
14 Services for people with a disability

The Australian, State and Territory governments aim to maximise opportunities for people with a disability to participate actively in the community, by providing services and support for people with a disability, their families and carers.

This chapter focuses on services covered by the third Commonwealth State/Territory Disability Agreement (CSTDA), which applied to the period 1 July 2002 to 30 June 2007. The Australian Government and State and Territory governments are currently negotiating a fourth CSTDA.

The CSTDA forms the basis for the provision and funding of services for people with a disability, where the person's disability manifests before the age of 65 years and for which they require ongoing or long term episodic support. Specialist psychiatric disability services are excluded from the chapter to improve data comparability across jurisdictions.

Services for people with a disability can be grouped into income support, disability support services and relevant generic services provided to the community as a whole. This Report generally does not report performance information on income support. Disability support services are primarily delivered under the CSTDA, as well as through programs such as Home and Community Care (HACC) and Commonwealth Rehabilitation Services (CRS) Australia. Performance information on the HACC program is provided in the 'Aged care services' chapter (chapter 13). CRS Australia's services are not covered in this Report.

Some generic services provided to the community as a whole are covered elsewhere in this Report — for example, school education (chapter 4), vocational education and training (VET) (chapter 5), public hospital care (chapter 10), specialised mental health services (chapter 12) and public housing (chapter 16). Other generic services provided to people with a disability — such as transport and utility services at concessional rates — are outside the scope of this Report.

Results in this chapter that are derived using the service user data collected under the CSTDA National Minimum Data Set (NMDS) need to be interpreted with caution. These service user data have a number of quality issues, which are discussed in section 14.6.

Significant improvements in the reporting of services for people with a disability in this year's Report are the inclusion of:

- jurisdictional data on people with a disability aged 0–49 years in residential aged care
- a new section on informal carers that reports data on the:
 - age distribution of carers of CSTDA service users, by geographic location
 - impact that the primary caring role has on informal carers' labour force participation
- data on the proportion of people with a disability who had difficulty accessing government and other services as a result of their disability.

A profile of services provided under the CSTDA for people with a disability appears in section 14.1. A framework of performance indicators is outlined in section 14.2. The performance of jurisdictions is discussed in section 14.3 and future directions for performance reporting are discussed in section 14.4. Section 14.5 contains jurisdictions' comments and section 14.6 contains an appendix on service user data quality and other issues. Section 14.7 provides definitions of the data descriptors and indicators and section 14.8 lists the attachment tables for this chapter. Attachment tables are identified in references throughout the chapter by an 'A' suffix (for example, table 14A.3 is table 3 in the attachment). Attachment tables are available on the CD-ROM enclosed with the Report or from the Review website (www.pc.gov.au/gsp). Section 14.9 lists references used in this chapter.

14.1 Profile of specialist disability services

Service overview

The CSTDA defines 'specialist disability services' as 'services or initiatives specially designed from time to time to meet the needs of people with disabilities' (CSTDA 2003, p. 10). A definition of disability is provided in box 14.1.

Box 14.1 **Definition of disability**

The International Classification of Functioning, Disability and Health defines disability as being an experience for the person involved that may include the impairment of their body structure and function, limitation of their activity and restriction of their participation in life areas. The International Classification of Functioning, Disability and Health also recognises the role of physical and social environmental factors in affecting disability (WHO 2001).

The Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC) was conducted in 1981, 1988, 1993, 1998 and 2003, and was based on the International Classification of Functioning, Disability and Health and its predecessor. The 2003 survey defined a disability as a limitation, restriction or impairment that has lasted, or is likely to last, for at least six months and restricts everyday activities.

Self care, mobility and communication are defined as core activities. The ABS defines levels of core activity limitation as follows:

- mild — where a person does not need assistance and has no difficulty with self care, mobility and/or communication, but uses aids or equipment
- moderate — where a person does not need assistance, but has difficulty with self care, mobility and/or communication
- severe — where a person sometimes needs assistance with self care, mobility and/or communication tasks; has difficulty understanding or being understood by family or friends; or can communicate more easily using sign language or other non-spoken forms of communication
- profound — where a person is unable, or always needs assistance, to perform self care, mobility and/or communication tasks.

The CSTDA (2003, p. 9) defines ‘people with disabilities’ as those whose disability manifests itself before the age of 65 years and for which they require significant ongoing and/or long term episodic support. For these people, the disability will be attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which is likely to be permanent and results in substantially reduced capacity in at least one of the following:

- self-care/management
- mobility
- communication.

Source: ABS (2004c); WHO (2001); CSTDA (2003).

Details of the specialist disability services provided under the CSTDA are outlined in the following section on roles and responsibilities. Mechanisms for the funding and delivery of these services differ across jurisdictions as a result of policy differences. Further contextual information is provided in appendix A.

Roles and responsibilities

Australian, State and Territory governments

The CSTDA defines the roles and responsibilities of the Australian, State and Territory governments in the provision of services to people with a disability. Its agreed purposes are listed in box 14.2.

Box 14.2 The purposes of the CSTDA

The purposes of the CSTDA are to:

- provide a national framework to underpin the provision of specialist disability services across Australia, and outline a means for measuring and publicising the progress of governments towards achieving this national framework
- outline the respective and collective roles and responsibilities of governments in the planning, policy setting and management of specialist disability services
- provide for accountability to funders in respect of funds contributed by one government which are expended by another government
- establish the financial arrangements for making funds available for the provision of specialist disability services
- define the persons eligible for services under this Agreement and acknowledge they may require services provided outside the Agreement
- provide for a nationally consistent approach to quality across specialist disability services
- provide for funds to address key national and strategic research, development and innovation priorities.

Source: CSTDA (2003, pp. 4–5).

The Australian Government administers the following services:

- open employment services that provide assistance to people with a disability in obtaining and/or retaining paid employment in the open labour market
- supported employment services that provide support to, and employment for, people with a disability within the same organisation.

Prior to 1 December 2004, the Australian Government also administered services that provided both open and supported employment assistance.

State and Territory governments administer the following services:

- accommodation support services that provide support to people with a disability in accommodation settings (hostels, institutions and group homes), and in their own home (including attendant/personal care, in home support and alternative family placements)
- community access services that provide opportunities for people with a disability to gain and use their abilities to enjoy their full potential for social independence — including learning and life skills development and recreation/holiday programs
- community support services that help people with a disability to integrate and participate in the community, including case management, counselling, early intervention therapy and other therapy services
- respite care services that provide relief or support (for limited periods) to families and carers of people with a disability who are living in the community.

Australian, State and Territory governments share responsibility for administering the following services:

- advocacy services that enable people with a disability to increase their control over their lives by representing their interests and views in the community
- information services that provide accessible information to people with a disability, their carers, families and related professionals about disabilities, specific and generic services and equipment; and promote the development of community awareness
- print disability services that produce alternative communication formats for people who, by reason of their disability, are unable to access information provided in a print medium
- research and development projects relating to:
 - the provision of services funded under the CSTDA
 - the achievement of the national framework under the CSTDA for people with a disability.

The CSTDA does not apply to the provision of:

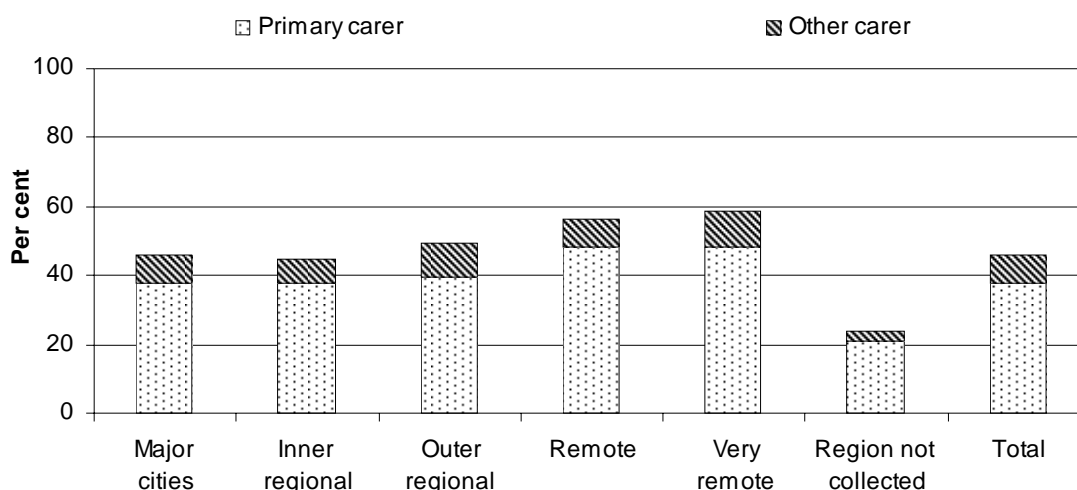
- disability services and activities provided under the *Veterans' Entitlements Act 1986* (Cwlth)
- services with a specialist clinical focus, regardless of whether those services are provided to people eligible to receive services under the CSTDA.

Informal carers

Family and friends provide the most assistance in meeting the needs of people with a disability. An informal carer is a person of any age who provides any informal assistance, in terms of help or supervision, to people with a disability. This assistance has to be ongoing, or likely to be ongoing, for at least six months. A ‘primary carer’ is the informal carer who provides the most informal assistance. This assistance has to be provided for one or more of the three core activities — self-care, mobility or communication (ABS 2004c). In 2003, an estimated 474 600 primary carers provided the majority of informal help with self care, mobility and communication for people with a disability — an increase of 5.3 per cent since 1998 (ABS 1999, 2004c).

Of people with a disability who accessed CSTDA funded services in 2005-06, 45.8 per cent reported having an informal carer and 37.9 per cent reported having an informal carer who was a primary carer (figure 14.1)¹. Service users in remote or very remote locations were more likely to report having an informal carer than those in other areas.

Figure 14.1 **Users of CSTDA-funded services who reported having an informal carer, by primary carer status and geographic location, 2005-06^{a, b, c}**



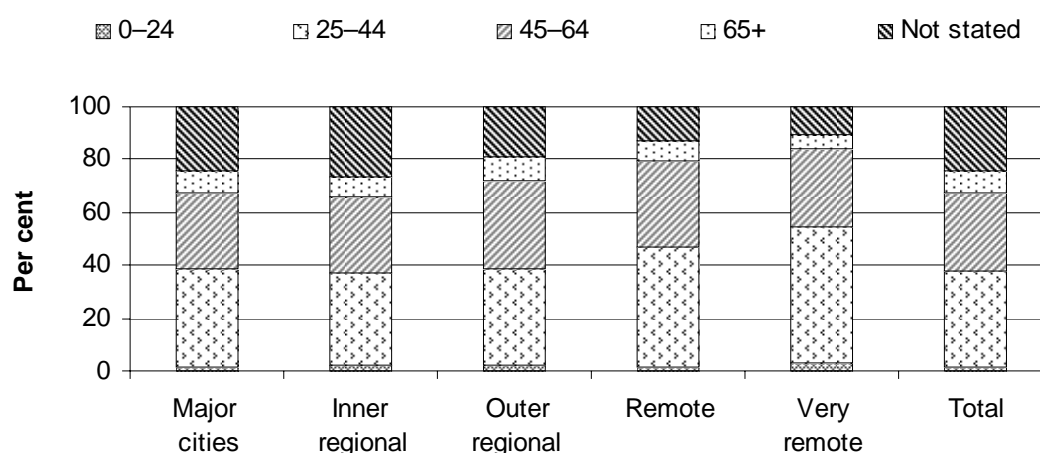
^a Total includes data for service users whose location was not collected/identified. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues. ^c Data relating to primary carers are not reported for all service users. Some service types are not required to collect all service user data items. For example, employment services are not required to collect selected informal carer information, including primary status.

Source: AIHW (2007).

¹ The definition of informal carers used in the CSTDA NMDS differs slightly from the definition used in the SDAC. See section 14.7 for these definitions.

Information about the age distribution of primary carers enables governments to plan ahead with respect to the future demand for services that may arise as carers age. As the proportion of primary carers who are over 65 years increases, for example, there may be a greater need for access to respite or in home accommodation support services. Figure 14.2 shows the proportions of informal primary carers who are in different age groups by location.

Figure 14.2 Age distribution of informal carers who are primary carers of people accessing CSTDA funded services, by location, 2005-06^a



^a These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (2007).

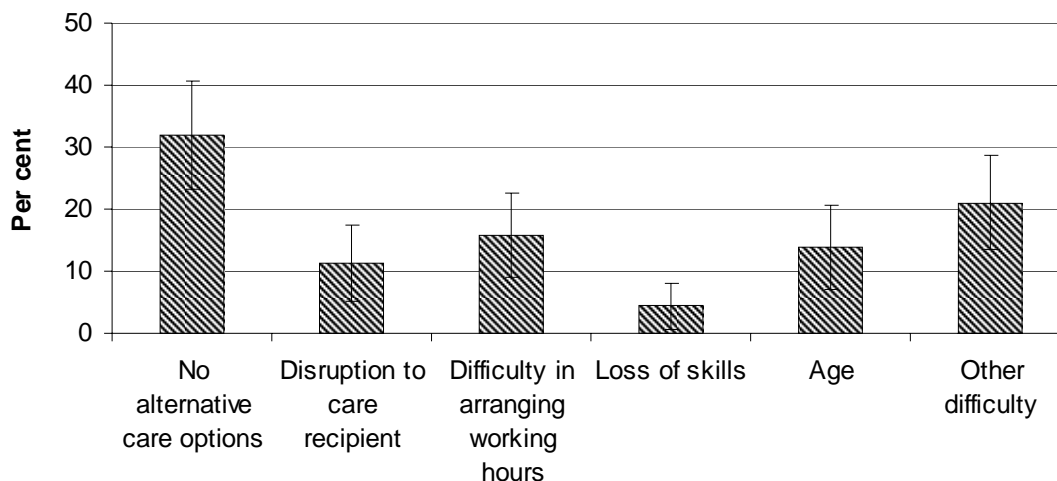
Under the human capital stream of the national reform agenda, the Council of Australian Governments (COAG) is seeking to reduce the proportion of the working age population not participating or who are under-participating in paid employment. One indicative progress measure identified is the proportion of people of working age who are not participating or who are under-participating in the labour force due to disability — including those providing informal care for people with a disability.

The ABS SDAC 2003 provides information regarding the impact that the primary caring role has on informal carers' labour force participation.

- An estimated 37.8 per cent of primary carers were employed — of these 23.0 per cent had reduced their working hours to take on their caring role.
- The remaining 62.2 per cent of primary carers were either unemployed or not in the labour force — of these, 30.8 per cent had worked before commencing their caring role.

- For those primary carers who were unemployed or not in the labour force and not yet retired (60.5 per cent of all primary carers), 24.1 per cent wanted to return to work. Figure 14.3 shows the most significant perceived barriers for primary carers who wanted to return to work.

Figure 14.3 **Perceived barriers to returning to work for primary carers who want to return to work, 2003^a**



^a Estimates for 'disruption to care recipient' and for 'loss of skills' have relative standard errors between 25–50 per cent and should be used with caution.

Source: ABS (2003c).

The Australian Government provides income support in the form of the Carer Payment and other financial assistance through the Carer Allowance to carers of people with a disability (box 14.3). This financial assistance is not included under the CSTDA funding arrangements.

Box 14.3 Australian Government supplementary and income support arrangements

The Australian Government funds income support payments for people with a disability, those caring for people with a disability and those temporarily incapacitated from work as a result of illness. These payments include the Disability Support Pension, the Carer Payment, the Carer Allowance, the Sickness Allowance and the Mobility Allowance. Outlays on payments to people with a disability in 2006-07 (on an accrual basis) amounted to \$8.7 billion for the Disability Support Pension, \$1.4 billion for the Carer Payment (includes expenditure on carer bonus), \$1.3 billion for the Carer Allowance (includes expenditure on carer bonus), \$85.2 million for the Sickness Allowance and \$106.4 million for the Mobility Allowance (Department of Family, Community Services and Indigenous Affairs (FaCSIA) (unpublished) and Department of Employment and Workplace Relations (DEWR) (unpublished)). These income support arrangements do not constitute a CSTDA service.

At 30 June 2007, there were around 714 200 recipients of the Disability Support Pension, 116 600 recipients of the Carer Payment, 407 900 recipients of the Carer Allowance, and around 54 900 recipients of the Mobility Allowance. There were also around 7600 recipients of the Sickness Allowance (table 14A.2).

Source: FaCSIA (unpublished); DEWR (unpublished); table 14A.2.

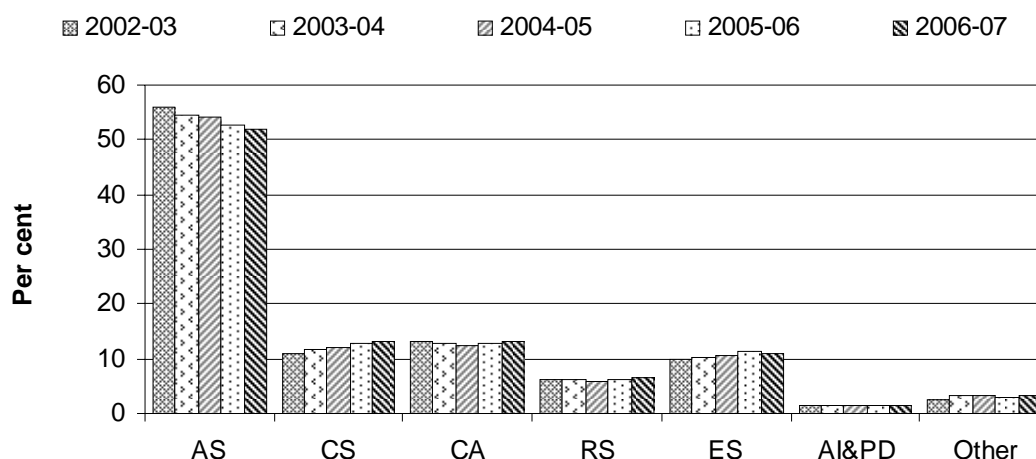
Funding

Under the CSTDA, Australian and State and Territory governments fund both government and non-government providers of services for people with a disability. Total government expenditure on CSTDA funded services was \$4.3 billion in 2006-07 — a real increase of 6.7 per cent on the expenditure in 2005-06 (\$4.1 billion) (table 14A.5). State and Territory governments funded the majority of this expenditure in 2006-07 (74.2 per cent, or \$3.2 billion). The Australian Government funded the remainder (25.8 per cent, or \$1.1 billion), which included \$624.6 million in transfer payments to states and territories (tables 14A.6 and 14A.7).

