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About this report

The Council of Australian Governments

The Council of Australian Governments (COAG) is the peak intergovernmental forum in Australia. Its principal role is to promote policy reforms that are of national significance or which require a coordinated response across all Australian governments.

COAG has a strong record of driving reforms that have improved the lives of Australians. In particular, in the mid-1990s COAG was responsible for the implementation of substantial micro-economic reform, which left a legacy of a more competitive, efficient and flexible economy and has enabled Australia to meet a number of economic challenges over the last two decades.

More recently, it has initiated the National Disability Insurance Scheme, a national effort to reduce family violence and action to counter terrorism in Australia. At its December 2015 meeting, as part of a new economic and Federation reform agenda, COAG committed to close collaboration in areas of shared responsibility, including: competition, tax, innovation, infrastructure, cities, regulation, health and education.

Context of the Report

Prior to 1 July 2014, the COAG Reform Council (CRC) produced annual reports summarising Australian governments’ joint performance against agreed benchmarks and indicators. Following the cessation of the CRC’s operations, interim reporting arrangements have been established. These are led by the Department of the Prime Minister and Cabinet, with assistance from the Productivity Commission. Looking to the future, new Commonwealth-State governance arrangements including performance reporting, transparency and data arrangements will be determined.

The report serves an important role in providing a single, streamlined source of information on progress towards COAG’s key commitments. The 2016 report updates the 2015 COAG Performance Report which was the first report produced under these interim arrangements. The National Agreements summary table provides information on which benchmarks and indicators have been updated since the 2015 COAG Performance Report. All National Partnership Agreement assessments have been updated, except for the National Partnership Supporting National Mental Health Reform. The next COAG Performance Report will be released in 2017.

Scope of the Report

The full scope of collaboration between the Commonwealth, states and territories is extensive, with agreements covering areas from healthcare, education and disability to water, transport, infrastructure and housing. This report provides a high-level overview of performance in achieving key COAG commitments in priority areas.

The Intergovernmental Agreement on Federal Financial Relations (IGA FFR) is the principal mechanism for the transfer of funds from the Commonwealth to state and territory governments. Under the IGA FFR, there are two types of intergovernmental agreements:

- National Agreements (NAs), which clarify the roles and responsibilities that guide the Commonwealth and the states and territories, and define the objectives, outcomes, outputs, performance indicators and benchmarks, in the delivery of services across six key areas - healthcare, education, affordable housing, skills and workforce development, disability and Indigenous reform; and

- National Partnership Agreements (NPs), which define mutually agreed objectives, outcomes, outputs and performance benchmarks or milestones related to the delivery of specific projects, improvements in service delivery or other reforms.
The report includes almost all performance benchmarks from the six NAs.¹ It also includes a number of NA performance indicators, to better encompass the scope of activity they cover.

The report also includes an assessment of progress under a small number of the most significant NPs. Where there are performance benchmarks or indicators under these agreements they have been used; where there are no appropriate indicators, a qualitative assessment of progress has been made.

Principles Underpinning the Content and Structure of the Report

The IGA FFR aims to afford the states and territories substantial flexibility in the delivery of services to communities, while imposing a high degree of accountability for achieving improved outcomes in those service areas. The content and structure of this report has been designed to reflect these principles. With respect to accountability, wherever possible, the report seeks to provide quantitative information on the outcomes delivered with respect to COAG’s priority commitments, as opposed to qualitative information on the actions of states and territories in these areas.

With respect to flexibility, the report aims to facilitate the sharing and adoption of best practice policy by highlighting areas where certain jurisdictions have demonstrated meaningful improvement and there is potential for lessons to be learned.

Purpose of the Report

This report aims to:

1. Provide timely, transparent feedback to First Ministers on the progress of Australian governments in advancing key COAG commitments and so facilitate meaningful reflection on overall performance and areas for improvement.

2. Promote greater accountability of Australian governments to the general public by providing a simple, straightforward assessment of their progress towards achieving their commitments.

3. Support a culture of continuous improvement, whereby Australian governments acknowledge and learn from the performance of their peers to deliver better outcomes for all Australians.

¹ Two benchmarks have not been included. The benchmark ‘The rate of Staphylococcus aureus (including MRSA) bacteraemia is no more than 2.0 per 10,000 occupied bed days for acute care public hospitals by 2011-12 in each State and Territory’ has not been included as the benchmark has passed and was reported on in the COAG Reform Council Report Healthcare in Australia 2012-13: Five years of performance. The benchmark ‘Better health services: by 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions’ has not been included as work is required to develop a new baseline and target because current data is only comparable back to 2007-08, not the original 2006-07 baseline year.
Treatment of data

The data used in this report come from a variety of surveys, administrative collections and censuses. Most of the available data cover the 2008 to 2014 timeframe. Where 2015 data is also available, we have included it. 2008 is when the current Federal Financial Relations framework, and the six National Agreements, came into effect. For this reason, we use it as the typical baseline year for our assessment. All data used in this report are current as of 31 January 2016.

Where there are multiple data sources that may be appropriate measures for a benchmark or indicator, our analysis and figures concentrate on the main measure (as agreed by jurisdictions). In some cases we have included information from supplementary data sources in our supporting commentary, particularly where it is more up to date.

For some indicators we use data from the 2011 Census of Population and Housing, which provides a five year comparison with the 2006 Census of Population and Housing.

For survey data, we test for statistical significance of differences. Changes are only noted when differences are statistically significant. We do not test Census data as there are no estimates of error from sampling. There may be error from other sources such as processing or collection issues which are not quantified. For some administrative collections such as mortality and NAPLAN, variability bands are used to measure the significance of differences taking into account the volatility in small numbers.

Much of our data is sourced from the Report on Government Services (RoGS). Where data quality information has been particularly relevant to the interpretation of our assessment, we have noted it in our report. More detailed data quality statements are available in the RoGS, and in the statistical supplement to this report.
### Key for assessment of quantitative data

#### Benchmarks:
Measures on which COAG has agreed to reach a particular data point by a particular point in time.

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieved</td>
<td>The final assessment date for the benchmark assessment has passed. The benchmark was met.</td>
</tr>
<tr>
<td>On track</td>
<td>The final assessment date for this benchmark is in the future. On the basis of results so far, the benchmark is on track to be met.</td>
</tr>
<tr>
<td>Likely to have been met</td>
<td>The due date for the benchmark assessment has passed, but we do not yet have data to assess results at that date. On the basis of the available data, the benchmark is likely to have been met.</td>
</tr>
<tr>
<td>Not on track</td>
<td>The final assessment date for this benchmark is in the future. On the basis of results so far, the benchmark is not on track to be met.</td>
</tr>
<tr>
<td>Unlikely to have been met</td>
<td>The final assessment date for the benchmark assessment has passed, but we do not yet have data to assess results at that date. On the basis of the available data, the benchmark is unlikely to have been met.</td>
</tr>
<tr>
<td>Not met</td>
<td>The final assessment date for the benchmark assessment has passed. The benchmark was not met.</td>
</tr>
<tr>
<td>New benchmark</td>
<td>There is no time series data available for this benchmark yet, so it is not possible to assess progress at this point.</td>
</tr>
<tr>
<td>Revised benchmark</td>
<td>An agreement has been reached to replace a previous benchmark.</td>
</tr>
</tbody>
</table>

#### Indicators:
Measures on which COAG has agreed that performance should be monitored, but have not set particular benchmarks for

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving</td>
<td>There has been a noticeable improvement on this measure.</td>
</tr>
<tr>
<td>No improvement</td>
<td>There has been no noticeable change across this measure.</td>
</tr>
<tr>
<td>Negative change</td>
<td>There has been a noticeable worsening on this measure.</td>
</tr>
<tr>
<td>Mixed results</td>
<td>This indicator includes a suite of results, which have shown a variety of positive, negative and/or no change. It is not possible to form an overall traffic light assessment.</td>
</tr>
<tr>
<td>New indicator</td>
<td>There is no time series data available for this indicator yet, so it is not possible to assess progress at this point.</td>
</tr>
</tbody>
</table>
## Summary of national performance against National Agreements

<table>
<thead>
<tr>
<th>Benchmark/indicator</th>
<th>First year</th>
<th>Latest year</th>
<th>Progress</th>
<th>Updated since ‘15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Affordable Housing Agreement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benchmark: From 2007-08 to 2015-16, a 10% reduction nationally in the proportion of low-income renter households in rental stress</td>
<td>35.4% (2007-08)</td>
<td>42.5% (2013-14)</td>
<td>Not on track</td>
<td>Yes</td>
</tr>
<tr>
<td>Benchmark: From 2006 to 2013, a 7% reduction nationally in the number of homeless Australians</td>
<td>89,728 people (2006)</td>
<td>105,237 people (2011)</td>
<td>Unlikely to have been met</td>
<td>No</td>
</tr>
<tr>
<td>Benchmark: From 2008 to 2017-18, a 10% increase nationally in the proportion of Indigenous households owning or purchasing a home</td>
<td>32.5% (2008)</td>
<td>31.7% (2012-13)</td>
<td>Not on track</td>
<td>No</td>
</tr>
<tr>
<td>Benchmark: From 2008 to 2017-18, a 20% reduction nationally in the proportion of Indigenous households living in overcrowded conditions</td>
<td>13.4% (2008)</td>
<td>11.2% (2012-13)</td>
<td>On track</td>
<td>No</td>
</tr>
<tr>
<td><strong>National Agreement for Skills and Workforce Development</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benchmark: Halve the proportion of Australians nationally aged 20-64 without qualifications at Certificate III level and above between 2009 and 2020</td>
<td>47.1% (2009)</td>
<td>42.5% (2014)</td>
<td>Not on track</td>
<td>No</td>
</tr>
<tr>
<td>Benchmark: Double the number of higher level qualification completions (diploma and advanced diploma) nationally between 2009 and 2020</td>
<td>53,974 completions (2009)</td>
<td>74,091 completions (2014)</td>
<td>Not on track</td>
<td>Yes</td>
</tr>
<tr>
<td>Indicator: Proportion of VET graduates with improved employment status after training</td>
<td>67.6% (2008)</td>
<td>59.7% (2014)</td>
<td>Negative change</td>
<td>No</td>
</tr>
<tr>
<td><strong>National Disability Agreement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benchmark: Between 2009 and 2018, there will be a five percentage point national increase in the proportion of people with disability participating in the labour force</td>
<td>54.3% (2009)</td>
<td>52.8% (2012)</td>
<td>Not on track</td>
<td>No</td>
</tr>
<tr>
<td>Benchmark: Between 2009 and 2018, there will be a five percentage point national decrease in the proportion of people with disability who report a need for more formal assistance</td>
<td>31.9% (2009)</td>
<td>34.1% (2012)</td>
<td>Not on track</td>
<td>No</td>
</tr>
<tr>
<td>Indicator: Proportion of people with disability who participate in social and community activities</td>
<td>76.6% (2009)</td>
<td>74.2% (2012)</td>
<td>Negative change</td>
<td>No</td>
</tr>
<tr>
<td><strong>National Education Agreement / National Education Reform Agreement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benchmark: Lift the Year 12 or equivalent or Certificate II attainment rate to 90% by 2015 (from 2008)</td>
<td>83.5% (2007)</td>
<td>88.4% (2015)</td>
<td>Not met</td>
<td>Yes</td>
</tr>
<tr>
<td>Benchmark: Lift the Year 12 or equivalent or Certificate III attainment rate to 90% by 2020 (from 2008)</td>
<td>82.3% (2007)</td>
<td>87.1% (2015)</td>
<td>On track</td>
<td>Yes</td>
</tr>
<tr>
<td>Indicator: Literacy and numeracy achievement of Year 3, 5, 7 and 9 students in national testing</td>
<td></td>
<td>Mixed results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator: The proportion of young people participating in post-school education, training or employment.</td>
<td>73.9% (2006)</td>
<td>72.7% (2011)</td>
<td>Negative change</td>
<td>No</td>
</tr>
</tbody>
</table>

