Child's Needs

A 'Landscape Atlas' of the structural elements of the ECD system in Australia – A rapid compilation

Fiona McKenzie,
Eve Millar
and Alli Mudford

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orange compass

Atlas Section

02

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Child's Needs

Introduction to this section

This quote from Emerging Minds highlights the interconnectedness of influences on a child's development and reminds us why it is worthwhile to continue seeking greater understanding of the systems that can support this development:

> "Infants and children, more than any other age group, are shaped and influenced by a range of social, biological and environmental factors, all of which make up 'the whole child'. Their mental health and wellbeing cannot be separated from the broader context of their lives. Considering a child's behaviour, or changes in behaviour, alongside what is happening in their world is an important part of understanding child mental health.

Children's health and development occurs within multiple contexts, including their own individual characteristics, their family, school, local neighbourhood, and community environments. This is called the child's ecology and is similar to how we think about an ecosystem in nature (Bronfenbrenner, 1979, Commonwealth of Australia, 2009). Such an understanding informs The Nest Wellbeing Framework (Goodhue et al., 2021). The Nest includes six domains with the child at the centre including:

- **Valued, loved, and safe**
- **Material basics**
- **Healthy**
- **Learning**
- **Participating**
- **Positive sense of identity and culture**

Taking inspiration from these domains, Part One of this atlas is framed around the Child's Needs and focuses on the systems of:

- **health**
- **mental health**
- **disability**
- **early learning (with a focus on ECEC)**
- **child protection**

Health

Access to health services is one of the most fundamental influences on a child's early development, from prenatal care, throughout childhood and beyond. Not only is the health system critical for a child's immediate health needs but for preventative and protective measures like immunisations and for early identification and intervention of developmental issues that may impact a child's future health and wellbeing The link between maternal physical and mental health and their child's development increases the importance of the health system as a key influence on ECD outcomes.

The sheer size of the health system, the proportion of the population that engage annually, the breadth of services provided, and the whole of Australia service delivery make it one of the most expensive, complex and universal of all the systems that influence ECD outcomes. The federal and state/territory governments share responsibility for health services, and while some areas of responsibility are clearly delineated, many others are not so clear, governed by a complex range of funding and delivery arrangements.

This chapter provides a high-level view of the structures underpinning the multiple elements of the public health system in Australia, some elements all children and families will engage with, and some only in exceptional circumstances. The chapter looks at the whole system (that services all ages) and makes reference to child specific strategies and provisions, where relevant.

The chapter focuses more on the primary and community health elements of the health system as this is where the most interaction with children and families occurs. The next chapter is specifically focused on the mental health element of the health system.

1. Purpose of the system

Health sector services are concerned with promoting, restoring and maintaining a healthy society with the objective that Australians are born and remain healthy. They involve illness prevention, health promotion, the detection and treatment of illness and injury, and the rehabilitation and palliative care of individuals who experience illness and injury (Productivity Commission, 2022c).

The Productivity Commission defines the Australia's publicly funded health system as having four key elements, including:

- **Primary and Community Health**
  - **General Practitioners (GPs)**
  - **Pharmaceutical Benefits Scheme (PBS) – subsidised medicines**
  - **Allied Health**
  - **Maternal Child Health**
  - **Alcohol and Other Drug Services**
- **Ambulance Services**
- **Public Hospitals**
- **Mental Health Services (see Mental Health chapter)**

2. Key national and state strategies

The National Action Plan for the Health of Children and Young People: 2020–2030 builds on the Healthy, Safe and Thriving Strategic Framework for Child and Youth Health and was endorsed by all States and Territories at COAG (now National Cabinet) in July 2019.

> The Action Plan seeks to build the foundation for the implementation of a series of policies, interventions and approaches that aim to improve health outcomes for children and young people. These aim to drive action at the national, jurisdictional and local levels in order that priority health needs and inequities in health care are addressed for all children and young people in Australia. The priorities build on the existing strong health infrastructure including universal and primary care services, but suggest where these can be strengthened to better meet the needs of groups of children and address the equity gap. Through a life course approach, the Action Plan recognises that there are a range of health needs, risks and influences experienced by children and young people at different stages of life, and focuses on the importance of specific investments to maximise physical, mental and social health at every age (Department of Health and Aged Care, 2022).

Each state and territory has their own strategies for improving the health and wellbeing of their people, including child-specific strategies. There are many similarities across jurisdictions in these strategies, particularly in the priorities around increasing prevention and early intervention, engaging vulnerable cohorts more effectively, improving the "consumer" experience of health services, delivering more integrated, connected care and providing services that are local and easy to access. The inclusion of these types of priorities reflects ongoing challenges in the health system which can struggle to meet the needs of individuals, families and communities.

These strategies reflect the focus and priority of that individual state or territory government and decisions about the levels of funding directed to the health system overall, and towards specific priorities within that system indicate the highest priority from a government perspective.

There appears to be increasing focus on the health elements of early childhood development across all jurisdictions.

At a national level, there is Australia's Long Term Health Plan (focused on improving health services) and there are the priorities agreed in the National Health Reform Agreement Long Term Reforms Roadmap which was endorsed by all Australian Health Ministers at the Health Ministers' Meeting on 17 September 2021 (Department of Health, 2019a, Department of Health, 2021).

The individual approaches and priorities of each state and territory is reflected in their strategies as seen in **Table 1 below.**

TABLE 1: Key actors and strategies by jurisdiction – HEALTH

	Ministry	Portfolio	Strategies
ACT	**Ms Rachel Stephen-Smith MLA** Minister for Health, Families & Community Services	**ACT Health** Canberra Health Services Community Health Services **Department of Communities** The Child Development Service	The ACT Health Services Plan Maternity in Focus: The ACT Public Maternity System Plan 2022–2032 ACT Children and Young People's Commitment 2015–2025 ACT Wellbeing Framework Child & Young People lens to ACT Wellbeing Framework
NT	**The Hon. Natasha Fyles MLA** Minister for Alcohol Policy; Minister for Defence; **Minister for Health**; Minister for Major Projects	**NT Health – Department of Health** The key focus of the Department of Health is to achieve the best health and wellbeing for all Territorians through the development, management and performance of the public health system. Central Australia Health Service Top End Health Service	The Best Opportunities in Life – Northern Territory Child and Adolescent Health and Wellbeing Strategic Plan 2018–2028 Current NT Health Strategic Plan 2018–2022 NT Strategic Health Plan 2023–2028 NT Health Aboriginal Health Plan 2021–2031 The NT Health Virtual Care Strategy
NSW	**The Hon. Brad Hazzard** MP Minister for Health **The Hon. Bronnie Taylor MP** Minister for Mental Health, Minister for Regional Health and Women	**Ministry of Health** The NSW Ministry of Health supports the Secretary, the NSW Minister for Health (who is the Health cluster minister) and the Minister for Mental Health, Regional Health and Women to perform their executive government and statutory functions. This includes promoting, protecting, developing, maintaining and improving the health and wellbeing of the people of NSW, while considering the needs of the state and the available finances and resources. The NSW Ministry of Health operates more than 220 public hospitals, as well as providing community health and other public health services, for the NSW community through a network of local health districts, specialty networks and non-government affiliated health organisations, known collectively as NSW Health. The Office of the Advocate for children and young people is tasked with developing a strategic plan for NSW children and young people each year.	The NSW Strategic Plan for Children and Young People 2022–2024 A key priority for the NSW Health system is the design and delivery of high quality, effective and safe health care services for children, young people and families, from conception until 24 years of age. An independent review of health services for children, young people and families within the NSW Health system conducted by Emeritus Professor Richard Henry AM (the Henry Review) was released in January 2020. The Henry Review made seventy-seven recommendations to NSW Health, relating to all health services and clinicians delivering care for children and young people. All recommendations have been accepted and implementation is now underway. Children and Young People Wellbeing Recovery Initiative Improving access to programs and resources to help young people recover, build resilience, strengthen community networks and improve mental health and wellbeing. Maternal & Child Health Primary Health Care Policy The Maternal and Child Health Policy is one part of the NSW Health/Families NSW Supporting Families Early package.

	Ministry	Portfolio	Strategies
QLD	**The Hon. Yvette D'Ath MP** Minister for Health & Ambulance Services	**Queensland Health** Department of Health Hospital and Health Services Children's Health QLD Community Health Services Child and Youth Community Health Service	Children's Health and Wellbeing Services Plan 2018–2028 Aboriginal and Torres Strait Islander Health Equity Strategy 2022–2025 My health, Queensland's future: Advancing health 2026 Unleashing the potential: an open and equitable health system Prevention Strategic Framework 2017 to 2026 Rural and Remote Health & Wellbeing Strategy 2022–2027
SA	**The Hon. Chris Picton MP** Minister for Hzealth & Wellbeing	**SA Health** is the brand name for the health portfolio of services and agencies responsible to the Minister for Health and Wellbeing. SA Health is committed to protecting and improving the health of all South Australians by providing leadership in health reform, public health services, health and medical research, policy development and planning, with an increased focus on wellbeing, illness prevention, early intervention and quality care. **Within SA Health** • Department for Health & Wellbeing – Wellbeing SA • Local Health Networks • Women and Children's Health Network – Child and Family Health Service (CaFHS) CaFHS services are available at no cost to all. The Child Development Council is an independent body set up under South Australian legislation to monitor, advise and report on how well our youngest citizens in South Australia are faring.	The Health and Wellbeing Strategy 2020–2025 informs the work, priorities and direction for the public health system for the next five years. This new direction emphasises the importance of keeping people healthy and refocuses our energy on prevention, promotion and early intervention initiatives, as well as expanding our service capacity in community settings to support people to avoid unnecessary interactions with the hospital sector. **SA Children's Charter** SA Outcomes Framework for Children and Young People, which aims to help our youngest citizens to start well, grow strong and experience a good life, was formally adopted on 14 November 2019. Under development: The South Australian Women's, Child and Youth Health Plan 2021–2031 will identify the key health service directions and strategies that are needed to: • efficiently and effectively align SA Health and Wellbeing services with the needs of the community over the next 10 years • inform the development of integrated, contemporary, culturally safe and age-appropriate clinical services that are available and accessible across the state

	Ministry	Portfolio	Strategies
TAS	**The Hon. Jeremy Rockcliff** MLA Premier of Tasmania, Minister for Health, Minister for Mental Health & Wellbeing	**Department of Health** Child Health and Parenting Services (CHaPS) Parenting Centres Paediatric Health	Strong Families, Safe Kids – Tasmanian Child and Youth Wellbeing Framework Released in June 2018, the framework's primary purpose is to promote an agreed definition of child and youth wellbeing and provide a launch pad for a range of future initiatives to strengthen families and improve the wellbeing of Tasmanian children and young people. Our Healthcare Future: Advancing Tasmania's Health The Tasmanian Government has developed Tasmania's first Child and Youth Wellbeing Strategy for 0–25 year olds, which has a specific focus on the first 1,000 days (the critical early years, from pregnancy to two years old).
VIC	**The Hon. Mary-Anne Thomas, MP** Minister for Health, Minister for Ambulance Services Appointed as Minister for Health and Minister for Ambulance Services in June 2022	**Department of Health** was established to help Victorians stay safe and healthy and deliver a world-class health system that leads to better health outcomes for all Victorians (separated from Dept of Human Services in 2021)	Healthy kids, healthy futures Victoria's five-year action plan to support children and young people to be healthy, active and well (October 2021). Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 Department of Health Operational Plan 2022–23 At the time of writing Victoria was about to have a State election and the government was in caretaker mode.
WA	**The Hon Amber-Jade Sanderson BA MLA** Minister for Health, Mental Health	**WA Health** **Department of Health** Strategic priorities are focused on ensuring that Western Australians receive safe, high quality and accessible health care, no matter where they live. With a focus on prevention, we work to provide a high quality continuum of care spanning health promotion, early intervention and primary care, through to diagnosis, treatment, rehabilitation and palliation. Our strategic priorities include: • prevention and community care services • health services • chronic disease services • Aboriginal health services **Community Health:** Child and Adolescent Health Service | CAHS – Child Health Child Development Service HealthyWA – health information service	WA Aboriginal Health and Wellbeing Framework 2015–2030 WA Women's Health and Wellbeing Policy-2020–2030 The WA Health Digital Strategy 2020–2030

3. No of people involved/% of Australian population

Provision of health services is a core function of governments. Access to health care is a universal need, it doesn't matter who you are, where you live, what you earn – we all interact with the health system throughout our lives and most of us each year.

The statistics below provide an indication of the quantum – just how many people access how many services in a year. Data is all for the 2020–21 year unless otherwise stated.

(AIHW, 2022e, Productivity Commission, 2022d, AIHW, 2022d, Productivity Commission, 2022e)

General Practitioners

- **85% of Australians went to the GP at least once. Average across Australia is 7 visits per year**
- **There were 171 million visits to GPs, including 58,000 telehealth appointments**

Pharmaceutical Benefits Scheme (subsidised prescription medicines)

- **Average of 8.2 prescriptions filled per person which is equal to 210 million services**

Allied Health

- **39% of Australians received at least one Medicare-subsidised allied health service**
- **Of the 27 million Medicare-subsidised allied health services provided: Optometry (10.4 million), Psychology (6.5 million), Podiatry (3 million+) and Physiotherapy (3 million+)**

Maternal Child Health

In 2020, there were **295,976 babies born to 291,712 mothers** in Australia

- **4.3 million services provided by nurses, midwives and Aboriginal health workers**

Alcohol and Other Drug (AOD) Services

- **In 2019/20, 237,545 people participated in publicly funded AOD Treatment**

Public Hospitals

In 2019–20

- **There were 6.7 million hospital stays – equivalent to 24.4% of the population.**
- **There were 37.2 million occasions where services were provided to outpatients (no hospital stay)**

In 2020–21, there were 8.8 million presentations at emergency departments.

Ambulance Services

In 2020–21, 3.5 million patients were assessed, treated or transported by ambulance service organisations – equivalent to 13.7% of the population.

4. Access – universal or targeted?

The publicly funded health system is one of the few truly universal systems, (in the mix of systems that influence ECD outcomes) that is accessible to all for free or very low cost. As an Australian citizen or permanent resident there is universal access to supported and subsidised public health services. Through Medicare, all Australians are eligible for subsidised medical treatment and free treatment as a public patient in a public hospital.

Medicare principles underpin public hospital services. These principles ensure equitable access to public hospital services for all eligible persons that are free of charge as public patients, based on their clinical need and regardless of their geographic location. They also give patients' freedom to choose whether they are treated as a public or private patient, in a public hospital *(Department of Health, 2021)*.

However, a universal entitlement to health services does not equate to there being equitable or universal access in practice. While some parts of the system are widely accessible (e.g. maternal child health services at a community level), other parts have significant barriers to timely access for children and families (e.g. pediatric specialists).

CASE STUDY

HEALTH CARE – THE ROLE OF NACCHO

The National Aboriginal Community Controlled Health Organisation (NACCHO) is the national leadership body for Aboriginal and Torres Strait Islander health in Australia. NACCHO provides advice and guidance to the Australian Government on policy and budget matters while advocating for community-developed health solutions that contribute to the quality of life and improved health outcomes for Aboriginal and Torres Strait Islander people.

NACCHO represents its members – 144 Aboriginal Community Controlled Health Organisations (ACCHOs) that operate in over 300 clinics across Australia, delivering holistic, comprehensive and culturally competent primary health care services. These ACCHOs are initiated and operated by local Aboriginal and Torres Strait Islander communities. The sector is the largest employer of Aboriginal and Torres Strait Islander people across Australia, with well over half of its 6,000 staff being Aboriginal and Torres Strait Islander.

Case Study: Central Australian Aboriginal Congress

For almost 50 years, Central Australian Aboriginal Congress (Congress) has provided support and advocacy for Aboriginal people in the struggle for justice and equity.

Since that time, Congress has expanded to become the largest Aboriginal community-controlled health organisation in the Northern Territory, providing a comprehensive, holistic and culturally-appropriate primary health care service to Aboriginal people living in and nearby Alice Springs, including six remote communities; Amoonguna, Ntaria (and Wallace Rockhole), Ltyentye Apurte (Santa Teresa), Utju (Areyonga) and Mutitjulu.

Today, they are one of the most experienced Aboriginal primary health care services in the country, a strong political advocate of closing the gap on Aboriginal health disadvantage and a national leader in improving health outcomes for all Aboriginal people.

They employ over 450 people across their territories.

Congress's Role as an Advocate

Since colonisation, Aboriginal people have suffered from extremely poor health.

Australia's federal, state and local governments have attempted to improve health outcomes for Aboriginal people but the major problem has been a failure to implement key strategic documents including the National Aboriginal Health Strategy. There have not been sufficient resources or partnerships made between governments and the Aboriginal community sector to make the necessary changes. As a consequence – in spite of some significant health gains – the life expectancy and overall health and wellbeing of Aboriginal people compared with non-Aboriginal people remains unacceptable for a wealthy, first-world nation. The social gradients evident in early childhood and educational outcomes, housing, income and employment, access to justice and empowerment are directly linked to the continuing poor health outcomes for Aboriginal people in Central Australia.

5. Total government expenditure Australia-wide

Total government spending (Commonwealth, States and Local Government) on health services in the **2019/20** financial year is estimated at **$142.6 billion**:

- **Public hospitals = $76.7 billion ($2,971 per person)**
- **Primary and community health = $41.1 billion**
- **Expenditure for services for mental health = $10.4 billion**
- **Total expenditure on ambulance services = $4.4 billion in 2020–21.**

(Productivity Commission, 2022c)

6. Commonwealth and State responsibilities for funding/ delivery

The health system is designed, administered, funded and delivered through a complex set of agreements, arrangements and funding flows. Both the Commonwealth and States share responsibility for the provision of universal health services across Australia. The structural arrangements reflect our federal structures and divisions of responsibilities, underpinned by the Australian Constitution. Health has been and remains a long-standing priority of Australia's National Cabinet (previously COAG).

