

Audit report of the 2024–25
annual performance statements

Services Australia



INDEPENDENT AUDITOR'S REPORT on the 2024-25 Annual Performance Statements of Services Australia

To the Minister for Finance

Conclusion

In my opinion, the 2024–25 annual performance statements of Services Australia:

- present fairly Services Australia's performance in achieving its purpose for the year ended 30 June 2025; and
- are prepared, in all material respects, in accordance with the requirements of Division 3 of Part 2-3 of the *Public Governance, Performance and Accountability Act 2013* (the PGPA Act).

Audit criteria

To assess whether Services Australia's annual performance statements complied with Division 3 of Part 2-3 of the PGPA Act, I applied the following criteria:

- whether the entity's key activities, performance measures and specified targets are appropriate to measure and assess the entity's performance in achieving its purposes;
- whether the performance statements are prepared based upon appropriate records that properly record and explain the entity's performance; and
- whether the annual performance statements present fairly the entity's performance in achieving the entity's purposes in the reporting period.

Emphasis of Matter – Strategic Performance Measure 4 'Customers served within 15 minutes'

I draw attention to the following disclosure within the annual performance statements under the result for Strategic Performance Measure 4 'Customers served within 15 minutes':

The reported telephony results are based on data from our provider. The agency does not have the ability to independently validate the data provided by our provider within the current commercial arrangements.

These disclosures provide information that is fundamental to a reader's understanding of the methodology and limitations of this measure.

My conclusion is not modified in respect of this matter.

Accountable Authority's responsibilities

As the Accountable Authority of Services Australia, the Chief Executive Officer is responsible under the PGPA Act for:

- the preparation of annual performance statements that accurately present the Services Australia's performance in the reporting period and comply with the requirements of the PGPA Act and any requirements prescribed by the *Public Governance, Performance and Accountability Rule 2014* (the Rule);
- keeping records about the Services Australia's performance as required by the PGPA Act; and
- establishing internal controls that the Accountable Authority determines are appropriate to enable the preparation of annual performance statements.

Auditor's responsibilities for the audit of the performance statements

My responsibility is to conduct a reasonable assurance engagement to express an independent opinion on the Services Australia's annual performance statements.

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which include the relevant Standard on Assurance Engagements (ASAE) 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* issued by the Auditing and Assurance Standards Board.

Procedures were planned and performed to obtain reasonable assurance about whether the annual performance statements of the entity present fairly the entity's performance in achieving its purposes and comply, in all material respects, with the PGPA Act and Rule.

The nature, timing and extent of audit procedures depend on my judgment, including the assessment of the risks of material misstatement, whether due to fraud or error, in the annual performance statements. In making these risk assessments, I obtain an understanding of internal controls relevant to the preparation of the annual performance statements in order to design procedures that are appropriate in the circumstances.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my not qualified conclusion.

Independence and quality control

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and applied Auditing Standard ASQM 1 *Quality Management for Firms that Perform Audits or Reviews of Financial Reports and Other Financial Information, or Other Assurance or Related Services Engagements* in undertaking this assurance engagement.

Inherent limitations

Because of the inherent limitations of an assurance engagement, it is possible that fraud, error or non-compliance may occur and not be detected. An assurance engagement is not designed to detect all instances of non-compliance of the annual performance statements with the PGPA Act and the Rule as it is not performed continuously throughout the period

and the assurance procedures performed are undertaken on a test basis. The reasonable assurance conclusion expressed in this report has been formed on the above basis.

Australian National Audit Office

A handwritten signature in black ink, appearing to read 'Rona Mellor'. The signature is fluid and cursive, with a large initial 'R'.

Rona Mellor PSM

Deputy Auditor-General

Canberra

29 September 2025



Our performance

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2.1 Annual Performance Statements 2024–25

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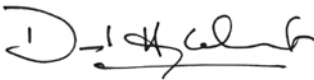
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Annual Performance Statements

Accountable authority statement

As the accountable authority of Services Australia, I present the 2024–25 Annual Performance Statements of Services Australia, as required under paragraph 39(1)(a) and (b) of the *Public Governance, Performance and Accountability Act 2013*.

In my opinion, the 2024–25 Annual Performance Statements are based on properly maintained records, accurately present the performance of Services Australia, and comply with subsection 39(2) of the *Public Governance, Performance and Accountability Act 2013*.



David Hazlehurst
Chief Executive Officer
Services Australia

26 September 2025

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Our purpose, functions, key activities and Strategic Performance Measures

OUR PURPOSE

To support Australians by efficiently delivering high-quality, accessible services and payments on behalf of government.

We deliver payments and services on behalf of government including social security, child support, emergency and health programs, in collaboration with other Australian Government agencies.

We focus on enhancing the customer experience by making the right payment to the right customer at the right time and making it easier for Australians to access services.

OUR FUNCTIONS

We develop, deliver, coordinate and monitor services and payments related to social security, child support, students, families, aged care and health programs (excluding health provider compliance). We collaborate with partners to deliver convenient, accessible and efficient services and payments to individuals, families, and communities. Our partners include other Commonwealth and state agencies, service providers and businesses. We design services and advise government on the delivery of services and payments.

In addition, we perform a number of regulatory roles on behalf of policy partners to administer, monitor, enforce and encourage compliance with regulations, administer payments and recover debts. We also protect the integrity of government outlays through fraud prevention, detection, investigation, and reporting mechanisms.

OUR KEY ACTIVITIES AND STRATEGIC PERFORMANCE MEASURES

Key activities and Strategic Performance Measures for 2024–25		
Our programs		
Program 1.1: Strategy and corporate enabling Set Services Australia's strategic direction, deliver corporate functions and build capability	Program 1.2: Customer service delivery Design and deliver government services to Australians through a range of service delivery channels included face to face, telephony and digital, and protect the integrity of government outlays	Program 1.3: Technology and transformation Provide a robust ICT network and delivery of major transformation projects, including ICT shared services
Our key activities		
Key activity 1: Build staff and organisational capability to deliver an enhanced customer experience We have an adaptive workforce, leadership and corporate culture tailored to respond to customer feedback	Key activity 2: Deliver quality government services and payments to Australians We provide customers with easy and efficient access to services, support and payments for a seamless experience	Key activity 3: Deliver digital and technological capability We invest in our technology and systems to sustain and strengthen the digital experience for customers
Our Strategic Performance Measures (SPM)		
SPM 1: Customer satisfaction SPM 2: Customer trust	SPM 3: Administrative correctness of payments SPM 4: Customers served within 15 minutes SPM 5: Work processed within timeliness standards SPM 8: Cost per payment dollar administered	SPM 6: Availability of digital channels SPM 7: Customer interactions through digital services

CHANGES TO THE STRATEGIC PERFORMANCE MEASURES FROM THE CORPORATE PLAN 2024–25

We assessed and improved overall performance measurement, building on what we learnt from continued annual audits of our Annual Performance Statements by the Australian National Audit Office (ANAO). We reviewed our Strategic Performance Measures to assess the appropriateness and completeness of the measures, and to identify improvements to strengthen processes. This resulted in changes to several Strategic Performance Measures from what was reported in our Corporate Plan 2024–25, as noted in Table 1 below.

Table 1: Changes in Strategic Performance Measures

Strategic Performance Measure (SPM)	Description of changes from the Corporate Plan 2024–25
SPM 1 – Customer satisfaction and SPM 2 – Customer trust	<p>To provide greater understanding of customer experiences of our services several enhancements were made to the methodology to include:</p> <ul style="list-style-type: none">• Surveys for customer satisfaction and customer trust were introduced in 2024–25 for customers accessing the following channels: child support digital, face to face conferencing and Centrelink debt recovery telephony.• Channel weights have been introduced at a program level from 2024–25, enabling reporting of channel performance for each program.• Health provider results are now reported as a program rather than a channel result as in previous years. This allows for channel of interaction to be included for health provider program level reporting.
SPM 7 – Customer interactions through digital services	<p>Changes were made to the methodology of this measure to more holistically indicate customer channel choice and improve measurement of how the agency delivers digital and technological capability. The intent of the measure remains to evaluate the performance and uptake of the existing digital services offered and identify opportunities for future improvement. The name of this measure has changed from <i>'Tasks managed by customers in digital channels'</i> to <i>'Customer interactions through digital services'</i> to reflect these changes.</p>
SPM 8 – Cost per payment dollar administered	<p>A new measure has been introduced to report on the way the agency supports Australians by efficiently delivering high-quality, accessible services and payments on behalf of government. This measure was not included in the Corporate Plan 2024–25.</p>

SUBSEQUENT EVENTS

There were no subsequent events after the reporting period.

Analysis of performance against purpose

The Annual Performance Statements provide an accurate assessment of how Services Australia has delivered against the Strategic Performance Measures established in the Corporate Plan 2024–25. Services Australia measures its performance across 8 Strategic Performance Measures. These measures consider the agency's operating environment and organisational capability and relate directly to the agency's purpose.

In 2024–25 the agency achieved 5, substantially achieved 1 and partially achieved 1 of the targets across the measures. One new Strategic Performance Measure, SPM 8 *Cost per payment dollar administered*, is being baselined this year, and therefore does not have a target.

Performance is assessed according to planned methodologies, the results of which are described in the analysis sections of the performance measure results across the agency's 3 major programs of social security, health and child support.