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1 See the key for assessment on page 6 for an explanation of assessments of progress.
2 In accordance with the COAG review of the NEA performance framework, the ABS Survey of Education and Work the national level only and can be used to assess the national benchmark.
<table>
<thead>
<tr>
<th>Benchmark/Indicator</th>
<th>First year</th>
<th>Latest year</th>
<th>Progress</th>
<th>Updated since ‘15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Health Care Agreement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benchmark: Reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels by 2023</td>
<td></td>
<td>4.9% (2011-12)</td>
<td>On track</td>
<td>No</td>
</tr>
<tr>
<td>Benchmark: By 2018, increase by five percentage points the proportion of Australian adults and Australian children at a healthy body weight, over the 2009 baseline</td>
<td>Adults 36.9% (2007-08)</td>
<td>35.7% (2011-12)</td>
<td>Not on track</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Children 67.7% (2007-08)</td>
<td>69.8% (2011-12)</td>
<td>On track</td>
<td>No</td>
</tr>
<tr>
<td>Benchmark: By 2018, reduce the national smoking rate to 10% of the population and halve the Indigenous smoking rate, over the 2009 baseline.</td>
<td>National 19.1% (2007-08)</td>
<td>16.3% (2011-12)</td>
<td>Not on track</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Indigenous 44.8% (2007-08)</td>
<td>42.1% (2011-13)</td>
<td>Not on track</td>
<td>No</td>
</tr>
<tr>
<td><strong>Indicator:</strong> Waiting times for general practitioners</td>
<td></td>
<td>No improvement</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Indicator:</strong> Waiting times for emergency hospital care 4</td>
<td>75.4% (2013-14)</td>
<td>74.3% (2014-15)</td>
<td>Negative change</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Indicator:</strong> Life expectancy</td>
<td>Males 79.3 years (2007-09)</td>
<td>80.3 years (2012-14)</td>
<td>Improving</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Females 83.9 years (2007-09)</td>
<td>84.3 years (2012-14)</td>
<td>Improving</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Indicator:</strong> Potentially avoidable deaths</td>
<td>125.4 per 100,000 (2007)</td>
<td>106.9 per 100,000 (2013)</td>
<td>Improving</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Indicator:</strong> Aged care places per 1,000 older people</td>
<td>107.1 (2009)</td>
<td>107.5 (2015)</td>
<td>No improvement</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>National Indigenous Reform Agreement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benchmark: Closing the life expectancy gap within a generation</td>
<td>Gap of 411.8 deaths per 100,000 persons. (2006)</td>
<td>Gap of 410.3 deaths per 100,000 persons (2014)</td>
<td>Not on track</td>
<td>Yes</td>
</tr>
<tr>
<td>Benchmark: Halving the gap in mortality rates for Indigenous children under five within a decade</td>
<td></td>
<td>On track</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Benchmark: 95% of all Indigenous four-year-olds enrolled in early childhood education (by 2025).</td>
<td></td>
<td>Renewed benchmark</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Benchmark: Close the gap between Indigenous and non-Indigenous school attendance within five years from 2014</td>
<td></td>
<td>New benchmark</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Benchmark: Halve the gap for Indigenous students in reading, writing and numeracy within a decade</td>
<td></td>
<td>Mixed results</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Benchmark: Halving the gap for Indigenous people aged 20-24 in Year 12 attainment or equivalent attainment rates by 2020</td>
<td>47.4% attainment (2006)</td>
<td>53.9% attainment (2011)</td>
<td>On track</td>
<td>No</td>
</tr>
<tr>
<td>Benchmark: Halving the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade</td>
<td>53.8% employed Gap of 21.2 percentage points (2008)</td>
<td>47.5% employed Gap of 28.1 percentage points (2012-13)</td>
<td>Not on track</td>
<td>No</td>
</tr>
</tbody>
</table>

4 The scope of this indicator has been increased to include all public hospitals reporting to the Non-Admitted Patient Emergency Department Care National Minimum Data Set.
National Agreements
National Affordable Housing Agreement

The objective of the National Affordable Housing Agreement (NAHA) is ‘...that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation’ (COAG, 2009a). The NAHA aims to contribute to the following outcomes:

(a) people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion;
(b) people are able to rent housing that meets their needs;
(c) people can purchase affordable housing;
(d) people have access to housing through an efficient and responsive housing market;
(e) Indigenous people have the same housing opportunities (in relation to homelessness services, housing rental, housing purchase and access to housing through an efficient and responsive housing market) as other Australians; and
(f) Indigenous people have improved housing amenity and reduced overcrowding, particularly in remote areas and discrete communities.

We assess COAG’s performance against the four benchmarks identified in the NAHA, including those relating to home ownership and household overcrowding among Aboriginal and Torres Strait Islander peoples.

**Benchmark** | From 2007–08 to 2015–16, a 10% reduction nationally in the proportion of low-income renter households in rental stress
**Progress** | Not on track

![Figure 1: Proportion of low income households in rental stress, by state and territory, 2007-08 and 2013-14](image)

Nationally, there is no evidence that progress has been made in meeting the benchmark. According to ABS Survey of Income and Housing data, the national rate of rental stress has increased among low-income renter households from 35.4 per cent in 2007-08 to 42.5 per cent in 2013-14.

**Influences:** Rental affordability is a complex issue determined by the interaction of both rental supply and demand and is affected by levels of employment, wages and income support.

**Notes:**
1. A household is deemed to be experiencing rental stress if more than 30 per cent of their gross income goes towards rental costs.
2. A household is classified as ‘low income’ if household income is in the bottom 40 per cent of incomes, calculated for capital city and balance of state, on a state-by-state basis.
3. Commonwealth Rent Assistance is excluded from both gross income and housing costs.
4. Excludes households in collection districts defined as very remote, accounting for about 25 per cent of the population in the Northern Territory.

From 2006 to 2013, a 7% reduction nationally in the number of homeless Australians

Unlikely to have been met

The number of homeless persons rose from just under 90,000 in 2006 to over 105,000 in 2011, a 17.3 per cent increase. Data to assess whether this benchmark has been achieved will not be available until the next Census, but it seems unlikely. The proportion of homeless Australians increased, even accounting for population increase. For every 10,000 persons that were counted in Australia, there were 48.9 persons homeless on Census night in 2011 compared to 45.2 persons per 10,000 on Census night in 2006—an increase of 8 per cent.

Within the overall increase, the number of rough sleepers decreased from 7,247 in 2006 to 6,813 in 2011 (CRC, 2013).

Influences: Factors that may increase a person’s risk of becoming homeless include: poverty, unemployment, domestic violence, and family or relationship breakdown (AIHW, 2014b).

Note:
1. A person is considered to be homeless if they are staying (1) in improvised dwellings, tents, or sleeping out; (2) in supported accommodation for the homeless; (3) temporarily with other households; (4) in boarding houses; (5) in other temporary lodging; or (6) in ‘severely’ crowded dwellings.

Source: Census of Population and Housing, 2006 and 2011.
From 2008 to 2017–18, a 10% increase nationally in the proportion of Indigenous households owning or purchasing a home

**Progress** | Not on track

**Figure 3**: Proportion of Indigenous households owning or purchasing a home, by state and territory, 2008 and 2012-13

Though there is limited data available in this area, there is currently no evidence to suggest that the proportion of Indigenous Australians that own their own home has increased since 2008.

There is also variation between the trends shown by other data sources, so these results should be interpreted with caution.

The 2014 Overcoming Indigenous Disadvantage report noted an increase in Indigenous home ownership, but this was for a longer period, between 1994 and 2012-13.

The 2011 Census shows an Indigenous home ownership rate of 36 per cent, a slight increase from 2006. However, this may be because there has been an increase in people identifying as Indigenous between 2006 and 2011 (see ABS, 2013), rather than a genuine change.

**Influences**: Entrenched poverty is the strongest influence on Indigenous home ownership, forcing many to rely on social housing and excluding them from home ownership (AHURI, 2015).

---

**Note**:  
1. Includes households that own their dwelling outright, have a mortgage outstanding on their dwelling or are in a rent-buy or shared equity scheme.  
Source: ABS National Aboriginal and Torres Strait Islander Social Survey 2008 and ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012-13.
Benchmark: From 2008 to 2017–18, a 20% reduction nationally in the proportion of Indigenous households living in overcrowded conditions.

Progress: On track

**Figure 4: Proportion of Indigenous households living in overcrowded conditions, 2008 and 2012-13**

Nationally, between 2008 and 2012-13, there was a 16 per cent decrease in the proportion of Indigenous households living in overcrowded conditions. Based on this improvement, the benchmark is on track to be met.

**Influences:** Overcrowding in Indigenous households can be due to lack of access to adequate and appropriate housing stock. It is more likely to occur in remote areas and is more common among those living in social housing, those with low incomes and those who are unemployed. Household size can also reflect environmental and social factors (AHMAC, 2015, SCRGSP, 2014).

**Note:**

1. Overcrowded conditions are defined using the Canadian National Occupancy Standard as requiring one or more additional bedrooms.

National Agreement on Skills and Workforce Development

The objective of the National Agreement for Skills and Workforce Development (NASWD) is a vocational education and training (VET) system that:

(a) delivers a productive and highly skilled workforce;
(b) enables all working age Australians to develop the skills and qualifications needed to participate effectively in the labour market and contribute to Australia’s economic future; and
(c) supports increased rates of workforce participation.

To achieve this objective, the three outcomes the agreement seeks to achieve are:

(a) the skill levels of the working age population are increased to meet the changing needs of the economy;
(b) all working age Australians have the opportunity to develop skills; and
(c) training delivers the skills and capabilities needed for improved economic participation for working age Australians.

We assess COAG’s performance against the two benchmarks identified in the NASWD, and supplement this with an indication of how effectively VET is translating into improved employment outcomes for graduates.

See also: National Education Agreement and National Education Reform Agreement on page 22 for assessment of similar benchmarks.
**Benchmark** | Halve the proportion of Australians nationally aged 20-64 without qualifications at Certificate III level and above between 2009 and 2020

**Progress** | Not on track

---

**Figure 5: Proportion of 20–64 year olds without qualifications at Certificate level III or above, 2009–2014**

In 2014, the proportion of Australians aged 20-64 without qualifications at the Certificate III level or above was 42.5 per cent. This is a 4.6 percentage point decrease from 2009—not meeting the trajectory needed to achieve the 23.6 per cent target agreed by COAG. Progress appears to have stalled from 2012 to 2014.

The Northern Territory (9.9 percentage points), Victoria (5.8 percentage points), and Western Australia (5.6 percentage points) have achieved the greatest improvements.

**Influences:** Relevant employment pathways following training contribute to VET uptake (Wheelahan, Buchanan, & Yu, 2015), as does income and education prior to training. Employers’ ability to support further study may also play a role, and in an uncertain economic environment this support may be less prevalent (Beddie, 2015).

---

**Note:**
1. The Survey of Education and Work was not conducted in Aboriginal and Torres Strait Islander communities in very remote areas, which affects the comparability of Northern Territory results as these communities account for around 15 per cent of the Northern Territory 15–74 year old population.

**Source:** ABS (various years) Education and Work, Australia.
Double the number of higher level qualification completions (diploma and advanced diploma) nationally between 2009 and 2020

Not on track

COAG’s target means that the number of Diploma and Advanced Diploma completions needs to increase to 107,948 by 2020.

Nationally from 2009 to 2014, there was an increase of 20,117 Diploma and Advanced Diploma completions. However, if the rate of increase from 2009–2014 continues, COAG will not meet its 2020 target. Nationally, the number of completions has decreased since 2012.

