Australian Government

Department of the Prime Minister and Cabinet

Long-term insights report

The future of human services

September 2026

What is a long-term insights report?

Long-term insights reports explore medium and long term trends, risks and opportunities that affect or may affect Australians.

Long-term insights reports bring together the collective knowledge from the Australian community and experts across Australia. The process enables innovative thinking about issues over a longer timeframe and provides the opportunity to consolidate our learnings. The reports are not government policy but provide an evidence base to inform future policy thinking and future government decision-making.

Long-term insights reports are a new requirement under the *Public Service Act 1999* and are commissioned by the Secretaries Board. As defined in the legislation, the purpose of a long-term insights report is to make available:

a. information about medium-term and long-term trends, risks, and opportunities that affect or may affect Australia or Australian society; and
b. information and impartial analysis relating to those trends, risks and opportunities.

This long-term insights report was prepared by the Department of the Prime Minister and Cabinet (PM&C) and was overseen by an interdepartmental committee comprising Deputy Secretaries from PM&C, the Australian Public Service Commission, the Department of Social Services, Services Australia, the National Indigenous Australians Agency, The Treasury, the Department of Health & Aged Care and the Department of Home Affairs.

For more information and to access other long-term insights reports go to the PM&C website.

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Executive summary

This long-term insights report considers the future of human services in Australia.

The report brings together community and expert views from more than 8,500 Australians and identifies medium and long-term trends, risks and opportunities to inform future government policy.

Human services are significant in the lives of Australians, with 70% of Australians accessing an employment, health, education, housing, care or other support service each year. These services can be life changing – supporting Australians through big events such as having a baby, getting an education, upskilling to change jobs, finding safe housing and accessing health services.

The key insights identified in the report aim to inform the design and delivery of human services 5-10 years into the future, well beyond the current policy reforms.

Insight 1: Community demand and expectations for human services are growing

Community demand for human services is expected to continue to increase due to an ageing population, an increase in chronic illness and a reduction in informal care, as care givers return to the workforce. In addition, the quality of our care and support services is increasing and Australians are expecting more personalised, integrated and accessible services.

Insight 2: Expenditure on human services is projected to grow

To meet the increased demand, the cost of human services is also projected to grow. Expenditure on health, aged care and the National Disability Insurance Scheme are forecast to be major spending pressures for the Australian Government over the long term.[1] Government spending on human services will need to be targeted and effective in delivering outcomes for Australians who need it most to ensure the long-term sustainability of the Australian Government's budget.

Insight 3: Complexity is impacting access to services

Complexity in the system and fragmentation in service delivery are barriers to accessing human services. Additional barriers such as stigma, shame and physical distance are also impacting access to services. Challenges are compounded for Australians with complex needs, First Nations people, victim-survivors, young people (18-25) and communities in regional and remote Australia.

Insight 4: Australians want easy to use services with tailored support where needed

During the extensive community and stakeholder consultations we heard wide support for simpler, streamlined and more user-friendly human services. There was recognition that recent reforms were making progress towards this vision. Service providers also raised the urgent need for tailored support for our most vulnerable, particularly for clients with multiple complex needs.

Insight 5: Australians want trusted partnerships and genuine collaboration

Community members highly value trusted partnerships and collaborative working relationships between individuals, communities, service delivery organisations and governments. Trusted partnerships result in shared accountability for outcomes and improved transparency across the human services delivery system.[2]

Insight 6: Australians want equitable access to human services

Vulnerable groups and people living in regional and remote areas of Australia reported higher barriers to accessing human services, including increased waiting times, workforce shortages, language barriers, transport issues and higher costs. Communities want equitable access to human services regardless of socio-economic and geographical disparities.

Insight 7: Invest in prevention and early intervention

Increasing investment in prevention and early intervention is an opportunity which simultaneously reduces costs (because the need for future human service supports are avoided) and improves wellbeing outcomes for Australians.

Insight 8: Harness the power of technology and data

Emerging technologies, including artificial intelligence (AI) and big data hold the promise of substantial productivity gains for government and improved human services for Australians. By building on existing successes in application of AI to human services, understanding limitations and managing risks there is the opportunity to achieve a step change in cost-benefits in the future.

Insight 9: Reimagine the role of government

A significant opportunity for the future of human services is to reimagine the role of government as stewards of the system. This involves government guiding cooperation among multiple stakeholders to achieve shared long-term wellbeing outcomes for Australians.

Introduction

This long-term insights report explores the long-term trends, risks and opportunities shaping the future of human services, together with views from thousands of Australians.

This section provides an overview of the benefits of long-term insights and the approach taken to uncover insights on the future of human services.

Long-term insights to inform future policy

Long-term insights reports are intended to inform future policymaking by efficiently exploring emerging challenges for Australia that cut across policy responsibility silos. This long-term insights report explores the future of human services, beyond the current policy reforms.

Our aim is to build the evidence base for future policy by bringing together knowledge and expertise from across the public sector, services industry, experts and the Australian community. By looking at a long-term horizon we can uncover emerging trends, risks and opportunities, and identify a set of impartial insights.

The long-term insights provide us with a shared understanding of the future operating environment for human services delivery. The insights tell us what is important for people, what works and where future efforts can best be focused.

Building a strong evidence base

The future of human services is a broad, pressing topic that has been at the forefront for public service leaders as they consider how to deliver the best possible services for Australians into the future.

When we look at successful models around the world, there is no one right way to delivery human services. Analysts argue that the public choice paradigm for government services has run its course, but the long-term replacement has not yet been clearly articulated.

In this ongoing conversation, questions emerged about the merits of different human service models and how you choose between them to deliver outcomes for clients – How does government service delivery compare against private provision? Can a network approach provide integrated services for clients with multiple and complex needs? What opportunities are provided by emerging technology?

Importantly, we can learn from an understanding of what works. This report aims to build a strong shared evidence base from which to evaluate our human service delivery options going forward.

Objectives of this long-term insights report

The objectives of this long-term insights report are:

1. To assess the long-term trends and risks for human services in Australia
2. To understand what Australians want from human services in the future
3. To identify the opportunities for the future of Australian Government human services delivery.

Applying a research approach

The approach to preparing this long-term insights report included a number of research techniques including: an expert literature review, surveys, targeted interviews, community workshops and focus groups. We also used structured foresight and horizon-scanning techniques to engage experts and communities in the future of human services.

To build an understanding of the current state of the service delivery system and what might influence the system into the future, we undertook the following research activities in 2024:

- **Have Your Say survey –** The survey sought qualitative feedback from Australians about their experiences and preferences for human services design and delivery. The survey was run by the Department of the Prime Minister and Cabinet and open to the Australian public for 3 weeks. It was broadly publicised through ministerial media release and a social media advertising campaign.
- **Trust in Australian Public Services survey –** Specific questions were included in the annual survey which is run by the Australian Public Service Commission from May to July 2024. The questions aimed to gain quantitative information from a representative sample of Australians on their experiences and preferences for service design and delivery.
- **Literature Review –** The Australia and New Zealand School of Government undertook a literature review and prepared a paper on the history of and future directions for service delivery reform.
- **Expert discussions and workshops –** A combination of future-oriented interviews, discussions and workshops with community members and non-government, academic and APS experts were used to explore community perspectives and future visions for service delivery.

Engaging the community

Community engagement is a legislated element of the preparation of long-term insights reports. Genuine engagement is helping us understand community sentiment and citizens' needs. More than 8,500 Australians were engaged and contributed to the insights in this report.

The report process brings together expertise and perspectives from across the public service, community, academia, industry and the not-for-profit sector.

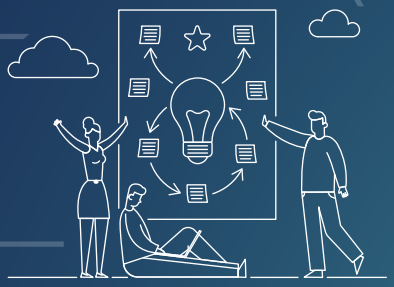
Figure 1 shows how community members were engaged through a number of approaches.

Figure 1: Community engagement in the preparation of this report

More than 8,500 Australians were engaged and contributed to the insights in this report

4,415 members of the Australian community responded to the Have Your Say survey

4,109 members of the Australian community responded to the specific questions included in the Trust in Australian Public Services survey



105 members of the Australian community attended events at independent, community-based organisations

104 members of the Australian community in future oriented workshops and interviews

23 university students

31 people from **16** community representative organisations

24 people from **19** policy institutes, think tanks, industry, and state governments

37 academics across **20** institutions

72 employees from **18** APS agencies

Human services landscape

Before we look to the future of human services, it is helpful to look at the journey we have been on and where we are at now.

This section provides an overview of human services in Australia, including quality of services, delivery models, historic shifts and recent trends.

Human services in Australia

Human services help improve the lives of Australians, supporting individuals, families and communities by addressing their health, education, housing, employment, welfare and care needs.

The Australian Government is responsible for delivering a wide range of human services working in partnership with the state and territory governments, non-government organisations and community leaders.

Government departments including the Department of Health, Disability and Ageing, Department of Education, the Department of Social Services, Services Australia and the Department of Employment and Workplace Relations are leaders in service delivery.

The Australians using our human services

Most Australians use human services at some stage in their life. These services can be life changing, helping people through big events such as having a baby, getting an education, upskilling to secure a job, finding safe housing, recovering from an illness and accessing end-of-life care. Some Australians use universal services intermittently and some of our most vulnerable groups require ongoing support.

Around 70% of Australians use a government service each year.[3] In 2025, 5.3 million Australians (aged 16 and over) received income support payments.[4] People in remote and regional areas have higher rates of service uses and Aboriginal and Torres Strait Islander people are overrepresented for some services.

The quality of our human services

Australia performs well in international comparisons of human services quality and welfare outcome measures (Figure 2). For example, among OECD countries, Australia ranks in the top 5 for quality of health care, person-centred care, co-ordination of care and physical health.[5]

As well as measuring outcomes, the Australian Government also assesses the performance of human services against measures like customer satisfaction, trust, timeliness, accuracy and access. For example, Services Australia publishes a summary of its performance every year in its annual report. In 2023-24, Services Australia achieved a 79.1% customer satisfaction rating, 97.8% on administrative correctness of payments and 99.9% on digital access.[6]

There are significant differences in satisfaction with human services across socio-economic and demographic indicators.[7] Satisfaction and trust in human services are linked to people's individual characteristics, reasons for accessing services and service access experiences. On average, women trust public services less than men (59% compared to 66%) and people aged 18-34 have the highest level of trust (70%).[8]

Figure 2: International comparison of wellbeing and welfare outcomes[9]

83.2 years

Life expectancy

The life expectancy of Australians (at birth) is well above the OECD average of 81 years.

51.4%

Educational attainment

The proportion of Australians aged 25 to 64 with a tertiary qualification is above the OECD average of 40.7%.

3.7%

Unemployment rate

Australia's unemployment rate for people aged 15 to 64 is below the OECD average of 5%.

