318 to \$507. Data for New South Wales, Victoria and Western Australia excludes other supported placements.

More information: [section 16 Child protection services](#)

17 Youth justice services

Between 2014-15 and 2022-23, the 12 month return rates for young people aged 10–16 years released from sentenced supervision fluctuated.

- Nationally (excluding the Northern Territory), 56.7% of young people aged 10–16 years released from sentenced supervision in 2022-23, returned within 12 months.
- The proportion of young people aged 10–16 years released from sentenced supervision in 2022-23, who returned within 12 months, varied from 39.9% to 71.5% across jurisdictions.

The average cost per day, per young person subject to youth justice supervision varied across jurisdictions.

Nationally in 2024-25:

- the average cost per day, per young person subject to detention-based supervision ranged from \$2,573 to \$7,304 across jurisdictions.
- the average cost per day, per young person subject to community-based supervision (excluding the Northern Territory) ranged from \$101 to \$601 across jurisdictions.

More information: [section 17 Youth justice services](#)

References

ABS (Australian Bureau of Statistics) 2024, *Disability, Ageing and Carers, Australia: Summary of Findings*, <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release> (accessed 3 September 2025).

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Report on Government Services 2026

PART F, SECTION 14: RELEASED ON 29 JANUARY 2026

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 \(Excel - 973.5 KB\)](#)

[14 Aged care services dataset \(CSV - 3 MB\)](#)

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 \(PDF - 812.9 KB\)](#)

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 their health, wellbeing, social connections, and independence, and to remain in their homes and communities. In 2022, 39.8% of people aged 65 years or older (1.7 million people) reported needing assistance as they aged (ABS 2024). Care and support for older people is often provided by family members, friends and neighbours. 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 they die (AIHW 2018).

Government funded aged care services are provided to older people (all people aged 65 years or over and Aboriginal and Torres Strait Islander people aged 50–64 years) who have been assessed as eligible for subsidised care through an Aged Care Assessment Team (ACAT) or the single assessment application process. These services assist people who require assistance to access care in their homes, in the community or in residential care facilities. Approved aged care service providers receive government funding and must meet minimum standards of care.

Roles and responsibilities

Regulation and policy oversight of aged care services is primarily the responsibility of the Australian Government. The *Aged Care Act 2024 (Cth)* and the accompanying rights-based framework are the main regulatory instruments. The Act enforces obligations through a Code of Conduct and Aged Care Quality Standards that outline the rights of older people.

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.11–12), such as private-for-profit, religious and charitable organisations.

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

Funding

In 2024-25, government recurrent expenditure on aged care services was \$39.8 billion or \$7,895.4 per older person (table 14A.5; figure 14.1). Residential and flexible care services accounted for the largest share of expenditure (\$25.4 billion, or 63.9%), while home care and home support services accounted for most of the remainder (\$12.9 billion) (table 14A.4).

In 2024-25, the Australian Government provided 98.9% of government funding for aged care services, with the remainder contributed by state and territory governments (table 14A.4). Detailed expenditure data by program is contained in tables 14A.4-9.

In 2024-25, operating expenses for the Aged Care Quality and Safety Commission (ACQSC) were \$338.4 million (table 14A.4).

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
- Aged Care Quality and Safety Commission
- All Aged Care Services

Figure 14.1 Expenditure per person aged 50 years or over (Aboriginal and Torres Strait Islander) and aged 65 years or over (non-Indigenous)
All Aged Care Services, by jurisdiction, by year (2024-25 dollars)



Source: table 14A.5

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Size and scope

Aged care target population

The size and health of the older population are key drivers of demand for aged care services. Australia's population is ageing rapidly, with the share of the population aged 65 years or over projected to increase by 6.1 percentage points, from 17.3% in 2022-23 to 23.4% in 2062-63 (Commonwealth of Australia 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 compared to the non-Indigenous population (ABS 2023). The health sector overview contains further information on life expectancy (table EA.9).

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 specified under the National Health Reform Agreement). The aged care target population differs from the Australian Government's aged care 'planning population', which is used to allocate places under the *Aged Care Act 1997 (Cth)*. For more information on the populations, refer to the 'Explanatory material' tab and table 14A.1.

Types of care and support

Home care and support

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

- the Commonwealth Home Support Programme (CHSP) provides entry-level support services to help older people live independently and safely at home and in their community. Table 14A.20 provides a full list of CHSP services. Nationally in 2024-25, there were 833,670 older CHSP clients, equivalent to around 165.4 older clients per 1,000 older people (table 14A.2-3).
- the Home Care Packages Programme provides more complex in home care tailored to assessed levels of need (level 1 Home Care Packages assist older people with low-care needs, while level 4 packages support high-care needs). Nationally in 2024-25, there were 351,816 older clients of the Home Care Packages programme, equivalent to around 69.8 older clients per 1,000 older people (table 14A.2-3).
- the Department of Veterans' Affairs (DVA) provides community care for eligible veterans through the Veteran Home Care (VHC) service. Nationally in 2024-25, 31,979 veterans aged 65 years or over were approved for VHC services (tables 14A.8).

Residential aged care services

Residential aged care is provided in aged care homes on a permanent or respite (temporary) basis. Residents receive accommodation, support (cleaning, laundry and meals) and personal care services (assistance with showering and toileting), and nursing care where required. Nationally in 2024-25, 259,592 older people were in permanent residential care (equivalent to 51.5 per 1,000 older people) and 81,964 older people were in respite care (equivalent to 16.3 per 1,000 older people) (table 14A.2-3).

At 30 June 2025, the occupancy rate of residential aged care services was 89.9%, the highest occupancy rate since 2018. The occupancy rate had been trending downwards until 2023, when the occupancy rate was 86.1% (the lowest rate over the reported time series), before increasing in the two most recent years. The number of operational residential aged care places increased slightly over the same period (195,825 in 2016 to 224,493 in 2025) (table 14A.14). There were 66,739 permanent admissions to residential aged care in 2024-25 (table 14A.34).

Information on the classification of residential aged care residents is in table 14A.13. Rates of operational aged care places by selected characteristics are in tables 14A.15–17.

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 time-limited care to older people after a hospital stay to help maximise their independence and minimise functional decline, thereby avoiding premature entry into residential

aged care. Nationally in 2024-25, 24,939 older people received support from Transition Care services (table 14A.2).

- Short Term Restorative Care (STRC) is similar to transition care. It provides time-limited care to improve the physical functioning, wellbeing and independence of older people, but without the need to have been in hospital. Nationally in 2024-25, 11,490 older people received STRC services (DoHDA 2025).
- Multi-Purpose Services (MPS) provide flexible and integrated health and aged care services in small communities in regional and remote areas that cannot support both a hospital and a separate aged care home. At 30 June 2025, there were 3,798 operational MPS program places (DoHDA 2025a).
- The National Aboriginal and Torres Strait Islander Flexible Aged Care Program provides 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 2025, there were 1,829 operational flexible allocated places under this program, with 457 in flexible residential aged care facilities (DoHDA 2025a).

Care providers

Nationally at 30 June 2025, private for-profit organisations provided the largest proportion of operational home care packages (40.0%) and residential aged care places (38.0%) (figure 14.2; tables 14A.11–12).

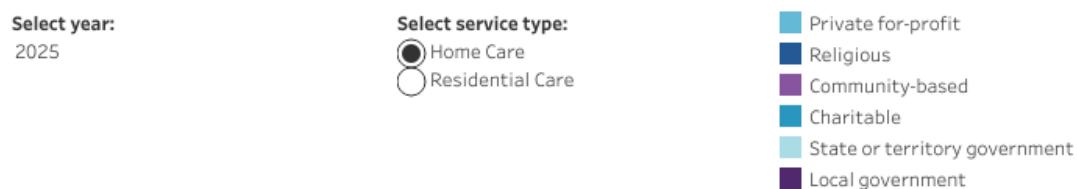


Figure 14.2 Proportion of operational recipients at 30 June with Home Care Packages
By ownership type, by jurisdiction, 2025



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 (refer to Context tab), the report's statistical context ([Section 2](#)) contains data that may assist in interpreting the performance indicators presented in this section.

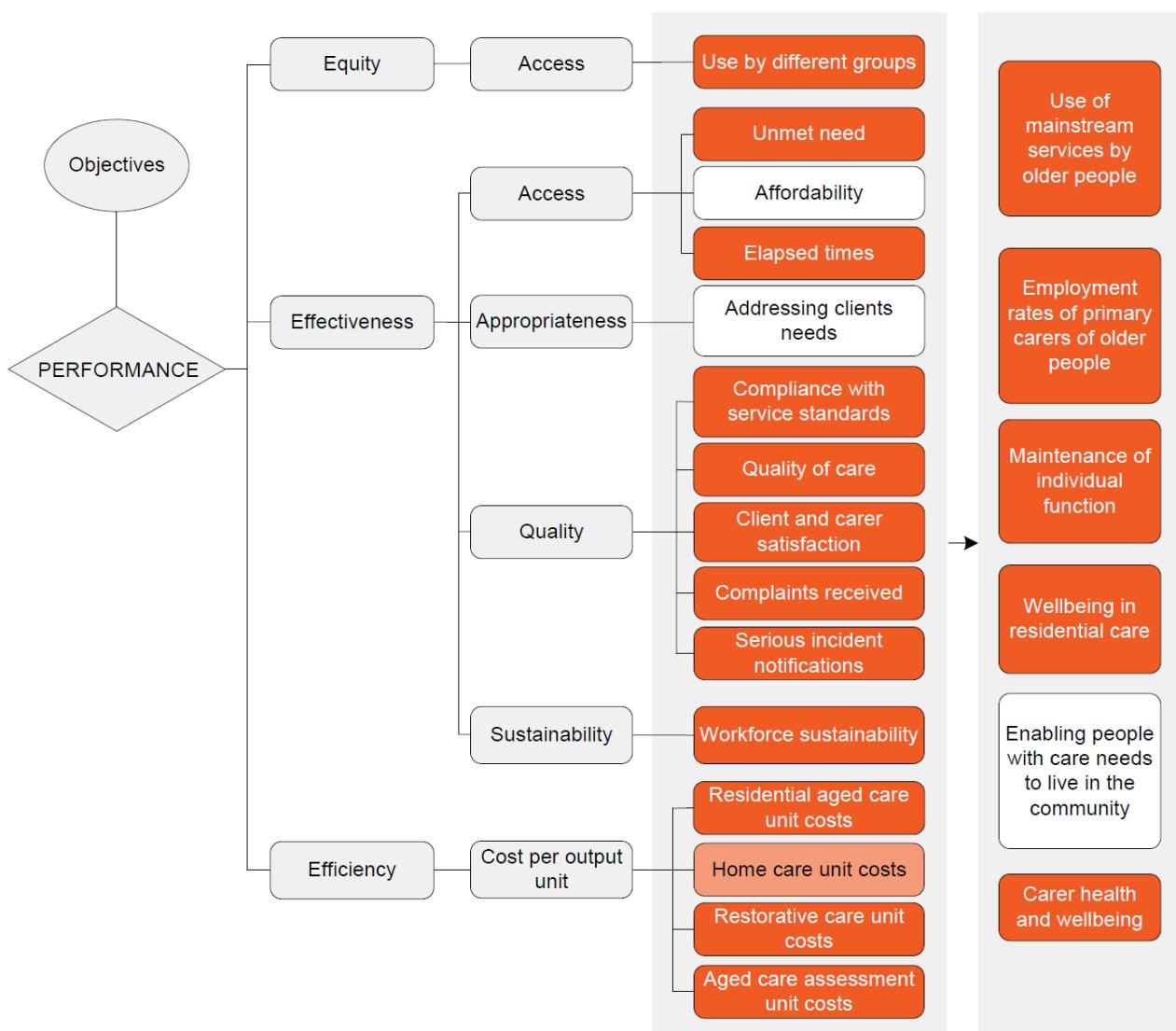
Improvements to performance reporting for aged care services are ongoing and include identifying data sources to fill gaps in reporting for performance indicators and measures, and improving the comparability and completeness of data.

Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (refer to 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 (refer to 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 all measures 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 – most recent data for all measures is comparable and complete

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 all measures is comparable and complete

Outcomes

- Use of mainstream services by older people – most recent data for all measures is comparable and complete
- Employment rates of primary carers of older people – most recent data for all measures is comparable and complete
- Maintenance of individual function – most recent data for all measures is comparable and complete
- Wellbeing in residential care – 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
- 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 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.

Data is reported for three selected equity groups:

- Aboriginal and Torres Strait Islander people
- people from culturally and linguistically diverse (CALD) backgrounds
- people receiving aged care services in outer regional, remote/very remote areas.

Contextual data on the proportion of all permanent residents' care days used by financially disadvantaged residents, aged care assessment, assessment approvals, plus services received through CHSP and recommended locations of longer-term living arrangements are available in tables 14A.19–23.

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

Several factors should be considered when interpreting this data. Some equity groups may have a greater need for aged care services. Cultural differences and the availability of care and support from family, friends and neighbours can also affect the use of services across population groups.

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 (table 14.1). Nationally in 2024-25:

- Aboriginal and Torres Strait Islander people aged 65 years or older were overrepresented in all service types except Transition care (table 14A.25)
- people from CALD backgrounds were overrepresented among people accessing Home Care Packages but underrepresented in all other service types (table 14A.24)
- people receiving aged care services in rural and remote areas were underrepresented in all service types except the Commonwealth Home Support Programme (CHSP) in which they were overrepresented (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.

Table 14.1 Clients of aged care services (aged 65 years or over) 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	Population at 30 June	2025	1.6	0.4	1.8	1.4	0.8	2.4	0.7	16.1	1.4
	All assessments	2024-25	1.8	0.5	2.0	1.6	0.8	2.3	1.0	18.1	1.5
	CHSP	2024-25	2.3	0.9	2.6	1.7	1.2	2.6	0.8	27.8	2.0
	Home Care levels 1-2	2025	3.3	1.4	2.9	1.7	2.4	4.0	1.5	36.8	2.7
	Home Care levels 3-4	2025	5.2	2.1	5.1	3.8	4.9	6.1	1.6	49.8	4.4
	Residential care	2025	2.0	0.6	2.5	2.2	0.9	2.2	0.8	40.9	1.8
	Transition care	2025	1.6	0.1	1.3	2.0	1.1	1.3	-	7.7	1.2
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
	All assessments	2024-25	26.1	32.9	11.8	20.2	18.8	7.6	23.8	17.1	22.9
	CHSP	2024-25	22.6	31.3	10.3	20.1	17.6	7.1	28.0	17.9	21.2
	Home Care levels 1-2	2025	33.4	43.6	18.1	29.0	24.5	8.5	24.4	16.3	31.1
	Home Care levels 3-4	2025	36.2	47.5	21.7	29.0	30.0	8.5	26.1	23.2	33.6
	Residential care	2025	23.8	27.6	10.9	18.8	17.9	7.0	20.9	17.2	20.8
	Transition care	2025	21.7	29.2	11.1	20.8	16.9	4.3	22.2	18.4	20.7
People receiving services from providers located in outer regional and remote areas	Target population at 30 June	2025	6.3	5.3	14.8	9.6	16.8	43.6	..	100.0	10.4
	All assessments	2024-25	6.3	5.5	14.1	10.7	15.6	39.7	0.3	98.6	10.1
	CHSP	2024-25	9.5	7.9	15.4	10.4	17.6	34.5	..	100.0	12.2
	Home Care levels 1-4	2025	3.4	3.4	14.7	4.7	16.4	12.0	..	100.0	7.7
	Residential care	2025	5.2	4.7	12.3	7.0	10.0	25.0	..	100.0	7.7
	Transition care	2025	-	1.8	10.2	3.3	-	9.5	..	100.0	3.9

Source: tables 14A.24, 14A.25, 14A.26

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

(a) There are no outer regional, remote or very remote areas in the ACT; the NT comprises only outer regional, remote and very remote areas.

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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 and is defined by two

measures:

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

Unmet need in the community

'Unmet need in the community' reports on the:

- Proportion of people (aged 65 years or over) living in households who need more formal assistance than they currently receive.
- Proportion of carers (of people aged 65 years or over) who report a need for further assistance in their caring roles.
- Proportion of carers who report that they and the person or people they care for had poor access to adequate levels of formal support to ensure their wellbeing.
- Proportion of carers who report high barriers when trying to access services such as in-home support, respite care, and cleaning services on behalf of a care recipient.

A low or decreasing proportion of people who report needing more formal assistance is desirable.

Data for the Northern Territory should be interpreted with caution as the ABS Survey of Disability, Ageing and Carers (SDAC) excludes very remote areas, which comprise more than 20% of the estimated resident population in the Northern Territory living in private dwellings (ABS 2024).

Measure 1a: Nationally in 2022, 15.4% of people aged 65 years or over reported a need for more formal assistance than they currently receive, higher than in 2018 (9.7%) and 2015 (8.3%) (figure 14.3a).

Measure 1b: Nationally in 2022, 31.3% of primary carers of people aged 65 years or over reported a need for more formal assistance than they currently receive, higher than in 2018 (25.1%) and 2015 (22.5%) (table 14A.28).

Measure 1c: Nationally in 2024-25, 38.7% of carers of people aged 65 years or older reported poor access to support from a formal service for in-home care and assistance with specific needs, higher than in 2023-24 (36.3%) and 2022-23 (35.9%) but lower than 2021-22 (39.2%) (table 14A.29).

Measure 1d: Nationally in 2024-25, carers of people aged 65 years and over reported a range of barriers to accessing services, including poor service co-ordination (30.6%), lack of service availability (40.5%), long waiting times (48.0%) and complicated application processes for accessing services (48.7%). The proportion of carers reporting poor service co-ordination as a barrier to access has decreased over the available time series (34.7% in 2021-22), but the proportion of carers reporting lack of service availability, complicated application processes and long waiting times have not improved (38.7%, 42.4% and 43.3%, respectively, in 2021-22) (table 14A.29).

- █ Data is comparable (subject to caveats) across jurisdictions and over time.
- █ Data is complete (subject to caveats) for the current reporting period.

Select measure, people aged 65 years or over:

- Measure 1a: who need more formal assistance than they are currently receiving
- Measure 1b: who report a need for further assistance in their caring roles
- Measure 1c: who need more in-home care support from a formal service
- Measure 1d: who had long waiting times to access services in the local area

Figure 14.3a Measure 1a: Unmet need in the community – People aged 65 year or over who need more formal assistance than they are currently receiving
By jurisdiction, by year (a), (b)



Source: tables 14A.27

(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.

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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 (refer to '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 (refer to table 14A.30 for details).

Measure 2: Nationally in 2023-24, the rate of all hospital patient days used by patients waiting for residential aged care was 13.6 per 1,000 patient days (figure 14.3b). Rates were lower for Aboriginal and Torres Strait Islander people compared to other Australians. Rates were higher for people from lower compared to higher socio-economic areas and for people in remote compared to non-remote areas (table 14A.31). The proportion of separations for 'aged care type' patients waiting 35 days or longer was 15.5% nationally in 2023-24, the highest proportion in ten years (table 14A.30).

█ 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 14.3b 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



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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 the out-of-pocket costs for aged care services (after subsidies) as a proportion of disposable income.

Low or decreasing out-of-pocket costs relative to disposable income indicates 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:

- aged care assessment times
- home care elapsed times
- 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 assessment approval (excluding incomplete assessments). Assessment location is also reported.

Measure 1: Nationally in 2024-25, 50% of older people who were referred for an aged care assessment waited up to 27 days to receive an assessment approval (increasing to 172 days at the 90th percentile). Days waited between referral and assessment approval have increased from 14 days at the 50th percentile and 43 days at the 90th percentile in 2020-21 (table 14A.32).

Measure 1: Nationally in 2024-25, the elapsed time for assessment in a hospital was one day at the 50th percentile, increasing to six days at the 90th percentile. For community-based assessments, the elapsed time for assessment was 43 days at the 50th percentile, increasing to 192 days at the 90th percentile (figure 14.4a; table 14A.32).

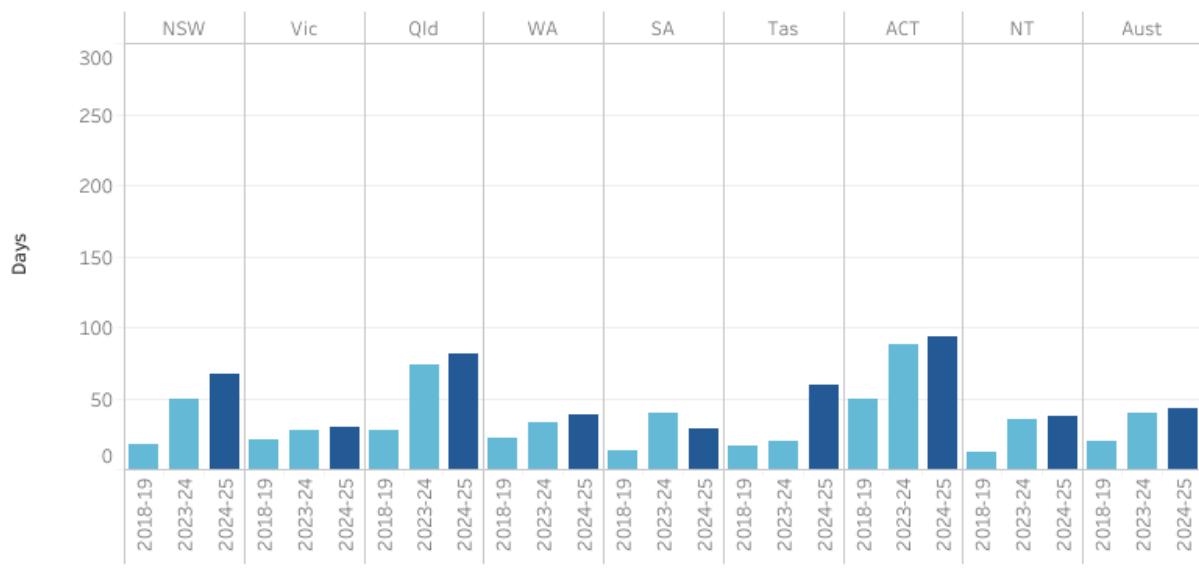
- █ Data is comparable (subject to caveats) across jurisdictions and over time (from 2020-21).
- █ Data is complete (subject to caveats) for the current reporting period.

Select year(s):
Multiple values

Select percentile:
 50th percentile
 90th percentile

Select priority group:
 Community-based
 Hospital
 All comprehensive assessments

Figure 14.4a Measure 1: Time between referral for an aged care assessment and assessment approval
Community-based, 50th percentile, by jurisdiction, by year



Source: table 14A.32

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Home care packages

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

Results measure days between assessment 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.

Measure 2: Nationally in 2024-25, all priority groups waited 204 days at the 50th percentile and 326 days at the 90th percentile to be assigned a home care package following assessment approval. The elapsed time has increased from 78 days at the 50th percentile and 216 days at the 90th percentile in 2023-24. Days waited were shorter for high-priority clients (12 days and 14 days at the 50th and 90th percentiles, respectively (figure 14.4b; table 14A.33).

Measure 2: Nationally in 2024-25, all priority groups waited 245 days at the 50th percentile and 366 days at the 90th percentile for services to commence after assessment approval. The number of days waited has increased from 118 days at the 50th percentile and 250 days at the 90th percentile in 2023-24. Days waited were shorter for high-priority clients (40 days and 77 days at the 50th and 90th percentiles, respectively) (table 14A.33).

█ 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 priority group:

- All priority groups
- Medium priority
- High priority

Select percentile:

- 50th percentile
- 90th percentile

Select period:

- Time between assessment approval and assignment of a home care package
- Time between assignment to service commencement date
- Time between assessment approval to service commencement date

Figure 14.4b Measure 2: Time between assessment approval and assignment of a home care package
All priority groups, 50th percentile, by jurisdiction, by year



Source: table 14A.33

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Residential aged care

Residential aged care elapsed times are measured in days at the 50th and 90th percentile between assessment 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 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.

Measure 3: Nationally in 2024-25, permanent residents who entered care during the financial year and within one year of assessment approval had an elapsed time of 71 days at the 50th percentile and 256 days at the 90th percentile (a trend largely consistent trend over the time series) (figure 14.4c). Of all people admitted to residential care with known elapsed times in 2024-25, 64.1% were admitted within one year of assessment approval (table 14A.34).

Data by equity groups are available in tables 14A.36–38.

- █ 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 14.4c Measure 3: Time between assessment approval and entry into residential aged care
50th percentile, by jurisdiction, by year



Source: table 14A.34

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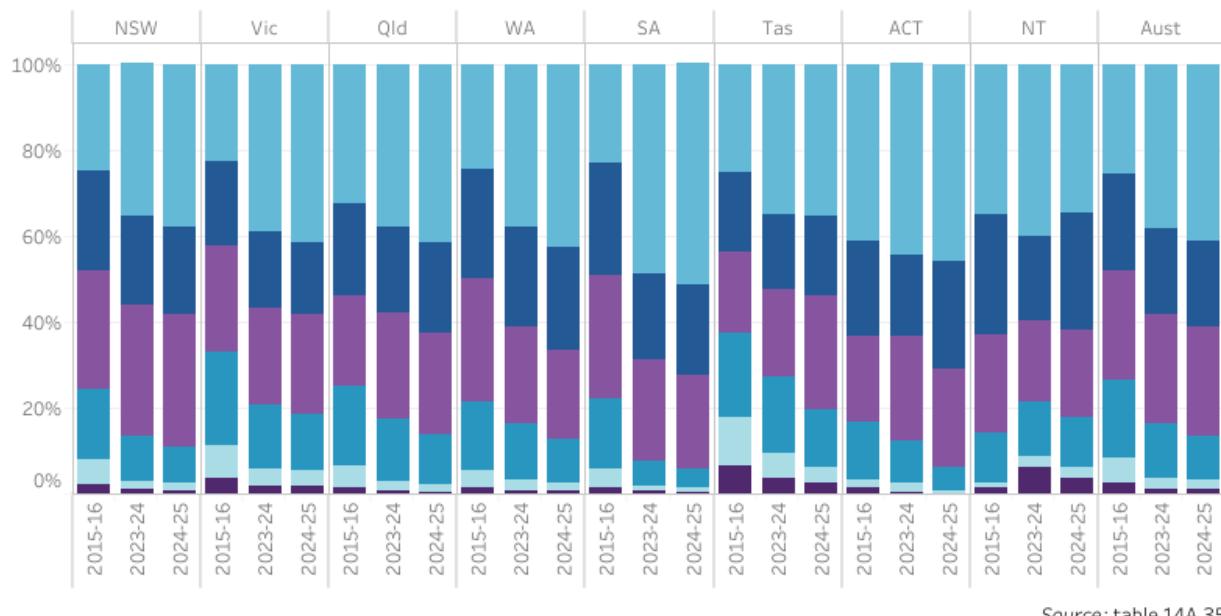
Nationally in 2024-25, 38.9% of older people entered residential aged care within three months of their assessment approval (figure 14.4d); the median elapsed time was 162 days, similar to the 10-year high point of 163 days in 2020-21 and an increase from 84 days in 2015-16 (table 14A.35).

Select year(s):

Multiple values

- █ 9 months or over
- █ 3 months to <9 months
- █ 1 month to <3 months
- █ 8 days to <1 month
- █ 3 to 7 days
- █ 2 days or less

Figure 14.4d Elapsed time between assessment approval and entry into residential aged care services
All permanent residents, by jurisdiction, by specified elapsed periods, by year



Source: table 14A.35

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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 (residential and home care) are meeting expected standards and is defined by three measures:

- re-accreditation of residential aged care providers
- compliance with aged care quality standards
- compliance with care minutes and registered nurse requirements.

Residential care – re-accreditation

This measure reports the proportion of accredited services given three-year re-accreditation. Three years is the longest period for which re-accreditation can be granted (in most cases). If a service is re-accredited for this period, it implies a higher level of service quality than services 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 does not include new services (1.0% of all residential care services) that have not been re-accredited as at 30 June 2025 (table 14A.42).

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

Data on re-accreditation by the size of the facility (places) and location are available in tables 14A.40–41.

Measure 1: At 30 June 2025, 95.2% of the 606 services re-accredited that year were granted accreditation for three years or more; up from 85.0% in 2021-22 (table 14A.39). At 30 June 2025, 96.3% of all 2,676 re-accredited residential aged care services had three-years or longer accreditation. This is the highest since 30 June 2018, but still lower than the peak of 98.3% in 2016 (figure 14.5a and 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 year(s):

Multiple values

Figure 14.5a Measure 1: Re-accreditation period in effect as at 30 June, 3 years and over
By jurisdiction, by year



Source: table 14A.42

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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. These standards are:

- 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.

Measure 2: For Australian Government subsidised aged care services, 17.4% of services received a re-accreditation audit during 2024-25 for residential aged care services, and 45.7% received a quality audit for home care and support (table 14A.43).

Measure 2: The proportions of residential aged care and home care and home support service providers reviewed during 2024-25 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:

2024-25

Table 14.2 Measure 2: Compliance with Aged Care Quality Standards
By jurisdiction, by provider, by service standards, 2024-25

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Residential aged care site audits	Standard 1	%	97.8	99.1	96.9	96.8	100.0	90.0	100.0	100.0
	Standard 2	%	94.2	95.3	94.9	87.3	95.6	90.0	87.5	100.0
	Standard 3	%	88.4	99.1	92.9	85.7	91.2	80.0	75.0	100.0
	Standard 4	%	97.8	99.1	98.0	96.8	97.1	100.0	87.5	100.0
	Standard 5	%	96.4	97.2	95.9	93.7	98.5	100.0	100.0	96.6
	Standard 6	%	97.1	99.1	94.9	92.1	97.1	100.0	87.5	100.0
	Standard 7	%	94.9	97.2	94.9	90.5	94.1	90.0	100.0	-
	Standard 8	%	92.0	94.4	89.8	84.1	92.6	80.0	75.0	100.0
	Reviews conducted (a)	no.	131	102	85	62	57	6	6	2
Home care and support service providers quality audits	Standard 1	%	89.0	95.7	85.7	93.3	100.0	80.0	-	85.7
	Standard 2	%	72.6	83.0	75.0	80.0	81.0	80.0	100.0	71.4
	Standard 3	%	76.7	95.7	91.1	93.3	95.2	80.0	100.0	88.0
	Standard 4	%	87.7	95.7	94.6	100.0	100.0	100.0	100.0	85.7
	Standard 5	%	98.6	100.0	100.0	100.0	100.0	100.0	100.0	99.6
	Standard 6	%	83.6	89.4	89.3	93.3	95.2	100.0	100.0	85.7
	Standard 7	%	78.1	95.7	76.8	86.7	90.5	100.0	100.0	71.4
	Standard 8	%	67.1	74.5	66.1	80.0	90.5	80.0	-	42.9
	Reviews conducted (a)	no.	198	170	141	84	65	25	6	26

Source: table 14A.43

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

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

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Compliance with care minutes requirements

The care minutes responsibility requires approved residential aged care service providers to provide residents with a minimum amount of direct care time by registered nurses (RN), enrolled nurses, and personal care workers and assistants. The sector-wide care minutes benchmark for the 2023-24 financial year was an average of 200 minutes per resident per day, including 40 minutes of RN time. On 1 October 2024, the care minutes requirements increase to 215 minutes per resident per day, including 44 minutes of direct RN care time (although approved providers can meet up to 10% of their RN care minutes target with care time delivered by enrolled nurses)

[Care minutes in residential aged care | Australian Government Department of Health, Disability and Ageing](#).

Compliance with care minutes is measured as the proportion of services that met *both* the total care minutes target and the RN care minutes target.

A high or increasing proportion of services that meet their care minutes targets is desirable.

Measure 3: Nationally in 2024-25, 45.9% of residential aged care services met both the total care minutes target and the RN care minutes target, increased from 34.0% in 2023-24 (figure 14.5b). Separately, 55.8% of residential aged care services met the total care minutes target and 70.2% met the RN care minutes target (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 target:

- Met total care minutes target
- Met registered nurse minutes target
- Met both targets

Figure 14.5b Measure 3: Proportion of services that met the minimum care minutes
Both total care minutes and registered nurse minutes, by jurisdiction, by year



Source: table 14A.44

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Registered nurse (RN) 24/7 coverage requirements

The 24/7 RN coverage responsibility requires approved providers of residential care services in a residential facility to ensure at least one RN is on-site and on duty 24 hours a day, seven days a week at the residential facility.

Compliance with the 24/7 RN coverage requirement is measured as the proportion of facilities with an RN on-site and on duty 24 hours a day, seven days a week. A high or increasing percentage of services meeting their 24/7 RN coverage requirements is desirable.

Nationally in 2024-25, 93.5% of residential aged care services met the 24/7 RN coverage requirement with an RN on-site and on duty 24 hours a day, seven days a week, an increase from

89.3% in 2023-24 (table 14A.45).

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 (the QI program). Participation in the QI program has been a requirement for all Australian Government subsidised residential aged care services since 1 July 2019.

The definitions and data collection methods for each quality indicator are outlined in the QI Program Manual 4.0 – Part A (DoHDA 2025b)

[National Aged Care Mandatory Quality Indicator Program Manual 4.0 – Part A | Australian Government Department of Health, Disability and Ageing](#) 

‘Quality of care’ is defined by eight measures:

- pressure injuries
- restrictive practices
- medication management
- falls and major injury
- unplanned weight loss
- activities of daily living: the proportion of care recipients who experienced a decline in activities of daily living.
- incontinence care: the proportion of care recipients who experienced incontinence-associated dermatitis.
- hospitalisation: the proportion of care recipients who presented to emergency departments or were admitted to hospitals.

Tables 14A.51–53 present the results for the three measures: activities of daily living, incontinence care and hospitalisation

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

All else being equal, a low or decreasing rate of pressure injuries, physical restraint, medication management issues, falls, unplanned weight loss, deterioration in activities of daily living and incontinence care issues can suggest higher-quality services. However, high or increasing occurrences might reflect more effective reporting and monitoring arrangements.

Data for the Northern Territory should be interpreted with caution due to the small number of residential aged care services in the territory.

Measure 1: Pressure injuries – care recipients were observed for pressure injury once each quarter during 2024-25. In quarter 4 (Q4; April to June 2025), 5.0% of care recipients had one or more pressure injuries, down from the same quarter in 2021-22 (6.3%). Prevalence was higher for lower grade pressure injuries (figure 14.6a; table 14A.46).

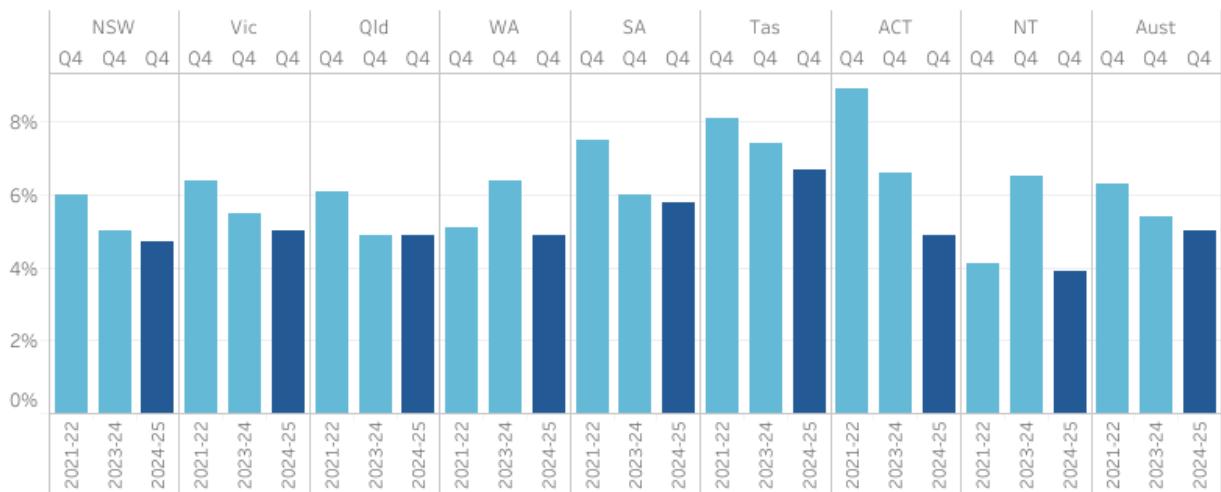
- █ Data is comparable (subject to caveats) across jurisdictions and over time.
- █ Data is complete (subject to caveats) for the current reporting period.