In 2014, all jurisdictions, except Tasmania, recorded a higher number of completions of Diploma and Advanced Diploma qualifications compared to 2009. By 2014, the Northern Territory had nearly doubled its 2009 result.

Notes:
1. Figures exclude the domestic and international fee-for-service activity of Community education providers and other registered providers.
2. The 2014 data are preliminary. Final figures will be released by the National Centre for Vocational Education Research in July 2016.

**Indicator |** Proportion of VET graduates with improved employment status after training  
**Progress |** Negative change

**Figure 7: Proportion of VET graduates aged 20-64 years who improved their employment circumstances after training, 2008–2014**

Training can give graduates better access to employment opportunities. Improved employment status after training is defined as employment status changing from: not employed before training to employed after training; being employed at a higher skill level after training; or receiving a job-related benefit.

Nationally, between 2008 and 2014 there was a 7.5 percentage point decrease in the proportion of VET graduates aged 20-64 years with improved employment circumstances after training. There were significant decreases in New South Wales, Victoria, Queensland and South Australia.

**Influences:** Factors outside the training system, especially labour market conditions, affect job market outcomes.

Source: NCVER (various years) Student Outcomes Survey.
National Disability Agreement

The objective of the National Disability Agreement (NDA) is that ‘People with disability and their carers have an enhanced quality of life and participate as valued members of the community’ (COAG 2009b). The NDA aims to contribute to the following outcomes:

(a) people with disability achieve economic participation and social inclusion;
(b) people with disability enjoy choice, wellbeing and opportunity to live as independently as possible; and
(c) families and carers are well supported.

The staged implementation of the National Disability Insurance Scheme (NDIS) commenced in mid-2013. The data used in this section are the latest available; but predate the NDIS rollout.

We assess COAG’s performance against the two benchmarks identified in the NDA, and supplement this with an indication of the level of participation by people with a disability in social and community activities.

**Benchmark** | Between 2009 and 2018, there will be a five percentage point national increase in the proportion of people with disability participating in the labour force
---|---
**Progress** | Not on track

Figure 8: Labour force participation rate for people with disability aged 15–64 years by disability status and state & territory, 2009 and 2012

In 2012, 52.8 per cent of those reporting a disability were in the labour force (either employed or unemployed). For those reporting a profound or severe disability the proportion was 29.7 per cent.

Between 2009 and 2012 there was no change. Progress will need to begin to improve in order to meet the target.

Closer analysis reveals that there was a 3.2 percentage point decrease among males and no change for females.

**Influences**: Labour force participation is dependent on the severity and type of disability and is worse for those with more than one type of impairment and for those who experience disability at older ages (ABS, 2012). Other factors include the state of the job market, workplace conditions and workplace discrimination (OECD, 2010).

Notes:
1. Data are for people aged 15–64 years, living in households.
2. Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities. Core activities comprise communication, mobility and self-care.
3. Data for the Northern Territory should be used with care as the Survey of Disability, Ageing and Carers 2009 and 2012 does not include people living in very remote areas or people living in discrete Indigenous communities, which affects the comparability of the Northern Territory results.

In addition the 2012 survey was the first time that discrete Indigenous communities were excluded from the survey, resulting in around 10% of Northern Territory households that were previously included being excluded.

**Source**: ABS Survey of Disability, Ageing and Carers 2009 and 2012.
**Benchmark** | Between 2009 and 2018, there will be a five percentage point national decrease in the proportion of people with disability who report a need for more formal assistance

**Progress** | Not on track

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**Figure 9: Proportion of people aged 0–64 years in potential population who need more formal assistance than they are currently receiving 2009 and 2012**

Between 2009 and 2012, there was no change nationally in the proportion of people with disability who reported a need for more formal assistance. Over this same period, there were increases in Western Australia, South Australia and Victoria (15.6, 9.6, and 6.7 percentage points respectively).

Of those reporting a disability, 27 per cent of people who have taken action in the last twelve months to get more formal assistance still required more assistance. 79.5 per cent were satisfied with the quality of assistance received from formal services.

**Influences:** The requirement for more formal assistance suggests an unmet need that may be influenced by the availability of services in an area, the ability to access existing services, satisfaction with current services, the severity of a person’s disability and the presence of other health problems.

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**Notes:**
1. Excludes those with a need for assistance with health care and people who are residents of cared accommodation. Need for more formal assistance also includes those who currently do not receive any assistance or may not be eligible for assistance.
2. Data for the Northern Territory should be used with care as the Survey of Disability, Ageing and Carers 2009 and 2012 does not include people living in very remote areas or people living in discrete Indigenous communities, which affects the comparability of the Northern Territory results. In addition the 2012 survey was the first time that discrete Indigenous communities were excluded from the survey, resulting in around 10% of Northern Territory households that were previously included being excluded.

**Source:** ABS Survey of Disability, Ageing and Carers 2009 and 2012.
In 2012, 74.2 per cent of those with a disability reported having face to face contact with ex-household family or friends in the previous week. Proportions were lower for those with a profound or severe disability and were lower for males compared to females.

Between 2009 and 2012 there was a 2.4 percentage point decrease in the proportion of people who had face-to-face contact with ex-household family or friends.

**Influences:** People with a disability report numerous barriers that limit their ability to participate in community life. This includes barriers in the built environment, as well as social and attitudinal factors (FaHCSIA, 2009).

**Notes:**
1. Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities. Core activities comprise communication, mobility and self-care.
2. Data for the Northern Territory should be used with care as the Survey of Disability, Ageing and Carers 2009 and 2012 does not include people living in very remote areas or people living in discrete Indigenous communities, which affects the comparability of the Northern Territory results. In addition the 2012 survey was the first time that discrete Indigenous communities were excluded from the survey, resulting in around 10% of Northern Territory households that were previously included being excluded.

**Source:** ABS Survey of Disability, Ageing and Carers 2009 and 2012.
National Education Agreement and National Education Reform Agreement

There are two agreements in place that relate to schools education: the National Education Agreement (NEA) and the National Education Reform Agreement (NERA).

Only benchmarks and indicators common to both agreements have been included. The performance frameworks for the two agreements have significant overlap.

National Education Agreement

The objective of the NEA (January 2009) is ‘All Australian school students acquire the knowledge and skills to participate effectively in society and employment in a globalised economy’ (COAG, 2009c). The NEA is intended to contribute to the achievement of the following outcomes:

(a) all children are engaged in and benefiting from schooling;
(b) young people are meeting basic literacy and numeracy standards, and overall levels of literacy and numeracy achievement are improving;
(c) Australian students excel by international standards;
(d) schooling promotes the social inclusion and reduces the educational disadvantage of children, especially Indigenous children; and
(e) young people make a successful transition from school to work and further study.

Queensland, Western Australia and the Northern Territory operate under the NEA in agreement with the Commonwealth.

National Education Reform Agreement

Outcomes for the NERA (COAG, 2013) are similar to the ones stated in the NEA:

(a) Australian students excel by international standards;
(b) young people make a successful transition from school to work and further study;
(c) all children are engaged in and benefiting from schooling; and
(d) schooling reduces the educational disadvantage of children, including Aboriginal and Torres Strait Islander children and children from low socio-economic status backgrounds.

New South Wales, Victoria, South Australia, Tasmania and the Australian Capital Territory operate under the NERA in agreement with the Commonwealth.

We assess COAG’s performance against the two benchmarks identified in the NEA and the NERA, and supplement this with an indication of literacy and numeracy achievement among school age children and the participation of young people in post-school education, training or employment.

See also: National Agreement on Skills and Workforce Development on page 15 for assessment of similar benchmarks.
Benchmark | Lift the Year 12 or equivalent or Certificate II attainment rate to 90 per cent by 2015
Progress | Not met

Figure 11: Proportion of those aged 20–24 years who have completed year 12 (or equivalent) or Certificate level II or above, 2007 to 2015 and state breakdown, 2006 and 2011

Nationally, between the 2007 and 2015 there was a 4.9 percentage point increase in the year 12 (or equivalent) or Certificate II attainment rate. Despite this improvement, this was below the required 6.5 percentage point increase required to meet the 90 per cent benchmark.

Influences: Attainment rates are affected by a number of factors including parental income and education level, access to education, family and community support, home learning environments, mentors, culturally inclusive support strategies, labour market conditions and pathways to employment.

Notes:
1. In accordance with the COAG review of the NEA performance framework, reporting of SEW is at the national level only and can be used to assess the national benchmark. The review agreed that Census data be used for State and Territory disaggregations.
2. Prior to 2009, the Survey of Education and Work was not conducted in very remote areas. Since 2009, very remote areas have been sampled, however, Indigenous communities in very remote areas are excluded, which affects the comparability of Northern Territory results.

**Benchmark** | Lift the Year 12 or equivalent or Certificate III attainment rate to 90 per cent by 2020

**Progress** | On track

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**Figure 12: Proportion of those aged 20–24 years who have completed year 12 (or equivalent) or Certificate III or above 2007 to 2015 and state breakdown, 2006 and 2011**

The ABS Survey of Education and Work shows that there was a 4.8 percentage point increase in the year 12 (or equivalent) or Certificate III attainment rate between 2007 and 2015. If the current trend continues, the 2020 target is likely to be met.

The Census data shows that between 2006 and 2011 there have been improvements in the year 12 (or equivalent) or Certificate III attainment rate in all jurisdictions.

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Notes:

1. In accordance with the COAG review of the NEA performance framework, reporting of SEW is at the national level only and can be used to assess the national benchmark. The review agreed that Census data be used for State and Territory disaggregations.

2. Prior to 2009, the SEW was not conducted in very remote areas. Since 2009, very remote areas have been sampled, however, Indigenous communities in very remote areas are excluded, which affects the comparability of Northern Territory results.

Indicators | Literacy and numeracy achievement of Year 3, 5, 7 and 9 students in national testing
Progress | Mixed results

The National Assessment Program—Literacy and Numeracy (NAPLAN) measures proportions of children in Years 3, 5, 7 and 9 meeting national minimum standards (NMS) and their average scores. Tracking the proportion of students meeting the NMS shows the performance of low achieving students over time. The average score is a measure of achievement and is an indication of the performance of the students, school, jurisdiction and the system as a whole. Results for the Northern Territory may reflect, in part, a high proportion of disadvantaged Indigenous students. In the Northern Territory, Indigenous children made up 44 per cent of the 5–19 year old population.

Influences: Outcomes for students can be affected by the quality of schooling and the availability of interventions and support as well as factors that may be partly or totally outside the influence of the school system, such as, family environment (including parental income, educational attainment and support for the child), student commitment, and the proximity of the school and other educational facilities to students’ homes (ACARA, 2015).

Figure 13a: Average score in reading, Australia, 2008-2015

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Year 5</th>
<th>Year 7</th>
<th>Year 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>412.5</td>
<td>414.8</td>
<td>412.4</td>
<td>410.8</td>
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<td>414.3</td>
<td>449.0</td>
<td>439.0</td>
<td>410.3</td>
</tr>
<tr>
<td>431.5</td>
<td>448.5</td>
<td>418.5</td>
<td>412.0</td>
</tr>
</tbody>
</table>

Figure 13b: Average score in reading, by jurisdiction, 2015 and change since 2008

Nationally, between 2008 and 2015, there were improvements in the average scores of students in Year 3. Over this same period, among the states and territories, there were improvements in Western Australia for all year levels, in Queensland for Year 3, 5 and 7, in Tasmania and the Australian Capital Territory for Years 3 and 5, the Northern Territory for Year 3 and Year 7 and in New South Wales and Victoria for Year 3.

