

**Steering Committee for the Review
of Government Service Provision**



Report on Government Services 2024

Approach to performance reporting
(part A)

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

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

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ISSN 2205-5703 (online version)

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An appropriate reference for this publication is:

SCRGSP (Steering Committee for the Review of Government Service Provision) 2024, Report on Government Services 2024, Productivity Commission, Canberra.

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

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Report on Government Services 2024

PART A: RELEASED ON 22 JANUARY 2024

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

A Approach to performance reporting

Part A includes an introduction to the Report on Government Services 2024, Statistical context for the service-specific parts B to G, the Glossary and the Acronyms and abbreviations list.

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- [Statistical context](#) >
- [Glossary](#) >
- [Acronyms and abbreviations](#) >

Report on Government Services 2024

About this report

Acknowledgment

This report was produced under the direction of the Steering Committee for the Review of Government Service Provision (SCRGSP). The Steering Committee comprises the following current members:

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Matthew James		Australian Institute of Health and Welfare

Report on Government Services 2024

PART A, SECTION 1: RELEASED ON 22 JANUARY 2024

1 Approach to performance measurement

In this section

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- ∨ [The Report's scope](#)
- ∨ [Conceptual approach](#)
- ∨ [Guiding principles of the Report](#)
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The Report on Government Services (the report) provides information on the equity, efficiency and effectiveness of government services in Australia, which contributes to the wellbeing of all Australians by encouraging improvements in these services. The report is used by governments to inform planning and evaluation of policies, for budgeting (including to assess the resource needs and performance of government agencies) and to demonstrate government accountability.

This report provides a dynamic online presentation underpinned by machine readable data in a CSV format as well as data provided in Excel format.

Reasons for measuring performance

Measuring the performance of government service delivery and public reporting creates incentives for better performance by:

- helping to clarify government objectives and responsibilities
- providing governments with indicators of policy and program performance over time
- making performance more transparent to the community through the provision of relevant information
- encouraging ongoing performance improvements in service delivery and effectiveness, by highlighting opportunities for improvements and innovation.

A key focus of the report is measuring the *comparative* performance of government services across jurisdictions. Reporting on comparative performance can provide incentives for service providers to improve performance where there is no or little competition, and provides a level of accountability to consumers, who have little opportunity to express their preferences by accessing services elsewhere.

The terms 'comparative performance reporting' and 'benchmarking' are sometimes used interchangeably. However, benchmarking can have a particular connotation of measuring performance against a predetermined standard. The report can be considered as a form of results or process benchmarking, but the report does not generally establish best practice benchmarks. However, governments can use the information in the report to identify appropriate benchmarks.

The Report's scope

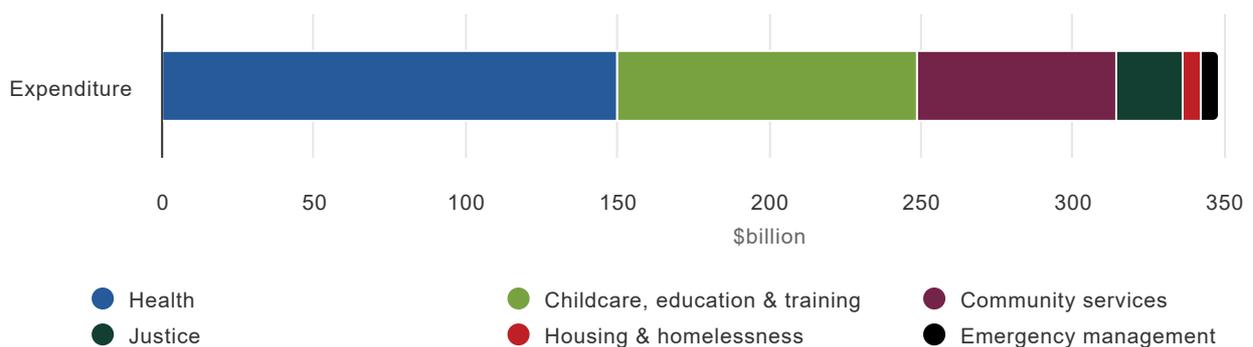
Government provides a range of services to individuals, households and the community. The report focuses on 'social services', which aim to enhance the wellbeing of people and communities by improving largely intangible outcomes (such as health, education and community safety). The report contains performance information on child care, education and training, health, justice, emergency management, community services, social housing, and homelessness across 17 service areas. The service areas included in the report were chosen based on a set of formal criteria.

[Read the formal criteria](#)



Government recurrent expenditure on the services in this report was approximately \$348 billion for the 2021-22 financial year (2021-22 dollars) (figure 1.1) – a significant proportion (around 70%) of government recurrent expenditure. This is equivalent to around 15% of gross domestic product (estimates based on data from ABS 2023). Updated financial data for the 2022-23 financial year is available for some sections.

Figure 1.1 – Governments' recurrent expenditure by sector^a



Highcharts.com

a Changes in sector expenditure over time can be partly due to the reallocation of services between sectors in line with broad policy shifts (or changes in the data source). Readers are encouraged to check service areas within each sector to confirm coverage for the relevant year.

Governments use a mix of methods to deliver these services to the community, including providing services directly (a 'delivery/provider' role), funding external providers through grants or the purchase of services (a 'purchaser' role) and subsidising users (through vouchers or cash payments) to purchase services from external providers.

As non-government organisations are often involved in the delivery of services, funding from government may not meet the full cost of delivering a service to the community. Since the purpose of the report is to provide information to assist governments in making decisions about the effectiveness and efficiency of government purchase or supply of services, it is confined to the cost to government. Similarly, it does not provide detailed information on general government income support. For example, the report covers aged care but not the aged pension and child care but not family payments (although descriptive information on income support is provided in some cases).

Performance across agencies and jurisdictions will be affected by a range of factors outside government influence, such as geography, available inputs and input prices. The report does not attempt to adjust reported results for differences that can affect service delivery (though some

indicators incorporate adjustments where aligned with other national indicators, for example, adjustments for case mix for hospital separations in section 12). The approach used is to explain that government-provided services are often only one contributing factor and, where possible, point to data on other key contributing factors, including different geographic and demographic characteristics across jurisdictions. Section 2 contains detailed statistics on each State and Territory, which may assist in interpreting the performance indicators presented in the report.