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

Select year(s):
 Multiple values

Select Quarter(s):
 April to June quarter (Q4)

Figure 14.6a Measure 1: Pressure injuries, One or more injuries
 By jurisdiction, by quarter, by year



Source: table 14A.46

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Measure 2: Restrictive practices – restrictive practices were assessed by reviewing three days of existing care records each quarter during 2024-25. In quarter 4 (Q4; April to June 2025), 20.8% of care recipients subject to the use of a restrictive practice (excluding chemical restraint), and 15.7% subject to the use of a restrictive practice exclusively through the use of a secure area, an increase from the same quarter in 2023-24 (18.5% and 14.4%) (figure 14.6b; table 14A.47).

█ 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 restrictive practices

Restrictive practice exclusively through the use of a secure area

Select year(s):

Multiple values

Select Quarter(s):

April to June quarter (Q4)

Figure 14.6b Measure 2: Restrictive practices, All restrictive practices

By jurisdiction, by quarter, by year



Source: table 14A.47

Measure 3: Unplanned weight loss – assessment of care recipients' weight loss occurred monthly, however both unplanned weight loss indicators were measured on a quarterly basis during 2024-25. In quarter 4 (Q4; April to June 2025), 6.8% 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 7.4% 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 2021-22 (9.4% for both measures) (figure 14.6c; table 14A.48).

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

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

Select type:

Significant unplanned weight loss
 Consecutive unplanned weight loss

Select year(s):

Multiple values

Select Quarter(s):

April to June quarter (Q4)

Figure 14.6c Measure 3: Unplanned weight loss, Significant unplanned weight loss

By jurisdiction, by quarter, by year



Source: table 14A.48

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Measure 4: 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 2024-25. In quarter 4 (Q4; April to June 2025), 32.4% of care recipients experienced a fall, with 1.7% resulting in major injury (for example, bone fractures, joint dislocations, and head injuries), stable compared to the same quarter in 2021-22 for care recipients who experienced a fall (32.2%) but a decrease in care recipients who experienced a fall resulting in major injury (2.2%) (figure 14.6d; table 14A.49).

- █ 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):
 Multiple values

Select Quarter(s):
 April to June quarter (Q4)

Figure 14.6d Measure 4: Falls, All falls

By jurisdiction, by quarter, by year



Source: table 14A.49

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Measure 5: Medication management – care recipients' medication charts and/or records were assessed through a single review each quarter during 2024-25. In quarter 4 (Q4; April to June 2025), 35.2% of care recipients were prescribed nine or more medications, down compared to the same quarter in 2021-22 (37.5%). In Q4, 8.1% of all care recipients received antipsychotic medications for a diagnosed condition of psychosis, 17.8% of all care recipients received antipsychotic medications, down from the same quarter in 2021-22 (10.7% and 19.7%) (figure 14.6e; table 14A.50).

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

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

Select type:
 Antipsychotic use
 Polypharmacy

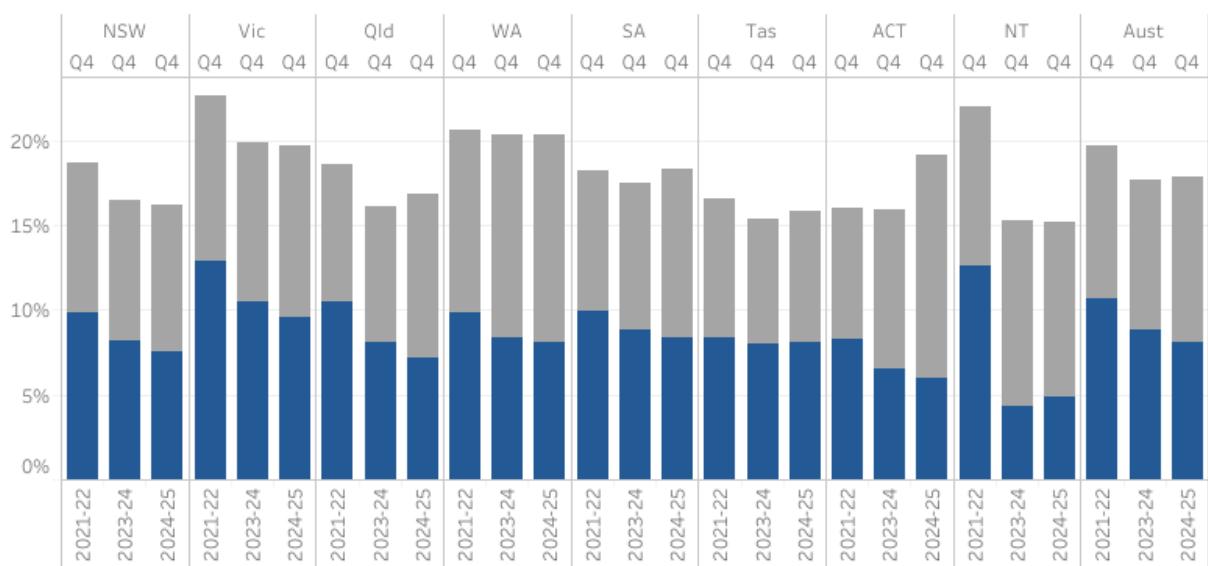
Select year(s):
 Multiple values

Select Quarter(s):
 April to June quarter (Q4)

█ Care recipients who received antipsychotic medications, other
█ Care recipients who received antipsychotic medications for a diagnosed condition of psychosis

Figure 14.6e Measure 5: Medication management, Antipsychotic use

By jurisdiction, by quarter, by year



Source: table 14A.50

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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 six measures:

- Proportion of people aged 65 years or over living in households, who are satisfied with the *range* of formal service options available.
- Proportion of people aged 65 years or over living in households, who are satisfied with the *quality* of assistance received from formal services in the last six months.
- Proportion of carers who reported high satisfaction with their access to support (respite care services).

- 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.
- 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.
- Proportion of consumers of residential aged care who reported 'good' or 'excellent' consumer experiences.

Performance indicator 7 'Quality of care' presents information on the QI program, which includes consumer experience.

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 ABS SDAC excludes very remote areas. Very remote areas comprise of more than 20% of the estimated resident population in the Northern Territory living in private dwellings, and due to the small number of residential aged care services in the territory.

Measure 1: Nationally in 2022, 63.0% 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 (figure 14.7a; table 14A.54).

Measure 2: Nationally in 2022, 85.4% of people aged 65 years and over who received formal services in the previous six months were satisfied with the *quality* of assistance they received (table 14A.55).

- Data is comparable (subject to caveats) across jurisdictions and over time.
- Data is complete (subject to caveats) for the current reporting period.

Select year:

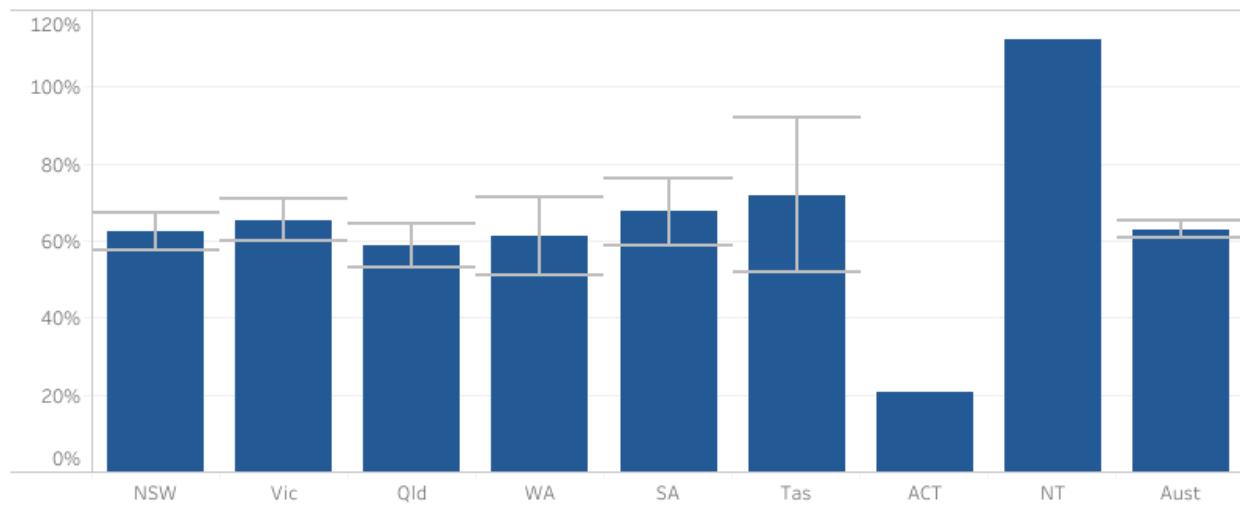
2022

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

Figure 14.7a Measure 1: People aged 65 years or over who are satisfied with the range of organised services available

By jurisdiction, 2022 (a), (b), (c)



Source: table 14A.54

(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. (c) The proportions may exceed 100% because the ABS randomly adjusts the cell values to avoid releasing confidential data.

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Measure 3: Nationally the proportion of carers who were satisfied with their access to respite care services was 38.6% in 2024-25, a decrease from 2023-24 (41.2%) (figure 15.7b; table 14A.58).

Measure 4: 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 36.3% in 2022, a decrease of around 11 percentage points from 2015 (table 14A.56).

Measure 5: For primary carers of people aged 65 years or over, the proportion who were satisfied with the quality of assistance provided to help them in their caring role was 63.6% in 2022, down from 77.2% in 2015 (table 14A.57).

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

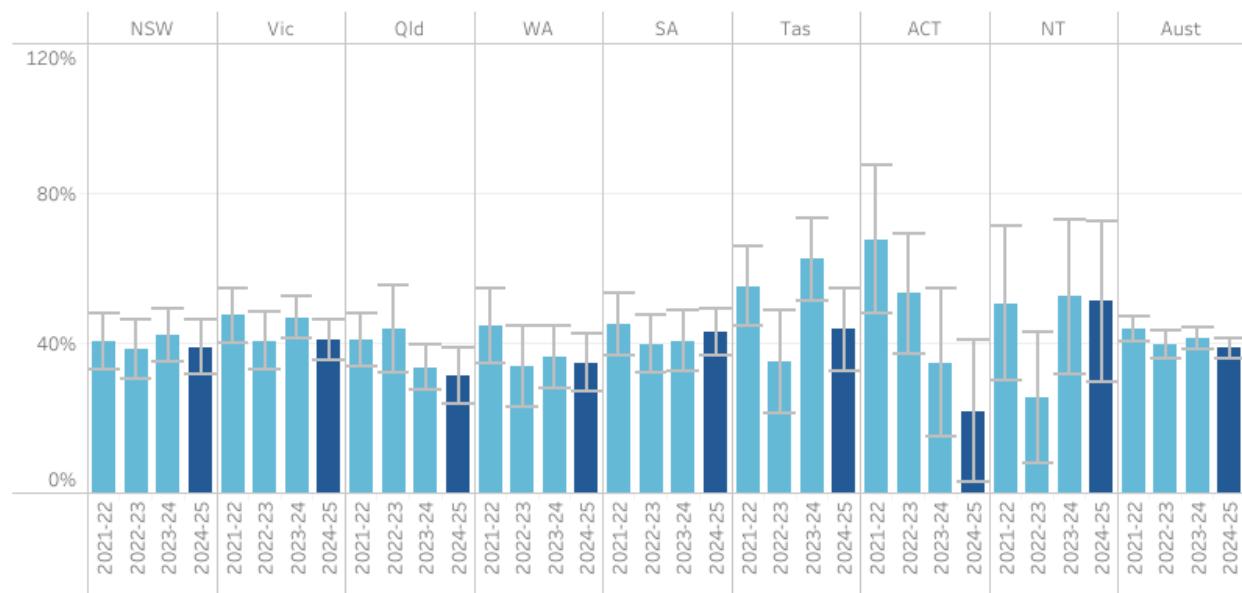
█ Data is complete (subject to caveats) for the current reporting period.

Select measure:

- █ Measure 3: Carers who are satisfied with access to respite care services
- █ Measure 4: Primary carers who are satisfied with the range of organised services available
- █ Measure 5: Primary carers who are satisfied with the quality of assistance

Figure 14.7b Measure 3: Carers (carers of people aged 65 years or over) who are satisfied with access to respite care services

by jurisdiction, by year, (a), (b)



Source: table 14A.58

(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.

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Measure 6: The proportion of care recipients who completed the consumer experience survey and reported a good or excellent consumer experience using all methods in quarter 4 (Q4; April to June 2025) was 84.9%, an increase from 82.5% in same quarter in 2023-24. Proportions varied by completion method (figure 14.7c; 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):

All

Select quarter(s):

April to June quarter (Q4)

Figure 14.7c Measure 6: Consumer experience - proportion of care recipients reporting 'good' or 'excellent' consumer experience

All completion methods, by jurisdiction, by quarter, by year



Source: table 14A.59

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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. However, the reported rate of complaints (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.

Nationally in 2024-25, the Aged Care Quality and Safety Commission received 10,451 in-scope complaints. Of these, 6,211 concerned permanent and respite residential aged care services,

equivalent to 0.85 complaints per 10,000 occupied bed days, a decrease from a peak of 0.93 in 2021-22 (figure 14.8).

- 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 Complaints received for residential aged care (permanent and respite)

Rate per 10,000 occupied bed days, by jurisdiction, by year



Source: table 14A.60

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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 by two measures:

- 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 number of Serious Incident Response Scheme notifications received by the Aged Care Quality and Safety Commission, by primary incident type in-home 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.

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 Response Scheme 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.

Measure 1: Nationally in 2024-25, the Aged Care Quality and Safety Commission received 58,995 Serious Incident Response Scheme notifications from residential aged care service providers, which equates to 8.0 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) (table 14A.61). Notifications most commonly concerned the unreasonable use of force (figure 14.9).

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

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

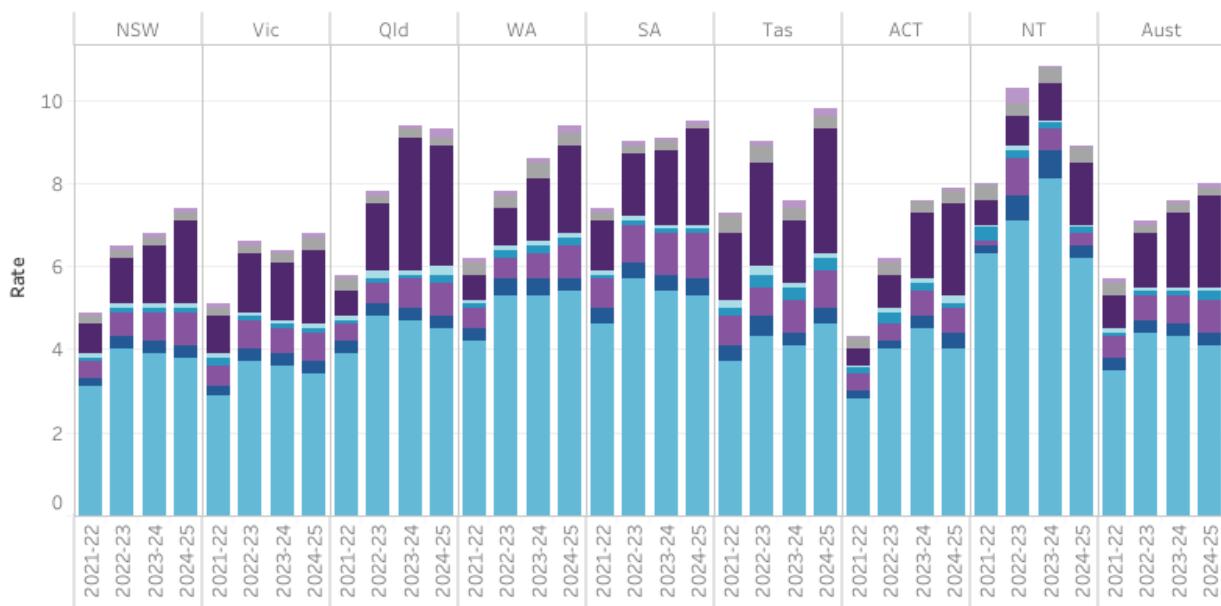
Select chart:

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 14.9 Measure 1: Residential care: Serious incident notifications

Notifications per 10,000 occupied bed days, by jurisdiction, by year (a)



Source: table 14A.61

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

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Measure 2: Nationally in 2024-25, the Aged Care Quality and Safety Commission received 6,053 Serious Incident Response Scheme notifications from in-home care service providers, an increase from 4,879 in 2023-24. Notifications most commonly concern neglect (table 14A.62).

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. 'Workforce sustainability' is defined by two measures:

- the proportion of nurses (registered and enrolled), in 10-year age brackets, by region
- the attrition rate of nurses (registered and enrolled).

Both measures report on full-time equivalent (FTE) nurses in aged care settings.

These measures are not a substitute for a comprehensive workforce analysis that considers training, migration, emerging work patterns and future demand. However, they can indicate the need for further workforce planning for aged care services.

High or increasing proportions of the workforce that are new entrants and/or low or decreasing proportions of the workforce that are close to retirement are desirable. A low or decreasing rate of workforce attrition is desirable.

Workforce age profiles

Measure 1: Nationally in 2024, 10.4% of the FTE registered aged care nursing workforce was aged 60 years or over (18.1% for enrolled nurses). Since 2015, the proportion of aged care nurses aged under 40 years has increased by 20.5 percentage points for registered nurses (17.4 percentage points for enrolled nurses) (figure 14.10a).

The proportion of Aboriginal and Torres Strait Islander people who are registered or enrolled as aged care nurses is presented in tables 14A.64 and 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 worker type:

- Registered nurses
- Enrolled nurses

Select year(s):

Multiple values

Select remoteness:

- All areas
- Major cities
- Inner regional
- Outer regional
- Remote and very remote

- █ <30 years old
- █ 30-39 years old
- █ 40-49 years old
- █ 50-59 years old
- █ 60+ years old

Figure 14.10a Measure 1: Registered nurses (All areas)

By age group, by jurisdiction, by year (a), (b)



Source: table 14A.63

(a) Refer to data tables for information on non-publication of data for individual jurisdictions. (b) There are no very remote areas in Victoria. There are no major cities in Tasmania. There are no outer regional, remote or very remote areas in the ACT. There are no major cities or inner regional areas in the NT.

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Workforce attrition rates

Aged care nursing workforce attrition rates are calculated using the FTE of aged care nurses who left the aged care nursing workforce (i.e., nurses who were not working in an aged care setting in the current year but who were working in an aged care setting in the previous year), divided by the total FTE of nurses employed in the workforce in an aged care setting in the previous year.

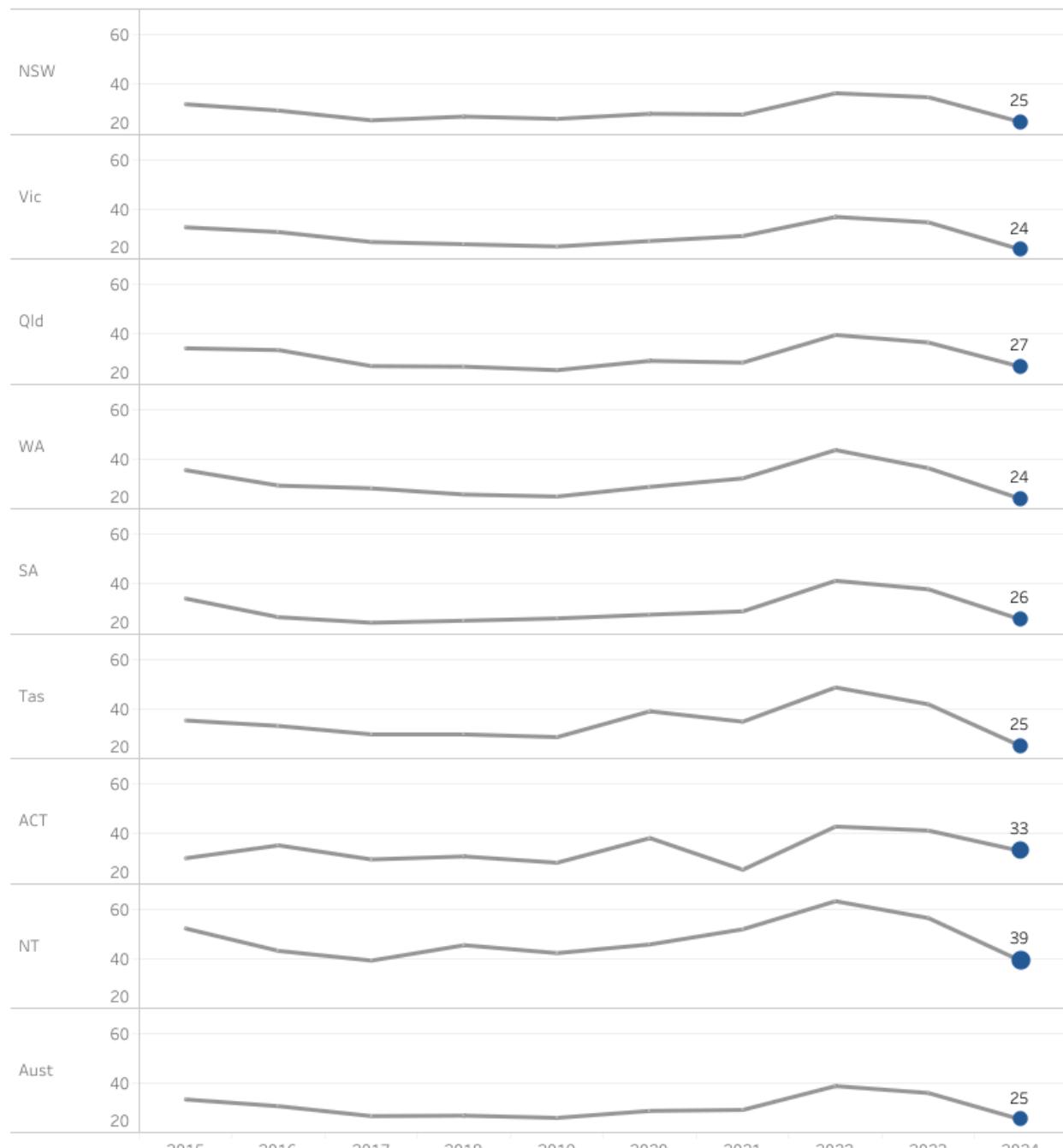
Measure 2: Nationally in 2024, the attrition rate for registered nurses working in aged care settings was 25.2%, a decrease from 35.9% in 2023 (figure 14.10b). Nationally in 2024, the attrition rate for enrolled nurses working in aged care settings was 31.4%, a decrease from 37.0% in 2023 (table 14A.66).

- █ Data is comparable (subject to caveats) across jurisdictions and over time.
- █ Data is complete (subject to caveats) for the current reporting period.

Select worker type:

- Registered nurses
- Enrolled nurses

Figure 14.10b Measure 2: Attrition rate of registered nurses
By jurisdiction, by year



Source: table 14A.64

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Table 14A.67 presents quarterly contextual data on workforce turnover in residential aged care services. It captures all eligible staff, including service managers, nurse practitioners or registered nurses, enrolled

nurses, and personal care staff or assistants in nursing. This data provides insights into workforce turnover in residential aged care services, but it does not provide a comprehensive picture of overall workforce sustainability. For example, rather than leaving the sector, a worker might have moved to a new service provider.

Of all staff, 4.9% stopped working at a service during quarter 4 (Q4; April to June 2025), a similar result in the same quarter in 2023-24 (5.1%). The proportion was highest for service managers (7.0%).

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 – annualised government expenditure on residential aged care services.

Average annual Australian Government residential aged care subsidy (all levels of care), per claim day – annualised subsidy entitlements plus Conditional Adjustment Payment.

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 residential aged care unit costs 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 residential aged care unit costs 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.

Measure 1: Nationally in 2024-25, the average annualised cost per occupied bed day was \$120,467, up from \$83,091 in 2015-16 (figure 14.11).

Measure 2: Nationally in 2024-25, the average annualised Australian Government subsidy per claim day was \$117,396 using the new classification system, AN-ACC, an increase from \$109,084 in 2023-24 (table 14A.69).

- 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: Average annualised cost per occupied bed day
- Measure 2: Average annualised Australian Government subsidy per claim day

Select year(s):

Multiple values

Figure 14.11 Measure 1: Residential care services: Average annualised cost per occupied bed day
By jurisdiction, by year (2024-25 dollars) (a)



Source: table 14A.68

(a) In 2023-24 the AN-ACC funding model replaced the Aged Care Funding Instrument (ACFI) in residential aged care.

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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 home care program cost – Australian Government expenditure on home care, per recipient.

Average annual CHSP cost – Australian Government expenditure on CHSP, per client.

Average annualised home care package payment – payments on home care packages to recipients.

Expenditure per hour of service for CHSP – Australian Government expenditure on services, divided by the number of hours of service provided.

While high or increasing home care unit costs 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 home care unit costs 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.

Measure 1: Nationally in 2024-25, the cost per home care package recipient was \$24,516. This is an increase from \$19,427 in 2022-23 (figure 14.12a).

Measure 2: Nationally in 2024-25, the cost per recipient of the CHSP was \$3,899, up from \$3,415 in 2017-18, although a decrease compared with 2021-22 (\$3,972) (table 14A.71).

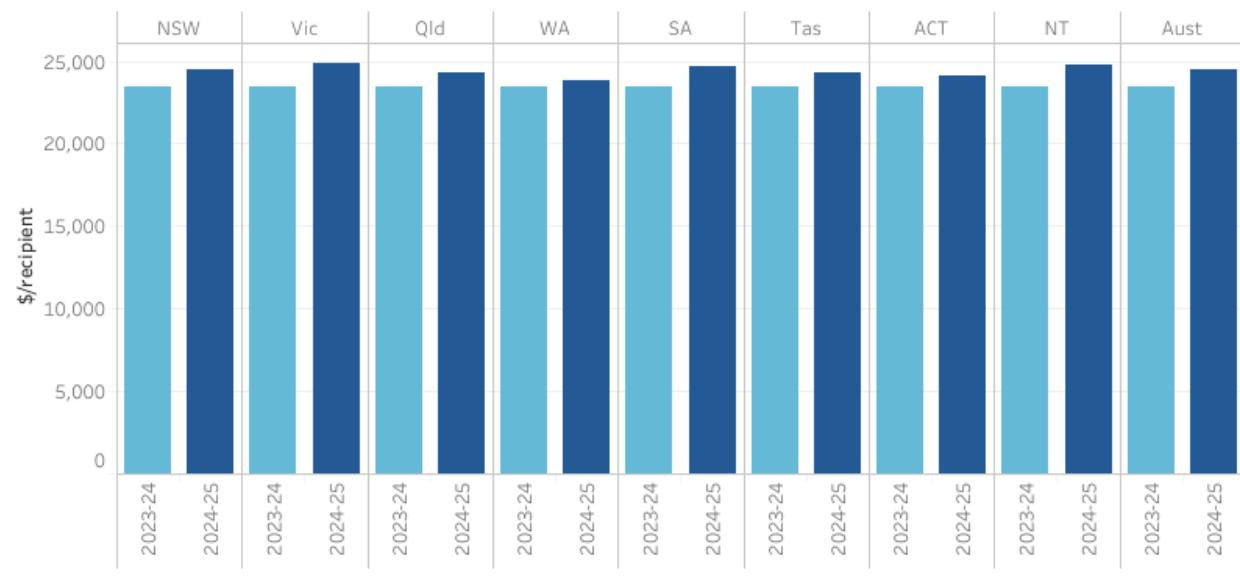
█ Data is comparable (subject to caveats) across jurisdictions and over time.

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

Select year:
Multiple values

Select programme:
 Measure 1: Home care package programme
 Measure 2: Commonwealth Home Support Programme

Figure 14.12a Measure 1: Cost per recipient, Home care package programme
By jurisdiction, by year (2024-25 dollars)



Source: table 14A.70

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Measure 3: Nationally in 2024-25, the average annualised payment per home care package was \$29,800, an increase from 2022-23 (\$24,321). The average annualised payment amount increased with package level (\$9,300 for a level one home care package, compared to \$50,500 for a level four home care package) (figure 14.12b).

- █ 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
- Home Care level 1
- Home Care level 2
- Home Care level 3
- Home Care level 4

Figure 14.12b Measure 3: Average payment per home care package, All home care packages
By jurisdiction, by year (2024-25 dollars)



Source: table 14A.72

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Table 14A.72 includes additional contextual information on aged care package entitlement (i.e. allocated funds) and unspent funds.

Measure 4: Nationally in 2024-25, personal care costs per hour decreased, but domestic assistance, allied health and nursing costs per hour increased compared to 2023-24. Expenditure per hour of service was highest for nursing (\$152.57), followed by allied health (\$133.15), personal care (\$103.78) and domestic assistance (\$67.87) (figures 14.12c and 14.12d).

- 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 14.12c/d Measure 4: Cost per output unit - Australian Government expenditure per hour of service, CHSP Nursing, by year (2024-25 dollars)

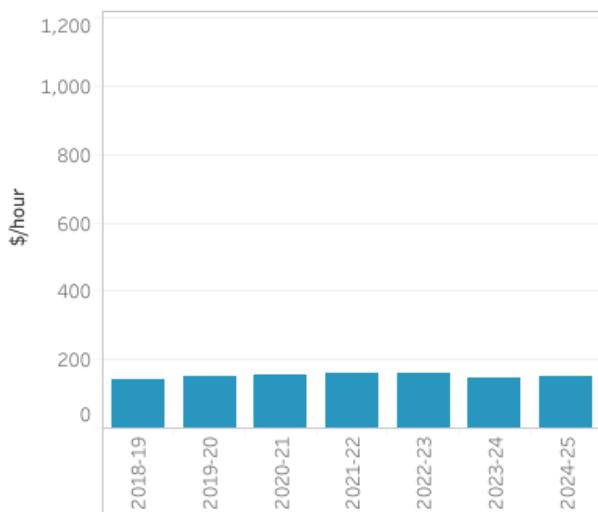
Select labour type (applies to both figures):

- Domestic assistance
- Personal Care
- Allied Health
- Nursing

Select jurisdiction (applies to figure 14.12d):

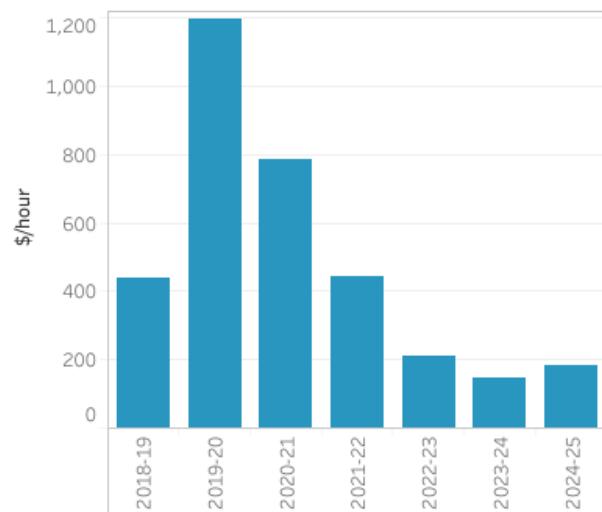
NT

Figure 14.12c Measure 4: *National*



Source: table 14A.73

Figure 14.12d Measure 4: *NT*



Source: table 14A.73

Attribution: + a b | e a u

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, cost per recipient day
- short-term restorative care, 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 restorative care unit costs 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 restorative care unit costs 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.

Measure 1: Nationally in 2024-25, the cost per day of the Transition Care Programme was \$380, a decrease from \$478 in 2023-24 (figure 14.13).

Measure 2: Nationally in 2024-25, the cost per day of the Short Term Restorative Care Programme was \$252, an increase from \$214 in 2021-22, the earliest year available (table 14A.74).

█ 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

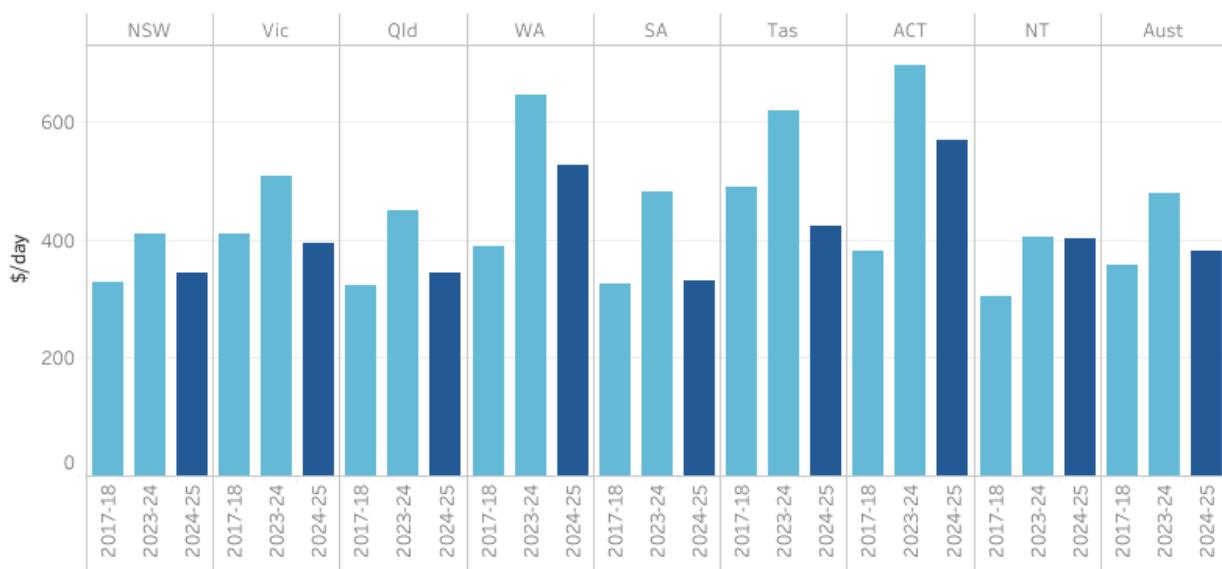
Select programme type:

Measure 1: Transition Care Programme

Measure 2: Short Term Restorative Care Programme

Figure 14.13 Measure 1: Real cost per day, Transition Care Programme

By jurisdiction, by year (2024-25 dollars)



Source: table 14A.74

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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 as Australian Government expenditure on aged care assessments, divided by the number of completed assessments.

While high or increasing aged care assessment unit costs 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 aged care assessment unit costs might reflect improving efficiency, it might also reflect declining quality.

The Australian Government introduced the Single Assessment Program in December 2024, replacing the Aged Care Assessment Team (ACAT) program and the Regional Assessment Service program. Data for the 2024-25 period comprise a mix of program assessment types. More information, including the number of assessments, by type is in table 14A.75.

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

Measure 1: Nationally in 2024-25, the average expenditure per assessment was \$673 (figure 14.14).

- Data is comparable (subject to caveats) across jurisdictions.
- Data is complete (subject to caveats) for the current reporting period.

Figure 14.14 Cost per output unit - Australian Government expenditure on assessments
All Assessment types, by jurisdiction, 2024-25



16. Use of mainstream services by older people

'Use of mainstream services by older people' is an indicator of governments' objective that people aged 65 years and older have an enhanced quality of life and enjoy choice and wellbeing.

'Use of mainstream services by older people' is defined as the proportion of people aged 65 years or older who reported difficulty accessing government buildings in the last 12 months.

Low or decreasing proportions of people aged 65 years and older experiencing difficulty accessing government buildings is desirable.

Data for the Northern Territory should be interpreted with caution as the ABS SDAC excludes very remote areas which comprises more than 20% of the estimated resident population in the Northern Territory living in private dwellings (ABS 2024).

Measure 1: Nationally in 2022, 4.1% of people aged 65 years and over reported difficulty accessing government buildings in the last 12 months, compared to 30.1% of people aged 65 years and over who reported difficulty accessing any facilities in the past 12 months (figure 14.15; table 14A.76).

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

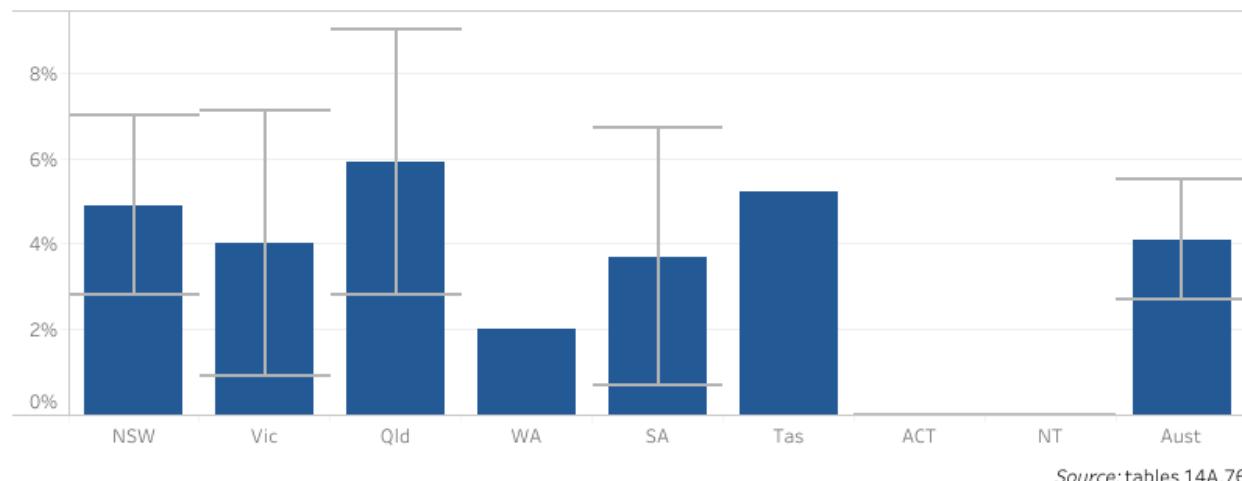
 Data is complete (subject to caveats) for the current reporting period.