Within the National Cabinet there is the Health Ministers Meeting (HMM) that enables health ministers to progress collaborative decisions and actions on issues of national importance. The HMM forum focuses on issues outside the Health National Cabinet Reform Committee (HNCRC) remit.

Through the HMM, health ministers:

- **consider legal and regulatory health matters covered under national law and provide governance on issues agreed to in national agreements**
- **oversee work administered by ministerial authorities on behalf of government**
- **deliver national health improvement strategies outlined in annual work plans**
- **progress matters as delegated by National Cabinet, outside of the HNCRC remit.**

DIVISION OF RESPONSIBILITIES

National Health Reform Agreement

The health system funding arrangements between all states and territories and the federal government are governed by the National Health Reform Agreement. This agreement sets out the ways and amounts that the federal government contributes funds to the states and territories for public hospital services, including services delivered through emergency departments, hospitals and community health settings.

Within the Agreement are commitments to improving health outcomes for Australians, by providing better coordinated and joined up care in the community and ensuring the future sustainability of Australia's health system. It is the key mechanism for the transparency, governance and financing of Australia's public hospital system.

These priorities are set out in the National Health Reform Agreement Long Term Reforms Roadmap which was endorsed by all Australian Health Ministers at the Health Ministers' Meeting on 17 September 2021 *(Department of Health, 2021)*.

Under the National agreement the following responsibilities are set out:

Commonwealth Government responsibilities

- **System management, policy and funding for GP and primary health care services**
- **Establishing Primary Health Networks to promote coordinated GP and primary health care service delivery**
- **Working with each State and Territory on system-wide policy and state-wide planning for GP and primary health care**
- **Promoting equitable and timely access to GP and primary health care services**
- **System management, planning, policy and funding, of the national aged care system**

State and Territory Government responsibilities

System management of public hospitals, including:

- **establishment of the legislative basis and governance arrangements of public hospital services, including the establishment of Local Hospital Networks (called Hospital and Health Services in Queensland)**
- **system-wide public hospital service planning and performance**
- **purchasing public hospital services and monitoring delivery of services purchased**
- **planning, funding and delivering capital**
- **planning, funding (with the Commonwealth) and delivering teaching, training and research**
- **managing Hospital and Health Service performance**
- **state-wide public hospital industrial relations functions, including negotiation of enterprise bargaining agreements and establishment of remuneration and employment terms and conditions to be adopted by Hospital and Health Services**
- **taking a lead role in managing public health**
- **sole relationship management with Hospital and Health Services to ensure a single point of accountability for public hospital performance, performance management and planning**
- **ambulance services – includes responding to and treating out-of-hospital medical emergencies**

Funding arrangements

This section provides a simple summary of the complex and detailed funding arrangements of the public health system. Detailed information can be found in the National Health Agreement and the Report on Government Services.

Australia's health system is a mix of public and private health care. Broadly, publicly financed health care primarily refers to services funded through government programs such as Medicare and the Pharmaceutical Benefits Scheme, as well as public hospital services that are jointly funded by the Commonwealth and the states and territories. In addition, some health services are funded through private health insurance, individual out-of-pocket payments, and third-party insurers such as motor vehicle insurers *(Biggs, 2017)*.

Commonwealth funding

- MEDICARE BENEFITS SCHEME
  - **General Practitioners**
  - **Allied Health (MBS subsidised)**
  - **Contributes $$ to public dental services**
- PHARMACEUTICAL BENEFITS SCHEME
  - **Subsidised prescription medicines**
- PUBLIC HOSPITALS
  - **Inpatient/outpatient/emergency/public health services/teaching and research – fund approximately 50% of total cost**

State funding

- **Public hospitals**
- **Public dental services**
- **Community health services**
- **Maternal and child health services**
- **Ambulance services**
- **AOD services**

Types of funding for health services

Funding models will typically be a mix of activity based and block funding.

For example an excerpt from Queensland's funding model (Queensland Health, 2022):

- **40 public hospitals, 15 HHSs and Mater Health Services are funded through the Queensland Activity Based Funding (ABF) model, which is based largely on the national ABF model (otherwise known as the National Efficient Price) but includes some modifications to reflect Queensland priorities.**
- **83 hospitals and facilities are funded through the National Efficient Cost (NEC) block funding model: consisting of 77 small rural hospitals, 5 standalone hospitals providing specialist mental health services, 1 standalone major city hospital providing specialist services and 2 other standalone hospitals.**

Private Health Insurance

It is not mandatory to have private health insurance cover. Under Medicare, all Australians are eligible for subsidised medical treatment and free treatment as a public patient in a public hospital. However, private health insurance provides increased choice of doctor, can cover cost of treatment in a private hospital, and allied health treatments not covered by Medicare (Biggs, 2017).

According to APRA figures, as of June 2022:

- **45.2% of Australians (11.67 million people) have private hospital cover**
- **55.2% of Australians (14.26 million people) have private extras cover**

7. System specific accountability/oversight/ regulation mechanisms

The health system has relatively high levels of accountability that are enforced through a variety of mechanisms [see Annex 1 for more information on accountability mechanisms] all of which provide significant incentive for the system to respond effectively.

Legal Accountability

There is **significant legal** accountability arising from both parliament made, and court made law.

There are many and varied pieces of legislation and regulations, (mostly individual state laws).

An individual can sue a hospital or medical practitioner for negligence (failing their duty of care) under common law (court made law), and the threat of legal liability for hospitals and medical practitioners (and correspondingly the vast cost of professional indemnity insurances), creates high levels of accountability.

Key Legislation

Commonwealth:

- **Health Insurance Act 1973 (Medicare)**
- **National Health Act 1953 (PBS, hospital, dental, nursing homes)**
- **Aged Care Act 1997**
- **Disability Services Act 1986**
- **Veterans' Entitlements Act 1986 and the Military Rehabilitation and Compensation Act 2004**
- **Australian Institute of Health and Welfare Act 1987**

Australia is a signatory to the UN Convention on Economic, Social and Cultural Rights which states that health is a fundamental human right.

For more information see the Attorney General's Department – Right to Health

States and territories:

Each state has their own legislation relating to the administration, management and delivery of health services in that State.

- **For example: there are more than 40 individual pieces of legislation that regulate the health system in Victoria including the Health Services Act 1988, Public Health and Wellbeing Act 2008, Drugs, Poisons and Controlled Substances Act 1981, Health (Commonwealth State Funding Arrangements) Act 2012.**

Each state has a similar list of health legislation that can be found via the state's Department of Health website.

Contractual accountability – the funding levers

The public health system has a shared indicator framework with four sector wide indicators for government's objective that Australians are born and remain healthy – including *(Productivity Commission, 2022c)*:

- **Babies born of low birthweight**
- **Selected potentially preventable diseases**
- **Life expectancy**
- **Mortality rates**

In addition to sector wide indicators, each sector has their own indicator framework, which each jurisdiction reports against on an annual basis.

In Primary and Community Health – there are two directly relevant to ECD:

Developmental Health Checks – proportion of school age children who have received a developmental health assessment

Immunisation Coverage – 4 age group indicators (3 related to children, 1–65 years and over) fully immunised within the age range:

- **12–15 months**
- **24–27 months**
- **60–63 months**

8. How a family interacts with/accesses the system

Most children and families engage with the health system through the Primary and Community health sector in their local area. The most common contact is through a General Practitioner (GP).

However, other types of contact and services are provided/accessed through other primary and community care settings, including nursing, midwifery, pharmacy, dentistry, Aboriginal health services and allied health.

Obviously, families will engage directly with the ambulance and public hospital systems as needed. The primary and community health sector is the entry point to accessing allied health, medical specialists and in most cases, access to funding through the NDIS.

Child and Family Health Services

The provision of child and family health services happens right across Australia, although arrangements vary across the states and territories.

In most states and territories, child and family health services are provided by child health nurses or child and family health nurses. In Victoria and the Australian Capital Territory, they're called maternal and child health nurses.

Provision of free child development checks and maternal welfare checks at a local level are universally available across Australia. In most states and territories, a baby's first child health appointment will be at your home. Depending on the location, the maternity hospital or birthing centre will inform the local child and family health service of a baby's birth and the child and family health nurse will contact the parents to arrange an appointment.

Child and family health services include parenting support (including antenatal and postnatal programs); early childhood nursing programs; disease prevention programs (including childhood immunisations); and early intervention and treatment programs related to child development and health.

Some jurisdictions also provide specialist programs through child health services, including hearing screening programs, and mothers and babies residential programs.

Child and family health nurses might also be registered midwives. In Victoria, all maternal and child health nurses are also midwives *(Raising Children Network, 2022)*.

The Child Development Book (key ages and stages) is used in all jurisdictions – and is all the colours of the rainbow – there are Red Books, Blue Books, Purple Books, Yellow Books depending on which state you live in.

General practice

Seeing the local doctor (a GP) is the most common way for families to engage with primary healthcare in Australia. General practice services include preventative care and the diagnosis and treatment of illness and injury, through direct service provision and/or referral to acute (hospital) or other healthcare services, as appropriate.

Community health services

Community health services are place-based and generally comprise multidisciplinary teams of health and allied health professionals who provide targeted health services.

Childhood immunisations are generally offered in local clinics/by community health programs, however, GPs are another option, with childhood immunisations generally bulk billed.

Community health services serving Aboriginal and Torres Strait Islander communities are mainly the responsibility of the Australian Government. State and Territory governments provide some limited funding (AIHW, 2022d).

Allied Health services

Allied health services include, but are not limited to – physiotherapy, psychology, occupational therapy, podiatry and osteopathy. They are delivered mainly in the private sector. Some government funding of private allied health services is provided through insurance schemes and the private health insurance rebate. The federal government makes some allied health services available under Medicare for patients with particular needs – like people with chronic health conditions and complex care needs.

Medicare subsidised access to psychology services is available once a patient has a Mental Health Care Plan developed with their GP. See the Mental Health chapter for more detail (Productivity Commission, 2022d).

CASE STUDY

The National Aboriginal and Torres Strait Islander Early Childhood Strategy

On 8 December 2021, the National Aboriginal and Torres Strait Islander Early Childhood Strategy (the Strategy) was launched.

The Strategy was developed in partnership between the National Indigenous Australians Agency (NIAA) and SNAICC – National Voice for Our Children.

The Strategy sets a vision that all Aboriginal and Torres Strait Islander children thrive in their early years; that they are born healthy, remain strong and are nurtured by strong families. Connection to culture is central to the Strategy, recognising its fundamental importance in allowing Aboriginal and Torres Strait Islander children to flourish, to feel safe and loved, and to fulfil their potential.

The Strategy outlines five evidence-based goals, which complement existing Australian Government strategies and frameworks across multiple portfolios, as well as commitments under the National Agreement on Closing the Gap.

The goals under the Strategy are that Aboriginal and Torres Strait Islander children:

- are born healthy and remain strong
- are supported to thrive in their early years
- are supported to establish and maintain strong connections to culture, country, and language
- grow up in safe nurturing homes, supported by strong families and communities
- are active partners in building a better service system (along with their families and communities)

9. Where/who delivers services for families

The public health system is fundamentally place-based. There is public health provision across all parts of Australia – even the most remote, to a greater or lesser degree. The public health system is organised through 31 Primary Health Networks (PHNs) that cover the whole of Australia. In each State (other than Tasmania) there is an additional organising layer, where health service provision is further localised to "Local Level Health Services".

Each PHN is a Regional Coordination point for primary health care services. PHNs have 3 primary roles they undertake for their region:

- **commissioning health services to meet the needs of people in their regions and address gaps in primary health care**
- **working closely with GPs and other health professionals to build the capacity of the health workforce capacity to deliver high-quality care**
- **integrating health services at the local level to create a better experience for people, encourage better use of health resources, and eliminate service duplication.**

PHNs manage all aspects of primary health care in their region. They tailor services to meet the individual needs of their communities, in line with priority areas set by the Commonwealth Department of Health. PHNs commission and fund other organisations to deliver services to meet the specific needs of their community, including children and families.

The priority areas for service delivery are:

- **mental health**
- **Aboriginal and Torres Strait Islander health**
- **population health**
- **health workforce**
- **digital health**
- **aged care**
- **alcohol and other drugs.**

The performance of PHNs is assessed annually for their delivery of the following services and the progress of the priority cohorts (listed above) (Productivity Commission, 2022d):

- **ensuring the health services they commission are providing quality care**
- **improving access to health care**
- **supporting coordination of health services**
- **ensuring long-term change.**

The Federal Government funds the Workforce Incentive Program to improve access to quality medical, nursing and allied health services in regional, rural and remote areas. Its financial incentives encourage doctors to work in these areas and support medical practices, Aboriginal Medical Services and Aboriginal Community Controlled Health Services to employ nurses and eligible allied health professionals (AIHW, 2022e).

There is a specific focus on improving Aboriginal Health Outcomes across all jurisdictions. This reflects National Cabinet priorities and the agreement around implementation of the Closing the Gap targets. There are 196 Aboriginal and Torres Strait Islander primary health services.

Mental health

Good mental health and wellbeing are essential for leading fulfilling lives, participating productively in communities, and demonstrating resilience in the face of stress and adversity. Likewise, mental health services are an essential component of health care and universal health coverage (WHO, 2021).

Infant and child mental health is foundational to emotional and physical development. It helps children learn to express and regulate a range of emotions, form other close and secure relationships, and confidently begin to explore the world around them.

Because infants look to the trusted adults in their life to respond to their needs, engage, talk and play with them, to build supportive relationships, nurturing environments and provide opportunities to learn new things. positive parental mental health is also an important influence on a child's developmental outcomes (Emerging Minds, 2022).

We have chosen to give the mental health system its own chapter because it is a particularly significant element in the ECD landscape and it is another complicated system – a patchwork of structural elements in a system still not meeting the needs of children and families.

The National Mental Health Commission in its *Monitoring mental health and suicide prevention reform: National Report 2021* highlights the interconnection of multiple systems on mental health:

> There has been increased demand for mental health services and supports, resulting in increased pressures on an already stretched workforce. These events have also fostered a greater appreciation of the impact of social determinants by highlighting how the social, cultural and economic environments we exist within are inextricably linked to our mental health and wellbeing.
>
> But more still needs to be done. The systems are still inadequate to meet the needs of the full breadth of people experiencing mental illness and psychological distress. The systems struggle to consider the interconnectedness of sectors that contribute to mental health and wellbeing, including housing, disability, health, education and justice (NMHC, 2022).

There is significant work being undertaken in every state and territory and at the national level to improve our mental health systems and reverse the consistent trend of increasing mental health issues in all age groups, and particularly for children.

A mental illness can be defined as a "clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities" (AIHW, 2022f). However, a person doesn't have to meet all the criteria for a diagnosed mental illness to be negatively impacted by mental health. Mental health both impacts, and is impacted by, multiple socioeconomic factors, including access to services, living conditions and employment status. Mental health affects not only the individual but also their carers and families (AIHW, 2022f).

1. Purpose of the system

Within the mental health system, services aim to:

- **promote mental health and wellbeing, and where possible, prevent the development of mental health problems, mental illness and suicide, and**
- **when mental health problems and illness do occur, reduce the impact (including the effects of stigma and discrimination), promote recovery and physical health and encourage meaningful participation in society, by providing services that:**
  - **are high quality, safe and responsive to consumer and carer goals**
  - **facilitate early detection of mental health issues and mental illness, followed by appropriate intervention**
  - **are coordinated and provide continuity of care**
  - **are timely, affordable and readily available to those who need them**
  - **are sustainable**

Governments aim for services for mental health to meet these objectives in an equitable and efficient manner *(Productivity Commission, 2022f)*.

2. Key national and state strategies

Children's mental health and wellbeing strategies

The Federal Government launched the National Children's Mental Health and Wellbeing Strategy in October 2021, providing a framework that outlines the requirements for an effective system of care for children. The strategy was developed by the National Mental Health Commission in conjunction with key stakeholders and includes recognition of the needs of Aboriginal and Torres Strait Islander children and the importance of culture as an anchor for social and emotional wellbeing *(SNAICC, 2021)*.

The Strategy has eight guiding principles:

1. **Child centred**
2. **Strengths-based**
3. **Prevention-focused**
4. **Equity and access**
5. **Universal system**
6. **Evidence informed best practice and continuous quality evaluation**
7. **Early intervention**
8. **Needs based, not diagnosis driven**

Four focus areas outline the requirements for an effective system of care for children:

1. **Family and Community**
2. **Service System**
3. **Education Settings**
4. **Evidence and Evaluation**

Each State and Territory has a Child and Youth Health & Wellbeing Strategy which includes mental health specific elements [see **Table 3 in the Summary Section**].

Whole of population mental health strategies and plans

National Cabinet endorsed a new National Mental Health and Suicide Prevention Agreement in March 2022, to replace the Fifth National Mental Health and Suicide Prevention Plan which expired in 2022.

The National Mental Health and Suicide Prevention Agreement – sets out the shared intention of all governments to work in partnership to improve the mental health of all Australians (reduce the rate of suicide towards zero, ensure the sustainability of the Australian mental health and suicide prevention system and enhance their services)

- **The Australian Government identified 5 key pillars of reform in the National Mental Health and Suicide Prevention Plan it delivered through the 2021–22 Budget, and $2.3 billion will be invested against these pillars over 4 years.**

Other key national strategies include:

- **National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023**
- **Vision 2030 – shapes a national direction for a successful, connected mental health and suicide prevention system to meet the needs of all Australians, as part of the Commonwealth Department of Health 10-year plan**
- **National Mental Health Policy – is the Commonwealth government's commitment to improve Australia's mental health system.**

Each State has a **Mental Health & Wellbeing Strategy** that sets out their individual approach, policy focus and identifies key areas for action, priority cohorts and clearly defines the outcomes they are seeking to achieve [see **Table 1 below**].