Responsive to the needs of customers, the Agency has:

- enhanced technology and workforce capability so customers are connected with a staff member to resolve their enquiry at the first point of contact
- provided more choice for customers in how they do their business with us, including introducing a telephony callback option, enabling customers to view and update their digital claims, and expanding online appointment bookings for a customer to speak to a service officer
- reduced claim backlogs through increased volumes of automated health claims and processing manual claims sooner.

Improvement of our digital delivery platforms and infrastructure ensures our customers are able to engage with the agency where and when suits them. This is reflected in our continued high result in the availability of our digital channels and in customer demand rates for our digital services.

PERFORMANCE REPORTING IN 2025–26 AND 2026–27

The agency will continue to focus on resolving customer enquiries at the first point of contact, and opportunities for automation to reduce claim wait times for our customers in 2025–26. We will also further expand the number of claim types included for reporting for SPM 5 – *Work processed within timeliness standards*.

The agency has lowered congestion messaging rates in our social security telephony channels and aims to maintain this in 2025–26, which will continue to influence SPM 4 – *Customers served within 15 minutes results*.

We have commenced reporting for our new efficiency measure, SPM 8 – *Cost per payment dollar administered*, in 2024–25 as a baseline year and will establish a target for reporting from 2025–26.

Strategic Performance Measure summary of results

The table below provides a summary of the performance outcomes for each of the 8 Strategic Performance Measures compared with previous years. For performance outcomes before 2022–23 see prior Services Australia Annual Reports.

Table 2: Services Australia's performance against its Strategic Performance Measures 2022–23 to 2024–25

Strategic Performance Measure (SPM)	Target 2022–23	Result 2022–23	Target 2023–24	Result 2023–24	Target 2024–25	Result 2024–25	Performance Outcome 2024–25
SPM 1: Customer satisfaction	≥85 out of 100	80.2 out of 100	≥85 out of 100	79.1 out of 100	≥85 out of 100	77.9 out of 100 ^(a)	Substantially achieved ^(a)
SPM 2: Customer trust	≥70 out of 100	78.1 out of 100	≥72 out of 100	75.8 out of 100	≥74 out of 100	77.2 out of 100 ^(a)	Achieved ^(a)
SPM 3: Administrative correctness of payments	≥98%	98.8%	≥98%	97.8% ^(b)	≥98%	98.1%	Achieved
SPM 4: Customers served within 15 minutes	≥70%	60.8%	≥70%	55.2%	≥70%	58.6%	Partially achieved
SPM 5: Work processed within timeliness standards	≥90%	68.7%	≥90%	71.8%	≥90%	92.4%	Achieved
SPM 6: Availability of digital channels	≥98.5%	99.8%	≥99%	99.9%	≥99%	99.7%	Achieved
SPM 7: Customer interactions through digital services	≥81%	91.5%	≥82%	91.9%	≥83%	95.2% ^(c)	Achieved ^(c)
SPM 8: Cost per payment dollar administered	N/A	N/A	N/A	N/A	N/A – benchmark year	2.02%	N/A – benchmark year ^(d)

(a) In 2024–25, the weighting methodology used to calculate SPM 1 & SPM 2 changed from weighting by channel only, to weighting by both channel and program. Health provider results are also reported as a program from 2024–25 rather than a channel as improved data allows reporting at this more detailed level. As such, direct comparison with previous financial years should be undertaken with caution.

(b) In 2023–24, the methodology used to calculate Strategic Performance Measure 3 was updated to better reflect the agency's administrative correctness of payments. Results from 2023–24 forward are not comparable with previous results.

(c) In 2024–25, the methodology used to calculate Strategic Performance Measure 7 was updated to better reflect customer interactions through digital channels, also renaming this measure from the previous 'Tasks managed by customers in digital channels. Results for 2024–25 are not comparable with previous results.

(d) No target or performance outcome was established for Strategic Performance Measure 8 – *Cost per payment dollar administered*, as the agency elected to use the financial year to baseline performance.

PERFORMANCE MEASURE TOLERANCE LEVELS

To reflect the agency's achievement against its performance targets we utilise the following tolerance levels.

- **Achieved:** 100% of the performance target has been achieved
- **Substantially achieved:** 90–99.9% of the performance target has been achieved
- **Partially achieved:** 75–89.9% of the performance target has been achieved
- **Not achieved:** <75% of the performance target has been achieved.

Strategic Performance Measure Results

OUTCOME 1: Deliver high-quality, accessible services and payments to individuals, families, businesses and partner agencies on behalf of government; with a focus on contemporary service delivery and customer experience.

PROGRAM 1.1: STRATEGY AND CORPORATE ENABLING

Set Services Australia's strategic direction, deliver corporate functions and build capability.

KEY ACTIVITY 1: Build staff and organisational capability to deliver an enhanced customer experience.

We have an adaptive workforce, leadership and corporate culture tailored to respond to customer feedback.

To ensure we are delivering on this key activity, we monitor and assess our performance against 2 Strategic Performance Measures.

Strategic Performance Measure 1 – Customer satisfaction

The agency is focused on the provision of high-quality and timely services that meet the needs of customers.

This provides visibility of our customers' level of satisfaction with the services delivered by the agency.

Year	Target	Result	Performance Outcome
2024–25	≥85 out of 100	77.9 out of 100	Substantially achieved
2023–24	≥85 out of 100	79.1 out of 100	Substantially achieved
2022–23	≥85 out of 100	80.2 out of 100	Substantially achieved

Performance results for this measure from 2024–25 are reported by:

- **Program** (weighted¹)– social security, health customer, child support and health provider
- **Channel** (weighted²)– face to face, mobile apps, telephony, and online

¹ The weighting is derived from the transaction volumes from the previous financial year.

² The weighting for each channel is based on the previous financial year channel volumes within each program.

ANALYSIS

The agency substantially achieved its target of ≥85 out of 100 with a result of 77.9 out of 100. This result indicates the majority of our customers are satisfied with the services we deliver.

Results varied across programs with health customer results achieving target and social security results substantially achieving target, coinciding with shorter wait times following the recruitment of additional staff and upskilling of existing staff; while child support results partially achieved target, and health provider results did not achieve target.

Compared to customer satisfaction results for 2023–24:

- Social security results increased by 1.0 point to 78.7 points
- Health customer results increased by 1.1 points to 85.0 points
- Child support results decreased by 14.1 points to 66.5 points. This is the first year the agency has included customer satisfaction results for child support's digital (online and mobile apps) channels. Lower results for these channels reduced overall satisfaction for child support when compared to previous years
- Health provider results decreased by 0.2 points to 60.3 points. Health providers were more satisfied with telephony services than online services.

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The table below summarises the agency's customer satisfaction results by program for 2024–25.

Table 3: Customer satisfaction results by program 2024–25

Program	Results	Weighting ^(a)
Social security	78.7	86.19%
Face to face	86.8	8.91%
Mobile apps	84.0	24.81%
Online	73.8	43.08%
Telephony	79.2	9.39%
Health customer	85.0	6.61%
Face to face	90.8	0.74%
Mobile apps	86.6	1.71%
Online	83.6	2.32%
Telephony	83.1	1.84%
Child support^(b)	66.5	1.83%
Mobile apps	74.9	0.19%
Online	29.5	0.42%
Telephony	77.9	1.22%
Health provider^(c)	60.3	5.37%
Online	59.4	3.85%
Telephony	62.5	1.53%
Agency result	77.9^(d)	100%

- (a) The weighting is derived from transactional volumes from the previous financial year. Volumes can only be calculated and applied retrospectively once available. Using the previous financial year's data allows effects from seasonality to be minimised. In 2024–25 the agency commenced calculating unrounded weightings to ensure an extra level of accuracy. Weightings in Table 3 have been rounded to two decimal places. In 2024–25 the weighting methodology changed from weighting by channel only, to weighting by both channel and program. Analysis shows this change is likely to reduce overall satisfaction results for the agency. As such, direct comparison with previous financial years should be undertaken with caution.
- (b) In 2024–25 the agency introduced satisfaction surveying for customers using child support's digital channels (online and mobile apps). Prior to 2024–25 only customers using child support telephony channel were included in child support results.
- (c) Due to collection limitations in previous reports, health provider satisfaction results were reported as a channel instead of a program. The agency can now determine the channel of interaction for health providers, with results reported as an individual service program and results included within the health provider program by channel of interaction (online and telephony).
- (d) Agency result is calculated by adding all weighted program channel scores. For more information, please refer to the Calculation Explanation in the Explanatory Notes and Definitions section below.

Health customer program was the highest performing program this year, with health customer face to face the highest performing channel of interaction.

The social security face to face channel result was also above target, achieving 86.8 points. While results for social security telephony and online services were below target, both channels recorded improved satisfaction results compared to 2023–24.

Child support customers were more satisfied when interacting via the telephony and mobile app channels, and less satisfied with online services. Telephony results were impacted by longer wait times, as evidenced by the 'time to receive service driver' result which decreased by 7.3 points compared to 2023–24.

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The table below summarises the agency's customer satisfaction results by channel for 2024–25.

Table 4: Customer satisfaction results by channel 2024–25

Channel	Results
Face to face	87.1
Mobile apps	84.1
Telephony	77.8
Online	72.8
Agency result^(a)	77.9

(a) Agency result is calculated by adding all weighted program channel average scores. For more information, please refer to the Calculation Explanation in the Explanatory Notes and Definitions section below.