Notes:
1. All highlighted changes for jurisdictions are statistically significant between 2008 and 2015.
2. Exempt students were not assessed and are deemed not to have met the national minimum standard.
The proportion of absent and withdrawn students varies across jurisdictions.
Figure 13c: Proportion at or above the national minimum standard in reading, Australia, 2008-2015

Nationally, between 2008 and 2015, there was an improvement in the proportion of students at or above the NMS for reading in Year 3. Across most jurisdictions and year levels, the proportion of students at or above the NMS was stable. Gains were seen for Years 3, 5 and 7 in Queensland and Western Australia. There was a decrease for Year 9 in the Australian Capital Territory, noting that the Australian Capital Territory has the highest proportion of students at or above the NMS for reading nationally.

Notes:
1. All highlighted changes for jurisdictions are statistically significant between 2008 and 2015.
2. Exempt students were not assessed and are deemed not to have met the national minimum standard.
3. The proportion of absent and withdrawn students varies across jurisdictions.

Figure 13d: Proportion at or above the national minimum standard in reading by jurisdiction, 2015 and change since 2008
Nationally, between 2008 and 2015, there were improvements in the average scores of students in Year 5. Across most jurisdictions and year levels, average scores for numeracy were constant. Improvements were seen in Queensland for Years 3, 5 and 9, in Western Australia for Years 5 and 9 and in Victoria, South Australia, Tasmania and the Australian Capital Territory for Year 5.

Notes:
1. All highlighted changes for jurisdictions are statistically significant between 2008 and 2015.
2. Exempt students were not assessed and are deemed not to have met the national minimum standard.
3. The proportion of absent and withdrawn students varies across jurisdictions.

Nationally, between 2008 and 2015, there were improvements in the proportion of students at or above the NMS for numeracy in Years 5 and 9. Across the jurisdictions, there was an increase in the proportion at or above the NMS in Queensland for Years 3, 5 and 9 and decreases in Year 3 in both New South Wales and Tasmania. There was also an increase for Years 5 and 9 in Western Australia and South Australia.

Notes:
1. All highlighted changes for jurisdictions are statistically significant between 2008 and 2015.
2. Exempt students were not assessed and are deemed not to have met the national minimum standard.
3. The proportion of absent and withdrawn students varies across jurisdictions.

Source: ACARA (2015)
Indicator | The proportion of young people participating in post-school education, training or employment
Progress | Negative change

Figure 14: Proportion of school leavers aged 17–24 years who are fully participating in education, training and/or employment, 2006 and 2011

Nationally, the proportion of young people fully engaged in work or study fell between 2006 and 2011 Censuses. In 2011, more than a quarter of young people were not fully engaged. The proportion in full-time study rose, but there were falls in full-time work. More recent data from the ABS Survey of Education and Work would suggest that the proportion of young people fully engaged in work or study fell between 2012 and 2014.

Influences: There is a positive relationship between a person’s highest level of schooling and subsequent engagement. The state of the job market and the economy also play a major role. There have been changes to the definition of participation since 2012 and they will affect this indicator in the next Census year.

Notes:
1. People who were in school level education are excluded.
2. Prior to 2009, the SEW was not conducted in very remote areas. Since 2009, very remote areas have been sampled, however, Indigenous communities in very remote areas are excluded, which affects the comparability of Northern Territory results.
3. People permanently unable to work are excluded from the in-scope population.

National Healthcare Agreement

The objective of the National Healthcare Agreement (NHA) is for Commonwealth, state and territory governments to improve health outcomes for all Australians and ensure the sustainability of the Australian health system (COAG, 2011).

This section includes benchmarks or indicators providing information on five of the seven outcomes of the NHA:

(a) Australians are born and remain healthy;
(b) Australians receive appropriate high quality and affordable primary and community health services;
(c) Australians receive appropriate high quality and affordable hospital and hospital related care;
(d) Older Australians receive appropriate high quality and affordable health and aged care services;
(e) Australians have positive health and aged care experiences which take account of individual circumstances and care needs (not reported);
(f) Australians have a health system that promotes social inclusion and reduces disadvantage, especially for Indigenous Australians (partially reported – see our section on the National Indigenous Reform Agreement for more information); and
(g) Australians have a sustainable health system (not reported).

Benchmark| Reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels by 2023
Progress| On track

Figure 15: Age standardised, proportion of persons aged 25 and over with type 2 diabetes, by state and territory, 2011-12

In 2011–12, 4.9 per cent of Australian adults aged 25 and over were estimated to have had Type 2 diabetes—currently satisfying the 5.0 per cent proxy benchmark.\(^1\)

Nationally, men (6.3 per cent) were more likely than women (3.6 per cent) to have Type 2 diabetes. Indigenous Australians were over three times as likely to have Type 2 diabetes as non-Indigenous Australians—14.8 per cent and 4.8 per cent of persons aged 25 and over, respectively.

Influences: The prevalence of Type 2 diabetes is increased through ‘hereditary factors and lifestyle risk factors including poor diet, insufficient physical activity and overweight or obesity’ (DHA, 2013).

Notes:
1. In the 1999–2000 Australian Diabetes, Obesity and Lifestyle (Ausdiab) study, prevalence was measured as 7.1 per cent using a combination of two methods (oral glucose tolerance tests and fasting plasma glucose tests). However, the 2011–12 Australian Health Survey contained only a test of fasting plasma glucose. A re-analysis of Ausdiab results using just the fasting plasma glucose measure shows a proxy benchmark of 5.0 per cent for Australians aged 25 and over, to be used when comparing the Ausdiab and Australian Health Survey results.
2. Data for the Northern Territory should be used with care as very remote areas were excluded from the Australian Health Survey, which translates to exclusion of around 25 per cent of the Northern Territory population.
3. Indigenous diabetes prevalence is derived from fasting plasma glucose test results.

Source: ABS unpublished, Australian Health Survey 2011–13 (2011-12 NHMS component); ABS unpublished, Australian Aboriginal and Torres Strait Islander Health Survey, 2012-13 (National Aboriginal and Torres Strait Islander Health Measures Survey component).
**Benchmark** | By 2018, increase by five percentage points the proportion of Australian adults at a healthy body weight, over the 2009 baseline

**Progress** | Not on track

**Figure 16: Proportion of adults (18 years and over) at a ‘normal weight’ (BMI 18.5-24.9), 2007–08 and 2011–12**

COAG’s national benchmark for adults in the healthy weight range is 41.9 per cent by 2018.

From 2007–08 to 2011–12, there was little difference in the proportion of adults at a healthy body weight nationally (36.9 per cent to 35.7 per cent). This is not meeting the trajectory required to achieve COAG’s benchmark.

**Influences:** The environments in which people live, learn, work and play are an important determinant of healthy weight. The prevalence of overweight and obesity is also affected by dietary factors (including the ready availability of energy-dense food), as well as sedentary lifestyles. Hereditary factors also influence weight, and there is a positive relationship between socioeconomic status and healthy weight.

**Notes:**
1. For the purposes of this benchmark, ‘healthy’ is measured as having a ‘normal weight’ with a BMI between 18.5 and 24.9.
2. Data for the Northern Territory should be used with care as very remote areas were excluded from the Australian Health Survey, which translates to exclusion of around 25 per cent of the Northern Territory population.

Benchmark | By 2018, increase by five percentage points the proportion of Australian children at a healthy body weight, over the 2009 baseline

Progress | On track

Figure 17: Proportion of children (5–17 years) at a ‘normal weight’ (BMI 18.5–24.9), 2007–08 and 2011–12

COAG’s national benchmark for children in the healthy weight range is 72.7 per cent by 2018. In 2011–12, 69.8 per cent of children were at a normal weight, up from 67.7 per cent in 2007–08. If the existing increase continues, COAG is on track to reach its benchmark.

Influences: As well as the factors contributing to adult obesity highlighted above, the environments in which children live, learn and play are an important determinant of healthy weight. Childhood food preferences and parenting influences on eating patterns contribute to overweight and obesity among children (Haire-Joshu & Nanney, 2002).

Notes:
1. For the purposes of this benchmark, ‘healthy’ is measured as having a ‘normal weight’ with a BMI between 18.5 and 24.9.
2. Data for the Northern Territory should be used with care as very remote areas were excluded from the Australian Health Survey, which translates to exclusion of around 25 per cent of the Northern Territory population.

**Benchmark** | By 2018, reduce the national smoking rate to 10 per cent of the population

**Progress** | Not on track

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**Figure 18: Rate of adults who are current daily smokers, by state and territory, 2007–08 to 2011–12**

In 2011–12, 16.3 per cent of Australian adults were daily smokers. This was a decrease from 2007–08 (19.1 per cent). Significant falls occurred in New South Wales, Queensland, South Australia and the Australian Capital Territory.

While smoking rates have fallen over time, they will need to fall faster to meet the benchmark set by COAG.

**Influences:** Tobacco smoking is influenced by a range of factors, including positive attitudes towards smoking, and smoking as a coping mechanism (correlating with socioeconomic status).

It is also influenced by the smoker’s environment, their social and economic status, and their ability to access support (AIHW, 2014a).

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**Note:**

1. The time period over which smoking rates have been measured is 2008 to 2011–12.

Benchmark | By 2018, halve the Indigenous smoking rate, over the 2009 baseline
Progress | Not on track

Between 2007–08 and 2011–13, the national proportion of Indigenous adults who smoke daily fell by 2.7 percentage points (from 44.8 per cent to 42.1 per cent). There was also a decrease in New South Wales, from 47.6 per cent to 41.6 per cent. However, Indigenous adults were still more than two and a half times as likely to smoke as non-Indigenous Australians.

Indigenous smoking rates will need to fall faster to meet the benchmark set by COAG to reduce the rate to 22.4 per cent by 2018.

Influences: Indigenous smoking rates are affected by normalisation of smoking. Indigenous Australians in the most socially disadvantaged circumstances have the highest smoking rates (AHMAC, 2015).

Note:
1. Data for non-Indigenous Australians for the Northern Territory should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 25 per cent of the Northern Territory population.

Source: Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 (core component) and National Aboriginal and Torres Strait Islander Social Survey 2008.
**Indicator** | Waiting times for general practitioners  
**Progress** | No improvement

**Figure 20:** Waiting times for an urgent GP appointment, by state and territory, 2011–12 and 2014–15

In 2014–15, 25.0 per cent of patients waited 24 hours or more for an urgent GP appointment—a similar result to 2011–12 (24.4 per cent). 63.9 per cent of people waited less than four hours.

Tasmania showed a significantly higher proportion of patients waiting 24 hours or more (32.7 per cent) than the national figure, and a lower proportion of patients seen within four hours (53.3 per cent). The results for Northern Territory show an increase in patients seeing a GP within four hours between 2011-12 and 2014-15.

**Influences:** GP availability is influenced by factors such as the number of training places and policies around the recruitment of doctors from overseas. Governments also seek to influence the availability of GPs through incentives to recruit and retain GPs according to geographical need, including remoteness (SCRGSP, 2015). GPs are also unevenly distributed geographically, tending to practice in areas of greater amenity. This inhibits access to primary care for rural and remote populations.

**Notes:**
1. ‘Urgent’ as defined by respondent. Discretionary interviewer advice was to include health issues that arose suddenly and were serious (e.g. fever, headache, vomiting, unexplained rash).
2. Data for the Northern Territory should be interpreted with caution as the Patient Experience Survey excluded discrete Aboriginal and Torres Strait Islander communities, which comprise around 25 per cent of the estimated resident population of the NT.

Indicator | Waiting times for emergency hospital care
Progress | Negative change

Figure 21: Patients treated within national benchmarks for emergency department waiting time, large and medium hospitals, 2013–14 and 2014–15

Emergency department (ED) performance is based on the percentage of people who are seen within benchmark times for five triage categories—triax category 1 is for those with life threatening conditions to be seen ‘within seconds’ and triage category 5 is for those with the least urgent conditions to be seen ‘within 120 minutes’.