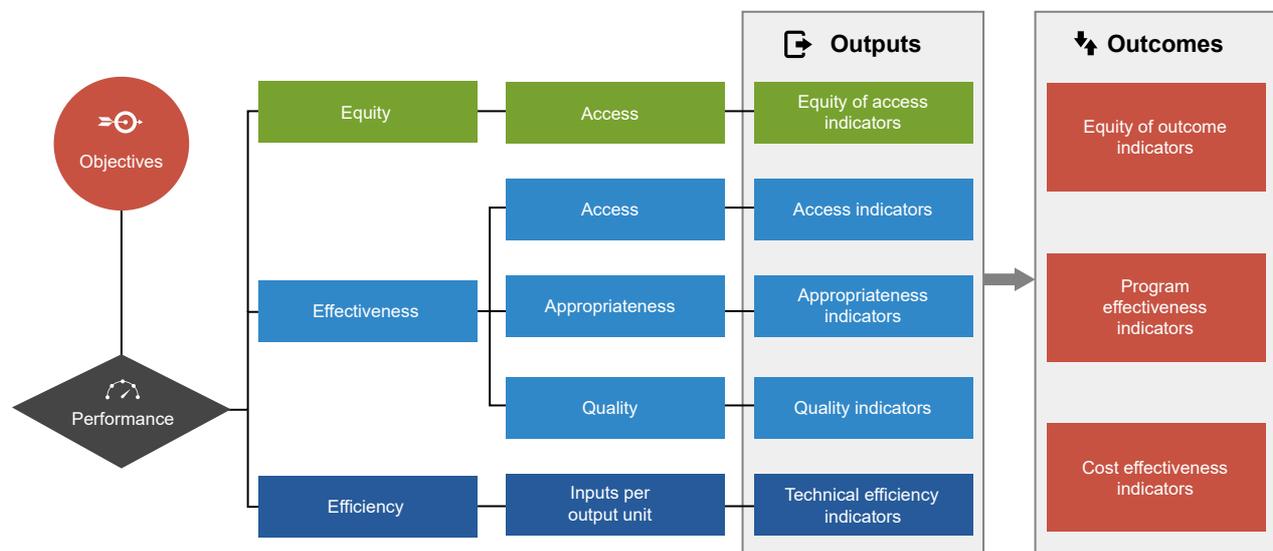
Conceptual approach

The report uses a consistent conceptual approach for reporting performance across service areas. This allows for comparisons in performance across services, improvements in reporting in one service area to be drawn upon for reporting in other areas, and issues that arise across service areas to be addressed in a consistent way.

The performance indicator framework

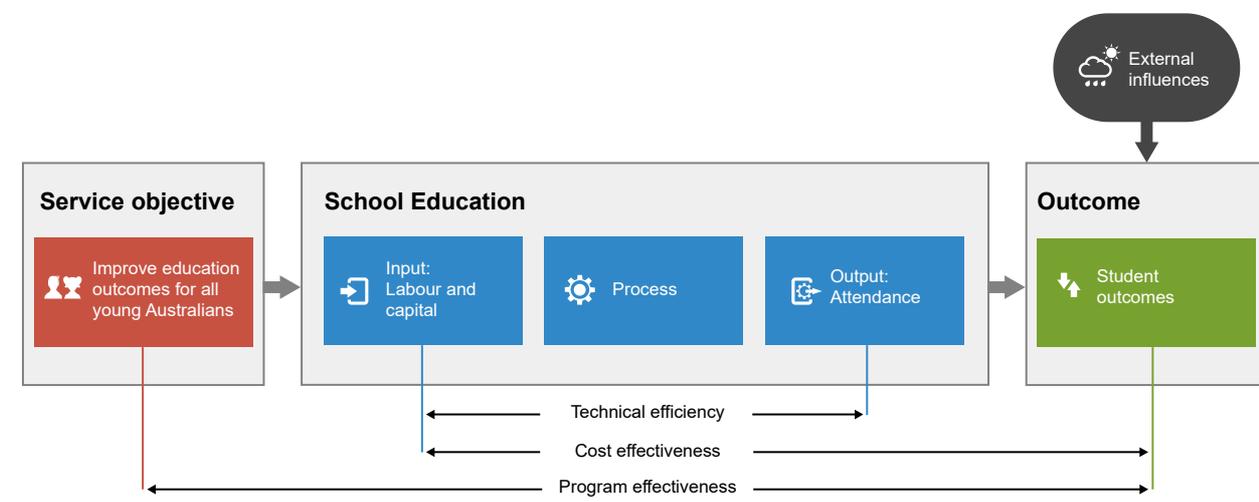
Each service area in the report has a performance indicator framework and a set of objectives against which performance indicators report (figure 1.2). Performance indicators include output indicators, grouped under equity, effectiveness and efficiency, and outcome indicators.

Figure 1.2 – General performance indicator framework



The framework reflects the process through which inputs are transformed into outputs and outcomes in order to achieve desired objectives (figure 1.3). Service providers transform resources (inputs) into services (outputs). The rate at which resources are used to make this transformation is known as 'technical efficiency'.

Figure 1.3 – Example of a service process – school education



The impact of these outputs on individuals, groups and the community are the outcomes of the service. In the report, the rate at which inputs are used to generate outcomes is referred to as 'cost effectiveness'. Although no explicit cost-effectiveness indicators are currently included in the report, implicit cost-effectiveness reporting is achieved through combinations of efficiency and effectiveness indicators, and combinations of efficiency and outcome indicators.

Objectives

Each service area has a set of objectives against which performance is reported. The structure of objectives is consistent across service areas and includes three components:

- The high-level objectives or vision for the service, which describes the desired impact of the service area on individuals and the wider community.
- The service delivery objectives, which highlight the characteristics of services that will enable them to be effective.
- The objectives for services to be provided in an equitable and efficient manner.

Indicators that are linked to the high-level vision are outcome indicators, whereas indicators that report on the effectiveness of service delivery, or how equitable or efficient the service delivery is, are output indicators. These are discussed in more detail below.

The objectives in this report are similar across jurisdictions. However, the priority given to each objective can vary. For example, one jurisdiction might prioritise improving accessibility and another might prioritise improving quality. The report focuses on the extent that each shared objective for a service has been met.

Output indicators

While the report aims to focus on outcomes, these are often difficult to measure. The report therefore includes measures of outputs, where there is a relationship between those outputs and desired outcomes. Output information is also critical for equitable, efficient and effective management of government services, and is often the level of performance information that is of most interest to individuals who access services.