Select year:

2022

Figure 14.15 Proportion of people aged 65 years or over who had difficulty accessing government buildings in the last 12 months

By jurisdiction, 2022 (a), (b)



Source: tables 14A.76

(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.



17. Employment rates of primary carers of older people

'Employment rates of primary carers of older people' is an indicator of governments' objective to help carers of people aged 65 years and over achieve economic participation.

'Employment rates of primary carers of older people' is measured as the employment rate of primary carers (aged 15-64 years) who are caring for people aged 65 years and over, compared to the general population aged 15-64 years.

Similar rates of employment for primary carers and the general population are desirable.

This indicator does not assess whether employment opportunities are appropriate or fulfilling.

Nationally in 2022, 58.5% of primary carers (15-64 years old) caring for people aged 65 years and over were employed, compared to 77.4% of the general population aged 15-64 years. Employment rates for primary carers increased from 57.6% in 2018 and 53.8% in 2015 (figure 14.16).

- 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

Primary carers (aged 15-64 years) of people aged 65 years or over
General population aged 15-64 years, at June

Figure 14.16 Employment rates of primary carers of people aged 65 years or over

People aged 15-64 years, by jurisdiction, by year (a), (b), (c)



Source: tables 14A.77

(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. (c) The proportions may exceed 100% because the ABS randomly adjusts the cell values to avoid releasing confidential data.

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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 entry and exit.

Refer to the 'Explanatory material' for further information on the MBI.

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

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 on discharge from hospital (in 2024-25 there were 22,900 admissions to the TCP). The average duration is around 10 weeks, with a maximum duration of 12 weeks (although this may be extended by a further six weeks in some circumstances) (DoHDA 2025).

The STRCP provides services to older people for up to eight weeks (56 days) to help delay or avoid long-term care (in 2024-25, there were 10,474 admissions to the STRCP) (DoHDA 2025).

Measure 1: Nationally in 2024-25, the average MBI score for TCP clients increased from entry (71) to exit (82), similar to previous years (figure 14.17).

Measure 2: Nationally in 2024-25, the average MBI score for STRCP clients increased from entry (83) to exit (86), similar to the previous year (table 14A.78).

- █ 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:

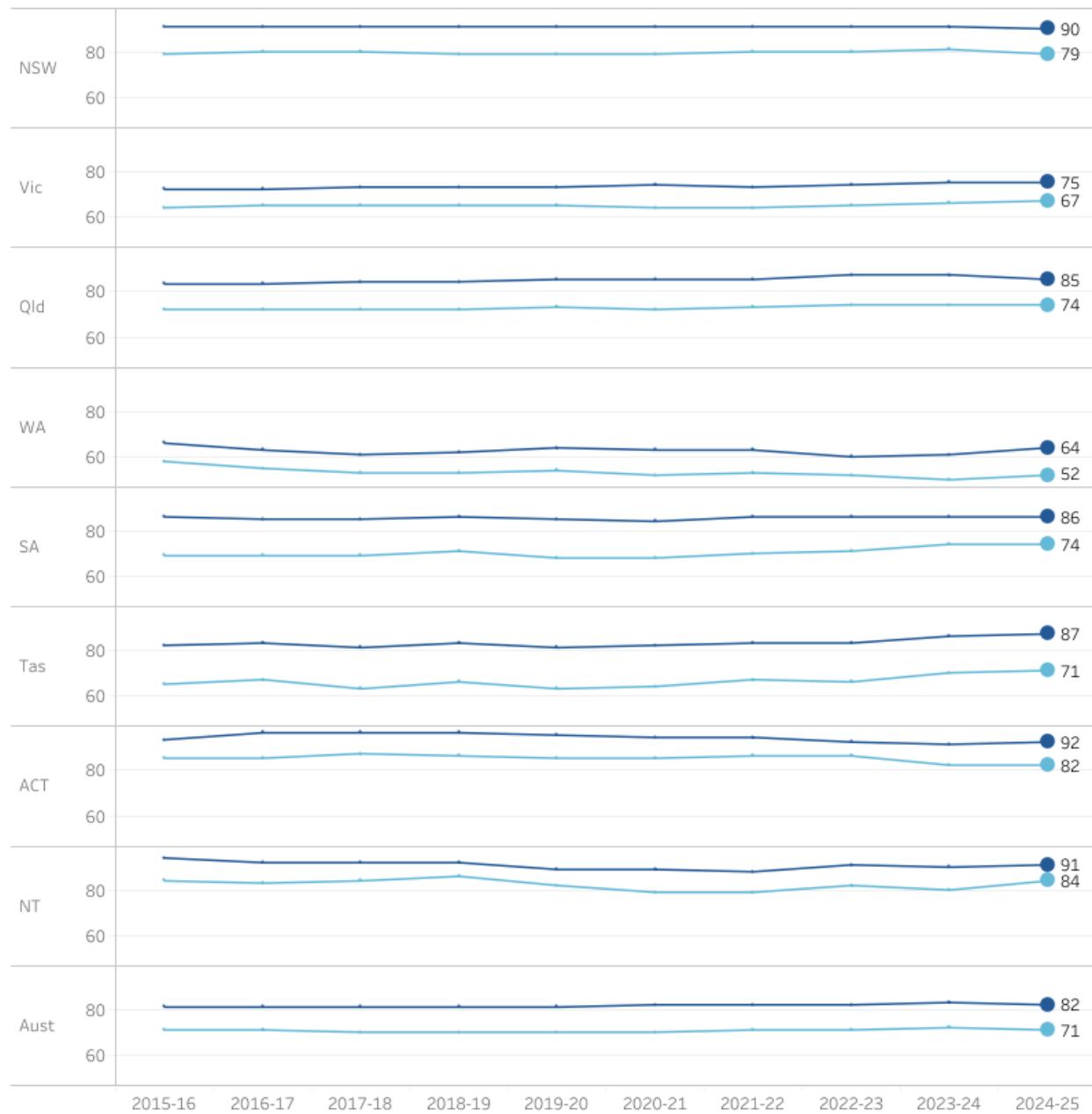
- Transition Care Programme
- Short Term Restorative Care Programme

Select results:

- Entry and Exit
- Difference between exit and entry

█ on exit█ on entry

Figure 14.17 Maintenance of individual function: Average Modified Barthel Index on entry and exit Transition Care Programme, by jurisdiction, by year



Source: table 14A.78

19. Wellbeing in residential care

'Wellbeing in residential care' is an indicator of governments' objective to promote the wellbeing of older people by assisting them in residential care and providing appropriate and high quality care to meet their needs.

'Wellbeing in residential care' is defined by two measures:

The proportion of older people in residential aged care who report having a 'good' or 'excellent' quality of life, as measured by the National Aged Care Mandatory Quality Indicator (QI) Program.

The proportion of older people in residential aged care who report positive experiences in residential aged care, 'Always' and 'Most of the time', as measured by the Residents' Experience Survey.

Performance indicator 7 'Quality of care' presents further information on the QI program.

A high or increasing proportion of older people in residential aged care who report positive experiences in residential aged care and a good or excellent quality of life is desirable.

Data for the Northern Territory on the proportion of older people in residential aged care who report having a 'good' or 'excellent' quality of life should be interpreted with caution due to the small number of residential aged care services in the territory.

Measure 1: The proportion of care recipients who completed the quality of life survey and reported a good or excellent quality of life using all methods in quarter 4 (Q4; April to June 2025) was 75.4%, an increase from the same quarter in 2023-24 (73.7%). Proportions varied by completion method (figure 14.18a; table 14A.80).

- █ Data is comparable (subject to caveats) across jurisdictions and over time.
- █ Data is complete (subject to caveats) for the current reporting period.

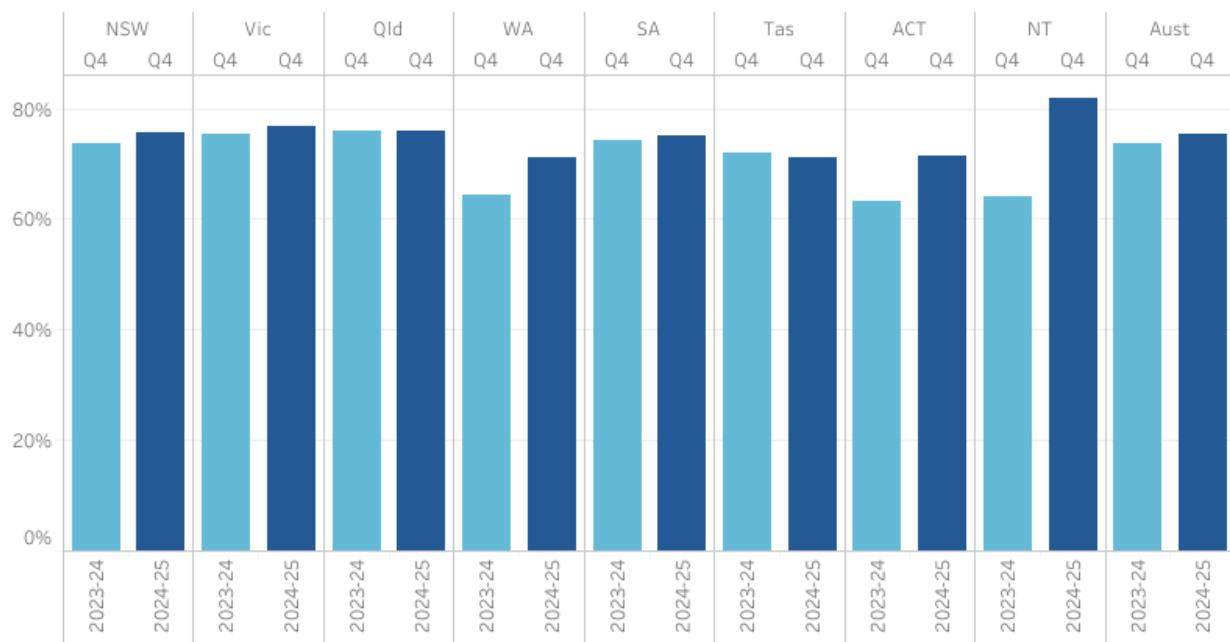
Select year(s):

All

Select quarter(s):

April to June quarter (Q4)

**Figure 14.18a Measure 1: Proportion of care recipients reporting 'good' or 'excellent' quality of life
All completion methods, by jurisdiction, by quarter, by year**



Source: table 14A.80

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Measure 2: Nationally in 2024:

66.1% of residents reported staff always treated them with respect, a decrease from 2023 (70.8%)

75.1% of residents reported that they always felt safe, similar to 2023 (74.7%)

62.2% of residents reported they always received the care they need, an increase from 2023 (57.2%)

57.8% of residents reported that they are always encouraged to do as much as possible for themselves, an increase from 2023 (55.1%) (figure 14.18b; table 14A.79).

- █ Data is comparable (subject to caveats) across jurisdictions and over time.
- █ Data is complete (subject to caveats) for the current reporting period.

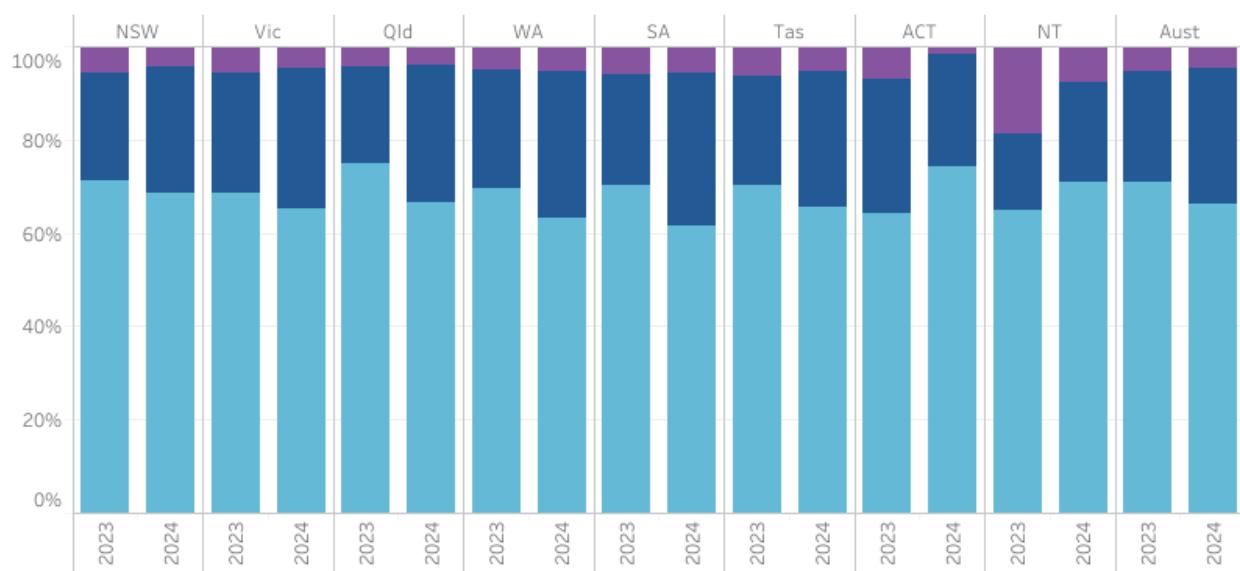
Select question:

- Do staff treat you with respect?
- Do you feel safe here?
- Do you get the care you need?
- Are you encouraged to do as much as possible for yourself?

- █ Some of the time or never
- █ Most of the time
- █ Always

Figure 14.18b Measure 2: Residents experience of aged care: Do staff treat you with respect?

By response, by jurisdiction, by year



Source: table 14A.79

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20. 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.

21. Carer health and wellbeing

'Carer health and wellbeing' is an indicator of governments' objective that carers of people aged 65 or over have an enhanced quality of life and enjoy choice and wellbeing.

'Carer health and wellbeing' is defined by three measures, which assess the rate of:

- self-reported wellbeing of carers compared to the general population
- self-reported loneliness ('often' or 'always' experiencing loneliness) of carers compared to the general population
- self-reported health ('fair' or 'poor') of carers compared to the general population.

Similar rates of carer health and wellbeing compared to the general population is desirable.

Measure 1-3: Nationally in 2024-25:

54.6% of carers reported low levels of wellbeing on the Personal Wellbeing Index compared with the general population (33.6%), and an increase from 2021-22 (48.6%)

36.8% of carers responded that they are often/always lonely compared with the general population (18.0%). This result is similar to 2021-22 (33.9%)

51.5% of carers responded that they have either fair or poor health compared with the general population (22.4%), and an increase from 2021-22 (44.3%) (figure 14.19; table 14A.81).

- Data is comparable (subject to caveats) across jurisdictions and over time.
- Data is complete (subject to caveats) for the current reporting period.

Select year:

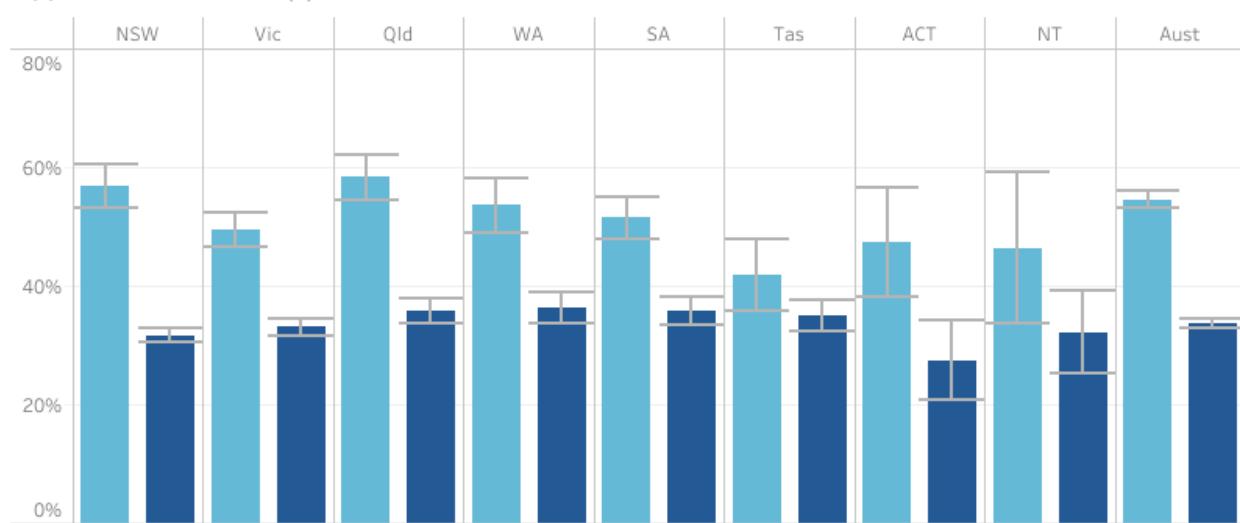
2024-25

 Carers General population**Select measure:**

- Measure 1: Personal Wellbeing Index - proportion with low wellbeing
- Measure 2: Proportion of respondents who reported being often/always lonely
- Measure 3: Proportion of respondents who reported either fair/poor health

Figure 14.19 Measure 1: Wellbeing of carers of people aged 65 years or over: Personal Wellbeing Index - proportion with low wellbeing

By jurisdiction, 2024-25 (a)



Source: table 14A.81

(a) The question of how often one feels lonely was not asked in the 2021-22 Regional Wellbeing Survey, the source of the general population values.

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Aboriginal and Torres Strait Islander data

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
Context data

Table 14A.1

Aged care target and planning populations, by remoteness area, 30 June

Table 14A.2

People receiving aged care services

Table number	Table title
Table 14A.21	Aged care assessments
Performance indicator data	
Table 14A.25	Representation of Aboriginal and Torres Strait Islander people in the aged care target population and aged care recipients
Table 14A.31	Hospital patient days used by those eligible and waiting for residential aged care
Table 14A.38	Elapsed times for residential aged care, by Indigenous status
Table 14A.64	Aged care nurse workforce (registered) (FTE) as at 30 September, by Indigenous status and attrition rate
Table 14A.66	Aged care nurse workforce (enrolled) (FTE) as at 30 September, by Indigenous status and attrition rate

Explanatory material

Key terms

Terms	Definition
	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	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

Terms	Definition
	<p>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.</p>
	<p>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.</p>
Aged care target population	<p>The aged care target population is defined as all people (Aboriginal and Torres Strait Islander people and non-Indigenous) aged 65 years or over and Aboriginal and Torres Strait Islander people aged 50–64 years. This is the population within the scope of, and funded for services under, the national aged care system.</p>
Aged care type patient (unmet need indicator)	<p>Aged care type patients are those who are waiting for residential aged care where the care type is <i>Maintenance</i>, a diagnosis was reported as <i>Person awaiting admission to residential aged care service</i> and the separation mode was not <i>Other (includes discharge to place of usual residence)</i>. Includes overnight separations only.</p>
Aged care planning population	<p>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.</p>
Aged Care Quality Standards	<p>Under the framework, the Australian Government seeks to achieve and maintain a specified national provision level of subsidised operational aged care places for every 1,000 people aged 70 years or over. This provision level is known as the aged care provision ratio (DoHA 2012).</p>
	<p>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):</p>
	<p>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.</p>

Terms	Definition
	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 <i>Quality of Care Principles</i> .
	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 .
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).

Terms	Definition
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 <i>Aged Care Act 1997</i> (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.
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 assessment approval
	assessment approval to assignment of a home care package
	assessment approval to service commencement of a home care package
	assessment approval to entry into residential aged care
	assignment of a home care package to service commencement of that package.
Modified Barthel Index	A measure of functioning in the activities of daily living reported for Transition Care Program recipients who completed a transition care episode, with zero being fully dependent and 100 being fully independent (DoHDA 2025).
National Aged Care Mandatory Quality Indicator (QI) 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

Terms	Definition
	<p>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.</p> <p>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.</p> <p>Pressure injuries are reported according to stages:</p> <ul style="list-style-type: none"> – 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.

Restrictive practices

Restrictive practices 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 restrictive practices. Acts of restrictive practices are recorded even if a care recipient or their representative have provided consent for the use of the restraint.

Assessment of restrictive practices 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 restrictive practices 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
	<p>Unplanned weight loss</p> <p>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.</p> <p>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.</p> <p>This measure is reported for:</p> <ul style="list-style-type: none"> – 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.
	<p>Falls and major injury</p> <p>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.</p> <p>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.</p> <p>This measure is reported for:</p> <ul style="list-style-type: none"> – 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.
	<p>Medication management</p>

Terms	Definition
	<p>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.</p>
	<p>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)</p>
	<p>Antipsychotics are medications prescribed for the treatment of a diagnosed condition of psychosis such as schizophrenia, bipolar disorder, Huntington's chorea, delusions and hallucinations.</p>
	<p>Assessment of polypharmacy is conducted through a single review of medication charts and/or administration records for each care 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.</p>
	<p>This measure is reported for:</p>
	<ul style="list-style-type: none"> – 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).
	<p>Activities of daily living</p>
	<p>The Barthel Index of Activities of Daily Living (ADL assessment) is the assessment tool used for the purposes of the QI program.</p>
	<p>A single assessment for each care recipient is completed around the same time every quarter and compared to their ADL assessment total score in the previous quarter to determine decline.</p>
	<p>Care recipients who experienced a decline in their ADL assessment total score of one or more points.</p>

Incontinence care

Terms	Definition
	<p>The Ghent Global IAD Categorisation Tool is the assessment tool used for the purposes of the QI program.</p>
	<p>A single assessment for each care recipient, around the same time every quarter as part of routine care</p>
	<p>Care recipients with incontinence who experienced IAD</p>
	<p>Care recipients who experienced IAD reported against each of the four sub-categories:</p>
	<ul style="list-style-type: none"> – 1A: Persistent redness without clinical signs of infection – 1B: Persistent redness with clinical signs of infection – 2A: Skin loss without clinical signs of infection – 2B: Skin loss with clinical signs of infection
	<p>Hospitalisation</p>
	<p>Care recipients who had one or more emergency department presentation during the quarter.</p>
	<p>An emergency department presentation occurs when a care recipient presents to an emergency department or urgent care centre. This includes all emergency department presentations occurring in person or via a technology-enabled platform (e.g. telehealth or virtual).</p>
	<p>A hospital admission occurs when a care recipient is accepted by a hospital inpatient speciality service for ongoing management. This includes all hospital admissions, planned or unplanned, of any length (e.g. same day or overnight), occurring in any location (e.g. hospital or hospital in the home) (DoHDA 2025b)</p>
<p>Older people</p>	<p>All people (Aboriginal and Torres Strait Islander and non-Indigenous) aged 65 years or over and Aboriginal and Torres Strait Islander people aged 50–64 years.</p>
<p>People from non-English speaking countries</p>	<p>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.</p>
<p>People with profound, severe and moderate disability</p>	<p>A person with a profound disability is unable to do, or always needs help with, a core activity task.</p>
	<p>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</p>

Terms	Definition
	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).
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 (<i>Aged Care Act 1997</i> (Cth)); also refers to 'beds' (<i>Aged Care (Consequential Provisions) Act 1997</i> (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 <i>Aged Care Act 1997</i> , specifies the following as selected equity groups: 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.
Serious Incident Response Scheme (SIRS)	The Serious Incident Response 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:
	<ul style="list-style-type: none"> – unreasonable use of force – unlawful sexual contact or inappropriate sexual conduct – neglect

Terms	Definition
	<ul style="list-style-type: none"> – psychological or emotional abuse – unexpected death – stealing or financial coercion by a staff member – inappropriate use of restrictive practices – unexplained absence from care.
Veterans	<p>Veterans, war widows, widowers and dependants who hold a Repatriation Health Card and are entitled to health services and treatment under the <i>Veterans' Entitlements Act 1986</i>, <i>Safety, Rehabilitation and Compensation Act 1988</i> or the <i>Military Rehabilitation and Compensation Act 2004</i>.</p>

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Report on Government Services 2026

PART F, SECTION 15: RELEASED ON 29 JANUARY 2026

15 Services for people with disability

This section reports on Australian, state and territory government assistance 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, 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 \(Excel - 932.7 KB\)](#)

[15 Services for people with disability dataset \(CSV - 2.4 MB\)](#)

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 \(PDF - 812.9 KB\)](#)

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, and experience 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 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 (NQSC). The NQSC's role includes provider registration, complaints management and reportable incidents, behaviour support, and compliance with practice standards and the NDIS code of conduct. During 2024-25, the NQSC received 33,789 complaints, and 2,305,071 notified of incidents of unauthorised use of restrictive practices and 34,104 other reportable incidents (excluding unauthorised use of restrictive practices) (tables 15A.58–60). Of the 34,104 other reportable incidents notified during 2024-25, most concerned alleged abuse and neglect (43.6%), followed by serious injury, including accidents (33.4%). The NDIA also receives complaints about the Scheme (NDIA 2025a).

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).

With the transition of state and territory services to the NDIS, the number and range of specialist disability services provided have 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 (the Strategy), which was launched on 3 December 2021. The 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 the Strategy through the Outcomes Framework. Governments will report annually on progress against seven outcome areas. Further information on the 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 2025c)
- state and territory governments are responsible for providing specialist disability services, except disability employment services
- state and territory governments have full financial and operational responsibility for 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 2024-25, total expenditure on disability services was \$51.1 billion, an increase of 5.5% compared to 2023-24 and an average annual growth rate since 2019 of 16.2% (table 15A.1).

In 2024-25, governments contributed \$46.1 billion to the NDIS, with a further \$1.9 billion in government expenditure on direct service delivery outside of the NDIS (table 15A.1). For all jurisdictions, contributions to the NDIS formed the bulk of funding for disability services (tables 15A.3 and 15A.4). Further information on funding sources, categories of expenditure and government expenditure in prior years are available in data tables 15A.1–4.

In addition to contributing to NDIS participant costs, the Australian government also funds the NDIA as an independent statutory agency to implement the NDIS and the NDIS Quality and Safeguards Commission to oversee and regulate the NDIS. In 2024-25, operating expenses for the NDIA and the NDIS Quality and Safeguards Commission were \$2.5 billion and \$197.3 million, respectively (table 15A.1).

In 2024-25, the NDIS committed \$61.0 billion in support to participants. This represents an increase of \$6.5 billion (or 11.8%) in committed supports to participants compared to the previous financial year (table 15.1).

At 30 June 2025, \$45.9 billion of support committed to participants during the 2024-25 financial year had been paid (table 15.1).

Select year(s):

Multiple values

Table 15.1 NDIS committed supports and payments

By jurisdiction, by year (2024-25 dollars)

			NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Total committed supports	2024-25	\$m	18,137.2	15,170.1	13,434.3	5,728.6	5,240.2	1,496.7	894.3	877.4	61,018.8
	2023-24	\$m	16,364.5	13,596.4	11,950.5	5,027.2	4,647.6	1,354.2	820.5	789.2	54,559.8
	2015-16	\$m	445.9	259.2	15.9	89.2	128.7	82.5	160.3	7.4	1,189.1
Total payments	2024-25	\$m	14,157.4	11,447.6	9,834.0	4,063.9	3,875.0	1,102.8	670.1	686.1	45,853.4
	2023-24	\$m	13,292.6	10,658.4	9,203.5	3,704.9	3,601.8	1,027.2	635.1	646.0	42,794.8
	2015-16	\$m	329.0	204.0	7.4	65.4	79.4	60.6	139.2	5.3	890.3

Source: table 15A.15

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Size and scope

The ABS estimates that 5.5 million Australians, or 21.4% of the population, had disability in 2022 (3.2 million, or 15.0% of people aged under 65 years). This estimate increased from 2.4 million Australians, or 11.6%, in 2018 of people aged under 65 years. In 2022, an estimated 7.9% of the population had a profound or severe core activity limitation (5.1% of people aged under 65 years). These results are similar to 2018 and 2015. Males and females are similarly affected by disability (21.0% and 21.8% for all ages; 14.8% and 15.2% of people aged under 65 years) (ABS 2024, 2019, 2016).

Aboriginal and Torres Strait Islander people experience higher rates of disability than non-Indigenous people. In 2022, 11.6% 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 2018 (8.8%) and 2015 (7.3%) – around 1.6 times the proportion for non-Indigenous people (ABS 2024, 2021a).

Table 15A.5 contains additional information on disability prevalence.

National Disability Insurance Scheme participants

Nationally at 30 June 2025, there were 739,414 active NDIS participants with approved plans (table 15A.6), 60,529 of whom identified as Aboriginal or Torres Strait Islander (around 8.2% of NDIS participants) (table 15A.8). Nationally at 30 June 2025, 73,596 participants had left the NDIS since 1 July 2013 (NDIA 2025b).

Nationally at 30 June 2025, autism was the most common form of disability for NDIS participants (39.9%), followed by intellectual disability (14.6%) (table 15A.6). Data on the characteristics of NDIS participants is available in tables 15A.6–9.

Additional information on NDIS participants' access to mainstream services and satisfaction with the NDIS is available in tables 15A.12–13. Information on the characteristics of active NDIS providers is available in table 15A.14. 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 2024-25, 122,898 people aged 15–64 year used Disability Management Services (table 15A.43) and 206,109 used Employment Support Services (table 15A.42). The use of employment services as a ratio of the potential population has decreased since 2021-22; this result is due to an increase in the estimated number of people with an employment restriction and a decrease in the number of people using Commonwealth employment services.

Use of Basic Community Care

As service users have transitioned to the NDIS, only limited data is available on BCC. In 2024-25, for the three jurisdictions for which BCC service user data were available (Victoria, Queensland and Tasmania), there were a combined 72,240 service recipients (table 15A.10). For the two jurisdictions for which data on hours were available (Victoria and Tasmania), service recipients received around 1.7 million hours of

service (table 15A.11). The majority of service hours were for nursing care and domestic assistance (20.2% and 18.8% respectively) (table 15A.11). The quality of BCC data varies across jurisdictions and comparisons should be made with caution.

Disability support workforce

The NDIS Worker Screening Check sets a minimum national standard that all workers engaged by a registered NDIS provider in a risk-assessed role must meet. NDIS Worker Screening Check clearances expire every five years. Since the NDIS Worker Screening Check began, 1.1 million applications have been submitted (NDIS Commission 2025).

In the NDIS Commission Quarterly Performance Report Q4 2024-25 (NDIS Commission 2025), 10,545 behaviour support practitioners were considered suitable to deliver behaviour support services.

The most recent National Disability Services (NDS) 2025 Workforce Census provides updated information on the disability sector workforce. Nationally at December 2024, the disability workforce was predominantly female (two-thirds or 63%) and aged 25–44 years (49%). Additionally, 58% of the disability support workforce were employed on a permanent basis, with 21% of permanent workers employed full time. Casual workers comprised 40% of the disability support workforce. The Census also showed that over the past 12 months, turnover rates have remained steady for permanent workers (at 16%) and increased for casuals (from 24% to 26%) (NDS 2025).

Informal carers

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

In 2022, an estimated 1.2 million informal primary carers (of which 822,200 were aged under 65 years) provided the majority of assistance with self-care, mobility and communication for people with disability (ABS 2024).

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 (refer to Context tab), the report's statistical context ([Section 2](#)) contains data that may assist in interpreting the performance indicators presented in this section.

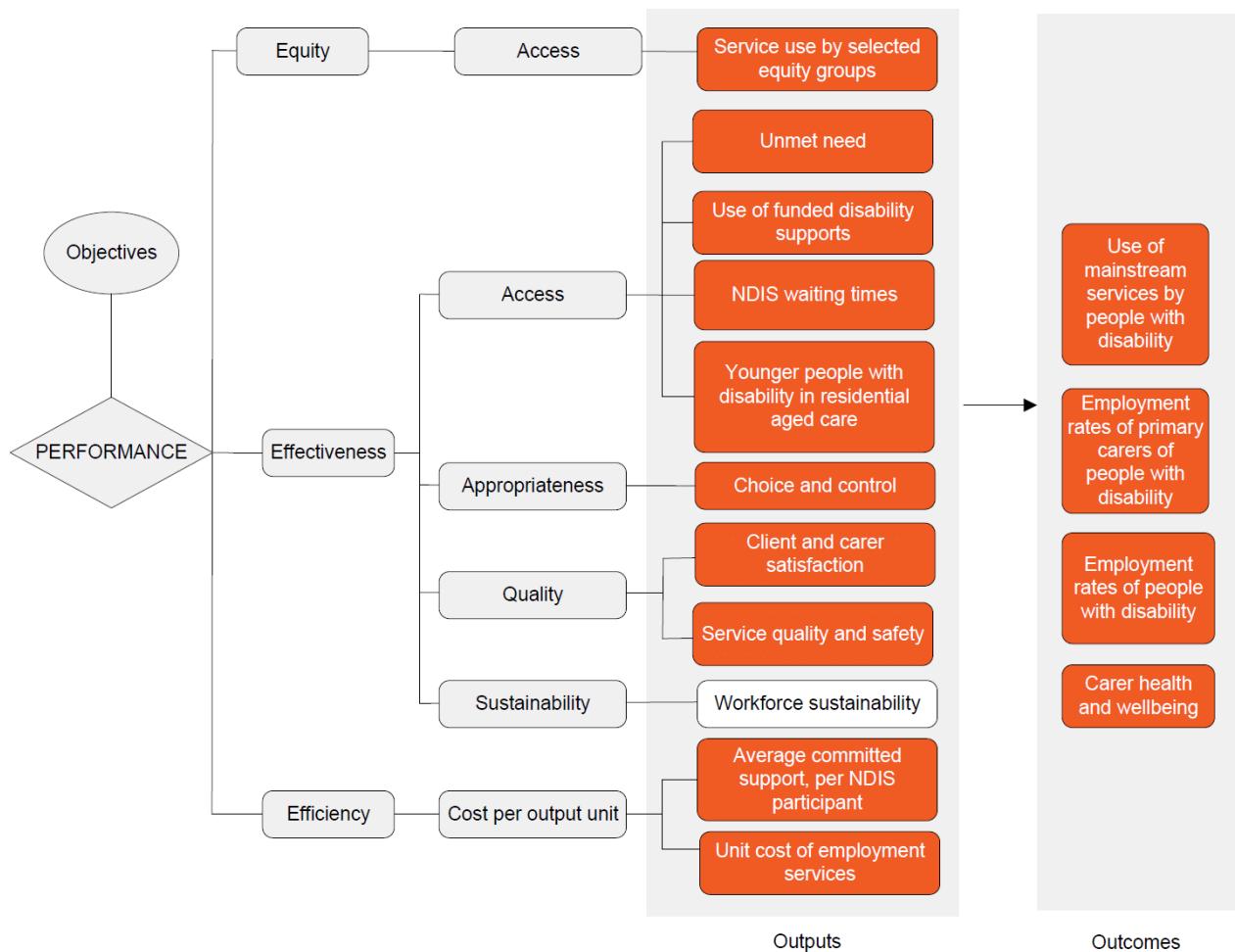
Improvements to performance reporting for services for people with disability are ongoing and include identifying data sources to fill gaps in reporting for performance indicators and measures, and improving the comparability and completeness of data.

Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (refer to 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 (refer to section 1).



Key to indicators*

Text
Text
Text
Text

- Most recent data for all measures is comparable and complete
- Most recent data for at least one measure is comparable and complete
- Most recent data for all measures is either not comparable and/or not complete
- 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 – Cost 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 comparable and complete

Outcomes

- Use of mainstream services by people with disability – most recent data for all measures is comparable and complete
- Employment rates of primary carers of people with disability – most recent data for all measures is comparable and complete

- Employment rates of 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 by three measures:

- Proportion of service users per 1,000 people in the population in a selected equity group, compared with the proportion of service users per 1,000 people in the population outside the selected equity group.
- Utilisation rate of active participants with approved NDIS plans in a selected equity group, compared to the utilisation rate of participants outside the selected equity group.
- Proportion of service users per 1,000 people in the potential population who use Australian Government Disability Employment Support Services.