The hospitals within scope of this indicator were expanded in 2013-14, so only the last two years of data are comparable (see notes).

Nationally, in 2014–15, the proportion of ED presentations treated on time was 74.3 per cent—this has decreased from 75.4 per cent in 2013–14.

Prior to the change in scope, the data showed a marked increase in the proportion of ED presentations treated on time, between 2007–08 (67.0 per cent) and 2012-13 (71.5 per cent).

Note:
1. The scope of this indicator has been increased to include all public hospitals reporting to the Non-Admitted Patient Emergency Department Care National Minimum Data Set. Data for 2013–14 have been resupplied for the revised scope, but it is not possible to provide comparable data for the years prior to 2013–14. Please see SCRGSP (2016) for more information.

Source: AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.
**Indicator**| Life expectancy  
**Progress**| Improving

**Figure 22: All Australians average life expectancy at birth (years), 2007-09 to 2012-14**

Life expectancy at birth has shown a small improvement over the reporting period 2007-09 to 2012-14. Male life expectancy was 80.3 years in 2012–14 (up from 79.3 in 2007–09). Female life expectancy consistently improved from 83.9 to 84.4 years over the same duration.

All states and territories have shown a small increase over the same period.

Indigenous life expectancy continues to show a substantial gap compared to non-Indigenous Australians, although the gap has narrowed (see our chapter on the National Indigenous Reform Agreement for more information).

**Influences:** Contributing factors include environment and lifestyle, such as overweight, smoking, and excessive drinking, as well as access to appropriate healthcare.

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**Note:**
1. Data for Australia include Other territories.

**Source:** ABS (2015) Life Tables, Australia, States and Territories, various years.
**Indicator** | Potentially avoidable deaths  
**Progress** | Improving

**Figure 23: Age-standardised mortality rates of potentially avoidable deaths, under 75 years, 2007-2013**

Potentially avoidable deaths include those that are potentially preventable through preventive and primary healthcare and health promotion, and deaths that are potentially treatable through appropriate interventions.

Nationally, there were 106.9 avoidable deaths per 100,000 people in 2013, down from 125.4 per 100,000 in 2007. All jurisdictions have shown a decrease. Queensland and the Northern Territory continue to have higher rates than the national rate, but both jurisdictions have shown improvement since 2007. Victoria’s rate is the lowest.

Notes:
1. Age-standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001.
2. Historical data may differ from previous reports as nationally agreed revisions to the definition of potentially avoidable deaths in 2014 have been applied.
3. Potentially avoidable deaths refer to deaths from certain conditions that are considered avoidable given timely and effective health care. Avoidable mortality measures premature deaths (for those aged 0–74 years) for specific conditions defined and agreed to nationally by NHISSC and endorsed by NHIPPC (August 2014). These include external events in which the health system has no role — for example, while the response of the health system may prevent death following an accidental fall, it is not a factor when an accidental fall causes immediate death.

Indicator | Aged care places per 1,000 older people
Progress | No improvement

The Commonwealth Government has set a target of 125 places per 1000 people aged 70 years and over by 2020–21 (DSS, 2013).

The growth in the rate of aged care places has stalled in recent years. After increasing in 2009, 2010, and 2011, rates of aged care places were about 108 places per 1000 people from 2012 to 2015.

Influences: Australia’s ageing population means that, even if service provision is maintained at similar levels, over time the number of aged care places per 1000 older people will decrease. Other factors, such as the availability of training for aged care professionals, also influences aged care availability. The Productivity Commission has also found that older Australians strongly prefer to age in place. Most people are happy staying in their family home, despite a common perception that such homes are too big for them (PC, 2015).

Note:
1. Figures include operational number of aged care places per 1000 people aged 70 years or over and Aboriginal and Torres Strait Islander Australians aged 50–69 years on the 30 June.
Source: DoHA/DSS (unpublished).
National Indigenous Reform Agreement

The overarching objective of the National Indigenous Reform Agreement (NIRA) is to implement intergovernmental reforms to close the gap in Indigenous disadvantage. COAG has recognised that overcoming Indigenous disadvantage will require long-term commitment across the Closing the Gap benchmarks (COAG, 2008):

- Close the life expectancy gap within a generation (by 2031)
- Halve the gap in mortality rates for Indigenous children under five within a decade (by 2018)
- Ensuring that 95 per cent of all Indigenous four-year-olds are enrolled in early childhood education (by 2025)
- Close the gap between Indigenous and non-Indigenous school attendance within five years (by 2018)
- Halve the gap for Indigenous students in reading, writing and numeracy within a decade (by 2018)
- Halve the gap for Indigenous people aged 20-24 in Year 12 attainment or equivalent attainment rates by 2020
- Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018).

Unlike other National Agreements, the NIRA covers a range of service areas, drawing together Indigenous-related information from other Agreements plus additional NIRA-specific performance benchmark information. For the purposes of this summary report, the additional indicators have not been analysed—instead, attention has focused specifically on the Closing the Gap targets.

Based on current progress, neither Australia nor individual jurisdictions are on track to meet the targeted life expectancy gap reductions by 2031.

Mortality rates are used as an annual proxy indicator of progress. Indigenous mortality rates are not on track to meet the target (New South Wales, Queensland, Western Australia, South Australia and Northern Territory combined). While in the longer term (1998 to 2014) the overall Indigenous mortality rate has declined (by 16 per cent), no statistically significant change has been detected since the 2006 baseline. Progress will need to accelerate to meet the target.

**Influences:** Two thirds of the gap in health outcomes is due to chronic diseases. Chronic disease mortality rates at a population level generally change slowly.

1. The graphs present mortality trends from 1998 to 2014 (latest data available) and trajectory to the 2031 target year to close the gap. Indigenous data points from the 2006 baseline to 2014 are plotted against the trajectory to monitor progress.

2. Five jurisdictions have adequate data for Indigenous mortality reporting (New South Wales, Queensland, Western Australia, South Australia and Northern Territory) and four jurisdictions have agreed trajectories for this target (New South Wales, Queensland, South Australia and Northern Territory).

3. Variability bands represent the range required to meet the target.

4. The trajectories show points on a straight line from the baseline (2006) to target (2031). However, mortality rates are slow moving and increased effort may not show for some years. The trajectories only serve as a guide as improvement is unlikely to follow a straight line.

5. To allow for timely reporting, this target is monitored using the year a death is registered rather than the year it occurred (as it takes a few years for all deaths to be captured in the data). The lag between occurrence and registration is usually fairly stable. However, in some years there is a back-log of death registrations (that is, where a death is registered after the year it occurred). This can lead to an unusual rise in the mortality rates in later years. The ABS advises that both annual fluctuations in the numbers of Indigenous deaths in each jurisdiction and the catching up of death registrations are evident in the deaths data for recent years.

**Source:** ABS and AIHW analysis of National Mortality Database.
**Benchmark** Halve the gap in mortality rates for Indigenous children under five within a decade (by 2018)

**Progress** On track

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**Figure 26: Child mortality rates by Indigenous status**

**Figure 26a: Child mortality rates by Indigenous status New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined and trajectory to target 1998-2018**

This target is on track. Figure 26a shows the 2014 Indigenous child mortality rate was within the range to meet the target by 2018. Over the long-term (1998 to 2014), the Indigenous child mortality rate declined significantly (by 33 per cent). There was also a significant narrowing (34 per cent) of the child mortality gap. In the short-term, there was a decline in Indigenous child mortality rates of around 6 per cent from the 2008 baseline.

In last year’s COAG performance report, a sudden increase in Indigenous child deaths in 2013 (mainly due to a lag in death registrations) was noted. The 2014 Indigenous child mortality rate has returned within the range required to meet the target.

The Northern Territory had the highest Indigenous child mortality rates and the largest gap compared with the mortality rates of non-Indigenous children. Trend analysis for individual jurisdictions is not reliable due to the small number of deaths each year.

**Influences:** Maintaining a positive trend towards lower child mortality requires a continued focus on child and maternal health services and broader socio economic factors.

---

**Figure 26b: Child mortality rates by jurisdiction and Indigenous status 2009-2014**

Notes:

1. To allow for timely reporting, this target is monitored using the year a death is registered rather than the year it occurred (as it takes a few years for all deaths to be registered). The sharp increase in 2013 is also affected by the volatility in small numbers. The previous trends show large variation year to year. It is worth noting that the target has been on track every year except 2013.

2. Figure 26a presents mortality trends from 1998 to 2014 (latest data available) and trajectory to the 2018 target year to halve the gap. Indigenous data points from the 2008 baseline to 2014 are plotted against the trajectory to monitor progress. Variability bands represent the range required to meet the target.

3. Due to small numbers the child mortality trajectory is only assessed for the five jurisdictions combined (New South Wales, Queensland, Western Australia, South Australia and Northern Territory).

4. Health outcomes for Indigenous Australians are often worse in remote areas than in urban and regional areas. The Northern Territory result partly reflects this pattern by remoteness area, as the Northern Territory has a much higher proportion of Indigenous students in remote or very remote areas than any other jurisdiction.

**Source:** ABS and AIHW analysis of National Mortality Database.
Benchmark| 95% of all Indigenous four-year-olds enrolled in early childhood education (by 2025)

Progress| Renewed benchmark

The original target to ensure access for all Indigenous four-year-olds in remote communities to early childhood education expired unmet. In 2013, 85 per cent of Indigenous four-year-olds in remote communities were enrolled in early childhood education – a higher rate than in regional areas (74 per cent) and in major cities (67 per cent).

Australian governments remain committed to closing the gap in the developmental outcomes of Indigenous children by increasing their participation in quality early childhood education. In December 2015, COAG renewed the early childhood education target, aiming for 95 per cent of all Indigenous four-year-olds to be enrolled in preschool by 2025. The baseline data for this new target will be available in March 2016.

Benchmark| Close the gap between Indigenous and non-Indigenous school attendance within five years from 2014

Progress| New benchmark

Figure 27: Student attendance rates (per cent) Year 1 to 10 combined, by Indigenous status and by jurisdiction, Semester 1, 2015

In May 2014, COAG agreed to a new target to close the gap between Indigenous and non-Indigenous school attendance within five years.

In Semester 1, 2015, the attendance rate for Indigenous students was 83.7 per cent, over 9 percentage points lower than the rate for non-Indigenous students (93.1 per cent). While this is a sizeable gap, on a given school day the majority of Indigenous students are attending school.

There has been little change in school attendance for Indigenous children from 2014 (83.5 per cent) to 2015 (83.7 per cent).

There was also little change at the jurisdictional level in the rate of attendance from 2014 to 2015 for Indigenous students by state and territory. All changes were less than one percentage point, apart from the Australian Capital Territory (1.3 percentage point rise) and Victoria (1.0 percentage point rise).

Based on trajectories, three jurisdictions (Victoria, Tasmania and the Australian Capital Territory) were on track with this target in 2015. Progress will need to accelerate in the other jurisdictions if the target is to be met.

Influences: Barriers to school attendance and retention for Indigenous students are complex and can include health issues, disability, bullying and discrimination, mobility, household stress, attendance at funerals and family crises.

Notes:
1. From the 2014 school year onwards, nationally comparable student attendance data has been collected, as set out in the National Standards for Student Attendance Data Reporting (including New South Wales government schools from 2016) (from Australian Curriculum Assessment and Reporting Authority (2015).

2. The Indigenous attendance rate was counted as being on track if the attendance rate (rounded to a whole number) was equal or greater than the agreed trajectory point.