Direct government expenditure on CSTDA funded services (that is, excluding expenditure on administration) was \$3.9 billion in 2006-07 (table 14A.3). The distribution of direct government expenditure varied across jurisdictions in 2006-07. The main areas of State and Territory government expenditure were accommodation support services (51.8 per cent of total direct service expenditure), and community support services (13.2 per cent of total direct service expenditure) (figure 14.4). Employment services were the main area of Australian Government

expenditure in 2006-07 (11.0 per cent of total direct service expenditure and 93.4 per cent of Australian Government direct service expenditure) (table 14A.4).

Figure 14.4 **Direct expenditure on CSTDA funded services, by service type^a**



AS = accommodation support; CS = community support; CA = community access; RS = respite services; ES = employment services; AI&PD = advocacy, information and print disability. ^a See table 14A.3 for detailed notes accompanying expenditure data.

Source: Australian, State and Territory governments (unpublished); table 14A.4.

Size and scope

Disability prevalence

The ABS estimated that one in five people in Australia (3 958 300 or 20.0 per cent) had a reported disability (that is a core activity limitation, a schooling or employment restriction or an impairment) in 2003 (ABS 2004c). Of the population aged 5–64 years in 2003, an estimated 13.0 per cent had a core activity limitation or specific restriction. This proportion comprised 4.0 per cent who had a profound or severe core activity limitation, a further 6.6 per cent who had a mild to moderate core activity limitation, and 2.4 per cent who had a schooling or employment restriction only (ABS 2004c). Table 14A.9 contains additional information on disability prevalence, and table 14A.10 contains information on the proportion of those with a profound or severe core activity limitation who needed help that received help.

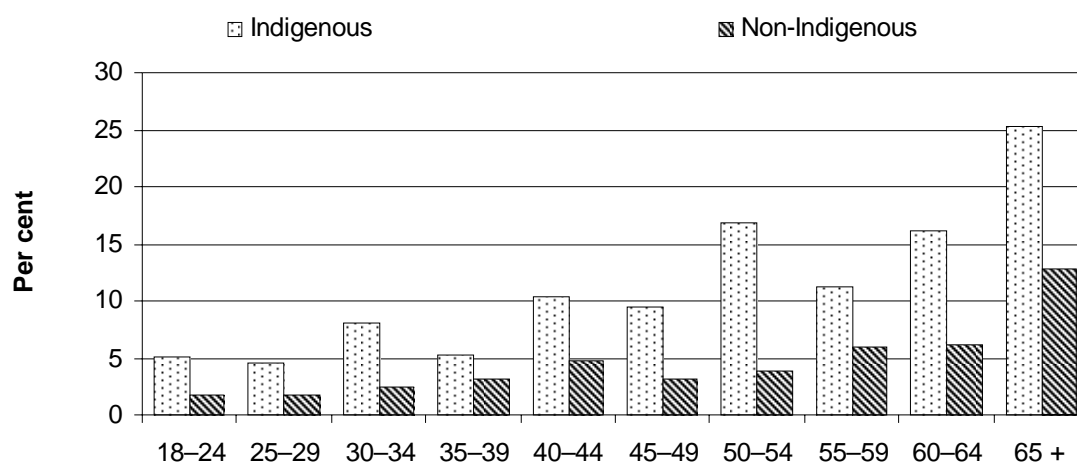
Aboriginal and Torres Strait Islander people

Indigenous people have significantly higher rates of profound or severe core activity limitation than non-Indigenous people. The Australian Institute of Health and Welfare (AIHW) estimated that the proportion of Indigenous people aged over 18 years who had a profound or severe core activity limitation was approximately 2.4 times that of non-Indigenous people in 2002 (AIHW 2006b). This estimate is based on data from the ABS's General Social Survey (GSS) and National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and takes into account differences in the:

- age structure of the Indigenous and non-Indigenous populations
- method that was applied in remote areas for the two surveys (for further details on the difference in method see AIHW 2006b).

The difference (in rate ratio terms) between the populations is most marked for people aged 50–54 years and those aged 30–34 years (figure 14.5).

Figure 14.5 **Proportion of age groups who have a profound or severe core activity limitation, by Indigenous status, 2002^a**



^a For the NATSISS, there were a number of differences in the 'screening' questions used to establish disability status and disability type for persons living in remote and non-remote areas. While a 'common' set of questions was asked in both remote and non-remote areas, some additional questions were asked in non-remote areas only. The expanded set of screening questions asked in non-remote areas is referred to as the 'broader criteria', the smaller set is referred to as the 'common criteria'. For the reported proportions, the relative impact of the broader criteria on the Indigenous estimate in non-remote areas was calculated and applied as a weight to the estimate for remote areas. The non-Indigenous estimates from the GSS are based on the broader criteria only (AIHW 2006b).

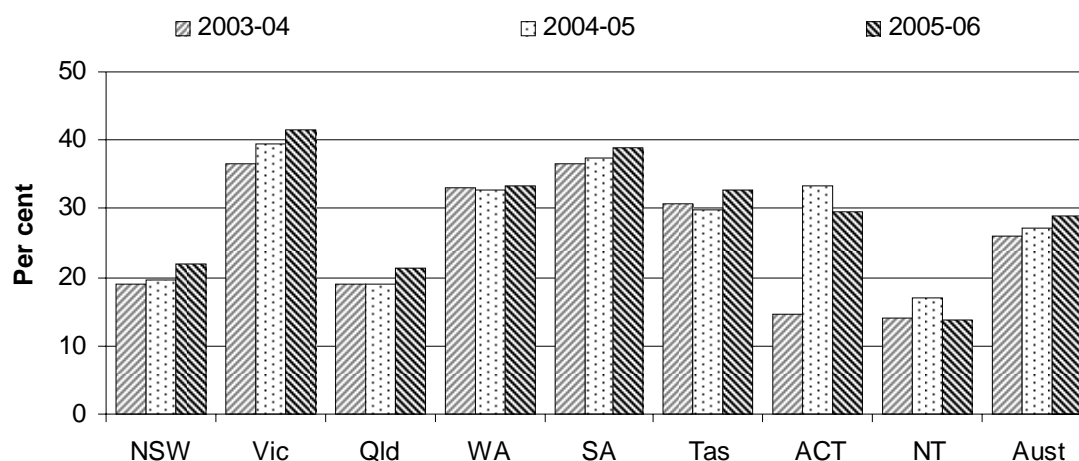
Source: AIHW (2006b).

The *Overcoming Indigenous Disadvantage: Key Indicators 2007* contains additional data from the GSS and NATSISS, including a comparison of the Indigenous and non-Indigenous peoples rates of selected long-term health conditions (SCRGSP 2007).

Use of CSTDA funded services

In 2005-06, 205 283 people were reported as using services provided under the CSTDA (excluding users who received specialist psychiatric disability services only) (table 14A.1). Nationally, this is 29.1 per cent of the estimated potential population (that is, people aged under 65 years who meet the service eligibility criteria for specialist disability services (see section 4.7 for a definition)) (figure 14.6).

Figure 14.6 **Users of CSTDA funded services as a proportion of the estimated potential population^{a, b}**

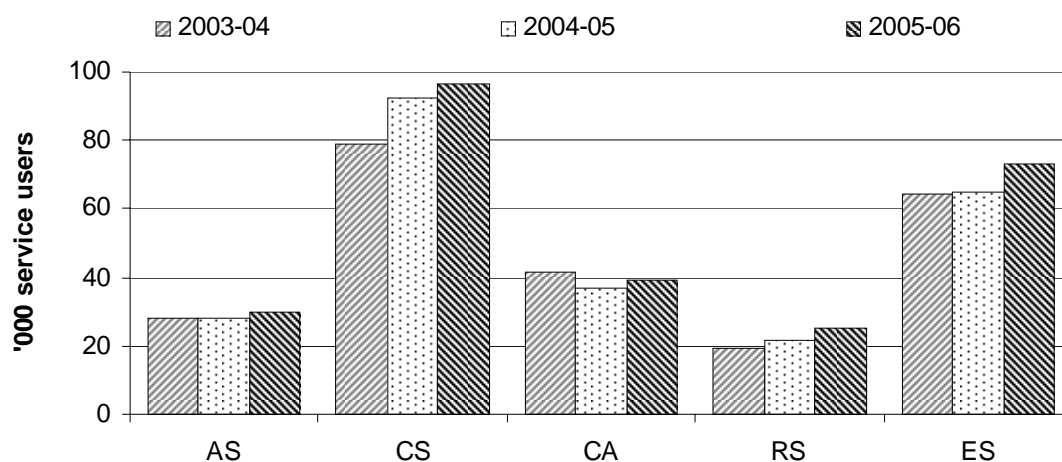


^a These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues and for service type outlet response rates across jurisdictions. ^b For the ACT, the decreased service user rate for 2005-06 was due to the data collection for therapy services being incomplete.

Source: ABS (2003a, 2004a, 2005a, 2004d); AIHW (2005, 2006a, 2006b, 2007); AIHW analysis of the ABS SDAC 2003; table 14A.1.

Service user numbers varied across service types (figure 14.7). Accommodation support, community access, community support and respite services reported 143 890 users and employment services reported 73 157 users.

Figure 14.7 Users of CSTDA funded services, by service type^{a, b}

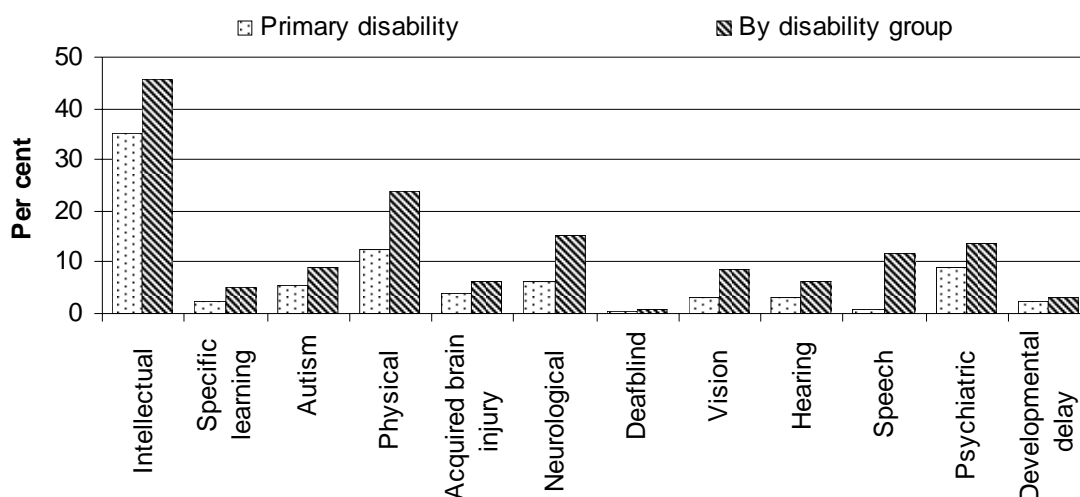


AS = accommodation support; CS = community support; CA = community access; RS = respite services; ES = employment services. ^a These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues. ^b See table 14A.1 for detailed notes relating to these data.

Source: AIHW (2005, 2006a, 2007); table 14A.1.

In 2005-06, 45.6 per cent of CSTDA service users reported an intellectual disability, including 35.2 per cent who reported an intellectual disability as their primary disability (figure 14.8).

Figure 14.8 Service users by disability group, 2005-06^{a, b}



^a These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues. ^b See tables 14A.11 and 14A.12 for detailed notes relating to these data.

Source: AIHW (2007); tables 14A.11 and 14A.12.

Younger people with a disability in residential aged care

At its February 2006 meeting, COAG made a commitment to reduce the number of younger people with a disability living in residential aged care. COAG agreed to establish a five-year program, beginning in July 2006. Funding for this program is separate and in addition to the general funding provided under the CSTDA. The Australian Government has signed bilateral agreements with all states and territories.

There are three elements to the program:

- Move younger people with a disability currently accommodated in residential aged care into appropriate supported disability accommodation where it can be made available and if this is what clients choose.
- Divert future admission of younger people with a disability who are at risk of admission to residential aged care into more appropriate forms of accommodation.
- Enhance the delivery of specialist disability services to those younger people with a disability who choose to remain in residential aged care or for whom residential aged care remains the only available suitable supported accommodation option.

The initial priority for the program is people aged under 50, and participation is voluntary. On 30 June 2007, there were 943 people aged under 50 years living in permanent residential aged care nationally (excluding the ACT) (table 14.1). This was a 6.3 per cent decrease on the number of people aged under 50 years living in permanent residential aged care on 30 June 2006 nationally (excluding the ACT).

Table 14.1 Younger people (aged under 50 years) in residential aged care, 30 June (number)^{a, b}

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT^c</i>	<i>NT</i>	<i>Aust (excluding ACT)^d</i>
2006	392	221	245	65	61	15	np	7	1006
2007	374	210	226	63	53	12	np	5	943

^a Data are for permanent residents in aged care. ^b These data should be interpreted with caution (particularly for the NT). There may be issues related to the age of Indigenous residents being incorrectly recorded. An assessment of the data set in the NT has previously shown that approximately half of Indigenous peoples' ages were incorrectly recorded. ^c Data are not published due to small numbers. The number is between 1–4 inclusive. ^d The total is for jurisdictions for which data are published only.

Source: Department of Health and Ageing (unpublished).

14.2 Framework of performance indicators

The framework of performance indicators is based on the Australian, State and Territory governments' shared objectives under the third CSTDA (box 14.4).

Box 14.4 Objectives of government funded services for people with a disability

The performance data for this Report cover services provided under the third CSTDA. Through that CSTDA, governments strive to enhance the quality of life experienced by people with a disability by assisting them to live as valued and participating members of the community.

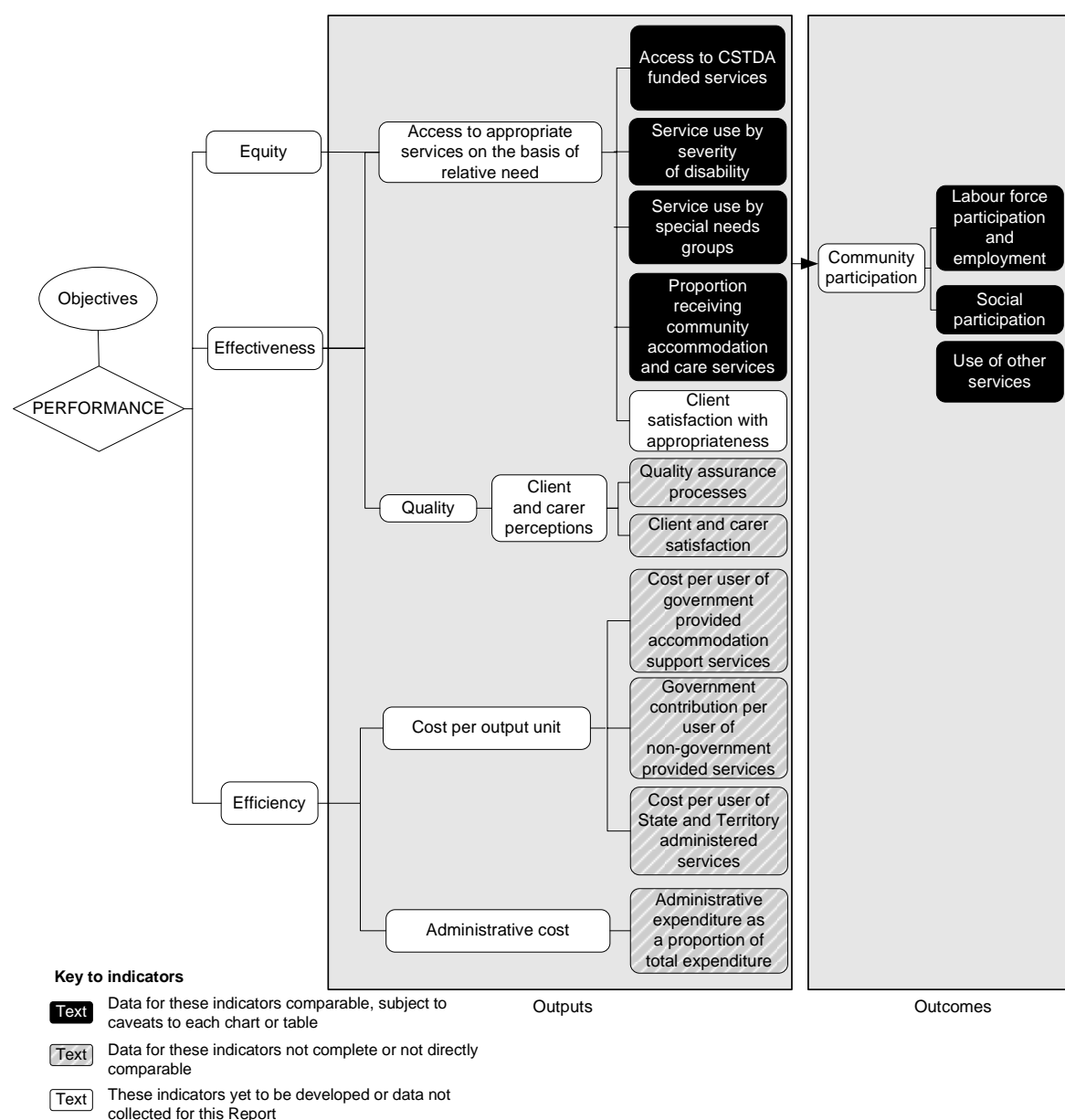
In working towards this objective, governments have five policy priorities, to:

- strengthen access to generic services for people with a disability
- strengthen across government linkages — bilateral agreements between the Australian Government and each State and Territory have been negotiated to improve services
- strengthen individuals, families and carers
- improve long term strategies to respond to, and manage, demand for specialist disability services
- improve accountability, performance reporting and quality.

Source: CSTDA (2003).

The performance indicator framework shows which specialist disability services data are comparable in the 2008 Report (figure 14.9). For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective (see section 1.6).

Figure 14.9 Performance indicators for services for people with a disability



The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of government funded services for people with a disability. This is consistent with the general performance indicator framework and service process diagram (figures 1.2 and 1.3, chapter 1) on which the Steering Committee has agreed.