TABLE 1:
Key actors and strategies by jurisdiction – MENTAL HEALTH

	Ministry	Portfolio	Strategies
ACT	**Ms Emma Davidson, MLA** Minister for Mental Health	Department of Health The Office for Mental Health and Wellbeing	ACT Wellbeing Framework **ACT Regional Mental Health and Suicide Prevention Plan** ACT Lifespan Suicide Prevention Approach Office Of Mental Health and Wellbeing Workplan (2019–2021)
NT	**The Hon. Lauren Moss MLA** Minister for Mental Health and Suicide Prevention		NT-Mental-health-strategic-Plan-2019_2025.pdf NT Suicide Prevention Strategic Framework 2018–023
NSW	**The Hon. Bronnie Taylor MP** Minister for Mental Health, Minister for Regional Health and Women	Department of Health **Mental Health** **NSW Mental Health Commission** responsible for development of NSW MH Strategies	Living Well – A Strategic Plan for Mental Health in NSW 2014–2024
QLD	**The Hon. Yvette D'Ath MP** Minister for Health & Ambulance Services (Mental Health part of Health Portfolio)	**Department of Health** **Mental Health** **QLD Mental Health Commission** Our job is to encourage and facilitate change to improve the mental health and wellbeing of all Queenslanders, with a focus on: • improving the mental health and wellbeing of all Queenslanders • preventing and reducing the impact of mental illness • preventing and reducing the impact of problematic alcohol and other drug use • preventing and reducing the impact of suicide The Commission is a statutory body established under the *Queensland Mental Health Commission Act 2013*.	The Shifting minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018–2023

	Ministry	Portfolio	Strategies
SA	**The Hon. Chris Picton MP** Minister for Health & Wellbeing	**Department for Health and Wellbeing** Chief Psychiatrist/Mental Health Strategy **Wellbeing SA** Wellbeing SA is a state government agency leading a renewed focus on prevention and supporting the physical, mental and social wellbeing of all South Australians. On 6 January 2020, Wellbeing SA was proclaimed as an independent government agency attached to the Department for Health and Wellbeing. Wellbeing SA was established as a distinct agency in order to provide independence to lead the cross government and cross sector strategies required to rebalance the health and wellbeing system in South Australia and lead a renewed focus on prevention.	Mental Health Services Plan 2020–2025 (PDF 728KB) Wellbeing SA Strategic Plan 2020–2025
TAS	**The Hon. Jeremy Rockcliff** MLA Premier of Tasmania Minister for Health, Minister for Mental Health & Wellbeing	Department of Health Tas **Statewide Mental Health Services** Child and Adolescent Mental Health Services CAMHS)	Rethink 2020 is Tasmania's strategic mental health plan
VIC	**The Hon. Gabrielle Williams, MP** Minister for Mental Health (June 2022)	Department of Health Mental Health **Mental Health and Wellbeing Commission** (under establishment)	Department of Health Operational Plan 2022–2023: *A Healthier Victoria – Here we come* Recommendations: Royal Commission into Victoria's Mental Health System
WA	**The Hon Amber-Jade Sanderson BA MLA** Minister for Health, Mental Health	Department of Health Mental Health Child and Adolescent Mental Health Service CAMHS WA Mental Health Commission The **Western Australian Mental Health Commission** is responsible for planning and purchasing mental health, alcohol and other drug services. On 1 July 2015, the Mental Health Commission and the Drug and Alcohol Office amalgamated, establishing an integrated approach to mental health and alcohol and other drugs service delivery for Western Australia.	Mental Wellbeing Framework (mhc.wa.gov.au) Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 The Western Australian Alcohol and Drug Interagency Strategy 2018–2022

3. No of people involved/% of Australian population

Adults

- **21% of Australians aged 16–65 experienced a mental disorder in the previous 12 months**
- **Over 44% of Australians had experienced a mental disorder during their lifetime.**

In 2020–21:

- **2.9 million people or 11% of the population accessed Medicare-funded mental health services, attending 14 million individual Medicare subsidised mental health services – 48% delivered by psychologists**
- **There were also 10.2 million contacts with community mental health services**
- **4.5 million patients or 18% of the population received 42.7 million mental health related prescriptions (73% for antidepressant medication)**
- **Mental health and substance use disorders comprised around 13% of the total disease burden in Australia.**

(AIHW, 2022f)

Children

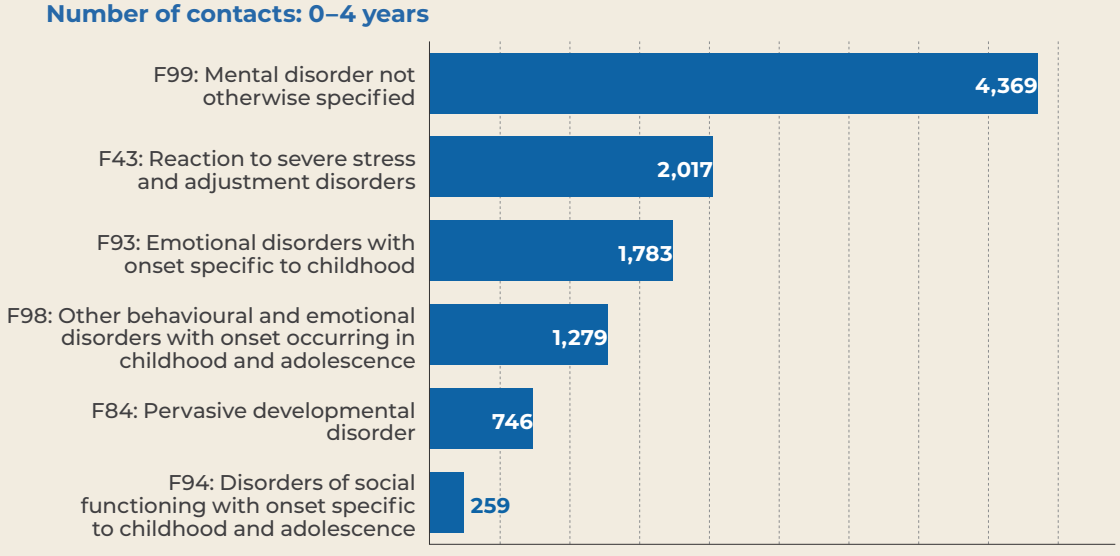
About 1 in 7 children and adolescents aged 4 to 17 have recently experienced a mental health disorder in Australia. The most common disorder is ADHD, followed by anxiety, depression and conduct disorder (AIHW, 2022b).

For children **aged 0–4**, data related mental illness is not readily available.

Below is a snapshot of AIHW data of community mental health care service contacts for 0–4 year olds and the 6 most commonly reported mental health related principal diagnoses (2020–2021) *(AIHW, 2022b)*.

Total = 10,453 children

Proportion of community mental health care service contacts for six commonly reported mental health-related principal diagnoses, by age group, 2020–21



4. Access – universal or targeted?

As an element of the public health system, publicly funded mental health services are universally accessible to all who need them (as Australian citizens or permanent residents). However, as with other elements of the health system, the universal entitlement does not equate to universal access.

There are numerous barriers to access for children and families, including the availability of specialist services to meet demand, and the cost of private providers – even with the Medicare subsidy – is prohibitive for many. Supports available through primary health networks and community health services can be more accessible, dependent on wait times.

For many people, their GP is their key contact for mental health support and in 2019–20, 31% of subsidised mental health services were provided by GPs and 85% of mental health-related prescriptions filled were prescribed by GPs.

5. Total government expenditure Australia-wide

According to the Australian Institute of Health and Welfare (AIHW, 2022g) in 2019–20:

- **$11 billion, or $431 per person, was spent on mental health-related services in Australia**
- **7.6% of government health expenditure was spent on mental health-related services**
- **$6.7 billion was spent on state/territory mental health services**
- **$1.4 billion, or $53 per person, was spent by the federal government on benefits for Medicare-subsidised mental health-specific services**
- **$566 million, or $22 per person, was spent by the federal government on subsidised mental health-related prescriptions under the PBS/RPBS**
- **$6.7 billion, or $260 per person, was spent on state and territory specialised mental health services**
- **there was a 3.2% increase in the average annual rate (adjusted for inflation) in spending by the federal government for mental health related services**
- **there was a 2.8% increase in the average annual rate (adjusted for inflation) in spending by state and territory governments**

6. Commonwealth and State responsibilities for funding/ delivery

Mental health is a shared priority and jointly funded by the federal and state and territory governments.

Funding

State and territory governments funded 60%, the federal government 34.7% and private health insurance (and other insurers) 5.3%.

These proportions do not account for the federal government funding of State and Territory governments for health services, specified in the National Health Reform Agreement which includes a mental health component.

State and territory governments fund mental health services through:

- **public hospitals – mental health in patient services/outpatients**
- **emergency departments**
- **ambulance services**
- **residential mental health care**
- **community mental health care services.**

The federal government funds:

- **consultations with specialist medical practitioners**
- **GPs**
- **psychologists and other allied health practitioners through Medicare**
- **other primary mental health services through PHNs**
- **support for psychosocial disabilities through the NDIS**
- **subsidised prescription medications through the PBS**
- **specific programs designed to prevent suicide or increase the level of social support and community-based care for people with a mental illness and their carers (Productivity Commission, 2022f).**

State and Territory government responsibilities – Service Delivery

State and Territory governments are responsible for funding and management of specialised mental health services (treating mostly low prevalence, but severe, mental illnesses), which include:

- **Admitted patient care in public hospitals — specialised services provided to inpatients in stand-alone psychiatric hospitals or psychiatric units in general acute hospitals.**
- **Non-Government Organisations (NGOs) provide wellbeing, support and assistance to people who live with a mental illness, including crisis, support and information services.**
- **NDIS funded services for people with a psychiatric disability who have significant and permanent functional impairment are eligible to access funding through the NDIS. In addition, people with a disability other than a psychiatric disability, may also be eligible for funding for mental health-related services and support if required.**

- **Community-based public mental health services, comprising:**
  - **non-hospital-based care services**
  - **other services dedicated to assessment, treatment, rehabilitation and care**
  - **residential services that provide beds in the community, staffed onsite by mental health professionals.**

Community mental health care services accounted for almost 40% of total state and territory spending on mental health services during 2019–20 *(Productivity Commission, 2022f)*.

Commonwealth responsibilities - Policy Leadership

As noted above, The National Partnership Agreement for Mental Health and Suicide Prevention was launched in March 2022.

The National Agreement details the intentions of signatories including:

- **a recognition of the role of social determinants on people's mental health and wellbeing, and the intention to facilitate a whole-of-system approach**
- **a commitment that lived experience should be embedded in the design, planning, delivery and evaluation of services**
- **an increased focus on prevention and early intervention**
- **acknowledging the need to reduce system fragmentation, gaps and duplication**
- **supporting and enhancing the capability of the workforce to meet current and future needs**
- **ensuring the mental health needs of Australia's rural, regional and remote communities are equitably addressed**
- **facilitating local responses to address the unique needs of communities**
- **a commitment to joint regional planning and commissioning**
- **recognising the need to work together to close the gap for vulnerable groups such as Aboriginal and Torres Strait Islander Peoples, Culturally and Linguistically Diverse and LGBTIQ+ communities** *(Federal Financial Relations, 2022*).

The National Mental Health Commission

The National Mental Health Commission was established on 1 January 2012 as a statutory authority under the Health Portfolio and aims to provide leadership to support and strengthen Australia's mental health system to meet the needs of the community, create increased accountability and transparency in the mental health and suicide prevention system, and support the national prominence of mental health and wellbeing.

The Commission provides independent policy advice and evidence on ways to improve Australia's mental health and suicide prevention system and acts as a catalyst for change to achieve those improvements.

WA, QLD and NSW have their own state-based Mental Health Commissions, Victoria's is currently being established and the other states have a range of different arrangements.

Both QLD and WA have included responsibility for AOD treatment in the scope of their Mental Health Commission.

7. System specific accountability/oversight/ regulation mechanisms

Legislation

Each state and territory have their own legislative requirements and regulations which can be found at the links below:

- New South Wales
- Victoria
- Queensland
- South Australia
- Western Australia
- Tasmania
- Australian Capital Territory
- Northern Territory

Service Standards

The Australian Commission on Safety and Quality in Health Care develops the National Safety and Quality Health Service Standards including for health services that provide care for people with mental health issues. Health services can be assessed against the NSQHS standards to receive accreditation.

The requirement for a mental health service to demonstrate accreditation is determined by state and territory regulators.

The Commission has recently developed the National Safety and Quality Digital Mental Health (NSQDMH) Standards which are being implemented currently and compliance and accreditation is currently voluntary.

Professional registration bodies

Many mental health practitioners working in both public and private settings are registered members of their professional peak body and must meet criteria to be registered and to remain registered. These bodies may also receive and investigate complaints about members.

Funding agreement priorities and performance indicator framework

The National Health Reform Agreement sets out mental health priorities that all states and territories have agreed to progress and all states provide data on service performance.

The Productivity Commission's performance indicator frameworkfor mental health services has 14 Indicators that governments report against, with long term outcomes that are focused on the impact of mental health services on an individual or cohort *(Productivity Commission, 2022f)*.

Independent oversight

Some states have Mental Health Commissions or other statutory bodies who receive and investigate complaints about the health system or mental health system [see **Table 1 above** for links to state specific arrangements].

Publicly funded services are subject to reviews/ investigations by auditors general, ombudsmen and other public service accountability mechanisms.

8.How a family interacts with/accesses the system

As discussed above, the mental health system is a part of the public health system and operates through the primary and local health networks. As such, mental health services are intended to be accessible to people in their local area, and via telehealth *(Productivity Commission, 2022f)*.

Mental health services are delivered in a range of settings, dependent on the level of support required, ranging from specialised hospitals, general hospital wards, outpatient services at hospitals and services delivered in the community.

Telehealth (online or phone) access to mental health services is now an ongoing service subsidised by Medicare, following the adaptation and introduction of the Better Access initiative during COVID-19.

Community mental health supports are delivered by a range of organisations, including Aboriginal Health Services, who provide culturally safe and appropriate mental health services to their communities.

Crisis, support and information services such as Beyond Blue, Lifeline, Kids Helpline, and ReachOut are funded to provide wellbeing support and assistance to people who live with mental illness.

Online resources

The Head to Health initiative includes the Head to Health website, centres and phone line, which provide free, confidential service that connects people with information, supports and services.

As online resources become more popular, Head to Health is a one stop shop for resources from trusted Australian service providers that are:

- **free or low-cost digital mental health resources**
- **nationally available**
- **publicly funded.**

A new network of up to 15 Head to Health Kids mental health and wellbeing centres is being developed in partnership with states and territories.

9. Where/who delivers services for families

As discussed above, mental health services are delivered by thousands of different organisations and individuals across Australia, in public, community and private settings.

As public mental health services sit within the PHN structure, in locations where there is limited access to primary health care, it is likely there will be limited access to local mental health services.

Private providers are more likely to be based where there is high demand for their services and may not be available or accessible in rural or remote areas, where there is less demand or capacity to pay above the Medicare rebate in fees.

Disability

This chapter focuses on the National Disability Insurance Scheme (NDIS). The NDIS is a key part of the ecosystem of supports that Australians with disability rely on. *The National Disability Insurance Scheme Act 2013* (Cth) (NDIS Act) established an Australia-wide scheme for the delivery of supports and services to eligible people with disability. The NDIS was progressively rolled out across the States and Territories from 2013 onwards *(Australian Government Solicitor, 2020)*.

As per section 3 below, we acknowledge that the NDIS actually only serves a small number of Australians. There are many Australians who do not meet the key eligibility requirements for entry to the Scheme and have to find other supports.

1. Purpose of the system

Overall, from the various strategies and policies that exist, it would appear that the overall purpose is to provide systems of care and support for people with disability. More specifically, according to Australia's **Disability Strategy 2021–2031**, 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 (NDIA, 2022a)**

2. Key national and state strategies

A move to a market-based approach

As a nation, Australia has shifted to a market-based approach to providing support for people with a disability. This context is important as it frames an understanding of the NDIS.

Before the establishment of the NDIS, support for people with disability was funded and regulated on a State-by-State basis. There were variations in the level of support available between jurisdictions, lack of funding, and a "lack of portability" of funding. For each State and Territory, funding models for the delivery of supports to people with disability generally involved government agencies contracting directly with entities to provide services in bulk (typically through block funding). Governments contracted directly with providers, determined the services to be procured, and allocated clients to providers in bulk *(Australian Government Solicitor, 2020)*.

These issues were subject to a range of inquiries over the years. In more recent times, a 2007 inquiry by the Senate Standing Committee on Community Affairs made a range of recommendations directed at resolving those issues, including by proposing a review of alternative, more individualised funding arrangements *(Australian Government Solicitor, 2020)*.

This was followed, in 2011, by the Productivity Commission's Inquiry Report, Disability Care and Support. The Report found that existing systems of care and support for people with disability in Australia were 'underfunded, unfair, fragmented, and inefficient', and offered 'little choice and no certainty of access to appropriate supports'.

The Productivity Commission recommended the establishment of a National Disability Insurance Scheme to 'provide insurance cover for all Australians in the event of significant disability'. It was concluded that the new Scheme should provide a cohesive and comprehensive framework for the provision of supports to people with disability, with consistent eligibility criteria that applied Australia-wide. The Scheme would not offer income-replacement, but would instead fund the provision of lifelong supports and care, tailored to the individual needs of each participant. Importantly, a person would be able to take their funding with them over state borders *(Australian Government Solicitor, 2020)*.