Equity, effectiveness and efficiency indicators are given equal prominence in the report's performance reporting framework, as they are the three overarching dimensions of service delivery performance. It is important that all three are reported on as there are inherent trade-offs in allocating resources and dangers in analysing only some aspects of a service. For example, a service provided may have a high cost but be more effective than a lower-cost service, and therefore be more cost effective. In addition, improving outcomes for a group with special needs may lead to an increase in the average cost per unit of providing a service.

Equity indicators

Equity indicators measure how well a service is meeting the needs of particular groups that have specific needs or difficulties in accessing government services. The equity-access indicators focus on measuring if services are equally accessible to everyone in the community regardless of personal characteristics such as cultural background or location. Effectiveness indicators can also have an equity dimension when the focus is on any gap in performance between selected equity groups and the comparison/general population (for example, readmissions to hospital within 28 days of discharge, by Indigenous status). Equity of outcomes is also reported on under outcome indicators in some sections.

Criteria are used to classify groups that may have special needs or difficulties in accessing government services. Some service areas have selected equity groups identified; the groups most often identified across the report are:

- Aboriginal and Torres Strait Islander people
- People living in rural or remote areas
- People from a non-English speaking background
- People with disability (whose access to specialist disability services is also reported in section 15).

To measure equity of access, the report often compares the proportion of the community in the selected equity group with their proportion in the service user population. This approach is suitable for services that are provided on a virtually universal basis (for example, preschool education), but must be treated with caution for other services where service provision is based on the level of need. Ideally for these latter services, comparisons should be made across selected equity groups on the basis of need (for example, disability services uses potential populations for each selected equity group).

Effectiveness indicators

Effectiveness indicators measure how well the outputs of a service meet its delivery objectives. The reporting framework groups effectiveness indicators according to characteristics that are considered important to the service. For most sections, these characteristics include access, appropriateness and quality.

Access

Access indicators measure how easily the community can obtain a service. Access indicators can generally be categorised under three domains:

- *Overall access* indicators show how readily services are accessed by those who need them across the eligible or relevant population (for example, access to specialist disability services is measured according to the 'potential population' based on disability rates). Due to difficulties in directly measuring access, indirect measures are often included, such as measures of unmet need (section 15) or enrolment in preschool (section 3).
- *Timeliness of access* indicators are important for services where there is limited supply of services, sometimes resulting in consumers experiencing delays accessing those services. For example, waiting times for health services, such as public dentistry and public hospitals (sections 10 and 12).
- *Affordability indicators* are included for service areas where consumers face at least part of the cost of the service and cost can be a barrier to obtaining the service. For example, the proportion of income spent on particular services, such as parents' out-of-pocket cost of child care (section 3), or the proportion of people who delayed getting or did not get a prescription filled at any time in the previous 12 months due to cost (section 10).

Appropriateness

Appropriateness indicators measure how well services meet clients' needs. Appropriateness is distinct from access, in that it is measuring performance in meeting the needs of people who already have access to the service. For example, whether students achieve their main reason for training (section 5).

Appropriateness indicators also seek to identify whether the level of service received is appropriate for the level of need (HWA 2012; Birrell 2013). Some services have developed measurable standards of service need, against which levels of service can be assessed (for example, the 'match of dwelling to household size' measure in housing (section 18) measures the appropriateness of the size of the dwelling relative to the size and composition of the household). Other services have few measurable standards of service need; for example, the desirable number of medical treatments for particular populations is not known.

Quality

Quality indicators measure whether a service is suited to its purpose and conforms to specifications. Information about quality is particularly important when there is a strong emphasis on increasing efficiency. There is usually more than one way in which to deliver a service, and each alternative has different implications for both cost and quality. Information about quality is needed to ensure all relevant aspects of performance are considered.

The approach in the report is to identify and report on all aspects of quality including both actual and implied competence:

- Actual competence can be measured by the frequency of positive (or negative) events resulting from the actions of the service.
- Implied competence can be measured by proxy indicators, such as the extent to which aspects of a service conform to specifications.

Quality indicators in the report generally relate to one of four categories:

- Standards – whether services are accredited and/or meeting required standards, such as legislation. For example, compliance with service standards for aged care services (section 14).
- Safety – whether services provided are safe. For example, road safety and deaths in police custody (section 6).

- Responsiveness – whether services are client orientated and respond to clients’ stated needs. For example, measures of patient satisfaction (sections 10 and 12).
- Continuity – whether services provide coordinated or uninterrupted care over time and across service providers. For example, community follow-up after psychiatric admission (section 13).

Efficiency

Economic efficiency requires satisfaction of technical, allocative and dynamic efficiency:

- *Technical efficiency* requires that goods and services be produced at the lowest possible cost.
- *Allocative efficiency* requires the production of the set of goods and services that consumers value most, from a given set of resources.
- *Dynamic efficiency* means that, over time, consumers are offered new and better products, and existing products at lower cost.

The report focuses on technical (or productive) efficiency. Technical efficiency indicators measure how well services use their resources (inputs) to produce outputs for the purpose of achieving desired outcomes. Government funding per unit of output delivered is a typical indicator of technical efficiency – for example, cost per annual hour for vocational education and training (section 5).

Some efficiency indicators included in the report are incomplete or proxy measures for technical efficiency. For example, as only the cost to government is reported on, some efficiency measures do not include the full cost of providing services and, are therefore, incomplete measures of technical efficiency. Other indicators of efficiency, such as partial productivity measures, are also reported on where there are shortcomings in the data. For example, judicial officers per finalisation (section 7).

In addition, some service areas report on the cost per head of total/eligible population, rather than the cost per person actually receiving the service or another unit of output. These are not measures of technical efficiency, but the cost of providing the service relative to the total/eligible population.

Outcome indicators

Outcome indicators provide information on the overall impact of a service on the status of individuals and the community, as opposed to output indicators, which report on the characteristics of service delivery. Outcomes may be short or longer term and the approach in the Report is to use both types of outcome indicators, as appropriate. In school education, for example, learning outcomes at years 3, 5, 7 and 9 may be considered intermediate outcomes, while completion of year 12 or school leaver destinations may be considered final outcomes (section 4).

In contrast to outputs, outcome indicators:

- typically depend on a number of service characteristics
- are more likely to be influenced by factors outside the control of governments or entities delivering services.