Proxy efficiency indicators focus on unit costs and administrative costs. Effectiveness and equity indicators focus on access to appropriate services and service quality. Outcome indicators focus on the participation of people with a disability in the community.

14.3 Key performance indicator results

Different delivery contexts, locations and client characteristics may affect the equity, effectiveness and efficiency of specialist disability services. Appendix A contains data that may assist in interpreting the performance indicators presented in this chapter.

The performance indicator results reported in this chapter generally relate to CSTDA funded services. This Report includes service user data for 2005-06. These data were sourced from the CSTDA NMDS collection, which is managed by individual jurisdictions and coordinated by the AIHW. The CSTDA NMDS collection was implemented in 2002-03, with national data from the first collection available for the period 1 January 2003 to 30 June 2003. Other information on the implementation of the CSTDA NMDS is contained in box 13.6 of the 2006 Report (SCRGSP 2006) and in AIHW (2003).

When considering the indicator results derived from service user data, comparisons between jurisdictions and across years should be undertaken with care. While the implementation of the CSTDA NMDS continues to improve, data quality is still affected by a number of factors including that:

- the proportion of service users and service outlets that provided data (response rates) and the ‘not stated’ rates of particular data items vary across jurisdictions and years (see section 14.6 for further details)
- the interpretation of CSTDA NMDS service definitions can differ across jurisdictions (for example, the target group for services classified as ‘early intervention’ can differ).

Outputs

Outputs are the actual services delivered (while outcomes are the impact of these services on the status of an individual or group) (see chapter 1, section 1.5).

Equity and effectiveness — access to appropriate services on the basis of relative need

The following equity and effectiveness access indicators are reported:

- ‘access to CSTDA funded services’
- ‘service use by severity of disability’
- ‘service use by special needs groups’

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- ‘proportion of accommodation support service users receiving community accommodation and care services’.

Access to CSTDA funded services

‘Access to CSTDA funded services’ is an indicator of access to specialist disability services on the basis of relative need (box 14.5).

Box 14.5 Access to CSTDA funded services

The proportion of the estimated potential population using CSTDA funded services is an indicator of governments’ objective to provide access to government funded or provided specialist disability services on the basis of relative need and available resources. Measures are reported for accommodation support, employment, community access, community support and respite services.

This indicator is defined as the number of people using a particular CSTDA funded service divided by the ‘potential population’ for that service. The potential population is an estimate that broadly indicates the number of people with the potential to require specialist disability services at some time.

The potential population estimate for *accommodation support, community access and community support services* is the number of people aged under 65 years with profound or severe core activity limitations, multiplied by the Indigenous factor for a jurisdiction. The potential population estimate for *employment services* is the number of people aged 15–64 years with severe or profound core activity limitations, multiplied by both the Indigenous factor and the labour force participation rate for a jurisdiction. The potential population estimate for *respite services* is the number of people aged under 65 years with profound or severe core activity limitations who also reported a primary carer, multiplied by the Indigenous factor for a jurisdiction. The potential populations are further defined in section 14.7.

A higher proportion of the relevant estimated potential population using a particular CSTDA service suggests greater access to this service.

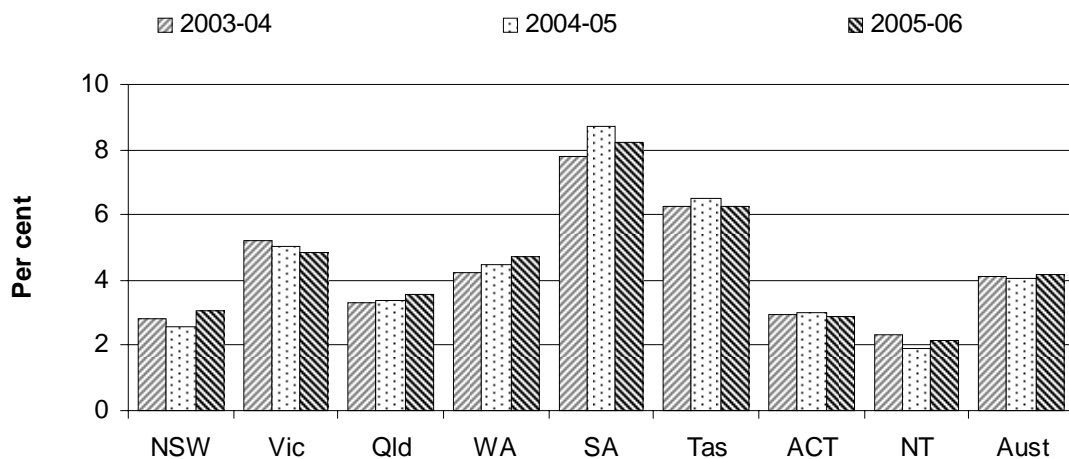
This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or accessed by those most in need. In addition, not all people in the estimated ‘potential population’ will need the service or seek to access the service in the relevant period.

The numerators and denominators of the access measures do not match fully. The numerator of an access measure includes service users of all ages who have profound, severe, or moderate to no core activity limitations. The denominator, which is the ‘potential population’, is an estimate of the number of people who have a profound or severe core activity limitation and are aged under 65 years. Although the numerator includes people who are aged 65 and over and/or people who have

moderate to no core activity limitations, this is not the case for the denominator. It would be helpful, therefore, to consider the results of this indicator in conjunction with the ‘service use by severity of disability’ indicator. The ‘service use by severity of disability’ indicator reports the proportion of service users who have different levels of core activity limitations (profound, severe and moderate to no). Therefore, it provides information about access to specialist disability services on the basis of relative need, where the level of core activity limitation is used as a proxy for relative need.

Nationally, 4.2 per cent of the estimated potential population were using CSTDA funded accommodation support services in 2005-06 (figure 14.10).

Figure 14.10 Users of CSTDA funded accommodation support services as a proportion of the estimated potential population^{a, b}

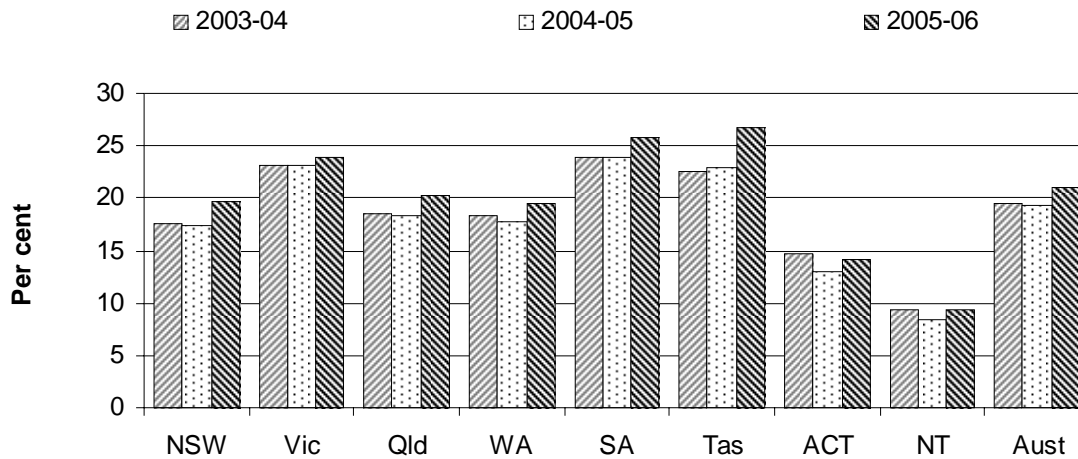


^a See table 14A.13 for detailed notes relating to service user data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues.

Source: ABS (2003a, 2004a, 2004d, 2005a); AIHW (2005, 2006a, 2006b, 2007); AIHW analysis of the 2003 ABS SDAC data; table 14A.13.

During the reporting period, the Australian Government had responsibility for employment services under the CSTDA and provided most employment services (99.8 per cent) by funding non-government organisations. Nationally, 21.1 per cent of the estimated potential population for CSTDA funded employment services were using these services in 2005-06 (figure 14.11).

Figure 14.11 Users of CSTDA funded employment services as a proportion of the estimated potential population for employment services^a



^a See table 14A.14 for detailed notes relating to these data.

Source: ABS (2003a, 2003b, 2004a, 2004b, 2004d, 2005a, 2005b); AIHW (2005, 2006a, 2006b, 2007); AIHW analysis of the ABS SDAC 2003; table 14A.14.

Nationally, in 2005-06, 5.6 per cent and 13.7 per cent of the estimated potential population were using CSTDA funded community access and community support services respectively (figures 14.12 and 14.13).

Nationally, 11.5 per cent of the estimated potential population (who reported having a primary carer) were using CSTDA funded respite services in 2005-06 (figure 14.14).

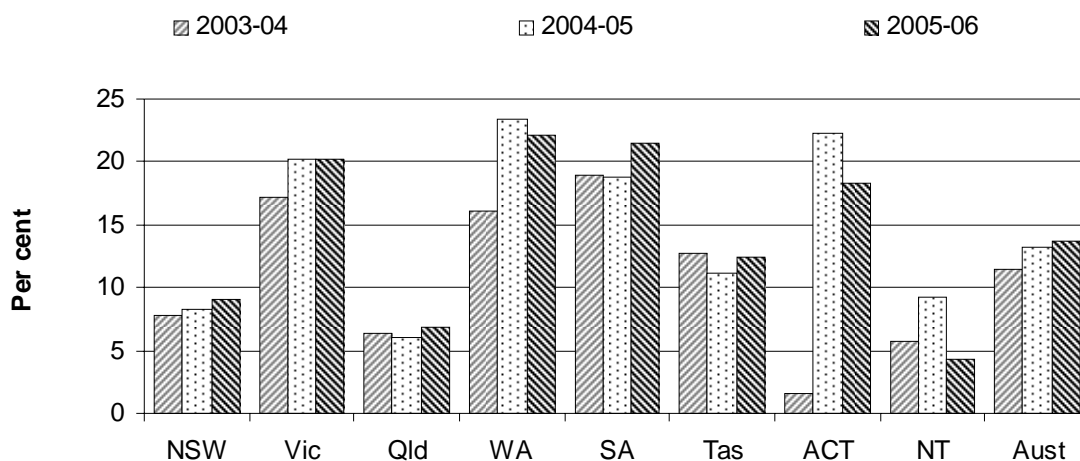
Figure 14.12 Users of CSTDA funded community access services as a proportion of the estimated potential population^{a, b, c}



^a See table 14A.15 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues. ^c The decrease in the number of WA service users between 2003-04 and 2004-05 is due to a change in reporting by one recreation agency.

Source: ABS (2003a, 2004a, 2004d, 2005a); AIHW (2005, 2006a, 2006b, 2007); AIHW analysis of the ABS SDAC 2003; table 14A.15.

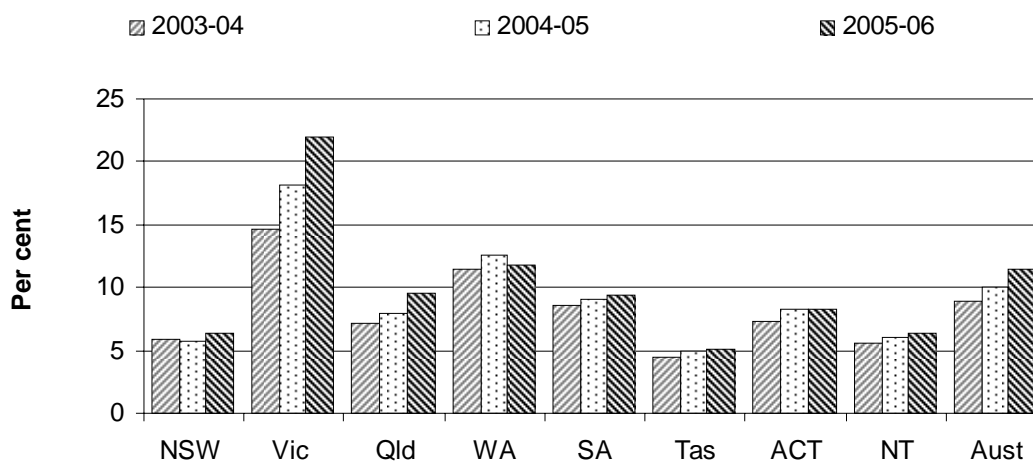
Figure 14.13 Users of CSTDA funded community support services as a proportion of the estimated potential population^{a, b, c, d}



^a See table 14A.16 for detailed notes relating to service user data. ^b These results need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues. ^c The increase in the number of WA service users between 2003-04 and 2004-05 is due to the inclusion of data from a new electronic database for the first time. ^d For the ACT, the decreased community support services rate for 2005-06 was due to the data collection for therapy services being incomplete.

Source: ABS (2003a, 2004a, 2004d, 2005a); AIHW (2005, 2006a, 2006b, 2007); AIHW analysis of the ABS SDAC 2003; table 14A.16.

Figure 14.14 Users of CSTDA funded respite services as a proportion of the estimated potential population for respite services^{a, b}



^a See table 14A.17 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues.

Source: ABS (2003a, 2004a, 2004d, 2005a); AIHW (2005, 2006a, 2006b, 2007); AIHW analysis of the ABS SDAC 2003; table 14A.17.

Service use by severity of disability

‘Service use by severity of disability’ is an indicator of access to specialist disability services on the basis of relative need (box 14.6). This indicator provides additional information for interpreting the access to CSTDA funded accommodation support, employment, community access, community support and respite services measures reported above.

Severity of disability (core activity limitation) is derived using data on the level of support needed in one or more of the support areas: self-care, mobility, and communication. Service users with a profound core activity limitation reported always needing support in one or more of these areas. Service users with a severe core activity limitation reported sometimes needing support in one or more of these areas. Service users with a moderate to no core activity limitation reported needing no support in all three of these areas.

Box 14.6 Service use by severity of disability

The proportion of people accessing CSTDA funded services by severity of core activity limitation is an indicator of governments' objective to use available resources to target services to people with the greatest level of need.

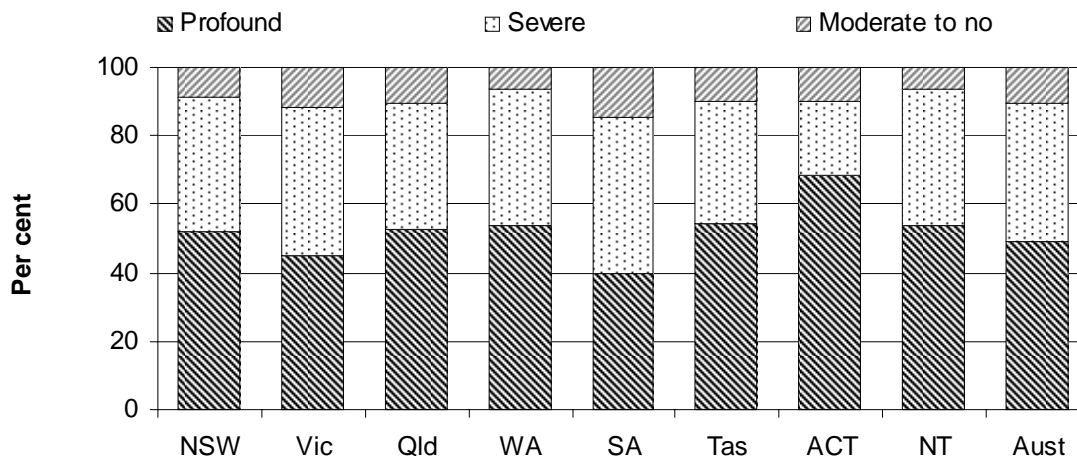
This indicator is defined as the proportion of people who access CSTDA funded services, by severity of core activity limitation. Three categories of core activity limitation are reported: profound, severe, and moderate to no core activity limitation. Measures are reported for accommodation support, employment, community access, community support and respite services.

A higher proportion of people with a profound or severe core activity limitation using a particular service type suggests greater access to this service type for those with the greatest level of need.

This indicator does not provide information on whether services are appropriate for the needs of the people receiving them or appropriately targeted to those with the greatest level of need in terms of access to other formal and informal support. The need for services is assumed to vary according to the level of core activity limitation and so core activity limitation is used as one proxy for relative need. Core activity limitation data are self/carer identified, not based on formal clinical assessments of individual limitations. In addition, there are other factors that may also be important in determining relative need, such as the complexity of a service user's needs.

Nationally, 49.1 per cent of users of CSTDA funded accommodation support services in 2005-06 had a profound core activity limitation, 40.5 per cent had a severe core activity limitation and 10.4 per cent had moderate to no core activity limitations (figure 14.15).

Figure 14.15 Users of CSTDA funded accommodation support services, by severity of core activity limitation, 2005-06^{a, b}



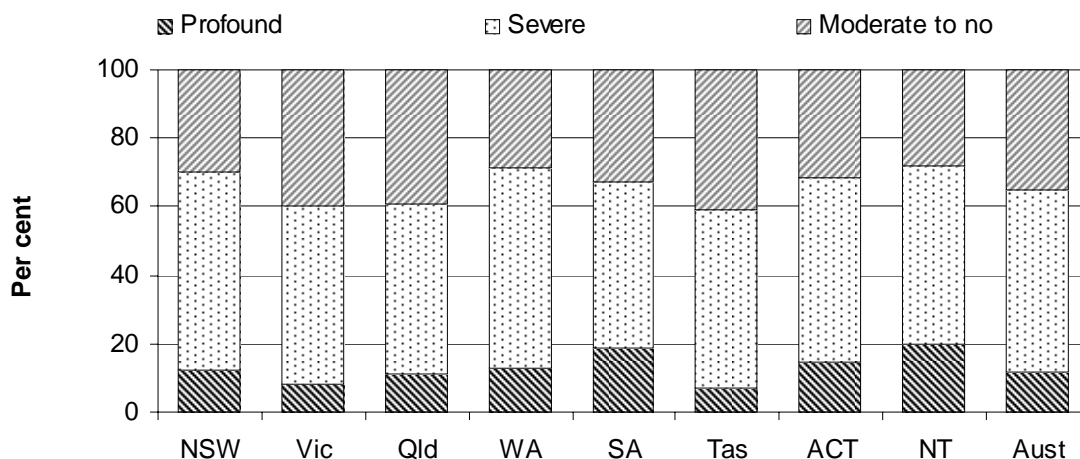
^a See table 14A.18 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (2007); table 14A.18.