For the agency, the highest performing channel was face to face services, followed by mobile apps. Online results decreased from the previous year, despite both social security and health customer online satisfaction improving, due to lower child support and health provider online satisfaction and changes to the weighting methodology which was updated in 2024–25.

Telephony recorded a significant increase in satisfaction compared to the previous year. Shorter wait times across social security and health customer telephony resulted in increased customer satisfaction compared to 2023–24.

The table below summarises the agency's results against our 6 satisfaction drivers for 2024–25.

Table 5: Customer satisfaction driver results 2024–25

Satisfaction drivers	Results
Perceived quality	77.7
Personalised service	85.2
Communications	82.2
Time to receive service	73.3
Fair treatment	90.6
Effort	75.6

Customer satisfaction is measured against 6 drivers. Time to receive service was the lowest performing driver, with fair treatment the highest with an increase of 2.5 points compared to 2023–24.

The table below summarises the agency's results by program against our 6 satisfaction drivers for 2024–25.

Table 6: Customer satisfaction results by program and driver 2024–25

Program / Driver	Perceived quality	Personalised service	Communications	Time to receive service	Fair treatment	Effort	Program result
Social security	78.1	86.7	83.3	74.3	92.0	76.4	78.7
Health customer	85.8	88.5	88.8	78.5	91.6	83.7	85.0
Child support	69.0	81.1	72.1	55.6	85.8	62.4	66.5
Health provider	63.8	65.0	60.0	55.7	75.8	56.7	60.3
Agency result^(a)	77.7	85.2	82.2	73.3	90.6	75.6	77.9

(a) Program and agency results are weighted channel average scores. For more information, please refer to the Calculation Explanation in the Explanatory Notes and Definitions section below.

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In 2024–25 the agency focused on making it easier for customers to complete their business with us. This has been reflected in improved results for social security and health customer's 'effort' driver results which increased from the previous year by 2.0 and 1.7 points respectively.

We implemented a range of initiatives this year with a focus on balancing services to reduce wait times and improve service delivery efficiency to customers by:

- offering a call back (Place in Queue (PiQ)) service across a growing number of our telephony queues and targeted use of Interactive Voice Response (IVR) messages to reduce the need for customers to wait for staff assistance
- releasing the Medicare Claims Tracker, enabling customers to track the status of claims, reducing the need to contact us
- enabling customers to book, change and cancel an appointment online for their Centrelink enquiries
- deploying workload allocation strategies to increase claims processing while supporting new recruits to build capabilities
- undertaking digital channel enhancements such as Digital Medicare Enrolment to decrease the time it takes customers to enrol in Medicare
- modernising the agency's service delivery approach, resolving customer pain points, and increasing efficiency in our service centres
- implementing digital provider improvements to allow health professionals to get a Medicare provider number (MPN) more quickly
- improving access to support guides for customers using their authenticated online services
- continued investment in training for our staff, to enable them to manage customer enquiries at the first interaction whenever possible.

LIMITATIONS AND EXCLUSIONS

The below limitations and exclusions also apply for SPM 2: Customer trust.

- While we encourage participation to ensure the survey population is representative of the overall customer base, customer participation in all surveys is voluntary.
- The agency seeks to offer surveys to a wide variety of customers, noting feedback from some cohorts is not always possible. These cohorts include:
 - some telephony and face to face customers who have not interacted with a staff member from staff assisted channels, including those unable to speak to a service officer due to telephony congested messages, as questions are designed to measure perceptions of interactions with staff for the channels of telephony and face to face
 - aged care customers and providers as this falls within the Department of Health, Disability and Ageing's remit
 - customers who respond to the survey but record responses to less than 3 drivers, contribute to driver responses but not the overall measure
 - a small group of customers may be temporarily excluded to limit interview burden (e.g. customers in crisis or claiming emergency payments) or due to technical barriers to collection.

EXPLANATORY NOTES AND DEFINITIONS

The below explanatory notes and definitions also apply for SPM 2: Customer trust.

- The performance measure is based on the customers' surveyed perceptions of our agency across the telephony, face to face, online and mobile app channels, and is used to improve the quality of services provided to our customers.

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- Feedback is collected from a random sample of customers, as opposed to every customer, therefore it is likely some errors will occur in terms of the sampling. Margins of Error (MoEs) are used to show users the maximum amount by which the sample results are expected to differ from results that would have been produced had we surveyed all customers. Previous years' MoEs have been below 1%, using comparable methodology and sample sizes.
 - Except for child support online, surveys are only completed by customers with a successful interaction. Surveying for child support online is conducted by any customer who accesses their authenticated account and chooses to complete a survey. As such, results may therefore be less representative of the overall child support customer experience than other surveys. The agency will bring child support online surveying in line with other surveying when current limitations have been addressed.
 - For the purposes of surveying, an interaction occurs when a customer or health provider speaks to a service officer (service centre or telephony) or accesses their authenticated digital account (online or mobile apps).
 - Eligible customers are selected at random to complete a survey. Offer rates vary depending upon the channel of interaction and program.
 - Surveys are undertaken via automated interactive voice response (post-call survey), online or from outbound interviews conducted by the agency's external provider.
 - Survey questions are tailored to the audience of the survey and the results for this measure are a combination of different surveys.
 - A random selection of customers are surveyed. These results are weighted to ensure results accurately represent the experiences of all people interacting with the agency. In 2024–25 the agency moved from a "channel to agency" weighting model to a "channel to program to agency" model, to better reflect the customer experience across programs and channels. Before 2024–25 customer satisfaction and trust results were weighted based on how much each channel was used across the whole agency. The same set of weights were applied to each program. From 2024–25, each program has its own set of weights, reflecting how its customers used different channels.
 - The scope of our surveys has expanded since 1 July 2024 to include face to face conferencing, Centrelink debt recovery telephony, and child support digital channels (online and mobile apps).
 - All comparisons to previous year's results have a 95% level of statistical confidence.
- The additional below explanatory notes and definitions solely relate to SPM 1: Customer satisfaction
- Customer satisfaction results are aggregated from a 6-driver model (see *Table 5: Customer satisfaction driver results 2024–25* above).
 - All survey questions align to the 6 drivers and are measured on a 5-point scale, with 3 being neutral. Based on the responses provided to the driver of satisfaction questions, an index score ranging from 0 to 100 is established for every survey respondent (See *Table 7: Customer response Index score*).
 - A total of 109,385 customers completed a satisfaction survey in 2024–25, inclusive of 1,752 health providers.

Table 7: Customer response Index score

Customer response	Index score
1 out of 5	0 out of 100
2 out of 5	25 out of 100
3 out of 5	50 out of 100
4 out of 5	75 out of 100
5 out of 5	100 out of 100

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The information below relates to Strategic Performance Measure 1: Customer satisfaction.

Reference	2024–25 Portfolio Budget Statements, page 210 2024–25 Corporate Plan, page 19
Data Source	External Survey Provider – Instinct & Reason Pty Ltd
Calculation Explanation	Calculated by adding all weighted channel and program average scores. Scores are calculated from the customer survey responses. The weighting is derived from transactional volumes from the previous financial year.
Calculation	Agency Calculation (A Weighting x A Result) + (B Weighting x B Result) + (C Weighting x C Result) + (D Weighting x D Result) Program Calculation (E Weighting x E Result) + (F Weighting x F Result) + (G Weighting x G Result) + (H Weighting x H Result) Program A = social security B = health customer C = child support D = health provider Channel E = online channel F = mobile apps channel G = telephony channel H = face to face channel

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Strategic Performance Measure 2 – Customer trust

The agency is committed to ensuring our customers trust the information and advice provided, and that their data is secure, appropriately managed and used ethically.

This provides visibility of our customers' level of trust in the agency.

Year	Target	Result	Performance Outcome
2024–25	≥74 out of 100 ^(a)	77.2 out of 100	Achieved
2023–24	≥72 out of 100 ^(a)	75.8 out of 100	Achieved
2022–23	≥70 out of 100 ^(a)	78.1 out of 100	Achieved

(a) The 2021–22 result for this measure was taken into account when setting the target for 2024–25. A target of 70 out of 100 was set for 2022–23 with a staggered increase to the target of 2 points each year over a 5 year period (70, 72, 74, 76, 78), demonstrating year on year improvement.

Performance results for this measure from 2024–25 are reported by:

- **Program** (weighted¹)– social security, health customer, child support and health provider
- **Channel** (weighted²)– face to face, mobile apps, telephony, and online

¹ The weighting is derived from the transaction volumes from the previous financial year.

² The weighting for each channel is based on the previous financial year channel volumes within each program.

ANALYSIS

The agency achieved its target of ≥74 out of 100 with a result of 77.2 out of 100.

Health customer and social security programs achieved target, child support and health provider programs substantially achieved target.

This is the first year the agency collected customer trust for child support's digital channels (mobile apps and online). There was lower customer trust results for the digital channels while results for child support telephony remained strong (83.1 points).

Trust in social security and health customer online channels were stronger compared to 2023–24.

This coincided with digital channel enhancements including the Medicare Claims Tracker and Digital Medicare Enrolment services which have reduced the need for contact and decreased the time it takes to enrol in Medicare.