Guiding principles for the report

Along with the conceptual approach, the guiding principles provide the basis for reporting performance across service areas (box 1.1). There are often trade-offs that need to be made across the principles; for example, between the accuracy of data and its timeliness. Sometimes data that is provided in a timely manner has had less time to undergo rigorous validation. The approach in the report is to publish imperfect data that is available, where it is fit for purpose, with the necessary caveats. This approach allows increased scrutiny of the data and reveals the gaps in critical information, providing the foundation for developing better data over time. Important information

about data quality is included in the relevant sections and attachment tables. More information on data quality for some indicators and measures is available from external data providers including the ABS and AIHW. Data Quality Statements for National Agreement indicators and datasets maintained by the AIHW can be accessed here:

- [AIHW Data Quality Statements](#) 

Box 1.1 – Guiding principles for the report

Comprehensiveness – performance should be assessed against all important objectives.

Streamlined reporting – a concise set of information about performance against the identified objectives of a sector or service should be included.

A focus on outcomes – high-level performance indicators should focus on outcomes, reflecting whether service objectives have been met.

Hierarchical – high-level outcome indicators should be underpinned by lower-level output indicators and additional disaggregated data where a greater level of detail is required.

Meaningful – reported data must measure what it claims to measure. Proxy indicators should be clearly identified and the development of more meaningful indicators to replace proxy indicators is encouraged where practicable.

Comparability – data should be comparable across jurisdictions and over time. However, comparability may be affected by progressive data availability. Where data is not yet comparable across jurisdictions, time series data within jurisdictions is particularly important.

Completeness and progressive data availability – aim to report data for all jurisdictions (where relevant), but where this is not possible report data for those jurisdictions that can report (not waiting until data is available for all).

Timeliness – data published is the most recent possible. Incremental reporting when data becomes available, and then updating all relevant data over recent years, is preferable to waiting until all data is available.

Use acceptable (albeit imperfect) performance indicators – relevant performance indicators that are already in use in other national reporting arrangements are used wherever appropriate.

Understandable – data must be reported in a way that is meaningful to a broad audience, many of whom will not have technical or statistical expertise.

Accurate – data published will be of sufficient accuracy to provide confidence in analysis based on information in the report.

Validation – data can vary in the extent to which it has been reviewed or validated (at a minimum, all data is endorsed by the provider and subjected to peer review by the Working Group for the relevant service area).

Full costing of services – efficiency estimates should reflect the full costs to government (where possible).

Source: Adapted from Ministerial Council for Federal Financial Relations (MCFRR) (2009).

Costing of services

In addition to the Review objective that expenditure on services be measured and reported on a comparable basis, efficiency estimates should also reflect the full costs to government. Issues that have affected the comparability of costs in the report include:

- accounting for differences in the treatment of payroll tax (SCRCSSP 1999)
- including the full range of capital costs (SCRCSSP 2001)
- apportioning applicable departmental overhead costs
- reporting non-government sourced revenue.

Payroll tax

The Steering Committee's preference is to remove payroll tax from reported cost figures, where feasible, so that cost differences between jurisdictions are not caused by differences in payroll tax policies. However, in some sections it has not been possible to separately identify payroll tax, so a hypothetical amount is included in cost estimates for exempt services.

Capital costs

Under accrual accounting, the focus is on the capital used (or consumed) in a particular year, rather than on the cash expenditure incurred in its purchase (for example, the purchase costs of a new building). Capital costs comprise two distinct elements:

- Depreciation – defined as the annual consumption of non-current physical assets used in delivering government services.
- User cost of capital – the opportunity cost of funds tied up in the capital used to deliver services (that is, the return that could have been generated if the funds were employed in their next best use).

Both depreciation and the user cost of capital should be included in unit cost calculations (with the user cost of capital for land to be reported separately). The user cost of capital rate should be applied to all non-current physical assets, less any capital charges and interest on borrowings already reported by the agency (to avoid double counting). The rate applied for the user cost of capital is based on a weighted average of rates nominated by jurisdictions (currently 8%).

Differences in asset measurement techniques can have a major impact on reported capital costs (SCRCSSP 2001). However, the differences created by these asset measurement effects are generally relatively small in the context of total unit costs, because capital costs represent a relatively small proportion of total cost (except for housing). In housing, where the potential for asset measurement techniques to influence total unit costs is greater, the adoption under the Commonwealth/State Housing Agreement (replaced by the National Affordable Housing Agreement from 1 January 2009, and then the National Housing and Homelessness Agreement from 1 July 2018) of a uniform accounting framework has largely prevented this from occurring. The adoption of national uniform accounting standards across all service areas would be a desirable outcome for the Review.

Other costing issues

Other costing issues include the apportionment of costs shared across services (mainly overhead departmental costs) and the treatment of non-government sourced revenue.

- Full apportionment of departmental overheads is consistent with the concept of full cost recovery. The practice of apportioning overhead costs varies across the services in the report.

- The treatment of non-government sourced revenue varies across services in the report. Some services deduct such revenue from their efficiency estimates. Ideally when reporting technical efficiency for services which governments provide directly, the estimates should be reported both including and net of revenues. Some services report net of revenue only, this is usually in cases where the amounts concerned are relatively small (for example, courts). The costs reported are therefore an estimate of net cost to government. However, where revenue from non-government sources is significant (such as with public hospitals, fire services and ambulance services), both the gross cost and the net cost to government are reported, in order to provide an adequate understanding of efficiency.

References

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Report on Government Services 2024

PART A, SECTION 2: RELEASED ON 22 JANUARY 2024

2 Statistical context

In this section

- ✎ [Population](#)
- ✎ [Family and household](#)
- ✎ [Income and employment](#)
- ✎ [References](#)

The Statistical context contains information to assist interpretation of the performance information in this report. It includes information and data on population, families and households, and income and employment. Information on some of the statistical concepts that are used in the report is available in the Statistical concepts note.

[Statistical concepts \(PDF 443.7 KB\)](#)

[Statistical concepts \(Word 201.3 KB\)](#)

Data referenced by a '2A' prefix (for example, table 2A.1) is included in the data tables, which can be downloaded below.

[Section 2 Data tables \(XLSX 565.0 KB\)](#)

[Section 2 dataset \(CSV 1.4 MB\)](#)

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

Population

The Australian people are the principal recipients of the government services covered by this report. The size, trends and characteristics of the population¹ can have significant influences on the demand for government services and the cost of service delivery.

Population size and trends

More than three-quarters of Australia's 26.0 million people lived in the eastern mainland states as at 30 June 2022. As the majority of Australia's population lives in the eastern mainland states, data for these jurisdictions generally has a large influence on national averages. Nationally, the average annual growth rate of the population between 2018 and 2022 was approximately 1.0% (table 2A.1).