Nationally, 11.5 per cent of users of CSTDA funded employment services in 2005-06 had a profound core activity limitation, 53.5 per cent had a severe core activity limitation and 35.0 per cent had moderate to no core activity limitations (figure 14.16).

Nationally, 41.3 per cent of users of CSTDA funded community access services in 2005-06 had a profound core activity limitation, 43.5 per cent had a severe core activity limitation and 15.2 per cent had moderate to no core activity limitations (figure 14.17).

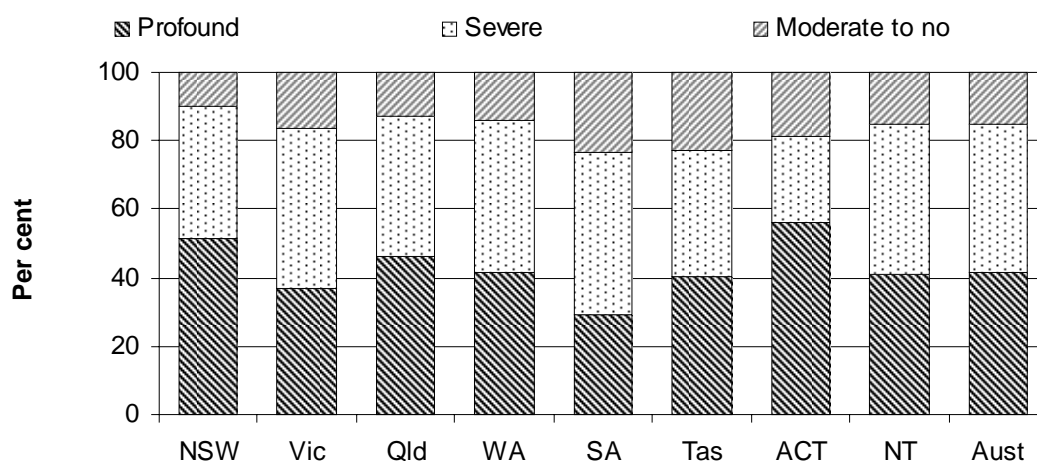
Figure 14.16 Users of CSTDA funded employment services, by severity of core activity limitation, 2005-06^{a, b, c}



^a Severity of core activity limitation relates to the level of support needed in the areas of self care, mobility and communication. It does not necessarily relate to the level of support needed to find or maintain employment. ^b See table 14A.19 for detailed notes relating to these data. ^c These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (2007); table 14A.19.

Figure 14.17 Users of CSTDA funded community access services, by severity of core activity limitation, 2005-06^{a, b}

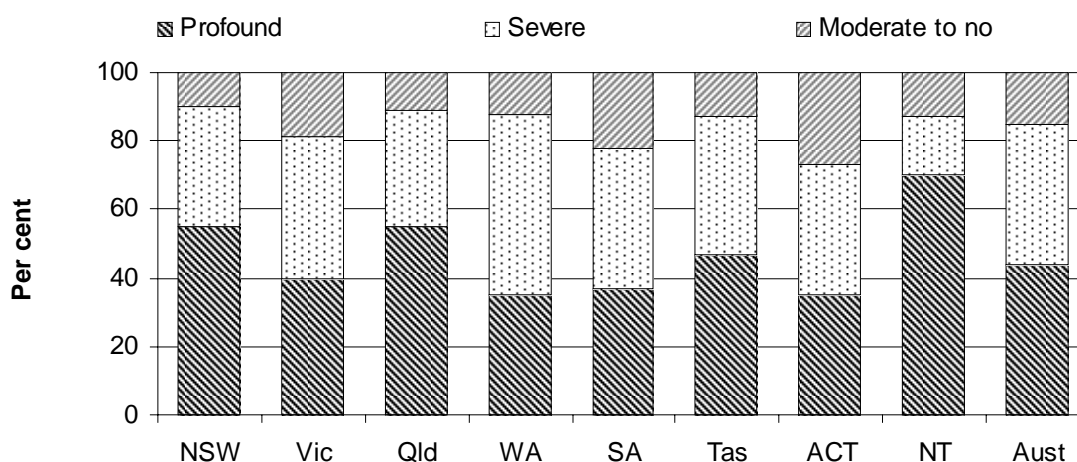


^a See table 14A.20 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (2007); table 14A.20.

Nationally, 44.1 per cent of users of CSTDA funded community support services in 2005-06 had a profound core activity limitation, 40.6 per cent had a severe core activity limitation and 15.3 per cent had moderate to no core activity limitations (figure 14.18). Care should be taken when interpreting this measure due to the high rate of missing data. Data exclude 27 382 community support service users (out of a total of 96 469) who did not report on a need for support with any of the areas: self-care; mobility; or communication.

Figure 14.18 **Users of CSTDA funded community support services, by severity of core activity limitation, 2005-06^{a, b}**

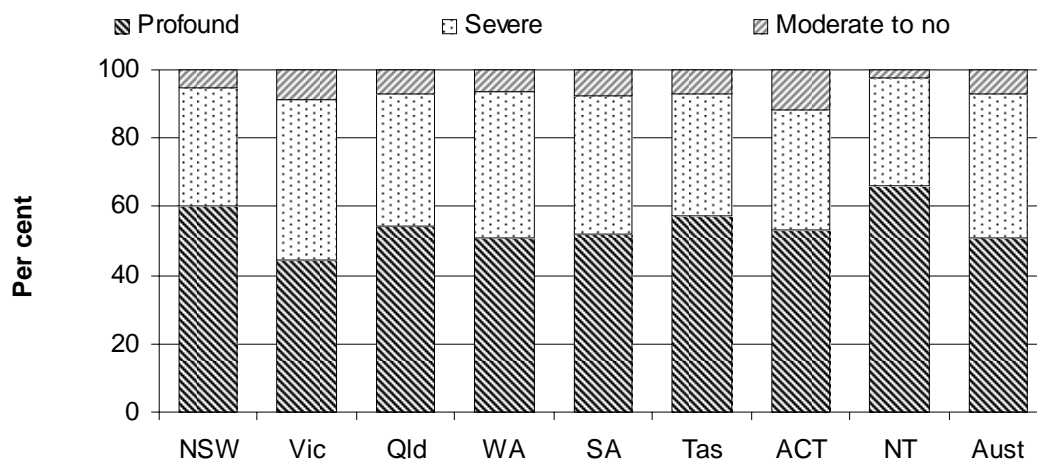


^a See table 14A.21 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (2007); table 14A.21.

Nationally, 51.0 per cent of users of CSTDA funded respite services in 2005-06 had a profound core activity limitation, 41.7 per cent had a severe core activity limitation and 7.3 per cent had moderate to no core activity limitations (figure 14.19).

Figure 14.19 **Users of CSTDA funded respite services, by severity of core activity limitation, 2005-06^{a, b}**



^a See table 14A.22 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (2007); table 14A.22.

Service use by special needs groups

An additional indicator of access is the comparison between the representation of all people with a disability who use CSTDA funded services and the representation of people with a disability from special needs groups (box 14.7). The numerators and denominators of the 'service use by special needs groups' measures do not match fully. The numerators of the measures include service users of all ages whereas the denominators (populations) include people aged under 65 years only.

Box 14.7 Service use by special needs groups

The proportion of people from special needs groups accessing CSTDA funded services is an indicator of governments' objective that access to appropriate services should be equitable for all members of the community. The three special needs groups reported here are:

- people from outer regional and remote/very remote locations
- people identified as Indigenous
- people who were born in a non-English speaking country (that is, not born in Australia, New Zealand, Canada, the United Kingdom, South Africa, Ireland, the United States or Zimbabwe).

(Continued on next page)

Box 14.7 (Continued)

This indicator compares the proportion of service users per 1000 people from a particular special needs group with the proportion of service users per 1000 people outside the special needs group. The disability service types reported are accommodation support, employment, community access, community support and respite services. For accommodation support, community access, community support and respite services, people aged under 65 years are included in the population counts for both the special needs groups and the people outside the special needs groups. For employment, only people aged 15–64 years are included in these population counts.

Holding other factors constant, the proportion of service users per 1000 people from a special needs group should not vary significantly from the proportion of service users per 1000 people outside the special needs group. While a markedly lower proportion may represent reduced access for a special needs group, it may also represent strong alternative support networks (and thus a lower level of need), or the individual choice of people with a disability not to access CSTDA funded services. Similarly, while a higher proportion may suggest poor service targeting or the lack of alternative support networks, it may also reflect the special needs group having a greater prevalence of disability.

The CSTDA funded services are provided on the basis of need and available resources. This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need. The indicator also does not take into account differences in:

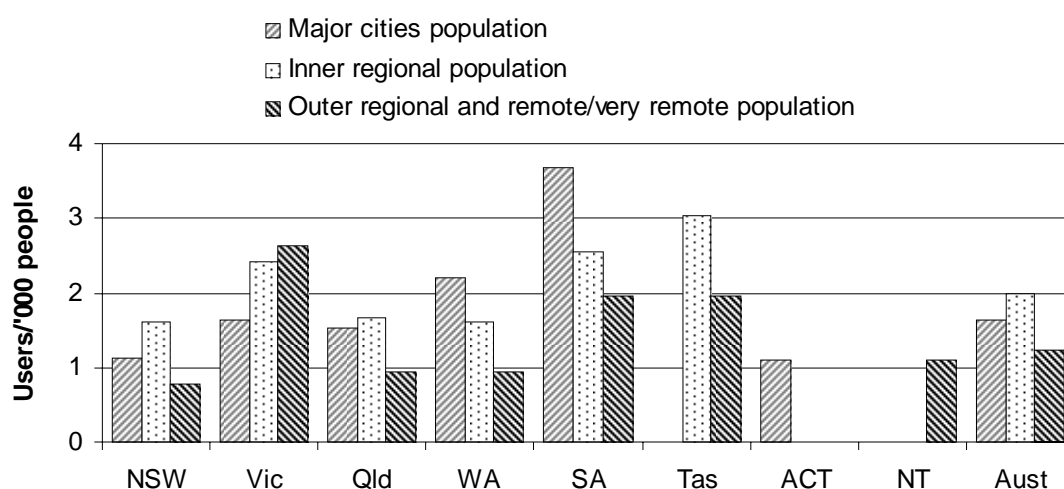
- the prevalence of disability between people in the special needs group and people outside the special needs groups — for example, this may be a significant issue when comparing Indigenous and non-Indigenous populations' access to services
- the level of informal assistance that is available for people in special needs groups and outside the special needs groups. Results for outer regional and remote/very remote users of accommodation support services, for example, need to be considered with care because alternatives to government funded accommodation support services may be more readily available in these areas. Specifically, accommodation support services in outer regional and remote/very remote areas are largely provided informally, making use of local area coordinators and local community resources.

Service use by special needs groups — people in outer regional and remote/very remote areas

Nationally, the proportion of the outer regional and remote/very remote population who used CSTDA funded accommodation support services in 2005-06 (1.2 service users per 1000 people aged under 65 years) was lower than that of the major cities and inner regional populations (1.6 and 2.0 service users

per 1000 people aged under 65 years, respectively) (figure 14.20). Comparisons between the outer regional and remote/very remote populations' and major cities and inner regional populations' access to CSTDA funded services should be undertaken with care. Outer regional and remote/very remote areas have a higher proportion of Indigenous people than major cities and inner regional areas and therefore the prevalence of disability may differ for these populations.

Figure 14.20 Users of CSTDA funded accommodation support services per 1000 people, by geographic location, 2005-06^{a, b, c, d, e}

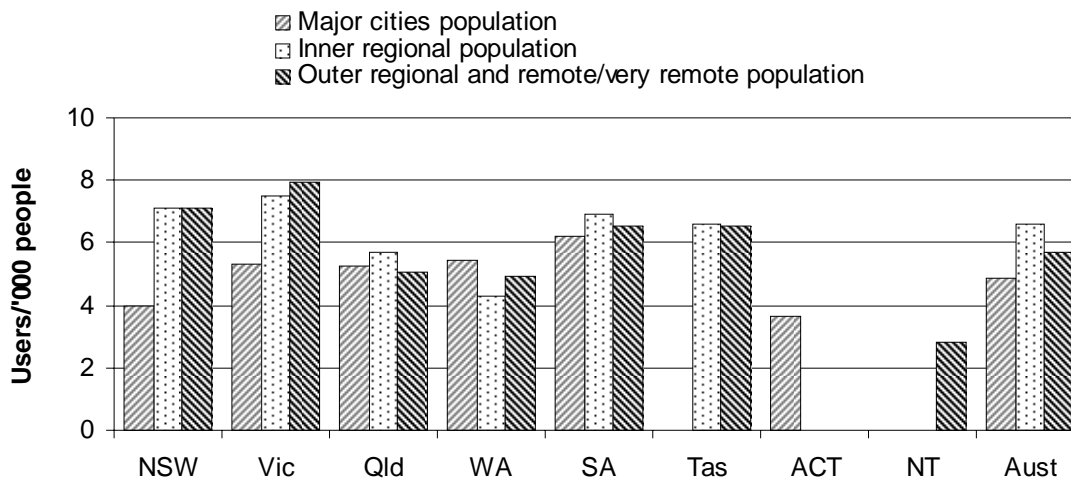


^a See table 14A.23 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues. ^c Tasmania does not have major cities. ^d The ACT does not have outer regional and remote/very remote areas. ACT data for service users per 1000 people in inner regional areas are not published as they are based on a small number of service users. ^e The NT does not have major cities or inner regional areas.

Source: AIHW analysis of ABS SLA population estimates for June 2005; AIHW (unpublished); table 14A.23.

Nationally, the proportion of the outer regional and remote/very remote population who used CSTDA funded employment services in 2005-06 (5.7 service users per 1000 people aged 15–64 years) was higher than the proportion of the major cities population (4.9 service users per 1000 people aged 15–64 years) and lower than the proportion of the inner regional population (6.6 service users per 1000 people aged 15–64 years) (figure 14.21).

Figure 14.21 Users of CSTDA funded employment services per 1000 people, by geographic location, 2005-06^{a, b, c}



^a See table 14A.24 for detailed notes relating to these data. ^b Tasmania does not have major cities. The NT does not have major cities or inner regional areas. ^c The ACT does not have outer regional and remote/very remote areas, and the rate for the inner regional population in the ACT is not reported as nearly all users of ACT services who are from inner regional areas are from NSW residential postcodes.

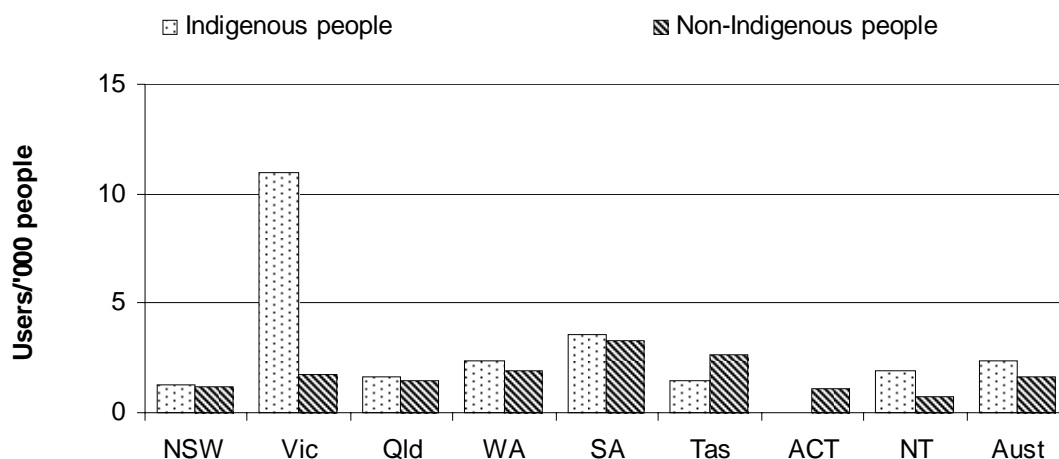
Source: AIHW analysis of ABS SLA population estimates for June 2005; AIHW (unpublished); table 14A.24.

Service use by special needs groups — Indigenous people

Comparisons between Indigenous and non-Indigenous populations' access to services need to be undertaken with care as the prevalence of disability is significantly different for these two populations (figure 14.5).

Nationally, the proportion of the Indigenous population who used CSTDA funded accommodation support services in 2005-06 (2.4 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (1.6 service users per 1000 non-Indigenous people aged under 65 years) (figure 14.22). Nationally, the proportion of the Indigenous population who used CSTDA funded employment services in 2005-06 (5.9 Indigenous service users per 1000 Indigenous people aged 15–64 years) was higher than the proportion of the non-Indigenous population who used these services (5.2 service users per 1000 non-Indigenous people aged 15–64 years) (figure 14.23).

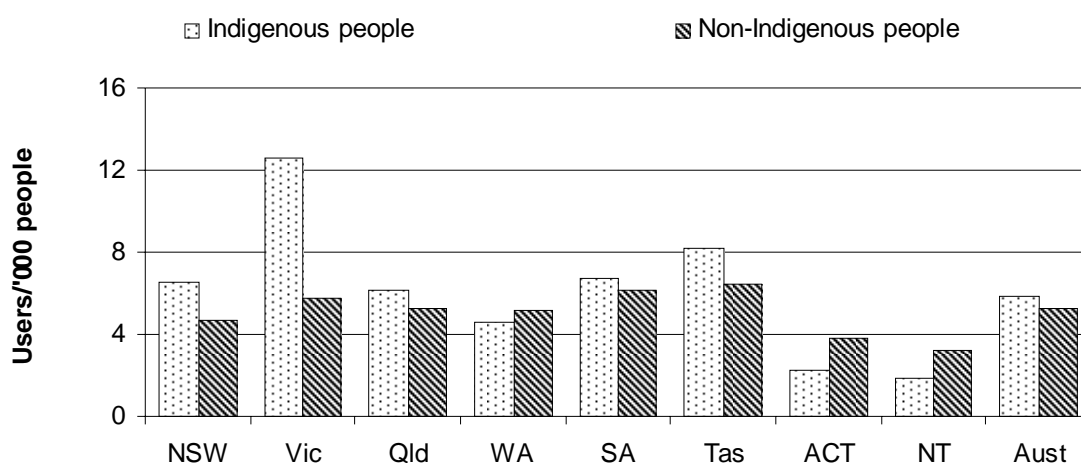
Figure 14.22 Users of CSTDA funded accommodation support services per 1000 people, by Indigenous status, 2005-06^{a, b, c}



^a See table 14A.25 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues. ^c ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: ABS (2004d, 2005a); AIHW (unpublished); table 14A.25.