The Scheme was subsequently developed in accordance with these recommendations through a co-operative process between the Commonwealth, States and Territories. This culminated in the passage of the NDIS Act in 2013 (see below) which sought to:

- **deliver individually tailored supports and services to people with disability, in accordance with personalised plans designed to support each participant to achieve their goals for social and economic participation**
- **adopt a market-based approach to the delivery of care**
- **increase competition and consumer choice, thereby enhancing value for money and innovation in the sector**
- **manage the long-term costs and financial risks of the Scheme in accordance with insurance principles (Australian Government Solicitor, 2020).**

"As a nation, Australia has shifted to a market-based approach to providing support for people with a disability."

Australian, State and Territory government roles and responsibilities

The Australian, State and Territory governments have different but complementary roles and responsibilities *(Australian Government Solicitor, 2020)*:

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

State portfolios and strategies are outlined in **Table 1 below**.

Australia's Disability Strategy

Australia's Disability Strategy 2021–2031 outlines a vision for a more inclusive and accessible Australian society where all people with disability can fulfil their potential as equal members of the community (NDIA, 2022a). 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**

The NDIS is a key part of the ecosystem of supports that Australians with disability rely on.

Australia's Disability Strategy 2021–2031 recognises all levels of government are responsible for supporting people with disability to reach their full potential, as equal members of the community. It sets out priorities and plans for all governments to work with the community, business, and people with disability to implement and realise its vision in a coordinated and targeted way.

National Disability Insurance Scheme (NDIS)

The National Disability Insurance Scheme Act 2013 (Cth) (NDIS Act) established an Australia-wide scheme for the delivery of supports and services to eligible people with disability. The NDIS was progressively rolled out across the States and Territories from 2013 onwards *(Australian Government Solicitor, 2020)*.

The NDIS is now in full operation in all jurisdictions other than Western Australia, where the transition is being completed.

The NDIS is designed to provide supports and services to people with disability in a way that is tailored to their specific needs and circumstances. In particular, each participant in the Scheme will have an individualised plan. That plan will set out the person's goals, contextual details of their life and living arrangements, and the supports for which they will receive funding under the Scheme.

A key principle of the NDIS is that participants can choose who will provide them with supports and services. They are, at least in theory, free to switch between different NDIS providers to suit their needs. Except in certain circumstances, participants also have the option of managing their own funding under their plan. This means that the person will receive the funds themselves and use them to purchase supports.

While this works in theory, it is worth noting that the market model is also creating challenges. The expectation is that people with disability are going to operate as consumers – making choices about

which services they wish to use and having control over how they are delivered. Early evidence is showing that the ability to exercise choice is greater amongst men and those with higher incomes. The most vulnerable and least able to choose are those with intellectual disability or complex needs, substance abuse, mental health or forensic issues, socially isolated older carers and those from culturally and linguistically diverse (CALD) backgrounds. The consumer-directed design also largely favours people with strong cognitive abilities, typically people with physical disability or people with families or carers who can be strong advocates for them. People with severe intellectual disability or psychosocial disability, who may struggle to make informed decisions, are at risk of being excluded from the scheme. There is already emerging evidence that those least able to navigate the system are more likely to receive less funding (Social Ventures Australia, 2019).

NDIS Early Childhood Early Intervention (ECEI) approach

The NDIS has implemented the Early Childhood Early Intervention (ECEI) approach which is available to all children aged 0–6 years with a developmental delay or disability. This recognises that timely access to best-practice early childhood interventions is vital for children with disability to ensure that they achieve the best possible outcomes throughout their life.

The ECEI approach aims to ensure that parents or primary caregivers are able to provide these young children with experiences and opportunities that help them gain and use the functional skills they need to participate meaningfully in their environment (ECIA, 2016)

It is important to note that the 'early childhood development sector' is responsible for meeting the early childhood education and care needs that all children should have access to, including children with developmental delay or disability. This may include inclusion supports to help children use services that all young children are entitled to access, such as school readiness programs to help children prepare for school.

Early childhood partners may also provide early intervention and support for children younger than six years who aren't eligible for the NDIS.

The NDIS is responsible for supports that are specific to a child's developmental delay or disability. This might be if a child needs more support than other children of a similar age, and more support than what early childhood services must provide as a reasonable adjustment. This includes early intervention supports that children need to help build their skills, because of their developmental delay or disability (NDIA, 2022b).

The NDIS Act

The NDIS Act establishes the NDIS and sets out the framework under which eligible people with disability will receive supports and services through the Scheme. Among other things, it deals with:

- **the process by which a person with disability can become a participant in the Scheme**
- **the preparation of individualised 'plans' setting out the supports that will be provided to each participant and funded under the Scheme**
- **the oversight, regulation and quality assurance of people and entities providing supports and services to participants.**

The NDIS Act is supplemented by a variety of rules, guidelines and other legislative instruments. It interacts with a range of other areas of law – for instance, State and Territory regulation of the use of restrictive practices and the screening of workers in the disability sector. It also operates alongside a range of existing service systems outside of the NDIS, such as health and education. The NDIS Act expressly acknowledges the need for interaction between the provision of mainstream services and the provision of supports under the Scheme (Australian Government Solicitor, 2020).

TABLE 1:
Key actors and strategies by jurisdiction – DISABILITY

	Minister and Portfolio	Department	Strategies
Cwlth.	**The Hon Bill Shorten MP** Minister for the National Disability Insurance Scheme **The Hon Amanda Rishworth MP** Minister for Social Services	**Department of Social Services** DSS mission is to improve the wellbeing of individuals and families in Australian communities. Disability and Carers sit under their remit as a pillar backed by strategy and the NDIS implementation across the nation working with a variety of government and stakeholders.	Australia's Disability Strategy 2021–2031 Australia's Disability Strategy 2021–2031 (the Strategy) is a national framework that all governments in Australia have signed up to. It sets out a plan for continuing to improve the lives of people with disability in Australia over the next ten years. The Strategy replaces and builds on the first National Disability Strategy 2010–2020
ACT	**Ms Emma Davidson MLA** Minister for Disability	**Community Services: ACT Office for Disability** The ACT Office for Disability provides strategic advice to government and community to create an inclusive Canberra so that people with disability are able to fully enjoy their rights as citizens of the ACT. People with disability include the 77,300 Canberrans who experience long-term physical, mental, intellectual or sensory impairment. When combined with various environmental barriers, such impairments may hinder their full and effective participation in society on an equal basis with others.	ACT Disability Strategy 2023–2033 is a new ten year Disability Strategy to create a more welcoming and accessible community and improve the lives of the more than 80,000 Canberrans who identify as people with disability. An open consultation took place from March to July 2022. This consultation was co-designed and led by the ACT Disability Reference Group. A listening report on the consultation will be released in December 2022, with a view to launching 10-year ACT Disability Strategy in mid-2023, along with a 4-year Action Plan.
NSW	**The Hon Natasha Maclaren-Jones MLC** Minister for Families and Communities, and Minister for Disability Services	**Department of Family and Community Services** **Department of Education** NSW Department of Health are responsible for policies and issues in the NSW Govt. They are also responsible for state-based disability that sit outside the NDIS. The Disability Council of NSW provides advice to the NSW Govt and helps people with a disability have a say in disability matters. Local Council also work to support, promote and improve local communities.	NSW Disability Inclusion Action Plan 2021–2025 WoG Strategy The NSW DIP strengthens the state's accessibility framework and outlines work underway to improve outcomes for people with disability. This four-year plan builds on the work the NSW Government has undertaken to create more accessible and inclusive communities and provides the blueprint for increasing the social and economic participation of people with disability across NSW. NSW Dept Education Disability Strategy A living document improving the outcomes for children and young people and their families.

	Minister and Portfolio	Department	Strategies
NT	**The Hon Ngaree Ah Kit MLA** Minister for Disabilities	**Office of Disability – Department of Health** The Territory is home to 250,000 people, with more than 1 in 9 living with a disability. The Office of Disability supports Territorians with a disability, including those that are not eligible for the NDIS, through: • whole of government disability policy and program development • ongoing contribution to the implementation of the NDIS in the NT and monitoring and reporting against the NDIS • grant funding to organisations for the provision of peak body operations, advocacy and information services, and awards programs on the Northern Territory Government website • secretariat and support to the NT Disability Advisory Committee You can find information about disability services including the NT Companion Card on the Northern Territory Government website.	The Northern Territory (NT) Disability Strategy 2022–2032 and the 3-year Action Plan 2022–2025 is the first of its kind for the Territory. It demonstrates the NT Government's responsibility and accountability to all Territorians with disability. People with disability have guided the development of the strategy, and their voices, experiences and choices are reflected throughout. Consistent with the Australia's Disability Strategy 2021–2031, NT strategy recognises that people can be impacted by multiple forms of discrimination and disadvantage due to their: • race • sex, gender identity, sexual orientation • impairment • class • religion • age • social origin • other identity markers These can have overlapping and compounding effects and can interact with other factors such as living in regional and remote areas.
QLD	**The Hon Craig Crawford MP** Minister for Seniors and Disability Services	**Department of Seniors, Disability Services and Torres Strait Islander Partnerships** The Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships is responsible for disability policies and issues in the Queensland State Government. They are also responsible for state-based disability services that sit outside of the NDIS. Queensland councils also work to support, promote and improve local communities. The Queensland Government is building an inclusive Queensland where every person, including the one in five Queenslanders who have a disability, can thrive and reach their full potential as equal citizens. There is a statement of intent to continue to work with the National plan. 18.3% of the Queensland population or just less than 1 in every 5 Queenslanders have a disability. An estimated 261,300 Queenslanders have a profound or severe disability.	Queensland's Disability Plan 2022–2027: Together, a better Queensland, is Queensland's plan to build an inclusive Queensland. The intention of this new plan is to be the primary mechanism to drive implementation of Australia's Disability Strategy in Queensland. Queensland Government departments will be required to develop, publish and deliver key actions under Queensland Government disability service plans that align with this plan. In addition to Australia's Disability Strategy, the Queensland Government also implements the UNCRPD through a range of statutes, including the Human Rights Act 2019, the Disability Services Act 2006 (DSA) and the Anti-Discrimination Act 1991. The collective framework established by UNCRPD, Australia's Disability Strategy, legislation, this plan and disability service plans, form Queensland's commitment to upholding and promoting the rights of people with disability.

	Minister and Portfolio	Department	Strategies
SA	**The Hon Nat Cook MP** Minister for Human Services	**Department of Human Services** DHS SA is responsible for disability policies and issues in the SA State Government. They are also responsible for state-based disability services that sit outside the NDIS. They deliver an integrated 'inclusion' agenda through strategic alignment of all DHS social policy initiatives, strategies and plans. In 2021, 118,634 people or 6.7% of the population in SA reported needing help in their day to day lives due to disability.	SA State Disability Inclusion Action Plan 2019–2023 Inclusive SA was launched on 1 November 2019 and is the South Australian Government's first State Disability Inclusion Plan. The State Disability Inclusion Plan brings State Government agencies and local councils together to reduce the barriers faced by people living with disability. Inclusive SA sets out priorities and actions for the next four years under the following themes: • Inclusive communities for all • Leadership and collaboration • Accessible communities • Learning and employment The priorities and actions set out in Inclusive SA are the first steps to improving access and inclusion for people living with disability.
TAS	**The Hon Jo Palmer MLC** Minister for Disability Services	**Department of Health and Human Services** has recently transitioned all support for Disability to the Department of Premier and Cabinet. **The Department of State Growth** also has strategies for future accessibility of the island. DPC provides support services to Tasmanians with community sector partners. This includes: • leading and monitoring the policy and regulatory context of the National Disability Insurance Scheme (NDIS) • administering the Disability Services Act 2011 and supporting compliance with other relevant legislation • delivering comprehensive and genuine engagement through consultation with people with disabilities taking full account of their needs and circumstance • working collaboratively with the National Disability Insurance Agency (NDIA) and the NDIS Quality and Safeguards Commission • funding the neighbourhood house program, gambling support program and other counselling and support services In 2021, 38,023 people (or 6.8% of the population) in Tasmania reported needing help in their day-to-day lives due to disability. Streamlined approach to strategy and then relevant action plans delivered through agencies.	The Disability Services Strategic Plan 2019–2021 (the Strategic Plan) is a requirement of the Disability Services Act 2011 and will guide the policy approach and key actions of Disability Services within the Department of Communities Tasmania. The Tasmanian Government is committed to working with people with disability, their families, carers, disability providers and the wider community, to build a more equitable, inclusive and accessible state that empowers all Tasmanians. New Disability Action Plans by Tasmanian Government Departments: • Department of Communities Tasmania • Department of Justice • Department of Education • Department of Health • Department of Premier and Cabinet • Department of Police, Fire and Emergency Management • Department of Primary Industries, Parks, Water and Environment • Department of Treasury and Finance • State Growth • TasTAFE

	Minister and Portfolio	Department	Strategies
VIC	**The Hon Colin Brooks MP** Minister for Disability, Ageing and Carers	**Department of Health and Human Services** **Office of Disability** **Department Families, Fairness and Housing** **The Disability Services Commissioner** **The Victorian Disability Advisory Council** **Office of Disability**, the office was set up to work with private and public sector partners to promote the government's long-term vision for inclusion and help improve community attitudes **DFFH** has a range of resources and service delivery-based programs for disability clients. **The Disability Services Commissioner** is an independent oversight body, resolving complaints and promoting the rights of people with a disability to be free from abuse. **The Victorian Disability Advisory Council** was established in July 2007 under the **Disability Act 2006 and Disability Amendment Act 2017**. The council provides advice to the Minister for Disability, Ageing and Carers.	Inclusive Victoria: State Disability Plan 2022-2026 The plan contains 22 priority areas. Unlike the systemic reforms, priority areas focus more on one service system or a specific issue, rather than cut across the whole of government. The priority areas are organised under four pillars: 1. Inclusive communities 2. Health, housing and wellbeing 3. Fairness and safety 4. Opportunity and pride Disability Inclusion: Education for All
WA	**The Hon Don Punch MLA** Minister for Disability Services	**Department of Communities (Office of Disability)** **Disability Services Commission Board** The Office of Disability is responsible for disability policies and issues in the West Australian State Government. They are also responsible for state-based disability services that sit outside of the NDIS. The Office partner, collaborate with disability organisations, business and government and other stakeholders. In Western Australia, there are around 411,500 people with disability.	Western Australia for Everyone: State Disability Strategy 2020–2030 The Strategy is the State's commitment to promote transformative change including equitable opportunities and outcomes in all areas of life. The four Pillars of Change were developed by the Co-design Group and underpin the Strategy: • Participate and contribute • Inclusive communities • Living well • Rights and equity

3. No of people involved/% of Australian population

In reality, the NDIS works with a small number of Australians. There are several key eligibility requirements for entry to the Scheme (known as the 'access criteria'). This includes age requirements, residence requirements, and disability requirements *(Productivity Commission, 2022i)*.

The ABS estimates that 4.4 million Australians or 17.7 per cent of the population had a disability in 2018 (ABS, 2019). For those aged under 65 years, this was 2.4 million Australians or 11.6 per cent of this age group. The majority (78.5%) report a physical condition as their main long-term health condition whilst the other 21.5% report mental and behavioural disorders *(ABS, 2019, Social Ventures Australia, 2019)*.

While almost twenty per cent of Australians experience disability, the NDIS is only intended to provide services to a relatively small portion, around **ten percent** of all Australians with disability (NDIA, 2022f).

- **The NDIS currently supports approximately 500,000 Australians (20% of those under 65 years old with a disability) to access services and supports**
- **Specialist Disability Accommodation (SDA) funding is only available to roughly 6% of NDIS participants, or 28,000 people**
- **Approximately 80,000 children with developmental delays are supported through the NDIS to ensure they receive supports early so that they achieve the best outcomes throughout their lives (NDIA, 2022f).**

4. Access – universal or targeted?

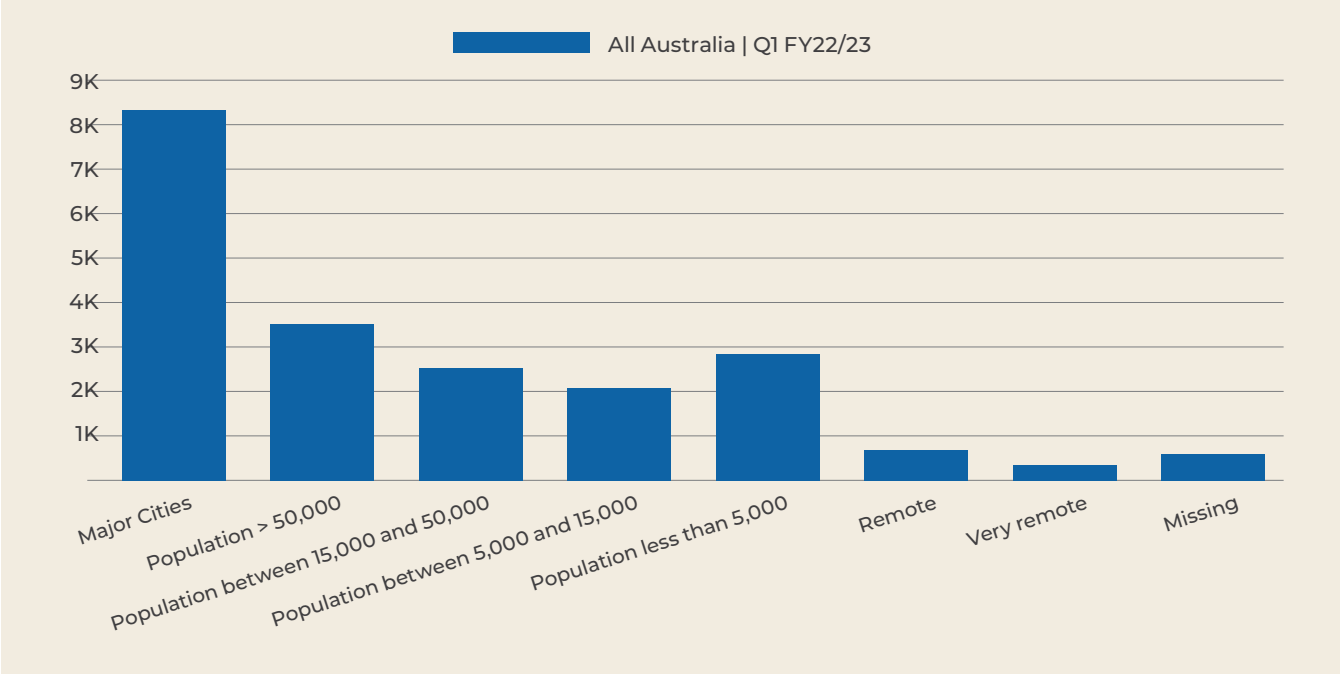
NDIS has targeted access. To join the NDIS, a person must meet access requirements, these include location, age, residency status and the nature of disability. Potential participants (or their carers) must fill out an Access Request Form and need to work with their GP, allied health, and specialist medical professionals to prepare and provide the information required in a Supporting Evidence Form (SEF). The NDIA will then make a decision about whether they are eligible for the NDIS.