As in most other developed economies, greater life expectancy and declining fertility have contributed to an 'ageing' of Australia's population. However, the age distribution of Aboriginal and Torres Strait Islander people is markedly different to that of all Australians (figure 2.1). At 30 June 2022, 12.1% of Australia's population was aged 70 years or over, compared with just 2.3% of Australia's Aboriginal and Torres Strait Islander population as at 30 June 2016 (tables 2A.1 and 2A.4).

The most recent estimate of the Aboriginal and Torres Strait Islander population (2016) is used to make comparisons with the most recent estimated Australian population (2021). Annual data is based on the 2016 Census of Population and Housing and is available in tables 2A.1 and 2A.4.

Select jurisdiction:

Aust

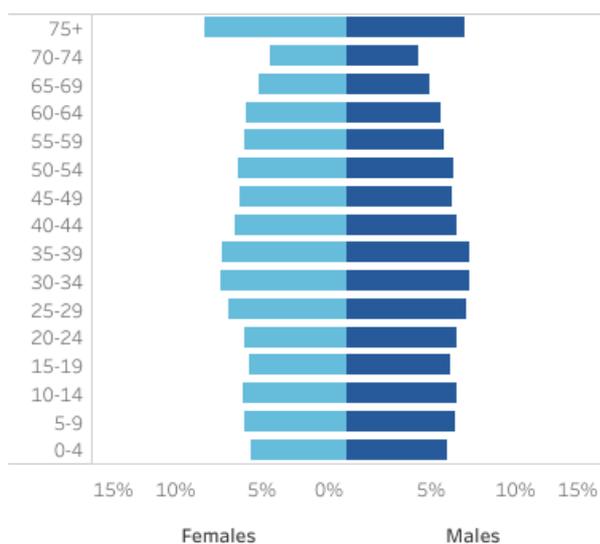
Females

Males

Figure 2.1 Population at 30 June

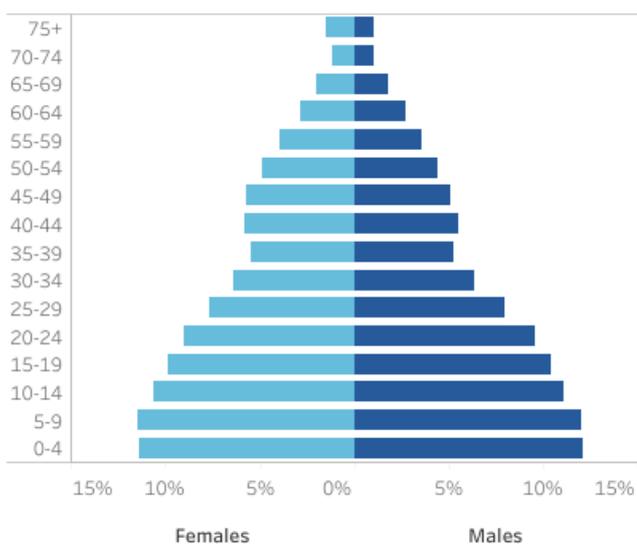
By age and sex

All people in Aust, 2022



Source: table 2A.1

Aboriginal and Torres Strait Islander people in Aust, 2016



Source: table 2A.4

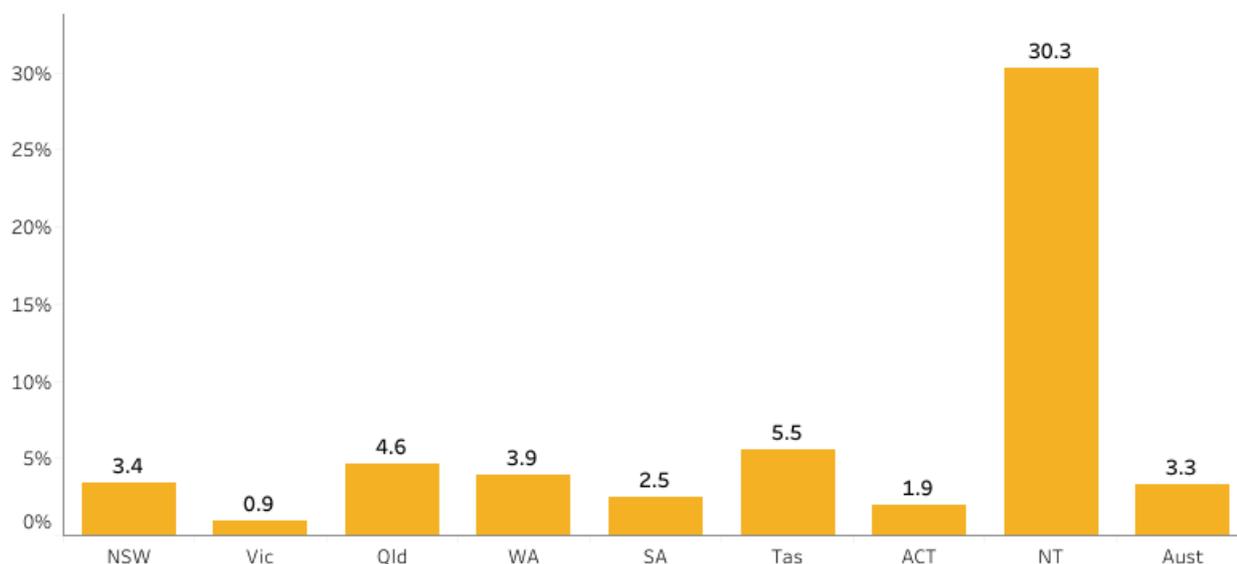
Data tables are referenced above by a '2A' prefix and all data (footnotes and data sources) is available for download above (in Excel and CSV format).

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Aboriginal and Torres Strait Islander population

There were an estimated 798,365 Aboriginal and Torres Strait Islander people (50.1% female, similar to the total population) in Australia at 30 June 2016, accounting for approximately 3.3% of the total Australian population in 2016 (figure 2.2).

Figure 2.2 Aboriginal and Torres Strait Islander people as a proportion of the population, 2016



Source: tables 2A.1 and 2A.4

Data tables are referenced above by a '2A' prefix and all data (footnotes and data sources) is available for download above (in Excel and CSV format).