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 information on potential populations is 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).

Data are also disaggregated by sex and age.

While a lower proportion within the selected equity group relative to those 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, or a higher level of need within the selected equity group.

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.

Mesaure 1: Nationally at 30 June 2025, the proportion of the 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 (figure 15.1a; table 15A.17)
- higher for Aboriginal and Torres Strait Islander people than non-Indigenous people (table 15A.18)
- lower for people from a CALD background than people from a non-CALD background (table 15A.19)
- higher for males than females aged 0–64 years (table 15A.20).

- █ 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
- Indigenous status
- CALD status
- Sex

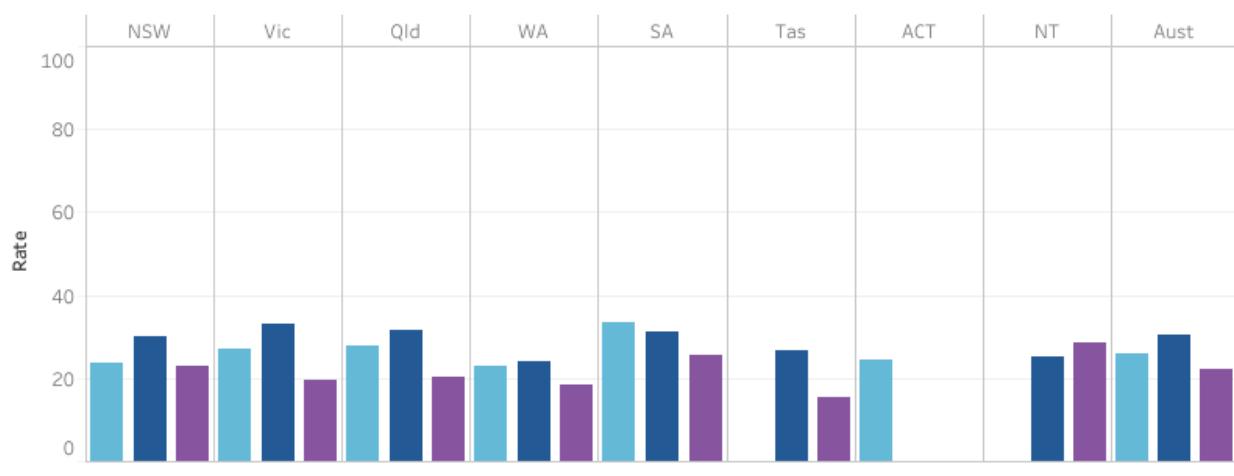
- █ Major cities
- █ Inner and outer regional
- █ Remote and very remote

Select year:

2025

Figure 15.1a Measure 1: NDIS participants by selected equity group

Active participants at 30 June, per 1,000 people, by jurisdiction, by Remoteness, 2025 (a)



Source: table 15A.17

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

To assist in the interpretation of this data, information on average payments and average committed support per NDIS participant is included in tables 15A.30–37.

Measure 2: Nationally at 30 June 2025, plan utilisation was:

- lower in remote and very remote and inner and outer regional areas than in major cities (figure 15.1b; table 15A.26)
- lower for Aboriginal and Torres Strait Islander people than for non-Indigenous people (table 15A.27)
- higher for people from a CALD background than people from a non-CALD background (table 15A.28)
- similar for males and females (table 15A.29).

- 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
- Indigenous status
- CALD status
- Sex

Major cities

- Inner and outer regional
- Remote and very remote

Select supported independent living status (SIL):

- All Participants
- Participants with SIL
- Participants without SIL

Select year:

2025

**Figure 15.1b Measure 2: Utilisation rate Per active participant with approved NDIS plan at 30 June
All Participants, by Remoteness, by jurisdiction, 2025 (a)**



Source: table 15A.26

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

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Measure 3: Nationally in 2024-25, the proportion of the potential population who used Australian Government Disability Employment Support Services was:

- lower in remote and very remote areas than in major cities and inner and outer regional areas (figure 15.1c; table 15A.21)
- higher for Aboriginal and Torres Strait Islander people than non-Indigenous people (table 15A.22)
- higher for people from a non-English speaking background than people from an English-speaking background (table 15A.25)
- higher for males than females aged 15–64 years (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 equity group:

- Remoteness
- Indigenous status
- CALD status
- Sex

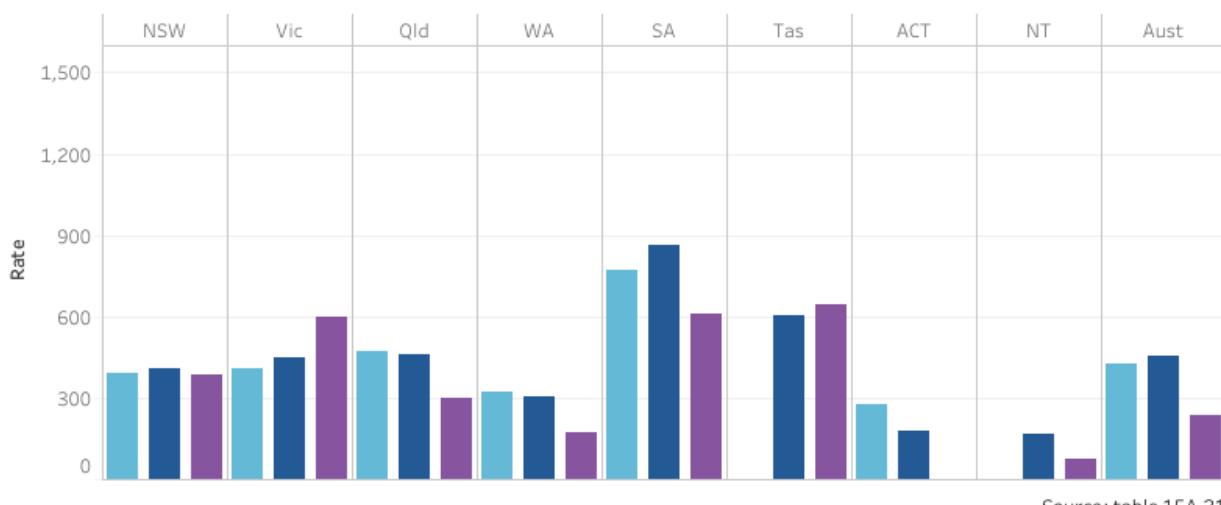
- █ Major cities
- █ Inner and outer regional
- █ Remote and very remote

Select year:

2024-25

Figure 15.1c Measure 3: Employment Support Services

Users per 1,000 potential population aged 15-64 years, by jurisdiction, by Remoteness, 2024-25 (a)



Source: table 15A.21

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

plus a b | e a u

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 five measures:

- Proportion of people (aged 0–64 years) living in households who need more formal assistance than they are currently receiving.
- Proportion of carers (of people aged 0–64 years) who report a need for further assistance in their caring roles.
- Proportion of carers who report that they and the person or people they care for had poor access to adequate levels of formal support to ensure their wellbeing.
- Proportion of carers who report high barriers when trying to access services such as in-home support, respite care, and cleaning services on behalf of a care recipient.

- Average number of days between an NDIS participant being medically ready for discharge and their hospital discharge.

A low or decreasing proportion of people reporting a need for further assistance and a low or decreasing number of days between NDIS participants being medically ready for discharge and their subsequent discharge 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 (ABS 2024).

Measure 1: Nationally in 2022, 39.4% of people aged 0–64 years reported a need for more formal assistance than they are currently receiving (figure 15.2a). The proportion was similar for females and males (40.2% compared to 39.8%), but higher for people in major cities compared to people in regional and remote areas (42.6% compared to 34.6%). Nationally the need for more formal assistance has increased over the available time series (37.5% in 2018 and 35.3% in 2015) (table 15A.38).

Measure 2: Nationally in 2022, 35.0% of primary carers of people aged 0–64 years reported a need for further assistance in their caring roles. Nationally the need for more formal assistance has increased over the available time series (32.0% in 2018 and 24.6% in 2015) (table 15A.39).

Measure 3: Nationally in 2024-25, 58.5% of carers of people aged 0–64 years reported poor access to support from a formal service for in-home care and assistance with specific needs, higher than in 2023-24 (56.7%) and 2022-23 (51.4%) (table 15A.40).

Measure 4: Nationally in 2024-25, over 30% of carers of people aged 0–64 years reported barriers to accessing services, ranging from 32.3% for poor coordination between different services to 50.0% for long waiting times to access services in their local area. This result has been consistent over the past four years (table 15A.40).

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

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

Select measure:

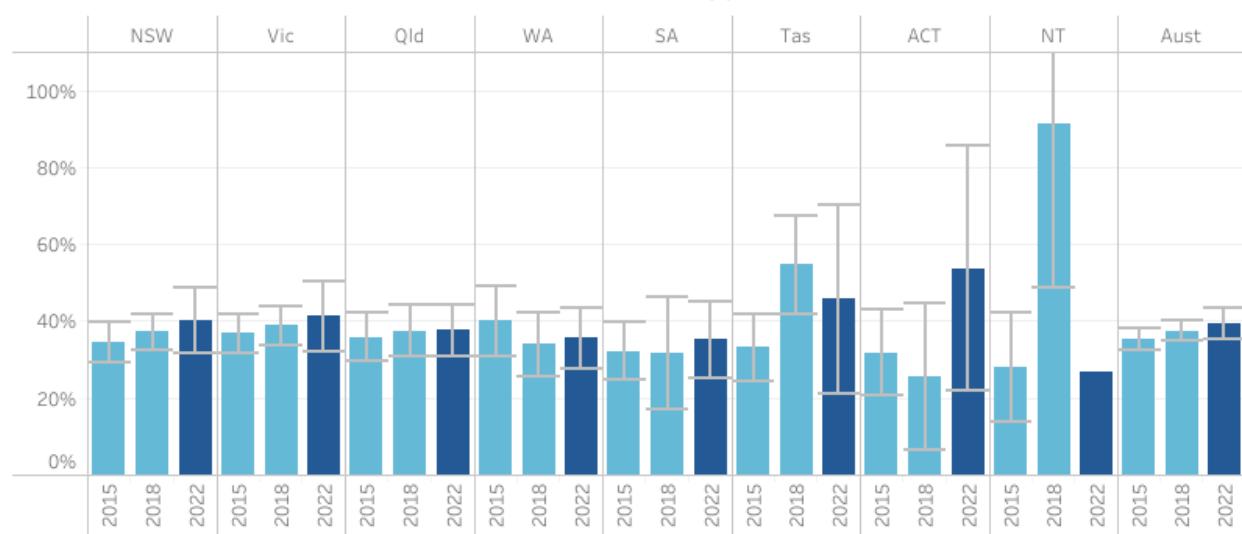
- Measure 1: People who need more formal assistance than they are currently receiving
- Measure 2: Carers who report a need for further assistance in their caring roles
- Measure 3: In-home care support for specific needs such as showering, dressing from a formal service
- Measure 4: Long waiting times to access services in the local area

Select year(s):

All

Figure 15.2a Measure 1: People who need more formal assistance than they are currently receiving

People with disability aged 0-64 years, by jurisdiction, by year (a)



Source: table 15A.38

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

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Measure 5: Nationally in 2024-25, NDIS participants who were medically ready for discharge waited, on average, 19 days to be discharged from hospital, a decrease from 22 days in 2023-24. This measure captures NDIS participants' waiting times on discharge and does not include people who remain in hospital (figure 15.2b).

- Data is comparable (subject to caveats) across jurisdictions and over time.
- Data is complete (subject to caveats) for the current reporting period.

Figure 15.2b Measure 5: Time taken to be discharged for NDIS participants medically ready for discharge
By jurisdiction, by year



Source: table 15A.41

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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 as the proportion of people with an employment restriction accessing employment services.

The measure 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 percentage. 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 an employment restriction who are accessing employment services is provided by the Department of Social Services. The AIHW derives the estimated number of people with disability and an employment restriction. Further information on the potential population, employment services and employment restrictions is in the Explanatory material tab.

A high or increasing proportion of the estimated potential population accessing employment services is desirable as it indicates greater access to that service.

Nationally in 2024-25, for people aged 15–64 years with disability and with an employment restriction:

- 10.7% were using Australian Government funded employment services, Employment Support Services in 2024-25 – similar to 2023-24 at 10.9% (table 15A.42)
- 6.4% were using Australian Government funded Disability Management Services (figure 15.3) – the lowest value over the past ten years (table 15A.43).

█ 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 service:
 Disability Management Services
 Employment Support Services

Figure 15.3 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.43

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4. NDIS waiting times

'NDIS waiting times' is an indicator of governments' objective to provide timely decisions on access to applicants of the NDIS and is defined by four measures:

- Timeliness of NDIS eligibility decision, the time taken (in days) 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 or a request for further information following an application at the 50th (median) and 90th percentile.
- Timeliness of first plan approval, the time taken (in days) 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 NDIS to the point of first plan approval by the NDIA at the 50th (median) and 90th percentile.

- Timeliness of home and living decisions, the time taken (in days) from receipt of home and living application to plan implementation at the 50th (median) percentile.
- Timeliness of NDIA contact when an NDIS participant is admitted to hospital, the average time taken (in days) for the NDIA to make contact with an NDIS participant after the NDIA has been notified of a participant's admission to hospital.

Short or decreasing waiting times are desirable.

Measure 1: Nationally in 2024-25, 50% of applicants to the NDIS received a decision on their application or a request for further information within 71 days of submitting an access request (increasing to 117 days at the 90th percentile). Of all the people who applied to the NDIS 80% obtained access, decreasing to 54% for people aged 19 years or over (figure 15.4a; table 15A.44).

Measure 2: Nationally in 2024-25, 50% of NDIS participants had their first plan approved within 19 days (increasing to 58 days at the 90th percentile), part of a downward trend on elapsed times since 2021-22 (37 days at the 50th percentile and 78 days at the 90th percentile). There is variation in the number of days waited across age ranges, with people aged 0–8 years approved within 10 days at the 50th percentile and 22 days at the 90th percentile, compared to 39 and 75 days for people aged 9 years or older (table 15A.45).

Measure 3: Nationally in 2024-25, it took 20 days from receipt of a home and living application forms to plan implementation at the 50th percentile for NDIS participants, down from 33 days in 2023-24 (15A.46).

█ 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: Time waited from application to decision or to a request for further information following an application
- Measure 2: Number of days to complete an approval of a first plan
- Measure 3: Number of days to plan implementation from receipt of home and living application forms

Select year:

2024-25

50th percentile
90th percentile

Figure 15.4a Measure 1: Time waited from application to decision or to a request for further information following an application

By jurisdiction, 2024-25 (a), (b)



Source: table 15A.44

(a) Measures 1 and 2 are not available in 2023-24 due to the NDIA transition to a new IT system. (b) For Measure 3, data at 90th percentile is not available.

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In 2023-24, the age range used in measure 2 changed to reflect the increased age for NDIS entry. Data for previous years with different age ranges is available in table 15A.45.

Measure 4: Nationally in 2024-25, it took an average of 2.6 days for the NDIA to contact an NDIS participant after the NDIA was notified of a participant's hospital admission, similar to 2023-24 at 2.7 days (figure 15.4b).

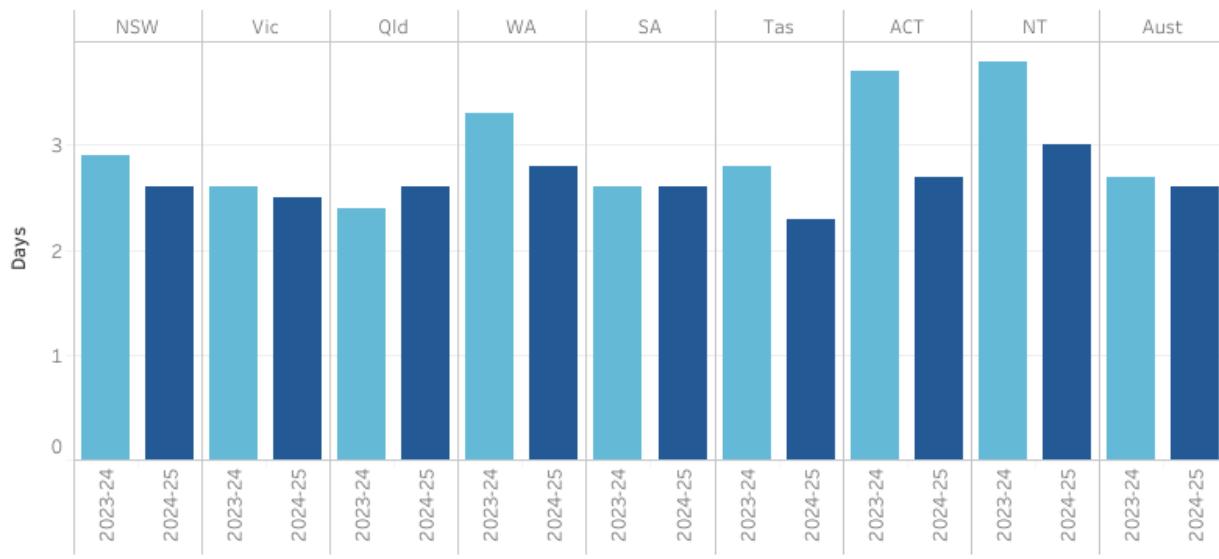
- █ Data is comparable (subject to caveats) across jurisdictions and over time.
- █ Data is complete (subject to caveats) for the current reporting period.

Select year(s):

All

Figure 15.4b Measure 4: Time taken for the NDIA to contact an NDIS participant after notification of admission to hospital

By jurisdiction, by year



Source: table 15A.47

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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 0–49 years admitted to permanent residential aged care per 10,000 people in the potential population. (Further information on the potential population is 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 years and wish to remain.

Nationally in 2024-25, the rate of younger people with disability admitted to permanent residential aged care was 1.8 per 10,000 people in the potential population, similar to 2023-24 (1.7 per 10,000 people) but a decrease from 2015-16 (32.2 per 10,000 people) (figure 15.5). Of younger people admitted to permanent residential aged care in 2024-25, 96.3% were aged 50 years or over (table 15A.48).

- 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 Younger people admitted to permanent residential aged care

Rate per 10,000 potential population, <50 years old (Aboriginal and Torres Strait Islander people) and <65 years old (non-Indigenous people), by jurisdiction, by year



Source: table 15A.48

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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.49–50. Nationally at 30 June 2025, there were 1,098 permanent aged care residents aged under 65 years. Of these, 96.9% were aged 50 years or over (table 15A.49).

Data on the number of younger people receiving residential aged care by Indigenous status is available in table 15A.50. Data on state and territory government expenditure for younger people with disability in residential aged care is reported in table 14A.4 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.51 contains information on the subset of younger people in residential aged care who are NDIS participants and as a proportion of 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 or over) who report that they get to choose who supports them.
- The proportion of families and carers of active NDIS participants (aged 15 years or over) who report that they feel in control when selecting services.

Data is 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 2025, 55% of NDIS participants aged 15 years or over reported that they get to choose who supports them, continuing an upward trend from 2019 (48%). Additionally, 43% of families and carers of NDIS participants aged 15 years or over reported that they feel in control when selecting services, a result that has not changed over time. Results varied across jurisdictions (figure 15.6; table 15A.52).

█ 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: Proportion of NDIS participants aged 15 years or over who say: they get to choose who supports them

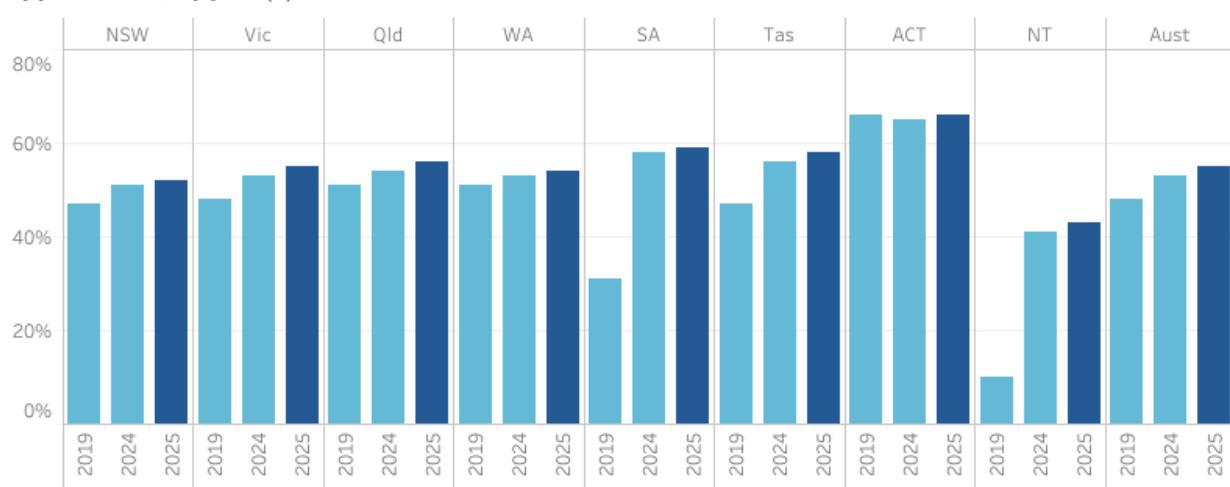
Measure 2: Proportion of families/carers of NDIS participants, aged 15 years or over who say: they feel in control selecting services

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.52

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

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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 five measures:

- Proportion of people with disability aged 15–64 years who are satisfied with the *range* of formal service options available from formal services in the last six months.
- Proportion of people with disability aged 15–64 years who are satisfied with the *quality* of assistance received from formal services in the last six months.
- Proportion of carers satisfied with their access to support (respite care services).
- Proportion of primary carers (of people with disability aged 0–64 years), who are satisfied with the *range* of formal service options available to help them in their caring role from formal services in the last six months.

- Proportion of primary carers (of people with disability aged 0–64 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.

Care should be taken in interpreting results as the data does not 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.

Measures 1–2: Nationally in 2022, 48.1% of people aged 15–64 years with disability who received formal services in the previous six months were satisfied with the *range* of services they received (figure 15.7a; table 15A.55), and 76.8% were satisfied with the *quality* of assistance they received (table 15A.53).

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

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

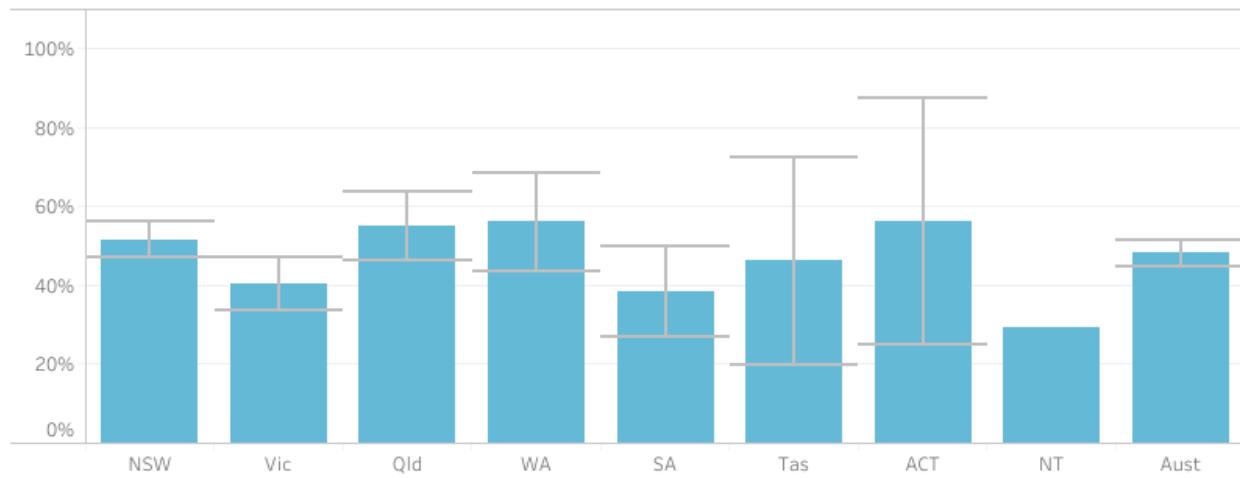
Select measure, people with reported disability aged 15–64 years:

Measure 1: who are satisfied with the range of organised and formal service options available
 Measure 2: who are satisfied with the quality of assistance received

Select year:

2022

Figure 15.7a Measure 1: People with reported disability aged 15–64 years who are satisfied with the range of organised and formal service options available
 By jurisdiction, 2022 (a), (b)



Source: table 15A.55

(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.

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Measure 3: Nationally in 2024-25, 31.9% of carers were satisfied with their access to respite care services. This is broadly consistent with proportions in previous years (figure 15.7b; table 15A.57).

Measures 4–5: Nationally in 2022, 27.8% of primary carers were satisfied with the *range* of services they received compared to 29.6% in 2018 and 32.5% in 2015 (table 15A.56). Nationally in 2022,

64.5% of primary carers were satisfied with the *quality* of services received, compared to 66.6% in 2018 and 73.4% in 2015 (table 15A.54).

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

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

Select measure:

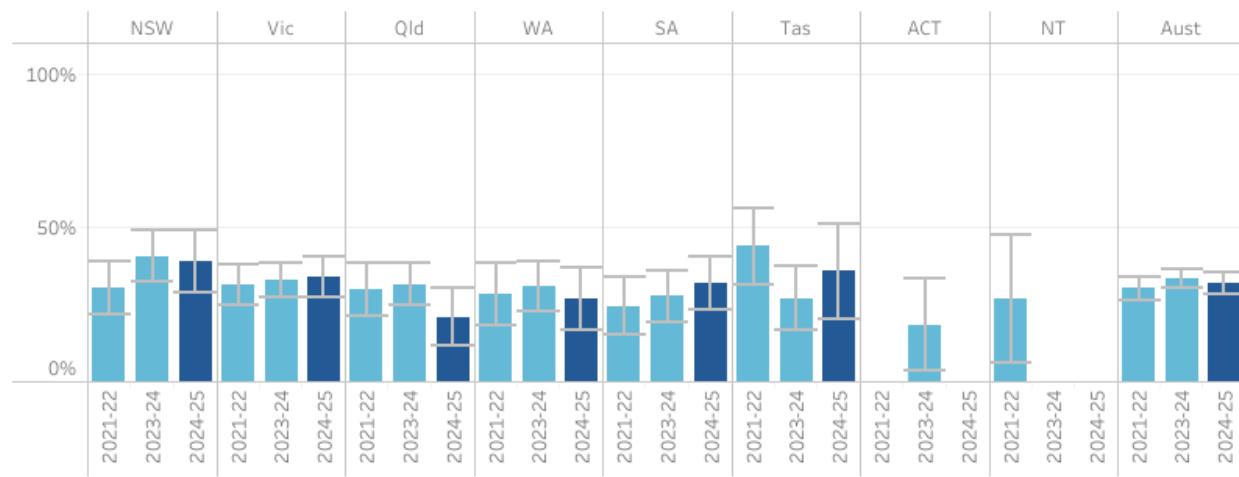
- Measure 3: Carers of people with disability aged 0-64 years who are satisfied with access to respite care services
- Measure 4: Primary carers who are satisfied with the range of organised and formal services options available
- Measure 5: Primary carers who are satisfied with the quality of assistance received

Select years(s):

Multiple values

Figure 15.7b Measure 3: Carers of people with disability aged 0-64 years who reported high satisfaction with access to respite care services

By jurisdiction, by year (a), (b), (c)



Source: table 15A.57

(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. (c) The proportions may exceed 100% because the ABS randomly adjusts the cell values to avoid releasing confidential data.

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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 rate per 1,000 active NDIS participants.
- Reportable incidents, comprising:

- the number of participants who experienced unauthorised use of restrictive practices, as a rate per 1,000 active NDIS participants. Restrictive practices include seclusion and chemical, physical, mechanical and environmental restraint.
- the number of other reportable incidents, as a rate per 1,000 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 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.

Complaints

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.

Measure 1: Nationally in 2024-25, there were 27.8 complaints per 1,000 active NDIS participants for complaints with a known type, similar to prior years (29.3 complaints per 1,000 active NDIS participants in 2023-24 and 26.7 in 2022-23) (table 15A.58). The most common complaint type concerned provider practice with 11.9 complaints per 1,000 active NDIS participants (figure 15.8a). Nationally in 2024-25, there were 45.7 total complaints per 1,000 active NDIS participants, similar to 45.0 in 2023-24. The total number of complaints received by the NDIS Commission was 33,789, an increase from 29,761 complaints in 2023-24 (table 15A.58).

█ 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

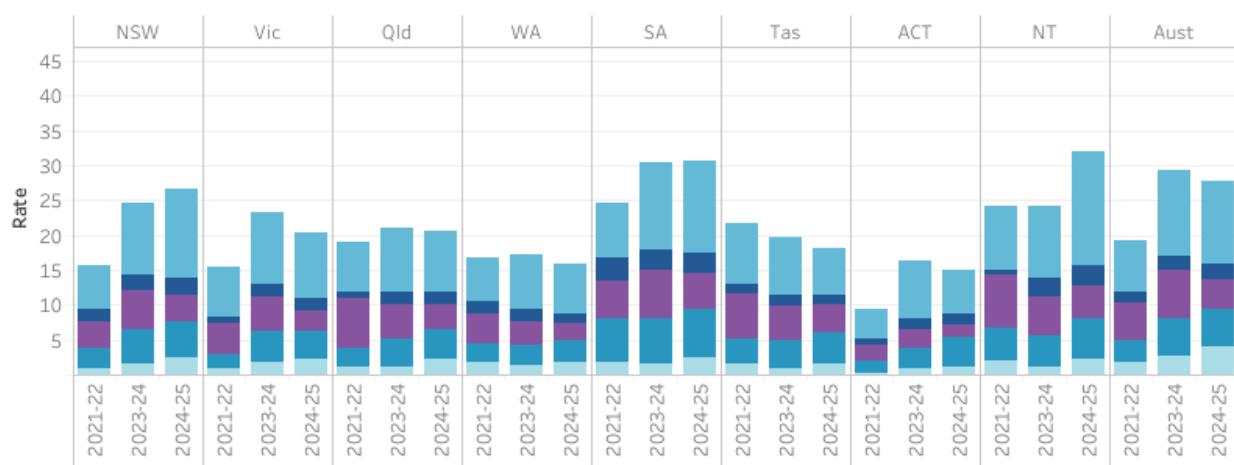
- █ Provider practice
- █ Provider policies and procedures
- █ Worker conduct or capability
- █ Alleged abuse and neglect
- █ Other known issue types

Select complaints:

- By issue types
- Total Complaints

Figure 15.8a Measure 1: Complaints received

Rate per 1,000 active participants, By issue types, by jurisdiction, by year (a)



Source: table 15A.58

(a) Total complaints include complaints with no known issue type. However, a single complaint may have zero, one or more associated issue types.

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Reportable incidents

Registered providers must report specific 'reportable incidents' to the NDIS Quality and Safeguards Commission when connected with providing 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.

Measure 2a: Nationally in 2024-25, there were 46.1 other reportable incidents (excluding unauthorised use of restrictive practices) per 1,000 NDIS participants, an increase from 39.8 other reportable incidents per 1,000 active NDIS participants in 2023-24 (figure 15.8b). The rate per 1,000 NDIS participants varied across category types from 1.1 for alleged sexual misconduct to 20.1 for alleged abuse and neglect (table 15A.59). For reportable incidents by gender, refer to table 15A.59, and for incidents by age, refer to table 15A.61.

■ 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

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.59

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Measure 2b: Nationally in 2024-25, there were 16.8 NDIS participants subject to unauthorised restrictive practices per 1,000 NDIS participants (including seclusion and chemical, physical, mechanical and environmental restraint), similar to 17.2 in 2023-24 (figure 15.8c and table 15A.60). The number of NDIS participants who were subject to unauthorised restrictive practices per 1,000 NDIS participants varied across category types from 0.9 for seclusion to 8.8 for environmental restraint (table 15A.60). Nationally, the number of participants who experience unauthorised use of restrictive practices was 12,439, an increase from 11,358 in 2023-24.

- █ 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 unauthorised restrictive practice:
Unauthorised use of restrictive practices (all modes)

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



Source: table 15A.60

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

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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.

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.65–70.

Nationally at 30 June 2025, average committed supports, per NDIS participant, was \$83,000, similar to \$79,000 in 2019 (table 15A.62). 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 \$62,000, similar to \$58,000 in 2019. Whereas average committed supports, per NDIS participant in need of supported independent living was \$474,000, an increase from \$350,000 in 2019. Data by participant characteristics (disability type, level of functional capacity and age) and jurisdiction are reported in tables 15A.62–64.

- █ 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

Select age group:
All ages

Figure 15.9 Average annualised committed support Per active participant with approved NDIS plan at 30 June
All participants, All disability types, All ages, by jurisdiction, by year, 2024-25 dollars (a)



Source: table 15A.62

(a) Average annualised committed supports are not shown if there are only few or no participants in a grouping, such as development delay and children aged 0-14 years in SIL.

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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.

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 \$4,257 in 2024-25 (figure 15.10) – \$4,248 per user of open services (employed or seeking employment in the open labour market) and \$17,202 per user of supported services (employed by the service provider) (table 15A.71). Australian Government funding per user of non-government provided employment services was higher in 2019-20 (\$4,944) (table 15A.72).

- █ 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 15.10 Australian Government funding per user (aged 15 years or over) of Non-government provided employment services

By jurisdiction, by year (2024-25 dollars)



Source: table 15A.72

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12. 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:

- Proportion of people aged 15–64 years who had difficulty accessing government buildings in the last 12 months.

- Proportion of people with disability aged 15–64 years (living in households) who could not use or use only some public transport.

Data on respondents' ability to use public transport includes people with disability aged 15–64 years only. Data excludes 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 with public transport or difficulty accessing government buildings are desirable.

The ABS 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 (ABS 2024).

Contextual information on the proportion of active NDIS participants with approved plans accessing mainstream supports is available in table 15A.12.

Nationally in 2022, for people with disability aged 15–64 years:

- 19.1% reported they could not use or could use only some, public transport, an increase from 15.6% in 2018 (figure 15.11; table 15A.73).
- 6.4% reported that they had difficulty accessing government buildings in the last 12 months (table 15A.74).

- █ Data is comparable (subject to caveats) across jurisdictions and over time.
- █ Data is complete (subject to caveats) for the current reporting period.

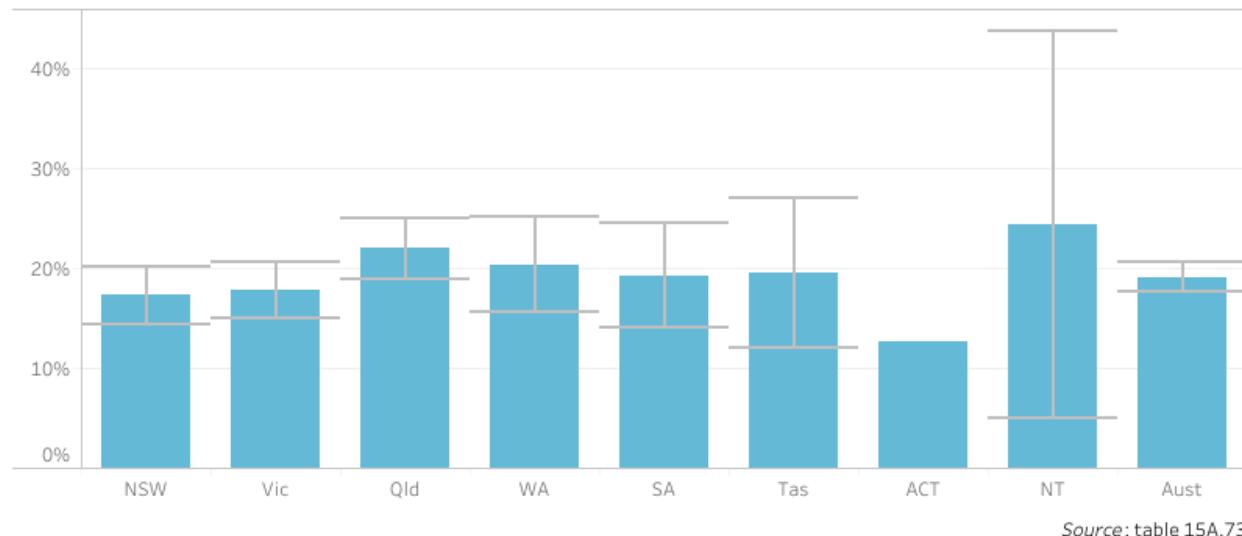
Select year:

2022

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

- Measure 1: who leave home and who could not use or use only some public transport
- Measure 2: who had difficulty accessing government buildings in the last 12 months

Figure 15.11 Measure 1: Proportion of people with disability who leave home and who either could use some but not all forms of public transport, or could not use any form of public transport
By jurisdiction, 2022 (a)



Source: table 15A.73

(a) Confidence intervals are not available where the proportion has a relative standard error greater than 50%.