Figure 14.23 Users of CSTDA funded employment services per 1000 people, by Indigenous status, 2005-06^a



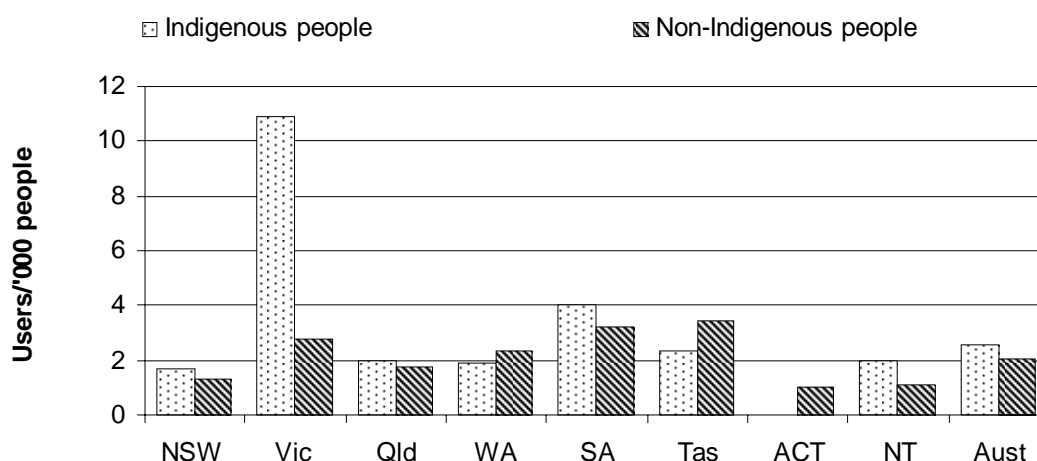
^a See table 14A.26 for detailed notes relating to these data.

Source: ABS (2004d, 2005a); AIHW (unpublished); table 14A.26.

Nationally, the proportion of the Indigenous population who used CSTDA funded community access services in 2005-06 (2.5 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of

the non-Indigenous population who used these services (2.0 service users per 1000 people aged under 65 years) (figure 14.24).

Figure 14.24 Users of CSTDA funded community access services per 1000 people, by Indigenous status, 2005-06^{a, b, c}



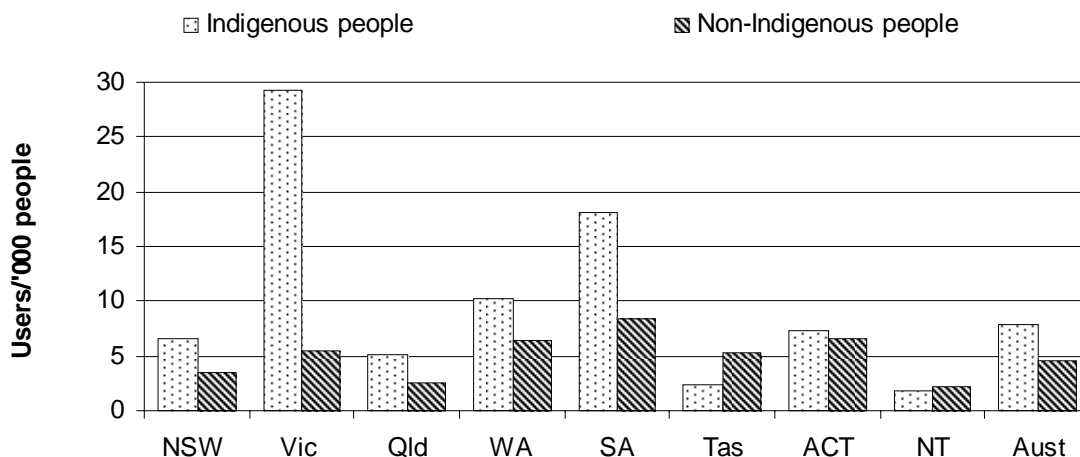
^a See table 14A.27 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues. ^c ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: ABS (2004d, 2005a); AIHW (unpublished); table 14A.27.

Nationally, the proportion of the Indigenous population who used CSTDA funded community support services in 2005-06 (8.0 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (4.5 service users per 1000 people aged under 65 years) (figure 14.25). Due to the relatively high rate of missing data, care should be taken when interpreting this measure. Data exclude 15 013 service users (out of a total of 96 469) whose Indigenous status was not reported.

Nationally, the proportion of the Indigenous population who used CSTDA funded respite services in 2005-06 (2.9 Indigenous service users per 1000 Indigenous people aged under 65 years) was higher than the proportion of the non-Indigenous population who used these services (1.3 service users per 1000 people aged under 65 years) (figure 14.26).

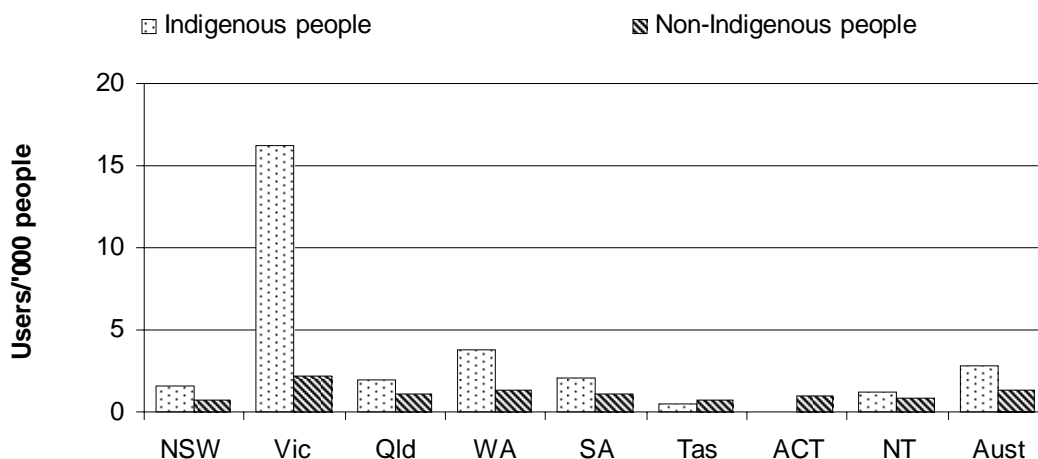
Figure 14.25 Users of CSTDA funded community support services per 1000 people, by Indigenous status, 2005-06^{a, b}



^a See table 14A.28 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues.

Source: ABS (2004d, 2005a); AIHW (unpublished); table 14A.28.

Figure 14.26 Users of CSTDA funded respite services per 1000 people, by Indigenous status, 2005-06^{a, b, c}



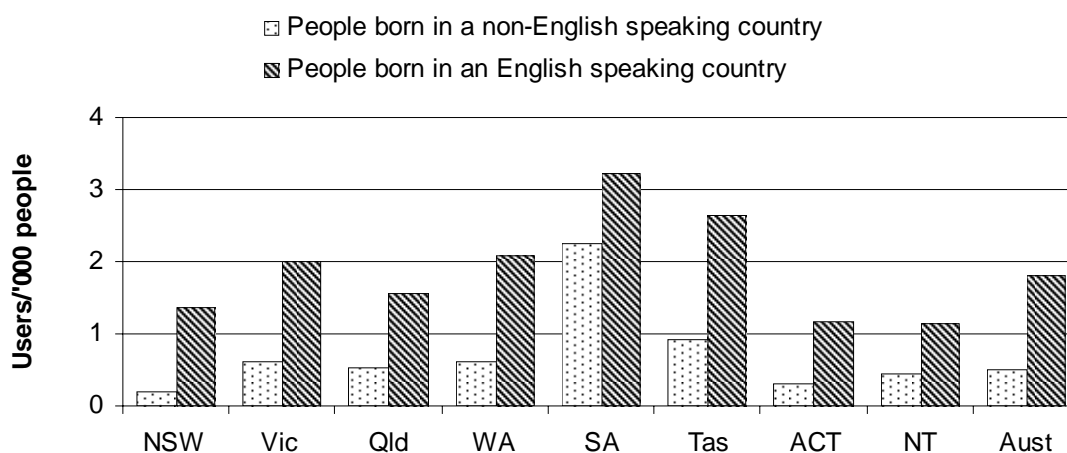
^a See table 14A.29 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues. ^c ACT data for service users per 1000 Indigenous people are not published as they are based on a small number of service users.

Source: ABS (2004d, 2005a); AIHW (unpublished); table 14A.29.

Service use by special needs groups — people born in a non-English speaking country

Nationally, the proportion of people born in a non-English speaking country who used CSTDA funded accommodation support services in 2005-06 (0.5 service users per 1000 people aged under 65 years) was lower than the proportion of people born in an English speaking country who used these services (1.8 service users per 1000 people aged under 65 years) (figure 14.27).

Figure 14.27 Users of CSTDA funded accommodation support services per 1000 people, by country of birth, 2005-06^{a, b}

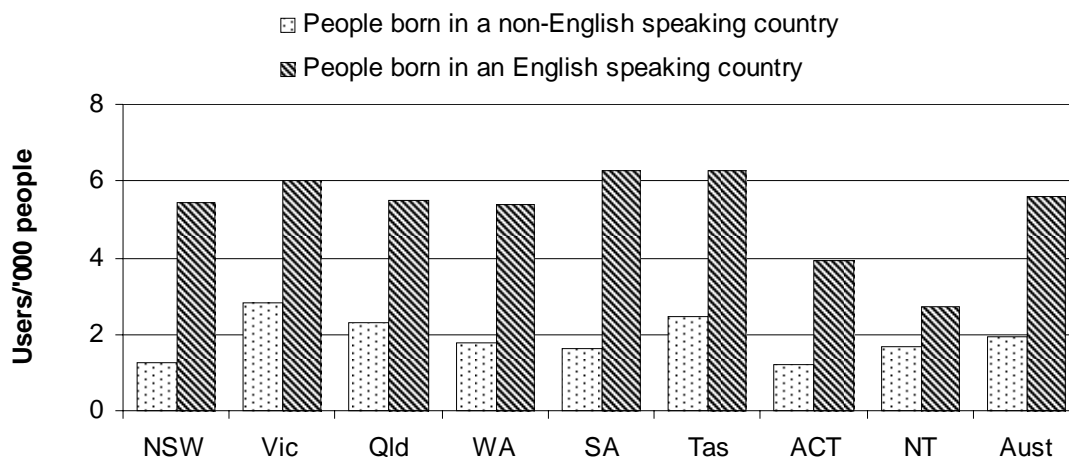


^a See table 14A.30 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues.

Source: ABS (2005a; 2005c); ABS (unpublished) 2001 Census of Population and Housing; AIHW (unpublished); table 14A.30.

Nationally, the proportion of people born in a non-English speaking country who used CSTDA funded employment services in 2005-06 (1.9 service users per 1000 people aged 15–64 years) was lower than the proportion of people born in an English speaking country who used these services (5.6 service users per 1000 people aged 15–64 years) (figure 14.28).

Figure 14.28 **Users of CSTDA funded employment services per 1000 people, by country of birth, 2005-06^{a, b}**



^a See table 14A.31 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues.

Source: ABS (2005a; 2005c); ABS (unpublished) 2001 Census of Population and Housing; AIHW (unpublished); table 14A.31.

Proportion of CSTDA funded accommodation support service users receiving community accommodation and care services

The 'proportion of accommodation support service users receiving community accommodation and care services' is an indicator of access to appropriate services (box 14.8). Governments provide or fund accommodation support services to people with a disability in institutional/residential settings and through community accommodation and care services. Institutional or residential accommodation support services are provided in both institutions and hostels. Community accommodation and care services are provided in group homes and other community settings. The accommodation support services provided in other community settings are attendant care/personal care, in-home accommodation support, alternative family placement and other accommodation support.

Nationally, 83.9 per cent of users of CSTDA funded accommodation support service received community accommodation and care services in 2005-06 (figure 14.29).

Box 14.8 Proportion of CSTDA funded accommodation support service users receiving community accommodation and care services

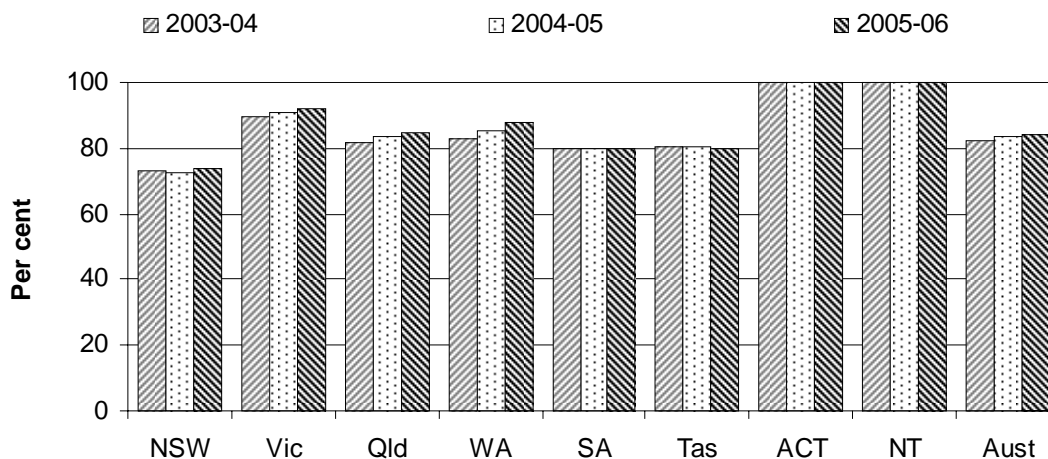
It is an objective of governments to assist people with a disability to live as valued and participating members of the community. State and Territory governments generally seek, if possible, to provide accommodation support services to people with a disability outside of institutional/residential settings. Community accommodation and care services are considered to provide better opportunities for people with a disability to be involved in their community.

This indicator is defined as the number of people using a CSTDA funded community accommodation and care service divided by the total number of people using CSTDA funded accommodation support services (excluding people who use specialist psychiatric disability services only).

A higher proportion of people accessing CSTDA funded community accommodation and care services is likely to provide better opportunities for people with a disability (who need accommodation support) to be involved in their community.

The CSTDA funded services are provided on the basis of need and available resources. This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need.

Figure 14.29 Users of community accommodation and care services as a proportion of all CSTDA funded accommodation support service users^{a, b}



^a See table 14A.32 for detailed notes relating to these data. ^b These data need to be interpreted with caution due to a number of factors impacting on data quality. See section 14.6 for further information on these quality issues.

Source: AIHW (2005, 2006a, 2007); table 14A.32.

Client satisfaction with appropriateness

The Steering Committee has identified ‘client satisfaction with appropriateness’ as an indicator of access to services that are appropriate to client needs (box 14.9). This indicator is for development in future reports. Data for this indicator are currently not available.

Box 14.9 Client satisfaction with appropriateness

‘Client satisfaction with appropriateness’ will provide an indicator of governments’ objective to provide services to people with a disability that are appropriate to their needs. This indicator will measure the appropriateness of these services relative to the service user’s need, from the service user’s perspective.

Equity and effectiveness — quality of services

The following equity and effectiveness quality indicators are reported:

- ‘Quality assurance processes’
- ‘Client and carer satisfaction’.

Information on quality assurance processes for providers of specialist disability services in 2006-07 are available for six jurisdictions — the Australian Government, NSW, Victoria, Queensland, WA and SA. Client and/or carer satisfaction data are included for Queensland (2006 data), WA (2006 data), Tasmania (2006-07 data) and the ACT (2007 data).

Quality assurance processes

‘Quality assurance processes’ are an indicator of the quality of specialist disability services (box 14.10). All services funded under the CSTDA are required to comply with national standards, and most jurisdictions have been examining ways of implementing quality assurance monitoring systems for these services.

Box 14.10 Quality assurance processes

'Quality assurance processes' are an indicator related to governments' objective to deliver and fund services for people with a disability that meet a certain standard of quality.

This indicator is defined as the proportion of government and non-government disability service outlets that have been assessed (either by an assessing agency or through a self-assessment process) against service standards or performance indicators.

A higher proportion of disability service outlets that have been accredited against service standards or performance indicators suggests an improvement in the quality of specialist disability services delivered or funded by government.

This indicator does not provide information on whether the standards and performance indicators of the quality assurance processes are appropriate. In addition, service outlets that are not quality assessed do not necessarily deliver services of lower quality.

Data on quality assurance processes in 2006-07 are reported in box 14.11. These quality assurance processes data relate to service providers from all disability service types provided under the CSTDA. Data come from service quality reviews and self-assessment processes. The jurisdictions implementing monitoring of quality assurance processes expect to review all service providers in a rolling process over several years.

Box 14.11 Quality assurance processes for specialist disability services

The quality assurance processes data reported below relate to CSTDA funded services.

Australian Government

Australian Government funded disability employment assistance organisations are required to meet quality standards as a prerequisite for continued funding. The disability employment services quality assurance standards comprise 12 standards and 26 key performance indicators. Since 31 December 2004 around 466 services (100 per cent) have been required to be assessed by independent accredited certification bodies and have achieved certification against the revised standards. Services' compliance with the quality standards continue to be monitored by certification bodies through a program of surveillance audits.

(Continued on next page)

Box 14.11 (Continued)

NSW, Victoria, Queensland, WA and SA

In 2006-07, different quality assurance processes were in place in NSW, Victoria, Queensland, WA and SA but these jurisdictions collected data on similar indicators. Specialist disability services providers (outlets and organisations) refer to providers of accommodation support; community support; community access; respite; advocacy, information and print disability; and other support services. The evaluation processes relate to both government and non-government service outlets.

In NSW, the Integrated Monitoring Framework (IMF) provides an integrated approach to compliance, quality and performance reporting for all funded services. Each year service providers are required to report their compliance with contractual obligations including adherence to legislation, policy and program guidelines. The quality component of the IMF includes a provider self assessment and a desk top review, followed by an on-site service review of the provider's outlets. As part of the on-site review, service providers are required to demonstrate adherence to 23 Key Performance Indicators (KPIs). By June 2007, 647 outlets had been assessed for the on-site review.