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Figure 2.2 is based on the 2016 Census. Data based on the 2021 Census is due for release in mid-2024. The 2021 Census based population estimates of Aboriginal and Torres Strait Islander people is 25.0% higher than the 2016 Census count. More than half of the increase is due to non-demographic factors, such as changes in whether a person identifies as being of Aboriginal and/or Torres Strait Islander origin and changes in the Census coverage and response rates.

Population, by ethnicity and proficiency in English

Some new Australians face specific problems when accessing government services. Language and cultural differences can be formidable barriers for otherwise capable people. Cultural backgrounds can also have a significant influence on the support networks offered by extended families.

People born outside Australia accounted for 27.7% of the population in August 2021 (8.0% from the main English speaking countries and 19.7% from other countries) (table 2A.7). Of those born outside Australia, 89.4% spoke only English, or spoke another language as well as speaking English well or very well (table 2A.6). Approximately 22.3% of Australians spoke a language other than English at home in August 2021 (table 2A.8).

Population, by geographic location

Those living in remote areas can have greater difficulty in accessing government services, often needing to travel long distances, or facing lower service levels than provided in major cities. The Australian population is highly urbanised, with 72.2% of the population located in major cities as at 30 June 2022 (table 2A.3).

Family and household

Family structure

There were 7.5 million families in Australia in June 2022. Nationally, 36.8% of families had at least one child aged under 15 years, and 16.1% of families had at least one child aged under five years (table 2A.10). Lone parent families might have a greater need for government support and particular types of government services (such as child care for respite reasons). Nationally in June 2023, 19.7% of families with children aged under 15 years were lone parent families (table 2A.11).

Employment status also has implications for the financial independence of families. Nationally in June 2023, in 3.9% of couple families with children under 15 years neither parent was employed. For lone parent families with children under 15 years, in 3.7% of families the parent was unemployed (table 2A.12).

Household profile

There were a projected 10.3 million households in Australia at 30 June 2023 (based on the 2016 Census), and 25.0% of these were lone person households (table 2A.14). As at 30 June 2023, the proportion of people aged 65 years or over who lived alone (24.3%) was around three times higher than the proportion for people aged 15–64 years (8.4%).

Income and employment

Income

Nationally in August 2021, 16.8% of people aged 15 years or over had a relatively low weekly individual income of \$299 or less (table 2A.16). The proportion was higher for Aboriginal and Torres Strait Islander people (24.7%) and more than four times higher for younger people (73.9% for people aged 15–19 years) (tables 2A.17 and 2A.18).

Nationally, 16.9% of the total population was receiving income support in June 2023, a decrease from 17.1% in June 2022 due to the reduction in the proportion of people receiving a labour market program allowance (a decrease from 3.5% in 2022 to 3.3% in 2023) (table 2A.19).

Employment and workforce participation

Of the 14.6 million people aged 15 years or over in the labour force in Australia in June 2023, 96.7% were employed. The majority of employed people (70.1%) were in full-time employment. Nationally, the unemployment rate was 3.3% (table 2A.24). The unemployment rate needs to be interpreted within the context of labour force participation rates (the proportion of the working age population either in employment or actively looking for work). The labour force participation rate for Australia was 66.9% in June 2023 (table 2A.24). When compared to June 2022, the unemployment rate has decreased (from 3.4%) and the labour force participation rate has increased (from 66.8%). These changes reflect, at least in part, the improvement in labour market activity since 2021 with the lifting of COVID-19 related social distancing and other business restrictions, increasing people's hours, availability for work or ability to look for work (AIHW 2023).

Income and employment are strongly influenced by education. Census data on highest level of schooling and type of educational institution attended is available in tables 2A.20–23. Additional educational data is also available in Part B of this report (Child care, education and training).

References

AIHW (Australian Institute of Health and Welfare) 2023, *Australia's welfare 2023 data insights. Australia's welfare series no. 16. Cat. no. AUS 246*, Canberra.

Footnotes

1. Population data in this report is based on Census of Population and Housing counts, undertaken in August every five years, and updated in intervening years. Due to the phased release of Census data, in some years, population data for some groups (such as Aboriginal and Torres Strait Islanders) may be based on older Census releases than other key population data.

Report on Government Services 2024

PART A, GLOSSARY: RELEASED ON 22 JANUARY 2024

Glossary

The glossary of terms used in the Report on Government Services 2024

Term	Definition
Access	Measures how easily the community can obtain a delivered service (output).
Appropriateness	Measures how well services meet client needs and also seeks to identify the extent of any underservicing or overservicing.
Comparability	Data is considered comparable if, (subject to caveats) it can be used to inform an assessment of comparative performance. Typically, data is considered comparable when it is collected in the same way and in accordance with the same definitions. For comparable indicators or measures, significant differences in reported results allow an assessment of differences in performance, rather than being the result of anomalies in the data.
Completeness	Data is considered complete if all required data is available for all jurisdictions that provide the service.
Constant prices	See 'real dollars'.
Cost effectiveness	Measures how well inputs (such as employees, cars and computers) are converted into outcomes for individual clients or the community. Cost effectiveness is expressed as a ratio of inputs to outcomes.
Current prices	See 'nominal dollars'.

Term	Definition
Descriptors	Descriptive statistics included in the Report that relate, for example, to the size of the service system, funding arrangements, client mix and the environment within which government services are delivered. This data is provided to highlight and make more transparent the differences among jurisdictions.
Effectiveness	Reflects how well the outputs of a service achieve the stated objectives of that service (also see program effectiveness).
Efficiency	Reflects how resources (inputs) are used to produce outputs and outcomes, expressed as a ratio of outputs to inputs (technical efficiency), or inputs to outcomes (cost effectiveness). (Also see 'cost effectiveness', 'technical efficiency' and 'unit costs'.)
Equity	Measures the gap between service delivery outputs or outcomes for special needs groups and the general population. Equity of access relates to all Australians having adequate access to services, where the term adequate may mean different rates of access (depending on need) for different groups in the community.
Inputs	The resources (including land, labour and capital) used by a service area in providing the service.
Latest update	Refers to the date (month) when a data update was made to the Report on Government Services since the initial annual Report release (January/February). Details on which indicator(s) have updated data are specified on the relevant Report service area page.
Nominal dollars	Refers to financial data expressed 'in the price of the day' and which is not adjusted to remove the effects of inflation. Nominal dollars do not allow for inter-year comparisons because reported changes may reflect changes to financial levels (prices and/or expenditure) and adjustments to maintain purchasing power due to inflation.