It is worth noting that there is no statutory definition of 'disability' in the National Disability Insurance Scheme Act 2013 (Cth). Most definitions of terms and phrases used throughout the Act are found in Part 4 of Chapter 1. Notably, 'disability' is not defined. However, more guidance on what constitutes a 'disability' for the purposes of the Act is included in the Access to the NDIS Operational Guideline *(Australian Government Solicitor, 2020)*.

While the NDIS Act provides no express statutory guarantee of service availability, its proper operation is premised on there being sufficient numbers of high-quality providers to service all participants, provide choice and instigate competition.

As has played out, this assumption has not always proven true and the NDIS has introduced new risks, in particular the risk of market failure. Broadly, this refers to a situation in which there are too few (or no) providers ready, willing and able to meet participants' needs, whether in particular geographical areas (such as regional and remote areas), or for certain types of supports and services (e.g. for participants with complex needs) *(Australian Government Solicitor, 2020)*.

This is referred to as "thin markets" – meaning areas where there is an inadequate supply of services to meet participant needs. These markets present a serious challenge to participants exercising choice and control, as without a sufficient supply of options, choice and control becomes a 'theoretical concept.' Thin markets have been observed for people living in rural and remote areas, people from CALD backgrounds, Aboriginal and Torres Strait Islander people, people requiring specialised supports, and people with complex needs requiring



(Source: NDIA, 2022d)

services such as early childhood intervention, behavioural intervention, and specialist disability accommodation *(Social Ventures Australia, 2019)*. This is demonstrated in the chart above which shows the number of active providers per location type for Q1FY 22/23.

This has led to differences in access for different cohorts or equity groups. Nationally, at 30 June 2021, the proportion of the potential population who were participants in the NDIS was:

- **lower in remote areas than in major cities and regional areas**
- **higher for Aboriginal and Torres Strait Islander people than for non-Indigenous people**
- **lower for people from a CALD background compared to people from a non CALD background** ***(Productivity Commission, 2022i).***

Disability in the Aboriginal and Torres Strait Islander context

The lived experiences of each Aboriginal and Torres Strait Islander person with disability are unique. Disability in Aboriginal and Torres Strait Islander communities is both more prevalent and more complex compared to other Australians. This complexity is due to a high number of co-occurring disabilities and the fact that these multiple disabilities are compressed within a life expectancy that is much lower than other Australians. This is coupled with the fact that Aboriginal and Torres Strait Islander people are more likely than other Australians to experience various forms of disadvantage, including higher unemployment rates, poverty, isolation, trauma, discrimination, exposure to violence, contact with the criminal justice system and alcohol and substance abuse (ABS, 2017b).

Almost half (45%) of Aboriginal and Torres Strait Islander people aged 15 years and over were living with disability or a restrictive long-term health condition in 2014–15 (ABS, 2017b). An evaluation of the NDIS found the number of Aboriginal and Torres Strait Islander people with disability participating in the scheme was an underrepresentation of the actual high levels of disability. While awareness of the NDIS has improved, Aboriginal and Torres Strait Islander people have been identified as particularly struggling with the complexity of NDIS processes and documentation and their understanding of the NDIS remained low throughout the course of the evaluation.

Other barriers for Aboriginal and Torres Strait Islander peoples accessing and applying for the NDIS include social and geographical isolation in urban, rural and remote communities; fear of government services and asking for support (particularly where children are involved due to past experiences of child removal); and that there is no dedicated Aboriginal and Torres Strait Islander support unit within the NDIA *(Social Ventures Australia, 2019)*.

Specialist Disability Accommodation (SDA)

Under the NDIS, individuals who require specialist housing solutions that are tailored to support extreme functional impairment and/or very high support needs are eligible to receive funding for Specialist Disability Accommodation (SDA). This funding is available to roughly 6% of NDIS participants, or 28,000 people, and is designed to improve the independence of participants and reduce their reliance on attendant care. It aims to increase housing supply by providing incentives for private investment in the market. A range of design categories and housing types are eligible for SDA funding, with the quantum of SDA funding varying across these. SDA funding levels also vary on a location-by-location basis, to account for construction costs differences across the country.

With only a small proportion of people with disability able to access SDA housing under the NDIS, the majority rely on the general housing market. This may involve home ownership (by themselves or in a family home), private rental, or social and affordable housing. Given high housing costs in many parts of Australia, and the economic exclusion that many people with disability face, home ownership or renting in the market are out of reach for many people with disability (*Social Ventures Australia, 2019)*.

5. Total government expenditure Australia-wide

For all jurisdictions, contributions to the NDIS formed the bulk of their funding for disability.

In 2020–21:

- **total government contributions to the pool of funding for the NDIS was $23.2 billion**
- **expenditure on specialist disability services provided outside the NDIS was approximately $2.2 billion**

Total committed support to the NDIS for 2020–21 was $32.1 billion, with $22.1 billion paid to participants to date – representing a utilisation rate (the ratio of total amounts paid to total funds committed for plan supports) of 69 per cent. The rate of utilisation of the NDIS by participants can give an indication of the ability of participants to access supports. It may also provide insight into where service availability might be low and where providers could expand their provision of supports *(Productivity Commission, 2022i)*.

6. Commonwealth and State responsibilities for funding/ delivery

Before the establishment of the NDIS, support for people with disability was funded and regulated on a State-by-State basis. The NDIS was an attempt to overcome variations in the level of support available between jurisdictions, the lack of portability in funding, and questions as to the adequacy of funding levels. NDIS funding is now drawn from a mixture of federal and state and territory government contributions.

The Scheme also adopts an 'insurance approach' to managing the long-term financial sustainability of the NDIS. Under this approach, the funding needs of the Scheme are calculated by reference to the estimated expenditure required over each participant's lifetime and managed accordingly. The Act provides for regular actuarial assessment of the Scheme's likely future expenditure and risks to its financial sustainability. This model aims to ensure that the funding available to participants does not fluctuate from year to year depending on government budget cycles and competing economic demands.

TABLE 2:
Comparing the NDA and NDIS

National Disability Agreement (NDA) Model (Pre-NDIS system)	National Disability Insurance Scheme (NDIS) Model
• Block funding was received by providers in advance – usually 3 months in advance • The provider invested the money and drew down on it to provide their suite of offerings • Block funding was recurrent, or it was time limited in Government State and Territory disability funding programs • Service providers planned the disbursement of how the funding would be acquitted in terms of the costs for programs being offered and organisational overheads.	• Funding is not paid to the provider • An NDIS participant is assessed to identify their needs and then a funding package to address those needs is granted to the individual person within their NDIS Plan • The Plan is reviewed annually, and funding is allocated to the plan to meet the individual's changing needs • The participant uses the funding at their own discretion to 'purchase' services from the provider of their choice • Payment for NDIS supports is capped – provider has to bill the scheduled NDIS rate as per NDIS Price Guide to each participant's Plan • Providers receive payments after the service has been provided

(Source: modified from Parkinson's NSW, 2021)

7. System specific accountability/ oversight/regulation mechanisms

National Disability Insurance Agency

The NDIS is administered by the National Disability Insurance Agency (NDIA). The NDIA's key function is to deliver the Scheme, including by approving participants and facilitating the preparation of their plans.

The NDIA also, purportedly, has a 'market stewardship' role and encourages the development of open and competitive markets for the provision of supports and services to NDIS participants. Its roles under that strategy include monitoring supply and demand, providing information to participants and business, and, where necessary, making limited interventions in the market *(Australian Government Solicitor, 2020)*. These include:

- **setting price controls on certain kinds of supports to ensure that participants receive value for money**
- **promoting the development of 'thin' markets – that is, areas in which there are few providers with the expertise and/ or capacity required to meet the needs of participants**
- **addressing gaps in the supply of services. In particular, the NDIA is in the process of developing 'provider of last resort' arrangements. These involve the NDIA directly commissioning and procuring reasonable and necessary supports and services for participants where they are not available through the market. However, the NDIA's provider of last resort policy has not yet been released** *(Australian Government Solicitor, 2020, Productivity Commission, 2022i)***.**

NDIS Quality and Safeguards Commission

The NDIS Quality and Safeguards Commission supports the work of the NDIS Quality and Safeguards Commissioner. The Commissioner has functions relating to the quality and safety of supports and services delivered to NDIS participants (including the registration of NDIS providers).

The NDIS Quality and Safeguards Commission also performs a market oversight role, including by monitoring changes in the NDIS market and risks of unplanned service withdrawal *(Productivity Commission, 2022i)*.

The National Disability Insurance Scheme (Procedural Fairness) Guidelines 2018 apply to the Commission's complaints functions under s 181G in determining whether the NDIS provider or worker has contravened the Act or Rules.

During 2020–21, the NDIS Commission received 7,231 complaints, and was notified of 1,044,851 reportable incidents by NDIS providers (noting that the number of reported incidents can include multiple notifications of the same matter and so the number of reports received does not correlate to the number of actual instances of harm to a person with disability).

The NDIA also receives complaints relating to the Scheme, and in some jurisdictions there are agencies to which complaints about disability services can be made *(Productivity Commission, 2022i)*.

Disability Reform Ministers' Meetings

Commonwealth and state and territory ministers meet at regular Disability Reform Ministers' meetings. The ministers who attend are responsible for disability. The ministers discuss ways to improve disability policy and implementation.

The Disability Reform Minister's meetings are the 'Ministerial Council' for the purposes of the National Disability Insurance Scheme Act 2013 (Cth) *(Department of Social Services, 2022b)*.

The Disability Royal Commission

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (The Disability Royal Commission) was established in April 2019 in response to community concern about widespread reports of violence against, and the neglect, abuse and exploitation of, people with disability. These incidents might have happened recently or a long time ago *(Disability Royal Commission, 2022)*. The Disability Royal Commission is investigating:

- **preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation**
- **achieving best practice in reporting, investigating and responding to violence, abuse, neglect and exploitation of people with disability**
- **promoting a more inclusive society that supports people with disability to be independent and live free from violence, abuse, neglect and exploitation.**

The Disability Royal Commission is investigating and reporting on experiences and conditions in all settings and contexts, including:

- **schools**
- **workplaces**
- **jails and detention centres**
- **secure disability and mental health facilities**
- **group homes or boarding houses**
- **family homes**
- **hospitals**
- **day programs**

The Disability Royal Commission will deliver a final report to the Australian Government by 29 September 2023. In this report, the Royal Commission will recommend how to improve laws, policies, structures and practices to ensure a more inclusive and just society *(Disability Royal Commission, 2022)*.

Prime Minister and Cabinet – Independent Review

On 18 October 2022, the Hon Bill Shorten MP, Minister for the National Disability Insurance Scheme announced a review of the NDIS to improve the wellbeing of Australians with disability and the scheme's sustainability.

The independent review will look at the design, operations and sustainability of the NDIS. It will also look at ways to make the market and workforce more responsive, supportive and sustainable. It will work with participants, their families and carers, as well as providers and workers to put people with disability back at the centre of the NDIS.

Professor Bruce Bonyhady AM and Ms Lisa Paul AO PSM have been appointed as co-chairs of the Independent Review Panel. A secretariat in the Department of the Prime Minister and Cabinet will support the panel. The panel is committed to deliver a final report to Disability Reform Ministers by no later than the end of October 2023.

The review is committed to support people with disability through genuine consultation and engagement with people who have lived experience. The first opportunity to engage with Minister Shorten and the Review Panel Chairs will be at a webinar on 20 October 2023.

8. How a family interacts with/accesses the system

To join the NDIS, a person must meet access requirements. This includes location, age, residency status and the nature of disability.

Potential participants (or their carers) fill out an Access Request Form and need to work with their GP, allied health, and specialist medical professionals to prepare and provide the information required in a Supporting Evidence Form (SEF).

The NDIA will then make a decision about whether they are eligible for the NDIS.

They will send a letter called an 'access decision'.

If found eligible, the participant will be contacted to arrange a planning meeting to discuss their support and funding needs. A funding package to address those needs is granted to the individual person within their NDIS Plan. The Plan is reviewed annually, and funding is allocated to the plan to meet the individual's changing needs

The participant uses the funding at their own discretion to 'purchase' services from the provider of their choice.

If not eligible for the NDIS, the person can seek supports from providers who support people who are found not eligible for the NDIS (NDIA, 2022e).

9. Where/who delivers services for families

There is a directory of NDIS supports available in each state and territory at: https://www.ndis.gov.au/understanding/ndis-each-state

Services are delivered by a plethora of over 10,000 registered providers. https://data.ndis.gov.au/explore-data. Participants are able to choose which provider they wished to engage *(NDIA, 2022c)*.

Early learning

We respectfully recognise the vital role that parents and carers play as a child's first teacher and the huge contribution that in-home learning plays in a child's education and acknowledge that this chapter does not cover all elements of early learning, but instead is focused specifically on funded service provision through the Early Childhood Education and Care (ECEC) sector. It is also often referred to as 'formal care' because it is regulated care, usually away from the child's home.

We have distinguished ECEC from preschool services in this atlas. Preschool services include preschool/kindergarten and are services that deliver a preschool program. A 'preschool program' is a structured, play based learning program, delivered by a qualified teacher, aimed at children in the year or two before they commence full time schooling (Productivity Commission, 2022b). For preschool programs, there are a mix of providers (community, private and government).

1. Purpose of the system

In Australia, the purpose of the ECEC sector is to provide a range of services for children based on their age and education, care and development needs.

ECEC is provided within two broad service models: centre-based and home-based services. These services provide education and care services to children aged 0–12 years. The majority of ECEC services are centre-based services.

Centre-based services include:

- **long day care (LDC)**
- **outside school hours care (OSHC).**

Home-based services include:

- **family day care (FDC)**
- **in-home care (note that most in-home care services are not part of the National Quality Framework)**

ECEC services can also provide other non-education services such as maternal and child health services and family support services. The services provided differ according to community need, with more extensive services often being provided in disadvantaged communities (Tayler, 2016).

2. Key national and state strategies

National Quality Framework

In 2007, Australia commenced a national, systems-wide change to governing the quality of its early childhood education and care (ECEC) provision. The Commonwealth and State and Territory Governments agreed on a national vision for early childhood and a new learning framework and national quality standard – the National Quality Framework (NQF). The agreement also includes a collective governance process for all childcare services, preschool-kinder programs and outside school hours care services that receive funding from governments (Tayler, 2016).

The NQF introduced a new quality standard in 2012 to improve education and care across long day care, family day care, preschool/kindergarten, and outside school hours care services (ACECQA, 2022d). The NQF includes:

- **National Law and National Regulations (see below)**
- **National Quality Standard**
- **an assessment and quality rating process**
- **national learning frameworks**

ECEC services can also provide other non-education services such as maternal and child health services and family support services.

The majority of ECEC services are approved and regulated under the NQF, including child care services (centre based day care, family day care, vacation care and OSHC) and preschool services. As at 30 June 2021, there were 16,452 NQF approved ECEC services nationally — up from 16,107 the year before. Some ECEC services are licensed and/or registered to operate by State and Territory Governments, but are not approved under the NQF, including occasional care and mobile preschools.

At 30 June 2021, 93.4 per cent of NQF approved services had received a quality rating. Overall, a higher proportion of centre-based day care services (93.6 per cent) have received a quality rating than family day care services (89.3 per cent). Of the NQF approved services that had been rated, 86.1 per cent achieved the NQS (57.8 per cent met, 28.1 per cent exceeded, and 0.2 per cent were excellent) — up from 81.3 per cent at 30 June 2020 (Productivity Commission, 2022b).

Commonwealth Early Years Strategy

In November 2022, the Australian Government announced that it would develop a new Commonwealth Early Years Strategy. The Strategy will create a new integrated, holistic, whole-of-government approach to ensure children aged five and below have the best start at life in their critical early years of development. It will be developed through extensive consultation and stakeholder engagement. To assist in crafting the Strategy, and start the important conversations needed around helping young children to thrive, the Government will host a National Early Years Summit on 17 February 2023 in Parliament House, Canberra. A total of $4.2 million will be invested over 18 months until 2024 to support the development of the Strategy. A new 14-member expert Advisory Panel has also been established to inform the development of the Strategy. The Advisory Panel will support the work of a Steering Committee designed to bring together all areas of Government *(Ministers for the Department of Social Services, 2022)*.