On 1 July 2007, the Quality Framework for Disability Services was implemented in Victoria. This new Framework includes an independent quality monitoring mechanism (results of this independent monitoring are not yet available). In the interim, self-assessment against the Standards for Disability Services continues, with annual reporting of quality plans and improvement initiatives. For 2006-07, 93 per cent of disability service providers had reported on their plans and initiatives. In addition, relevant disability service providers are assessed under the monitoring framework for the health, housing and community services sectors. Under this framework, two cycles of desktop review have been completed.

In Queensland, the Disability Sector Quality System was introduced in 2004. Disability services that are recurrently funded or provided by Disability Services Queensland have four years from 1 July 2004 to become certified against service standards. As at 30 June 2007, approximately 70 services (out of a possible 250 non-government and government services) had undertaken an external assessment with the remaining services scheduled to be externally assessed by 30 June 2008.

In WA, 27.8 per cent (194 of 698) of total service outlets had been independently monitored (comprehensive and abridged monitoring) against the service standards, and 83.5 per cent (162 of 194) of the assessed disability service outlets had been quality assured against all assessed service standards. Outlets that are not independently assessed are required to provide a self-assessment. The number of outlets that completed self assessments was 595.

(Continued on next page)

Box 14.11 (Continued)

In SA, service providers are required to meet quality assurance criteria before they can provide CSTDA funded services. From 2006-07 the criteria have been further enhanced to include participation in an independently audited quality assurance system. As of June 2007, 53 per cent (71 of 134) of agencies are engaged in the Service Excellence Framework, however, a number of agencies are involved in other independently assessed quality assurance programs.

Source: Australian, NSW, Victorian, Queensland, WA and SA governments (unpublished).

Client and carer satisfaction

‘Client and carer satisfaction’ is an indicator of the quality of specialist disability services (box 14.12). Data are available for reporting for Queensland, WA and Tasmania only. It is anticipated that data for other jurisdictions will be included in future reports.

Box 14.12 Client and carer satisfaction

‘Client and carer satisfaction’ is an indicator designed to provide information on satisfaction with the quality of services received. It is an indicator of governments’ objective to deliver and fund quality services for people with a disability that meet the needs and goals of the client (or carer of the client) receiving them.

Overall client and carer satisfaction ratings and satisfaction with individual services are reported. Results are taken from a client and carer satisfaction survey and are expressed in percentage terms.

A higher proportion of clients and carers satisfied is desirable, because it suggests the service received was of a higher quality and better met the needs and goals of the client (or carer).

This indicator will be further developed over time as data become available from more jurisdictions.

Queensland conducted a consumer satisfaction survey and carer satisfaction survey of specialist disability services during November and December 2006. Overall, of the 2450 consumers, proxies and carers who were surveyed, 83 per cent of consumers and proxies and 72 per cent of carers identified that they were satisfied with the services they received. The survey provided results according to the type of disability services received and showed the following:

- 89 per cent of consumers and their proxies and 72 per cent of carers were satisfied with accommodation support services

-
- 79 per cent of consumers and their proxies and 67 per cent of carers were satisfied with community support services
 - 83 per cent of consumers and their proxies and 78 per cent of carers were satisfied with community access services
 - 80 per cent of consumers and their proxies and 70 per cent of carers were satisfied with respite services (Queensland Government (unpublished)).

The survey also contained three qualitative questions. The questions and associated responses are as follows:

- ‘How do disability services make a difference in life?’ — respondents expressed very strong recognition that disability services add value and enrich the lives of people with a disability and their carers.
- ‘What factors are considered important about the services received?’ — respondents consistently considered ‘improved social connection and interaction’ as the most important factor about the disability services they received.
- ‘How could the disability services be improved?’ — the most common response was there was ‘no need’ to improve disability services; however, a strong secondary theme indicated a need for ‘more’ disability services followed by a ‘need for greater personalisation of services’ (Queensland Government (unpublished)).

Western Australia conducted a carer and client satisfaction study in 2006. In this study, 1250 disability services clients of all ages (or their carers) were asked whether they were satisfied with services. Questions about specific services were combined with two global satisfaction questions. Overall, 77 per cent of respondents were happy with their quality of life. The following results show the proportions of clients/carers who were satisfied with individual services:

- residential services — 93 per cent
- supported community living — 83 per cent
- community support — 72 per cent
- respite — 85 per cent
- recreation/day option — 79 per cent
- local area coordination — 65 per cent (WA Government (unpublished)).

In the WA carer and client satisfaction study, questions were also included in relation to the personal wellbeing of service users. Each respondent was asked to rate their level of satisfaction with seven key wellbeing domains (standard of living,

personal health, achieving in life, personal relationships, personal safety, community connectedness and future security). The results of the seven domains were averaged to give an overall personal wellbeing index (PWI). The overall PWI score for the total sample for the seven domains was 74 per cent. The PWI scores for the six CSTDA service types were as follows:

- hostel/community residential — 74 per cent
- supported community living — 71 per cent
- community support — 74 per cent
- respite — 74 per cent
- recreation/day option — 73 per cent
- local area coordination — 73 per cent (WA Government (unpublished)).

Clients of all Tasmanian centre-based respite services (8 service type outlets) participated in a satisfaction survey during 2006-07. Surveys were conducted with 25 clients and 152 family members/significant others. Each participating service provider was given a report specific to their service. The report details satisfaction ratings and provides direction for continuous quality improvement activities within the service.

Overall, 87 per cent of clients and 81 per cent of family members/significant others were satisfied with these respite services. Other results included:

- 69 per cent of clients felt safe at respite and 91 per cent of family members/significant others perceived respite to be safe
- 86 per cent of clients indicated that they were free from abuse and 88 per cent of family members/significant others indicated that they felt that their family member is free from abuse
- 69 per cent of clients and 72 per cent of family members/significant others indicated that staff communicate effectively
- 65 per cent of clients indicated that they are free from restrictive practices and 76 per cent of family members/significant others indicated that they feel their family member is free from restrictive practices
- 79 per cent of clients indicated that they felt comfortable reporting complaints
- 76 per cent of clients indicated that they are able to make choices about important life decisions and 74 per cent of family members/significant others indicated that the service respects their family member's choices and preferences (Tasmanian Government (unpublished)).

The ACT conducted two client satisfaction surveys in 2007 regarding CSTDA services. Both these surveys asked clients to rate their overall satisfaction levels with a range of programs. These satisfaction levels ranged from 75–100 per cent and for reporting purposes have been combined into the four main CSTDA service types. Each satisfaction level has been weighted according to the number of respondents commenting on each service and are as follows:

- For accommodation services, 90.2 per cent of service users were satisfied.
- For respite services, 84.8 per cent of service users were satisfied.
- For community access services, 78.9 per cent of service users were satisfied.
- For community support services, 89.7 per cent of service users were satisfied with the services that they received (ACT Government (unpublished)).

Efficiency — cost per output unit

The following cost per output unit efficiency indicators are reported:

- ‘Cost per user of government provided accommodation support services’
- ‘Government contribution per user of non-government provided services’
- ‘Cost per user of State and Territory administered services’.

This Report includes 2006-07 expenditure data provided by Australian, State and Territory governments. However, as 2006-07 service user data from the CSTDA NMDS collection were not available for this Report, the cost per service user efficiency indicators are reported for 2005-06. Expenditure data might differ from information reported elsewhere (such as in departmental annual reports) because the financial counting rules and definitions used to calculate expenditure may differ. Data in this Report may also differ from information reported elsewhere because the data here exclude users of specialist psychiatric disability services.

It is an objective of the Review to report comparable estimates of costs. Ideally, such comparisons would include the full range of costs to government. Where the full costs cannot be counted, costs are estimated on a consistent basis. The jurisdictional expenditure data included in this chapter do not yet include the user cost of capital, and so do not reflect the full costs of government funded services. (User cost of capital is defined in chapter 2.)

Considerable effort has been made to document any differences in calculating the reported efficiency indicators. Concerns remain over the comparability of the results, because jurisdictions use somewhat different methods of data collection (table 14.2). Expenditure data reported in this section are from individual

jurisdictions' collections and may differ from cost per service user data reported elsewhere.

Table 14.2 Comparability of expenditure estimates for government provided specialist disability services, by items included

<i>Expenditure</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aus Gov</i>
Superannuation	✓	✓	✓	✓	✓	✓	✓	✓	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	Cash	Cash	Accrual	Accrual	Accrual
Workers compensation	✓	✓	✓	✓	✓	✓	✓	✓	✓
Payroll tax ^a									
Actual	✓	✓	✓	X	X	✓	X	✓	..
Imputed	X	✓	X	✓	✓	X	✓	X	..
Apportioned umbrella department costs	✓	✓	✓	..	✓	✓	✓	✓	✓
Basis of apportioning									
Departmental formula	✓	✓	✓	..	✓	✓	X	✓	✓
% of FTE employees	X	X	X	..	X	✓	✓	X	X
Long service leave									
Entitlements	✓	✓	✓	✓	✓	✓	✓	✓	✓
Basis of estimate	Accrual	Accrual	Accrual	Accrual	Cash	Cash	Accrual	Accrual	Accrual
Depreciation	✓	✓	✓	✓	X	X	✓	X	✓

FTE = full time equivalent. ^a Actual payroll tax amounts are included in cost (expenditure) per user data for NSW, Victoria, Tasmania and the NT because the actual payroll tax amounts are not separately identified at the service delivery area level. For the other jurisdictions, no payroll tax amounts (actual or imputed) are included. .. Not applicable.

Source: Australian, State and Territory governments (unpublished).

Government and non-government provided services

Efficiency indicators are reported for both government and non-government provided services. Government provision means that a service is both funded and directly provided by a government department, agency or local government. Non-government provision is a service purchased or part-funded by a government department or agency, but provided by a non-government organisation. Non-government service providers may receive funds from the private sector and the general public in addition to funding, grants and input tax concessions (such as payroll tax exemptions) from governments. Data on funds received by

non-government service providers from the private sector and the general public are not included in this Report.

Accommodation support services

Governments provide or contribute funding to accommodation support services for people with a disability in institutional/residential settings and through community accommodation and care. In recent years, there has been an ongoing process of relocating people with a disability from institutional/residential accommodation to community accommodation (including group homes and other community accommodation). As a result, total government expenditure on accommodation support services in institutional/residential settings has decreased, with a corresponding increase in expenditure on community accommodation and care services.

Cost per user of government provided accommodation support services

‘Cost per user of government provided accommodation support services’ is an indicator of the efficiency of specialist disability services (box 14.13). The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care.

Box 14.13 Cost per user of government provided accommodation support services

‘Cost per user of government provided accommodation support services’ is an output (efficiency) indicator of governments’ objective to provide specialist disability services in an efficient manner. A set of indicators is reported under this heading for a range of service types.

This indicator is defined as the net government expenditure per user of government provided accommodation support services in institutional/residential settings, group homes and other community settings.

Holding other factors constant (such as service quality and accessibility), a decrease in government expenditure per service user reflects a more efficient provision of this service.

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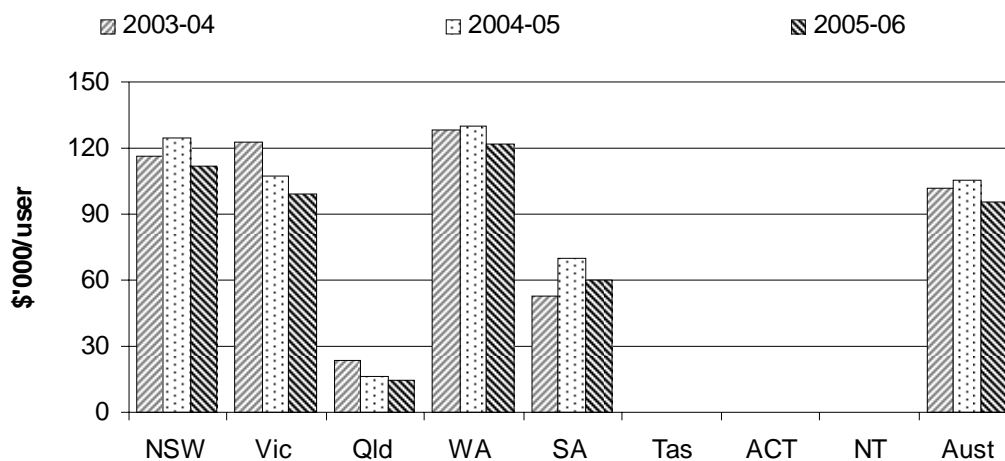
Box 14.13 (Continued)

Efficiency data are difficult to interpret. While high or increasing expenditure per unit of output may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the services provided. Increasing expenditure may also reflect the changing needs of service users — for example, as the population of accommodation support service users ages, their support needs are also likely to increase. Similarly, low or declining expenditure per unit of output may reflect improving efficiency, or lower quality and less effective services. Efficiency data therefore should be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

Cost per user of government provided accommodation support services — institutional/residential settings

Nationally, estimated annual government expenditure on accommodation support services in institutional/residential settings was \$95 466 per service user in 2005-06 (figure 14.30).

Figure 14.30 Estimated annual government expenditure per user of government provided accommodation support services in institutional/residential settings (2005-06 dollars)^{a, b, c}



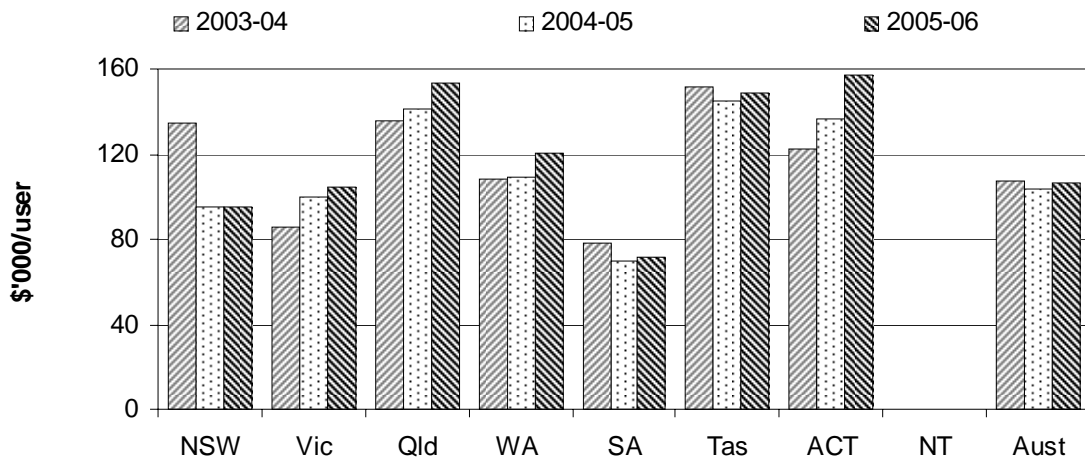
^a See table 14A.33 for detailed notes relating to these data. ^b The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. See section 14.6 for further information on these quality issues. ^c There were no government provided accommodation support services in institutional/residential settings in Tasmania, the ACT or the NT.

Source: AIHW (unpublished); State and Territory governments (unpublished); table 14A.33.

Cost per user of government provided accommodation support services — group homes

Nationally, estimated annual government expenditure on government provided accommodation support services in group homes was \$106 671 per service user in 2005-06 (figure 14.31). For 2003-04 and 2004-05, service user data used to derive this measure include users of services provided by local government, while NSW, Victorian, WA and SA expenditure data exclude services provided by local governments. Thus historical data for this measure need to be interpreted with care.

Figure 14.31 Estimated annual government expenditure per user of government provided accommodation support services in group homes (2005-06 dollars)^{a, b, c, d}



^a See table 14A.33 for detailed notes relating to these data. ^b The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. See section 14.6 for further information on these quality issues. ^c In the ACT, the increase in expenditure between 2004-05 to 2005-06 was the result of a combination of factors including service user information being excluded as a result of data cleansing analyses of the NMDS forms or being reclassified to 'other community settings'. ^d There were no government providers of accommodation support services in group homes in the NT.

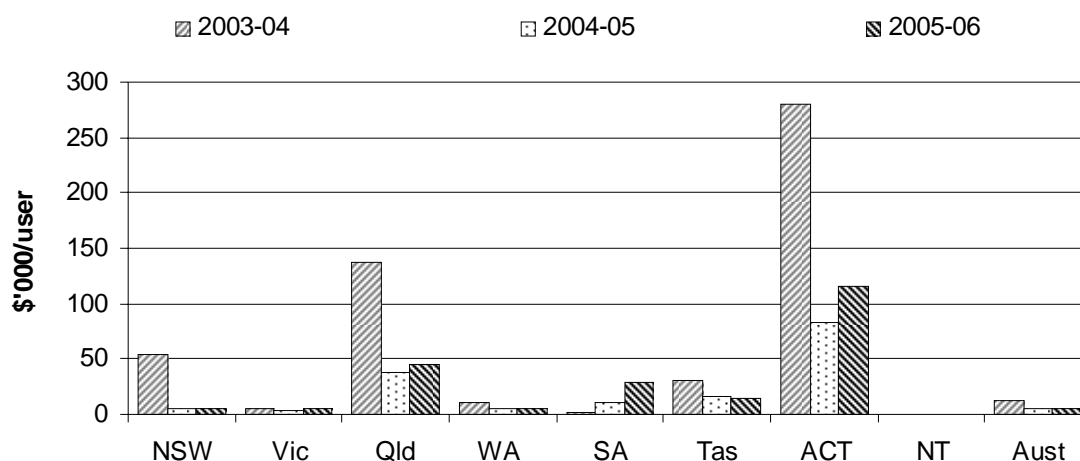
Source: AIHW (unpublished); State and Territory governments (unpublished); table 14A.33.

Cost per user of government provided accommodation support services — other community settings

Nationally, estimated annual government expenditure on government provided accommodation support services in other community settings was \$5930 per service user in 2005-06 (figure 14.32). For 2003-04 and 2004-05, service user data used to derive this measure include users of services provided by local government, while

NSW, Victorian, WA and SA expenditure data exclude services provided by local governments. Thus historical data for this measure need to be interpreted with care.

Figure 14.32 Estimated annual government expenditure per user of government provided accommodation support services in other community settings (2005-06 dollars)^{a, b, c, d}



^a See table 14A.33 for detailed notes relating to these data. ^b The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. See section 14.6 for further information on these quality issues. ^c In the ACT, the increase in cost per user between 2004-05 and 2005-06 was the result of data cleansing as some services users were not counted. ^d There were no government providers of accommodation support services in other community settings in the NT.