Term	Definition
Output	The service delivered by a service area, for example, a completed episode of care is an output of a public hospital.
Outcome	The impact of the service on the status of individuals or a group, and the success of the service area in achieving its overarching or high-level objectives. A service provider can influence an outcome but external factors can also apply. A desirable outcome for a school, for example, would be to add to the ability of the students to participate in, and interact with, society throughout their lives. Similarly, a desirable outcome for a hospital would be to improve the health status of an individual receiving a hospital service.
Process	Refers to the way in which a service is produced or delivered (that is, how inputs are transformed into outputs).
Program effectiveness	Reflects how well the outcomes of a service achieve the stated objectives of that service (also see effectiveness).
Quality	Reflects the extent to which a service is suited to its purpose and conforms to specifications.
Real dollars	Refers to financial data measured in prices from a constant base year to adjust for the effects of inflation. Real dollars allow the inter-year comparison of financial levels (prices and/or expenditure) by holding the purchasing power constant.

Term	Definition
Technical efficiency	<p>A measure of how well inputs (such as employees, cars and computers) are converted into service outputs (such as hospital separations, education classes or residential aged care places). Technical efficiency reflects the ratio of outputs to inputs. It is affected by the size of operations and by managerial practices. There is scope to improve technical efficiency if there is potential to increase the quantity of outputs produced from given quantities of inputs, or if there is potential to reduce the quantities of inputs used in producing a certain quantity of outputs.</p>
Unit costs	<p>Measures average cost, expressed as the level of inputs per unit of output. This is an indicator of efficiency.</p>

Report on Government Services 2024

PART A, ACRONYMS AND ABBREVIATIONS: RELEASED ON 22 JANUARY 2024

Acronyms and abbreviations

The acronyms and abbreviations used in the Report on Government Services 2024

Abbreviations	Spelt out
AAGR	Average annual growth rate
ABO	ABO blood group system
ABS	Australian Bureau of Statistics
ABSTUDY	Aboriginal and Torres Strait Islander Study Assistance Scheme
ACARA	Australian Curriculum and Assessment Reporting Authority
ACAT	Aged Care Assessment Teams
ACECQA	Australian Children's Education and Care Quality Authority
ACER	Australian Council for Educational Research
ACFI	Aged Care Funding Instrument
ACHI	Australian Classification of Health Interventions

ACQSC	Aged Care Quality and Safety Commission
ACRRM	Australian College of Rural and Remote Medicine
ACSQHC	Australian Commission on Safety and Quality in Health Care
ACT	Australian Capital Territory
ACTAS	ACT Ambulance Service
ACTCS	Australian Capital Territory Corrective Services
ACTSES	ACT State Emergency Service
ADHD	Attention Deficit Hyperactivity Disorder
ADR	Alternative Dispute Resolution
AEDC	Australian Early Development Census
AFP	Australian Federal Police
AFSR	Annual Financial Sustainability Report
AG	Activity Group
AHMC	Australian Health Ministers' Conference

AHPRA	Australian Health Practitioner Regulation Agency
AIDR	Australian Institute for Disaster Resilience
AIHW	Australian Institute of Health and Welfare
AIRS	Australian Incident Reporting System
AISC	Australian Industry and Skills Committee
AMEP	Adult Migrant English Program
AMI	Acute Myocardial Infarction
AN-ACC	Australian National Aged Care Classification
ANZPAA	Australia New Zealand Policing Advisory Agency
ANZSOC	Australian and New Zealand Standard Offence Classification
AOD	Alcohol and Other Drug
AQF	Australian Qualifications Framework
ARIA	Accessibility/Remoteness Index for Australia
ASCSIMT	Australian School Climate and School Identification Measurement Tool

ASGS	Australian Statistical Geography Standard
ASQA	Australian Skills Quality Authority
ASR	Age Standardised Rate
AUSTRAC	Australian Transaction Reports and Analysis Centre
AVETMISS	Australian Vocational Education and Training Management Information Statistical Standard
BCC	Basic Community Care
BEACH	Bettering the Evaluation and Care of Health
BLP	Better Lives Program
C&P	Care and Protection Orders
CAD	Computer Aided Dispatch
CaFIS	Children and Family Intensive Support
CALD	Culturally and Linguistically Diverse
CCB	Child Care Benefit
CCC	Choice, Change and Consequences

CCET	Child care, education and training (CCET)
CCS	Child Care Subsidy
CCSS	Child Care Subsidy System
CD	Collection District
CFA	Country Fire Authority
CFS	Country Fire Service
CH	Community Housing
CHART	Changing Habits and Reaching Targets
CHBOI	Core Hospital-Based Outcome Indicators
CHO	Community Housing Organisation
CHS	Canberra Health Services
CHSP	Commonwealth Home Support Programme
CI	Confidence Interval
CNOS	Canadian National Occupancy Standard
COAG	Council of Australian Governments

COVID	Coronavirus Disease
CPR	Cardiopulmonary Resuscitation
CR	Crude Rate
CRA	Commonwealth Rent Assistance
CSIRO	Commonwealth Scientific and Industrial Research Organisation
CSTDA	Commonwealth, State and Territory Disability Agreement
CSV	Court Services Victoria
CYPQ	Children and Youth Person Questionnaire
DBT	Dialectical Behaviour Therapy
DCJ	NSW Department of Community and Justice
DDA	Disability Discrimination Act
Dept	Departmental
DES	Disability Employment Services
DFES	Department of Fire and Emergency Services

DHAC	Australian Government Department of Health and Community Services
DoH	Department of Health
DMS	Disability Management Services
DPP	Director of Public Prosecutions
DRG	Diagnosis Related Group
DSDILGP	Department of State Development, Infrastructure, Local Government and Planning
DSS	Department of Social Services
DVA	Department of Veterans' Affairs
ECEC	Early Childhood Education and Care
EQUIPS	Explore, Question, Investigate, Practice, Succeed
ERP	Estimated Resident Population
ESS	Employment Support Services
FCA	Federal Court of Australia
FCFCOA	Federal Circuit and Family Court of Australia

FCNSW	Forestry Corporation NSW
FFMVIC	Forest Fire Management Victoria
FRNSW	Fire and Rescue NSW
FRV	Fire Rescue Victoria
FTB	Family Tax Benefit
FTE	Full-Time Equivalent
FWIN	Flood Warning Infrastructure Network
GFS	Government Finance Statistics
GGFCE	General Government Final Consumption Expenditure
GP	General Practice
HEA	Health Expenditure Australia
HHS	Hospital and Health Service
HIPUs	High Intensity Program Units
HISOP	High Intensity Sex Offender Program
HIVIP	High Intensity Violence Intervention Program