81.8%

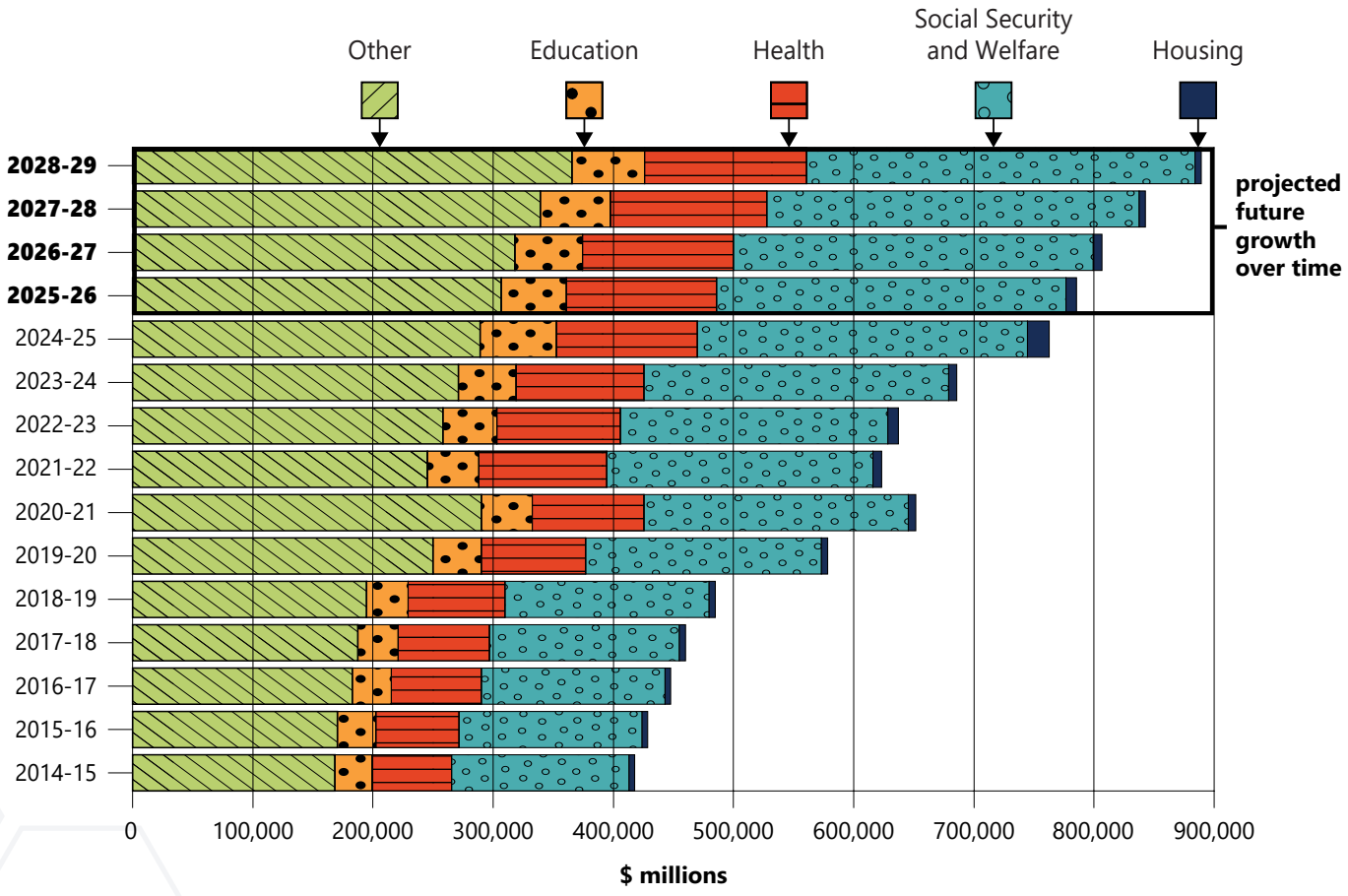
Housing affordability

On average, Australian households retain 81.8% of their income after housing costs, slightly above the OECD average of 80%.

The cost of our human services

The cost of human services is significant. In the 2024-25 Australian Government Budget, human services expenditure included $274.9 billion on social security and welfare, $117 billion on health, $63.5 billion on education and $18.1 billion on housing and community amenities.[10] As illustrated in Figure 3, these costs are projected to grow over time.

Figure 3: Government expenditure over time[11]



The delivery of human services

There are four human service delivery models currently in use in Australia, as summarised in Table 1.

Services Australia is the Australian Government's primary provider of ***direct services***, payments and subsidies. Services Australia delivers its services digitally, through myGov, and in-person through 318 services centres across Australia, including 16 in remote locations. Its key programs are Centrelink (payments mechanism), Medicare (payment subsidy), child support and crisis support (including severe financial hardship and disaster recovery). Services Australia also provides specialist social work services to people who have complex needs, in particular, victim-survivors of domestic violence, unsupported young people and people at risk of suicide. myGov is one of the most heavily used digital platforms in Australia, providing a centralised entry point for people to access critical government services. There are over 26 million active myGov accounts in Australia and more than 782,000 sign ins to the platform per day.[12]

Australia's health system is an example of a ***hybrid service delivery model***. Health services in Australia are delivered by government and non-government providers in a range of settings, including public hospitals, primary and community health, and mental health service settings. Medicare and public hospitals are the foundation of universal health care in Australia. Primary Health Networks manage primary care in their regions through collaboration, commissioning service providers and capacity building, in line with Australian Government priorities.[13]

Outsourced delivery models are used for government service areas such as employment, disability, childcare and the Humanitarian Settlement Program. Each have a different funding and operating model. For example, the National Disability Insurance Scheme (NDIS) provides funding to eligible people with disability to purchase their disability-related supports from a provider market. The government regulates the provider market through an independent regulatory authority, the NDIS Quality and Safeguards Commission, and by setting price limits for supports and services.

Community-led human service delivery models are centred on the experiences and needs of a particular community. Government provides more open-ended funding to a community organisation or a coalition of community organisations to design and deliver services. These initiatives usually arise out of local, community-driven endeavours. For example, Stronger Places, Stronger People is a government initiative, led by the Department of Social Services, which provides the authorising environment and investment for community-led social impact projects that were started as local endeavours.[14] There are also 145 Aboriginal Community Controlled Health Organisations across Australia that deliver health services to Aboriginal and Torres Strait Islander peoples. This primary health care network has a footprint of more than 550 sites and provides care for almost 410,000 people.[15] The national leadership body, the National Aboriginal Community Controlled Health Organisation, engages with government on policy and budget matters and advocates for community-developed solutions. Programs are funded by both federal and state governments.[16]

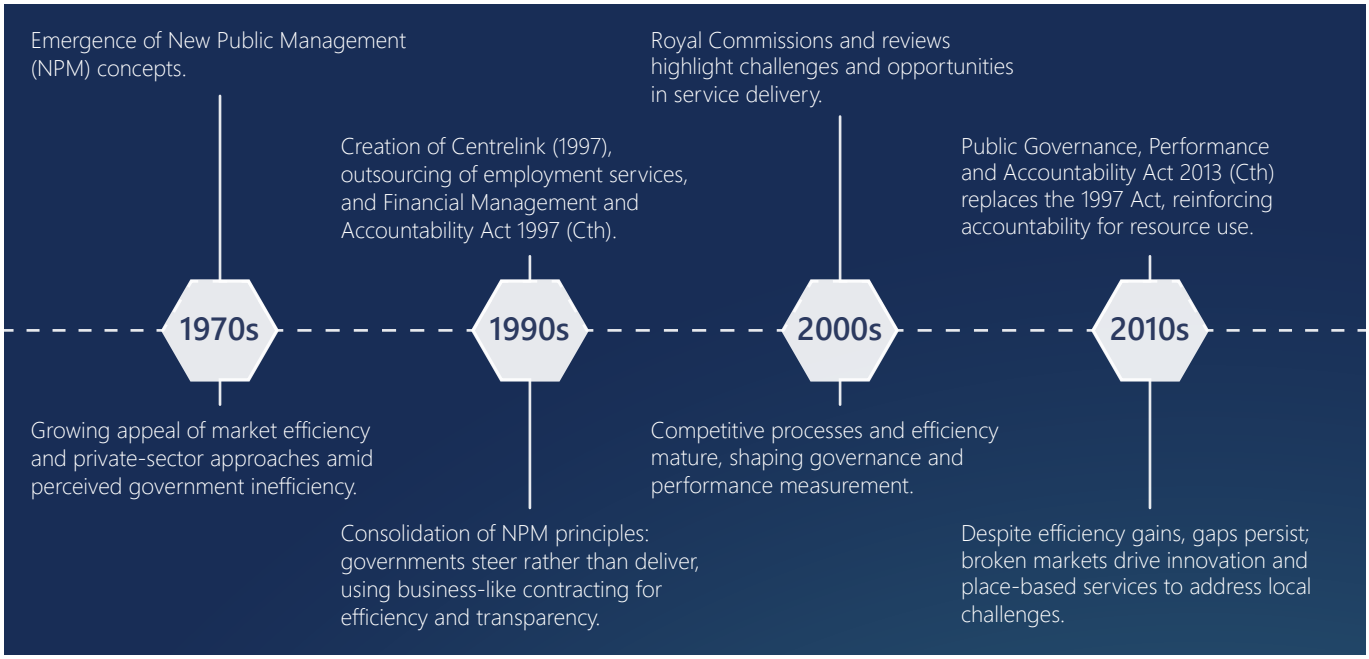
Table 1: Human service delivery models

Delivery model	Objective	Description	Funding
Direct	Fast and efficient delivery directly to Australians	Services payments and subsidies are provided directly to Australians by the Commonwealth government through digital and face to face channels. Examples of direct services, payments and subsidies include: income support, study payments, Medicare, child support payments, Veterans payments, childcare subsidies, carers payments, retiring and ageing payments.	• Commonwealth Government budget
Hybrid	Strength-based partnerships to deliver quality services	Partnerships across government and community to deliver a range of tailored services. Can include Commonwealth, state and territory and local governments, the private sector and communities. Examples of hybrid services include: health, education, family and domestic violence services and homelessness services.	• Commonwealth, State and Territory Government • Consumer payments • Service provider subsidies
Outsourced	Consumer choice drives competition for effective and efficient service delivery	Human service delivery is contracted out to external providers that may be not-for-profit or for-profit organisations. Users purchase or use services from providers that are quality controlled and held accountable by government. Examples of outsourced services include: employment services, childcare, disability through NDIS, humanitarian settlement program, adult migrant English program	• Commonwealth contracts • Consumer fee for service with Commonwealth subsidies • Grants for providers • Funding per individual
Community-led	Communities decide and lead the approach to human service delivery in their location	Community organises itself to partner with government and others to address complex, interconnected social issues. Examples of community-led services include: collective impact initiatives, Logan Together, multicultural services, Men's Shed, social enterprise, Chatty Cafes, and Aboriginal Community Controlled Health Organisation.	• Government grants or contracts • Philanthropy

Historic shifts and recent trends in human service delivery

Human service delivery in Australia has evolved from the historical direct service provision by Commonwealth departments and agencies (illustrated in Figure 4). The major shifts in human service delivery are a move to market-based approaches, the transformation to digital service delivery, place-based approaches, and a focus on outcomes for people.

Figure 4. Timeline of changing approaches to government human service delivery



The move to market-based approaches

The move to outsource human service delivery and create a market-based environment was motivated by a pursuit of efficiency and the desire to empower the service recipient to choose.[17] This new approach to public sector management was known as New Public Management and aimed to apply private sector practices to government. New Public Management arose out of a belief in the efficacy and efficiency of markets and economic rationality. Reviews of government services have reiterated the expectations that introducing greater competition, contestability and informed user choice could improve the efficiency of services.[18]

The move to market-based approaches for some human services has delivered positive outcomes, particularly where a universal service offering is appropriate.[19] In market-based approaches, competition is seen as driving innovation, improving efficiency and creating incentives to be more responsive to people's needs. The realisation of the benefits of market-based approaches are clearest when people have straightforward and quantifiable needs.