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13. Employment rates of primary carers of people with disability

'Employment rates of primary carers of people with disability' is an indicator of governments' objective to help primary carers of people with disability achieve economic participation. 'Employment rates of primary carers of people with disability' is measured as the rate of employment of primary carers compared to the rate of employment of the general population.

This measure reports on the employment outcomes of primary carers aged 15–64 years who care for a person with disability aged 0–64 years.

Similar employment rates between carers of people with disability and the general population are desirable. This indicator does not assess whether employment opportunities are appropriate or fulfilling.

The ABS 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 (ABS 2024).

Nationally in 2022, the employment rate of primary carers of people with disability aged 15–64 years was 62.6%, while the employment rate for the general population aged 15–64 years was 77.4%. The

employment rate of primary carers has increased over the available time series (53.2% in 2018 and 51.4% in 2015) (figure 15.12; table 15A.75).

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

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

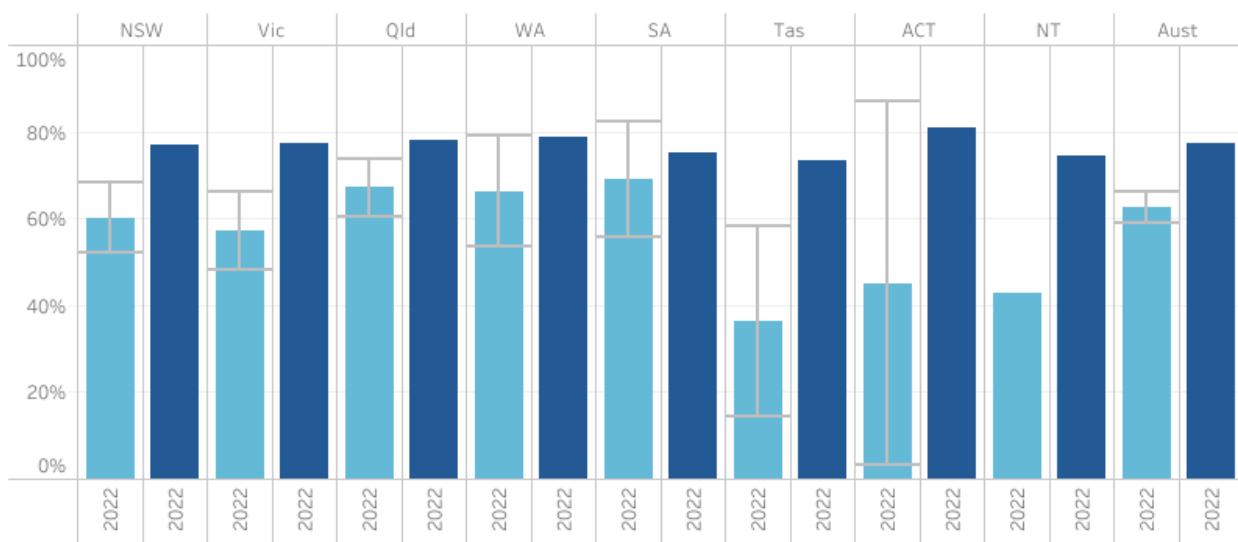
Select year(s):

2022

Primary carers (aged 15-64 years) of people with disability aged under 65 years

General population aged 15-64 years, at June

Figure 15.12 Employment rates of primary carers of people with disability aged under 65 years
People aged 15-64 years, by jurisdiction, by year (a)



Source: table 15A.75

(a) Confidence intervals are not available for the general population or where the proportion has a relative standard error greater than 50%.

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14. Employment rates of people with disability

'Employment rates of people with disability' is an indicator of governments' objective to help people with disability achieve economic participation.

'Employment rates of people with disability' are defined by two measures:

- Employment rates of people with disability.
- Employment rates of NDIS participants.

Due to differences in employment outcomes for different age ranges, NDIS employment data are reported for two age cohorts: people aged 15–24 years and people aged 25–64 years.

Tables 15A.76–77 present data on the employment rate of the general population aged 15–64 years to track broader market trends over time (rather than to compare employment rates across cohorts).

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.

Increasing rates of employment for people with disability is desirable. This indicator does not assess whether employment opportunities are appropriate or fulfilling. The employment rates only focus on people aged 15–64 years.

Nationally in 2022, the employment rate for people with disability aged 15–64 years was 56.1%, while the employment rate for the general population aged 15–64 years was 77.4% (figure 15.13a).

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

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

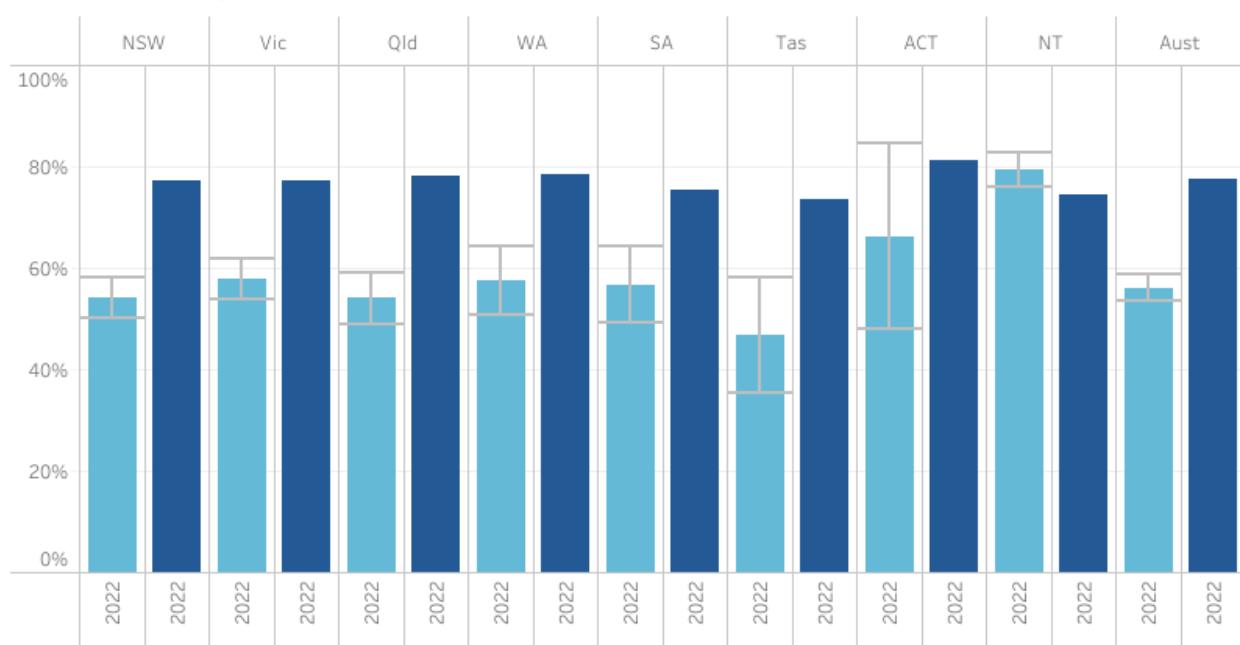
Select year(s):

2022

█ People with disability aged 15-64 years

█ General population aged 15-64 years, at June

Figure 15.13a Measure 1: Employment rates for people aged 15-64 years who have disability
By jurisdiction, by year



Source: table 15A.76

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Nationally in 2025, 23.0% of NDIA participants in both age groups (aged 15–24 years and aged 25–64 years) reported that they were employed. The employment rate for the same age cohort in the general population was 63.6% for people aged 15–24 years and 80.7% for people aged 25–64 years (figure 15.13b; table 15A.77).

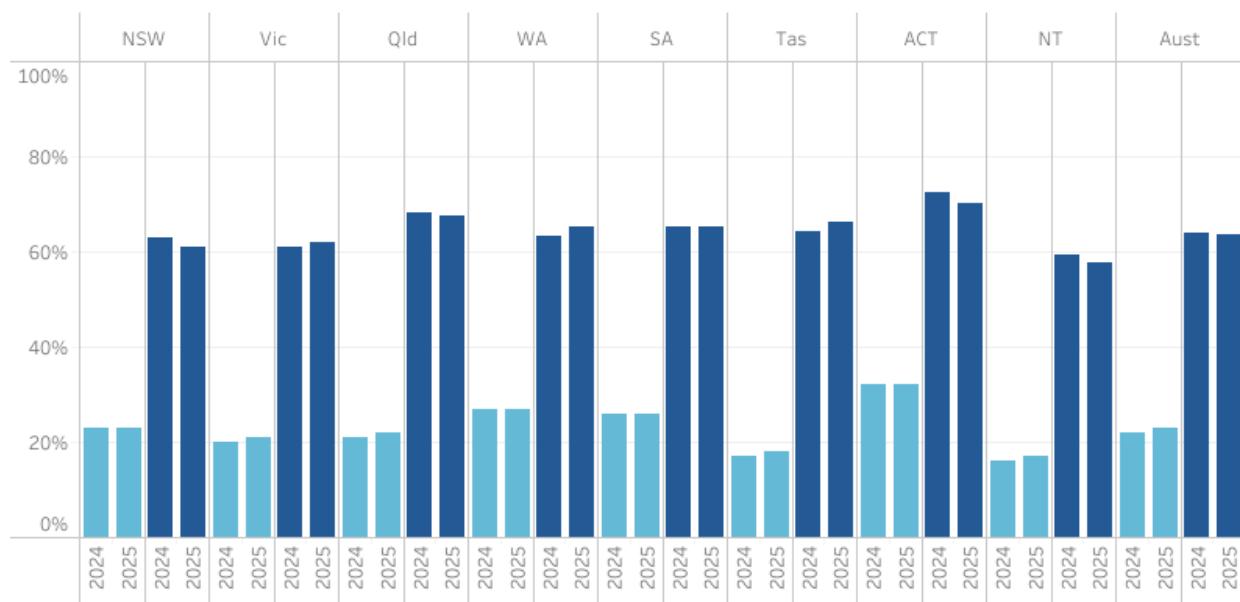
- █ Data is comparable (subject to caveats) across jurisdictions and over time.
- █ Data is complete (subject to caveats) for the current reporting period.

Select measure:

- Measure 2a: NDIS participants aged 15-24 years
- Measure 2b: NDIS participants aged 25-64 years

- █ Participants of the NDIS aged 15-24 years
- █ General population aged 15-24 years, at June

Figure 15.13b Measure 2a: Employment rates for NDIS participants aged 15-24 years
By jurisdiction, by year



Source: table 15A.77

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15. 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 by five 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.

The difference in self-reported personal wellbeing between carers and the general population.

The difference in self-reported loneliness ('often' or 'always' experience loneliness) between carers and the general population.

The difference in self-reported health ('fair' or 'poor' health) between carers and the general population.

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 caring is desirable. Similar levels of self-reported wellbeing between carers and the general population is desirable.

Measure 1: Nationally in 2022, 18.9% of primary carers of people with disabilities were satisfied with their caring role, a decrease from 22.1% in 2018 and 22.9% in 2015 (figure 15.14a).

Measure 2: Nationally in 2022, 40.5% of primary carers did not experience negative impacts on their wellbeing due to their caring role, a decrease from 43.7% in 2018 and 44.4% in 2015 (tables 15A.79).

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 (tables 15A.78–79).

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

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

Select measure, primary carers:

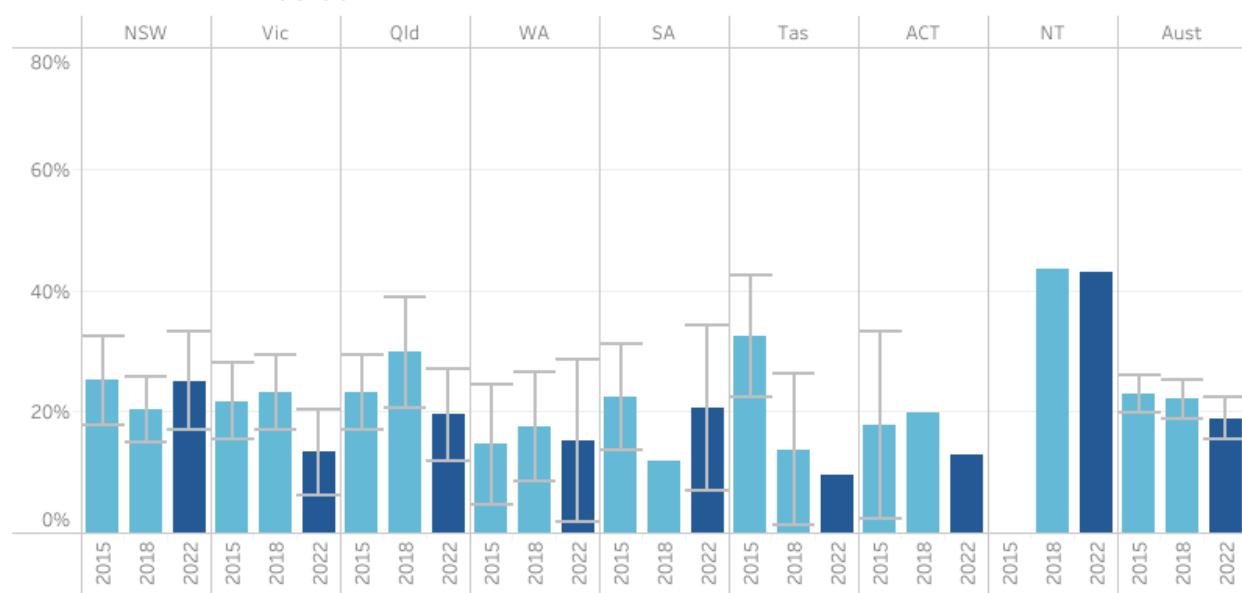
Measure 1: who feel satisfied with their caring role
 Measure 2: who do not experience negative impacts on their wellbeing due to their caring role

Select year(s):

All

Figure 15.14a Measure 1: Primary carers (carers of people with disability aged 0-64 years) who feel satisfied with their caring role

By jurisdiction, by year (a), (b)



Source: table 15A.78

(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.

Measure 3: Nationally in 2024-25, 68.1% of carers reported low levels of wellbeing on the Personal Wellbeing Index compared to the general population (33.6%), an increase from 2021-22 (60.7%) (figure 15.14b; table 15A.80).

Measure 4: Nationally in 2024-25, 49.2% of carers responded that they are often/always lonely compared to the general population (18.0%), an increase from 2021-22 (45.1%) (table 15A.80).

Measure 5: Nationally in 2024-25, 59.9% of carers responded that they have either fair or poor health compared to the general population (22.4%), an increase from 2021-22 (55.1%) (table 15A.80).

All results for carers and the general population indicate a lower level of wellbeing compared to 2023-24.

- █ Data is comparable (subject to caveats) across jurisdictions and over time.
- █ Data is complete (subject to caveats) for the current reporting period.

Select measure:

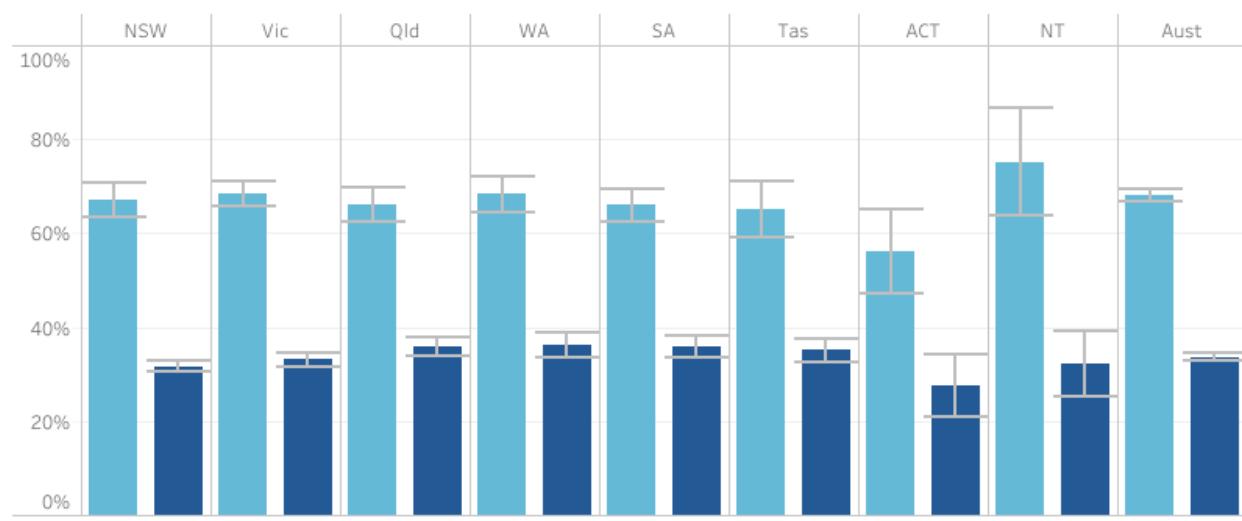
- Measure 3: Personal Wellbeing Index - proportion with low wellbeing
- Measure 4: Proportion of respondents who reported being often/always lonely
- Measure 5: Proportion of respondents who reported either fair/poor health

Select year:

2024-25

- █ Carers
- █ General population

Figure 15.14b Measure 3: Wellbeing of carers of people aged under 65 years who have disability: Personal Wellbeing Index - proportion with low wellbeing
By jurisdiction, 2024-25 (a)



Source: table 15A.80

(a) The question of how often one feels lonely was not asked in the 2021-22 Regional Wellbeing Survey, the source of the general population values.

Aboriginal and Torres Strait Islander data

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
Context data	
Table 15A.8	NDIS participants, by primary disability type, by Indigenous status, 30 June
Table 15A.10	Users of basic community care services by selected groups and ages
Performance indicator data	
Table 15A.18	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 Employment Support Services aged 15–64 years, by age
Table 15A.24	Aboriginal and Torres Strait Islander users of Disability Management Services aged 15–64 years, by age
Table 15A.27	Utilisation of NDIS committed supports, by Indigenous status, measured at 30 June
Table 15A.31	Average annualised NDIS payments by Indigenous status, payments for the previous 12 months, at 30 June
Table 15A.35	Average annualised NDIS committed supports by Indigenous status, active participant plan at 30 June
Table 15A.48	Rate of younger people admitted to permanent residential aged care per 10,000 potential population, by Indigenous status, by age
Table 15A.50	Younger people who separated from permanent residential aged care to return to home/family

Explanatory material

Interpreting efficiency data

This report includes 2024-25 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, 2023-24

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Superannuation	Included								
	Basis of estimate	✓	✓	✓	✓	✓	✓	✓	✓
Workers compensation	Included	✓	✓	✓	✓	✓	✓	✓	✓
Actual payroll tax	Included	✗	✗	..	..	✗	..	..	✗
Basis of apportioning umbrella department costs	Included	✓	✓	✓	..	✓	✓	✓	✓
	Departmental formula	✓	✓	✓	..	✓	✓	✗	✓
	% of FTE employees	✗	✗	✗	..	✗	✓	✓	✗

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Long service leave	Entitlements	✓	✓	✓	✓	✓	✓	✓	✓
	Basis of estimate	Accrual	Accr						
	Depreciation	✓	✓	✓	✓	✓	✓	✓	✓

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

Source: Australian, state and territory governments unpublished.

Key terms

Terms	Definition
Core activities	Communication, mobility and self-care as per the 2018 ABS Survey of Disability, Ageing and Carers (SDAC).
Disability	<p>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.</p> <p>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 2008).</p> <p>In the ABS SDAC 2018, a person has 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:</p>

Terms	Definition
	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.

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.

Terms	Definition
	<p>All open employment services are now included in the Disability Employment Services (DES) program administered by the Department of Social Services. Disability Employment Services has two parts: Disability Management Services 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 provides assistance to people with permanent disability and who need regular, ongoing support to keep a job.</p>
	<p>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 disability that restricts them from engaging in mainstream employment. As DES are available for all people with disability, the SDAC extract for this type of service is information on all people with disability in SDAC with an <i>employment restriction</i>, regardless of the criteria used in generating the more restricted potential population.</p>
	<p>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:</p>
	<ul style="list-style-type: none"> 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 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.
Geographic location	<p>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 remoteness classes (ABS 2011).</p>

Terms	Definition
Government and non-government provided services	<p>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.</p>
Informal carer	<p><i>ABS informal assistance/providers</i>: 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).</p>
	<p>Section 5 of the <i>Carer Recognition Act (Cth) 2010</i> defines the term 'carer' for the purposes applying to that legislation.</p>
	<p>Also refer to primary carer.</p> <p>Labour force participation rate for people with a profound or severe core activity limitation</p> <p>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.</p>
	<p>An employed person is a person who, in their main job during the remuneration period (reference week):</p>
	<p>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)</p> <p>worked one hour or more without pay in a family business, or on a farm (excluding people undertaking other unpaid voluntary work), or</p> <p>was an employer, employee or self-employed person or unpaid family helper with a job, business or farm, but was not at work.</p>

Terms	Definition
	<p>An unemployed person is aged 15–64 years who was not employed during the remuneration period but was looking for work.</p>
	<p>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.</p>
	<p>The person needs no help and has no difficulty with any of the core activity tasks, but:</p>
Mild core activity limitation	<p>uses aids or equipment, or has one or more of the following limitations</p>
	<p>cannot easily walk 200 metres</p>
	<p>cannot walk up and down stairs without a handrail</p>
	<p>cannot easily bend to pick up an object from the floor</p>
	<p>cannot use public transport</p>
	<p>can use public transport, but needs help or supervision</p>
	<p>needs no help or supervision, but has difficulty using public transport (as per the 2018 SDAC).</p>
Moderate core activity limitation	<p>The person needs no help, but has difficulty with a core activity task (as per the 2018 SDAC).</p>
	<p>NDA potential population Under the NDA reporting in RoGS, the potential population has been defined as all those people:</p>
	<p>under the age of 65 years and Australian citizens or permanent residents (or aged 0–49 for Aboriginal and Torres Strait Islander people); and</p>
	<p>who are most appropriately supported by disability services; and require ongoing and/or long term episodic support or would benefit from early intervention; and</p>
	<p>with a permanent/chronic impairment; and</p>
	<p>with a substantially reduced capacity in one or more core activities.</p>
	<p>In a given reporting period, the potential population has been calculated using a subset of the number of people with disability identified in the SDAC, defined according to several criteria as follows:</p>

Terms**Definition**

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 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

Use of inferred data

Terms	Definition
	<p>The household component was benchmarked to the estimated in-scope population at a point in time. Information used to benchmark include:</p>
	age
	sex
	usual place of residence
	household composition
	the Socio-Economic Indexes for Areas (SEIFA) index of relative socio-economic disadvantage national decile.
	<p>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.</p>
	<p>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.</p>
	<p>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.</p>
	<p>For more information on calculating the potential population, refer to appendix A of SCRGSP (2013).</p>
NDIS potential population	<p>The NDIA has advised that they will no longer provide potential population estimates.</p>
	<p>The potential population reflects the projected number of participants in the Scheme when it matures. Historically, this has been a valuable way to understand the unmet needs during the Scheme's rollout and the growth in NDIS participant numbers. However, this concept is becoming less relevant since the Scheme is now nearing maturity.</p>

Terms**Definition**

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.

On 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.

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

Terms	Definition
	the previous 2020-21 AFSR, resulting in an increase in the estimated NDIS potential population between June 2021 and June 2022.
	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 (SCRCSSP 1999).
Payroll tax	There are two forms of payroll tax reported:
	<i>actual</i> – payroll tax actually paid by non-exempt services
	<i>imputed</i> – 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	<i>ABS SDAC primary carer</i> : 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).
	Refer also to 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	<i>Schooling restriction</i> : 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.
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

Terms	Definition
	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.
Restraint	<p>Mechanical restraint</p> <p>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.</p> <p>The use of a medical or surgical appliance for the proper treatment of physical disorder or injury is not considered mechanical restraint.</p>
	<p>Physical restraint</p> <p>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.</p>
	<p>Environmental restraint</p> <p>Restricting a person's free access to all parts of their environment, including items or activities (for example, locking doors and cupboards, restricting</p>

Terms	Definition
	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.
	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 2026

PART F, SECTION 16: RELEASED ON 29 JANUARY 2026

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 \(Excel - 705.5 KB\)](#)

[16 Child protection services 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 \(PDF - 812.9 KB\)](#)

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.

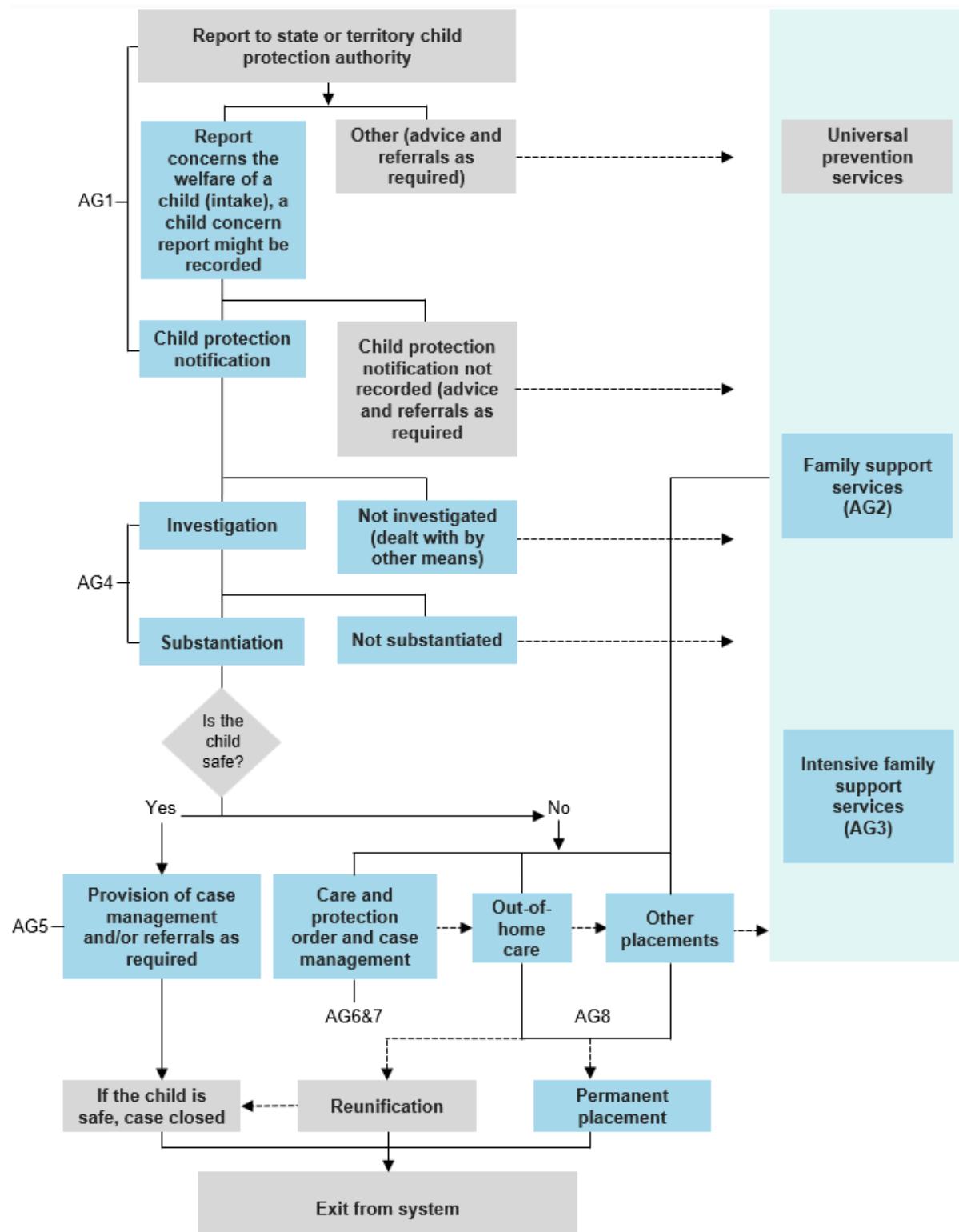
Governments aim for child protection services to meet these objectives in an equitable and efficient manner.

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. Refer to 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 34 and Section 71(1) of the <i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)
Vic	Section 162(1) of the <i>Children, Youth and Families Act 2005</i> (Vic)
Qld	Section 10 of the <i>Child Protection Act 1999</i> (Qld)
WA	Section 28(2) of the <i>Children and Community Services Act 2004</i> (WA)
SA	Section 18 of the <i>Children and Young People (Safety) Act 2017</i> (SA)
Tas	Section 4(1) of the <i>Children, Young Persons and Their Families Act 1997</i> (Tas)
ACT	Section 345 of the <i>Children and Young People Act 2008</i> (ACT)
NT	Section 20 of the <i>Care and Protection of Children Act 2007</i> (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 (refer to '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 around \$11.3 billion nationally in 2024-25, a real increase of 4.1% from 2023-24. In 2024-25, care services accounted for 63.6%, or \$7.2 billion, of the total recurrent expenditure (table 16A.10). Refer to 'Interpreting efficiency data' in the 'Explanatory material' tab for further information on expenditure data.

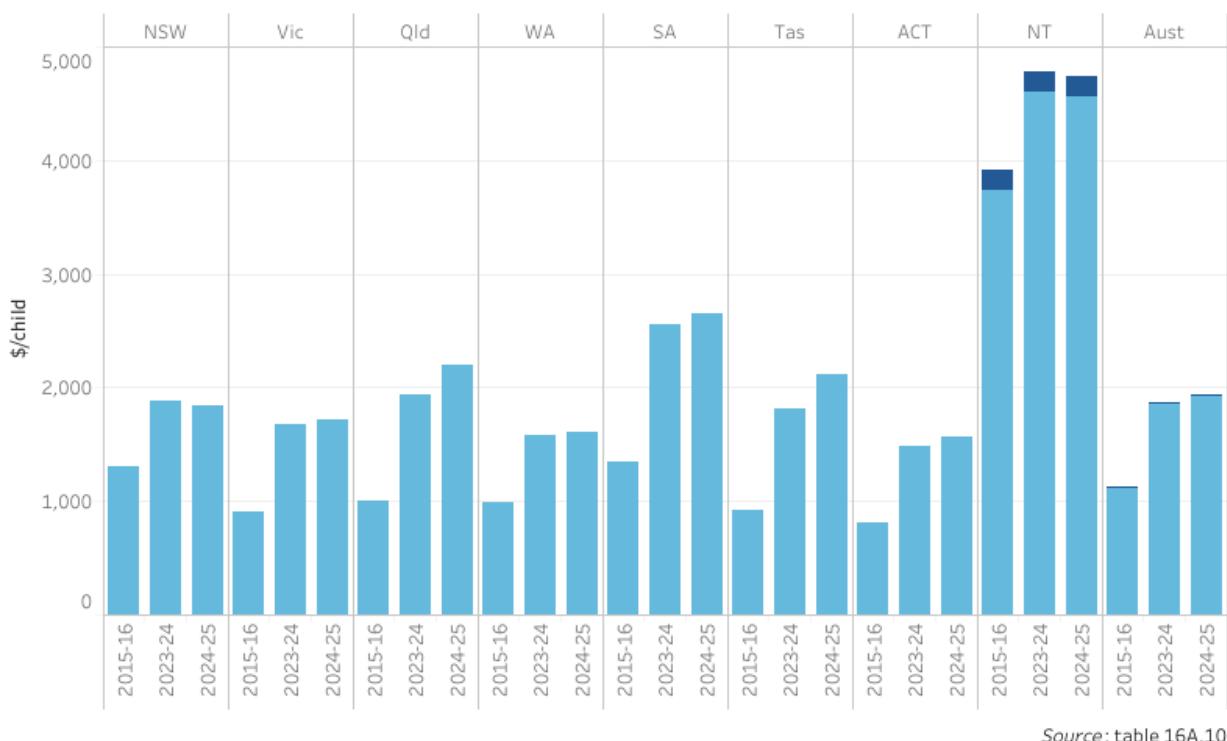
In 2024-25, real recurrent expenditure on all child protection services per child aged 0-17 years in the population was \$1,943 nationally (figure 16.2).

Select year(s):
Multiple values

Australian Government expenditure
State and territory government expenditure

Figure 16.2 Total real expenditure

Child protection services expenditure per child aged 0-17 years, by jurisdiction, by year (2024-25 dollars)



Source: table 16A.10

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Size and scope

Nationally (excluding Queensland), the following number of children aged 0-17 years received protective intervention services and out-of-home-care services during 2024-25 (also reported as a rate per 1,000 children in the population) (tables 16A.1-4):

- 274,944 children were the subject of *notifications*; 60.0 notifications per 1,000 children

- 80,897 children were the subject of a *finalised investigation*; 17.7 finalised investigations per 1,000 children
- 37,854 children were the subject of a *substantiation*; 8.3 substantiations per 1,000 children
- 45,936 children were on *care and protection orders* at 30 June 2025; 10.0 children on care and protection orders per 1,000 children
- 34,594 children were in *out-of-home care* at 30 June 2025, 7.5 per 1,000 children aged 0–17 years, with a further 8,592 children in *other supported placements* at 30 June 2025.
 - There were 42,446 children in out-of-home care at least once during 2024-25; with 7,969 children admitted to, and 8,325 discharged from, out-of-home care during this period. Refer to 'Reporting on out-of-home care' (below) for information about the definition of out-of-home care used in this report.

Nationally (excluding Queensland) in 2024-25, around three in 10 notifications (31.9%) 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 across jurisdictions (table 16A.5).

Nationally (excluding Queensland and the Northern Territory) in 2024-25, one in four children (25.0%) admitted to a care and protection order had prior admissions to such orders, though this proportion varied across jurisdictions (table 16A.6). Nationally (excluding Queensland), at 30 June 2025, nearly all children (92.4%) in out-of-home care were on care and protection orders (table 16A.7).

The importance of carers in the child protection system

Most children in out-of-home care are placed in home-based care with kinship carers or foster carers. Home-based care (also referred to as family-based care) is generally considered to be in the best interests of children, as family settings support better developmental outcomes compared to residential or institutional environments (AIFS 2015).

Kinship care refers to placements where children are cared for by relatives or individuals with a pre-existing significant relationship. These arrangements may be:

- Formal kinship care initiated following a child protection intervention, where a decision is made to place a child with a relative or known individual. These placements may be subject to a Children's Court order.
- Informal kinship care, where children are cared for by relatives. These arrangements may occur without child protection services involvement, or through agreement between parents and child protection services for the child to reside outside the family home for a defined period, without the need for a Children's Court order.

Foster care, by contrast, involves carers who are not related to the child. These carers are formally recruited, assessed and approved by the relevant department or agency. Children may be placed in foster care through a court order or a voluntary arrangement between the child's parent and a service provider.

Both kinship and foster carers may provide various types of care including short-term, long-term, emergency and respite care.

There were 16,009 relative/kinship carer households nationally with children placed as at 30 June 2024. The number of relative/kinship carer households with children placed have increased by 4.2% over the reported time series (from 30 June 2020) (table 16A.8). This data includes only formal relative/kinship carer household placements.

There were 7,980 foster carer households nationally with children placed as at 30 June 2024. The number of foster carer households with children placed have decreased by 13.3% over the reported time series (from 30 June 2020) (table 16A.9).

Some carer households might be approved/authorised to provide more than one care type and as such may be counted as both foster carer and relative/kin carer households. Data includes only carer households with a current placement and excludes carer households who are authorised to provide emergency or respite care.

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, effectiveness and efficiency, 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 (refer to 'Context' tab), the report's statistical context ([section 2](#)) contains data that may assist in interpreting the performance indicators presented in this section.