HoNOS	Health of the Nation Outcomes Scale
HoNOSCA	Health of the Nation Outcome Scales for Children and Adolescents
HPV	Human Papilloma Virus
HRT	Health Round Table
HSMR	Hospital Standardised Mortality Ratio
IADP	Intensive Alcohol and Drug Program
ICD	International Classification of Diseases
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems - 10th revision - Australian Modification
ICH	Indigenous Community Housing
ICSEA	Index of Community Socio-Educational Advantage
ICT	Information and Communications Technology
IDATP	Intensive Drug and Alcohol Treatment Program
IEA	International Association for the Evaluation of Educational Achievement
IFSS	Intensive Family Support Services

IHACPA	Independent Health and Aged Care Pricing Authority
IMR	Infant Mortality Rate
Invns	Investigations
IRSD	Index of Relative Socio-Economic Disadvantage
ISR	Incident Severity Rating
JSA	Jobs and Skills Australia
KIND	Kinship, Improving relationships, No violence and Developing skills
KPI	Key Performance Indicator
LAC	Looking After Children
LBC	Liquid Based Cytology
LGA	Location Government Area
MBA	Medical Board of Australia
MBI	Modified Barthel Index
MBS	Medicare Benefits Schedule

MCEECDYA	Ministerial Council for Education, Early Childhood Development and Youth Affairs
MDMS	Main Derived Major Speciality
MISOP	Moderate Intensity Sex Offender Program
MIVIP	Moderate Intensity Violence Intervention Program
MMM	Modified Monash Model
MMR	Measles, Mumps and Rubella
MP	Management Policy
MPS	Multi-Purpose Service
MRSA	Methicillin-Resistant Staphylococcus Aureus
NAHA	National Affordable Housing Agreement
NAP	National Assessment Program
NAPLAN	National Assessment Program – Literacy and Numeracy
NCVER	National Centre for Vocational Education Research
NDA	National Disability Agreement

NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NECECC	National Early Childhood Education and Care Collection
NESB	Non-English Speaking Backgrounds
NGO	Non-government Organisation
NHHA	National Housing and Homelessness Agreement
NHRA	National Health Reform Agreement
NICS	Norfolk Island Central School
NMDS	National Minimum Data Set
NMHPSC	National Mental Health Performance Subcommittee
NP UAECE	National Partnership Agreement on Universal Access to Early Childhood Education
NPA	National Partnership Agreement
NPS	National Priority System
NPWS	National Parks and Wildlife Service

NQA ITS	National Quality Agenda Information Technology System
NQF	National Quality Framework
NQS	National Quality Standard
NSCSP	National Survey of Community Satisfaction with Policing
NSHS	National Social Housing Survey
NSMHS	National Standards for Mental Health Services
NSMHW	National Study of Mental Health and Wellbeing
NSRA	National School Reform Agreement
NSSC	National Schools Statistics Collection
NSW	New South Wales
NT	Northern Territory
NTES	NT Emergency Service
Ntfns	Notifications
NYPR	National Youth Participation Requirement

OECD	Organisation for Economic Cooperation and Development
OMP	Other Medical Practitioner
OOHC	Out-Of-Home Care
OSHC	Outside School Hours Care
PBS	Pharmaceutical Benefits Scheme
PC	Productivity Commission
PFVO	Police Family Violence Order
PH	Public Housing
PIP	Practice Incentives Program
PIRLS	Progress in International Reading Literacy Study
PISA	Programme for International Student Assessment
PM&C	Prime Minister and Cabinet
PP	Pathways Program
PPRR	Prevention and Mitigation, Preparedness, Response and Recovery

PRA	Preschool Reform Agreement
PRN	Pro Re Nata
PWS	Parks and Wildlife Service
QAC	Quality Assurance Committees
QAF	Quality Assurance Framework
QCS	Queensland Corrective Services
QEW Survey	Queensland Engagement and Wellbeing Survey
QFES	Queensland Fire and Emergency Services
QPWS&P	Queensland Parks and Wildlife Service and Partnerships
QRA	Queensland Reconstruction Authority
QSG	Quality Surveillance Group
RACGP	Royal Australian College of General Practice
RAGE	Recognising Anger and Gaining Empowerment Program
RAS	Regional Assessment Services

RFS	Rural Fire Service
RoGS	Report on Government Services
RPBS	Repatriation Pharmaceutical Benefits Scheme
RSE	Relative Standard Error
RTO	Registered Training Organisation
SA	South Australia
SAB	Staphylococcus Aureus Bacteraemia
SAC	Severity Assessment Code
SCRGSP	Steering Committee for the Review of Government Service Provision
SCV	Safer Care Victoria
SDAC	Survey of Disability, Ageing and Carers
SDQ	Strengths and Difficulties Questionnaire
SE	Standard Error
SEE	Skills for Education and Employment
SEIFA	Socio-Economic Indexes for Areas

SES	State Emergency Service
SES	Socio-Economic Status
SHS	Specialist Homelessness Services
SIH	Survey of Income and Housing
SIL	Supported independent living
SLS	Safety Learning System
SNAICC	Secretariat National Aboriginal and Islander Child Care
SOMIH	State Owned and Managed Indigenous Housing
SOTP	Sex Offender Treatment Programs
SRLS	Safety Reporting and Learning System
SSIP	Short Sentence Intensive Program
STES	State and Territory Emergency Services
STRCP	Short-term Restorative Care Programme
STT	Sustainable Timber Tasmania

Subns	Substantiations
TAFE	Technical And Further Education
TCP	Transition Care Programme
TFS	Tasmania Fire Service
TIMSS	Trends in International Mathematics and Science Study
UCC	User Cost of Capital
VAHI	Victorian Agency for Health Information
VCAT	Victorian Civil and Administrative Tribunal
VET	Vocational Education and Training
VF	Ventricular Fibrillation
VHC	Veteran Home Care
VICSES	Victoria State Emergency Service
VOTP	Violent Offenders Therapeutic Program
VOTP	Violent Offender Treatment Programs
VPP	Violence Prevention Program

VT	Ventricular Tachycardia
WA	Western Australia
WEC	Wellbeing and Engagement Collection
WHO	World Health Organization
WRTAL	Survey of Work–Related Training and Adult Learning
YBFS	Year Before Full-time Schooling
YES	Your Experience of Service survey