Health providers interact with the agency through 2 channels and they were slightly more trusting of the telephony channel than online services. Health providers continue to have high trust the agency will keep their data safe, as evidenced by a result of 84.1 points for the personal data security driver.

In 2024–25, the agency improved its approach to weighing trust results to more accurately represent our overall customer base. In addition, the agency included the reporting of child support digital channels for the first time. These changes were expected to reduce overall agency trust results. Despite this, the agency saw a 1.4 point improvement in its overall trust to 77.2 points.

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The table below summarises the agency's customer trust results and weightings by program for 2024–25.

Table 8: Customer trust results and weighting by program and program channel 2024–25

Program	Results	Weighting ^(a)
Social security	77.4	86.19%
Face to face	82.7	8.91%
Mobile apps	78.3	24.81%
Online	74.2	43.08%
Telephony	84.5	9.39%
Health customer	84.0	6.61%
Face to face	86.7	0.74%
Mobile apps	83.0	1.71%
Online	80.4	2.32%
Telephony	88.5	1.84%
Child support^(b)	69.3	1.83%
Mobile apps	70.2	0.19%
Online	28.6	0.42%
Telephony	83.1	1.22%
Health provider^(c)	68.7	5.37%
Online	68.4	3.85%
Telephony	69.5	1.53%
Agency result	77.2^(d)	100%

- (a) The weighting is derived from transactional volumes from the previous financial year. Volumes can only be calculated and applied retrospectively once available. Using the previous financial year's data allows effects from seasonality to be minimised. In 2024–25 the agency commenced calculating unrounded weightings to ensure an extra level of accuracy. Weightings in Table 8 have been rounded to two decimal places. In 2024–25 the weighting methodology changed from weighting by channel only, to weighting by both channel and program. Analysis shows this change is likely to reduce overall trust results for the agency. As such, direct comparison with previous financial years should be undertaken with caution.
- (b) In 2024–25 the agency introduced trust surveying for customers using child support's digital channels (online and mobile apps). Prior to 2024–25 only customers using child support's telephony channel were included in child support results.
- (c) Due to collection limitations, in previous reports, health provider trust results were reported as a channel instead of a program. The agency can now determine the channel of interaction for health providers and as such, results are reported as a program and includes results for channel of interaction (online and telephony).
- (d) Agency result is calculated by adding all weighted program channel scores. For more information, please refer to the Calculation Explanation in the Explanatory Notes and Definitions section below.

The table below summarises the agency's customer trust results per channel for 2024–25.

Table 9: Customer trust results by channel 2024–25

Channel	Results
Face to face	83.0
Mobile apps	78.6
Telephony	83.3
Online	73.6
Agency result^(a)	77.2

- (a) Agency result is calculated by adding all weighted program channel average scores. For more information, please refer to the 'Calculation Explanation' in the Explanatory Notes and Definitions section below.

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Customers and health providers continue to be more trusting of the staff-assisted service delivery channels, with telephony achieving the highest result, closely followed by face to face. Results were lower for the digital channels with online being the lowest performing channel.

Both social security and health customer online services recorded substantially higher trust results in 2024–25 compared to the previous year. The improvement was seen across all drivers, with the biggest increases for the 'responsiveness driver,' indicating more customers believe the agency responds to them in a reasonable time, which coincides with shorter claim processing times this year.

The table below summarises the agency's results against the 6 trust drivers for 2024–25.

Table 10: Customer trust driver results 2024–25

Trust drivers	Results
Integrity	78.9
Responsiveness	68.2
Honest and Transparent	75.4
Reliability	76.8
Fairness	80.3
Personal data security	84.8

Customer trust is measured against 6 drivers. The results for all drivers except responsiveness exceeded target this year. Personal data security was the highest performing trust driver, indicating customers and health providers have a high level of trust that the agency will keep their personal information safe. The agency continues to prioritise the management of customer data, noting this is a key priority for the government as well as customers.

The table below summarises the agency's results for customer trust by program and driver for 2024–25.

Table 11: Customer trust driver results by program and driver 2024–25

Program / Driver ^(a)	Integrity	Responsiveness	Honest and Transparent	Reliability	Fairness	Personal data security	Program result
Social security	79.0	68.4	75.6	77.0	80.5	84.9	77.4
Health customer	85.8	78.2	83.2	84.1	86.3	86.5	84.0
Child support	68.9	61.2	71.5	68.6	68.8	77.8	69.3
Health providers	71.4	55.7	64.0	67.8	73.3	84.1	68.7
Agency result^(a)	78.9	68.2	75.4	76.8	80.3	84.8	77.2

(a) Program and agency results are calculated by adding all weighted channel average scores. For more information, please refer to the Calculation Explanation in the Explanatory Notes and Definitions section below.

Compared to the previous year, there was a 1.0 point increase in the overall 'Integrity' driver result which measures customers' belief that we provide consistent and impartial services. The improvement was seen for both social security and health customers programs, with increases of 2.5 and 3.3 points respectively.

To build customer trust we implemented a range of initiatives, including:

- Enhancing online services to incorporate pre-booking phone and face to face appointments. Pre-booked phone appointments save time and being at home allows customers to feel more comfortable sharing personal information
- Enhancing digital services by providing passkeys as a sign in option for myGov. Passkeys are more secure and scam resistant than passwords, offering better protection against unauthorised access
- Providing customers with one-on-one digital coaching in-person or over the phone regarding service options to build their understanding and confidence
- Streamlining the telephony environment to enhance customer access to suitably skilled staff

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- Continuing to implement recommendations from the Royal Commission into the Robodebt Scheme to ensure customers and stakeholders have a say in the future of the agency.

Enhancing online services to provide a simple and centralised access point for all health provider registration services via Health Professional Online Services (HPOS).

LIMITATIONS AND EXCLUSIONS

See limitations and exclusions provided in SPM 1: Customer satisfaction (page 20), noting no differences between SPM 1: Customer satisfaction and SPM 2: Customer trust.

EXPLANATORY NOTES AND DEFINITIONS

See explanatory notes and definitions provided in SPM 1: Customer satisfaction (page 20) for list, noting the below additional points apply solely for SPM 2: Customer trust.

- Trust results are aggregated from a 6-driver model (see Table 10: Customer trust driver results 2024–25 above).
- Based on the responses provided to the driver of trust questions, an index score ranging from 0 to 100 is established for every survey respondent. All survey questions align to the 6 drivers and are measured on a 5-point scale, with 3 being neutral (See Table 12: Customer response Index score).
- A total of 83,428 customers completed a trust survey in 2024–25, inclusive of 1,752 health providers.

Table 12: Customer response Index score

Customer response	Index score
1 out of 5	0 out of 100
2 out of 5	25 out of 100
3 out of 5	50 out of 100
4 out of 5	75 out of 100
5 out of 5	100 out of 100

The below information relates to Strategic Performance Measure 2: Customer trust.

Reference	2024–25 Portfolio Budget Statements, page 210 2024–25 Corporate Plan, page 20
Data Source	External Survey Provider – Instinct & Reason Pty Ltd
Calculation Explanation	Calculated by adding all weighted channel and program average scores. Scores are calculated from the customer survey responses. The weighting is derived from transactional volumes from the previous financial year.
Calculation	Agency Calculation (A Weighting x A Result) + (B Weighting x B Result) + (C Weighting x C Result) + (D Weighting x D Result) Program Calculation (E Weighting x E Result) + (F Weighting x F Result) + (G Weighting x G Result) + (H Weighting x H Result) Program A = Social security B = Health customer C = Child support D = Health provider Channel E = Online channel F = Mobile apps channel G = Telephony channel H = Face to face channel

PROGRAM 1.2: CUSTOMER SERVICE DELIVERY

Design and deliver government services to Australians through a range of service delivery channels including face to face, telephony and digital, and protect the integrity of government outlays.

KEY ACTIVITY 2: Deliver quality government services and payments to Australians.

We provide customers with easy and efficient access to services, support and payments for a seamless experience.

To ensure we are delivering on this key activity, we monitor and assess our performance against the following 4 Strategic Performance Measures.

Strategic Performance Measure 3 –Administrative correctness of payments

The agency is committed to ensuring high-quality processing of claims based on information provided to the agency.

This enables the delivery of the right payment at the right rate, to the right customer, from the right date.

Year	Target	Result	Performance Outcome
2024–25	≥98%	98.1%	Achieved
2023–24	≥98%	97.8% ^(a)	Substantially Achieved
2022–23	≥98%	98.8%	Achieved

(a) In 2023–24, the methodology used to calculate Strategic Performance Measure 3 was updated to better reflect the agency's administrative correctness of payments. Results from 2023–24 forward are not comparable with previous results.

ANALYSIS

The agency achieved its target of ≥98% with a result of 98.1%, demonstrating a commitment to process customer claims with minimal errors that, if not detected, would result in incorrect outcomes for customers.

A correctness rate of 98.1% indicates that 1.9% of the 466 million outcomes customers received contained a critical error. Results by program are:

- Social security: 94.0% of 4.4 million claims contained no critical errors
- Health: 98.1% of 461.5 million claims contained no critical errors
- Child support: 93.9% of 52,032 claims contained no critical errors

The high correctness rate is primarily driven by the substantial volume of simple claims processed automatically with no errors – health (294.3 million claims) and social security (187,829 claims).