Closing the Gap – National Agreement and the Early Years

The National Agreement on Closing the Gap (National Agreement) came into effect on 27 July 2020. It was developed and agreed in genuine partnership between all Australian governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations. See the Closing the Gap website for further information.

The National Agreement includes several Priority Reforms and Outcomes with an early childhood focus:

- **PRIORITY REFORM 1: Formal Partnerships and Shared Decision Making – early childhood care and development is noted as a priority area**
- **PRIORITY REFORM 2: Building the Community-Controlled Sector – early childhood care and development is noted as a priority area**
- **OUTCOME 2: Children are born healthy and strong**
- **OUTCOME 3: Children are engaged in high quality, culturally appropriate early childhood education in their early years**
- **OUTCOME 4: Children thrive in their early years**

NIAA also has a role in supporting education at the national level.

The Australian Government is working with Aboriginal and Torres Strait Islander communities, State and Territory Governments, education authorities and schools to strive for the best outcomes for Aboriginal and Torres Strait Islander students. This investment includes record levels of recurrent schools funding through the Quality Schools package. This needs-based funding model includes a loading specifically for Aboriginal and Torres Strait Islander students.

Through the Children and Schooling Programme (Outcome 2.2) of the Indigenous Advancement Strategy (IAS) the Agency also provides over $220 million each year in targeted complementary funding to improve Aboriginal and Torres Strait Islander educational outcomes.

National laws

ECEC in Australia is governed by both Commonwealth and state and territory laws *(Productivity Commission, 2022b)*. National laws include:

- **the Education and Care Services National Law Act 2010 (National Law)**
- **Education and Care Services National Regulations (National Regulations)**
- **National Quality Standard**
- **Early Years Learning Framework**
- **Framework for School Age Care**
- **Family Assistance Law**

Education and Care Services National Law (National Law)

The National Law sets a national standard for children's education and care across Australia. Providers must be approved under the National Law to operate a service. Regulatory authorities in each state and territory grant this approval.

Education and Care Services National Regulations (National Regulations)

The National Regulations support the National Law by providing detail on a range of operational requirements for an education and care service including:

- **the National Quality Standard**
- **application processes for provider and service approval**
- **setting out the rating scale**
- **the process for the rating and assessment of services against the National Quality Standard**
- **minimum requirements relating to operation of education and care services organised around each of the seven quality areas**
- **staffing arrangements and qualifications**
- **fees for a range of transactions**
- **jurisdiction-specific provisions (ACECQA, 2022c)**

Family Assistance Law

Family Assistance Law is the basis for the federal government's Child Care Subsidy (CCS) and sets the rules for administering the CCS. Providers must be approved under Family Assistance Law to administer the Child Care Subsidy at their service. The federal government grants this approval. Providers must first be granted National Law approval *(Department of Education, 2022a)*.

The Family Assistance Law also provides for the approval of childcare providers to administer child care fee assistance on behalf of families.

The following legislation and legislative instruments make up the legislation relating to childcare from 2 July 2018.

Primary Legislation:

- **A New Tax System (Family Assistance) (Administration) Act 1999**
- **A New Tax System (Family Assistance) Act 1999**
- **Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017**
- **Associated Legislation**
- **A New Tax System (Goods and Services Tax) Act 1999**
- **Regulatory Powers (Standard Provisions) Act 2014**
- **Regulatory Powers (Standard Provisions) Regulation 2015.**

Legislative Instruments:

- **Child Care Subsidy Minister's Rules 2017**
- **Child Care Subsidy Secretary's Rules 2017**
- **Child Care Subsidy (What Constitutes a Session of Care) Determination 2018**
- **Child Care Subsidy (Transition of Approved Services) Determination 2018**
- **Family Assistance (Immunisation and Vaccination) (Education) Determination 2018**
- **Family Assistance (Public Interest Certificate Guidelines) (Education) Determination 2018.**

Variations across jurisdictions

While national frameworks exist, complex differences also remain across jurisdictions in a range of ways, including State and Territory specific exemptions or specifications in the National Quality Framework. Another example are the differences across States and Territories in terms of the language used, the age of entry to preschool and the age of transition to primary school (see the figure below). For more on preschool services see section 6 below.

Preschool programs in Australia, 2020–21

	PRESCHOOL PROGRAM		TRANSITION TO PRIMARY SCHOOL, FOUNDATION YEAR (YEAR PRIOR TO YEAR 1)	
State/Territory	**Program name**	**Age of entry – preschool program in year before full time schooling (YBFS)**	**School year**	**Age of entry**
NSW	Preschool	Generally aged 4 and 5	Kindergarten	5 by 31 July
VIC	Kindergarten	4 by 30 April	Preparatory (Prep)	5 by 30 April
QLD	Kindergarten	4 by 30 June	Preparatory (Prep)	5 by 30 June
WA	Kindergarten	4 by 30 June	Pre Primary	5 by 30 June
SA	Preschool	4 by 1 May	Reception	5 by 1 May
TAS	Kindergarten	4 by 1 January	Preparatory	5 by 1 January
ACT	Preschool	4 by 30 April	Kindergarten	5 by 30 April
NT	Preschool	4 by 30 June	Transition	5 by 30 June

Source: Productivity Commision, 2022b

TABLE 1:
Key actors and strategies by jurisdiction – EARLY LEARNING

	Minister and Portfolio	Department	Strategies
Cwlth	**The Hon Dr Anne Aly MP** Minister for Early Childhood Education **The Hon Amanda Rishworth MP** Minister for Social Services	**Department of Education** Strategic purpose include: • Quality early learning and child care that supports and prepares children for school • For parents and carers, providing access to subsidised child care that supports them to work, study or volunteer • Access to quality schooling to provide the knowledge, skills and values for every child to achieve their potential • Skills, training and higher education that can maximise employment opportunities and participation in the workforce, community and society • Ensuring people have the opportunity to upskill or reskill to find or advance their career **Department of Social Services** The Government will host a National Early Years Summit in February 2023. The Summit will bring together a range of stakeholders across the early years sector, including industry experts, sector leaders, and the voices of families, to start a national conversation on key early years issues and identify opportunities to strengthen how the Government supports young children and their families.	The Early Years Learning Framework - Department of Education, Australian Government Department of Education implement this strategy with a range of levers these include: • regulating approved childcare facilities • administering childcare subsidies • supporting vulnerable families with extra subsidies • Community Childcare Fund provides grants and programs for disadvantage communities • Inclusion Support Program Early Years Strategy | Department of Social Services, Australian Government (dss.gov.au) The Australian Government is developing an Early Years Strategy (the Strategy) to shape its vision for the future of Australia's children and their families. Recognising how critical the early years are for children's development and continued success over their lifetime, the Strategy will aim to deliver the best possible outcomes for Australian children.
ACT	**Yvette Berry MLA** Minister for Education and Youth Affairs and Minister for Early Childhood Development	**ACT Government Department of Education** The ACT Government believes every child deserves a great education and the life chances which flow from it. The **Education Directorate**, develops and delivers educational services to empower each child and young person in the ACT to learn for life.	Set up for success: An Early Childhood Strategy for the ACT *Set up for Success: An Early Childhood Strategy for the ACT* was launched in 2020. It is a nation-leading ten-year plan for early childhood education and care in the ACT. Set up for Success is based on overwhelming national and international evidence about the importance of quality early childhood education, and aligns with the Future of Education Strategy.

	Minister and Portfolio	Department	Strategies
NSW	**Sarah Mitchell MLC** Minister for Education and Early Learning	**The Department of Education**, through the Early Childhood Education Directorate, (ECED) administers several programs and funding streams designed to meet the goals of the National Partnership Agreements on Universal Access to Early Childhood Education and the National Quality Agenda. The NSW Department of Education monitors, supports and regulates more than 5800 early childhood education and outside school hours care services across NSW.	First Steps – the NSW Aboriginal Children's Early Childhood Education Strategy 2021–2025 Is a five-year plan that solidifies the department's commitment to ensuring the best educational outcomes for Aboriginal children aged 0–5. We want to ensure that every Aboriginal child and family feels welcomed and that their culture is valued at their ECE service.
NT	**Hon R.J Simpson** Minister for Education, Culture and Employment **Hon Eva Lawler** Minister for Education	**Department of Education**	Northern Territory Education Engagement Strategy 2022–2031 Engagement is at the core of this strategy to really focus on relationships, culture & identity, wellbeing & inclusion and motivation.
QLD	**Grace Grace** Minister for Education	**Department of Education** As part of the Early Years Plan, the Queensland Government has committed to implementation of the Queensland Children's Wellbeing Framework, which provides a common language, aspirations and commitments for the wellbeing of Queensland children aged 0 to 8.	A great start for all QLD children – an early year's plan for QLD 2020–2031 Early Years Plan (qed.qld.gov.au) The Early Years Plan outlines the actions the Queensland Government is taking to support Queensland children's early learning, health and wellbeing as they grow: from their first 1,000 days, when they branch out into to the wider world, and when they successfully transition into their first years of schooling. The plan also includes information to help families and communities support children as they progress through these stages.

TABLE 1:
Key actors and strategies by jurisdiction – EARLY LEARNING

	Minister and Portfolio	Department	Strategies
SA	**Blair Boyer** Minister for Education, Training and Skills	**Department of Education – Office of Early Years** To better support parents and their children in these early years, we're investing an initial $50.1 million over the first 4 years of our 10-year Early Learning Strategy 2021 to 2031: All young children thriving and learning (PDF 2.7MB). This investment is allowing us to: • expand the reach, frequency and number of child development checks including a new touch point at 12 months and 3 years • give parents easy access to tips and resources to support their child's development • provide teachers with new resources to build on the high-quality learning and development in every public preschool • provide strategic vision and direction across the early years system through the new Office for the Early Years in the Department for Education.	All Young Children Thriving and Learning South Australia's Early Learning Strategy To create a strong future for South Australia, our 10-year Early Learning Strategy is tailored to the needs of our state's children and families. The new strategy reflects what we heard from parents, community members, teachers and other early education and care workers, leaders and experts in education, child development and health. It also reflects world's best practice in early childhood development and learning. This strategy will guide us to deliver a world-class early learning system. By 2031, our measures for success will ensure South Australia is recognised again for our leadership in child development and early education. SA.GOV.AU – Enter for Success strategy (www.sa.gov.au) The Enter for Success strategy supports the inclusion, attendance, participation and retention of Aboriginal students at school. It gives Aboriginal students the opportunity to enrol and be accepted into any government school they nominate the year before starting school.
TAS	**Roger Jaensch MP** Minister for Education, Children and Youth	**Department of Education, Children and Young People**	The Department's Strategic Plan **Department of Education Strategic Plan 2022–2024** LEARNERS FIRST: CONNECTED, RESILIENT, CREATIVE AND CURIOUS THINKERS; identifies the goal of early learning – From birth to 8 years of age, children are confident, involved learners and effective communicators. Visit the It's A Great Start website to find out more information on the Early Years, including; Launching into Learning, Child and Family Learning Centres, Libraries Tasmania and Kindergarten. Working Together is an initiative available for eligible children with the greatest need, with access being guided by a set of criteria to include children who are three years old by 1 January in any year from 2020 (i.e. the year before Kindergarten).

	Minister and Portfolio	Department	Strategies
VIC	**Ingrid Stitt MP** Minister of Early Childhood and Pre-Prep **Natalie Hutchins MP** Minister for Education Hon	**Department of Families, Fairness and Housing (DFFH)** **Department of Education and Training** The Victorian Government provides the following roles and functions: • regulation of early childhood services – the new Children's Services Regulations 2020 set out the new operational requirements for services, and provide the supporting details for the new processes in the Children's Services Act 1996 • funding supports such as Kindergarten, Parents, early childhood education programs, support for Aboriginal children to access programs and services	The Early Years Compact | Victorian Government (www.vic.gov.au) The Early Years Compact is a ten-year agreement between our department, the Department of Families, Fairness and Housing (DFFH) and local government (LG) – represented by the Municipal Association of Victoria (MAV). The compact: • establishes, for the first time, a commitment between state and local governments to work together to improve outcomes for young children and their families • clarifies the roles and responsibilities for each of the three parties – recognising the key role local government plays in supporting and responding to the needs of children and families at the local level • provides a common set of principles to support how the parties will work together • improves coordination, collaboration, information sharing and accountability across the early years system • sets strategic priorities for joint effort This is a significant commitment because it is the first-time parties will work together at the local level to integrate planning, coordination and information sharing across the early years sector in Victoria.

TABLE 1:
Key actors and strategies by jurisdiction – EARLY LEARNING

	Minister and Portfolio	Department	Strategies
WA	**Sue M Ellery BA MLC** Minister for Education and Training Hon **Hon Simone McGurk BA(Arts) BA(Comms) MLA** Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services	**Department of Education** Before school – Department of Education Administers a range of services for ECEC: • Kindilink • Child and Parent Centres • Enhanced Transition to Schools Project is a partnership between the Department of Education, Playgroup WA, the Department of Local Government and Communities and non-government school sectors • Triple P Program for Parents • Resources for Families **Department of Communities** Early Years Partnership (www.wa.gov.au) A partnership between the State Government and the Minderoo Foundation to work differently with communities to improve the development, health and learning of children from conception to four years, and to create lasting change. Connecting Early Years Networks (www.wa.gov.au) The Department of Communities provides backbone support through Connecting Early Years Networks for more than 40 Early Years Networks across the state.	DOC Strategic Direction Statement 2022–25 (www.wa.gov.au) The Strategic Direction Statement 2022–2025 for Department of Communities sets out our vision, purpose, directions and outcomes, underpinned by our values, for the next three years. This includes children and families.

3. No of people involved/% of Australian population

ECEC

In 2021, 1,315,428 (31.8 per cent of) children aged 0–12 years attended Australian Government CCS approved childcare services, a slight decrease from 1,317,072 in 2020. The decrease is due to a decrease in attendance of children aged 6–12 years reflecting the impacts of COVID-19. Attendance of children aged 0–5 increased and there was also an increase in attendance at centre based day care *(Productivity Commission, 2022b)*.

Preschool

In 2021, 546,633 children were enrolled in a preschool program, which includes children attending a 3-year-old preschool program. Of these children, 291,254 were enrolled in a preschool program in the year before full time schooling *(Productivity Commission, 2022b)*.

4. Access – universal or targeted?

ECEC – Universal and targeted

ECEC services are available for all and technically universal in this sense. However, a family's ability to access these services is predicated on issues of affordability and supply. Various factors influence affordability. Fees are set independently by ECEC service providers and there is significant variation in the fees across services. Costs are influenced by a number of factors including:

- **NQF approval requirements**
- **Award wages**
- **whether fees include charges for additional services such as nappies and meals**
- **localised issues such as, land values, rental costs, rates, and other localised costs of living**

The median weekly cost for 50 hours of care in 2021 was higher for centre based ECEC ($540) than for family day care ($530). Median weekly costs differ across remoteness areas. In 2021, the median weekly cost of centre based day care in major cities and inner regional areas ($543) was higher than in outer regional and remote areas ($500) *(Productivity Commission, 2022b)*.

In terms of supply, as noted for disability and other mixed market approaches to human services provision, 'thin markets' are a challenge in ECEC as well.

ECEC subsidies are targeted and families must meet requirements to get access to the Child Care Subsidy (CCS). The amount of CCS a family can get depends on their circumstances. In most cases, CCS is paid to approved providers and passed on to families as a fee reduction.

CASE STUDY

The Community Child Care Fund (CCCF)

An example of an intervention to address thin markets is the Community Child Care Fund (CCCF). The CCCF provides special circumstances grants and programs for ECEC services. In most cases, services need to meet eligibility criteria and apply. The goal of the funding is to help services in disadvantaged and vulnerable communities to stay open and increase the number of children in care. Services in disadvantaged and vulnerable communities can apply when grant rounds are open. https://www.education.gov.au/early-childhood/find-grants-services

Preschool – Universal

Every child has access to preschool because of a commitment to preschool as a universal platform for all Australian children, not just those who meet eligibility criteria.

The Preschool Reform Agreement, announced as part of the 2021–22 Budget, locks in Commonwealth Government funding for preschool to the end of 2025. It also commits to reforms to improve preschool participation and outcomes. Under the agreement, the Commonwealth Government will continue to provide a per child contribution to states and territories. In 2022, this will be around $1,340. This funding supports the delivery of 15 hours of preschool a week – 600 hours a year – for all children in the year before they start school.

Under previous agreements, states and territories could use Commonwealth Government funding flexibly to support the provision of universal access. This resulted in different costs for families across Australia. Under the new agreement, state and territories must pass on the Commonwealth's per-child contribution to benefit children in the setting in which they attend. This reform is designed to create greater funding equity for families and children across Australia.

There can still be affordability issues for preschool programs as there can be differences in charging practices due to commercial or cost recovery decisions made by individual services. Some preschool programs, particularly those offered at government preschool services, have no tuition fees *(Productivity Commission, 2022b, Department of Education, 2022b)*.

First Nations accessibility

It is important to note that, as of 2018, Aboriginal and Torres Strait Islander children's enrolment rate for preschool programs was higher than that of non-Indigenous children. This reflects a high degree of accessibility of preschool services. However, Indigenous children are less likely to attend preschool than their non-Indigenous counterparts (ECA, 2019). This shows challenges that relate to the need for more trauma informed and culturally safe settings and practical family supports.

The National Indigenous Australians Agency (NIAA) has a key role in supporting Aboriginal and Torres Strait Islander children to grow up healthy, happy and ready for school and recognise this is key to a prosperous future for the next generation. Investing in children from conception and throughout the first five years has positive whole-of-life impacts across education, employment, health and connection to community *(Australian Institute of Health and Welfare, 2011)*.