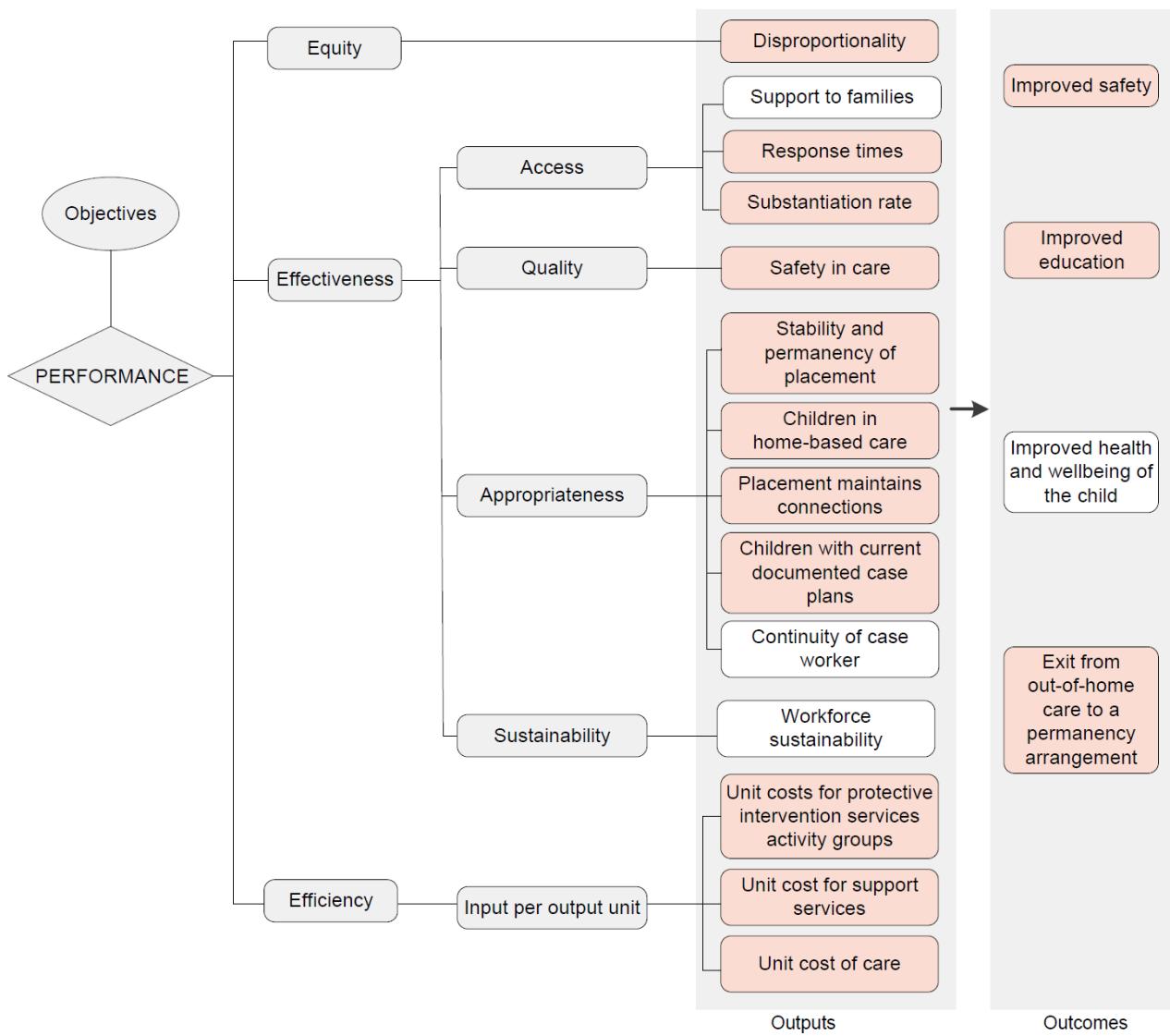
Improvements to performance reporting for child protection services are ongoing and include identifying data sources to fill gaps in reporting for performance indicators and measures, and improving the comparability and completeness of data.

Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (refer to 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 (refer to 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

- 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 either not comparable and/or not complete
- Children in home-based care – most recent data for all measures is either not comparable and/or not 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 costs for protective intervention services activity groups – 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 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 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 in this report may differ from similar data included in jurisdictions' reports and websites due to different counting rules applied by jurisdictions. Most data in this report is sourced from the Child Protection National Minimum Data Set.

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 (aged 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 children by the proportion of children in the target population who are Aboriginal and Torres Strait Islander children.

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

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

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 children and 6% of all children in the target population (aged 0–17 years) are Aboriginal and Torres Strait Islander children, 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 children, but only 6% of all children in the target population (aged 0–17 years) are Aboriginal and Torres Strait Islander children, 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. Factors such as intergenerational trauma, forcible removal of children, racism, inequality and a lack of understanding of cultural differences in child rearing practices and family structures have contributed to the overrepresentation of Aboriginal and Torres Strait Islander children in the child protection system (Darwin et al. 2023; QPCC 2021; SNAICC et al. 2023). Refer to the Historical and ongoing target context section of [Target 12 of the Closing the Gap Information Repository](#).

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.

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 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.37). 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.44 provides information on the population of children aged 0–17 years by Indigenous status.

The 2024-25 disproportionality ratios (excluding Queensland for all components of the child protection system and Tasmania for intensive family support services) for Aboriginal and Torres Strait Islander children varied within and across jurisdictions for each component of the child protection system (figure 16.3). Across all jurisdictions (excluding Queensland) in 2024-25 for the substantiations component of the child protection system, Aboriginal and Torres Strait Islander children were between 2 and 11 times more likely to be subjects of substantiations compared to their

relative proportion in the population aged 0–17 years (nationally 6.9% of children aged 0–17 years are Aboriginal and Torres Strait Islander people; refer to table 16A.44).

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

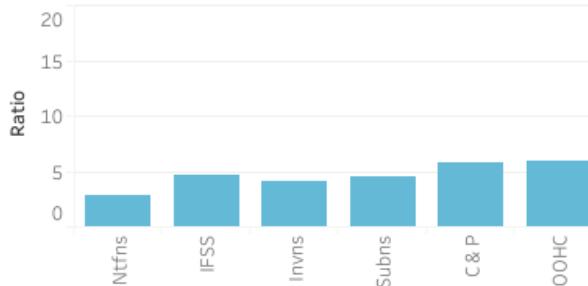
■ Data is not complete for the current reporting period. Data is not available for Queensland for 2024-25.

Select year:

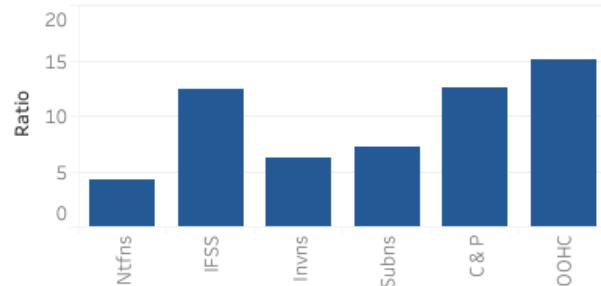
2024-25

Figure 16.3 Disproportionality ratios for Aboriginal and Torres Strait Islander children

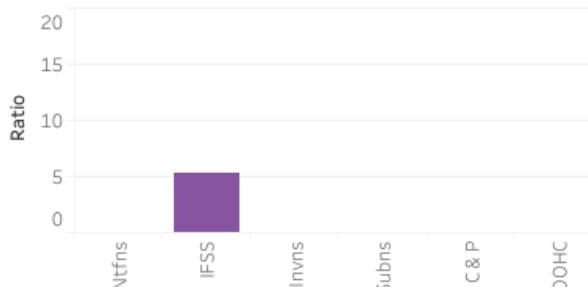
NSW, 2024-25



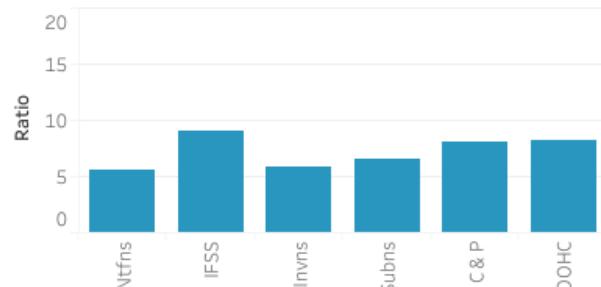
Vic, 2024-25



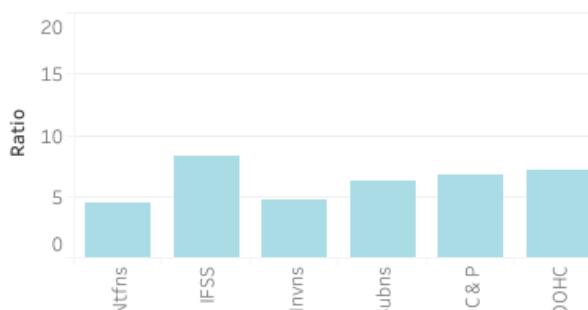
Qld, 2024-25



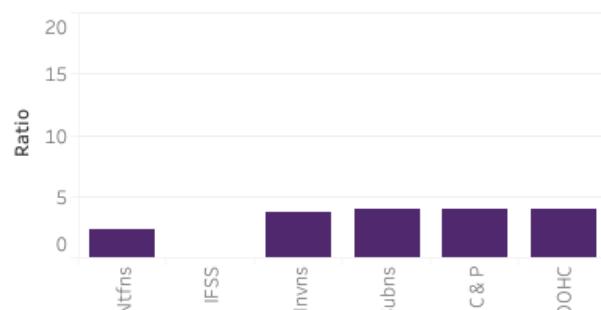
WA, 2024-25



SA, 2024-25



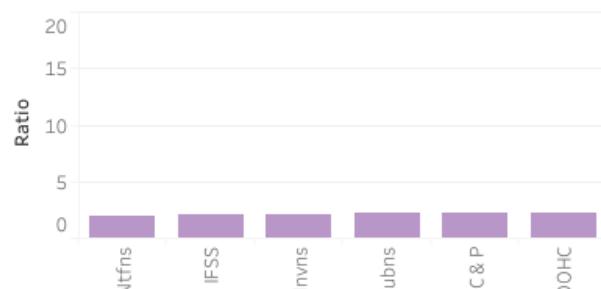
Tas, 2024-25



ACT, 2024-25



NT, 2024-25



Source: Table 16A.11

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. (c) Only IFSS data is available for Qld for 2024-25.

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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.

Measure 1: Nationally (excluding Queensland and Tasmania) in 2024-25, 60.8% of investigations commenced within seven days of a notification being recorded (figure 16.4a). 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. Data is not available for Queensland and not published for Tasmania f..

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

Select jurisdiction
(applies to figure 16.4b):
NSW

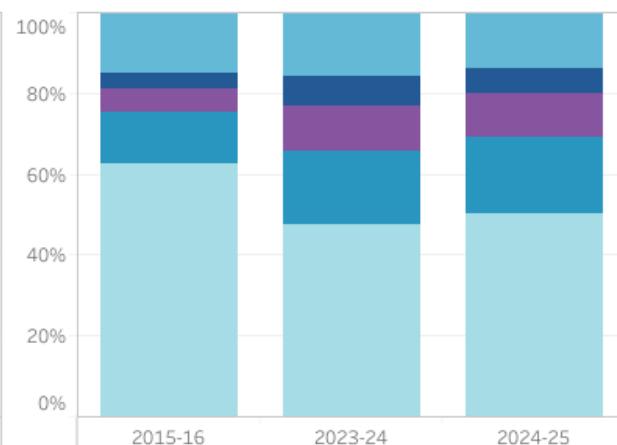
29 days or more
22 to 28 days
15 to 21 days
8 to 14 days
7 days or fewer

Figure 16.4 Measure 1: Investigations commenced from the notification date
By length of time (a), (b), (c)

Figure 16.4a *Aust*



Figure 16.4b *NSW*



Source: table 16A.12

Source: table 16A.12

(a) Data is not available for NSW for 2017-18. (b) Data is not published for Tas from 2022-23, refer to data tables for more information. (c) Data is not available for Qld for 2024-25.

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Measure 2: Nationally (excluding Queensland and Tasmania) in 2024-25, 18.2% of investigations were completed within 28 days of the notification date and 28.1% took longer than 90 days to complete (figure 16.4c). 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. Data is not available for Queensland and not published for Tasmania for 2024-25.

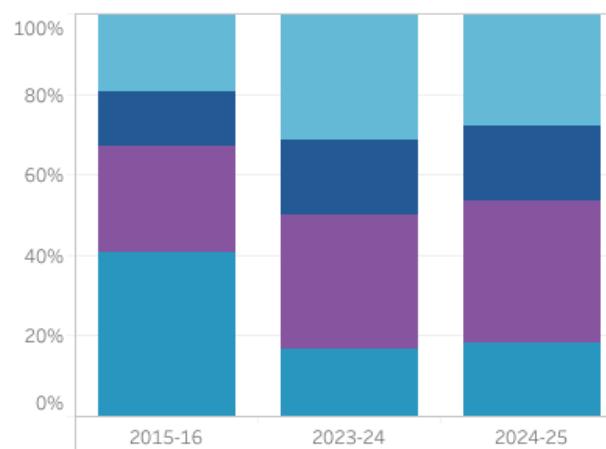
Select year(s)
(applies to all figures):
Multiple values

Select jurisdiction
(applies to figure 16.4d):
NSW

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

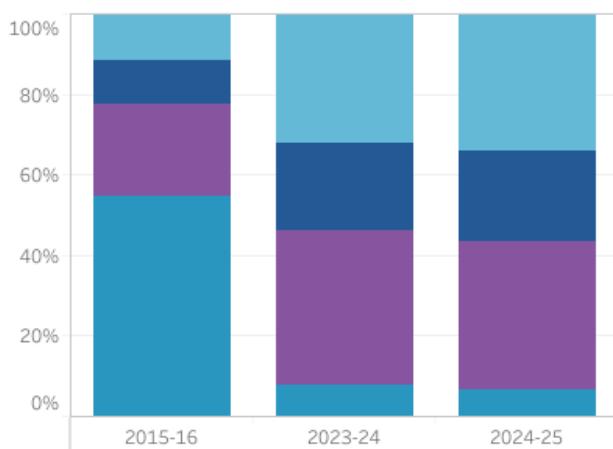
Figure 16.4 Measure 2: Investigations completed from the notification date
By length of time (a), (b), (c)

Figure 16.4c Aust



Source: table 16A.13

Figure 16.4d NSW



Source: table 16A.13

(a) Data for NSW was not available for 2017-18. (b) Data for Tas is not published from 2022-23, refer to data tables for more information.
(c) Data is not available for Qld for 2024-25.

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Measure 3: Nationally (excluding Queensland) in 2024-25, 26.2% of investigations were completed from the commencement date in 28 days or fewer and 22.8% took more than 90 days to complete (figure 16.4e). 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. Data is not available for Queensland for 2024-25.

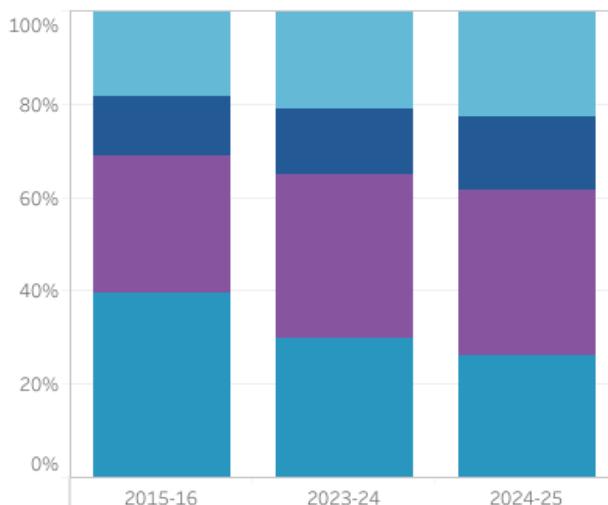
Select year(s)
(applies to all figures):
Multiple values

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), (b)

Figure 16.4e Aust



Source: table 16A.14

Figure 16.4f NSW



Source: table 16A.14

(a) Data for NSW was not available prior to 2021-22. (b) Data is not available for Qld for 2024-25.

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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 children 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.

Due to differences in the way jurisdictions collect and report on notifications, investigations and substantiations, data is not comparable across jurisdictions.

Nationally (excluding Queensland) in 2024-25, 48.0% of finalised investigations were substantiated for abuse or neglect, or risk of abuse or neglect (figure 16.5). The substantiation rate varied across jurisdictions and over time.

 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. Data is not available for Queensland for 2024-25.

Select year(s):

Multiple values

Jurisdiction:

 NSW

 Vic

 Qld

 WA

 SA

 Tas

 ACT

 NT

 Aust

Figure 16.5 Substantiation rate

By jurisdiction, by year (a), (b)



Source: table 16A.15

(a) Data is not available for NSW for 2017-18. (b) Data is not available for Qld for 2024-25.



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.

Measure 1: Across jurisdictions in 2024-25 (excluding Queensland), the proportion of children in care who were the subject of a substantiation of abuse or neglect ranged between 0.7% and 6.1% (table 16.2a).

- 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. Data is not available for Queensland for 2024-25.

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), (c)**

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
2024-25	%	4.4	3.5	na	3.2	3.0	2.6	0.7	6.1
2023-24	%	4.2	4.8	1.7	3.0	4.2	1.7	1.8	1.9
2015-16	%	na	na	1.5	1.7	3.8	0.5	2.6	5.5

Source: table 16A.16

na Not available.

(a) Data is not available for Vic prior to 2022-23 and for NSW prior to 2016-17. (b) Data for Vic only relates to substantiations for children in out-of-home care that are classified as 'staff to client' and 'client to client'. (c) Data is not available for Qld for 2024-25.

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Measure 2: Across jurisdictions in 2024-25 (excluding Queensland and the Australian Capital Territory), 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 ranged between 0.1% and 3.3% (table 16.2b).

- 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. Data is not available for Queensland and not published for the Australian Capital Territory for 2024-25.

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), (b), (c)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
2024-25	%	3.0	1.9	na	0.1	1.7	2.6	np	3.3
2023-24	%	2.7	2.3	na	-	1.9	1.7	1.3	0.5
2015-16	%	0.5	1.3	na	0.1	2.9	na	1.4	na

Source: table 16A.17

na Not available. – Nil or rounded to zero. np Not published.

(a) Data is not available for Qld from 2015-16. (b) Data is not available for Tas prior to 2018-19. (c) Data is not available for the NT prior to 2023-24.

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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.

Measure 1: Nationally (excluding Queensland, the Australian Capital Territory and the Northern Territory) in 2024-25, of children on a care and protection order who exited out-of-home care within 12 months, 92.4% experienced one or two placements (figure 16.6a). Nationally (excluding Queensland, the Australian Capital Territory and the Northern Territory) in 2024-25, for children who had been in out-of-home care 12 months or more, the proportion was 54.4% (table 16A.18).

To assist with the interpretation of this indicator, table 16A.19 provides information on the length of time children spent in continuous out-of-home care for all children in out-of-home care, while table 16A.21 provides information on 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 not complete for the current reporting period. Data is not available for Queensland and not published for the Australian Capital Territory and the Northern Territory for 2024-25.

Select year(s):

Multiple values

Select length of care:

Less than 12 months in care

12 months or more in care

Figure 16.6a Measure 1: Children exiting out-of-home care who had one or two placements

Children aged 0-17 years on a care and protection order, less than 12 months in care, by jurisdiction, by year (a), (b)



Source: table 16A.18

(a) Data is not available for Qld for 2024-25. (b) Data is not published for the ACT and the NT for 2024-25.

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Measure 2: Nationally (excluding Queensland) in 2024-25, 90.3% 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).

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

■ Data is not complete for the current reporting period. Data is not available for Queensland for 2024-25.

Select year:

2025

■ Aboriginal and Torres Strait Islander children
 ■ Non-Indigenous children
 ■ All children

Figure 16.6b Measure 2: Children in out of home care who had one or two placements in the last two years
 Children aged 2-17 years in care at 30 June, by jurisdiction, by Indigenous status, 2025 (a)



Source: table 16A.20

(a) Data is not available for Qld for 2024-25.

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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 (excluding Queensland) at 30 June 2025, 90.4% of children aged 0–17 years in out-of-home care were in home-based care (figure 16.7) — 81.0% for children aged 12–17 years, and 96.5% for children aged under 12 years (table 16A.22).

Nationally, proportions were similar for Aboriginal and Torres Strait Islander children and non-Indigenous children (table 16A.22). To assist with interpretation of this indicator, table 16A.23 provides information on placement type by Indigenous status.

- █ Data is comparable (subject to caveats) across jurisdictions and over time (from 2019 onwards).
- █ Data is not complete for the current reporting period. Data is not available for Queensland for 2024-25.

Select year(s):
Multiple values

Select age group:
 0-17 years old
 12-17 years old
 <12 years old

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 (a)



Source: table 16A.22

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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 in accordance with the Aboriginal and Torres Strait Islander child placement principle that maintain and strengthen connections with family, culture and country are important to nurture and support a child's wellbeing, spirituality and identity. More information about the Aboriginal and Torres Strait Islander child placement principle is included below.

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.

Measure 1: Nationally (excluding Queensland) at 30 June 2025, the proportion of children in out-of-home care who were placed with relatives or kin was 59.7% (figure 16.8a), slightly lower for Aboriginal and Torres Strait Islander children (58.2%) (table 16A.24).

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. Data is not available for Queensland for 2024-25.

Select year(s):

Multiple values

Select Indigenous status:

- Aboriginal and Torres Strait Islander children
- Non-Indigenous children
- All children

Jurisdiction:

NSW Vic Qld WA SA Tas ACT NT Aust

Figure 16.8a Measure 1: Children in out-of-home care at 30 June placed with relative/kin

All children, by jurisdiction, by year (a)



Source: table 16A.24

(a) Data is not available for Qld for 2024-25.

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Cultural identity and connection to country, family and kinship are pillars of Aboriginal and Torres Strait Islander wellbeing. 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 and 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 their relative or kin, 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)).

The 'Placement maintains connections' indicator is one measure of the Placement element. It is not a substitute for comprehensive analysis that considers all five elements of Prevention, Partnership, Placement, Participation and Connection placement and connection elements of the Aboriginal and Torres Strait Islander Child Placement Principle. Refer to the Australian Institute of Health and Welfare's (AIHW) report on The Aboriginal and Torres Strait Islander Child Placement Principle indicators (<https://www.aihw.gov.au/reports/child-protection/atsicpp-indicators/contents/about>) for more information on indicators under development to measure the implementation of the placement principle across policy, programs, processes and practice.

All jurisdictions have adopted the Aboriginal and Torres Strait Islander child placement principle in legislation and policy.

Measure 2: Nationally (excluding Queensland and the Australian Capital Territory) at 30 June 2025, 58.7% of Aboriginal and Torres Strait Islander children in out-of-home care were placed with relatives/kin and 7.7% with other Aboriginal and Torres Strait Islander family-based carers (figure 16.8b).

- 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. Data is not available for Queensland and some data is not published for the Australian Capital Territory for 2024-25.

Select year(s):

Multiple values

- Relative/kin carer
- Other Aboriginal and Torres Strait Islander carer
- Other caring arrangements

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), (c)



Source: table 16A.25

(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) Refer to data tables for information on non-publication of data for individual jurisdictions. (c) Data for children placed with relatives/kin and children placed with other Aboriginal and Torres Strait Islander carer for Aust excludes the ACT, as data was not published for the ACT.

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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 (excluding Queensland) at 30 June 2025, 88.3% of children required to have a current documented and approved case plan, had such a plan (figure 16.9).

- Data is not comparable across jurisdictions, but is comparable (subject to caveats) within jurisdictions over time.
- Data is not complete for the current reporting period. Data is not available for Queensland for 2024-25.

Select year(s):

Multiple values

Select Indigenous status:

- Aboriginal and Torres Strait Islander children
- Non-Indigenous children
- All children

Jurisdiction:

NSW Vic Qld WA SA Tas ACT NT Aust

Figure 16.9 Children with a current documented case plan, at 30 June

All children, by jurisdiction, by year (a)



Source: table 16A.26

(a) Refer to data tables for information on non-publication of data for individual jurisdictions from 30 June 2016.

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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. Refer to 'Interpreting efficiency data' in the 'Explanatory material' tab for further information on expenditure data.

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 2015-16 to 2024-25 varied across jurisdictions where data was available (figure 16.10). In 2024-25, the cost per report to child protection (AG1) ranged from \$185 to \$476 (figure 16.10) (this unit cost is not applicable or available for all jurisdictions); and the cost per notification investigated (AG4) ranged from \$1,779 to \$6,040

(excluding Queensland and the Northern Territory) (tables 16A.27–34). Other unit costs are reported in tables 16A.27–34.

- Data is not comparable across jurisdictions, but is comparable (subject to caveats) within jurisdictions over time.
- Data is not complete for the current reporting period (AG1, AG4–7). Data for at least one of the measures is not available for Victoria, Queensland, South Australia, Tasmania and the Northern Territory for 2024–25.

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):

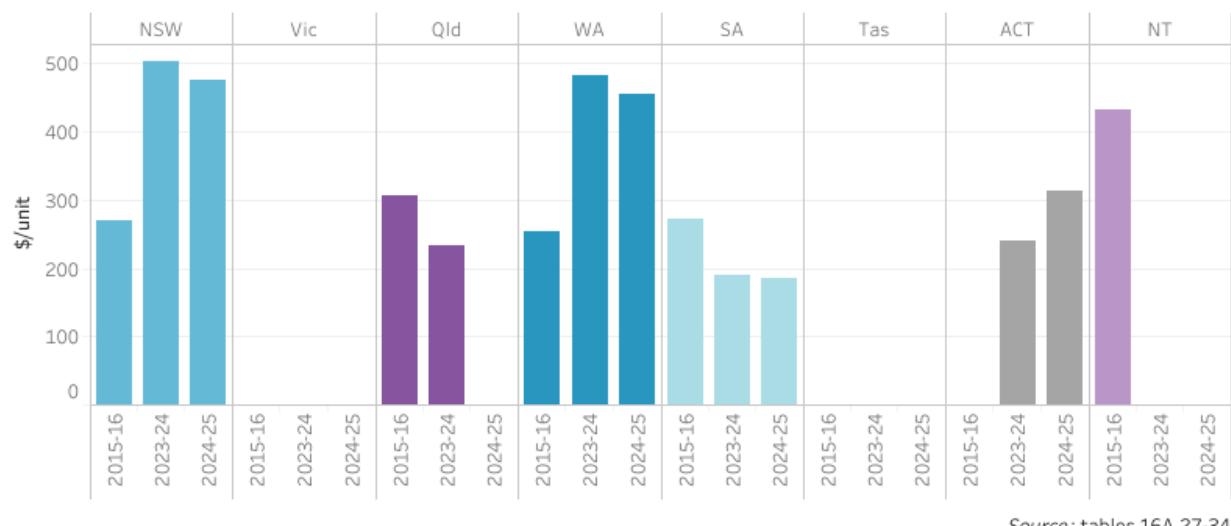
Multiple values

Jurisdiction:

■ NSW ■ Vic ■ Qld ■ WA ■ SA ■ Tas ■ ACT ■ NT

Figure 16.10 AG1: Cost per report to child protection

By jurisdiction, by year (2024–25 dollars) (a)



Source: tables 16A.27–34

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

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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:

- Cost per child receiving family support services (AG2)

- 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. Refer to 'Interpreting efficiency data' in the 'Explanatory material' tab for further information on expenditure data.

Nationally (excluding the Northern Territory) in 2024-25, the cost per child receiving intensive family support services was \$11,637 (figure 16.11).

(all measures) Data is not comparable across jurisdictions, but is comparable 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). Data is not available for New South Wales, Victoria, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory for 2024-25.

(measure 2) Data is not complete for the current reporting period for intensive family support services (AG3). Data is not available for the Northern Territory for 2024-25.

Select measure:

AG2: Cost per child receiving family support services
 AG3: Cost per child receiving intensive family support

Select year(s):

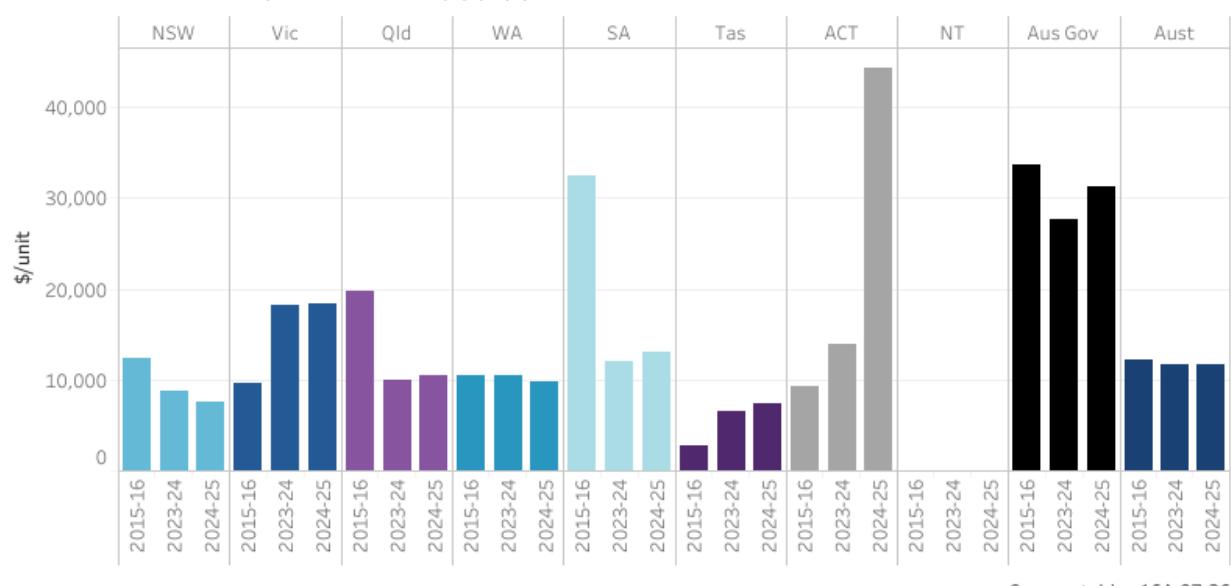
Multiple values

Jurisdiction:

NSW Vic Qld WA SA Tas ACT NT Aus Gov Aust

Figure 16.11 AG3: Cost per child receiving intensive family support

By jurisdiction, by year (2024-25 dollars) (a), (b)



Source: tables 16A.27-36

(a) Refer to data tables for information on non-publication of data for individual jurisdictions. (b) Expenditure data for intensive family support services for NT for 2023-24 is not comparable to previous years.

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To assist with the interpretation of this indicator, table 16A.37 provides information 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. Refer to 'Interpreting efficiency data' in the 'Explanatory material' tab for further information on expenditure data.

Nationally (excluding Queensland) in 2024-25, the unit cost of care was \$388 (figure 16.12).

The unit cost of care should be considered in conjunction with information about expenditure per child on care services and placement type. The annual cost per child in care (excluding Queensland) at 30 June 2025 varied across jurisdictions ranging between \$112,954 and \$181,168 (table 16A.39). In jurisdictions where data was available, annual costs per child were considerably higher for residential care (ranging between \$659,665 and around \$1.2 million) compared to non-residential care (ranging between \$57,981 and \$78,718) (table 16A.39). To assist with interpretation, table 16A.23 has more information about 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 not complete for the current reporting period. Data is not available for Queensland for 2024-25.

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 (2024-25 dollars) (a)



Source: table 16A.38

(a) Data is not available for Qld for 2024-25.

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:

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.

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.

The measure Substantiation rate *after a decision not to substantiate* 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.

The measure Substantiation rate *after a prior substantiation* 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 (refer to 'Explanatory material' tab).

The proportion of substantiations that occurred within three and 12 months of a *decision not to substantiate* in 2023-24 was under 6% and 15% respectively in all jurisdictions (excluding Queensland) (figure 16.13). The proportion of substantiations that occurred within three and 12 months of a *prior substantiation* in 2023-24 was under 9% and 21% respectively in all jurisdictions (excluding Queensland) (table 16A.41).

- █ Data is not comparable across jurisdictions, but is comparable (subject to caveats) within jurisdictions over time.
- █ Data is not complete for the current reporting period. Data is not available for Queensland for 2023-24.

Figure 16.13 Improved Safety

Select measure, 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

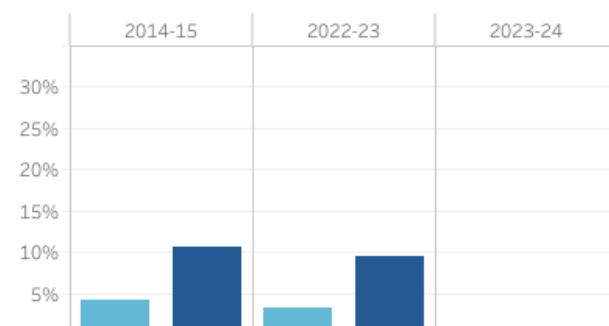
NSW (a)



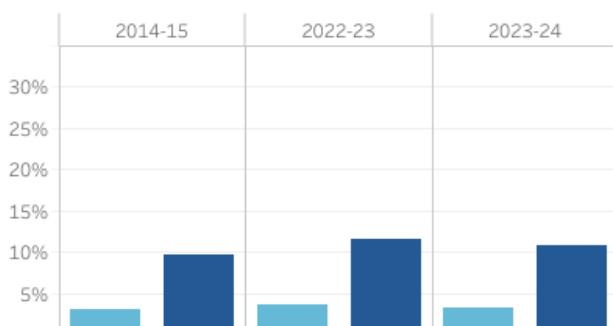
Vic



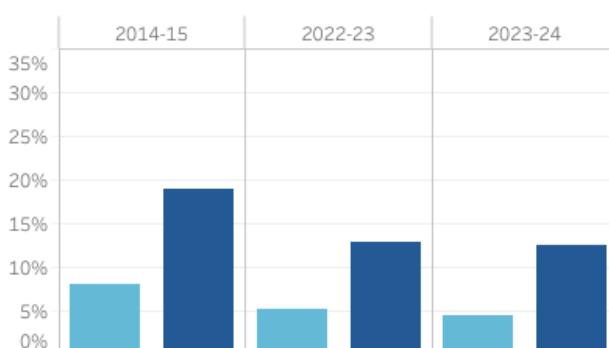
Qld (b)



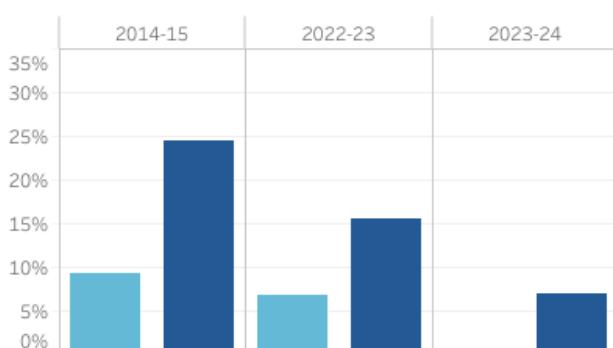
WA



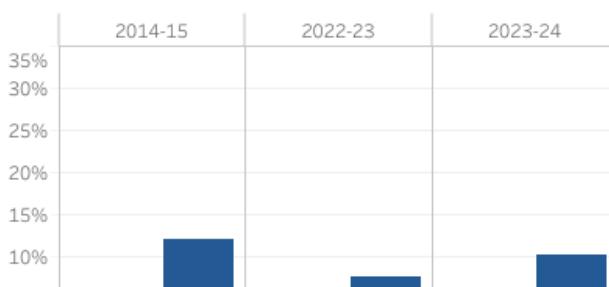
SA



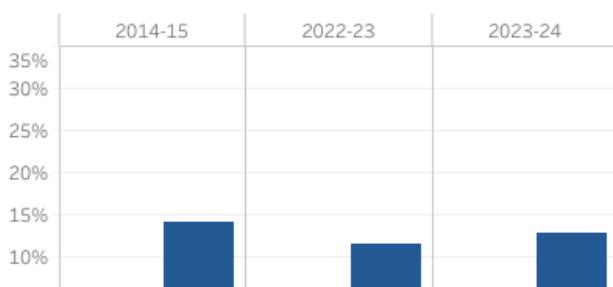
Tas

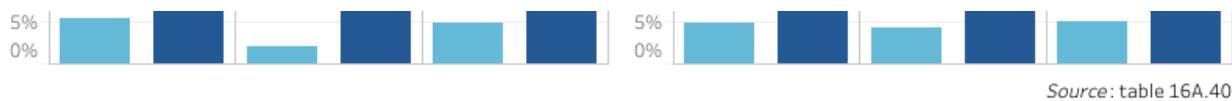


ACT



NT





Source: table 16A.40

(a) Data for NSW for 2016-17 and 2017-18 is not available. (b) Data is not available Qld for 2023-24.

NSW + VIC | SA | WA | QLD | ACT

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 meeting 'exceeding' or 'strong' proficiency levels in reading and numeracy in year 5 based on the National Assessment Program — Literacy and Numeracy (NAPLAN) results.

A high or increasing rate of children on guardianship and custody orders meeting 'exceeding' or 'strong' proficiency levels 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.

Reporting for 2023 represents the start of a new time series for this indicator due to a number of changes in the testing and reporting of NAPLAN results including: resetting of the NAPLAN measurement scales; all tests being held online, except the Year 3 writing test; and test dates being moved from May to March. All reporting from 2023 is therefore not comparable with previous RoGS reports.