Performance across programs was influenced by a range of factors:

- In social security, the large number of emergency claims (72,531 sampled for SPM 3 in this financial year vs. 18,152 for the 2023–24 financial year) were processed with higher correctness than most other claims. This led to higher social security correctness rates since March 2025, with the activations of payments for Cyclone Alfred and heavy rain/flooding in Queensland & New South Wales providing the largest volume of emergency claims.
- Health maintained high performance (98.1%) for the year. This was supported through regular updates of operational procedures and improvements to staff capability. Challenges in achieving performance results included staff being temporarily reallocated to support emergency claims processing.
- In child support, implementation of a new workload management approach and contact requirements tailored to a customer's circumstances supported service officers to achieve a quality outcome for customers. Reference material has been revised providing clearer instructions on the documentation required when processing a child support application.

The agency focused on building staff capability and increasing the administrative correctness of payments through a range of initiatives, including:

- providing targeted training aimed at enhancing staff skills and capabilities
- updating staff resources such as standard operating procedures based on findings from analyses of common errors and trends

The table below summarises the agency's program results for correctness rate and weighting factor for 2024–25.

Table 13: Program results 2024–25

Program results	Total claims	Weighting factor (% of total claims)	Correctness rate
Social security ^(a)	4,419,962	0.9%	94.0%
Health	461,502,143	99.0%	98.1%
Child support	52,032	0.0% ^(b)	93.9%
Total	465,974,137	100%	98.1%

(a) Social security includes emergency claims.

(b) Weighting factors are rounded to one decimal place. The child support weighting factor is 0.01%.

DEBT MANAGEMENT, COMPLIANCE AND ENFORCEMENT

The agency works with customers to help them understand their obligations to minimise the chances of incurring a debt. However, in circumstances where customers have not been paid the right amount and a debt is incurred, we work with the customer taking into account their individual circumstances to recover overpayments.

In 2024–25 around 1.40 million social security debts were raised, and a total of \$1.65 billion recovered from customers who were not paid the right amount. For debt recovery figures, see Debt management on page 123 in the Annual Report.

Child support debt may be incurred by an active paying parent who is responsible for paying child support. In 2024–25 active paying parents with a child support debt under a payment arrangement was 57.6%. For compliance and enforcement actions, see Compliance and Enforcement on page 84 in the Annual Report.

LIMITATIONS AND EXCLUSIONS

- The scope of this performance measure is limited to critical errors identified through quality checks of new-claim work. These errors impact the outcome the customer receives. This may be an incorrect assessment of their eligibility, rate, or commencement date.
- Some social security claims may be cancelled and then regenerated. If this happens to a claim that was quality checked, the quality checking outcome from the original claim is lost. As regenerated claims may be caused by system issues or processing errors, the administrative correctness is likely overstated due to the exclusion of these quality checks.
- Not all claims sampled for quality checking in child support and health will have the quality check completed. This generally occurs when the check has not been completed within the reporting period. The biases associated with this are minimal due to the volume of sampled claims that aren't checked, as opposed to those that are checked. The percentage of claims checked still provides a statistically valid sample for the purpose of the measurement of administrative correctness.

EXPLANATORY NOTES AND DEFINITIONS

- This performance measure illustrates the correct processing of payments, rather than the accuracy of claims, noting:
 - “correctness” relates to the agency administrative and processing errors for new-claim work, based on the information provided
 - “accuracy” relates to all errors, based on the circumstances, irrespective of the information provided.
- Administrative correctness is solely focused on payment processing quality.
- Weighting methodology is based on total claims processed. This is considered best practice as it aligns with the sampling unit used to calculate the results.
- Social security quality checking results are calculated from the Quality Online (QOL) and Quality Management Application (QMA) systems, noting:
 - sampling rates are based on individual service officers' proficiency. When service officers are new to a claim type, 100% of their claims are sampled for quality checking. As they meet the volume and quality requirements, their sampling rate is reduced incrementally. The minimum sampling rate is 2%
 - QOL and QMA are pre-checks. Any claims that are quality checked have all errors resolved prior to impacting a customer. Therefore, all quality checked claims are counted as correct because the customer received a result with no errors. The correctness rate for pre-checks is applied to the unsampled claims.
- Health quality checking results are calculated from the following sources:
 - QBBI (Medicare Quality Control System) randomly selecting 6% of service officers who manually processed Patient claims, Bulk Bill claims, or Medicare Enrolment transactions for quality checking each day
 - Quality Support Tool (QST) randomly samples manually processed work items from 16 health programs (including from the Pharmaceutical Benefits Scheme (PBS)) for quality checking
 - 0.1% of Veteran's Affairs Program (VAP) services were randomly sampled for quality checking in 2024–25
 - health checks are all post-checks (checked after the claim is finalised). Therefore, claims are checked, and errors are resolved after the claim is initially finalised.
 - Claims processed by service officers who have 100% of the claim type quality checked or are currently undertaking training are excluded from the measure because:
 - these staff have all their work quality checked. Therefore, their correctness rates do not impact on the administrative correctness of payments
 - excluding work completed by these staff reduces selection bias and increases the degree of randomness in sample selection, therefore the validity of the measure. Including these staff would overrepresent inexperienced and underperforming staff.
- Child support new registrations are randomly sampled using the Enterprise Data Warehouse (EDW), noting:
 - 3.4% of new registrations were sampled for quality checking in 2024–25
 - while a child support ‘payment’ is not a government financial outlay, the assessment undertaken by the agency determines the rate of child support to be paid, in line with a set of legislative criteria. Processing new registrations assesses the rate of payment based on information received from the initial claim from the customer. Quality checking new registrations aligns with the sampling unit and inclusions used in social security and health within this measure
 - child support checks are all post-checks (checked after the registration is finalised). New registrations are checked, with any errors corrected after the child support registration has been finalised.
- Claims processed automatically are assumed to be 100% correct. All automatically processed and paid claims need to meet the business processing rules to be automatically processed and paid and therefore must be correct. To support this assumption, the agency performs an accuracy assessment on a statistically valid random sample of automatically processed claims.
- The ‘right date’ referred to in the description statement is the correct commencement date of their payment. This is not necessarily the first date they are paid; it is the date from which their entitlements are calculated.

The below information relates to Strategic Performance Measure 3: Administrative correctness of payment.

Reference	2024–25 Portfolio Budget Statements, page 211 2024–25 Corporate Plan, page 21
Data Source	Quality Online (QOL Stat) Quality Management Application (QMA) System Analysis System (SAS) Viya Enterprise Data Warehouse (EDW) Quality Manager Verint Medicare Quality Control System (QBBi) Quality Support Tool (QST) Medicare Compensation Recovery System (MCRS) Veteran's Affairs Processing (VAP)
Calculation Explanation	Calculated by adding the weighted social security administrative correctness (QMA + QoL), the health administrative correctness (QBBi + QST + MCRS + VAP) and the Child support administrative correctness. The weighting methodology is derived from total finalised claims for the same reporting period.
Calculation	$A \cdot B / G + C \cdot D / G + E \cdot F / G$ expressed as a percentage A = Social security correctness rate B = Social security total claims C = Health correctness rate D = Health total claims E = Child support correctness rate F = Child support total claims G = Agency total claims (B + D + F)

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Strategic Performance Measure 4 – Customers served within 15 minutes

The agency endeavours to provide customers with timely access to services and support from face to face contact and telephony channels.

This demonstrates the extent to which customers have access to timely services and support they need to get on with their lives.

Year	Target	Result ^(a)	Performance Outcome
2024–25	≥70%	58.6%	Partially achieved
2023–24	≥70%	55.2%	Partially achieved
2022–23	≥70%	60.8%	Partially achieved

(a) In 2024–25, 1.95 million calls were transferred between queues. Calls transferred internally between telephony queues are counted as separate telephone calls with separate wait times and are included as such in this measure. This may have an impact on the results for this measure for each of the reported years.

ANALYSIS

The agency partially achieved its target of ≥70% with a result of 58.6%.

The agency has improved performance by carefully balancing service delivery demand between face to face, telephony, claims and other processing in response to priorities (including external events such as natural disasters) to reduce customer wait times for our services. In 2024–25, there were two large scale emergency events for Cyclone Alfred and heavy rain/flooding in Queensland & New South Wales. This increased demand across processing and telephony, with over 200,000 calls for assistance answered.

The focus for 2024–25 was to maintain work on hand and improve access to services, by answering as many calls as possible and continuing to reduce congestion messaging, enabling more customers to access our services. Across the 2024–25 financial year, the agency maintained minimal use of congestion messaging with a reduction of 12.8 million or 85.5% on the previous year. The agency could have achieved the SPM 4 target of 70% in 2024–25 by applying at least 3.5 million more congestion messages which would still have been substantially less than previous years. However, to provide an improved customer experience the agency gave greater weight to answering calls rather than asking customers to call back. Significantly, at the same time that congestion message use decreased, call wait times reduced by over 9 minutes for health customers and over 8 minutes for social security customers when compared to 2023–24.