Source: AIHW (unpublished); State and Territory governments (unpublished); table 14A.33.

Government contribution per user of non-government provided services

‘Government contribution per user of non-government provided services’ is an indicator of the efficiency of specialist disability services (box 14.14). The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care.

Box 14.14 Government contribution per user of non-government provided services

Governments directly provide services to service users and also fund non-government service providers to deliver these services. The government contribution per user of non-government provided services is an indicator of governments' objective to provide specialist disability services in an efficient manner. The focus on the contribution of governments reflects the Steering Committee's terms of reference, which require it to report on services funded and/or delivered by government.

A set of measures is reported under this indicator for a range of government funded service types. The measures are defined as the net government expenditure per user of the following non-government provided services:

- accommodation support services in:
 - institutional/residential settings
 - group homes
 - other community settings
- employment services (reported per employment service user assisted).

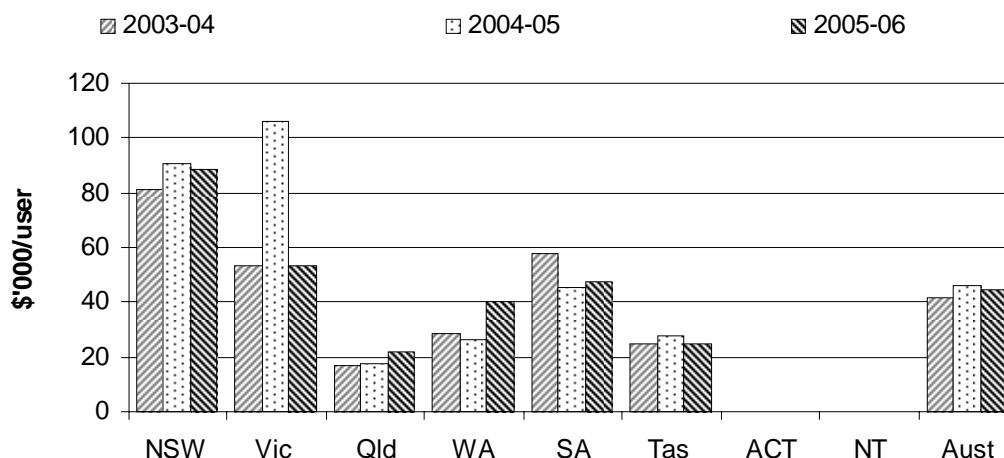
Holding other factors constant (such as service quality and accessibility), a decrease in government expenditure per service user reflects a more efficient provision of this service. However, efficiency data are difficult to interpret.

Although high or increasing expenditure per unit of output may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the services provided, or an increase in the service needs of users. Similarly, low or declining expenditure per unit of output may reflect improving efficiency, or lower quality less effective services. Efficiency data therefore should be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

Government contribution per user of non-government provided services — accommodation support services in institutional/residential settings

Nationally, estimated annual government funding of non-government provided accommodation support services in institutional/residential settings was \$44 653 per service user in 2005-06 (figure 14.33).

Figure 14.33 Estimated annual government funding per user of non-government provided accommodation support services in institutional/residential settings (2005-06 dollars)^{a, b, c, d}



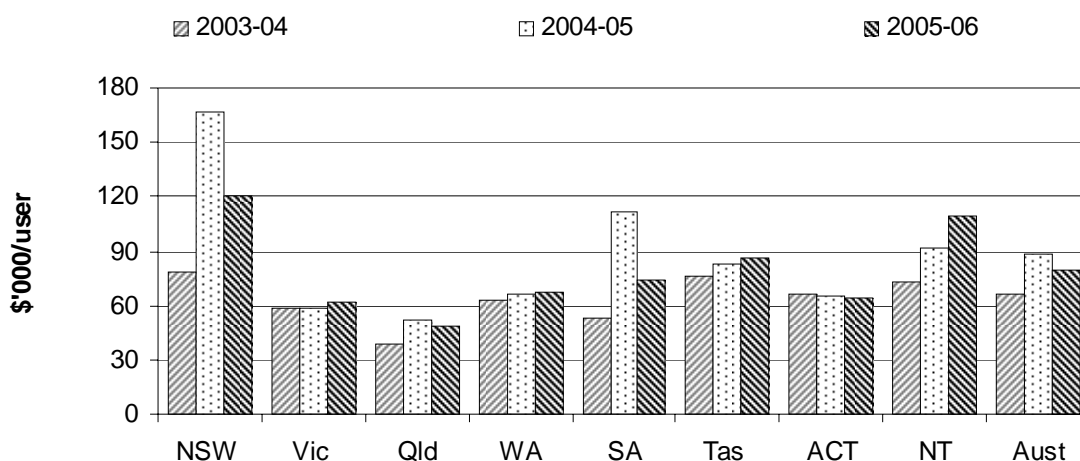
^a See table 14A.33 for detailed notes relating to these data. ^b The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. See section 14.6 for further information on these quality issues. ^c The Victorian cost per service user for 2004-05 is overstated due to a move towards community based and individualised settings, which was not reflected in the expenditure data. ^d There were no non-government provided accommodation support services in institutional/residential settings in the ACT and the NT.

Source: AIHW (unpublished); State and Territory governments (unpublished); table 14A.33.

Government contribution per user of non-government provided services — accommodation support services in group homes

Nationally, estimated annual government funding of non-government provided accommodation support services in group homes was \$80 059 per service user in 2005-06 (figure 14.34). For 2003-04 and 2004-05, service user data used to derive this indicator exclude users of services provided by local government, while NSW, Victorian, WA and SA expenditure data include services provided by local governments. Thus historical data for this measure need to be interpreted with care.

Figure 14.34 **Estimated annual government funding per user of non-government provided accommodation support services in group homes (2005-06 dollars)^{a, b}**



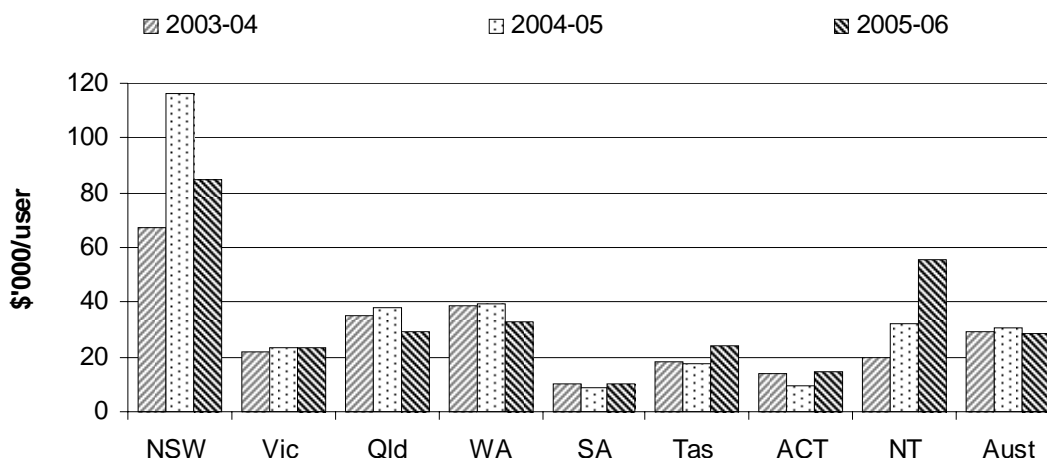
^a See table 14A.33 for detailed notes relating to these data. ^b The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. See section 14.6 for further information on these quality issues.

Source: AIHW (unpublished); State and Territory governments (unpublished); table 14A.33.

Government contribution per user of non-government provided services — accommodation support services in other community settings

Nationally, estimated annual government funding of non-government provided accommodation support services in other community settings was \$28 245 per service user in 2005-06 (figure 14.35). For 2003-04 and 2004-05, service user data used to derive this indicator exclude users of services provided by local government, while NSW, Victorian, WA and SA expenditure data include services provided by local governments. Thus historical data for this measure need to be interpreted with care.

Figure 14.35 Estimated annual government funding per user of non-government provided accommodation support services in other community settings (2005-06 dollars)^{a, b}



^a See table 14A.33 for detailed notes relating to these data. ^b The service user data used to derive this indicator have quality issues, so estimates of jurisdictional efficiency need to be interpreted with care. See section 14.6 for further information on these quality issues.

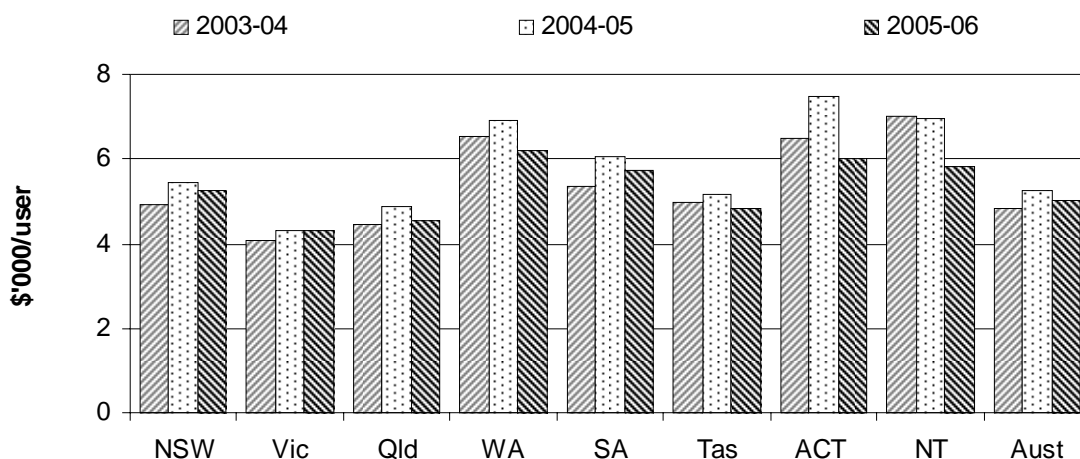
Source: AIHW (unpublished); State and Territory governments (unpublished); table 14A.33.

Government contribution per employment service user assisted

Assistance with employment for people with a disability was the responsibility of the Australian Government under the CSTDA in 2005-06. Nationally, for all employment services, government expenditure per service user assisted was \$5014 in 2005-06 (figure 14.36).

Nationally, estimated annual government expenditure per service user in 2005-06, by employment service type, was \$3760 on open services (employed or seeking employment in the open labour market) and \$7971 on supported services (employed by the service provider) (table 14A.35).

Figure 14.36 **Government contribution per employment service user assisted (2005-06 dollars)^{a, b}**



^a See table 14A.34 and 14A.35 for detailed notes relating to these data. ^b This indicator is derived using service user data provided by the AIHW. Cost per employment service user data may differ from those reported in the Australian Government's annual report, as the Australian Government and the AIHW use different rules to count the number of employment service users. Where a person has used more than one service outlet during the reporting period, the person is counted more than once by the Australian Government, whereas the AIHW counts each person only once. In addition, the Australian Government includes independent workers (1004 persons in 2003-04, 804 persons in 2004-05 and 266 persons in 2005-06) in calculating service user numbers, whereas the AIHW does not.

Source: Australian Government (unpublished); AIHW (unpublished); table 14A.34.

Cost per user of State and Territory administered services

'Cost per user of State and Territory administered services' is an indicator of the efficiency of specialist disability services (box 14.15).

Box 14.15 Cost per user of State and Territory administered services

'Cost per user of State and Territory administered services' is an indicator of governments' objective to provide specialist disability services in an efficient manner.

This indicator is defined as government expenditure on CSTDA State and Territory administered services per service user. Data are reported separately for government expenditure net of payroll tax and for government expenditure including actual and/or imputed payroll tax.

Holding other factors constant (such as service quality and accessibility), a decrease in government expenditure per service user reflects a more efficient provision of this service.

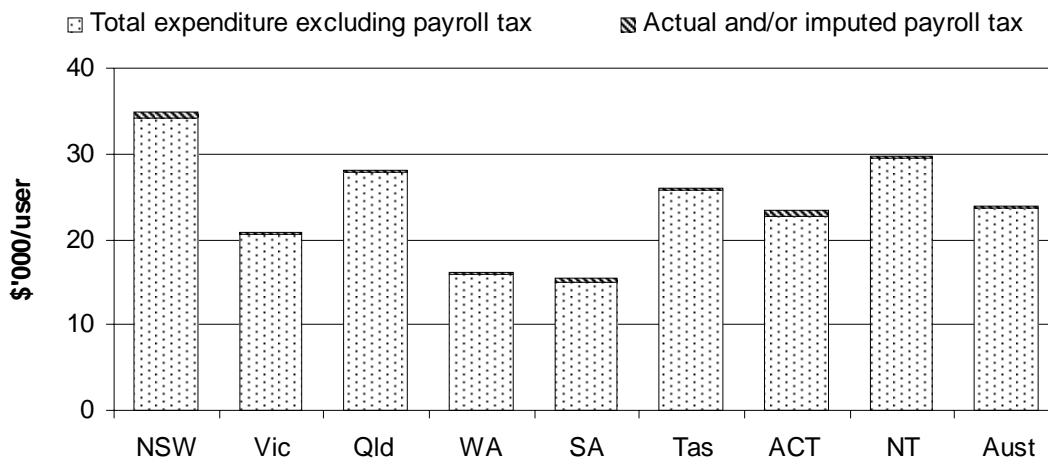
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Box 14.15 (Continued)

Efficiency data are difficult to interpret. Although high or increasing expenditure per unit of output may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the services provided, or an increase in the service needs of service users. Similarly, low or declining expenditure per unit of output may reflect improving efficiency, or lower quality and less effective services. Efficiency data therefore should be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

Total estimated government expenditure per user of CSTDA State and Territory administered specialist disability services in 2005-06 is reported both net of payroll tax and including actual and/or imputed payroll tax. Nationally, estimated expenditure per service user was \$23 512 excluding payroll tax and \$23 962 including actual and/or imputed payroll tax (figure 14.37).

Figure 14.37 Estimated annual government expenditure per user of CSTDA State and Territory administered services, 2005-06^{a, b, c, d}



^a In some jurisdictions (NSW, Victoria and SA in part, Queensland, Tasmania and the NT), payroll tax data is actual; in other jurisdictions (Victoria and SA in part, WA, and the ACT), payroll tax data is imputed.

^b Government expenditure per service user for Australia excludes Australian Government expenditure on State and Territory administered services that was not provided as transfer payments. ^c Payroll tax data for Queensland includes paid payroll tax and accrued payroll tax. ^d In the NT, payroll tax relates to government service provision and excludes expenditure for program management and administration.

Source: AIHW (unpublished); State and Territory governments (unpublished); table 14A.36.

Efficiency — administrative cost

Administrative expenditure as a proportion of total expenditure

‘Administrative expenditure as a proportion of total expenditure’ is an indicator of the efficiency of the administration of specialist disability services (box 14.16). The proportion of total expenditure on administration is not yet comparable across jurisdictions because they apportion it using different methods. However, administrative expenditure data can indicate trends within jurisdictions over time.

Box 14.16 Administrative expenditure as a proportion of total expenditure

‘Administrative expenditure as a proportion of total expenditure’ is an indicator of governments’ objective to provide specialist disability services in an efficient manner. Administrative expenditure in this context represents the costs incurred by government agencies in administering CSTDA funded services.

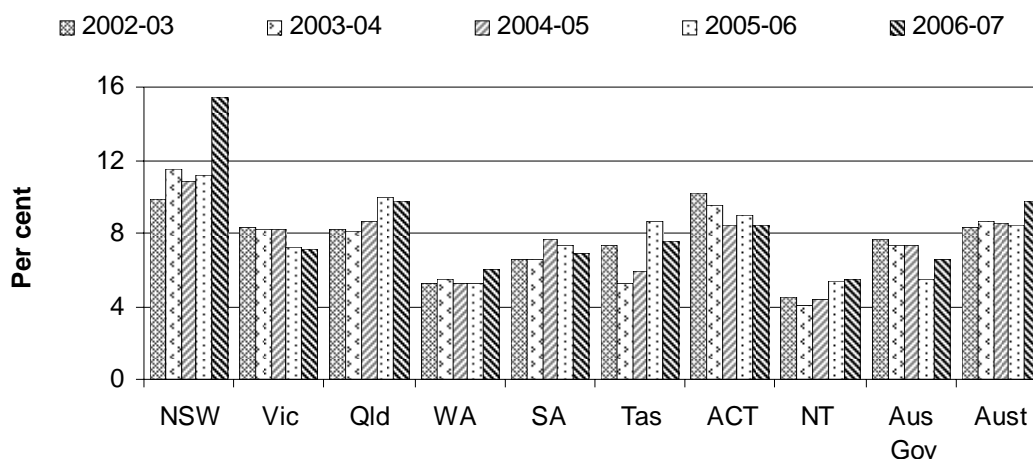
This indicator is defined as government expenditure on administration as a proportion of total CSTDA expenditure.

Holding other factors constant (such as service quality and accessibility), a decrease in administrative expenditure as a proportion of total CSTDA expenditure may reflect an increase in administrative efficiency.

Efficiency data are difficult to interpret. Although high or increasing administrative expenditure as a proportion of total expenditure may reflect deteriorating efficiency, it may also reflect improvements in the quality or attributes of the administrative services provided. Similarly, low or declining administrative expenditure as a proportion of total expenditure may reflect improving efficiency, or lower quality less effective services. Efficiency data therefore should be interpreted within the context of the effectiveness and equity indicators to derive a holistic view of performance.

Nationally, administrative expenditure as a proportion of total government expenditure on specialist disability services (excluding payroll tax) increased from 8.4 per cent in 2005-06 to 9.8 per cent in 2006-07 (figure 14.38). When actual or imputed payroll tax is included, the average national administrative expenditure as a proportion of total CSTDA expenditure was 9.6 per cent in 2006-07 (table 14A.37). Payroll tax data need to be interpreted with caution because some jurisdictions (NSW, Victoria (in part), Queensland, SA (in part), Tasmania and the NT) have provided payroll or payroll tax data on the basis of direct service delivery expenditure for government provided services, and others (WA and the ACT) have provided the data on the basis of total expenditure for government provided services. Real total CSTDA expenditure is reported in table 14A.8, both excluding and including actual or imputed payroll tax amounts.