People with more complex or nuanced needs can see poorer outcomes.[20] Reviews and evaluations of government services, including Royal Commissions, have highlighted some of these poor outcomes and identified the challenges with implementing a market-based model.[21]

The shift to digital service delivery

The shift to digital service delivery is ongoing and demonstrating benefits in terms of efficiency, access, and user experience. Well-designed digital services centre on the customer journey, removing complexity and wait times.

The OECD Digital Government Index (2025) ranks Australia among the best performing countries for digital government, with Australia placing second out of the 42 countries assessed.[22] From the mid-2010s, Australia invested in digital transformation and e-government development.[23] Australians are able to lodge tax returns, apply for and manage income support payments, and access their medical information online through myGov.

Reviews of government digital human services have emphasised the need for user-centred and co-design approaches and a focus on designing services for the user rather than efficiency for government.[24] Reviews have also highlighted the importance of avoiding language and conduct that reinforces feelings of stigma and shame and supporting people to make informed choices.[25]

Place-based approaches

Place-based approaches to human services leverage the strengths, skills, knowledge and experience of local communities to improve responses to complex, local issues. The objective is a collaborative, long-term approach to build thriving communities delivered in place.[26] This approach is ideally characterised by partnering and shared design, stewardship, and accountability for outcomes and impacts.[27] In a place-based approach, relationships are built between public servants, service providers and members of the community to ensure services help people to navigate the problems in their lives.[28]

Place-based approaches are usually adopted where there are entrenched, complex social problems to be solved and where universal services have been insufficient to address them. In the context of place-based initiatives, any understanding of place must resonate with the local community, with meaning produced in the actual practices of people, rather than imposed administratively.[29]

Case Study – Stronger Places, Stronger People[30]

Stronger Places, Stronger People is a community-led initiative in partnership with Australian, state and territory governments that is funded until 2029. The initiative seeks to disrupt disadvantage and create a better future for children and their families in 10 Australian communities. These communities work to identify locally tailored and evidence-driven solutions to local problems. Accountability for planning, decision making and outcomes is shared by communities, governments, service providers and investors.

Place-based approaches that enable communities to be part of decision-making requires a commitment of time, strong community leadership and cohesion, and the ability for government and the local community to work together. These approaches take time and commitment but are considered to lead to better outcomes for the community (noting data on outcomes is emergent).[31]

There are many ways to deliver place-based approaches, with relationships, shared decision-making and ongoing commitment key features of all co-designed activities.[32] The National Disability Insurance Agency has articulated that 'co-design needs to be understood in its broadest sense that includes various ways of co-working', such as co-planning, co-designing, co-delivering, co-evaluating and co-governance.[33]

Challenges associated with affordability, scalability, evaluation and knowledge transfer have limited the expansion of place-based approaches in national service delivery systems to date.[34]

Refocusing on outcomes for people

Historically, the administrative practices within the APS, such as accrual budgeting and annual output targets, were largely focused on quantitative performance management.[35] Performance management systems are set up to track expenditure or outputs by providers, rather than outcomes for the people who receive a service.[36] The *Public Governance, Performance and Accountability Act 2013* introduced increased accountability for the performance of the APS in delivering its purposes, as per government policy.

More recently the Australian Government has established national frameworks to measure welfare outcomes for Australians. For example, the Measuring What Matters Framework, 2023, was established to track our progress towards a more healthy, secure, sustainable, cohesive and prosperous Australia.[37] The Measuring What Matters Framework has five wellbeing themes, supported by outcomes measures which will be monitored and tracked over time. Similarly, the National Agreement on Closing the Gap, 2020, which aims to overcome entrenched inequalities experienced by many Aboriginal and Torres Strait Islander people, includes 17 socio-economic outcome targets, so we know whether we are making a difference.[38]

At an individual level, service providers are now using impact measures to assess outcomes for their service users. For example, Mission Australia measures the impact of their services by collecting client feedback through client surveys at key points on their journey.[39]

The future we are heading towards

This section examines the future we are heading towards based on an assessment of medium- and long-term trends and risks.

Insights in this section point to growing demand for human services, unsustainable projected government expenditure and complexity impacting service access and delivery.

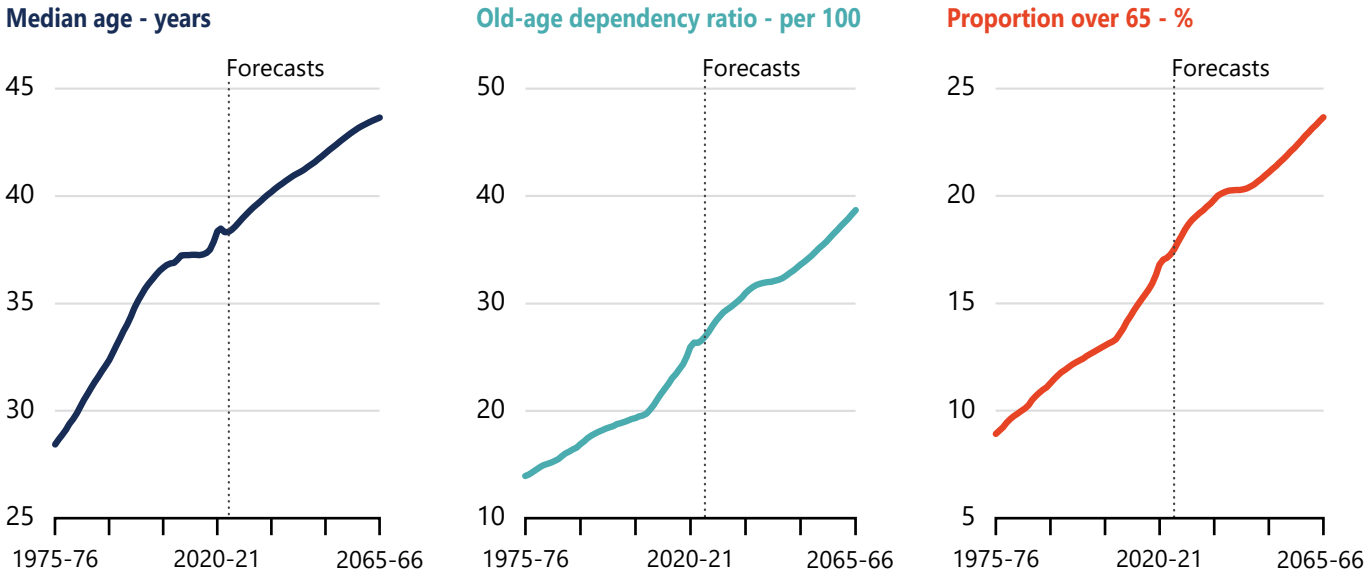
Insight 1: Community demand and expectations are growing

Community demand for human services is expected to increase due to an ageing population, an increase in chronic illness and a reduction in informal care, as care givers return to the workforce. The expectation that services will be high quality, equitable and easily accessible is also growing in Australia.

Australia's ageing population is driving demand for care and support services

One of the most significant trends shaping Australia's future is an ageing population, driven by increasing life expectancies and declining fertility rates.[40] As a population, Australia is ageing at a rapid rate, a trend kick-started in the early 2010s when the baby boomer generation started to reach the age of 65 (see Figure 5).[41] The number of Australians aged over 65 years is projected to grow to by 6.1% over the next 40 years, with almost half of that growth projected to be among those Australians aged over 85 years. Older Australians are expected to represent 23.4% of Australia's population by 2063.[42] Australia's ageing population is a driver of increasing demand for human services, including aged care and health services.

Figure 5. The proportional age structure of Australia's population[43]



Note: *The three charts share a common timeline. Horizontal axis tick marks represent 15-year intervals and the same reporting periods in each chart. The dotted line labelled 'Forecasts' marks the point at which the series transitions from historical data to forecast estimates. Forecasts were prepared using data available as at 2025.*

The needs of an ageing population vary across Australian communities and the human services requirements are diverse.

The age structure for Aboriginal and Torres Strait Islander people is younger than that of non-Indigenous Australians, due to higher fertility rates and lower life expectancy.[44] While the population of Aboriginal and Torres Strait Islander people is also gradually ageing, it is at a slower rate than non-Indigenous Australians.[45] Over 15 years, between 2016 to 2031, the proportion of Aboriginal and Torres Strait Islander people over the age of 50 is projected to increase from 16 to 20%.[46] The needs and experiences of older Aboriginal and Torres Strait Islander people are unique, with cultural connection an important aspect of wellbeing and Elders' significant role in community (providing cultural wisdom and support).[47] It is important for many older Aboriginal and Torres Strait Islander people to be able to receive support in-place, in community, and from a culturally competent provider.

As Australians live longer, the *number of years* that Australians live in ill-health is expected to rise.[48] Older Australians, in particular, are likely to experience multiple, overlapping health conditions as their life expectancy increases. In 2022, approximately 94% of Australians over the age of 85 lived with a chronic condition, contributing to growing demands for human services.[49] As age is a common and unavoidable risk factor for many chronic conditions, there will be increasing pressures for the treatment and management of ill-health in Australia in the long-term.[50]

The Australian government estimates that approximately 40% of the projected increase in government expenditure over the next 40 years will be attributable to demographic ageing.[51]

Increase in chronic illness is also driving demand for human services

Advances in medicine have dramatically decreased mortality rates from infectious diseases, meaning that chronic conditions are now the leading cause of ill-health.[52] In 2022, 61 % of Australians were living with at least one chronic condition and 38% of Australians were living with 2 or more chronic conditions.[53]

Chronic conditions are generally characterised by their long-lasting and persistent effects. Once present, symptoms often persist through a person's life and require long-term management, including support from healthcare and other professionals.[54]

Mental illness is increasing, particularly among younger Australians. As the onset of most mental disorders begins during the transition to adulthood, the impact of mental illness across Australians' lives can be profound.[55]

Dementia and chronic liver disease are among the other fastest growing chronic conditions.[56] Should the prevalence of many chronic conditions continues to rise, Australians will require more services to support the treatment and management of their conditions.[57]

It is estimated that 38% of the total burden of disease in Australia is preventable by reducing exposure to various behavioural, metabolic, dietary and environmental risk factors.[58] Preventative measures which strengthen health determinants are the most effective way to reduce the risk of Australians developing chronic conditions.[59] Strengthening determinants of health likewise support those already managing chronic conditions by easing symptoms and work to improve the lives of Australians.[60]

The return to work of informal care givers is increasing the demand for formal care

In the decade between 2012 and 2022, the care workforce grew by 65%, compared to a 53% growth in the overall Australian workforce.[61] This trend is projected to continue, with the care and support workforce expected to double by 2050.[62]

The growth in the care sector is, in part, a result of the transition from informal to formal care, particularly as women's participation in the workforce has increased.[63] This shift has resulted in greater demand for government human services, such as childcare, paid parental leave, aged care, disability and carers support.[64]

During consultation, Australian community members reported feeling time poor and overwhelmed with the pressures of managing multiple responsibilities. Some adults reported caring for ageing parents at the same time as caring for young children. The lack of synchronicity between school times and work times was mentioned by some survey respondents and workshop participants as a stressor for families with young children, with families struggling to find meaningful family time around other obligations.