Source: Australian Curriculum, Assessment and Reporting Authority.
**Benchmark** | Halve the gap for Indigenous students in reading, writing and numeracy within a decade

**Progress** | Mixed results

This year’s results are considerably more positive than the results for 2014. Last year at the national level, no statistically significant improvements were evident in the proportion of Indigenous students at or above the national minimum standard (NMS) in reading and numeracy results in any year level from 2008 to 2014. This year, there were statistically significant improvements in five of the eight areas. Improvements from 2008 to 2015 were evident for Year 3, 5 and 7 reading and for Year 5 and 9 numeracy. However, there has been no significant change from 2008 to 2015 for Year 9 reading and Year 3 and Year 7 numeracy.

In 2015, results in four of the eight areas (Year 7 reading and Year 5, 7 and 9 numeracy) were consistent with, or above, the required trajectory points at the national level. In the other four areas, the 2015 results were below the required trajectory points, which means that progress will need to accelerate for this target to be met.

Queensland has shown the largest improvements, with significant improvement in seven of the eight tests (all but Year 9 reading) from 2008 to 2015. Overall there has been significant improvement in Indigenous results for 21 of the 64 state-level measures (numeracy and reading across four year levels in eight jurisdictions). However, there were also three significant declines – New South Wales in Year 9 reading, Victoria in Year 3 numeracy and Tasmania in Year 9 reading.

<table>
<thead>
<tr>
<th>Year</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Aust</th>
</tr>
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<tbody>
<tr>
<td><strong>Reading</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Year 3</td>
<td>86.6</td>
<td>85.6</td>
<td>85.0 ↑</td>
<td>66.6 ↑</td>
<td>73.4</td>
<td>87.7</td>
<td>85.2</td>
<td>42.5 ↑</td>
<td>78.7 ↑</td>
</tr>
<tr>
<td>Year 5</td>
<td>81.2</td>
<td>82.1</td>
<td>79.2 ↑</td>
<td>63.4 ↑</td>
<td>69.1</td>
<td>82.3</td>
<td>84.9</td>
<td>38.2 ↑</td>
<td>73.6 ↑</td>
</tr>
<tr>
<td>Year 7</td>
<td>87.3 ↑</td>
<td>87.8 ↑</td>
<td>86.1 ↑</td>
<td>74.3 ↑</td>
<td>79.5 ↑</td>
<td>89.3</td>
<td>88.3</td>
<td>44.7</td>
<td>80.8 ↑</td>
</tr>
<tr>
<td>Year 9</td>
<td>76.7 ↓</td>
<td>80.2</td>
<td>76.0</td>
<td>66.9</td>
<td>75.0 ↑</td>
<td>81.8 ↓</td>
<td>86.6</td>
<td>32.9</td>
<td>71.7</td>
</tr>
<tr>
<td><strong>Numeracy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 3</td>
<td>84.4</td>
<td>85.4 ↓</td>
<td>82.9 ↑</td>
<td>69.5</td>
<td>71.1</td>
<td>89.7</td>
<td>85.4</td>
<td>48.6</td>
<td>78.2</td>
</tr>
<tr>
<td>Year 5</td>
<td>85.4 ↑</td>
<td>85.3</td>
<td>83.1 ↑</td>
<td>71.0 ↑</td>
<td>74.5</td>
<td>90.5</td>
<td>87.6</td>
<td>45.9</td>
<td>78.6 ↑</td>
</tr>
<tr>
<td>Year 7</td>
<td>86.5</td>
<td>88.2</td>
<td>87.6 ↑</td>
<td>78.7</td>
<td>83.0</td>
<td>91.3</td>
<td>86.1</td>
<td>54.2</td>
<td>82.8</td>
</tr>
<tr>
<td>Year 9</td>
<td>85.0 ↑</td>
<td>85.0 ↑</td>
<td>87.8 ↑</td>
<td>81.3 ↑</td>
<td>82.9 ↑</td>
<td>90.0</td>
<td>85.3</td>
<td>56.9</td>
<td>82.8 ↑</td>
</tr>
</tbody>
</table>

**Notes:**
1. Caution is required as results vary from one year to the next.
2. Green shading with ↑ indicates significant improvement from 2008 to 2015, red shading with ↓ indicates significant decline, grey shading with — indicates no significant change.
3. Prior to 2011, this target also used the NAPLAN writing test. In 2011, the writing test for all year levels was altered from an assessment of Narrative writing to Persuasive writing. This change means progress cannot be assessed against the 2008 COAG writing baseline.

*Source: Australian Curriculum, Assessment and Reporting Authority.*
Benchmark: Halve the gap for Indigenous people aged 20-24 in Year 12 attainment or equivalent attainment rates by 2020

Progress: On track

Figure 28: Proportion of the 20–24 year old Indigenous population having attained at least Year 12 or equivalent (an AQF Certificate II or above), by jurisdiction, 2006 to 2011

Figure 28 illustrates the national and jurisdictional trajectories and compares the 2011 results against the 2011 trajectory point (based on Census data). At the national level 53.9 per cent of Indigenous 20-24 year olds had achieved Year 12 or equivalent, an increase from 47.4 per cent in 2006. This result was above the 2011 trajectory point of 52.8 per cent and, since 2006, the gap decreased between Indigenous and non-Indigenous attainment by 4.3 percentage points. Results for Western Australia, South Australia, the Australian Capital Territory and the Northern Territory are also on track.

More recent survey data can be used as a supplementary indicator. Nationally, the proportion of Indigenous 20-24 year-olds who had achieved a Year 12 or equivalent level of education increased from 45.4 per cent in 2008 to 58.5 per cent in 2012-13. Between 2008 and 2012-13, the gap with non-Indigenous Australians narrowed by 11.6 percentage points (from 39.6 per cent in 2008 to 28 per cent in 2012-13). At the jurisdictional level, due to the small numbers of 20-24 year olds in the survey samples, it is difficult to detect change over time.

Influences: Attainment rates are influenced by many factors including socio-economic status, access to education, support strategies, family and community engagement and pathways to employment.

Note:
1. Assessment of progress to achieve this target uses Census data which is only available every five years. Trajectories for this target are not in a straight line from baseline to target years to reflect anticipated differences in rates of change over time. In the interim, survey data is used as a supplementary indicator, which is updated every three years. The small sample size for this age cohort has affected the ability to detect significant changes at the jurisdictional level. However, these results, at the national level, are provided in the text for illustrative purposes.

**Benchmark** | Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade

**Progress** | Not on track

There has been no new Indigenous employment data released since last year’s report. New data on Indigenous employment will be available in April 2016 from the ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS).

This target is not on track. Nationally the Indigenous employment rate fell from 53.8 per cent in 2008 to 47.5 per cent in 2012-13. This occurred in the context of a general softening in the labour market over this period.

The overall employment rate for all Australians fell from 73.4 per cent in June 2008 to 72.1 per cent in June 2013, with sharper falls evident for men with relatively low levels of education. The employment rate for men with a Year 10 or below level of education fell from 67.4 per cent in 2008 to 63.3 per cent in 2013. It is therefore not surprising the employment rate for Indigenous men fell sharply from 2008 to 2012-13 as nearly half of all Indigenous men of workforce age have a Year 10 or below level of education.

No jurisdiction saw an improvement in Indigenous employment rates between 2008 and 2012-13 or a reduction in the gap in employment outcomes between Indigenous and non-Indigenous Australians. As a result, no jurisdiction is on track to meet the employment target. While the confidence interval for the Australian Capital Territory overlaps the progress point for the gap in 2012-13, this should be treated with caution due to data quality (see Figure 29b).

**Influences:** Although no progress has been made against the target since 2008, Indigenous employment rates are considerably higher now than they were in the early 1990s. The Indigenous employment rate was considerably higher in 2012-13 (47.5 per cent) than 1994 (37.6 per cent). Historically, cyclical softening of the labour market, where employment levels have fluctuated, has impacted adversely on employment prospects. Participants in Community Development Employment Projects (CDEP) have historically been classified by the ABS as being employed. However, policy changes to cease non-remote CDEP and introduce the Remote Jobs and Communities Programme in remote areas resulted in a large fall in the number of CDEP participants during this period. The decline in CDEP participants from 2008 to 2012-13 accounted for 60 per cent of the decline in the Indigenous employment rate. It is also worth noting while there has been no progress against this target there have been some longer-term improvements.

National Partnership Agreements

The Commonwealth, states and territories jointly agreed that the Commonwealth will monitor progress against eight National Partnerships that have a relatively significant level of funding associated to the agreement, or are not covered by the National Agreement performance reporting.
National Partnership Agreement on Homelessness: 2015–17

The National Partnership Agreement on Homelessness: 2015-17 (NPAH) aims to reduce homelessness through sustained effort and partnerships with business, the not-for-profit sector and the community. It contributes to the objective of the National Affordable Housing Agreement that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation (COAG, 2009a; p.11).

Under the NPAH 2015-17, all states and territories have committed to direct at least 25 per cent of total matched funding over two years towards the priority areas of homelessness services focusing on women and children experiencing domestic and family violence and young people who are homeless or at risk of homelessness. In addition, all jurisdictions have identified geographical area(s) with significant need for services in these priority areas and the services that will be delivered to address these needs.

Project plans set out each jurisdiction’s strategy for delivering on priority and additional outputs to achieve NPAH outcomes.

<table>
<thead>
<tr>
<th>Milestone 1</th>
<th>Part 1 of project plans submitted to the Commonwealth (1 July 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NSW</td>
</tr>
<tr>
<td>Milestone 2</td>
<td>Part 2 of project plans submitted to the Commonwealth (1 September 2015)</td>
</tr>
<tr>
<td></td>
<td>NSW</td>
</tr>
<tr>
<td>Milestone 3</td>
<td>Update Commonwealth on assessment of progress against project plans, and provide assurance funding has been matched (1 September 2016)</td>
</tr>
<tr>
<td></td>
<td>NSW</td>
</tr>
<tr>
<td>Performance indicator</td>
<td>At least 25 per cent of total matched funding directed to addressing priority outputs</td>
</tr>
<tr>
<td></td>
<td>NSW</td>
</tr>
</tbody>
</table>

Queensland: Queensland’s 2015-17 NPAH includes several new initiatives co-designed with service providers to implement innovative service models to improve access, tenancy support and service integration, and where possible deliver a ‘housing first’ approach. These services will be evaluated to inform future service development and improvements.
Under the NPAH 2015-17, more than 750 homelessness services are being delivered across Australia through over 220 homelessness initiatives. There are 47 initiatives being delivered in New South Wales, 26 in Victoria, 20 in Queensland, 22 in Western Australia, 69 in South Australia, 4 in Tasmania, 8 in the Australian Capital Territory and 28 in the Northern Territory.

The most recent data from the Specialist Homelessness Services Collection (SHSC) shows that in 2014-15 specialist homelessness services (SHS) agencies provided support to an estimated 256,000 people, nationwide. Nationally, the proportion of SHS clients whose needs for accommodation services were met has decreased from 2012-13 to 2014-15 (Figure 30a).

Figure 30b shows that clients experiencing family or domestic violence, as a proportion of all specialist homelessness services clients, has increased. However, the rates of young people presenting alone has decreased since 2012-13.

Note (a) NPAH funded agencies were required to participate in the SHSC administered by the Australian Institute of Health and Welfare – although some were granted an exemption by the Commonwealth.

(b) The SHSC does not report on NPAH initiatives exclusively, it also includes services funded under the National Affordable Housing Agreement.

Note:
1. That a proportion of young clients presenting alone also experienced domestic and family violence.

Source: AIHW (unpublished) Specialist Homelessness Services Collection.
National Partnership Agreement on Land Transport Infrastructure Projects

The National Partnership Agreement on Land Transport Infrastructure Projects (NPALTIP) is designed to contribute to a safe, sustainable national transport system that enhances connectivity and supports economic opportunity.

The NPALTIP was finalised in October 2014. It follows on from, and includes transitional projects started under, the National Partnership Agreement on Implementation of Major Infrastructure Projects and the National Partnership Agreement on Implementation of the Nation Building Program 2009-2014. Agreed projects are included in the Schedules of Works.