The NIAA is working with communities, governments and service providers to support young children to access quality, culturally safe care and education services, ensuring that children start school with the best chance of success.

CASE STUDY

The Indigenous Advancement Strategy

Through the Indigenous Advancement Strategy, the Australian Government is investing $43.4 million over 2021-22 in a range of early childhood development and enabling activities, such as supported playgroups, and community and family engagement activities. This funding supplements mainstream Commonwealth support in childcare, pre-school, health and family support programs.

5. Total government expenditure Australia-wide

In relation to ECEC, the Australian Government provides the largest proportion of service funding, and in relation to preschool or kindergarten, the state and territory governments continue to deliver and fund services directly, yet they are dependent upon the Australian Government for budgeted transfers of funds under 'National Partnership' agreements.

Total Australian, State and Territory real government recurrent and capital expenditure on ECEC services was $12.4 billion in 2020–21. Australian Government expenditure accounted for $10.1 billion (81.2 per cent).

Total expenditure increased by 15.6 per cent from 2019–20 which is the largest annual percentage increase in the last 10 years. This largely comprised a 16.7 per cent increase in funding by the Australian Government arising from support provided to ECEC services affected by COVID-19.

In 2020–21, State and Territory government expenditure totaled $2.3 billion. Preschool services accounted for 87.0 per cent of the State and Territory government expenditure *(Productivity Commission, 2022b)*.

The Australian Government will spend an additional $4.5 billion to deliver more affordable child care, including by increasing Child Care Subsidy (CCS) rates from July 2023.

6. Federal and State responsibilities for funding/ delivery

The Commonwealth and State and Territory Governments have different roles in ECEC and Preschool Services *(Productivity Commission, 2022b)*.

Federal responsibilities

The Australian Government's main active roles and responsibilities largely relate to funding of the ECEC sector. This includes:

- **paying the Child Care Subsidy (CCS) which is generally paid directly to child care providers**
- **providing funding to State and Territory governments to support the achievement of universal access to early childhood education, through the National Partnership Agreement on Universal Access to Early Childhood Education (NP UAECE)**
- **providing operational and capital funding to some providers.**

The CCS replaced the Child Care Benefit and Child Care Rebate from 2 July 2018 (Productivity Commission, 2022b). The Child Care Subsidy (CCS) is used to subsidise ECEC for families. The level of funding received is subject to both a means and activity test. Individuals can choose which 'approved' childcare provider to use. The CCS is paid directly to the childcare provider and is used to offset the fee paid by families with families required to pay a 'gap fee' *(The Front Project, 2022)*.

State and territory government responsibilities

State and territory governments' roles and responsibilities vary across jurisdictions but include funding and/or providing preschool services. Other responsibilities can also include:

- **providing funding to support the implementation of the NP UAECE**
- **regulating approved services under the NQF and licensing and/or registering child care services not approved under the NQF**

- **implementing strategies to improve the quality of ECEC programs**
- **providing curriculum, information, support, advice, and training and development to ECEC providers**
- **in some cases, providing funding to child care services (including some that also receive Australian Government funding).**

It is important to note that Local Governments also plan, fund and deliver ECEC. For more information, see the Productivity Commission's Report on Government Services 2022 PART B, SECTION 3: Early childhood education and care *(Productivity Commission, 2022b)*.

Summary of ECEC service funding by Australian, State and Territory governments, 2020–21

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Aus Gov
Funded child care services, for service types:	Centre based day care	✓	✓	✓	✓	✓	✓	✗	✓	✓
	OSHC	✓	✗	✓	✓	✗	✗	✗	✗	✓
	Family day care	✗	✗	✗	✓	✗	✗	✗	✓	✓
	In home care	✗	✗	✗	✗	✗	✗	✗	✗	✓
Funded preschool serviceas/ programs, in:	Local government/ community preschools	✓	✓	✓	✓	✗	✗	✗	✓	✗
	For-profit centre based day care	✓	✓	✓	✗	✗	✗	✗	✓	✗
	Not-for-profit centre based day care	✓	✓	✓	✗	✓	✗	✓	✓	✗
	Government school	✓	✓	✓	✓	✓	✓	✓	✓	✗
	Non-government school	✓	✓	✓	✓	✓	✓	✗	✓	✗

✓ *Government provides funding to at least one of these services*
✗ *Government does not provide funding to any of these services*

Source: Productivity Commission, 2022b

7. System specific accountability/ oversight/regulation mechanisms

A distinguishing feature of the Australian ECEC system is that all approved service types under all auspice arrangements attract government funding, and as a consequence, these services are subject to government regulation and quality assurance processes.

Assessment and quality

State/Territory Governments manage the unified national ECEC system of licensing and compliance checking, including rating the assessment and quality of all licensed services (ACECQA, 2022b).

The Australian Children's Education & Care Quality Authority

The Australian Children's Education & Care Quality Authority (ACECQA) works with all governments to provide guidance, resources and services to support the sector to improve outcomes for children and realise the benefits of the NQF (ACECQA, 2022a).

Productivity Commission

Each year, the Productivity Commission reports on ECEC services, including the status of equity (levels of access by different groups) and the effectiveness and efficiency of the system (see for example the Productivity Commission's Report on Government Services 2022 PART B, SECTION 3: Early childhood education and care *(Productivity Commission, 2022b)*.

In 2022, a Labor election commitment included tasking the Productivity Commission with a review of the early childhood system, with a view to supporting a universal 90% childcare subsidy for all families. The terms of reference are not yet known.

Australian Competition and Consumer Commission (ACCC) Childcare inquiry

On 28 October 2022, the Federal Treasurer directed the ACCC to conduct an inquiry into the market for the supply of childcare services. The inquiry is to commence by 1 January 2023 and provide an interim report by no later than 30 June 2023 and a final report by 31 December 2023.

The inquiry will examine and consider matters including:

- **costs and availability of labour**
- **the use of land and related costs**
- **finance and administrative costs**
- **regulatory compliance costs**
- **the costs of consumables**
- **the prices charged since 2018 and how these have changed following changes in child care policy settings**

The ACCC will examine how costs and prices differ by:

- **type of provider and size**
- **type of childcare service**
- **age and characteristics of the child in care**
- **geographic location**
- **level of competition**
- **the quality rating of the child care services provided.**

How these factors impact child care provider viability, quality and profits will also be examined (ACCC, 2022).

8. How a family interacts with/accesses the system

Families need to contact the ECEC service directly to find out more about their specific enrolment process.

Flexibility for parents

Most childcare services provide standard hours of care. They typically operate from 7–8am to 6pm to suit parents or carers that work a typical 9am–5pm day.

Non standard hours of care – 'Non standard hours of care in child care services' is an indicator of governments' objective to ensure that government funded child care services are accessible and flexible. Provision of non standard hours of care can be influenced by a range of factors, such as costs to services and parents, demand for care, availability of carers, and compliance with legislative requirements.

In-home care and family day care services provide the most flexibility. Nationally in 2021 *(Productivity Commission, 2022b)*:

- **65% of in-home care services provided non-standard hours of care**
- **51.1% of family day care services provided non-standard hours of care**
- **42.1% of OSHC services provided non-standard hours of care (for primary school-age children)**
- **41.5% of all CCS approved child care services provided non-standard hours of care -CCS approved services mainly provided non-standard hours of care before 7am on weekdays**
- **40.7% of centre-based day care provided non-standard hours of care**

9. Where/who delivers services for families

Australian ECEC services are classified according to their management and financial bases as either 'community based, not-for-profit' or 'private for-profit' services.

- **Not-for profit service providers include government (state and local), community-based organisations, schools, churches and other welfare-related groups.**
- **The for-profit sector comprises an equally diverse group of private businesses and corporations, typically having a primary focus on the provision of long day care and operating on a commercial basis. This sector receives a significant proportion of operating income through Australian Government childcare benefit payments.**
- **Many community-based, not-for-profit services are preschools or kindergartens that receive the major proportion of their operating income from state and territory governments (OECD, 2006)**

In 2020, there were 12,416 ECEC services in Australia delivering preschool programs. Of these services, 8,153 (65.7 per cent) were delivered from centre-based day care and the remainder were delivered from stand-alone preschool services or preschool services attached to a school (Productivity Commission, 2022b).

In 2021, there were 13,589 Australian Government **CCS approved** child care services in Australia (see figure opposite).

Australian Government Child Care Subsidy (CSS) approved child care services, 2021
by jurisdiction, by service type

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUST
Centre based day care	%	67.6	56.6	66.2	58.6	53.7	50.2	62.8	65.4	62.6
Family day care	%	2.8	3.9	3.9	2.8	1.4	3.5	2.5	1.6	3.2
Outside Hours SChool Care (OSHC)	%	29.4	39.3	29.5	38.2	44.3	46.3	34.4	33	34
In home care	%	np	np	np	np	np	np	np	np	0.3
Total	%	100	100	100	100	100	100	100	100	100
Child Care Subsidy (CCS) approved child care services	no	4,943	3,189	2,622	1,252	856	257	285	185	13,589
State and Territory government (only) funded child care services	no	na	–	27	3	128	12	--	1	171

Source: tables 3A.8 & 3.A9

np *Not published.* **na** *Not availbale.* **--** *Not applicable.* **–** *Nil or rounded to zero*

Source: Productivity Commission, 2022b

Child protection

This chapter focuses on the child's need to feel VALUED, LOVED & SAFE and to have secure relationships and protection from relationship stresses (trauma). We have therefore focused on providing an overview of the structural elements of the child protection system across the states and territories and the federal government's contribution.

Child protection refers to preventing and responding to violence, exploitation, abuse, neglect and harmful practices against children (UNICEF 2021). When children cannot live safely at home, child protection systems prioritise children's physical, mental, and psychosocial needs to safeguard their lives and futures (UNICEF 2021). Child protection functions to protect the fundamental rights of children which include safety, freedom from violence and a stable family environment *(UN General Assembly 1989)*.

Child protection services aim to protect children from abuse and neglect in family settings (AIHW, 2022c). Child protection is the only system (that influences ECD outcomes) where decisions can be made about a child, without parental consent. Due to the seriousness of these decisions (including removing children from their family), the system is governed by strong legal frameworks and requires orders from the relevant Court to take action without a parent's consent.

The challenges inherent in the child protection system are aptly described in the Executive Summary of the ACT Next Steps for Our Kids Strategy:

> Child and youth protection is inherently complex. Fundamentally, it is a system involving one group of people making decisions about the lives of other people—children and young people, their families and carers. These decisions are often difficult and fraught with emotion.
>
> The children, young people and their families involved are some of the most vulnerable in our community and many parents have their own history of trauma, abuse and neglect. People are further traumatised by their engagement with the system—not just children, young people and birth families, but also carers, advocates, child protection workers, staff in non-government organisations and those who report suspected abuse and neglect *(ACT Government, 2022)*.

The child protection system is one of the safety net systems, with staged responses to intervene to protect a child from harm and to build capacity within the family. It is a reactive system – that is activated once a report or notification has been made to the relevant Child Protection Agency. We know from the evidence that involvement with the child protection system (particularly out of home care) is an indicator for developmental vulnerabilities that can impact the life outcomes for a child.

At its worst, the child protection system's impacts on a child (or children), their family and community can be devastating. At its best, the system can provide children, parents and families with individualised and appropriate early intervention and supports that improve the families' circumstances and establish healthy and safe patterns for the future.

Child protection is a state responsibility with some Commonwealth coordination around national strategies and policy leadership, particularly Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031. The Commonwealth Government, through the National Indigenous Australians Agency is leading the Closing the Gap targets implementation, which includes strong targets around reducing the number of Aboriginal and Torres Strait Islander children in out of home care.

It is worth noting that since 2004, there have been more than 40 independent inquiries into Child Protection systems in the states and territories (total number for all states and territories).

1. Purpose of the system

The purpose of the child protection system is 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 within their families 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 *(Productivity Commission, 2022g)*.**

The guiding principles for all child protection systems across Australia are:

- **best interests of the child**
- **early intervention and support for families**
- **culturally appropriate care and the Aboriginal and Torres Strait Islander Child Placement Principle**
- **participation of children and young people in decision-making processes**

2. No of people involved/% of Australian population

Each year, around 3.2% of all children aged less than 18 years are assisted by Australia's child protection systems. At 30 June 2021,across Australia *(AIHW, 2022c, Productivity Commission, 2022g)*:

- more than **46,200 children** were in out-of-home care
- around 19,500 (or **1 in 17) Aboriginal and Torres Strait Islander children** were in out-of-home care
- more than 293,000 children were the subject of a notification to a child protection agency
- more than 105,000 children were the subject of a finalised investigation (into the notification)
- nearly 50,000 children were the subject of a substantiation – that the notification was substantiated
- more than 5, 871 children were in out-of-home care at least once during 2020–21, with children moving in and out of care for short stays

The Role of Family/Kinship Carers and Foster Carers

Adults who are willing and able to provide safe and nurturing environments for children who need to be in alternate care arrangements, are a fundamental element of Australia's child protection system, offering the most vulnerable children a safe and secure home environment.

In 2020–21, there were around 24,600 households providing homes for more than 50,000 children throughout the year. (AIHW, 2022c).

Of the children in out-of-home care in 2020-21:

- around two thirds (59%) were being cared for by 15,600 relative /kinship carer households
- around one third we being cared for care provided by 9,000 foster carer households

While states retain management and administration of the child protection system, they have outsourced the recruitment, induction and provision of support to foster carers and also the delivery of family and parenting support services to NGOs.

Carers are volunteers, who undergo a multi-stage selection process and training programs. Kinship and foster carers are not paid for their time but

are offered a fortnightly payment to assist with the costs of providing for the children in their care. These payments are a set amount (mostly based on the age of the child), with additional supplements available to meet specific needs of the child and in recognition of the additional costs associated with living in rural/remote areas. There is considerable difference in the amounts from state to state. Carers are also eligible to access federally funded family support subsidies/payments such as CCS and carers allowances.

3. Key national/state strategies

The national framework, Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031 (the National Framework) was developed by the Commonwealth and State and Territory Governments in partnership with SNAICC and an Aboriginal and Torres Strait Islander Leadership Group.

The National Framework aims to ensure that children and young people in Australia have the right to grow up safe and supported, in nurturing and culturally appropriate environments.

The National Framework is for all children and young people, but it focuses on children and families who are experiencing disadvantage and/or are vulnerable, particularly the four priority groups that are at significant risk of entering out-of-home care:

- **children and families with multiple and complex needs**
- **Aboriginal and Torres Strait Islander children and young people experiencing disadvantage or who are vulnerable**
- **children and young people and/or parents/carers with disability, experiencing disadvantage or who are vulnerable**
- **children and young people who have experienced abuse and/or neglect, including children in out-of-home care and young people leaving out-of-home care and transitioning to adulthood**

The National Framework recognises that to achieve this aim, all Australians need to work together to keep children safe and to achieve the best outcomes for vulnerable children and those experiencing disadvantage.

Along with the commitment of all states and territories to the National Agreement on Closing the Gap, all states have committed to ensuring that The National Framework will be a key mechanism in responding to the Closing the Gap Target 12 to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45% over 10 years *(Department of Social Services, 2021c)*.

[See Table 1 below for links to the State specific strategies].

Commonwealth Child Safe Framework

The Royal Commission into Institutional Responses to Child Sexual Abuse presented a final report in December 2017. In response to the Royal Commission's findings, in 2019 the Australian Government introduced the Commonwealth Child Safe Framework (the Framework). The Framework is a whole-of-government policy that sets minimum standards for Australian Government entities to create and maintain behaviours and practices that are safe for children.

The National Office for Child Safety was established to lead the development and implementation of several national priorities recommended by the Royal Commission into Institutional Responses to Child Abuse.

The Royal Commission's Child Safe Standards are now embedded in the National Principles for Child Safe Organisations. All states and territories agreed the principles in February 2019.

Since the release of the Royal Commission's final report, the States and Territories have been working to address the recommendations and creating child safe environments. Each jurisdiction has their own suite of legislation to enact the safeguards recommended by the Royal Commission, as well as accompanying implementation and regulation processes, with recent amendments currently being incorporated.

The National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030 was released in October 2021, alongside two 4-year action plans.

The National Strategy focuses on five themes:

- **Awareness raising, education and building child safe cultures**
- **Supporting and empowering victims and survivors**
- **Enhancing national approaches to children with harmful sexual behaviours**
- **Offender prevention and intervention**
- **Improving the evidence base**

Mandatory reporting

One of the key changes from the Royal Commission recommendations was the extension of the range of professionals who are required (mandated) to report suspected child abuse (and to create a criminal offence to not disclose suspected abuse).

Again, each State has enacted their own legislation.