> **"I have been a young carer for my disabled sister and one day I will be her primary carer. It has been challenging to navigate this while getting education and a job."**
>
> ***(Survey response)***

Expectations for personalised, integrated and accessible services are growing

Australians' expectations for high quality human services are growing.[65] The quality of human services is very closely related to concepts of equity and access.[66] Community service providers noted the growing community expectations around 'universal minimal government service guarantees' – the minimum standards for the amount, quality, and accessibility of services provided by government. Government providers noted the increase in requests for highly individualised services as opposed to services provided in small and medium group settings. For example, in seeking NDIS and family services, people were increasingly asking for a 1:1 service resulting in wait lists and others missing out.

During the consultation, we asked Australians about the extent to which they want services to be universal or personalised to meet the specific needs of different people. Most respondents (59%) expressed satisfaction with the breadth of current human service offerings. People experiencing marginalisation and disadvantage expressed higher rates of dissatisfaction with the accessibility and availability of human services and were seeking more integrated and personalised human services.[67]

Currently, over half (58%) of Australians trust public services and the majority (68%) of Australians are satisfied with the public services they accessed in 2024.[68] Life satisfaction, age, location, gender and major life events, experiences of hardship, vulnerability, marginalisation and inequality are all negatively associated with trust, based on multiple years of surveying.[69]

Community service providers identified 'market failure' in regional and remote Australia due to limited providers, a lack of scale, the high cost of service delivery and access challenges associated with long distances. Insufficient or 'thin' markets do not exist solely in rural and remote contexts; they also result from a shortage of providers who can meet specific cultural or material needs of communities, including for First Nations people, homeless, LGBTQIA+, or culturally and linguistically diverse Australians.[70]

Service providers also raised the challenge of unmet demand when services are capped. The demand for services, particularly in aged care, can exceed the funding or places available resulting in long waiting lists and forced rationing.

Insight 2: Expenditure on human services is projected to grow

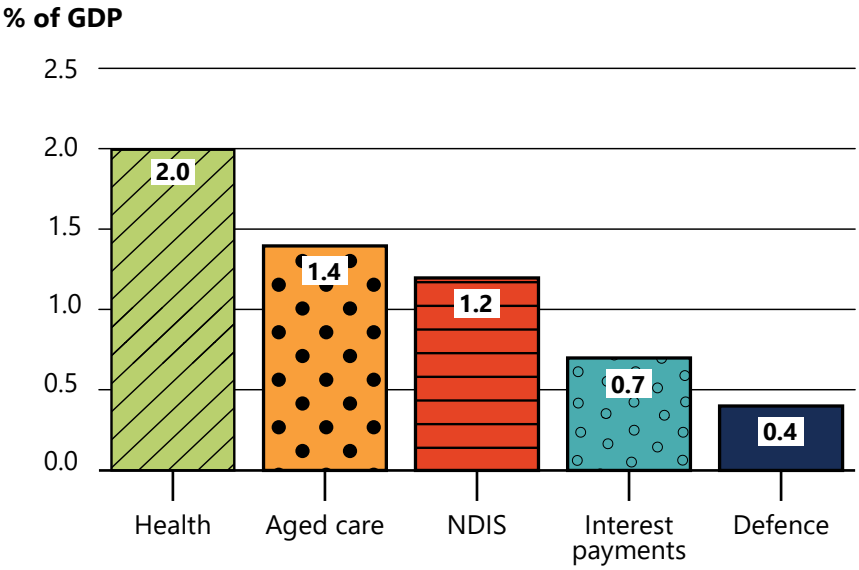
Human services expenditure, in particular for health, aged care and NDIS, is forecast to be the major spending pressure for the Australian Government over the medium and long term.[71]

Government spending on human services will need to be targeted and effective in delivering outcomes to Australians who need it most to ensure the long-term sustainability of the Australian Government's budget.[72]

Long-term projections show human services as the major budget pressures

The Intergenerational Report identifies health, aged care and the NDIS as the top three long-term spending pressures for the Australian Government (see Figure 6).[73] NDIS payments are expected to grow fastest over the next decade, while health and aged care are expected to grow most quickly towards the end of the 40 year projection period, as the population ages.[74] In contrast, spending on the Australian Government age and services pension is projected to decrease from 2.3% of GDP in 2022-23 to 2% of GDP in 2062-63, in contrast to most OECD nations.[75] The decrease reflects the shift towards superannuation being the main source of retirement income and means testing of the age pension to support those most in need.

Figure 6. The top five spending pressures and projected increase as per cent of GDP to 2062-63[76]



Government expenditure on human services workforces has risen in recent years to address historical under-provision or under-valuation of these services. For example, the Australian Government is investing in wage increases for aged-care nurses and childcare workers. The increasing demand for welfare workers is also expected to continue in aged care, disability, early childhood education and care services.[77]

Outsourcing of human service delivery is not delivering the efficiencies anticipated

The Australian Government outsources the provision of some human services by contracting private sector and not-for-profit providers. The trend to outsource human service delivery and introduce market discipline aimed to increase efficiency, bring in competition and empower service users to choose between providers to best meet their needs.[78] The Productivity Commission found that not-for-profit organisations were the major providers in most human service areas across Australian governments and that there were around 20,000 non-profit organisations in the human services sector that relied on government for their main source of funding.[79]

Evaluations of the market-based model show that it can work well for Australians who have straightforward and quantifiable needs. However, as shown in Table 2, Australians with more complex or nuanced needs can see poorer outcomes.[80] During consultation, many experts raised concerns that the market-based model for delivery of human services was not achieving the efficiencies anticipated. The lack of market incentives for contracted providers to work on the most complex cases was also raised during consultation.

Table 2: Efficiency savings through outsourcing by type of human services

Human service type	Potential for efficiency savings through outsourcing	Risks and success factors
Routine, measurable outputs	High	Success relies on competitive contracts and strong contract management.
Complex, relational services	Mixed/Low	Risk of reduced service quality as well as high administration and monitoring costs.
Thin markets	Low	Market failures with risk of a monopoly provider, elevated charging and poor quality services.

Insight 3: Complexity is impacting access to services

Access to human services is being impacted by complexity in the system and fragmentation in service delivery. Additional barriers such as stigma, shame and physical distance are also impacting access to services.

For Australians with complex needs, First Nations people, victim-survivors, young people (aged 18 to 24), migrants and communities in regional and remote Australia the challenges of access to services are often compounded.

> **"I believe complexity in your delivery systems precludes certain groups from obtaining support in a reasonable time frame."**
>
> ***(Survey response)***

Complexity in the system is a barrier to accessing human services

System complexity is often the result of outsourcing, competition, fragmentation and unnecessary process in the provision of human services.[81]

> **"I find accessing government support services to be complex to the point where it is a significant barrier."**
>
> ***(Survey response)***

During the consultation, Australian community leaders and community organisations consistently raised concerns about complexity in the system. A third (32%) of young people (aged 18 to 24) surveyed highlighted difficulties in navigating government human services, describing the systems as overly complex and inaccessible. Australians who experience multiple, overlapping and complex issues report the human services system is increasingly challenging to navigate.[82]

> **"You almost need a PhD to navigate government services. We need to simplify service delivery models while ensuring help goes where it is needed most."**
>
> ***(Interview comment)***

The most recent annual trust in Australian public services report found that one in five people who accessed government services reported dissatisfaction, with the top concerns being complex system processes and challenges with access to services.[83]

> **"We are overwhelmed with forms already, why give us so many more just to get basic services? Not everybody has the time to navigate complex systems of bureaucracy. You must factor in that many people are terrified of everything right now. Gen Z is a generation of complex dread. We do not have the motivation to support ourselves."**
>
> ***(Survey response)***

To address the complexity, there has been increased investment in professional system navigators to support those trying to access human services. For example, the *Aged Care System Navigator* and the *Australian Cancer Nursing and Navigation* program are 2 large-scale system navigators (see case studies below for further details).

Case study: Aged Care System Navigator

Following the Aged Care Royal Commission, the Australian Government allocated $5.1m to fund the Aged Care System Navigator Measure in the 2018-19 Budget and a further $7m through the 2021-22 Budget to extend the trial.[84] This service supported people to understand which human services were available to meet their needs, connect with My Aged Care and access human services.[85]

Navigation support was focused on supporting Australians facing barriers in accessing aged care due to isolation, marginalisation from the system and/or specific vulnerabilities.[86] The review of the trial found that navigator services were providing needed and appreciated support for older Australians and their families who were struggling to navigate the system.

Case study: Australian Cancer Nursing and Navigation program

The Australian Government has committed $406m to form a new Australian Cancer Nursing and Navigation Program in January 2025.[87] The Cancer Navigation Service seeks to connect people to multidisciplinary specialist support service teams and refer people to clinically appropriate information.[88]

Siloed service provision is exacerbating fragmentation across the system

During the consultation, Australians highlighted the disconnect between services, the lack of a singular entry point, and the circularity of systems as common barriers encountered in seeking to access government services. The separate organisational lenses also create a siloed view of needs, which does not always account for people's holistic circumstances and results in service providers appearing insensitive to people's lived realities.

> **"Government services must get better at meeting the whole needs of the whole person that uses them. Making people navigate multiple services as individual areas is no longer acceptable – the service system should work as a cohesive whole. One service should be able to connect a person with another service they need, not just send them away to research it themselves."**
>
> ***(Survey response)***

Government silos were frequently referenced as preventing the provision of comprehensive care that addressed the multidimensional needs of Australians. Silos were identified between government departments as well as between levels of government. The burden of having to engage with multiple departments, led to people experiencing navigation fatigue or simply 'falling through the cracks'. Community members reported meeting numerous 'dead ends', not knowing where to go to next, or becoming frustrated by constantly needing to re-explain oneself and one's circumstances.

> **"The process is complicated, and the system is set up so that people give up before they get help."**
>
> ***(Community consultation)***

> **"We get told 'that's an interesting issue, but it's outside my domain so you need to talk to someone else'."**
>
> ***(Community consultation)***

Legislative barriers also prevent data sharing, for example between Centrelink and Medicare, and prevent a 'tell us once' approach. This means service users have to repeat information and details of their situation to multiple human service providers.

> **"Agency approaches are more about convenience to the APS [... such as] efficiency and administrative ease, and there is a tendency to only consider the bits of a person related to the portfolio."**
>
> ***(APS consultation)***

Siloing was described as existing *within* agencies as well as *between* agencies, with hierarchies compounding fragmentation and complicating access. Regional operational staff reported feeling disempowered to make decisions or innovate and not supported to share decision-making with the community.

> **"[This reflects a] 20th century organisational [...] model of command and control that [... doesn't suit] the adaptive problems that we face today."**
>
> ***(APS consultation)***

Beyond the silos, there is also complexity created by the inconsistency in the fundamentals for each service. Some services are means-tested (targeted to those with the highest need) and some are universal (provided to all). Experience from one service area can lead to expectations of another service.

Other barriers such as stigma, shame and distance are blocking access to services

Common barriers to access that were raised during community consultation include stigmatisation and shame, fears for safety, caring responsibilities, lack of transport options and unsuitable opening hours. Victim-survivors of family and domestic violence reported encountering additional structural barriers such as child support decisions, challenges to attending court dates and seeking legal advice/representation.

These challenges are also contextually defined, taking on different forms when encountered by migrants and refugees, those who face language barriers, those with low levels of literacy, Aboriginal and Torres Strait Islander peoples, people with disability, partners of veterans or law enforcement officers, LGBTQIA+ people, or people living in regional and remote areas.

"It is so hard to navigate the system and speak with a real person that you need someone to assist you. Not everyone has access to technology or understands what is required to get help."