Progress | On track

The following progress has been made on the NPALTIP:

- Nationally, as at November 2015, 123 road and rail projects have been completed, 106 projects are underway (including cross-jurisdictional projects), 99 are pending (in planning or not yet started) and 5 projects are not proceeding. The completed projects are designed to provide for improved safety, connectivity and reduced travel times.

- The NPALTIP Schedules were revised to include projects following the 2015-16 Budget and have been signed by New South Wales, Victoria, Western Australia, Tasmania, Australian Capital Territory and the Northern Territory.

Notes:
1. Only includes Investment and Off-Network Programme, Building Australia Fund, Managed Motorways, National Highway Upgrade Programme and Infrastructure Growth Package projects. Total investment includes outstanding projects funded under previous governments.
2. Completed projects have achieved their main purpose, e.g. the road works are opened to traffic. Projects underway are either currently under construction or, in the case of study projects, have commenced. Pending projects are those currently in the planning stage or that have not yet reached their scheduled construction start date.
Key project milestones achieved as at January 2016 are summarised in the table below.

<table>
<thead>
<tr>
<th>Key project</th>
<th>Milestone achieved, as at January 2016*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NSW</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Vic</strong></td>
<td></td>
</tr>
<tr>
<td>M80</td>
<td>VicRoads invited industry for expressions of interest for the design and construction of the next priority section from Sunshine Avenue to Calder Freeway in September 2015 which closed in October 2015.</td>
</tr>
<tr>
<td>Western Highway - Ballarat to Stawell Duplication</td>
<td>The duplication from Ballarat to Beaufort is complete, with construction from Beaufort to Buangor underway and expected to be completed in early 2016. Construction from Buangor to Ararat is expected to commence in mid-2016 and be completed in mid-2018.</td>
</tr>
<tr>
<td>Bruce Highway</td>
<td>The first tranche of projects being undertaken as part of the Bruce Highway Safety Package, including Overtaking Lane and Pavement Widening programmes, commenced in early 2015. Australian Government funding for these programmes has been approved via the schedule of works through to 2018-19.</td>
</tr>
<tr>
<td>Toowoomba Second Range Crossing</td>
<td>Early pre-construction activities commenced in December 2015, including geotechnical drilling and the establishment of a project office on site in Toowoomba.</td>
</tr>
<tr>
<td><strong>Qld</strong></td>
<td></td>
</tr>
<tr>
<td>Perth Freight Link</td>
<td>Roe Highway Extension (Section One): On hold, due to the Western Australia Supreme Court decision in December 2015 which overturned environmental approvals. Roe Highway pinch point widening (Section Three): Contract awarded - December 2015. Swan Valley Bypass project: Expressions of Interest for Stage One closed in November 2015. Tonkin Grade Separations: Funding and scope increase, to include an upgrade to three lanes in each direction, approved in December 2015; Contract awarded in January 2016.</td>
</tr>
<tr>
<td>NorthLink</td>
<td></td>
</tr>
<tr>
<td><strong>SA</strong></td>
<td></td>
</tr>
<tr>
<td>North-South Road Corridor</td>
<td>The Australian Government announced up to $788 million for the Northern Connector project in September 2015. The Minister for Major Projects provided in-principle agreement to further increase the scope of both the Torrens to Torrens project and the Darlington project within the existing budget allocation which was received in December 2015.</td>
</tr>
<tr>
<td><strong>Tas</strong></td>
<td></td>
</tr>
<tr>
<td>Midland Highway</td>
<td>Seven of the 14 projects approved for construction have been completed. Four projects will commence construction in early 2016, with an additional two commencing later in the year. Further projects are being developed by Tasmania for delivery over the next eight years.</td>
</tr>
<tr>
<td><strong>ACT</strong></td>
<td></td>
</tr>
<tr>
<td>Majura Parkway</td>
<td>The Fairbairn Avenue bridges and the northbound bridge over the Molonglo River opened in November 2015, allowing two-way traffic to traverse the entire length of the Majura Parkway. The project is expected to be complete by mid-2016.</td>
</tr>
<tr>
<td><strong>NT</strong></td>
<td></td>
</tr>
<tr>
<td>Northern Territory Roads Productivity Package</td>
<td>Since December 2014, construction has commenced on three projects, with one completed.</td>
</tr>
</tbody>
</table>

**Note:**
1. The key project status is at January 2016 reflecting the Department of Infrastructure and Regional Development’s latest available information. The remainder of this update uses November 2015 data, as the most recent complete quarter.

**State/Territory Comments**

*No comments were provided for inclusion.*

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<table>
<thead>
<tr>
<th>Key</th>
<th>Completed</th>
<th>In progress</th>
<th>Not due to commence</th>
<th>Not completed and past agreed timeframe</th>
<th>Not applicable</th>
</tr>
</thead>
</table>
National Partnership Agreement on Legal Assistance Services

The objective of the National Partnership Agreement on Legal Assistance Services (NPLAS) is a national system of legal assistance that is integrated, efficient and cost-effective, and focused on providing services for disadvantaged Australians in accordance with access to justice principles of accessibility, appropriateness, equality, efficiency and effectiveness. This NPLAS was extended for twelve months from June 2014 to June 2015.

The national benchmarks of a 30 per cent increase in early intervention services and a 25 per cent increase in the total number of services delivered by legal aid commissions by 30 June 2015 were chosen for assessment as major outcomes of the NPLAS. Service data should not be read without considering the broader context in which legal assistance services work. For example, some jurisdictions adjusted their early intervention service delivery models in response to internal policy shifts, and external factors such as changes to legislation and court practices. The 2014 review of the NPLAS, conducted by The Allen Consulting Group, provides additional analysis of performance against the benchmarks, within this context (Allen Consulting Group, 2014).

A new NPLAS on Legal Assistance Services commenced on 1 July 2015 and does not include benchmarks on early intervention or require percentage increases.

**Benchmark** | 30% increase in the number of early intervention services by 30 June 2015
**Progress** | Not met

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**Figure 32: Early intervention services, percentage change from 2009-10 baseline to 2014-15 actual services**

This graph compares the 2009-10 baseline and 2014-15 data.

Nationally, there were 379,253 early intervention services in 2014–15. To reach the 30 per cent increase target, based on 2009-10 baseline data, there would have needed to be 430,797 early intervention services in 2014–15.

It shows that, nationally, legal aid commissions did not meet the benchmark of a 30 per cent increase in the number of early intervention services by 30 June 2015 and that outcomes across jurisdictions were highly variable.

**Influences:** Some jurisdictions adjusted their early intervention service delivery models in response to internal and external factors, such as changes to legislation and court practices.

Source: NPLAS reports provided by legal aid commissions.
**Benchmark** | 25% increase in the total number of services delivered by legal aid commissions by 30 June 2015

**Progress** | Met

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**Figure 33: Legal aid commissions, percentage change in total services from 2009-10 to 2014-15**

The level of total service activity (excluding publications and web visits from preventative services) has increased by 36 per cent from the baseline year. The target of a 25 per cent increase by 30 June 2015 was met.

**Note:**
Website views and publications have been excluded because of the largely untargeted nature of these services, especially in the high volume area of website page views. Jurisdictions’ total service counts would be significantly higher if these figures were included (in accordance with the definition of services under the NPLAS).

**Source:** NPLAS reports provided by legal aid commissions.

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**State/Territory Comments**

**Victoria** – Victoria’s performance results reflect a steady reduction in the amount of early intervention legal services provided by Victoria Legal Aid (VLA) since 2009 and is attributable to two policy changes undertaken by VLA during this time. Firstly, VLA implemented a new triage model for assessment, intake and referral of clients that allowed them to better prioritise services to those with the highest need, rather than using limited resources to respond to all requests for assistance.

This system of triaging has led to more efficient use of lawyers’ time and ensured that duty lawyers are now dealing with more matters on the day. Secondly, in 2013 VLA issued updated guidelines seeking to minimise duty lawyers assisting clients on multiple occasions. This has led to a greater number of cases being finalised by duty lawyers on the day of the court hearing rather than being adjourned and dealt with through additional minor work, which would have been counted as ‘early intervention services’ under the NPLAS. Such positive reforms were not contemplated when the performance measures were established under the NPLAS.

**New South Wales** – Website views and publications have been excluded because of the largely untargeted nature of these services, especially in the high volume area of website page views. Jurisdictions’ total service counts would be significantly higher if these figures were included (in accordance with the definition of services under the NPLAS).
National Partnership Agreement on Remote Indigenous Housing

The National Partnership Agreement on Remote Indigenous Housing (NPARIH) aims to address significant overcrowding, homelessness, poor housing conditions and the severe housing shortage in remote Indigenous communities. NPARIH’s capital works programme is the key output to address these outcomes.

A new Remote Housing Strategy is being negotiated to replace the NPARIH.

**Benchmark**| 4,200 new houses to be delivered by 2018; 4,800 refurbishments to be delivered by 2014
**Progress**| On track

Since the commencement of NPARIH to the end of October 2015, a total of 2,957 new houses have been delivered against the COAG new house target. A total of 7,206 refurbishments have been delivered, considerably exceeding the COAG refurbishment target.

Notes:
1. NPARIH notional targets extend to 2014 for refurbishments and to 2018 for new build houses.
2. Victoria is not included in these analyses as no Commonwealth funding was provided to Victoria under the NPARIH for the construction of new houses or refurbishment of existing stock.
3. Victoria and Tasmania are not currently a part of NPARIH as they exited in 2014.
Benchmark | 20 per cent local employment to be included as part of procurement requirement for new housing construction
Progress | On track

Under NPARIH, states and the Northern Territory have a 20 per cent Indigenous employment target for capital works. Over the life of NPARIH, all jurisdictions have met or exceeded this target. In addition, the Northern Territory Government has consistently delivered against a 40 per cent Indigenous employment target for property management and a 40 per cent Indigenous employment target for tenancy management, as outlined in the Northern Territory’s 2014-16 Implementation Plan to the NPARIH.

State and Territory Comments

Queensland - Queensland has consistently exceeded the 20 per cent Indigenous employment target for capital works, with over 85 per cent of all available jobs in construction, repairs and maintenance during 2014-15 undertaken by Aboriginal and Torres Strait Islander workers.
The Commonwealth committed $1.75 billion over five years for a National Partnership Agreement on Skills Reform (NPASR) to reform the vocational education and training system. The NPASR commenced in 2012 and expires in June 2017. This assessment is of state, territory and Commonwealth achievement up to 31 December 2013.