The agency continued to implement and embed strategies to address service demand such as:

- Offering callbacks known as Place in Queue (PiQ) for a growing number of telephony queues across all programs when demand is high, so customers do not have to stay on the phone while waiting to get to the front of the queue. In 2024–25 the agency offered 1.6 million callbacks with more than half of callers (58%) accepting the option rather than waiting. Customers are advised of the estimated wait times they may experience when choosing this option. From 19 Aug 2024 to 30 June 2025, 829,300 PiQ calls to customers were answered, representing 5% of all calls answered. 99.9% of PiQ calls were answered within 15 minutes, leading to a 1.1% increase in the result for this measure (compared to if no PiQ service was offered)
- In 2024–25 over 5.4 million customers accessed the Medicare claims tracker more than 8.4 million times, removing the need to call to check on claim progress.

By advancing technology and building the capability of our workforce, the agency is improving its ability to serve customers in a more holistic way. This includes continually reviewing our telephony systems, data and how customers engage with the Interactive Voice Response (IVR) to ensure customers are connected to a staff member to have their enquiry resolved at the first point of contact, reducing the need to transfer their call.

- In the 2024–25 financial year, 10.1% of the total answered calls were transferred compared to 12.8% in 2023–24. This was a reduction of almost 468,000 transferred calls, representing a significant number of customers who received a simpler, more helpful experience at first point of contact.

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- The agency continues to deliver improvements to its service delivery systems, such as enabling customers to book appointments online and providing transparency in the estimated timeframes for claim completion through the online channel, removing the need for customers to make contact in staff assisted channels.
- Recruitment and workforce upskill to provide end-to-end service continues, leading to more confident and competent staff and increased capacity across channels.

The table below summarises the agency's face to face and telephony performance by program for customers served within 15 minutes for 2024–25.

Table 14: Channel results by program of Customers served within 15 minutes 2024–25

Program	Face to face	Telephony
Social security	67.6%	39.5%
Emergency management ^(a)	N/A ^(b)	71.1% ^(d)
Health customers	66.6%	55.1%
Health providers	N/A ^(b)	92.0%
Health PBS authorities ^(c)	N/A ^(b)	99.8%
Child support	N/A ^(b)	49.2%
Payments and integrity	N/A ^(b)	76.2%

(a) Emergency management calls are a subset of social security calls.

(b) No face to face service offering.

(c) The health PBS authorities line has a 30 second call answer requirement.

(d) Emergency management results decreased by 16.7% from 87.8% in 2023–24 to 71.1% in 2024–25 due to an increased emergency demand over a longer period than experienced in previous years, as well as ensuring the agency carefully balances its resources across telephony, processing and face to face servicing.

LIMITATIONS AND EXCLUSIONS

- The scope of this measure includes customers served in telephony and face to face channels. Wait times for telephony commence when the customer enters the telephony queue to speak to a service officer and face to face wait time begins once customers are booked into the Virtual Wait Room (VWR).
- The scope of this measure excludes:
 - face to face abandons, on the basis the agency does not have means to identify when a customer has left the service centre. The time to abandon is based on when the service officer records it as abandoned. On this basis, there is no means to exclude abandons at a particular time interval and therefore they have been excluded altogether
 - telephone calls that terminate in less than 5 minutes, on the basis the customer's query may have been addressed by the IVR. The introduction of 'estimated wait time' messaging from June 2023 may have influenced the social security customer's decision to terminate the call. Time spent in the IVR is not included
 - outbound calls (noting PiQ calls are included in the measure). Customers serviced from outreach arrangements or by agents are not included in this calculation on the basis these contacts are not recorded in a queue management system
 - customers who attend a site to use self-service facilities on the basis these contacts are not recorded in a queue management system
 - face to face category contacts of 'appointments, third party, and phone.' The customers availability for an appointment is outside the agency's control and could adversely impact the results. Third party contacts are not customers, they are companions who are excluded from the Front of House (FOH) app and reporting

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- congestion messaging on the basis that the scope of the measure is to include customers served. In 2024–25, 1.87 million or 6.1% of social security calls handled received a congestion message¹
 - Congestion message parameters are regularly reviewed and adjusted, including during the day, to allow as many calls to be answered as possible. The parameters include:
 - the volume of calls queued
 - the longest wait time
 - the estimated wait time
 - the average speed of answer.
- To support our most vulnerable customers, some callers in high-risk circumstances bypass congestion and progress to the queue to speak to a suitably skilled service officer.
- The reported telephony results are based on data from our provider. The agency does not have the ability to independently validate the data provided by our provider within the current commercial arrangements.
- FOH app is a customer service streaming tool designed to channel customers to the correct queue types in customer service centres. Limitations with the app restrict the agency's ability to validate the data collected in the tool itself. Controls exist such as a requirement to register all customers attending a service centre, and data quality assurances processes exist at the Enterprise Data Warehouse extraction stage.

EXPLANATORY NOTES AND DEFINITIONS

- Congestion messaging: are messages activated in periods of high demand and provide details of the digital services available to customers. The message encourages callers to conduct their business through self-service options, saving the need to repeatedly call.
- Calls handled: are calls that have reached the agency and include:
 - Social security – successful IVR calls (includes answered calls)
 - Health customer – answered calls, calls handled in health customer IVR applications
 - Health provider – answered calls and calls handled in the health provider IVR application
 - Health PBS authorities – answered calls
 - Child support – answered calls
 - Payments and integrity – successful IVR calls (includes answered calls).
- Calls terminated by the customer are calls which progress through the IVR and enter a queue, but the call is ended (hung up) by the customer before a service officer could answer it
- Resolved face to face enquiries are where customers are served by a service officer at first point of contact upon entering the service centre and are not required to be signed into the VWR.
- Wait times for telephony commence from when the call enters the queue until the call is either answered by a service officer or terminated by the customer.
- Wait times for face to face contacts commence from when the customer enters the queue – entered the system by the Customer Liaison Officer (CLO) – FOH, or a Self-Service Check-in Kiosk, until either the customer is assigned (their name is called) or they resolved their enquiry with the CLO.
- Wait time durations experienced by a face to face customer prior to first contact are not captured.
- A face to face customer contact may involve multiple queue categories. For the purposes of reporting, the contact and associated wait-time are attributed to the initial queue category recorded.
- Calls transferred internally between queues are counted as separate calls with separate wait times and are included as such in the calculation for this measure.

¹ The methodology used to extract the percentage of calls handled that received a congestion message was calculated by the sum of the total number of congested messages, divided by the calculated total number of calls handled. The calculation does not take into account a single (unique) customer making repeated calls.

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- The proportion of customers being transferred to be served for more than one service varies based on the period being reported on.
- Place in Queue (PiQ) is an automated callback option for inbound customer calls, allowing callers to request a call-back when at the time they would be answered if they had remained on the line rather than waiting on hold. Calculation of PiQ begins when the call enters the queue on the call back.

The below information relates to Strategic Performance Measure 4: Customers served within 15 minutes.

Reference	2024–25 Portfolio Budget Statements, page 211 2024–25 Corporate Plan, page 22
Data Source	Telstra Computer Telephony Interface (CTI) files Systems Application and Products (SAP) UI5 Front of House application Information Enterprise Data Warehouse (EDW) NEXA data extracted from Statistical Analysis System (SAS) Grid
Calculation Explanation	Calculated by dividing the sum of all Calls and face to face contacts served within 15 minutes, by the total sum of all calls answered, face to face contacts and customer terminated calls over five minutes.
Calculation	$(A + B + C) / (C + D + E + F)$ (represented as a percentage) A = Calls answered within 15 minutes B = Face to face Virtual Wait Room (VWR) contacts served within 15 minutes C = Resolved face to face Enquiries D = Total customer terminated calls over 5 minutes E = Total calls answered F = Total face to face VWR contacts served

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Strategic Performance Measure 5 – Work processed within timeliness standards

The agency is committed to ensuring the timely processing of work to ensure customers receive the right payment, at the right time, based on the information provided to the agency.

This demonstrates the agency's performance against its agreed timeliness standards.

Year	Target	Result	Performance Outcome
2024–25	≥90%	92.4%	Achieved
2023–24	≥90%	71.8%	Partially achieved
2022–23	≥90%	68.7%	Partially achieved

ANALYSIS

The agency achieved its target of ≥90% with a result of 92.4%.

Across the 2024–25 financial year, the agency significantly improved its performance against this measure compared to 2023–24 and maintained lower work on hand volumes while targeting older more complex work.

The result was influenced by automated health processing, which accounts for 98.8% of all work included in this measure. This is an increase of 20.5% from 2023–24 to 2024–25 for health. Performance was driven by timely processing of manual health claims, an increased volume of health automation and the inclusion of a number of additional claim types in the measure. This resulted in an additional 240 million activities being added which contributed to the result.

The agency remains committed to investing in our staff, equipping them to process more complex work while building their skills, confidence and expertise in customer service. This ongoing investment lays a robust foundation for workforce capability and quality, enabling us to deliver comprehensive, end-to-end services to customers wherever possible.

We are accelerating customer outcomes by allocating claims to staff for processing as early as possible and supporting customers if further information is needed to complete an assessment. Staff make every effort to contact customers by phone where extra information may be required to finalise a claim. This includes 'digital coaching' to assist customers upload their documents digitally. These strategies, along with maintaining increased resourcing on processing led to the agency achieving this measure target for the first time.

Table 15: Percentage of claims processed within timeliness standards by work type 2024–25

Work types	Percentage of claims processed within timeliness standards
Social security	85.9%
Health	92.4% ^(a)
Child support payments	52.3%
Emergency payments	77.0%

(a) Health increased from 71.9% in 2023–24 to 92.4% in 2024–25, which was driven by timely processing of manual health claims (accounting for 98.8% of all work included in this measure), an increased volume of health automation and the inclusion of a number of additional claim types in the measure.