(Survey response)

Aboriginal and Torres Strait Islander peoples often experience significant barriers to accessing healthcare. In 2018-19, 30% of Aboriginal and Torres Strait Islander people (243,700 people) reported that they needed to but did not see a health care provider on at least one occasion in the previous 12 months. Those who did not see a healthcare professional reported that competing priorities, cost and service availability were the main barriers impacting access (36%, 34% and 33% of respondents, respectively). In addition, 23% of respondents reported a dislike of available services, including because of fear and embarrassment, creating barriers to access.[89]

Around 7 million people (or 28% of Australians) live in rural and remote areas, where access to services is limited by distance, lack of public transport and limited availability of service options.[90] Some common barriers experienced by rural and remote communities shared through this consultation were around cost, workforce challenges, lack of infrastructure and lower levels of trust in government. Migration from cities into regions is likely to continue over the next decade due to factors such as the high cost of living in major cities and growing demand for clean energy workforce.[91]

"Services are very mono-culturally designed and based on a metropolitan view of the country, technology and people's abilities to access services (we all do not have access to Uber Eats, reliable internet, 24 hour medical services or public transport)."

(Survey response)

While many Australians experience disadvantage at some point in their lives, for most, it is temporary. Entrenched disadvantage, however, affects a small but significant proportion of the Australian population. Entrenched disadvantage is multidimensional: a combination of poverty, deprivation and social exclusion. There are around 700,000 Australians currently experiencing persistent and recurrent poverty, indicative of entrenched disadvantage.[92] Whilst Australia has relatively high income mobility, people at either end of the income distribution are more likely to remain there, contributing to enduring entrenched disadvantage and divides. Entrenched disadvantage can be a self-reinforcing cycle that passes from one generation to the next, with studies showing that children raised in welfare-dependent families are significantly more likely to rely on social security in adulthood.[93] No single human service is likely to offer adequate support for those experiencing entrenched disadvantage. Place-based partnerships can be an effective method to identify and address areas of entrenched disadvantage in Australia's communities; see case study below on *The entrenched disadvantage package*.

Case study: The entrenched disadvantage package[94]

The Australian Government, in the 2023–24 Budget, allocated $199.8 million to a package of measures targeting entrenched community disadvantage. The measures aim to address intergenerational disadvantage and improve child and family wellbeing. The package includes a whole of government framework to address community disadvantage, improved data on which to base decisions (Life Course Data Initiative) and an Outcomes Fund to see social enterprises tackle disadvantage.

The package also includes $64 million for place-based partnerships, to extend the Stronger Places, Stronger People initiative to enable community-led change in partnership with 10 communities and state and territory governments, and to enhance shared decision-making and local solutions in 6 of these communities. Place-based partnerships will see the development of co-designed solutions that address community needs and aspirations, including support for local initiatives that drive better outcomes in education and employment, child and maternal health, youth justice, and participation.

The future Australians want

This section brings together community and stakeholder views on the future of human services in Australia.

During the consultation, Australians outlined their vision for simpler, user-friendly human services, tailored support for our most vulnerable, trusted partnerships and collaboration on service design and delivery.

Insight 4: Australians want easy to use services with tailored support where needed

Survey respondents widely supported the need for simpler, streamlined and more user-friendly human services as well as tailored support for our most vulnerable. There was recognition that recent reforms were moving in this direction.

Simpler, streamlined and more user-friendly human services

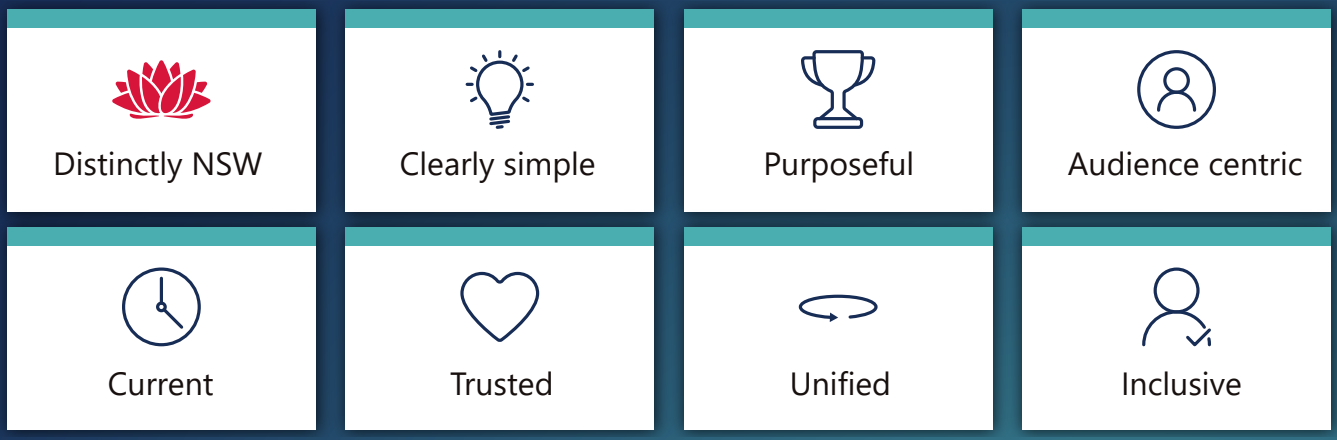
People want services that are easy to use and give them what they are after. Satisfaction with human services is affected by the experience people have with services, as well as people's expectation of the kind of help services will provide.[95] Five of the top seven factors that Australians identified as improving their satisfaction with services relate to ease of use (Table 3).[96]

Table 3: Factors Australians identified as most important to satisfaction with government services

Service Quality Factors	Ease of Use Factors
• I got what I needed • Information from the service was accurate	• The amount of time it took to reach an outcome was acceptable • Information from the service was easy to understand • The amount of effort I had to put in was reasonable • Processes were clear and easy to follow • It was easy to access the services.

Case study: Digital transformation is streamlining NSW Government services

NSW service delivery has undergone significant transformation to keep pace with citizen expectations and technology advancements. Through strategic digital transformations initiatives, NSW Government departments are achieving increased efficiency, improving service delivery and enhancing citizen engagement. To provide a seamless experience for citizens accessing government services online, NSW identified citizens' needs and pain points and redesigned the digital experience based on the following design principles:



Tailored support for our most vulnerable

During the workshops there was broad agreement that people experiencing vulnerability should receive tailored assistance designed to meet the specific needs and goals of individuals.

> **"There needs to be a good balance between providing tailored services for certain cohorts but enough consistency across services that it is consistent and appears fair."**
>
> ***(Survey response)***

Tailored support, also known as integrated services or people-centred case management, involves collaborative goal setting, flexibility from service providers and empowering clients to participate meaningfully in decisions that impact them. Integration of services is also achieved in the way government structures, commissions and administers service delivery.

Tailored support is particularly effective for Australians with needs that cut across service delivery silos. For example, tailored support for First Nations Australians with complex challenges could involve addressing not just immediate health needs but also housing, employment, cultural and emotional wellbeing, and involving family and community where appropriate.[97]

Monash University identified best practice attributes that were constants in successful person-centred health care as: comprehensive care delivery; strong partnerships; person-centred technology; clear purpose, strategy and leadership; and person-centred governance, capability and culture.[98] Developing the right workforce culture in service delivery organisations precedes changes to processes and services, and involves making a shift in focus from being task-driven to person-centred.

Place-based approaches provide a fully integrated service

Tailored human services can also be conceptualised for communities bound by place. Place-based solutions often bring together multiple human services to achieve the goals of local communities. Where place-based approaches succeed, they adapt to community need as it evolves.[99]

A core principle of a place-based approach to human service delivery is that all communities and places are different and thus, the needs of community in-place are contextually defined. For example, First Nations First is a key principle which guides the work of Logan Together. It reflects the fact that place has always been central to Aboriginal and Torres Strait Islander cultural ways of knowing and being.[100]

Unable to be 'scaled up', place-based approaches are instead 'scaled out'. Connecting through national networks, there is opportunity for communities to share learnings. The government enablers that support place-based approaches such as policy settings, funding and governance models can be scaled to embed place-based practice as a core service delivery method.

> **"To make this model work there needs to be some power shared between the partners."**
>
> ***(Community consultation)***

Community capacity and capability can also be enabled and built through collective impact projects as knowledge, tools and resources are shared. For an example of a successful place-based approach to service delivery see *Case Study: Logan Together*.

Case study: Logan Together is a place based, collective impact movement committed to the wellbeing of every child

Crucial to the success of Logan Together is its focus on place and community.[101] Logan citizens hold strong local knowledge about service needs, capabilities, and effectiveness. Connected by place, community members have a shared understanding of the challenges and opportunities for improved government service delivery in Logan. Logan Together empowers community members to achieve self-determination, demonstrating the positive impact of place-based initiatives for service design, delivery, and outcomes.

The three pillars of Logan Together – First Nations First, Children at the Heart, Community Led – embody the core aspects of place-based initiatives. 'First Nations First ' recognises the importance of adapting to First Nations processes and practices, which largely centre on place, space and connection to Country. Putting 'children at the heart' ensures children's voices and needs have influence in decisions affecting their futures. Applying a community-led model empowers diverse community members to lead decision making and share accountability with government and organisations.

The ultimate goal is 'to see Logan's children happy and healthy now and for generations to come'. Since its establishment in 2015, Logan Together has contributed to positive outcomes for children and families in Logan's communities. The rate of First Nations still births has reduced to 0.3% (compared to 1 to 5% across other parts of Queensland), Maternity and Child Health Hubs generated a minimum saving of 13% on the cost of a hospital-based midwifery model, over 30,000 community members are engaging with Logan Together, and social cohesion has increased. More children in Logan communities are starting school developmentally on track, exceeding the Queensland state average.[102]

Hubs offer wrap-around support for vulnerable Australians

Sometimes the support that people require is a safe and welcoming place. Hubs provide wrap-around support by acting as a single integrated point of access to multiple services. A community organisation working closely with formerly incarcerated Aboriginal and Torres Strait Islander people proposed hub models as a future solution when the primary issue is lack of connection.

Safe, easy access to hubs for those who experience marginalisation and potentially exclusion from universal services is critically important. Community organisations described their purpose as 'a connector and an advocate'. Some community service providers articulated how hubs can offer a unique space of safety through a deep understanding of local circumstances and the cultural context, as well as the ability to offer wrap-around support. Some community organisation-designed spaces, co-designed with community, facilitate knowledge sharing and community connections, improving community experiences.

Community organisations agreed that having an accessible, community-owned space could rebalance power dynamics. A representative from another community organisation analysed how community participation in the co-creation of space is important for trust, which is an enabler of meaningful outcomes in service delivery.

> **"Community tells us things because of the respect and trust."**
>
> ***(Community consultation)***

Insight 5: Australians want trusted partnerships and genuine collaboration

The delivery of effective and integrated services is enabled by building valued and trusted relationships and working in partnership with communities, service delivery organisations and all levels of government.

Community members highly value collaborative working relationships with their service providers. Trusted partnerships lead to improved transparency across the system and shared accountability for outcomes.