### VET system structural reforms

| Jurisdictions will create a more transparent VET sector. | NSW | Vic | Qld | WA | SA | Tas | ACT | NT |
| Jurisdictions will improve the quality of VET teaching and training | NSW | Vic | Qld | WA | SA | Tas | ACT | NT |
| Jurisdictions will create a more accessible and equitable training system. | NSW | Vic | Qld | WA | SA | Tas | ACT | NT |
| Jurisdictions will improve the efficiency and responsiveness of the VET system | NSW | Vic | Qld | WA | SA | Tas | ACT | NT |

### VET system training outcomes

| An increase in overall training activity measured by an increase in completions of qualifications* | NSW | Vic | Qld | WA | SA | Tas | ACT | NT |
| Improvements for particular areas of priority, including commencements for: | NSW | Vic | Qld | WA | SA | Tas | ACT | NT |
| • 1.higher qualifications* | | | | | | | | |
| • 2.Indigenous Australians* | | | | | | | | |
| States identify two additional targets to be monitored in future performance reporting* | NSW | Vic | Qld | WA | SA | Tas | ACT | NT |

* Training outcome payments are scheduled for 2015-16 and 2016-17. Cumulative training outcomes, since 2012, will therefore be assessed as part of the 2015 and 2016 Annual Performance Assessments.
<table>
<thead>
<tr>
<th>Commonwealth responsibilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Review operational requirements for income contingent loans</td>
<td>Commonwealth</td>
</tr>
<tr>
<td>Review progress of VET structural reforms and training outcomes.</td>
<td>Commonwealth</td>
</tr>
<tr>
<td>Lead the development and implementation of key national initiatives including the national My Skills website and the Unique Student Identifier (USI) in VET</td>
<td>Commonwealth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commonwealth and Jurisdictional responsibilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing data as part of the agreed government-to-government information model and the operation of labour markets</td>
<td>C/w NSW Vic Qld WA SA Tas ACT NT</td>
</tr>
<tr>
<td>Finalise the operational, funding, governance and legislative arrangements for the implementation of the Unique Student Identifier</td>
<td>C/w NSW Vic Qld WA SA Tas ACT NT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jurisdictional responsibilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve consumer information through development of proposals for release of comparable data on the national My Skills website and on registered training organisations’ own websites</td>
<td>NSW Vic Qld WA SA Tas ACT NT</td>
</tr>
<tr>
<td>Improve timelines for data sharing and reporting</td>
<td>NSW Vic Qld WA SA Tas ACT NT</td>
</tr>
</tbody>
</table>

| Key | Completed | In progress | Not due to commence | Not completed and past agreed timeframe | Not applicable |

**State and Territory Comments**

*New South Wales: New South Wales is pursuing major VET system structural change through its Smart and Skilled reforms, implemented from the beginning of 2015. Smart and Skilled aims to address all areas of VET structural reform outlined under the Agreement, to deliver positively on the training outcomes. Smart and Skilled will be refined based on experience to increase development of a transparent VET market in New South Wales.*
National Partnership Agreement Supporting National Mental Health Reform

This National Partnership Agreement Supporting National Mental Health Reform provides funding to the states and territories to deliver improved health, social, economic and housing outcomes for people with severe and persistent mental illness. It was signed on 13 April 2012 and will cease on 30 June 2016. A total of 20 projects have been funded, with each state/territory implementing between one and four discrete projects. This assessment is of state, territory and Commonwealth achievement up to April 2015.

<table>
<thead>
<tr>
<th>Project</th>
<th>Progress statement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NSW</strong></td>
<td>To provide coordinated housing, clinical &amp; accommodation support services for people with severe mental illness</td>
</tr>
<tr>
<td>Housing and Support Initiative (HASI Plus)</td>
<td></td>
</tr>
<tr>
<td>Mental Illness Support in Boarding Houses</td>
<td>To provide in-reach support services to boarding house residents assessed as having mental health issues</td>
</tr>
<tr>
<td>Mothers with mental illness &amp; their children</td>
<td>To provide intensive, family focussed community support including accommodation &amp; support packages</td>
</tr>
<tr>
<td>Breaking the Cycle: Reducing Homelessness</td>
<td>To provide sustained mental health treatment and support to people experiencing long term homelessness due to their mental illness</td>
</tr>
<tr>
<td>Mental Health Support for Secure Tenancies</td>
<td>To provide scaled flexible mental health outreach support linked to identified local housing opportunities</td>
</tr>
<tr>
<td>Psychiatric Assessment and Planning Units</td>
<td>To provide short stay beds for people experiencing an acute episode of mental illness to prevent acute in-patient care</td>
</tr>
<tr>
<td>Mental Health Hospital Admission Risk Program</td>
<td>To reduce preventable Emergency Department mental illness presentations for people who repeatedly present</td>
</tr>
<tr>
<td><strong>Vic</strong></td>
<td></td>
</tr>
<tr>
<td>Long Term Social Housing and Support</td>
<td>To provide supported social housing places across the state for people with severe and persistent mental illness</td>
</tr>
<tr>
<td>Transitional Recovery Service</td>
<td>To provide medium-term residential recovery places and associated short-term personalised outreach support places</td>
</tr>
<tr>
<td>Transitional Brokered Lease Housing</td>
<td>To provide transitional housing solutions for those who have difficulty securing suitable accommodation in the community</td>
</tr>
<tr>
<td>Personalised Support Places</td>
<td>To support people who live in social housing and whose tenancies are at risk due to their mental illness</td>
</tr>
<tr>
<td><strong>Qld</strong></td>
<td></td>
</tr>
<tr>
<td>Individualised Community Living</td>
<td>To provide individualised support packages and dwellings for people with severe and persistent mental illness</td>
</tr>
<tr>
<td><strong>WA</strong></td>
<td></td>
</tr>
<tr>
<td>Assertive Community Intervention</td>
<td>To expand mental health assertive community intervention services to reduce emergency department admissions</td>
</tr>
<tr>
<td><strong>SA</strong></td>
<td></td>
</tr>
<tr>
<td>Expansion of ACIS Service</td>
<td>To provide expansion of Assessment and Crisis Intervention Service (ACIS) teams to operate 24 hours 7 day a week</td>
</tr>
<tr>
<td><strong>Tas</strong></td>
<td></td>
</tr>
<tr>
<td>Develop Community Walk-In Centre</td>
<td>To allow consumers to present to a mental health clinician in a community location rather than a GP or Emergency Department</td>
</tr>
<tr>
<td>Packages of Care</td>
<td>To provide individualised community based, flexible and recovery focused support for severe mental illness</td>
</tr>
<tr>
<td><strong>ACT</strong></td>
<td></td>
</tr>
<tr>
<td>Step-Up Step-Down Outreach support</td>
<td>To provide early intervention support to avoid acute hospital admission and post-discharge</td>
</tr>
<tr>
<td>Supported Accommodation Outreach</td>
<td>To provide supported accommodation to people with severe mental illness and a history of leaving involuntary care</td>
</tr>
<tr>
<td><strong>NT</strong></td>
<td></td>
</tr>
<tr>
<td>Improved Mental Health Assessment</td>
<td>To provide mental health training for clinical staff in Emergency Department settings and extra mental health clinicians</td>
</tr>
<tr>
<td>Accommodation &amp; Support For Severe Mental Illness</td>
<td>To provide access to stable accommodation in Darwin and access to individualised support to promote recovery</td>
</tr>
<tr>
<td><strong>C/w</strong></td>
<td></td>
</tr>
<tr>
<td>Support of the NPA</td>
<td>To monitor and assess state/territory performance against agreed implementation plans and facilitate a mid-term review</td>
</tr>
</tbody>
</table>

**State/Territory Comments**

No comments were provided for inclusion in the report.

<table>
<thead>
<tr>
<th>Key</th>
<th>Completed</th>
<th>In progress</th>
<th>Not due to commence</th>
<th>Not completed and past agreed timeframe</th>
<th>Not applicable</th>
</tr>
</thead>
</table>
National Partnership Agreement on Universal Access to Early Childhood Education

The objective of this Agreement is to provide universal access to quality early childhood programmes for children in the year before full-time school for 600 hours per year, delivered by a qualified early childhood teacher who meets National Quality Framework (NQF) requirements, and with a focus on participation by vulnerable and disadvantaged children.

The enrolment performance indicator has been chosen for assessment as it can be appropriately compared across the years and is a headline indicator of the National Partnership.

Benchmark | Increase the proportion of children enrolled in the year before full-time school in quality early childhood education programme(s) to 95%
Progress | On track

Figure 35: Proportion of children enrolled in a quality early childhood programme in the year before full-time school, by state and territory, 2008 and 2014

Since 2008, substantial progress has been made towards achieving universal access to quality early childhood programmes for Australian children in the year before full-time school. In almost every state and territory, the proportion of children in the year before full-time school enrolled in a quality early childhood education programme has increased to either full, or close to full, enrolment.

In 2014 all jurisdictions met the 95 per cent benchmark.

Notes:
1. For the purposes of the National Early Childhood Education and Care Collection (National Collection), a quality early childhood education programme is defined as a structured, play based learning programme, delivered by a qualified early childhood teacher who meets NQF requirements, aimed at children in the year before full-time school. This is regardless of whether the programme is delivered through schools (government or non-government), standalone preschools or long day care centres.
2. For the purpose of meeting National Partnership performance benchmarks, jurisdictions are said to have achieved benchmarks when they have met the proxy measure of 95 per cent, this is because participation in an early childhood education programme, in the year before full-time school, is voluntary.
3. As 2014 proportions are calculated using two different sources of data, significant data comparability issues can emerge and in some cases result in estimates greater than 100 per cent of the population. Where this has occurred, figures have been capped to 100 per cent for presentation purposes.
4. Under the National Partnership Agreement, states and territories can provide supplementary data and contextual information to aid interpretation of their performance in recognition of data quality and volatility issues. Figure 35 has been derived from the National Collection and 2014 supplementary data provided by all jurisdictions. All states and territories have committed to working with the Australian Government to improve the quality of early childhood data.

Source: 2008 data from National Partnership Agreement on Early Childhood Education State and Territory Bilateral Agreements.
2014 proportions are calculated using three different sources of data, Preschool Education, Australia (ABS Cat. No. 4240.0) and Australian Demographic Statistics (ABS Cat. No. 3101.0) and 2014 New South Wales and Northern Territory supplementary data.

State/Territory Comments

No comments were provided for inclusion in the report.
National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care

In 2009, the Commonwealth, states and territories committed to increasing their focus on children in their early years to ensure the wellbeing of children throughout their lives and to deliver the vision of the Early Childhood Development Strategy endorsed by COAG that ‘by 2020 all children have the best start in life to create a better future for themselves, and for the nation’.

The National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care contributes to achieving these agreed outcomes by establishing a National Quality Framework (NQF) for early childhood education and care, jointly governed by the Commonwealth, states and territories and assisted by a national body, the Australian Children’s Education and Care Quality Authority. The NQF aims to provide efficient and effective regulation of early childhood education and care service and improve the quality of service delivery.

Services covered by the NQF in all states and territories are assessed and rated against the National Quality Standard (NQS). The NQS sets standards for service quality and requires NQF regulated education and care services, including those in schools, to focus on continuous improvement and consistency.

Figure 36: The proportion of early childhood education and care services in Australia with a quality rating, by quality rating level and jurisdiction, March 2013 and September 2015

As at 30 September 2015, 69.3 per cent of all early childhood education and care services had received a quality rating against the NQS. This has increased from 12.6 per cent in 2013.

Of the early childhood education and care services with a quality rating, 67 per cent are meeting or exceeding the NQS compared to 55.6 per cent in 2013.

All jurisdictions are focused on increasing efficiency while maintaining the quality of the assessments and ratings.

Notes:
1. The services that were selected to be quality rated were not selected at random nor are they a representative cross-section of all services. Therefore when reviewing the quality rating information, caution should be taken when making predictions about services yet to be rated.
2. This figure does not include services that received a rating of ‘significant improvement required’. In both 2013 and 2015 there were nine services that received the rating ‘significant improvement required’.

Source: Australian Children’s Education and Care Quality Authority NQF Snapshot Q1 2013 and Australian Children’s Education and Care Quality Authority NQF Snapshot Q3 2015

State/Territory Comments

Western Australia - Western Australia commenced implementing the NQS seven months after other jurisdictions, which provides some explanation for the fewer services assessed compared to other jurisdictions. Western Australia has, in the past 12-18 months, initiated a range of reforms aimed at increasing productivity, including setting performance benchmarks, streamlining training and restructuring the team to maximise staff allocated to assessment roles. Western Australia’s efficiency reviews have resulted in a lift of quarterly output from 55 assessed services in Q3 2014 to 78 in Q4 2015, a 41% increase in output.
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Council of Australian Governments (COAG), 2011, National Healthcare Agreement.

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Wheelahan, L., Buchanan, J. and Yu, S., 2015, Linking qualifications and the labour market through capabilities and vocational streams. Adelaide: NCVER.