NAPLAN results for children on guardianship and custody orders were lower than for all students. In 2024, for jurisdictions with available data for 'exceeding and strong' NAPLAN proficiency levels results (Queensland, Western Australia and South Australia):

the proportion of year 5 children on guardianship and custody orders meeting 'exceeding' or 'strong' proficiency levels in reading was between 24.9% and 32.5%, compared to 66.7% to 68.8% for all students

the proportion of year 5 children on guardianship and custody orders meeting 'exceeding' or 'strong' proficiency levels in writing was between 26.3% and 32.7%, compared to 59.1% to 65.1% for all students

the proportion of year 5 children on guardianship and custody orders meeting 'exceeding' or 'strong' proficiency levels in numeracy was between 21.3% and 25.9%, compared to 62.7% to 66.8% for all students (figure 16.14).

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

█ Data is not complete for the current reporting period. Data is not available for New South Wales, Victoria, Tasmania and Northern Territory for 2024. Data for exceeding and exempt for reading and writing, and exempt for numeracy is not published for the Australian Capital Territory for 2024.

Select domain:

- NAPLAN Reading
- NAPLAN Writing
- NAPLAN Numeracy

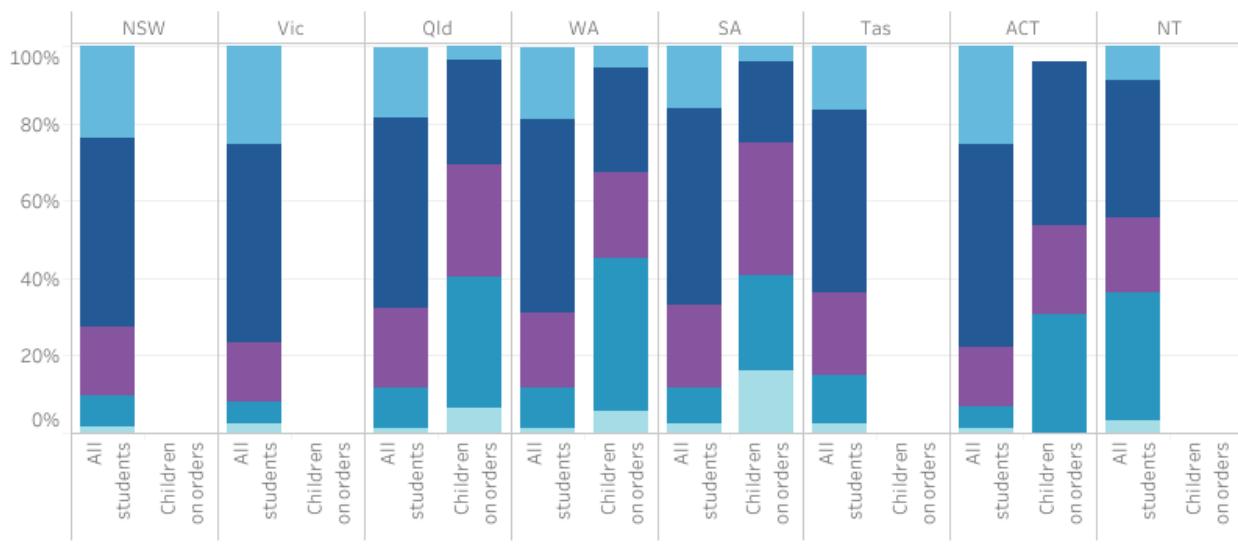
- █ Exceeding
- █ Strong
- █ Developing
- █ Needs additional support
- █ Exempt

Select year:

- 2024
- 2023

Figure 16.14 Improved education: Proportion of students by level of proficiency

Year 5, NAPLAN Reading, by jurisdiction, 2024 (a), (b), (c)



Source: table 16A.42

(a) Refer to data tables for information on non-publication of data for individual jurisdictions. (b) For 2023, data for children on orders meeting 'exceeding' proficiency levels in Reading, Writing and Numeracy in the ACT is nil. (c) For 2024, data for children on orders meeting 'exceeding' proficiency level in Numeracy in the ACT is nil.

++ + ab | ea u

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

New South Wales is in the process of selecting and implementing a wellbeing measure for children and young people in out-of-home care. Implementation is anticipated to commence in early 2026.

The wellbeing measure is being implemented ahead of full rollout of a new out-of-home care Outcomes Framework.

The measure will assess wellbeing at key case planning points, including entry into care, and at the 12 month out-of-home care case review.

Key features

The intended outcomes of the wellbeing measure include:

Children in out-of-home care will have their voices elevated and feel more empowered and involved in decision making.

Children's experience of wellbeing will be assessed consistently across their out-of-home care journey, enabling more tailored interventions and supports.

Greater visibility of children's needs will inform purposeful out-of-home care case work and case planning.

Improved accountability will ensure that the out-of-home care system is responsive to the wellbeing of children.

Improved data will drive better service delivery and outcomes.

Statistics Not available

Link Not available

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 and four Child Protection 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 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

In 2022, 2023 and 2024, Queensland conducted a survey of children in care to hear directly from children and young people about their life and care experience, and find out what could be changed to make things better for them. Data collected from the survey was 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.

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 (refer to link below).
Link	For statistics about the wellbeing of children in care in Queensland, refer to https://performance.dcssds.qld.gov.au/home

Western Australia

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 old 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.

Key features

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 aged 11 years 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

More information on Viewpoint and SDQ can be found here:

Link

<https://www.wa.gov.au/organisation/department-of-communities/child-protection-guide#article/e32-use-of-viewpoint>

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 5–17 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 has developed and implemented the Youth Voice Survey for children aged 12–17 years. Development of a child component of the survey for children aged 5–11 years is ongoing with an anticipated launch in 2026. The surveys are specifically tailored for children and young people in out-of-home care, with content created by young people with a care experience. The surveys help Care Teams identify areas where young people in out-of-home care might require additional support, as well as enabling them to share their views directly into their Care Teams and Care Plans.

The surveys include questions developed by children and young people in care, aligned with the wellbeing domains in the Tasmanian Child and Youth Wellbeing Framework:

- Being loved, safe and valued
- Having material basics
- Being healthy
- Learning
- Participating
- Having a positive sense of culture and identity.

The surveys themselves uphold 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 surveys will also enable children (aged 5–11 years) and young people (aged 12–17 years) 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 surveys include 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 from the Youth Voice Survey 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.

People respect me for who I am.

Learning:

I feel safe where I learn.

Statistics Not available

Further information relating to the Youth Voice Survey can be found at:

<https://www.decyp.tas.gov.au/safe-children/guide-to-tasmanias-child-safety-services/child-advocates-for-out-of-home-care/youth-voice-survey/>

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://wellbeing.tas.gov.au/>

Australian Capital Territory

The Australian Capital Territory Government is reforming child, youth and family services, guided by the Next Steps for our Kids 2022–2030 (Next Steps) strategy and Our Booris Our Way Report recommendations, to provide earlier support to families to keep children and young people safe and connected at home.

This reform is based on significant feedback gained through independent reviews, inquiries and reports at both the Australian Capital Territory and national level, along with local and national strategies and many stakeholder and community consultations. The changes aim to integrate government and community sector services to enable children, young people and their families to get the right support sooner to reduce risk, as well as ensure the voices of children and young people are consistently heard.

Key features
The reform is also focused on addressing the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care and ensuring those children in the child protection system maintain their connection to culture.

This multi-year reform will reshape the system to better support children, young people, families, carers, and the Children, Youth and Families division workforce.

Updates to the *Children and Young People Act 2008* prioritise the safety, welfare and wellbeing of children and young people, and enable earlier support when needed, to keep as many children as possible safe at home with their own families.

In June 2024, the Children, Youth and Families division adopted Signs of Safety as the primary practice framework. This internationally recognised, strengths-based approach grounded in principles that align with the vision to provide earlier solution-focused care and support to children, young people and their families.

Statistics Not available

Link Information on the ACT Wellbeing Framework can be found at:
<https://www.act.gov.au/wellbeing/explore-overall-wellbeing>

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 readily extractable and is not available for reporting.

The NT is implementing a new Client/Case management system, which is anticipated to provide improved capability to record and report on health and wellbeing information.

Statistics Not available

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 (excluding Queensland), 89.8% of children who left out-of-home care to a permanency arrangement in 2023-24 did not return to out-of-home care in the following 12 months (figure 16.15).

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

█ Data is not complete for the current reporting period. Data is not available for Queensland for 2023-24.

Select year:
2023-24

█ Aboriginal and Torres Strait Islander children
█ Non-Indigenous children
█ All children

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, 2023-24 (a), (b)



Source: table 16A.43

(a) Data is not available for NSW prior to 2018-19. (b) Data is not available for Qld from 2015-16 to 2018-19 and for 2024-25.

+ a b | e a u

Aboriginal and Torres Strait Islander data

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

Further information on the historical and ongoing context for Aboriginal and Torres Strait Islander people is available on the [Closing the Gap Information Repository website – Target 12](#)

Child protection services data disaggregated for Aboriginal and Torres Strait Islander people

Table number

Table title

Context data

Table 16A.1

Children aged 0–17 years in notifications, investigations and substantiations and on care and protection orders, by Indigenous status

Table number	Table title
Table 16A.2	Children aged 0–17 years in care, by Indigenous status
Table 16A.3	Children aged 0–17 years in care, other supported placements, at 30 June, by Indigenous status
Table 16A.4	Children aged 0–17 years admitted to and discharged from out-of-home-care by Indigenous status
Table 16A.5	Child protection notifications, investigations and substantiations by Indigenous status
Table 16A.6	Children aged 0–17 years admitted to and discharged from care and protection orders, by Indigenous status
Table 16A.7	Children aged 0–17 years in care by Indigenous status and whether on a care and protection order, at 30 June
Table 16A.19	Children aged 0–17 years in care by Indigenous status and length of time in continuous care, at 30 June
Table 16A.21	Children aged 0–17 years who exited care during the year by Indigenous status and length of time spent in care
Table 16A.23	Children aged 0–17 years in care by Indigenous status and placement type, at 30 June
Table 16A.37	Children aged 0–17 years commencing intensive family support services, by Indigenous status
Table 16A.44	Population aged 0–17 years, by Indigenous status
Performance indicator data	
Table 16A.11	Disproportionality ratios for Aboriginal and Torres Strait Islander children aged 0–17 years
Table 16A.20	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.22	Children in care and in a home-based placement, by Indigenous status, by age, at 30 June
Table 16A.24	Children aged 0–17 years in care placed with relatives/kin, by Indigenous status, at 30 June
Table 16A.25	Aboriginal and Torres Strait Islander children aged 0–17 years in care by relationship of caregiver, at 30 June
Table 16A.26	Children aged 0–17 years with documented case plans, by Indigenous status, at 30 June
Table 16A.43	Children aged 0–16 years exiting out-of-home care to a permanency arrangement, by Indigenous status

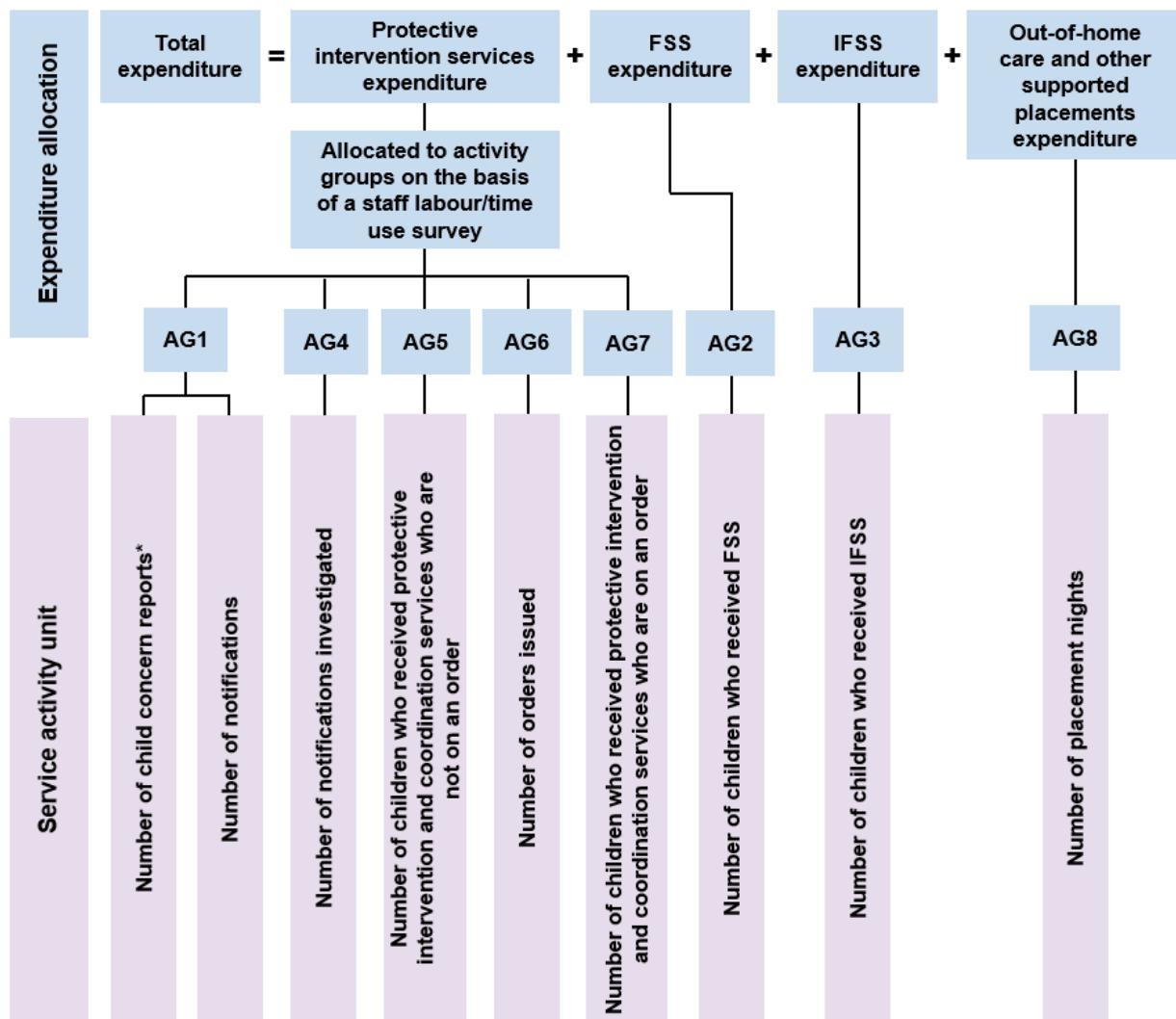
Explanatory material

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



*not applicable for all jurisdictions

Expenditure allocation divided by service activity unit equals unit costs

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, 2024-25

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Superannuation	Included								
		✓	✓	✓	✓	✓	✓	✓	✓
Workers compensation	Method	Accrual	Accrual	Accrual	Actuals	Accrual	Funding	Actuals	Accrual
Payroll tax	Included			na	na		na		
		✓	✓			✓		..	✓
Termination leave	Included								
		✓	✓	✓	✓	✓	✓	✓	✓
Long service leave	Method	Actuals	Accrual	Accrual	Actuals	Accrual	Actuals	Accrual	Other
Sick leave	Included								
		✓	✓	✓	✓	✓	✓	✓	✓
Depreciation	Method	Actuals	Actual	Actuals	Actuals	Actuals	Actuals	Actuals	Other

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
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)	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
Receipt and assessment of initial	

Terms	Definition
information about a potential protection or support issue	can also include consultation, with possible provision of advice. Activities by non-government organisations (NGOs) may be included if appropriate.
Activity Group 2 (pathways)	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)	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.
Activity Group 4 (pathways)	<p>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.</p> <p>Information gathering activities include:</p>
Secondary information gathering and assessment	<ul style="list-style-type: none"> 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)	Activities that are typically associated with provision of short-term protective intervention and coordination services including:

Terms	Definition
Provision of short-term protective intervention and coordination services for children not on an order	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.
Activity Group 6 (pathways)	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)	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.

Terms	Definition
	Activities that are typically associated with provision of out-of-home care and other supported placements services including:
	<p>finding suitable placement(s) for the child</p> <p>assisting the child or young person to maintain contact with his/her family in some cases, staff payments for recruiting and training carers</p> <p>assessing suitability of potential kinship carers</p> <p>assisting the child or young person to maintain contact with their family working to return the child home</p> <p>assisting the child or young person as they prepare to leave care as the end of the order approaches</p> <p>working with out-of-home care service providers exercising case management responsibility.</p>
Care and protection orders	<p>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:</p>
	<p>responsibility for overseeing the actions of the person or authority caring for the child</p> <p>reporting or giving consideration to the child's welfare (for example, regarding the child's education, health, religion, accommodation and financial matters).</p>
	<p>Types of care and protection orders:</p>
	<p>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</p>

Terms	Definition
	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.
	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.
Child	Children are counted only once, even if they are on more than one care and protection order.
Children in out-of-home care during the year	A person aged 0–17 years (including, at times, unborn children). 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.

Terms	Definition
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 (refer to '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.
Guardian	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.
	Any person who has the legal and ongoing care and responsibility for the protection of a child.
	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
Intensive family support services	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.

Terms	Definition
Investigation	<p>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.</p>
Investigation finalised	<p>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.</p>
Investigation in process	<p>Where an investigation is completed and an outcome of 'substantiated' or 'not substantiated' is recorded by 31 August.</p>
Length of time in continuous out-of-home care	<p>Where an investigation is commenced but an outcome is not recorded by 31 August.</p> <p>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.</p>
Notification	<p>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.</p>
	<p>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</p>

Terms	Definition
	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.
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

Terms	Definition
	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.
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: <i>respite from birth family</i> , 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); <i>respite from placement</i> , 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

Terms	Definition
	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).
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.
	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:

Terms	Definition
	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.

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DSS (Department of Social Services) 2021, *Safe and Supported: the National Framework for Protecting Australia's Children 2021-2031*, <https://www.dss.gov.au/our-responsibilities/families-and-children/programs-services/protecting-australias-children> (accessed 12 October 2022).

QPCC (Queensland Family and Child Commission) 2021, *Principle Focus - A child-rights approach to systemic accountability for the safety and wellbeing of Queensland's First Nations children*, <https://www.qfcc.qld.gov.au/sector/monitoring-and-reviewing-systems/principle-focus> (accessed 10 September 2024).

SNAICC (Secretariat of National Aboriginal and Islander Child Care) 2018, *The Aboriginal and Torres Strait Islander Child Placement Principle: a guide to support implementation*, <https://www.snaicc.org.au/the-aboriginal-and-torres-strait-islander-child-placement-principle-a-guide-to-support-implementation> (accessed 12 October 2022).

SNAICC, Family Matters Leadership Group, Monash University, and University of Technology Sydney 2023, *Family Matters Report 2023*, <https://www.snaicc.org.au/resources/family-matters-report-2023/> (accessed 10 September 2024).

Report on Government Services 2026

PART F, SECTION 17: RELEASED ON 29 JANUARY 2026

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 \(Excel - 409.9 KB\)](#)

[17 Youth justice services dataset \(CSV - 882.3 KB\)](#)

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 \(PDF - 812.9 KB\)](#)

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.

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 (refer to the 'Explanatory material' tab for definitions).

'Young people/person'

For the purposes of this section, young people is defined as people between the minimum age of criminal responsibility (MACR) in the relevant state or territory legislation and 17 years old (unless otherwise specified).

Changes to MACR by jurisdiction:

- 2023: the Australian Capital Territory and the Northern Territory increased the MACR to 12 years old.
- 2024: the Northern Territory reverted the MACR to 10 years old.
- From 2024-25: young people refer to those aged 12–17 years in the Australian Capital Territory, and those aged 10–17 years in all other jurisdictions.
- 2025: Victoria increased the MACR to 12 years, effective 30 September 2025. In the Australian Capital Territory, the MACR was raised to 14 years, effective from 1 July 2025. These changes will affect future reporting of youth justice data.

To enable comparability across jurisdictions, youth population estimates (refer to tables 17A.27–28) used to calculate rates per 10,000 young people, align with the relevant state or territory MACR definition. The total youth population estimates are young people aged 12–17 years for the Australian Capital Territory and young people aged 10–17 years for all other jurisdictions. The Australian totals are the sum of the population estimates for young people aged 12–17 years for the Australian Capital Territory and young people aged 10–17 years for all other jurisdictions for 2024-25 (table 17.1).

For the rates reported in the Closing the Gap dashboard, the scope of ‘young people’ is defined consistently across time and jurisdictions as people aged 10–17 years.

Table 17.1 Definition and population estimates, 2024-25

Financial year	Definition of young people	Population estimates
2024-25	ACT: 12–17 years All other jurisdictions: 10–17 years	ACT: population estimates for young people aged 12–17 years All other jurisdictions: population estimates for young people aged 10–17 years Australian totals: sum of the population estimates for young people aged 12–17 years for the ACT and young people aged 10–17 years for all other jurisdictions
2023-24	ACT and NT: 12–17 years All other jurisdictions: 10–17 years	ACT and NT: population estimates for young people aged 12–17 years All other jurisdictions: population estimates for young people aged 10–17 years Australian totals: sum of the population estimates for young people aged 12–17 years for the ACT and NT and young people aged 10–17 years for all other jurisdictions
2018-19 to 2022-23	All jurisdictions: 10–17 years	All jurisdictions and Australian totals: population estimates for young people aged 10–17 years
2017-18	Qld: 10–16 years until February 2018 All other jurisdictions: 10–17 years	All jurisdictions and Australian totals: population estimates for young people aged 10–17 years

Financial year	Definition of young people	Population estimates
2015-16 to 2016-17	<p>Qld: 10–16 years</p> <p>All other jurisdictions: 10–17 years</p>	<p>All jurisdictions and Australian totals: population estimates for young people aged 10–17 years</p>

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 the MACR and 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 Capital 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 between the MACR and 17 years (table 17A.10).

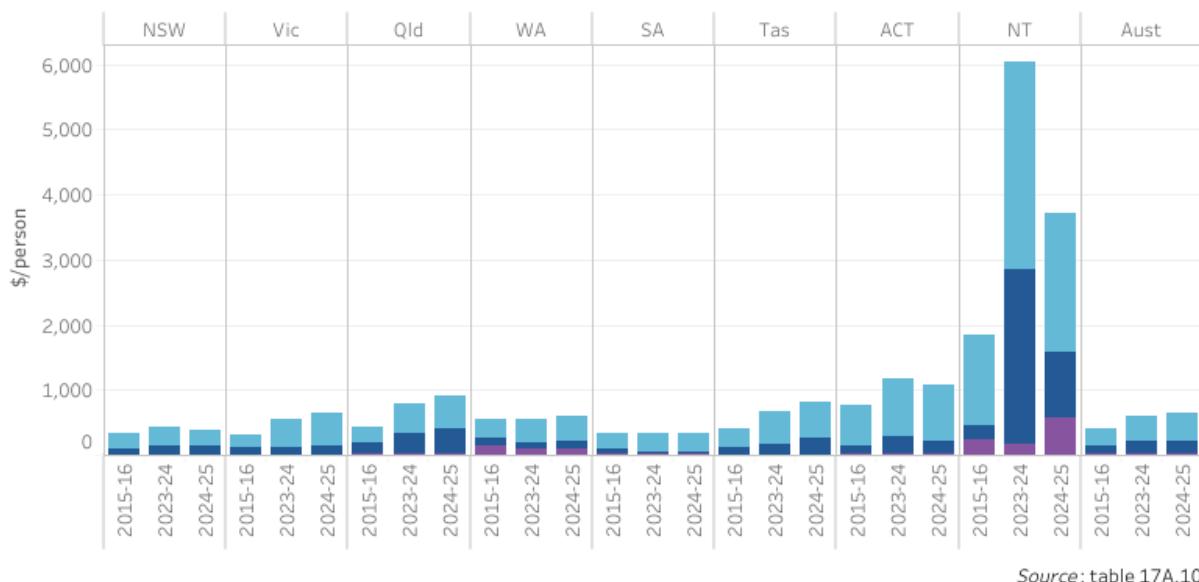
Total recurrent expenditure on detention-based supervision, community-based supervision and group conferencing was \$1.7 billion nationally in 2024-25, with detention-based supervision accounting for majority of this expenditure (66.2%, or \$1.1 billion) (table 17A.10). Nationally in 2024-25, recurrent expenditure on youth justice services per young person in the population (as distinct from per youth justice client, which is reported as a performance indicator under the 'Indicator results' tab) was \$644 (figure 17.1). Refer to '[Interpreting efficiency data](#)' in the 'Explanatory material' tab for further information on expenditure data.

Select year(s):
Multiple values

█ Detention-based services
█ Community-based services
█ Group conferencing

Figure 17.1 Government expenditure

Per young person aged 10-17 years in the population, by jurisdiction, by youth justice services, by year (2024-25 dollars) (a)



Source: table 17A.10

(a) From 2023-24 onwards, young people are defined as youths aged 12-17 years in the ACT. In 2023-24, young people are defined as youths aged 12-17 years in the NT.

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Size and scope

The increases in MACR have affected the number and rate of young people under youth justice supervision in the Australian Capital Territory, the Northern Territory and Australia. Data needs to be interpreted with caution.

The average daily number of young people (excluding the Northern Territory) under youth justice supervision in Australia in 2024-25 was 3,177 (table 17A.1). Of the young people under supervision on an average day in 2024-25, 77.4% were supervised in the community (includes supervised bail, probation and parole), with the remainder in detention (figure 17.2).

Select year(s):
Multiple values

Detention
Community-based supervision

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 (a), (b), (c)



Source: table 17A.1

(a) Proportions were calculated by dividing the average daily number for community supervision or detention by the sum of the average daily number for community supervision or detention. (b) From 2023-24 onwards, young people are defined as those aged 12-17 years in the ACT. (c) Data for community-based supervision is not available for the NT for 2023-24 and 2024-25. Data for detention-based supervision is not calculated for the NT for 2023-24 and 2024-25. In 2023-24, young people are defined as those aged 12-17 years in the NT.

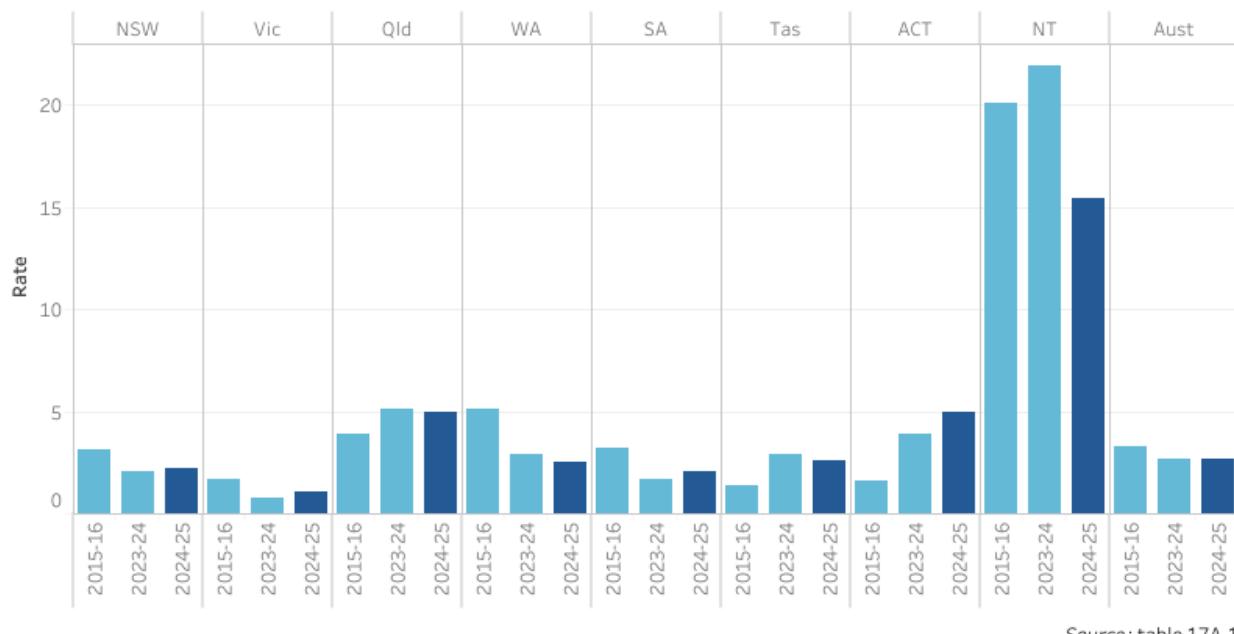
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Nationally in 2024-25, the average daily rate of detention was 2.7 per 10,000 young people (figure 17.3). The average daily rate of community-based supervision (excluding the Northern Territory) was 9.4 per 10,000 young people (table 17A.1).

Select year(s):
Multiple values

Select supervision type:
 Detention
 Community-based supervision

Figure 17.3 Average daily rate of young people in detention, aged 10–17 years
Per 10,000 young people, by jurisdiction, by year (a), (b)



Source: table 17A.1

(a) Data for community-based supervision is not available for NT for 2023-24 and 2024-25. In 2023-24, young people are defined as those aged 12-17 years in the NT. (b) From 2023-24 onwards, young people are defined as those aged 12-17 years in the ACT.

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Centre utilisation (the number of all young people in detention centres as a proportion of the number of permanently funded beds) was 58.2% nationally in 2024-25 (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 supervised by youth justice agencies are male (in 2024-25, 89.1% in detention and 75.5% in the community excluding the Northern Territory) (tables 17A.3–4).

Nationally in 2024-25, the rate of Aboriginal and Torres Strait Islander young people aged 10–17 years subjected to detention on an average day was 25.7 per 10,000 young people, down from 26.9 per 10,000 people in 2023-24 (figure 17.4). The rate of Aboriginal and Torres Strait Islander young people aged 10–17 years subjected to community-based supervision on an average day (excluding the Northern Territory) was 79.2 per 10,000 young people in 2024-25 (table 17A.6).

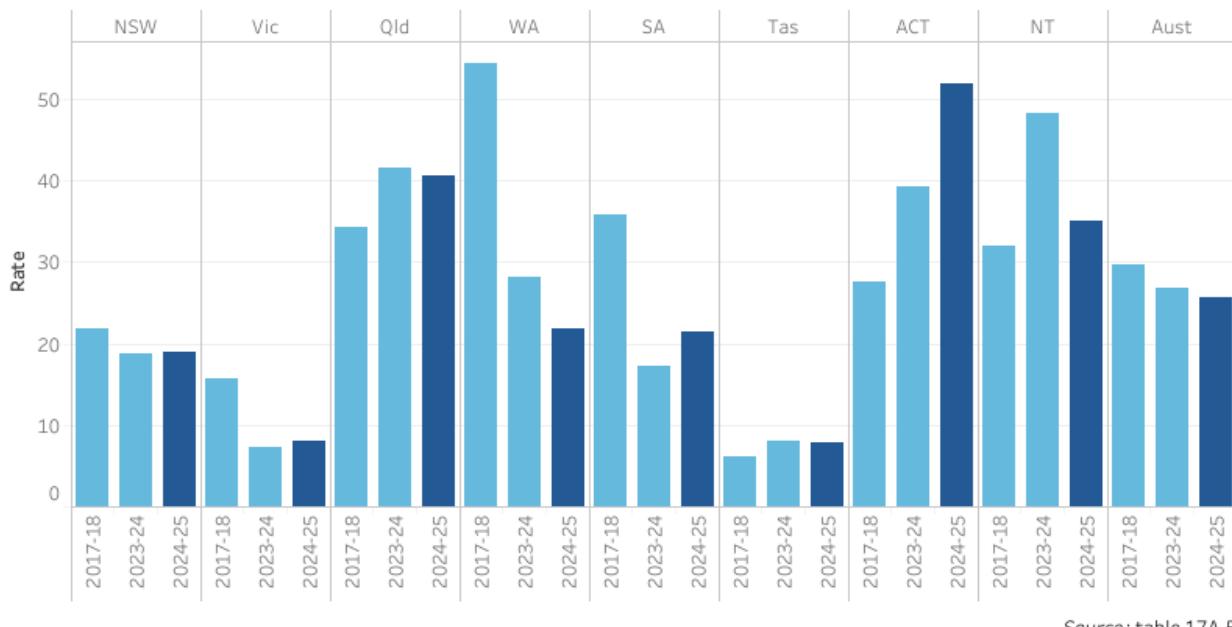
A range of factors contribute to the overrepresentation of Aboriginal and Torres Strait Islander young people in the youth justice system. These include intergenerational trauma, the forcible removal of children from their families, racism, limited access to education, employment and healthcare and inadequate housing (Astridge et al. 2023; Broidy et al. 2015; CCYP 2023; O'Brien 2021; Papalia et al. 2019; Walker et al. 2023). More information about these factors is available at the 'Historical and ongoing target context' section of [Target 11 of the Closing the Gap Information Repository](#).

Select year(s):
Multiple values

Select supervision type:
 Detention
 Community-based supervision

Select Indigenous Status:
 Aboriginal and Torres Strait Islander people
 Non-Indigenous people

Figure 17.4 Average daily rate of young people in detention: Aboriginal and Torres Strait Islander people
Per 10,000 young people aged 10-17 years, by jurisdiction, by year (a), (b)



Source: table 17A.5

(a) Data for community-based supervision is not available for the NT for 2023-24 and 2024-25. In 2023-24, young people are defined as those aged 12-17 years in the NT. (b) From 2023-24 onwards, young people are defined as those aged 12-17 years in the ACT.

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Nationally (excluding the Northern Territory) in 2024-25, there were 495 (6.0%) young people aged 10–13 years in community-based supervision (table 17A.9). In 2024-25, there were 511 (10.8%) young people in detention aged 10–13 years. Of those young people aged 10–13 years in detention, 70.8% 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).

Population data on young people by sex from December 2015 to 2024 is available in table 17A.27.

Population data on young people by Indigenous status from December 2017 to 2024 is available in table 17A.28.

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 (refer to 'Context' tab), the report's statistical context ([section 2](#)) contains data that may assist in interpreting the performance indicators presented in this section.

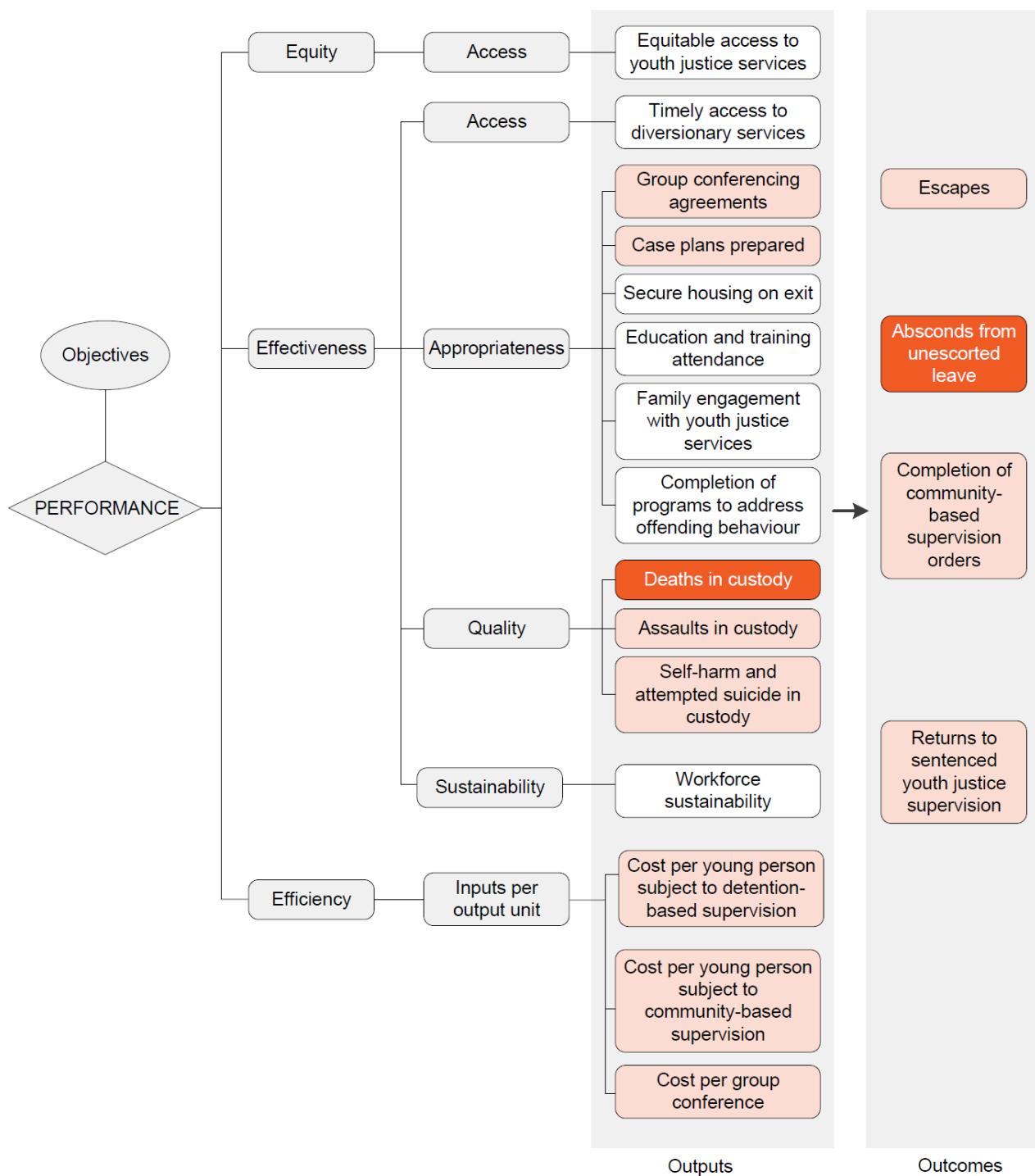
Improvements to performance reporting for youth justice services are ongoing and include identifying data sources to fill gaps in reporting for performance indicators and measures and improving the comparability and completeness of data.

Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (refer to 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 (refer to 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 – no data reported and/or no measures yet developed
- 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 detention-based supervision – most recent data for all measures is either not comparable and/or not complete
- 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 group conference – most recent data for all measures is either not comparable and/or not complete

Outcomes

- Escapes – most recent data for all measures is either not comparable and/or not complete
- Absconds from unescorted leave – most recent data for all measures is comparable and complete
- Completion of community-based supervision 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 in this report may differ from similar data included in jurisdictions' reports and websites due to different counting rules applied by jurisdictions.

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 2024-25, 93.1% of all concluded group conferences resulted in an agreement (figure 17.5). Nationally (excluding the Australian Capital Territory) in 2024-25, 90.2% of concluded group conferences for Aboriginal and Torres Strait Islander young people resulted in an agreement (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 not complete for the current reporting period. Data for Aboriginal and Torres Strait Islander people is not published for the Australian Capital Territory for 2024-25.

Select year(s):

Multiple values

Select Indigenous status:

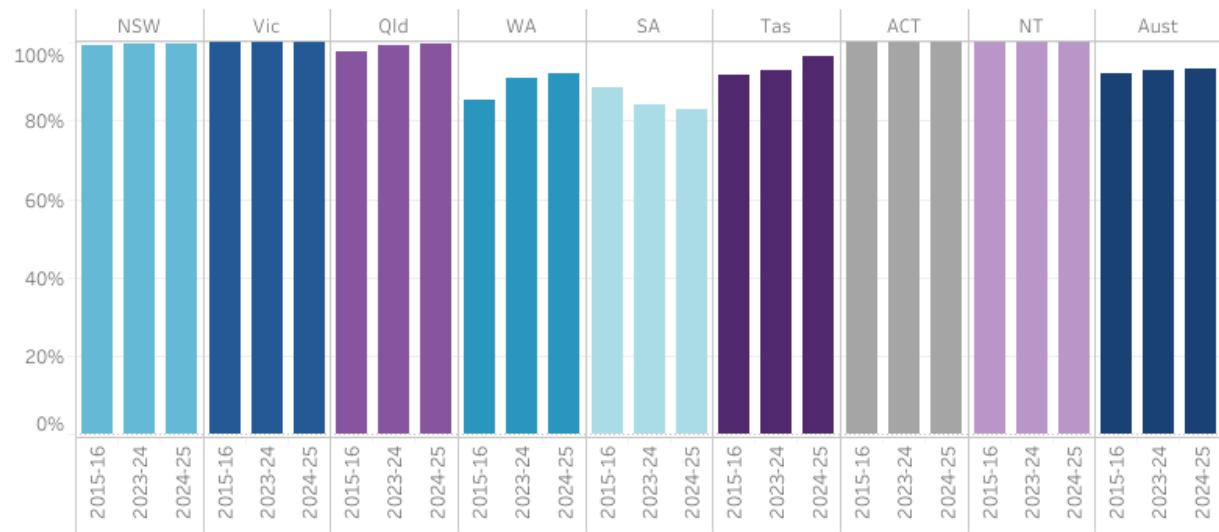
- Aboriginal and Torres Strait Islander people
- Non-Indigenous people
- All people

Jurisdiction:

NSW Vic Qld WA SA Tas ACT NT Aust

Figure 17.5 Group conferencing resulting in an agreement: All people

By jurisdiction, by year (a), (b)



Source: table 17A.12

(a) In Victoria, it is a requirement that all group conferences reach an agreement. (b) Refer to data tables for information on non-publication of data for individual jurisdictions.

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 the Northern Territory), 77.1% of eligible young people had a case plan prepared within six weeks of commencing a sentenced community-based order in 2024-25 (figure 17.6). Nationally (excluding the Northern Territory), 95.3% of eligible young people had a case plan prepared within six weeks of commencing a sentenced detention order in 2024-25 (table 17A.13).

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. Sentenced community-based order data is not available for the Northern Territory for 2024-25. Sentenced detention order data is not available for the Northern Territory and is not published by Indigenous status for Tasmania and the Australian Capital Territory for 2024-25.

Select year(s):

Multiple values

Select order type:

Sentenced detention orders
 Sentenced community-based orders

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 Case plans prepared/reviewed within six weeks of commencing: All people

By jurisdiction, by year (a)



Source: table 17A.13

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

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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; Watt et al. 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.

High or increasing proportions of young people attending education and training are desirable.

The method for counting young people who attended education and training differs across jurisdictions, with one of the following three methods used to report data in previous reports: (1) on an exceptions basis, where the number of young people who did not attend due to one of the excluded reasons is determined and it is assumed that all other young people attended, (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.

Data is not reported for 2023-24 and 2024-25. Previous data for this indicator is available in table 17A.14. New methods are being developed to more accurately and consistently count young people in detention attending an education or training course.

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

	<p>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</p>
NSW	<p>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.</p>
Vic	<p>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 model.</p>

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 the Adolescent Violence Intervention Program,

	<p>Male Adolescent Program for Positive Sexuality, Well Families (family violence) and On Track (motor vehicle offending).</p> <p>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, 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.</p> <p>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.</p>
Qld	<p>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, Integrated Case Management, CHART, Aggression Replacement Training, Emotional Regulation and Impulse Control, Rethinking Our Attitudes to Driving; and two culturally specific programs: Young Black and Proud and Black Chicks Talking. 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.</p>
WA	<p>Youth Justice Services provides a range of services to young people subject to statutory conditions 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 externally contracted service providers.</p> <p>The current externally contracted services include:</p>

- mentoring and case management support services in each major region across the state for young people subject to community-based supervision orders or early release orders
- engagement programs focusing on vocational and work readiness skills for Aboriginal young people in the metropolitan region subject to community-based supervision order or early release orders
- Youth Bail Services (YBS) (24/7 supervised accommodation in a facility) in each major region across the state
- transitional accommodation services (24/7 supervised accommodation in a facility) in the metropolitan region for young people being released from custody with no suitable accommodation
- specialist Alcohol and Other Drugs counselling in the metropolitan region for young people in custody and/or subject to community-based supervision orders or early release orders
- psycho-social, enrichment and recreation programs and cultural support services to young people in custody.

Youth Justice Services also fund the Aboriginal Legal Service of Western Australia to deliver a metropolitan-based Youth Engagement Program to engage Aboriginal young people appearing in the Perth Children's Court to support them through bail and court processes. The program provides case management, court support and mentoring to young people, as well as referrals to a range of culturally appropriate external services and supports with a focus on diverting young people at the earliest opportunity.

Supported accommodation and bail programs

The YBS is a diversion option from custody and provides temporary and short-term accommodation placements for young people remanded on bail where no responsible adult or appropriate placement can be located. Bail services require 24-hour, 7 days a week supervision and include the provision of day programs and transport to appointments for young people and opportunities to increase their pro-social behaviours prior to their next court appearance. YBS diverts regional and remote Aboriginal young people from custody and enables them to remain on country and in contact with their family and community.

The Youth Transitional Accommodation Program is an accommodation service for young people between 13 years and 17 years and nine months providing 24-hour, 7 days a week supervision and includes the provision of day program and transport to appointments for young people. This service is designed to provide young people opportunities to gain independent or long term supported accommodation upon release from custody on an early release order or community-based supervision order.

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 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 CHART offending behaviour program. These tools support a structured and modular approach to working with young people who are at a high risk of reoffending. They apply cognitive-behavioural and

strengths-based casework methods to help young people recognise and address the causes of offending, build life skills, and reintegrate positively into the community.

Offence-specific and therapeutic programs:

- Targeted Youth Support Service: Tasmania partners with Mission Australia and Anglicare to deliver the Targeted Youth Support Service and Supported Youth Program, providing intensive case management and therapeutic interventions for young people aged 10–17 years. The service supports those at risk of Child Safety notification or youth justice involvement, promoting stability and preventing escalation.
- Fetal Alcohol Spectrum Disorder Assessments: Patches delivers multidisciplinary Fetal Alcohol Spectrum Disorder assessments for youth at risk of justice involvement. Assessments identify strengths and needs, with ongoing allied-health and psychological support to address anxiety, attention, communication, and behavioural regulation challenges.
- National Disability Insurance Scheme (NDIS) Justice Liaison Officers: Justice Liaison Officers assist young people with disability through the justice process, ensuring access to NDIS supports, resolving service barriers, and coordinating reintegration planning.
- Youth Justice Education Liaison Officers: Education Liaison Officers support young people in contact with the Youth Justice System or the Tasmania Police to re-engage in learning. They coordinate with schools, magistrates, and families to design pathways that build educational continuity and achievement.
- Step Up: A state-wide program provided by Colony 47 for adolescents aged 11–17 years using violence in the home. Step Up provides outreach case management to promote non-violent communication and restoring relationship balance between youth and their family.
- Police and Community Youth Club: operates across Tasmania providing recreational and skill-building programs for at-risk youth. These activities strengthen community connection, reduce anti-social behaviour, and encourage positive participation.
- Transition from Detention: 54 Reasons assist young people aged 12–18 years transitioning from Ashley Youth Detention Centre back to the community. The program strengthens networks and builds educational, vocational, and social independence.
- Supporting Young People on Bail: 54 Reasons provides structured support to youth aged 12–18 years on bail. Youth workers help participants set and achieve recreational, educational, and vocational goals through tailored Bail Support Plans.
- Juvenile Fire Lighting Intervention Program (JFLIP): JFLIP is a state-wide behaviour change program for children aged 4–14 years who engage in unsafe fire-setting. JFLIP is a family-based program delivered by trained fire-fighters, it combines education and behavioural interventions to promote safety and accountability.

Programs for Aboriginal and Torres Strait Islander Young People:

- Youth Justice partners with Aboriginal organisations to deliver culturally responsive programs that promote prevention, diversion, and reintegration. Organisations include the Tasmanian Aboriginal Corporation that supports young people on community and Circular Head Aboriginal Corporation that runs the Youth Prevention and Diversion Program, providing case management, mentoring, and referrals for Aboriginal youth aged 12–24 years who are at risk of offending.

ACT	<p>Therapeutic and offence-specific programs in the ACT provide a comprehensive, rehabilitative framework for young people involved in the youth justice system, both in community and custodial settings. A range of interventions target specific behavioural and developmental needs within the ACT:</p> <ul style="list-style-type: none"> • The CHART program, a cognitively based intervention, helps young people reshape their thinking and decision-making processes and is delivered both in the community and at Bimberi Youth Justice Centre. • In response to unsafe road use among youth, the ACT Government funded a pilot initiative in 2023 to develop and evaluate targeted interventions aligned with the ACT Road Safety Strategy 2020-2025. This led to the creation of Changing Lanes, a group therapy program for 12–19 years with prior or current driving-related offences, designed for those at moderate to high risk of reoffending. The pilot commenced in February 2025 and runs across both community and custodial environments. • Functional Family Therapy – Youth Justice, which supports young people aged 11–18 years and their families through structured, therapist-led sessions aimed at improving family dynamics and reducing recidivism. • All young people under Youth Justice supervision have case plans developed by their Case Practitioner. For sentenced young people, these case plans are guided by the Youth Level of Service/Case Management Inventory, a structured assessment tool that plays a central role in guiding case planning for young people involved in the youth justice system. It evaluates a range of dynamic and static risk factors across domains such as family circumstances, peer relationships, substance use, education, personality traits, and attitudes. By identifying both criminogenic needs and protective factors, the tool enables practitioners to develop individualised case plans that target the specific areas most likely to influence a young person's risk of reoffending. • Within Bimberi, a full-time Principal Practitioner is employed at Bimberi to strengthen trauma-informed therapeutic treatment, case management support and planning for young people with complex and challenging presentations. A range of partnerships also operate to assist young people through a focus on education; employment skills programs; post-release support; disability support; and health and mental health support. • For young people under the recently raised age for the Minimum Age of Criminal Responsibility (MACR), therapeutic interventions for youth justice are coordinated through initiatives like the Therapeutic Support Panel, a statutory body established
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	<p>under the Children and Young People Act 2008. The Therapeutic Support Panel assesses children and young people at risk of serious harmful behaviours and develops tailored therapy plans to address underlying causes such as trauma, mental health issues, or family conflict. Additionally, the Safe and Connected Youth Program provides therapeutic outreach and short-term accommodation for children aged 8–15 years experiencing family conflict or homelessness, emphasising restoration and reunification within families.</p> <ul style="list-style-type: none"> For young people with complex presentations, Youth Justice operates alongside the Countering Violent Extremism – Support and Intervention Program (previously the Countering Violent Extremism – Living Safe Together Program) with ACT Policing to refer and connect young people showing signs of extremist ideologies.
NT	<p>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.</p>

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.

One young person died while in the legal or physical custody of an Australian youth justice agency in 2024-25 (table 17.3).

 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	2024-25	-	-	-	1	-	-	-	-	1
	2023-24	-	-	-	1	-	-	-	-	1
	2015-16	-	-	-	-	-	-	-	-	-
Non-Indigenous people	2024-25	-	-	-	-	-	-	-	-	-
	2023-24	-	-	-	-	-	-	-	-	-
	2015-16	-	-	-	-	-	-	-	-	-
All people	2024-25	-	-	-	1	-	-	-	-	1
	2023-24	-	-	-	1	-	-	-	-	1
	2015-16	-	-	-	-	-	-	-	-	-

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, fist fights) 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. Data should not be compared across jurisdictions, because the thresholds for recording an assault and the extent to which minor injuries are included varies considerably across jurisdictions. The evidence and information used to determine whether an injury has been sustained, and an assault should be recorded, varies across jurisdictions. Collection methods also vary across jurisdictions, for example, manual case file reviews compared to the collation of electronic incident reports. Incident reports may also be collected from different sources, for example custodial officers or health workers.

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.

Measure 1: Nationally in 2024-25, there were 36 incidents of young people injured in custody due to a serious assault (table 17.4a).

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 is not published for Tasmania for 2024-25.

Select year:

2024-25

Table 17.4a Measure 1: Assaults in custody: Incidents of young people in custody with injuries due to a serious assault

Number and rate per 10,000 custody nights, by jurisdiction, by Indigenous status, 2024-25 (a)

		no.	rate
NSW	Aboriginal and Torres Strait Islander	7	1.4
	Non-Indigenous	6	1.9
	All people	13	1.6
Vic	Aboriginal and Torres Strait Islander	-	-
	Non-Indigenous	3	0.8
	All people	3	0.6
Qld	Aboriginal and Torres Strait Islander	-	-
	Non-Indigenous	1	0.3
	All people	1	0.1
WA	Aboriginal and Torres Strait Islander	4	2.5
	Non-Indigenous	4	4.1
	All people	8	3.1
SA	Aboriginal and Torres Strait Islander	5	6.8
	Non-Indigenous	3	4.2
	All people	8	5.5
Tas	Aboriginal and Torres Strait Islander	np	np
	Non-Indigenous	np	np
	All people	3	5.3
ACT	Aboriginal and Torres Strait Islander	-	-
	Non-Indigenous	-	-
	All people	-	-
NT	Aboriginal and Torres Strait Islander	-	-
	Non-Indigenous	-	-
	All people	-	-

Source: table 17A.16

– 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.

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Measure 2: Nationally (excluding the Australian Capital Territory) in 2024-25, there were 283 incidents of young people injured in custody due to an assault (excluding serious assaults) (table 17.4b).

■ 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 is not published for the Australian Capital Territory for 2024-25.

Select year:

2024-25

Table 17.4b Measure 2: Assaults in custody: Incidents of young people in custody with injuries due to an assault (excludes serious assaults)

Number and rate per 10,000 custody nights, by jurisdiction, by Indigenous status, 2024-25 (a)

		no.	rate
NSW	Aboriginal and Torres Strait Islander	46	9.2
	Non-Indigenous	24	7.4
	All people	71	8.5
Vic	Aboriginal and Torres Strait Islander	9	13.1
	Non-Indigenous	37	9.4
	All people	46	9.9
Qld	Aboriginal and Torres Strait Islander	51	6.8
	Non-Indigenous	31	10.6
	All people	82	7.9
WA	Aboriginal and Torres Strait Islander	15	9.5
	Non-Indigenous	8	8.1
	All people	23	9.0
SA	Aboriginal and Torres Strait Islander	13	17.7
	Non-Indigenous	20	28.2
	All people	35	24.2
Tas	Aboriginal and Torres Strait Islander	5	23.8
	Non-Indigenous	9	25.4
	All people	14	24.8
ACT	Aboriginal and Torres Strait Islander	np	np
	Non-Indigenous	np	np
	All people	np	np
NT	Aboriginal and Torres Strait Islander	11	8.6
	Non-Indigenous	1	14.1
	All people	12	8.9

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.



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. Data should not be compared across jurisdictions as methods of data collection vary considerably (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.

Measure 1: Nationally in 2024-25, there were 28 incidents of self-harm or attempted suicide requiring hospitalisation (table 17.5a).

■ 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:

2024-25

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, 2024-25 (a), (b)

		no.	rate
NSW	Aboriginal and Torres Strait Islander	4	0.8
	Non-Indigenous	1	0.3
	All people	5	0.6
Vic	Aboriginal and Torres Strait Islander	1	1.5
	Non-Indigenous	–	–
	All people	1	0.2
Qld	Aboriginal and Torres Strait Islander	1	0.1
	Non-Indigenous	1	0.3
	All people	2	0.2
WA	Aboriginal and Torres Strait Islander	7	4.4
	Non-Indigenous	–	–
	All people	7	2.7
SA	Aboriginal and Torres Strait Islander	3	4.1
	Non-Indigenous	2	2.8
	All people	5	3.5
Tas	Aboriginal and Torres Strait Islander	–	–
	Non-Indigenous	–	–
	All people	–	–
ACT	Aboriginal and Torres Strait Islander	–	–
	Non-Indigenous	–	–
	All people	–	–
NT	Aboriginal and Torres Strait Islander	8	6.3
	Non-Indigenous	–	–
	All people	8	5.9

Source: table 17A.19

– Nil or rounded to zero. **na** Not available. **np** Not published.

(a) From 2021-22, the ACT and Tas adopted a policy of not publishing small numbers. (b) Data for WA is not available prior to 2021-22.

Measure 2: Nationally (excluding the Australian Capital Territory) in 2024-25, there were 218 incidents of self-harm or attempted suicide that did not require hospitalisation but did require psychological or medical treatment (table 17.5b).

- 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 is not published for the Australian Capital Territory for 2024-25.

Select year:

2024-25

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, 2024-25 (a), (b)

		no.	rate
NSW	Aboriginal and Torres Strait Islander	7	1.4
	Non-Indigenous	8	2.5
	All people	15	1.8
Vic	Aboriginal and Torres Strait Islander	4	5.8
	Non-Indigenous	4	1.0
	All people	8	1.7
Qld	Aboriginal and Torres Strait Islander	82	11.0
	Non-Indigenous	28	9.5
	All people	110	10.6
WA	Aboriginal and Torres Strait Islander	14	8.9
	Non-Indigenous	18	18.3
	All people	32	12.5
SA	Aboriginal and Torres Strait Islander	10	13.6
	Non-Indigenous	6	8.5
	All people	16	11.1
Tas	Aboriginal and Torres Strait Islander	3	14.3
	Non-Indigenous	6	16.9
	All people	9	16.0
ACT	Aboriginal and Torres Strait Islander	np	np
	Non-Indigenous	np	np
	All people	np	np
NT	Aboriginal and Torres Strait Islander	27	21.2
	Non-Indigenous	1	14.1
	All people	28	20.8

Source: table 17A.19

– Nil or rounded to zero. na Not available. np Not published.

(a) From 2021-22, the ACT and Tas adopted a policy of not publishing small numbers. (b) Data for WA is not available prior to 2021-22.

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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 service demand. These measures are not a substitute for a comprehensive workforce analysis that considers training, migration, emerging work patterns and future demand. However, they can indicate the need for further workforce planning for youth justice services.

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

13. 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. Refer to '[Interpreting efficiency data](#)' in the 'Explanatory material' tab for further information on expenditure data.

- 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 2024-25, the average cost per day per young person subject to detention-based supervision was \$3,635. This data varies across jurisdictions (figure 17.7).

- 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):

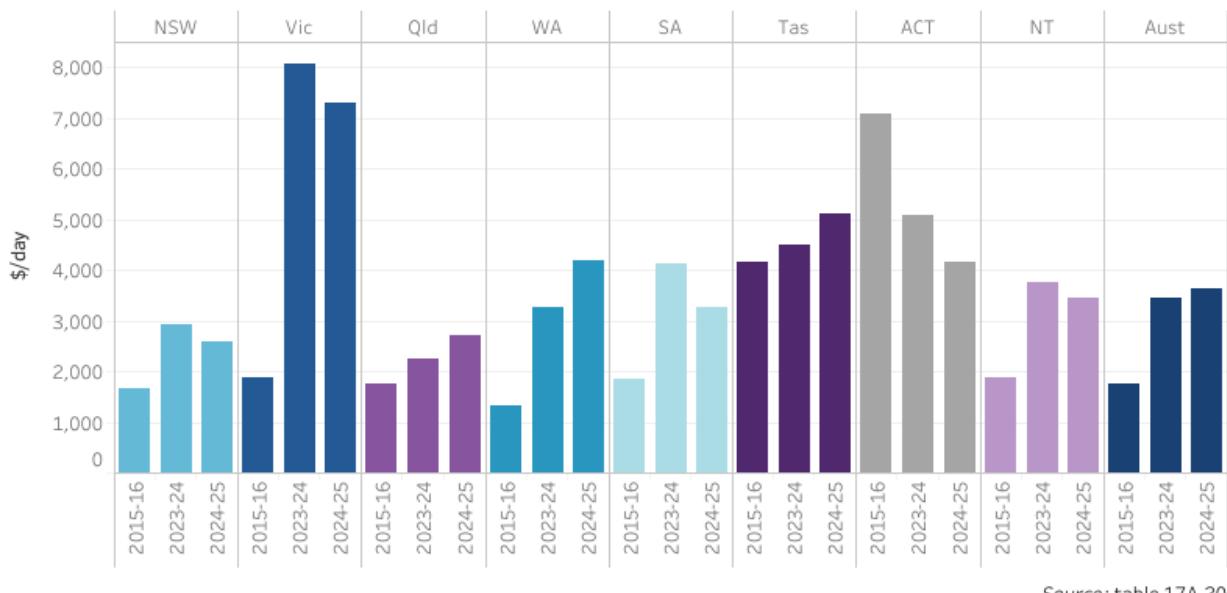
Multiple values

Jurisdiction:

NSW Vic Qld WA SA Tas ACT NT Aust

Figure 17.7 Cost per young person subject to detention-based supervision

By jurisdiction, by year (2024-25 dollars)



Source: table 17A.20

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14. 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. Refer to '[Interpreting efficiency data](#)' in the 'Explanatory material' tab for further information on expenditure data.

- 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 (excluding the Northern Territory) in 2024-25, the average cost per day per young person subject to community-based supervision was \$424. This data varies across jurisdictions (figure 17.8).

- Data is not comparable across jurisdictions but is comparable (subject to caveats) within jurisdictions over time.
- Data is not complete for the current reporting period. Data is not available for the Northern Territory for 2024-25.

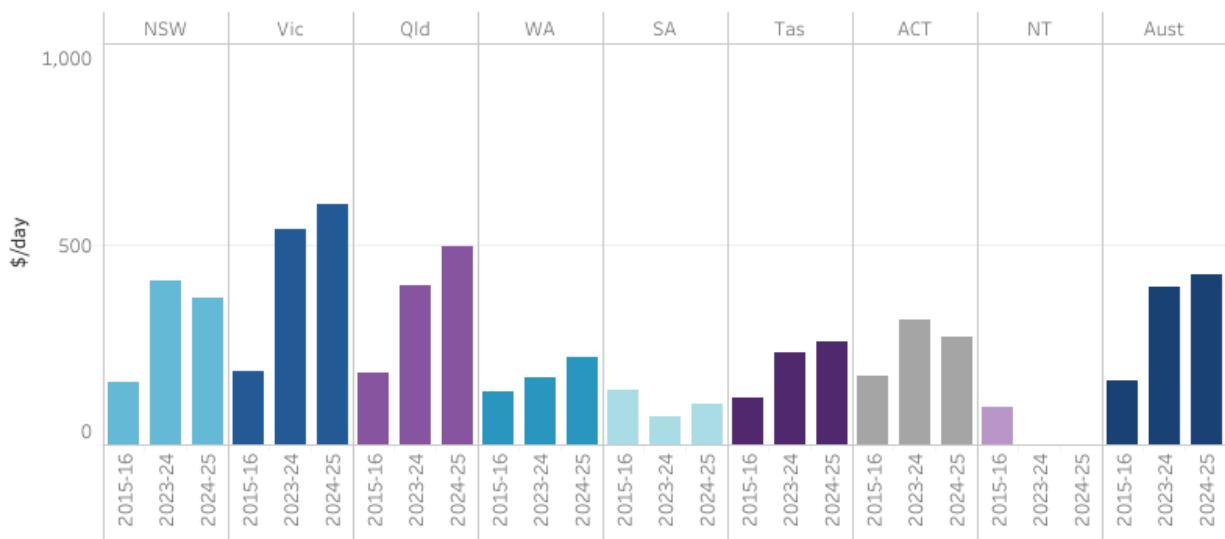
Select year(s):

Multiple values

Jurisdiction:

NSW Vic Qld WA SA Tas ACT NT Aust

Figure 17.8 Cost per young person subject to community-based supervision
By jurisdiction, by year (2024-25 dollars) (a)



Source: table 17A.21

(a) Data is not available for the NT for 2023-24 and 2024-25.

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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. Refer to '[Interpreting efficiency data](#)' in the 'Explanatory material' tab for further information on expenditure data.

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 2024-25, the average cost per concluded group conference was \$7,369. This data varies across jurisdictions (figure 17.9).

 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):

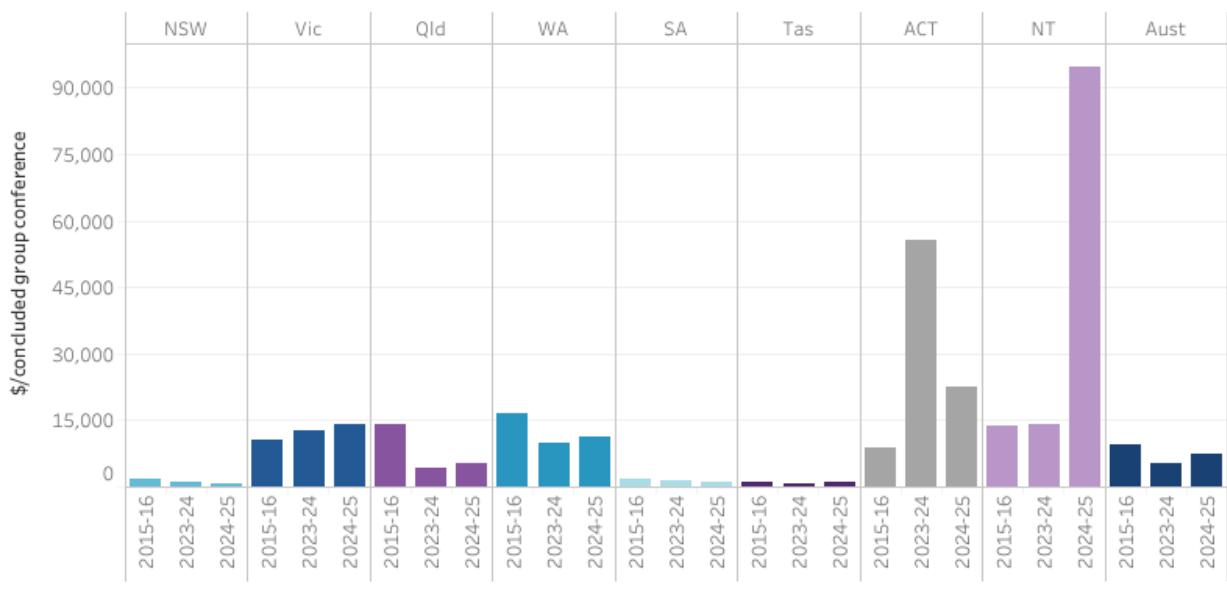
Multiple values

Jurisdiction:

 NSW Vic Qld WA SA Tas ACT NT Aust

Figure 17.9 Cost per concluded group conference

By jurisdiction, by year (2024-25 dollars)



Source: table 17A.22

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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.

Measure 1: Nationally in 2024-25, there were eight escapes from youth justice detention centres (table 17.6a).

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

■ Data is not complete for the current reporting period. Data by Indigenous status is not published for Tasmania for 2024-25.

Select year:

2024-25

Table 17.6a Measure 1: Escapes from youth justice detention centres

Number and rate per 10,000 custody nights, by jurisdiction, by Indigenous status, 2024-25 (a)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Aboriginal and Torres Strait Islander	no.	-	-	-	-	-	np	-	3	3
Non-Indigenous	no.	-	-	-	-	-	np	-	-	-
All people	no.	-	-	-	-	-	5	-	3	8
Aboriginal and Torres Strait Islander	rate	-	-	-	-	-	np	-	2.4	0.2
Non-Indigenous	rate	-	-	-	-	-	np	-	-	-
All people	rate	-	-	-	-	-	8.9	-	2.2	0.3

Source: table 17A.23

- Nil or rounded to zero. np Not published.

(a) In 2021-22, Tas formalised a small-number suppression policy that applies to data from 2019-20 onwards.

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Measure 2: Nationally in 2024-25, there were six escapes from a period of escorted movement (table 17.6b).

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

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

Select year:

2024-25

Table 17.6b Measure 2: Escapes from escorted movements

Number and rate per 10,000 escorted movements, by jurisdiction, by Indigenous status, 2024-25 (a)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Aboriginal and Torres Strait Islander	no.	-	-	-	-	1	-	-	5	6
Non-Indigenous	no.	-	-	-	-	-	-	-	-	-
All people	no.	-	-	-	-	1	-	-	5	6
Aboriginal and Torres Strait Islander	rate	-	-	-	-	83.3	-	..	27.3	10.3
Non-Indigenous	rate	-	-	-	-	-	-	..	-	-
All people	rate	-	-	-	-	48.1	-	..	25.0	6.0

Source: table 17A.23

- Nil or rounded to zero. .. Not applicable. na Not available. np Not published.

(a) In 2021-22, Tas formalised a small-number suppression policy that applies to data from 2019-20 onwards.

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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 2024-25. Data is available from 2015-16 and shows one young person absconded over this period (table 17.7).

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

Select year:

2024-25

Table 17.7 Absconds from unescorted leave

Number and rate per 1,000 periods of unescorted leave, by jurisdiction, by Indigenous status, 2024-25 (a), (b)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Aboriginal and Torres Strait Islander	no.	–	–	..	..	–	–	–	–	–
Non-Indigenous	no.	–	–	..	..	–	–	–	–	–
All people	no.	–	–	..	..	–	–	–	–	–
Aboriginal and Torres Strait Islander	rate	–	..	..	..	..	..	..	..	–
Non-Indigenous	rate	–	–	..	..	..	..	..	..	–
All people	rate	–	–	..	..	..	..	..	..	–

Source: table 17A.24

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

(a) From 2021-22, the ACT adopted a policy of not publishing small numbers (numbers less than five). (b) Unescorted leave is not undertaken in Qld or WA.

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18. Completion of community-based supervision orders

'Completion of community-based supervision 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 (excluding the Australian Capital Territory and the Northern Territory), 88.1% of community-based supervision orders were successfully completed in 2024-25 (figure 17.10).

- Data is comparable (subject to caveats) across jurisdictions but not over time.
- Data is not complete for the current reporting period. Data is not published for the Australian Capital Territory and is not available for the Northern Territory for 2024-25.

Select year(s):
Multiple values

Select Indigenous Status:
 Aboriginal and Torres Strait Islander people
 Non-Indigenous people
 All people

Figure 17.10 Completion of community-based orders: All people
By jurisdiction, by year (a), (b)



Source: table 17A.25

(a) From 2021-22, the ACT adopted a policy of not publishing small numbers (numbers less than five). Data is not published by Indigenous status for the ACT for 2022-23. (b) Data is not available for the NT for 2023-24 and 2024-25.

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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 were 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.

The latest data available for the 2026 RoGS is for young people who were released from supervision in 2022-23 and returned to sentenced supervision within 12 months of release (during 2023-24).

Nationally (excluding the Northern Territory), 56.7% of young people aged 10–16 years at the time of release from sentenced supervision in 2022-23 returned to sentenced supervision within 12 months (figure 17.11).

- Data is not comparable across jurisdictions but is comparable (subject to caveats) within jurisdictions over time.
- Data is not complete for the current reporting period. Data is not available for the Northern Territory for 2022-23.

Select year(s):

Multiple values

Jurisdiction:

NSW Vic Qld WA SA Tas ACT NT Aust

Figure 17.11 Young people who returned to sentenced supervision within 12 months

By jurisdiction, by year (a)



Source: table 17A.26

(a) Data is not available for the NT for 2022-23.

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Aboriginal and Torres Strait Islander data

Data for Aboriginal and Torres Strait Islander young people in this section is available in the data tables listed below. Supporting information can be found in the 'Indicator results' tab and data tables.

Further information on the historical and ongoing context for Aboriginal and Torres Strait Islander people is available on the [Closing the Gap Information Repository website – Target 11](#)

Youth justice services data disaggregated for Aboriginal and Torres Strait Islander young people

Table number

Table title

Context data

Table number	Table title
Table 17A.5	Young people aged 10–17 years in detention, by Indigenous status
Table 17A.6	Young people aged 10–17 years under community-based supervision, by Indigenous status
Table 17A.7	Young people aged 10–17 years in detention, rate ratio
Table 17A.8	Young people aged 10–17 years under community-based supervision, rate ratio
Table 17A.9	Young people in detention and under community-based supervision, by age, by Indigenous status
Table 17A.18	Custody nights, by Indigenous status
Table 17A.28	Total youth population aged 10–17 years, 31 December, by age, by Indigenous status
Performance indicator data	
Table 17A.12	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 from 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, 2024-25

		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	Func
Administrative expenditure	Included								
	Method	Accrual	Actuals	Actuals	Actuals	Actuals	Actuals	Accrual	Direct costs
Client costs	Included								

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Other operating expenses (eg, utilities, maintenance)	Included	✓	✓	✓	✓	✓	✓	✓	✓
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 form

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

Terms	Definition
	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 supervision	Community-based 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 supervision	Detention-based supervision involves young people spending time in a custodial environment, either serving their sentence or on remand.
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.
Young people/person	Young people is defined as people between the minimum age of criminal responsibility (MACR) in the relevant state or territory legislation and 17 years old (unless otherwise specified).

Terms	Definition
	Changes to MACR by jurisdiction:
	2023: the Australian Capital Territory and the Northern Territory increased the MACR to 12 years old.
	2024: the Northern Territory reverted the MACR to 10 years old.
	From 2024-25: young people refer to those aged 12 to 17 years in the Australian Capital Territory, and those aged 10 to 17 years in all other jurisdictions.
	2025: Victoria increased the MACR to 12 years, effective 30 September 2025. In the Australian Capital Territory, the MACR was raised to 14 years, effective from 1 July 2025. These changes will affect future reporting of youth justice data.
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.
Youth justice department	Departments in each state and territory that are responsible for youth justice matters.

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