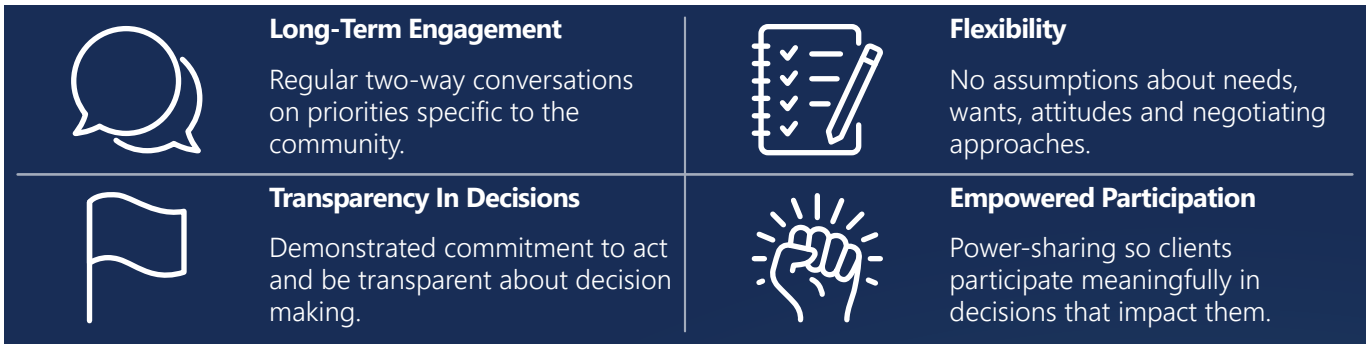
Build valued and trusted partnerships

Trust is a critical foundation for effective human service delivery.[103] The community told us that trust was needed on both sides to build effective working partnerships. When the government engages after decisions have been made, feelings of mistrust are perpetuated.[104]

> **"Governments have to drop their mistrust if they are going to work in the space of healing, kindness and care."**
>
> ***(Community consultation)***

Community leaders identified their vision for high-quality, trusted relationship between government and community, including the critical factors for success (Figure 7).

Figure 7: Factors required to build valued and trusted partnerships with communities



Trust increases between communities and government when there are *genuine* partnerships, demonstrated through ongoing commitment to shared priorities, regular engagement over the long term and shared achievements.[105]

> **"More transparency equals more trust in decisions being made."**
>
> ***(Survey response)***

Genuine partnerships are critical to shifting the relationship between government and community from that of 'funder and recipient' to 'parties with a common goal and shared funding and accountability.'

Partnership agreements, and other formal frameworks for engagement, help to scaffold relationships between communities, organisations and government, allowing for consistency through changes.[106] The Strong Partnership Elements outlined under the National Agreement on Closing the Gap articulate the requirement for clear definition of roles and responsibilities, the purpose and objectives of partnership, the scope of shared decision-making, and reporting arrangements, timeframes, and monitoring, review and dispute mechanisms.

Lift capability to achieve successful partnerships

Strong collaboration and engagement capabilities are essential to working in genuine partnership with Australian communities.[107] Government employees reflected that there are highly variable degrees of engagement capability in the APS and that an ongoing capability uplift is needed to enable effective two-way relationships with Australian communities.

> **"Government currently lacks the capability to partner – it won't be able to do so successfully so long as it is intent on being the dominant player."**
>
> ***(Community consultation)***

The APS Charter of Partnerships and Engagement sets out the principles for improving the way that the APS engages to put people and business at the centre of policy, implementation and delivery (Figure 8).[108] During the consultations we heard that these types of genuine partnership do already exist but are not common.

Figure 8: The APS Charter of Partnerships and Engagement[109]

Open Be open to engaging with a diverse range of perspectives to inform policy and program development, so that those affected can have a genuine and equitable opportunity to have their say.	**Accountable** Maintain clear and regular communication by sharing information, taking responsibility for commitments made and informing people and communities on how they have contributed to the final decision.
Responsive Be willing to try new approaches to make sure engagements are fit for purpose, culturally appropriate and adaptable, while remaining outcomes-focused.	**Informed** Underpin robust decision-making with the effective and ethical use of data, research and other insights, as well as informed by lived experience, history and context.
Transparent Build public trust by acting with integrity and being open and honest about expectations, roles and responsibilities, limitations, objectives and processes at the outset.	**Collaborative** Encourage and build relationships through respectful collaboration, and partner with communities, businesses, academia, industry and other sectors to achieve the best outcomes.

Public servants who have the capability and expertise to work in partnership with community are inhibited when their senior executives have low risk tolerance.

> **"We can't expect different outcomes so long as the risk settings stay the same."**
>
> ***(Community consultation)***

Consultation also identified opportunities to build strong relationships through expanding the role of local governments in human service delivery and providing mechanisms for real-time feedback on human services. While these suggestions aren't novel, there is further action needed to make good engagement practice the norm and provide a strong foundation for human service delivery partnerships into the future.

Community leaders and organisations explained that government has expectations of them which go unrecognised and are not adequately resourced. Government expects community organisations, particularly backbone organisations, to create 'the glue' that supports a more connected, effective and accessible service system, but doesn't invest in the mechanisms required to support this level of coordination and integration.[110] Community leaders identified the importance of backing community leadership frameworks and building their capability to engage with government.

The value of investing in community leadership frameworks

Community leaders outlined the value of strong and empowered community representation for enabling self-determination. They argued that investing in leadership structures, particularly in areas experiencing entrenched disadvantage, could facilitate more efficient use of resources and greater potential for enduring outcomes.

Aboriginal Community Controlled Organisations and backbone organisations shared the view that in many cases, there is enough funding directed towards services in communities, but it is not allocated in the most effective way to meet community need. In the future, community leaders and backbone organisations could ensure funding is allocated to the right areas to achieve outcomes, creating long-term savings and efficiencies.

Community members agreed with the role of community leaders and organisations, noting this is not a substitute for direct community input. Placing the focus on community priorities rather than organisational priorities can help to maintain the focus on achieving outcomes for the community.

Importantly, services controlled and delivered by First Nations people are culturally safe, respectful, and responsive to the unique needs of Aboriginal and Torres Strait Islander peoples. For example, Aboriginal Community Controlled Health Organisations (ACCHOs) empower communities by ensuring that health services are controlled and delivered by the people they serve, addressing inequities and improving health outcomes for First Nations people.

> **"I think we have to be careful not to end up designing services for the loudest voices – the government needs to identify the 'customer' and ensure representative voices are heard."**
>
> ***(Survey response)***

Greater collaboration and shared decision-making

A theme from the consultation was that governments and communities can't solve big issues on their own, they need to come together.

Collaboration across the human service system creates opportunities for governments, organisations and communities to coordinate efforts, share resources and expertise, and minimise duplication. Establishing collaborative frameworks and ways of working across the system results in human services which are more effective, culturally appropriate and meet the needs of individuals and communities. Greater collaboration could involve government engaging directly with Australians and investing in structured collaborative models, such as co-design, place-based models, collective impact, local leadership frameworks and community hubs. Community representation in services and organisations, such as through place-based initiatives, is important for holding community intelligence and for building trust.

Opportunities for participatory democracy include deliberative polls, citizen's assemblies, public consultation surveys, client satisfaction surveys and engagement forums.

> **"The person with the problem is the person with the solution."**
>
> ***(Interview participant)***

Government providers noted the supply-side constraints to equitable access to human services in regional and remote Australia. Challenges include workforce shortages, poor infrastructure and funding models that fail to account for higher delivery costs.

Communities told us they wanted to make decisions about what human services are required in their local area. Participatory budgeting was proposed as a useful model for the future; see *case study below on Porto Alegre, Brazil*.

Case study: participatory budgeting in Porto Alegre, Brazil[111]

Participatory budgeting has been undertaken in Porto Alegre, a city of 1.3 million people in Brazil, since 1989. Participatory budgeting in Porto Alegre involves three streams of meetings: neighbourhood assemblies, thematic assemblies, and meetings of delegates for citywide coordinating sessions (the Council of the Participatory Budget).

Budgeting happens annually, beginning with the presentation of accounts from the previous year by the city government. The government also presents its investment plan for the current year, which had been decided at the meetings from the year before. The debates then begin for the subsequent year, taking a period of nine months.

It is widely considered to be the biggest and most successful use of participatory budgeting anywhere in the world. Over 17,000 citizens are involved and around $160 million of public funds are allocated. Women, ethnic minorities, low income and low education participants are overrepresented compared with the city's population and consequently funding shifted to the poorest parts of the city where it was most needed.

The success of the initiative was bringing those usually excluded from the political process into the heart of decision-making, significantly increasing the power and influence of civil society and improving local people's lives through the more effective allocation of resources.

Workshop participants promoted the government taking a community-centred and holistic approach to service design and delivery. International examples were raised to demonstrate the effectiveness of holistic services embedded in the local community; see *case study on the Bronx Defenders*.

Case study: Bronx Defenders pioneering holistic services in the USA[112]

Bronx Defenders have developed a holistic, not-for-profit model of defence in the justice system. Each year, they defend approximately 27,000 low-income Bronx residents in criminal, civil, child welfare and immigration cases.

The Bronx Defenders' model of legal support differs from other providers. They opt for a model that focuses more closely on holistic needs, going beyond clients' legal situation, to instead spend more time getting to know them as individuals. Lawyers partner with social workers and other non-legal advocates, to learn more about clients' individual situations, helping clients lead the futures they seek.

For example, if a client arrives seeking legal assistance, but cannot attend court without access to childcare, the Bronx Defenders will arrange access to childcare services while also managing the client's legal issues.

If the charge results in housing issues, the team might help provide access to emergency housing for immediate family members. In all of these instances, the Bronx Defenders not only deal with legal issues, but also focus on providing support services to address the downstream consequences of an individual's involvement with the justice system.

The Bronx Defenders aim to transform how low-income people in the Bronx are represented in the criminal justice system. Criminal justice is treated as a matter of circumstance, not character. With this mindset, the Bronx Defenders focus their efforts on the whole individual, not defining them by their case, but instead by the needs that they identify. Annual client satisfaction surveys reveal that 4 out of 5 clients feel that their lawyer is fighting for them, and that they feel even more heard by this model of service.

Community organisations and service providers reported that the conditions imposed by a market-based commissioning model of human services can drive behaviours and ways of working that are at odds with the purpose and values of the organisations providing services. People-centred care requires comprehensive support and collaboration, where people and/or organisations step in or adapt as needed. We heard that market competition can result in service providers, who are working in the same community, working in opposition or not sharing information, to the detriment of service recipients. In this way, marketisation of human services can promote a transactional approach to service delivery which fragments local communities through competition and dis-incentivising a collaborative approach.

> **"Organisations sometimes think of ourselves as the recipients of the system but actually we perpetuate the system that we are not particularly happy with. We need to be able to work with government and community to create system change."**
>
> ***(Community consultation)***

There are a range of complicating factors associated with the marketisation of human services, including rigidity in funding structures and the kinds of incentives that are built into the system. While the goal of competition in New Public Management is to improve efficiency and reduce costs, in practice, there is often a cost-quality trade-off. As short-term costs are easier to measure than quality and long-term impact, service providers are incentivised to cut the quality of human services to a minimum level.[113]

Co-design services to meet unique needs of communities

Co-designing services between the service provider and service user has been demonstrated to deliver effective service outcomes. However we heard that co-design is not appropriate for every circumstance, and there are practical challenges associated with co-design. Firstly, the timelines for Budget processes were recognised by community organisations, service providers and public servants as often not conducive to the time needed for a co-design process. Secondly, co-design of services requires a high-level of capability from both the service designers and to support decision-making within the community.

There were diverging views among community organisations and advocates about how consultation, collaboration or co-design should occur. Some organisations believe they are an integral bridge between community members and public servants and should be empowered to play a greater role in decision-making. Others placed more emphasis on the need to engage with individuals and listen to their lived experiences.