LIMITATIONS AND EXCLUSIONS

- The scope of this performance measure is limited to claims-based processing work types with an agreed timeliness standard, where data has been sourced and validated:
 - social security: a new claim lodged for a social security payment or a concession card that has been assessed, resulting in the claim being either granted or rejected. This does not include claims which are cancelled, deleted or withdrawn

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- health: Medicare benefits; subsidies and supplements to approved aged care providers; claims and payment for other health programs such as External Breast Prostheses Reimbursements, Aged Care Payments, Continence Aids Payments and Pharmaceutical Benefits Scheme
- child support: this measure counts the number of new registrations and restarts finalised
- emergency payments: this measure includes Australian Government Disaster Recovery Payment.
- Whilst all 3 programs are represented within the measure, not all claims-based processing work types within these programs are captured. This measure does not capture the full breadth of work processed by the agency.
- As new claims-based processing timeliness standards are agreed with partner agencies, the measure will be updated to incorporate these new work types. Start dates for new timeliness standards will be negotiated with partner agencies and included in the scope of this measure once agreed.
- Social security non-claim activities do not have agreed timeliness standards and are therefore excluded from this measure. A number of different activity types may be included in this work type including change of circumstances, medical certificates, reassessments, reviews and follow-up work. The current methodology to measure non-claim activities involves a tiered allocation approach where work is grouped according to priority. This means higher priority payment affecting work is allocated first.
- Staff are focused on completing all work relevant to a customer's circumstance during every customer interaction. Related work items may be allocated together. A bundle may include work items (claim or non-claim). Bundling helps staff ensure customers are not affected by unnecessary delays in processing.

EXPLANATORY NOTES AND DEFINITIONS

- In the ANAO's performance audit into the Accuracy and Timeliness of Welfare Payments it was recommended the Department of Social Services and Services Australia assess the merit and viability of developing additional key performance measures for the timeliness of non-claim work items. This will be considered for future years.
- The agency added extra work types with agreed timeliness standards to the measure in 2024–25.
- A new registration refers to the process of an application for a child support assessment received from a customer who is claiming child support for a child/children they have not previously claimed for.
- A restart refers to cases previously registered but the assessment was not accepted (invalid), withdrawn (customer decided not to proceed with the applications) or ended and the customer makes an application to have the case restarted.
- The measure counts the number of registrations finalised by the due date in the reporting period. Finalised is defined as when the case status changed from recorded or pending to any other status other than cancelled.

The below information relates to Strategic Performance Measure 5: Work processed within timeliness standards.

Reference	<ul style="list-style-type: none">• 2024–25 Portfolio Budget Statements, page 211• 2024–25 Corporate Plan, page 23
Data Source	Enterprise Data Warehouse
Calculation Explanation	Calculated by dividing all work processed within their individual processing standards by the total work processed.
Calculation	A / B (represented as a percentage) A = Work processed within timeliness standards B = Total work processed

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Strategic Performance Measure 8 – Cost per payment dollar administered

The agency's purpose is to efficiently deliver payments and services to Australians.

This assesses the agency's efficiency in the delivery of payments to Australians by comparing the agency's operating costs (total funded expenditure) to the value of payments made to customers.

Year	Target	Result	Performance Outcome
2024–25	N/A – benchmark year	2.02%	N/A – benchmark year

Note: There are no historic results for this measure benchmarked in 2024–25.

ANALYSIS

The 2024–25 financial year represents the baseline year and the first time this performance measure has been reported, which will enable reporting of trends and performance in future financial years. From 2025–26, with a baseline result established, the agency will be able to report whether the target of a three-year rolling average less than, or equal to, the prior year three-year rolling average has been achieved.

The monetary result value is low and therefore the result will be reported as a 2 decimal place percentage value to make it easier to determine whether efficiency has improved over time. For example, the result in 2024–25 is \$0.02 cents per payment dollar of the value of all payments made by the agency, which expressed as a 2 decimal percentage value is 2.02.

The agency's departmental funding is provided to facilitate customer services and payments in line with the agency's outcome, to *"Deliver high-quality, accessible services and payments to individuals, families, businesses and partner agencies on behalf of government; with a focus on contemporary service delivery and customer experience."*

The agency provided \$263.0² billion in payments to customers in 2024–25, including:

- Social security - \$163.8 billion, primarily comprising \$62.4 billion in Age Pension payments, \$23.2 billion in Disability Support Pensions, \$15.4 billion in JobSeeker Payment, \$18.0 billion in Family Tax Benefit, \$15.2 billion in Child Care Subsidy, \$11.1 billion in Carers payments and allowances, and \$8.1 billion in Parenting Payments
- Health - \$97.2 billion, primarily comprising \$32.9 billion in subsidies for aged care programs, \$32.8 billion in Medicare bulk-billing and patient claiming for medical services, \$19.4 billion to subsidise access to medicines under the Pharmaceutical Benefits Scheme (PBS), and \$7.3 billion to reimburse or discount the cost of private health insurance cover.
- Child Support facilitated payments - \$2.0 billion representing the dollar value of child support collected and transferred between parents.

In 2024–25 we developed our 2030 Vision and Strategy, outlining our ongoing commitment to continually improving our operational effectiveness and performance. By leveraging technology to modernise and innovate, and by fostering a culture of continuous improvement, we are working to optimise allocation of resources in future years.

LIMITATIONS AND EXCLUSIONS

- This performance measure's denominator does not reflect non-payment-based services to customers. Fluctuations in non-payment-based services may impact on agency costs (e.g. the numerator) but not have a resulting impact on the payments administered by the agency (e.g. the denominator).

² Refer also to Agency snapshot details on page III of the Annual Report and full details of payments at program level in Part 4: Delivering payments and services to customers, pages 53 to 105.

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- Measuring the cost efficiency of providing payments to customers may incentivise the agency to minimise cost to the detriment of quality (including both payment accuracy and the quality of the customer experience). This measure is monitored as part of the agency's broader suite of Strategic Performance Measures to ensure quality does not decline to drive increased efficiency.
- This measure excludes:
 - any expenditure incurred in the delivery of services funded through section 74 of the PGPA receipts on behalf of other entities, as these are not provided through the Appropriation Acts
 - the implementation costs of government-agreed transformation projects sourced from the agency's finance system (Systems Applications and Products (SAP)). These costs are incurred to implement improvements to systems and processes, linked to specific Government decisions (e.g. this excludes s74 funded projects delivered on behalf of partner agencies and any internal improvement initiatives), and are excluded on the basis that they do not directly contribute to service delivery through any channel, in the year being measured.

EXPLANATORY NOTES AND DEFINITIONS

- The measure is based on funding appropriated to the agency by the government through the Annual Appropriations Acts, as reported in the agency's Portfolio Budget Statements and the Annual Financial Statements.
- This measure includes the agency's 3 programs: Strategy and Corporate Enabling, Customer Service Delivery and Technology and Transformation.
- The government may elect to change the rate of payment for payments made to customers, which would impact the total value of payments to customers and the result.

The information below relates to Strategic Performance Measure 8: Cost per payment dollar administered.

Reference	N/A for 2024–25
Data Source	The agency's audited financial statements for end of financial year performance reporting. The agency's most recent Social Services Budget publication (e.g. Portfolio Budget Statements or Portfolio Additional Estimates Statements), consistent with the Department of Finance's Central Budget Management System and linked Appropriation Acts.
Calculation Explanation	Calculated by dividing the total funded expenditure (\$cost), by the total value (\$) of payments administered during the reporting period. Total funded expenditure is calculated as the sum of annual Departmental appropriations for ordinary services, departmental capital budget and equity injection.
Calculation	$(A + B + C - D) / E$ <p>A = Departmental Annual appropriations - ordinary annual services (\$) B = Agency Departmental capital budget (\$) C = Equity injection (\$) D = Registered Project expenditure (Government funded) (\$) E = Payments administered by the Agency (\$)</p>

PROGRAM 1.3: TECHNOLOGY AND TRANSFORMATION

Provide a robust ICT network and delivery of major transformation projects, including ICT shared services.

KEY ACTIVITY 3: Deliver digital and technological capability.

We invest in our technology and systems to sustain and strengthen the digital experience for customers.

To ensure we are delivering on this program and key activity, we will monitor and assess our performance against the following 2 Strategic Performance Measures.

Strategic Performance Measure 6 – Availability of digital channels

The agency is committed to ensuring our digital services are stable and available for customers to use when they need them.

This demonstrates the agency's performance against ensuring customers have 24/7 access to the agency's digital channels.

Year	Target	Result	Performance Outcome
2024–25	≥99%	99.7%	Achieved
2023–24	≥99% ^(a)	99.9%	Achieved
2022–23	≥98.5% ^(b)	99.8%	Achieved

(a) The target has increased to ≥99% in 2023–24 since the prior year (98.5%) to strive for improvement over time.

(b) The target has increased to ≥98.5% in 2022–23 since the prior year (98%) to strive for improvement over time.

ANALYSIS

The agency achieved its target of ≥99% with a result of 99.7%.