TABLE 1:
Key actors and strategies by jurisdiction – CHILD PROTECTION

	Minister and Portfolio	Department	Strategies
Cwlth	**The Hon Amanda Rishworth MP** Minister for Social Services, **The Hon Linda Burney MP** Minister for Indigenous Australians **Senator the Hon Katy Gallagher** Minister for Women	The Department of Social Services helps to support families and children through programs and services as well as benefits and payments. Further support is provided through grants and funding for organisations providing services for families. There's help for families with the cost of raising children (Family Tax Benefit), new parents (Paid Parental Leave and Dad and Partner Pay), young people leaving formal care (through Transition to Independent Living Allowance) and more programs and services.	The National Framework for Protecting Australia's Children 2021–2031 (Safe and Supported), was released on 10 December 2021. Safe and Supported was developed by the Australian Government, state and territory governments, with Aboriginal and Torres Strait Islander representatives and the non-government sector.
	National Children's Commissioner	**National Children's Commissioner** – Australian Human Rights Commission The Commonwealth Government established a National Children's Commissioner in 2012 to help promote the rights, wellbeing and development of children and young people in Australia, and ensure their voices, including those of the most vulnerable, are heard at the national level. The National Children's Commissioner promotes public discussion and awareness of issues affecting children, conducts research and education programs and consults directly with children and representative organisations. The role also examines relevant existing and proposed Commonwealth legislation to determine if it recognises and protects children's human rights in Australia.	The National Children's Commissioner is required to submit a report to federal Parliament each year on the enjoyment and exercise of human rights by children and young people in Australia.
ACT	**Rachel Stephen-Smith MLA** Minister for Families and Community Services	Department of Community Services **Child and Youth Protection Services**	Next Steps for Our Kids 2022–2030: ACT strategy for strengthening families and keeping children and young people safe
NSW	**The Hon Natasha Maclaren-Jones BN, MHSM, MLC** Minister for Families and Communities, Disability Services	Department of Communities and Justice Children and Families	Strategic Plan for Children and Young People 2022–2024 Developed by the Advocate for Children and Young People (as one of their statutory responsibilities)

	Minister and Portfolio	Department	Strategies
NT	**The Hon Kate Worden MLA** Minister for Territory Families Minister for Prevention of Domestic, Family and Sexual violence Minister for Sport	Department of Territory Families, Housing and Communities Territory Families has pioneered the transformation of child protection practice in the Northern Territory with a new focus on family-led decision making, strengths-based conversational approaches, and the establishment of trusting relationships in order to drive change.	Safe, Thriving and Connected: Generational Change for Children and Families (2018–2023) – comprises a series of interlinked reform programs addressing and extending beyond the recommendations of the Royal Commission and focussed on delivering desirable outcomes for families.
QLD	**The Hon Leanne Linard MP** Minister for Children and Youth Justice Minister for Multicultural Affairs	Department of Children, Youth Justice and Multicultural Affairs	Supporting Families Changing Futures 2019–2023 Queensland is in its final phase of embedding a 10-year reform program – Supporting Families Changing Futures – for its family support and child protection system. Supporting Families Changing Futures is focused on delivering the right services at the right time to support families to care for their children safely at home.
SA	**The Hon Katrine Hildyard MP** Minister for Child Protection	Department for Child Protection The wellbeing of our children is the responsibility of our entire community The Department for Child Protection works to keep South Australia's children safe by protecting them from abuse and harm and providing alternative care for children and young people when living at home is no longer an option. Our vision is for all children and young people to grow up safe, happy, healthy and nurtured to reach their full potential.	Safe and well: Supporting families, protecting children In 2019, the South Australian Government launched its first consolidated whole-of government child protection strategy Safe and well. The Strategy brings together over 500 individual recommendations from two significant Royal Commissions: the Child Protection Systems. Royal Commission (SA 2016) and the Royal Commission into Institutional Responses to Child Sexual Abuse.

TABLE 1:
Key actors and strategies by jurisdiction – CHILD PROTECTION

	Minister and Portfolio	Department	Strategies
TAS	**The Hon Roger Jaensch MP** Minister for Education, Children and Youth	**Department for Education, Children and Young People** **Children Youth and Family Services** **Strong Families, Safe Kids**	Strong Families Safe Kids: Next Steps Action Plan 2021–2023 (Strong Families Safe Kids: Next Steps) continues the journey of changing the way government and non-government services work together to shift the curve and improve the wellbeing outcomes for all Tasmanian children through a public health approach. The Strong Families Safe Kids Advice and Referral Line (ARL) commenced in late 2018 as the single front door for anyone with a concern about the safety and wellbeing of a child in Tasmania. Using a coordinated network of government and non-government services and supports, the ARL aims to deliver earlier interventions to ensure safety and better outcomes for at-risk children and their families, reducing the need for a statutory response.
VIC	**The Hon. Lizzie Blandthorn MP** Minister for Child Protection and Family Services	**The Department of Families, Fairness and Housing** works in partnership with community service organisations and Aboriginal services to strengthen support services for vulnerable families. Strong focus is given to keeping Aboriginal children connected to their culture and community.	Roadmap for Reform: Strong Families, Safe Children is our strategy to transform the child and family system. It focuses on earlier intervention and prevention to reduce vulnerability and equip children and young people to reach their full potential. The Roadmap aims to make the service system work better for children, families and practitioners to achieve better long-term social outcomes. Pathways to support for children and families: Priority Setting Plan 2021–2024
WA	**The Hon Simone McGurk MLA** Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services	Department of Communities Child Protection Works proactively with families to build safety around children and prevent the need for children to enter the out-of-home-care system. We also support children and young people who are in out-of-home care to thrive by working with community sector organisations and foster carers to provide them with a safe, stable environment.	Safer WA for Children and Young People was developed as part of the Western Australian Government's implementation of the recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse.

4. Commonwealth and State responsibilities for funding/delivery

Federal responsibilities

Child protection is a state responsibility with some Commonwealth coordination around national strategies and policy leadership, particularly Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031.

The National Strategy, with its specific focus on Aboriginal and Torres Strait Islander children and families is a key tool for the addressing the consistently and disproportionately high number of Aboriginal and Torres Strait Islander children in out-of-home care across Australia. This leadership includes the Aboriginal and Torres Strait Islander-specific early years plan and the driving of the Closing the Gap implementation which includes specific targets around reducing the number of Aboriginal and Torres Strait Islander children in out-of-home care The Commonwealth Government, through the NIAA is leading the Closing the Gap targets implementation, which include strong targets around reducing the number of Aboriginal and Torres Strait Islander children in out-of-home care.

While the federal government has a limited role in the child protection system, it contributes significant funding to prevention and early intervention supports for vulnerable families. Australia is a signatory to the UN Convention on the Rights of the Child – which underpins child protection policy and legislation across Australia and is directly referenced in a number of the state strategies [see links to state strategies in Table 1 above].

The federal government also plays a role in funding and commissioning intensive family support services (and plays a strong role in the Northern Territory).

The Productivity Commission and AIHW oversee consistent data collection, outcomes indicators and the reporting of comparative data.

State and territory government responsibilities

States are responsible for child protection (as an element of welfare) in the constitutional division of responsibilities. Each state and territory has their own state specific legislation – all of which have some individual differences, but share similar intents and purposes. States fund, deliver and commission child protection services. See Table 2 below for funding details.

5. Total government expenditure Australia-wide

A total of $30 million over five years has been allocated from 2022–23 to build and maintain links between Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031 and the next National Plan.

These initiatives will support the implementation of both strategies to prevent and protect children from violence, abuse and neglect, including improved supports for those providing care, with a focus on supporting at risk Aboriginal and Torres Strait Islander children and young people *(Department of Social Services, 2022h)*.

Amounts of funding have a significant impact on the quality and efficacy of child protection services – and as it is a state funded system, child protection services are competing for priority against all other state funding priorities.

TABLE 2: Total spending on child protection across jurisdictions

State/Territory	Total expenditure on Child Protection 2020–2021	$ per child / population 0–17
Australia wide	**$7.5 billion**	**Average = $1327.37**
ACT	$85,093,000	$879.83
NT	$212,162,000	$3,446.98
NSW	$2,567,332,000	$1,436.48
QLD	$1,509,431,000	$1,267.92
SA	$640,223,000	$1,733.18
TAS	$143,025,000	$1,272.35
VIC	$1,741,692,000	$1,218.94
WA	$612,856,000	$1,001.99
Australian Govt – NT	$8,147,000	N/A

Data sourced from: (Productivity Commission, 2022g)

The allocation of government funding within the child protection system reflects the prioritisation of different types of child protection services including:

- **Protective Intervention Services**
- **Care Services**
- **Intensive Family Support Services**
- **Family Support Services.**

Of total expenditure in 2021, 61% was allocated to **care services** (the pointy end).

TABLE 3: Breakdown of spending on child protection services by jurisdiction

State/Territory expenditure 2020/21	Protective Intervention Services	Care Services	Intensive Family Support Services	Family Support Services	TOTAL expenditure on Child Protection 2020–2021
Australia	$1.702B	$4.529B	$512M	$760M	**$7.5 Billion**
ACT	19,401,000	56,560,000	6,605,000	2,527,000	**$85million**
NT	24,957,000	125,050,000	5,184,000	48,824,000	**$212million**
NSW	605,131,000	1.57 billion	129,362,000	255,534,000	**$2.56 billion**
QLD	303,959,000	990,898,000	127,044,000	87,529,000	**$1.51 billion**
SA	77,597,000	500,038,000	23,884,000	38,704,000	**$640million**
TAS	28,514,000	78,470,000	11,084,000	24,956,000	**$143million**
VIC	412,168,000	853,253,000	193,619,000	282,653,000	**$1.74billion**
WA	230,898,000	347,469,000	16,100,000	18,389,000	**$6 12million**
Australian Govt – NT	Intensive Family Support Programs and Family Supports				**$8,147,000**

6. System specific accountability/ oversight/regulation mechanisms

Independent inquiries into the state child protection systems: 2004–2022

It is worth noting that since 2004, there have been more than 40 independent inquiries into Child Protection systems in the states and territories (total number for all states and territories).

Recommendations abound, consistent themes are identified, actions plans are made and still stories of unforgivable system failures continue to be revealed.

- **Royal Commission – into Institutional Responses to Child Sexual Abuse 2013–2017**
- **ACT – 2004, 2004, 2020**
- **NSW – 2008, 2011, 2012, 2014, 2015, 2017, 2020**
- **NT – 2010**
- **QLD – 2004, 2013, 2016, 2017, 2017, 2017, 2017, 2017, 2020**
- **SA – 2008, 2008, 2015,2016, 2017, 2021**
- **TAS – 2016, 2016, 2021, 2021, 2021**
- **VIC – 2012, 2015, 2015, 2016, 2017, 2019, 2020, 2021, 2021**
- **WA – 2007**

(AIHW, 2022c)

Legal Accountability

As mentioned above, due to the seriousness of the decisions made in the child protection system, there are strong legal frameworks and protections built into the system.

Each state has multiple pieces of legislation and corresponding regulations, that set strict rules for the way the child protection system operates, including the requirement that all significant legal decisions are made by a Court. All jurisdictions have Children's Courts who hear child protection matters, (except WA where a division of the Magistrates Court hears these matters).

See here for a summary of Child Protection Legislation across the jurisdictions

Children's Commissioners

There are Children's Commissioners in all jurisdictions including the Commonwealth. These are independent statutory authorities that have been established by state legislation (and the Commonwealth Human Rights Act for the National Commissioner). See links below:

- National Children's Commissioner
- Children and Young People Commissioner (ACT)
- The Advocate for Children and Young People (NSW)
- NT Children's Commissioner
- Queensland Family & Child Commission
- Commissioner for Children and Young People (SA)
- Commissioner for Children Tasmania
- Commission for Children and Young People (VIC)
- Commissioner for Children and Young People (WA)

Each role has slightly different framing – however, all share similar purposes – the ACT Children and Young People's Commissioner describes their role in child friendly language:

The role of the CYPC includes:

- **promoting the rights of children and young people**
- **consulting and talking with children and young people**
- **encouraging other organisations to listen to children and young people, and take their views seriously when making decisions**
- **providing advice to government and community agencies about how to improve services for children and young people**

CASE STUDY

The Guardian

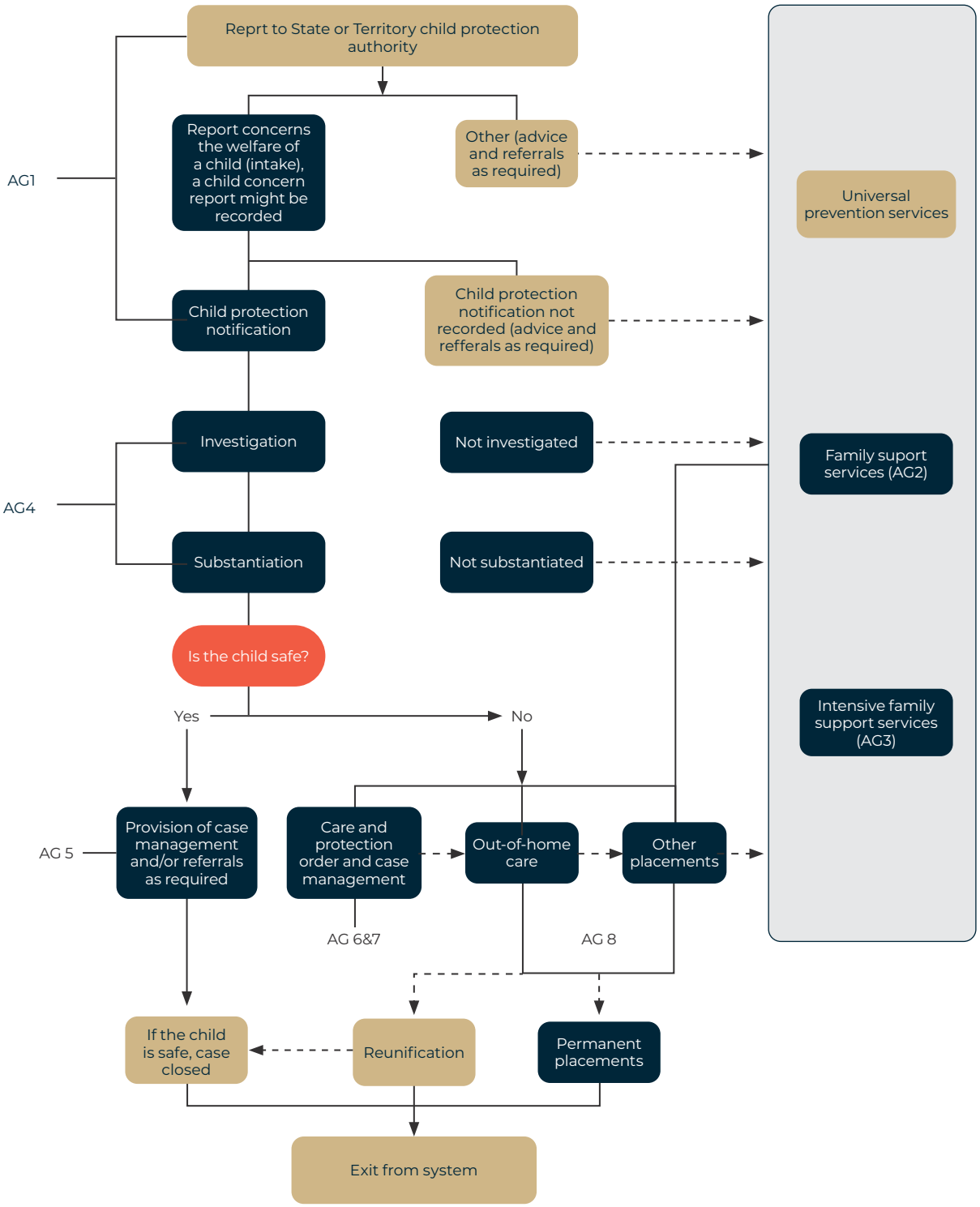
South Australia has the Guardian for Children and Young People who advocates for the rights and best interests of children and young people in care and youth detention in South Australia. The Guardian has a range of functions to promote the safety and wellbeing of children and young people in care. These include:

- promoting their rights and best interests
- advocating for them
- monitoring their circumstances to see if their wellbeing needs, rights and interests are being met
- advising the Minister for Child Protection on the quality of care provided to them
- making inquiries and advising the Minister about improvements that are needed to systems which affect their care
- investigating and reporting to the Minister on specific matters referred by the Minister

7. Access – universal or targeted

Accessing the child protection system is extremely targeted. The system is activated after a notification is made to the state child protection authority. However, a parent could initiate contact, if they are concerned about their own capacity to care for their child.

Figure 1: Flowchart of interaction with the child protection system



Source: (Productivity Commission, 2022g)

8. How a family interacts with/accesses the system

The child protection agency (in the relevant state) may initiate contact with a family as part of the investigation and substantiation process. From there, the nature of interactions with the system for both the parents and child/children will be dependent on the circumstances of the case.

Engagement with support services can differ depending on whether attendance and participation in a program is mandatory or voluntary. Services are generally delivered in the local area, often by community-based service providers.

For more detail about how the child protection system works in each state, see the links to the relevant state government departments in Table 1 above.

9. Where/who delivers services for families

Child protection staff are state government employees, who are undertaking statutory functions.

Depending on circumstances, there will be a range of support services for children and parents.

The recruitment and support of foster carers is outsourced to NGOs, as are the many and varied types of support services provided by a myriad of providers right across Australia. Services are place-based, with government commissioning arrangements ensuring a level of service for all locations.

[See the Family and Parenting Supports chapter of this atlas for more information about the types of family supports offered as part of the child protection system].

CASE STUDY

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP)

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) is designed to reduce the over-representation of Indigenous children in the child protection system.

ATSICPP practices relating to Indigenous children in out-of-home care include:

- preferred placement with Indigenous or non-Indigenous relatives or kin, or other Indigenous carers
- support to maintain or re-establish connections to their family, community, culture and country.

Key findings from The Aboriginal and Torres Strait Islander child placement principle indicators report (AIHW 2021c) include:

- about 18,900 Indigenous children were living in out-of-home care at 30 June 2020 (a rate of 56 per 1,000)
- nearly two-thirds (63%) of Indigenous children in out-of-home care were living with Indigenous or non-Indigenous relatives or kin or other Indigenous caregivers
- Around two-thirds (69%) of Indigenous children in out-of-home care had current, documented and approved cultural support plans at 30 June 2020, which include details such as the child's cultural background and actions taken to maintain their connection to culture
- 15% of Indigenous children in out-of-home care during 2019–20 were reunified with family

For further information about child protection services for Indigenous children see Indigenous community safety. (AIHW 2021)