> **"As an Aboriginal person, I don't want people making decisions about me, without me."**
>
> ***(Survey response)***

Public servants highlighted successful place-based initiatives and other collaboration efforts as examples of the level of effort being invested in co-design. Community organisations and advocates, particularly those working with vulnerable groups or doing place-based work, called for a significant increase in co-design and collaboration in the future.

Insight 6: Australians want equitable access to human services

Communities want equitable access to human services regardless of socio economic and geographical disparities.

Vulnerable groups and people living in regional and remote areas of Australia reported higher barriers to accessing human services, including increased waiting time, workforce shortages, language barriers, transport issues and higher costs.

Address service accessibility and workforce challenges in regional and remote Australia

Australians living in remote contexts told us they are engaging with services that are more expensive and less accessible than their urban equivalents.

> **"There is by far not enough access to specialist health care in regional areas (almost none for trans and gender diverse youth) with our local paediatricians all having waiting lists starting at 1.5 years and waiting lists at hospitals for so-called elective surgeries in excess of 18 months (a hip replacement is NOT elective surgery). I see dozens of people sleeping in tents, in doorways, camping rough under bushes because they cannot afford homes and waiting lists in our area for social housing are above 10 years or 3 years in urgent cases (try sleeping in a car with your kids for 3 years)."**
>
> ***(Survey response)***

Community organisations want the unique needs and strengths of regional and remote communities reflected in service design and delivery. Accessibility, workforce capability and retention, and a lack of understanding of the unique challenges faced by those living in remote Australia are contributing to lower quality services.

> **"Services should be designed to the specific location and characteristics of the area they are being delivered. The way services are delivered in capital cities is not reflective of regional delivery."**
>
> ***(Survey response)***

Pursuing a market-based approach to human service delivery in regional and remote communities can produce particularly adverse outcomes. This is because the assumptions that underlie market-based principles are often not applicable in remote contexts where there may be only one service provider within the region.

Australians identified the opportunity to leverage emerging technologies to deliver digital, mobile and hybrid models of care in remote contexts to bridge workforce capacity and capability gaps.

Build the capability and capacity of human services workforces

Communities shared a vision for the future where community workforces have the capacity and capability to operate effectively and meet expectations around service quality and availability.

Governments should consider capability and capacity building as part of its role under a stewardship model. Identifying and leveraging strengths in community and complementing those with skills uplift will have the greatest impact.

Public servants noted that larger national organisations were often the preferred service delivery partners given their 'readiness', as the time required to build local community service delivery capability was seen as too great a barrier under the pressures of a reactive and resource-constrained system. A short-term focus was seen as undermining working relationships across the system, increasing uncertainty for service providers, and creating barriers to provider capacity building, effective longer-term planning and innovation.

Limited investment in community workforce capability is exacerbated by the commissioning model, as service outputs are linked to grants, with no consideration of the sustained quality of service delivery. As short-term grants are awarded based on output, government offers no commitment, career pathway or investment in employees at community organisations, which ultimately translates to poor service delivery. Capacity building within community organisations, enabling them to strategically plan for the future of their local communities, was also seen as limited by the lack of an authorising environment to take risks and innovate. Where funding is short-term, service providers may not invest in capacity building if their ability to get future funding is uncertain. Community organisations provided examples of challenges they experience to design and deliver programs that meet community needs, while balancing strict reporting requirements and funding limitations.

Community organisations and service providers reported that smaller organisations, who are often also operating in rural and remote areas and with fewer resources overall, are less able to absorb the administrative costs of applying for funding. Some public servants interviewed perceived that agencies are currently inadequately resourced to be able to support service providers, while others suggested rigidity (for example in how grant funding can be used) prevents providers from using resources that are allocated to them to build capability. Community organisations reported feeling unsupported or inadequately resourced to build staff capability and their overall capacity to serve their community.

Further, community organisations perceived part of their role as engaging in building a sense of community as part of providing care and support to people. They expressed that their efforts were being strained by a rigid approach to funding and accountability that limited their opportunity to do things that would work for their community. Without community-building being recognised as a critical contribution, activities that support community cohesion aren't considered as a metric of success, nor adequately funded.

Opportunities for the future of human services

This section examines opportunities for the future of human services based on engagement with experts and examination of best practice.

Insights in this section identify the opportunity to invest in early intervention, harness the power of technology and data, and reimagine the role of Government. The ideas aim to inform future policy making by proposing ways to deliver the future Australians want within practical budget constraints.

Insight 7: Invest in prevention and early intervention

Investment in prevention and early intervention is the most fiscally responsible way to improve the wellbeing of individuals and communities.

> **"An ounce of prevention is worth a pound of cure."**[114]

Investment in prevention and early intervention initiatives can result in long-term savings across the system because the need for future human service supports are avoided.[115]

Increase investment in preventative health care to improve wellbeing and avoid future costs

Preventive health involves taking measures to keep people healthy and well and to avoid the onset of illness, disease or injury. Preventative measures that reduce the incidence and severity of chronic health conditions lead to substantial long-term savings for the health system as chronic conditions are expensive to treat. Investment in cholesterol checks and blood pressure management can prevent heart attacks and the need for emergency care.

> **"Prevention ideally is much more cost-effective and supports a happier society."**
>
> ***(Community consultation)***

It is estimated that 38% of the disease burden for all Australians and 49% for Aboriginal and Torres Strait Islander people, could be prevented through prevention and early interventions by reducing health risk factors such as obesity, physical inactivity, dietary risks, and alcohol, tobacco and other drug use.[116]

Studies show that every dollar invested in preventive health saves an estimated $14.30 in healthcare and other costs.[117] In addition to the avoided costs of future health services, healthier individuals are more productive, with lower workplace absenteeism and the ability to remain in the labour force for longer.

In 2022, Australia spent 3% of total health funding on prevention, which was equivalent to the OECD average but less than countries like Canada where 7% was spent on prevention.[118] Building on the successes under the National Preventative Health Strategy 2021-2030, further efforts are proposed over the long-term to rebalance spending towards prevention.

Workshop attendees emphasised the importance of a social contract between government and communities, where it feels like the government is investing in their long-term wellbeing through preventative or early interventions. For example, Australia's Long Term National Health Plan demonstrates a long-term commitment to strengthen community health services integrated in Australia's primary healthcare system.

Shift investment in human services to the achievement of long-term outcomes

Refocusing decision-making and funding of services towards the achievement of outcomes over the long-term will maximise the cost-benefits of human services investment. The Budget Process Operational Rules (BPORs) in Australia can act as an inhibitor to investments with longer-term socioeconomic benefits, such as prevention and early intervention initiatives. A long-term outlook will likely shift investment towards prevention and early intervention initiatives which will have the highest impact.

> **"As it stands government isn't transparent and is sacrificing future generations' prosperity."**
>
> ***(Survey response)***

Experts provided a strong evidence-base that early intervention services achieve outcomes for Australians and cost-savings over the long-term. Community members agreed that providing early support for people is critical for better outcomes. There is also evidence for broader economic benefits through productivity gains.[119] The Productivity Commission estimates absenteeism and lost productivity due to mental health challenges cost the Australian economy up to $17 billion every year.[120] Early interventions that aim to help individuals proactively manage mental health challenges before reaching crisis point are also contributing to productivity gains for the economy.

There is the opportunity for government to consider collaborative funding proposals across agency silos for initiatives that deliver multiple outcomes. As an example, see the *case study below on Victoria's Early Intervention Investment Framework*.

Case study: Victoria's Early Intervention Investment Framework funds broad outcomes irrespective of agency delivering the program[121]

Victoria's Early Intervention Investment Framework (EIIF) links government funding to quantifiable impacts for a range of different cohorts by intervening early in areas such as health, homelessness and the justice system.

Co-design and collaborative models are encouraged with programs funded across multiple agencies which deliver on the shared outcomes. The unique value proposition of this funding pool is that it allows agencies to quantify outcomes and the costs avoided in acute service delivery across several agencies (e.g. police, health, justice).

The EIIF is a strong example of how early intervention programs can produce long-term financial, individual and system-level benefits. Savings generated from these programs can be reinvested in future early investment initiatives. To date, the Victorian Government has invested $2.7 billion in the EIIF, and has realised more than $3 billion in economic benefits.

Another opportunity is to improve information and access to prevention and early intervention services at key 'stages in life' and for people who are at risk based on known factors. This could extend to proactive outreach to people when they become eligible for a particular service. The provision of information and outreach could be from a trusted source such as a family doctor or the local Aboriginal Medical Service and personalised to the circumstances and needs of the individual.

> **"Prevention of things we can't see as opposed to only targeting things we can obviously see."**
>
> ***(Community consultation)***

Insight 8: Harness the power of technology and data

Emerging technologies, including artificial intelligence (AI) and big data hold the promise of substantial productivity benefits for government and human improved service provision for citizens.[122]

This section will explore some of these opportunities and case studies for how they have been piloted in Australia and overseas, as well as noting some of the risks and other considerations involved in their implementation.

Maximise the benefits of artificial intelligence for human services

Governments and service providers in Australia and around the world are already leveraging artificial intelligence (AI) in innovative ways with many cost-benefits.

> **"Be smarter, work using different methods and ways of doing business to improve productivity, performance, efficiency and accountability."**
>
> ***(Survey response)***

AI reduces the administrative burden. AI offers opportunities to streamline or eliminate routine administrative tasks including document review and automated customer service enquiries.[123] This can allow human services staff to refocus their efforts away from administration to client engagement and problem resolution that requires human judgement, oversight and empathy. For example, in intake interviews, AI-powered transcription software can take notes on and automatically summarise client history, enabling case officers to focus on eliciting information and framing sensitive questions appropriately. A similar system called Minute is already being used in the UK to summarise social worker debriefs with their supervisors.[124]

AI reduces human error. Automation can reduce the likelihood of human error whether by service providers or clients and make bureaucratic processes easier. This can include by pre-filling known details in forms, or using predictive analytics to flag details that appear inaccurate for human review.[125] This could also help identify abnormal patterns that could indicate corruption or fraud risks.[126]

AI helps staff make more accurate decisions. Leveraging advances in natural language processing technologies, governments are also developing virtual assistants for both back-of-house and customer-facing applications. For instance, the Caddy co-pilot helps customer service advisors at the UK frontline charity Citizens Advice quickly find and share information about government services with people who have come to Citizens Advice for help.[127] In Australia, Services Australia uses an in-house virtual assistant called Roxy to direct staff to relevant resources to help resolve or escalate system processing issues.[128]

AI supports better predictive analytics. The pattern recognition capabilities of LLMs can be leveraged to analyse vast administrative datasets to uncover previously undetected user needs that could the design of future service provision.[129] For example, the UK is establishing a National Data Library which uses NHS patient data to develop AI models that predict various kinds of diseases. In Australia, CSIRO has developed the Patient Admission and Prediction Tool (PAPT) to predict hospitals' daily patient load, including how many are likely to be admitted or discharged.[130]

AI supports personalised services. Generative AI chatbots could also provide a more seamless, personalised experience for users. A chatbot that recalls context wouldn't require service users to re-tell their story multiple times to many different case officers or providers.

Understand and manage the risks of AI

The scope for productivity gains through application of AI to human services is limited by the labour-intensive nature of much human service provision.[131] However, as human service provision forms an increasing proportion of the Australian economy and workforce, it will be essential to incorporate AI and other emerging technologies in some way.