This performance measure encourages the agency to continually improve its ICT systems, making it easier for customers to manage their affairs whenever they choose through user-friendly online platforms and mobile apps. By focusing on delivering high-quality and accessible services, as well as modernising service delivery, the agency is committed to creating a better customer experience.

The high result demonstrates the agency's commitment to continuous improvement in its online delivery platforms and the ICT infrastructure that hosts and delivers them.

Table 16: Availability of digital channels by program 2024–25

Program	Availability of digital channels
Social security	99.6%
Health	99.8%
Child support	99.7%

LIMITATIONS AND EXCLUSIONS

- The scope of this performance measure is limited to services allowing customers or third-party organisations to self-manage their business with the agency.
- The agency's services that customers interact with either directly or via a specific authentication service are limited to:
 - Social security
 - Centrelink online accounts

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- Express Plus Centrelink mobile apps
 - Centrelink business online services
 - Business Hub
 - Health
 - Medicare online accounts
 - Express Plus Medicare mobile app
 - Health professional online services
 - Provider Directory System
 - Pharmaceutical Benefits Scheme online
 - Medicare Easyclaim
 - ECLIPSE
 - Child support
 - Child support online accounts
 - Express Plus child support mobile app
 - Child support business online services
- The calculation of availability removes periods of planned outages, which are used to ensure services are up-to-date and working as intended, from both the service uptime and the availability.
 - Digital channels availability is calculated based on incident and problem records in the agency's service management toolset (a repository of information relating to ICT materials that support workflows).

EXPLANATORY NOTES AND DEFINITIONS

- **Availability:** the amount of time digital channels and supporting systems are stable and available to support 24/7 customer access to digital channels outside of periods of planned outage.
- **Outage time:** a confirmed disruption to digital channels.
- **Service Hours:** an agreed time period when the service should be available. All services included in the measure have service hours of 24 hours per day.

The below information relates to Strategic Performance Measure 6: Availability of digital channels.

Reference	2024–25 Portfolio Budget Statements, page 212 2024–25 Corporate Plan, page 24
Data Source	Internal data sources including ICT incident records, problem records, and scheduled maintenance periods (planned periods of time systems are unavailable for maintenance) are utilised to calculate the availability result.
Calculation Explanation	Calculated by dividing the total hours of service uptime by the total hours in the availability window. Excludes scheduled maintenance periods (planned periods of time systems are unavailable for maintenance) and planned outages.
Calculation	A / B (represented as a percentage) A = Service uptime (availability window subtracting outage time) B = Availability window (total service hours subtracting scheduled maintenance periods)

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Strategic Performance Measure 7 – Customer interactions through digital services

The agency endeavours to develop and deliver services that enable customers to manage their own business digitally where possible.

This demonstrates the agency's performance providing digital services, and the extent to which customers choose to self-manage their interactions with the agency using digital services.

Year	Target ^(a)	Result	Performance Outcome
2024–25	≥83%	95.2% ^(b)	Achieved
2023–24	≥82%	91.9%	Achieved
2022–23	≥81%	91.5%	Achieved

(a) The target has increased year on year to strive for improvement over time.

(b) In 2024–25 the methodology was updated to better reflect customer interactions through digital channels, also renaming this measure from the previous 'Tasks managed by customers in digital channels.' Results for 2024–25 are not comparable with previous results.

ANALYSIS

The agency achieved its target of ≥83% with a result of 95.2%.

During 2024–25, SPM 7 underwent a methodology review and name change, to more accurately reflect the agency's digital performance and the intent of the measure. The changes comprised:

- consistent exclusion of interaction types that would never be appropriate to be self-managed by customers such as debt review activities and staff assessing the outcome of a customer claim
- the inclusion of some digital interactions that would otherwise result in a staff-assisted interaction such as a customer viewing when their next payment will be received, and Centrelink Confirmation eService transactions.

This revised methodology has been applied for the full 2024–25 financial year.

711.6 million interactions were self-managed by customers (individual and organisations) in digital channels, as detailed below:

- Social security: 148.0 million interactions were self-managed in digital channels, to achieve 89.9%
- Health: 561.3 million interactions were self-managed in digital channels, to achieve 96.9%
- Child support: 2.3 million interactions were self-managed in digital channels, to achieve 66.6%

Child support has a low proportion of self-managed activities, as the services are often complex and require intervention.

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The table below summarises the agency's customer take-up of current digital options and self-manageable work completed digitally against each program for 2024–25.

Table 17: Customer take-up of current digital options and self-manageable work completed digitally by program, 2024–25

Program	Customer take-up of current digital options (a)	Self-manageable work completed digitally (b)(c)
Social security ^(d)	90.3%	89.9%
Health	96.9%	96.9%
Child support	68.4%	66.6%
Total ^(e)	95.3%	95.2%

- (a) Customer take-up of current digital options measures the volume of interactions self-managed by customers in digital channels, where these interaction types are currently available digitally.
- (b) Self-manageable work completed digitally measures the volume of interactions self-managed by customers in digital channels, against the total volume of 'self-manageable' interactions completed by both staff and customers (which includes interactions currently only completed by staff that may be appropriate for inclusion in digital channels in future).
- (c) Excludes interaction types that are inappropriate to be made available to customers to self-manage, such as social worker interactions.
- (d) Social security includes emergency/disaster payments.
- (e) Total results are calculated based on the volume of interactions completed within each program. This means the total results represent the proportion of interactions self-managed by customers across the agency.

Social security

Businesses confirming a customer's entitlement to receive a concession, rebate or service via the Centrelink Confirmation eServices, is the highest contributing digital interaction, with 65 million confirmations, improving access to external supports for customers.

Customers reporting their income to receive Centrelink income support payments is the highest volume of individual customer online interactions and a key element in service delivery demand management, with over 90% completed in digital channels.

The proportion of customers completing emergency claims online increased after claim enhancements were made in October 2024. These improvements simplified customer messaging and allowed customers to upload supporting information for their claim, keeping them in digital channels.

Health

Pharmaceutical Benefits Scheme (PBS) prescription claim processing remains the highest volume of online interactions for Health, with over 343 million interactions completed online (representing over 99% of all prescription claim processing). Digital registration of immunisations remains a favoured channel by health professionals, with over 97% completed digitally.

Health provider uptake of online service options has continued to grow, supported by digital enhancements and education campaigns. The Health Professionals Online Services (HPOS) channel serviced an increasing proportion of PBS approval authority being sought and an increase in updates to provider details such as delegation authority.

In August 2024, the Medicare Claim Tracker was launched, providing customers greater visibility of the progress of their submitted claims. Since its launch, this online service was accessed by customers 8.38 million times in 2024–25.

Child support

Receiving customer income details through digital channels was the strongest driver of digital performance (1.46 million interactions of which 88% were self-managed). Usage of the child support online document upload service also grew, supported by staff and customer promotional campaigns. A full digital platform uplift for child support is due to delivery in 2026 and will provide significant customer experience improvements.

LIMITATIONS AND EXCLUSIONS

- Different time periods should not be used to compare results. Due to changes in methodology and data there is a limitation on year-to-year comparisons.
- The following categories of interactions are excluded from the calculations:
 - Interactions that are inappropriate for customers to self-manage, and will always require staff involvement, due to the nature of the interaction e.g. debt raising activities and staff leaving a note on a customer record
 - Interaction elements which would double-count actions e.g. a claim submitted online is included in results, but the staff-only interaction element to assess this claim is not included
 - Some view-only interactions in digital channels, or multiple interactions undertaken on the same day e.g. a customer viewing their next payment amount multiple times in one day is only counted once.

EXPLANATORY NOTES AND DEFINITIONS

- **Interaction:** an interaction represents a discrete and identifiable process related to a customer and/or their record. Interaction types may be adjusted following changes to systems and processes to ensure the data remains current.
- **Self-managed:** an interaction undertaken in a digital channel.
- **Self-manageable:** an interaction is deemed to be self-manageable if it is currently available within a digital channel or is suitable for future inclusion (e.g. does not meet 'exclusion' criteria above). A process does not need to be self-manageable end-to-end for a discrete interaction to be self-manageable (e.g. an online claim submitted in the digital channel would be a self-manageable interaction, despite the final step of this process requiring staff to assess and finalise the claim).
- **Customer take-up of current digital options:** this measures the volume of interactions self-managed by customers in digital channels, where these interaction types are currently available digitally.
- **Digital channels:** secure online account platforms available within the online or mobile app channels, able to be accessed by customers and third-party organisations.
- **Customer:** individuals or parties interacting with the agency about past, present or future access to payments, services and data/information. 'Customer' types may include:
 - individuals
 - service providers (such as healthcare professionals)
 - organisations
 - nominees.

The below information relates to Strategic Performance Measure 7: Customer interactions through digital services.

Reference	2024–25 Portfolio Budget Statements, page 212 2024–25 Corporate Plan, page 25
Data Source	Business Activity Reporting and Analytics data extracted from SAS Grid (Enterprise Data Warehouse)
Calculation Explanation	This measure is calculated by dividing the total volume of interactions self-managed by customers in digital channels in the period, by the total number of interactions completed that were, or could have been, completed digitally ('self-manageable' interactions) for the same period.
Calculation	% Self-manageable work completed digitally A / B (represented as a percentage) A = Total volume of interactions self-managed by customers in digital channels B = Total volume of interactions suitable to be self-managed, completed