Machine learning algorithms are fundamentally opaque, and it remains technically difficult to explain how inputs were associated with a particular output.[132] This means that AI systems cannot be held responsible or accountable for decisions or outcomes. This issue of lack of accountability is most salient when used to make decisions about individual citizens' compliance. The Robodebt case, while not an example of artificial intelligence, shows the risks when governments employ automated decision-making without human oversight.

AI outputs are also probabilistic, meaning cases may not be assessed on their specific legal merits.[133] When AI systems are used in government decision-making with ramifications for citizens' lives, there must be ways to ensure accountability and recourse to ensure just outcomes. The EU General Data Protection Regulation (GDPR) provides citizens with the right to know, the right to an explanation, and the right to have a decision made by a human.[134]

One area where AI is likely to be most useful for policymakers is the capacity of machine learning to analyse data and make inferences based on that data. However, it is important to be alert to the limitations of AI for analysis. While computers can conduct fine-grained descriptive analysis of data at a scale and speed that is beyond human capabilities, these are correlations of observational data only and on their own do not form a basis for causal inference. Outputs from AI must be reviewed in conjunction with other impact evaluation methods, including randomised controlled trials.

As government considers the opportunities for expanding the role of AI in human service delivery, it may be worth considering how to ensure technical systems reflect desired social values. Australia's AI ethics principles emphasise a focus on fairness, privacy, transparency and explainability, reliability and safety, contestability and accountability.[135] Some options that have been suggested include supporting the development of enterprise generative AI systems that can hold sensitive personal information in a secure way on local Australian servers rather than being incorporated into global LLMs.

Maximise utilisation of administrative datasets to inform human services design and delivery

The expansion of large administrative datasets is also presenting new opportunities for human services policymakers, with high-quality, linked, de-identified person-level data enabling powerful modelling of social outcomes both at individual and population level. The ABS established the Multi-Agency Data Integration Project (MADIP) in 2015, which has since been renamed the Person-Level Integrated Data Asset (PLIDA). Leveraging administrative datasets can provide a richer picture for how social welfare needs are likely to change over time and within Australian communities.[136]

> **"Need robust data and meaningful evidence to inform better policy intervention."**
>
> ***(Community consultation)***

AI for human services and of large administrative data are two trends which are both growing and interdependent—the quality of generative AI models is a function of the data it is trained on. Access to high-quality, population-level datasets often held by government is an area of interest for generative AI companies. For instance, foundation model company OpenAI signed a strategic partnership with the UK government in 2025, partly with a vision to transform public services.[137]

Advancements in data-driven social science techniques, as applied to administrative datasets, are minimising the requirement to rely on survey data for social research, instead enabling tracing individuals' life-outcomes throughout complex human services systems. In New Zealand, this investment approach modelling approach has been used across government to shape human services policy and strategy. Introduced in 2011, the New Zealand government started conducting actuarial analyses of integrated government data to identify points for early intervention to reduce future social welfare liabilities, based on Integrated Data Infrastructure established by Statistics New Zealand.[138] This data asset is longitudinal and covers all New Zealand residents and integrates data from non-government organisations. New Zealand found that human services costs are unevenly distributed across the population, concentrated in a long tail of those with highest support needs. The findings demonstrate that universal human services are working for over 80% of the population and that significant cost savings can be made by focusing on the most vulnerable cohort.

Progress is being made in Australia with the Department of Health, Disability and Ageing's (DHDA) HOME application that enables system exploration and predictive modelling of the health system. HOME brings together PLIDA with other national-level and state and territory person-level data assets. This enables an understanding of human services costs, and outcomes, down to the individual level, enabling an integrated explanation of interactions between the health, disability and aged care systems. HOME also has the capability to combine person-level datasets with simulation-based modelling to see how different scenarios, including changing demographics and fiscal pressures, might result in different system outcomes.

> **"Show people the modelling of a 10-year horizon"**
>
> ***(Interview comment)***

A national digital map of human services could be created to draw together multi-jurisdictional and multi-domain human services data and provide insights to drive decision-making. High quality human service maps can overlay community need with existing human services in a location and identify gaps and duplications in servicing. While community representatives working in rural and remote areas emphasised underspending as an issue, several service provider organisations raised the question of whether the larger problem is how strategically (or not) funding is used by government. Service providers suggested there is sufficient investment in the sector, but government does not always allocate it in the most effective way to meet communities' needs.

Understanding and managing the risks and limitations of big data

Linked data is still a relatively new concept and social licence is still being built for it in the Australian community. Managing citizen concerns over data protection and privacy, especially when concerning sensitive health records is critical. Data linkage must be done in a privacy-preserving manner which anonymises data to the full extent possible when shared. Privacy-preserving techniques are rapidly becoming more sophisticated – in order to continue to build social licence for linked data, governments may use synthetic data for research and analysis purposes, which could replicate patterns in population-level data but would not reflect any individual's personal data therefore preserving personal privacy.[139] In Australia, the Priority Investment Approach is an example where a synthetic longitudinal model of data has been used to model how Australians are expected to use social security over their lifetime.[140]

One challenge is to increase policymakers' understanding of what linked administrative data can and cannot tell us about service users' needs. While linked administrative data assets offer significant opportunities, itis important to note they are skewed in distinctive ways that make them unrepresentative of the general population. For instance, PLIDA is likely to have a much richer data on an individual who is a net recipient of government benefits than of someone who is not. Linked data must be weighted or otherwise compared with census or representative population samples to ensure it accurately reflects the population of interest. Data quality may also be poor for other reasons, for instance missing data, time lags in data availability or challenges in analysing large amounts of unstructured data.

There is an opportunity to further improve the quality of this data and build a stronger data sharing ecosystem between all sectors. *The Data Availability and Transparency Act 2022* has led to the implementation of a scheme to authorise and regulate access to Australian Government data. While a key policy issue for the current review of the DATA scheme is whether the private sector and non-government entities can access this public-sector data, there may be opportunities to facilitate sharing in the other direction in a secure, privacy-preserving way, in order to improve the quality of data, drive innovation and improve outcomes for Australians.[141]

Insight 9: Reimagine the role of government

A significant opportunity for the future of human services is to reimagine the role of government as stewards of the system.

This involves a shift for government. From **market stewards** commissioning services, managing contracts and ensuring compliance, to **system stewards** guiding a complex service delivery system towards the common goal of improving wellbeing outcomes for Australians. It involves working in partnership with trusted community providers, joining up and integrating service delivery and making the long-term wellbeing of Australian communities central to budget decision-making.

Move from market stewardship to system stewardship

System stewardship is a concept that brings together systems thinking and public administration to reframe the role of Government. UNSW explains how system stewardship involves supporting cooperation among multiple stakeholders to achieve shared long-term wellbeing outcomes for Australians.[142]

This involves a fundamental policy shift from government being stewards of the market, to Government being stewards of the system. Moving from commissioning services, to guiding a complex service delivery system towards a common goal. Moving from outsourcing by default to only outsourcing when it will deliver the best outcome. Moving from managing contracts and ensuring compliance, to managing partnerships and coordinating across multiple service delivery organisations and trusted community providers.

Successful system stewardship involves building a common vision, sharing learnings, coordinating efforts, testing solutions, responding to local conditions, prioritising constrained resources and measuring wellbeing outcomes. This is in addition to government's direct role in delivering human services, setting rules and ensuring compliance. It also requires the management of an increased level of risk. A case study in the Australian aged care sector demonstrates how system stewardship at the regional level can improve responsiveness, enable information flow, build capability of service providers and increase the focus on wellbeing outcomes.

Case Study: System stewardship in Australia's aged care sector

The Australian Royal Commission into Aged Care Quality and Safety (2021) proposed a transition from a fragmented, compliance driven model to a system stewardship approach to guides, coordinate and strengthen the aged care ecosystem in Australia.

The Department of Health and Aged Care introduced a stewardship model, shifting from centralised oversight to active place-based system management. Regional stewardship teams have been established in 8 Primary Health Network regions and are guiding aged care service delivery through local intelligence, partnership building and ongoing evaluation. Departmental staff in local communities operate as system co-ordinators, understanding regional needs, strengthening relationships across providers and responding to local service continuity issues.

Just a few years into the implementation, the stewardship model was subject to an independent evaluation. The early results are promising, indicating the system stewardship model is delivering safety, wellbeing and dignity outcomes for Australians in aged care.[143] La Trobe University also reviewed the literature on systems stewardship. The findings emphasised the importance of shared long term wellbeing goals, collaboration across local networks, building provider capability and escalate system intelligence gathered in the regions to central policy teams.[144] La Trobe noted the challenges of the system stewardship model, including navigating the complexity of aged care as a mixed market system, balancing national consistency with local flexibility, providing regional teams with sufficient authority and resourcing evaluation.[145]

We will know the system is set up to improve the wellbeing of people experiencing severe and multiple disadvantage, when we meet the nine criteria in Table 4.[146]

Table 4: Systems that are effective in responding to severe and multiple disadvantage meet nine criteria.[147]

System behaviours	Criteria for effective response to severe and multiple disadvantage
Perspective	1. People view themselves as part of an interconnected whole. 2. People are viewed as resourceful and bringing strengths. 3. People share a common vision and wellbeing goals.
Power	4. Power is shared, and equality of voice actively promoted. 5. Decision-making is devolved. 6. Information and accountability are shared.
Participation	7. Open, trusting relationships enable effective dialogue. 8. Leadership is collaborative and promoted at every level. 9. Feedback and collective learning drive adaptation.

Make the long-term wellbeing of Australians central to budget decision-making

Embedding wellbeing into budget processes will support Government to prioritise and evaluate public investment. Australia's Measuring What Matters framework provides a national architecture for doing this, defining five interconnected wellbeing themes – healthy, secure, sustainable, cohesive and prosperous – and tracking progress across 50 indicators updated annually through the ABS dashboard.[148] These updates highlight both progress (for example improvements in life expectancy) and challenges (such as declining perceptions of safety). This wellbeing data can support decisions about future resource allocation, enabling decision makers to identify which areas are improving and which require strategic investment.

Victoria's Early Intervention Investment Framework is a strong example of how budget bids can be assessed against wellbeing impact and avoided costs.

Case Study - Victoria's Early Intervention Investment Framework

The EIIF requires agencies to demonstrate measurable outcomes – such as improved client functioning, reduced demand for crisis services, and long term economic benefits – before funding is approved. To date, the Victorian Government has invested

$2.7 billion through the EIIF, with more than **$3 billion** in expected economic and financial benefits, and the 2024–25 Budget alone allocating **$1.1 billion** to early intervention initiatives. The OECD's case study of the EIIF highlights its structured approach to outcome measurement, data driven proposal development, and cross agency collaboration, noting that its phased budget cycle enables rigorous assessment of avoided costs, long term benefits, and suitability for scale up.[149]

Research from ANZSOG emphasises that for outcome based budgeting to function effectively, technical tools must be paired with organisational behaviours that support collaboration, trust and shared purpose. Their analysis shows that cultural factors – such as cross boundary cooperation, disciplined use of evidence, and iterative learning – are essential to sustaining outcome oriented budgeting frameworks like the EIIF. Broader commentary from public sector scholars and practitioners also reinforces that wellbeing centred budgeting requires robust consultation, strong data systems and genuine engagement with impacted communities to ensure indicators reflect what people value and inform equitable policy design.[150]

Taken together, the wellbeing and early intervention budgeting literature points to a clear shift: governments can more effectively direct resources by integrating **wellbeing dashboards, outcome indicators and avoided cost logic** into their budget rules. This alignment allows investment to be steered toward prevention, long term value creation and cross agency outcomes, wellbeing – not output volume – the central organising principle of public expenditure.

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