Figure 14.38 **Administrative expenditure as a proportion of total expenditure^{a, b, c, d, e}**



^a See table 14.2 for an explanation of different methods of apportioning departmental costs. ^b Data exclude payroll tax. ^c Australian Government administrative expenditure is an estimate, based on average staffing levels. ^d NSW administrative expenditure in 2006-07 included \$55 million of capital grants. If this \$55 million is excluded from expenditure, the percentage in 2006-07 is at a similar level to the previous two years. ^e In Tasmania, the Department administering Disability Services underwent a restructure in 2006-07. Disability Services now falls under the umbrella of a smaller management team. This resulted in a reduction in administration expenditure in 2006-07.

Source: Australian, State and Territory governments (unpublished); table 14A.37.

Outcomes

Outcomes are the impact of services on the status of an individual or group (while outputs are the actual services delivered) (see chapter 1, section 1.5).

The following outcome indicators are reported:

- ‘Labour force participation and employment of people with a disability’
- ‘Social participation of people with a disability’
- ‘Use of other services’.

Labour force participation and employment rate data from the ABS *2006 Census of Population and Housing* are reported for all jurisdictions. The ABS 2006 Census contained questions in relation to people’s need for assistance with core activities. Using these questions, individuals with a ‘core activity need for assistance’ can be identified. The population identified in this way is conceptually comparable to the SDAC population of people with a profound or severe core activity limitation. These data derived from the Census are not suitable for updating the prevalence estimates for the population of people with a profound or severe core activity

limitation, but can be used to provide information on their characteristics (ABS 2006a).

Social participation from the GSS 2006 are reported for all jurisdictions. In addition, data on the participation in voluntary work from the ABS 2006 Census are also included. For WA, 2006 social participation data from a jurisdiction specific survey are also included.

For the ‘use of other services’ indicator, the participation of people with a disability in education and training in 2006 and their levels of attainment are included. These data are sourced from ABS 2006 Census. Data are also reported for the first time in relation to the proportion of people with a disability who reported difficulties accessing government and other services as a result of their disability. These data are from the GSS 2006.

Interpreting data for some outcome indicators

For the outcome indicators derived using survey data, 95 per cent confidence intervals are presented. These intervals assist with making comparisons between jurisdictions, and between different disability status groups. Confidence intervals are a standard way of expressing the degree of uncertainty associated with survey estimates. An estimate of 80 with a confidence interval of ± 2 , for example, means that if another sample had been drawn, or if another combination of test items had been used, there is a 95 per cent chance that the result would lie between 78 and 82. If one jurisdiction’s results ranges from 78–82 and another’s from 77–81, then it is not possible to say with confidence that one differs from the other (because there is unlikely to be a statistically significant difference). Where ranges do not overlap, there is a high likelihood that there is a statistically significant difference. To say that there is a statistically significant difference means there is a high probability that there is an actual difference — it does not imply that the difference is necessarily large or important.

Labour force participation and employment of people with a disability

‘Labour force participation and employment of people with a disability’ is an indicator of outcomes for specialist disability services (box 14.17).

Box 14.17 Labour force participation and employment of people with a disability

‘Labour force participation and employment of people with a disability’ is an indicator of governments’ objective of assisting people with a disability to participate fully in the community. Participation in the labour force and employment is important to the overall wellbeing of people with a disability, particularly in terms of the opportunity for self-development and interaction with people outside the home.

This indicator is defined as the labour force participation and employment rates of people aged 15–64 years with a profound or severe core activity limitation. Labour force participation rates and employment rates of people aged 15–64 years without a profound or severe core activity limitation are also reported.

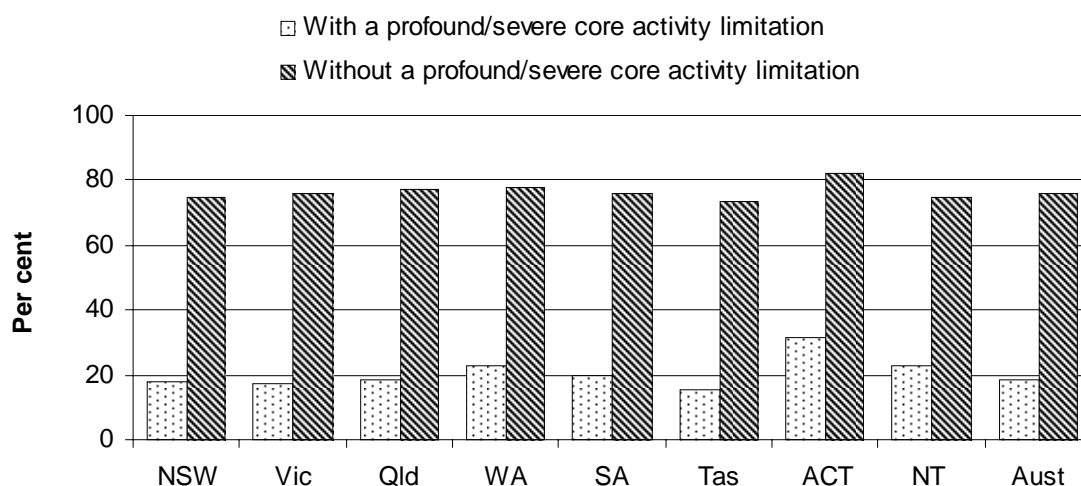
A higher labour force participation or employment rate for people with a profound or severe core activity limitation is likely to increase the quality of life of people by providing greater opportunities for self-development and interaction with people outside the home.

This indicator does not provide information on why people choose not to participate in the labour force and why people are not employed. Finally, it does not provide information on whether the jobs that people find are appropriate or fulfilling.

Labour force participation

Nationally, the estimated labour force participation rate of people aged 15–64 years with a profound or severe core activity limitation in 2006 (18.4 per cent) was below the rate for people without a profound or severe core activity limitation (76.1 per cent) (figure 14.39). The detailed definition of the labour force participation rate and its calculation method is provided in section 14.7.

Figure 14.39 **Estimated labour force participation rates of people aged 15–64 years, by need for assistance status, 2006^{a, b}**



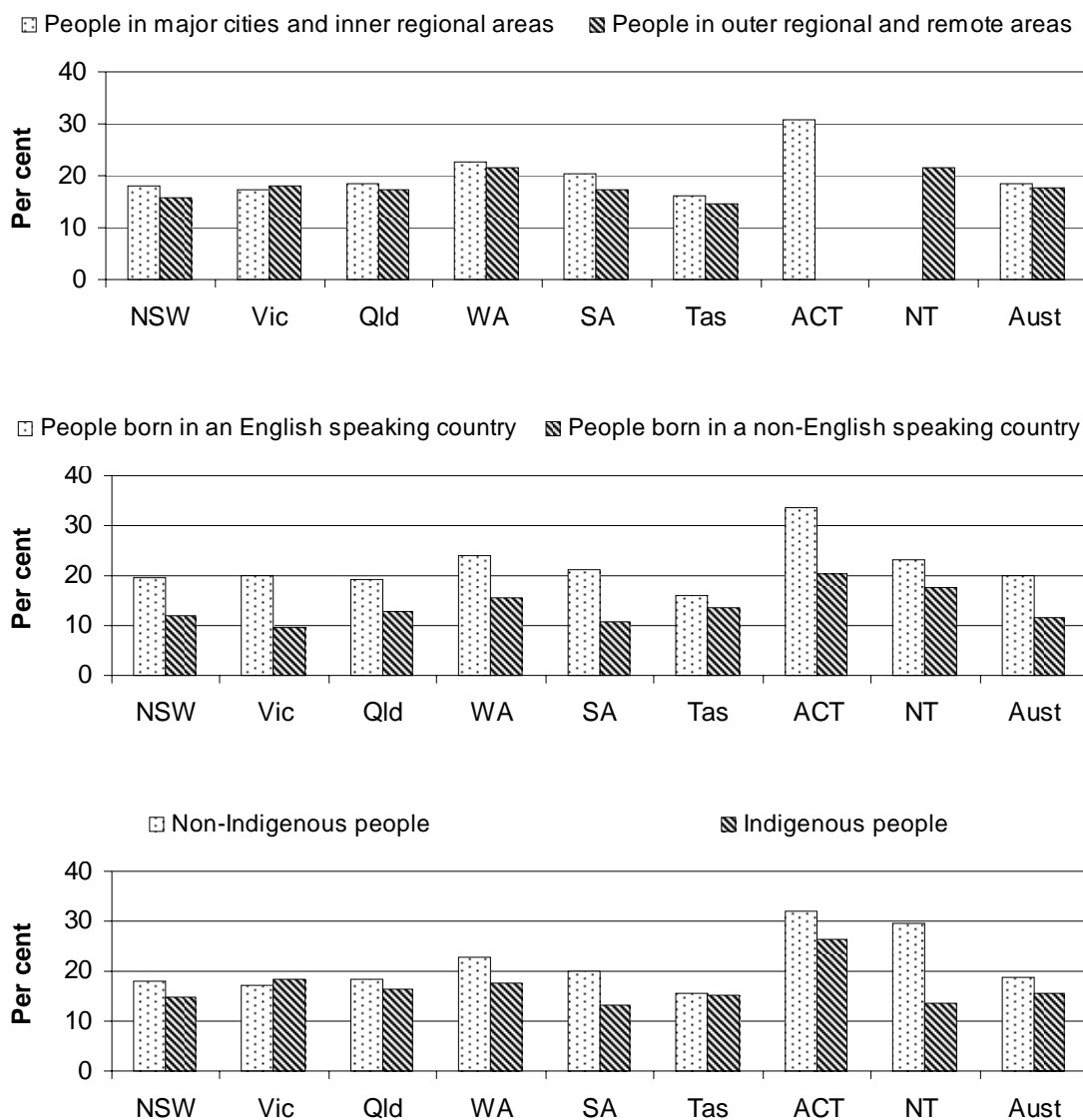
^a People with a profound or severe core activity limitation are those who need assistance with core activities: self-care, mobility and communication because of a disability or long term health condition (lasting six months or more). ^b The ABS 2006 Census module, used to source these data, was designed to measure 'Core Activity Need for Assistance' (ASSNP). In previous years, the data were sourced from the SDAC and the ABS disability module. The ASSNP is conceptually comparable with the SDAC and ABS disability module population of people who have a profound or severe core activity limitation, but due to the different collection methodology and shortening of the question set used, the population identified is smaller (but displays very similar characteristics). It is likely that the reduction is at the less severe end of the profound or severe core activity limitation population. As such, these data will differ from those of previous years.

Source: ABS (unpublished) 2006 Census of Population and Housing; table 14A.38.

The labour force participation rates of people aged 15–64 years with a profound or severe core activity limitation by geographic location, country of birth and Indigenous status, in 2006 are reported in figure 14.40. Nationally, the estimated labour force participation rate of people with a profound or severe core activity limitation was:

- 17.5 per cent for those living in outer regional and remote areas, lower than the rate for those living in major cities and inner regional areas (18.6 per cent)
- 11.5 per cent for those born in a non-English speaking country, lower than the rate for those born in an English speaking country (20.1 per cent)
- 15.7 per cent for Indigenous people, lower than the rate for non-Indigenous people (18.6 per cent) (figure 14.40).

Figure 14.40 Estimated labour force participation rates of people with profound or severe core activity limitation aged 15–64 years, by special needs groups, 2006^{a, b, c, d}



^a People with a profound or severe core activity limitation are those who need assistance with core activities: self-care, mobility and communication because of a disability or long term health condition (lasting six months or more). ^b The ABS 2006 Census module, used to source these data, was designed to measure ASSNP. In previous years, the data were sourced from the SDAC and the ABS disability module. The ASSNP is conceptually comparable with the SDAC and ABS disability module population of people who have a profound or severe core activity limitation, but due to the different collection methodology and shortening of the question set used, the population identified is smaller (but displays very similar characteristics). It is likely that the reduction is at the less severe end of the profound or severe core activity limitation population. As such, these data will differ from those of previous years. ^c The ACT does not have outer regional and remote/very remote areas. ^d The NT does not have major cities or inner regional areas.

Source: ABS (unpublished) 2006 Census of Population and Housing; table 14A.41.

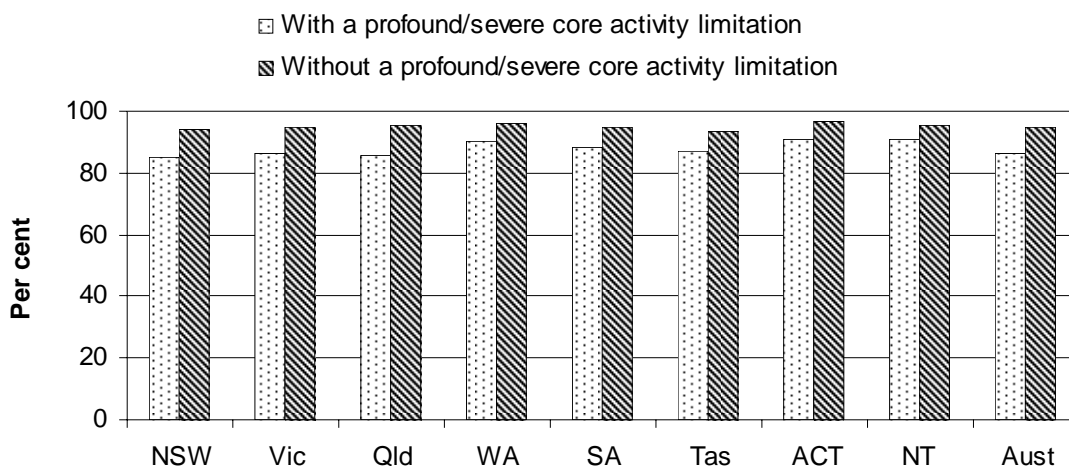
Additional labour force participation data for 2003 and 2005 are shown in tables 14A.39, 14A.40, 14A.42 and 14A.43.

Employment

Nationally, the estimated employment rate of people aged 15–64 years with a profound or severe core activity limitation in 2006 (86.6 per cent) was below the rate for people without a profound or severe core activity limitation (94.7 per cent) (figure 14.41).

The detailed definition of the employment rate and its calculation method is provided in section 14.7. Employment rates should be interpreted in conjunction with labour force participation rates (figures 14.39 and 14.40).

Figure 14.41 **Estimated employment rates of people aged 15–64 years, by need for assistance status, 2006^{a, b}**



^a The ABS 2006 Census contained a variable 'core activity need for assistance'. This variable is conceptually comparable with the SDAC population of people with a profound or severe core activity limitation. Data derived from this variable are not suitable for updating the prevalence estimates for this population, but can be used to provide information on the characteristics of this population. ^b People with a profound or severe core activity limitation are those who need assistance with core activities: self-care, mobility and communication because of a disability or long term health condition (lasting six months or more).

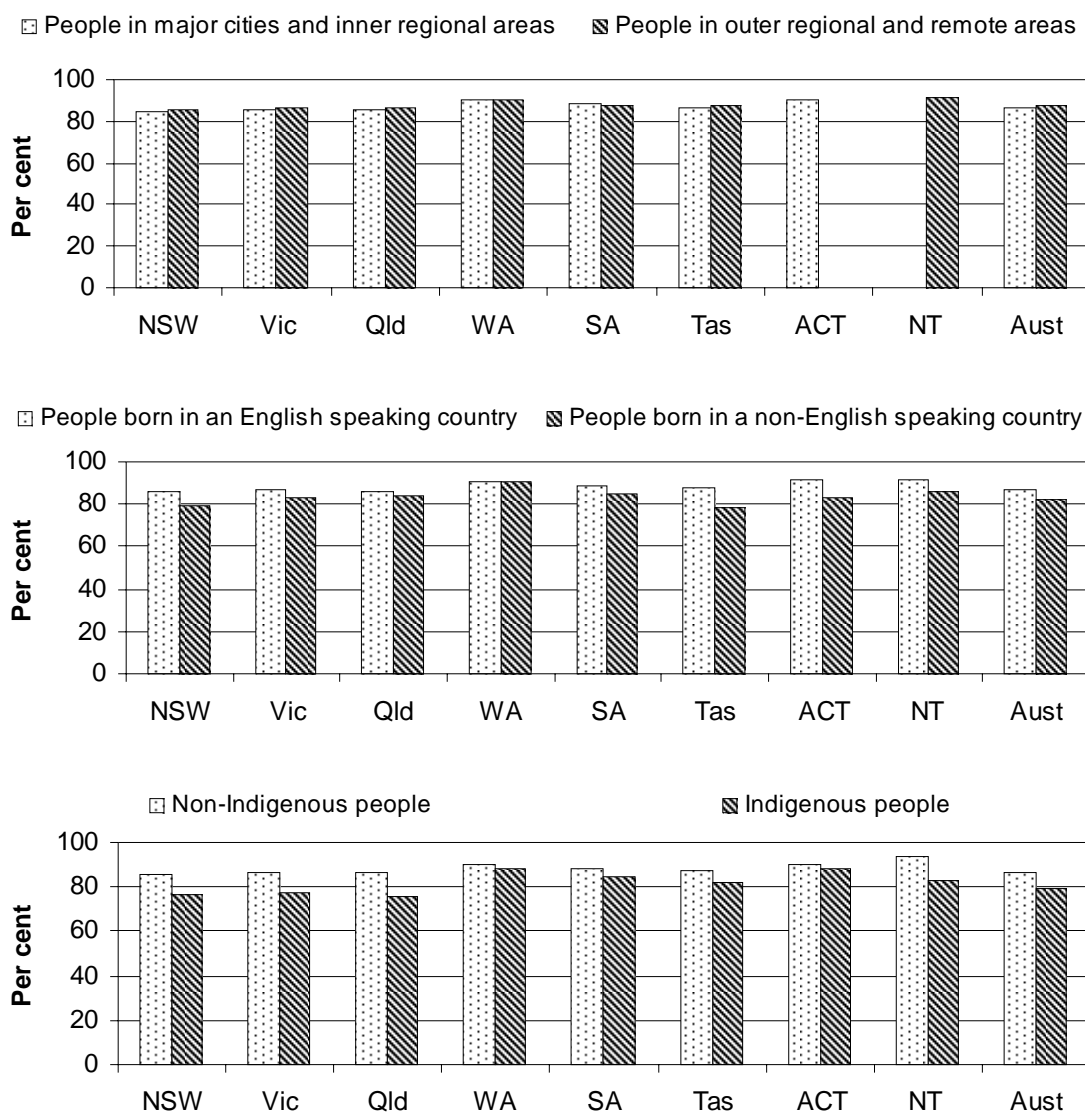
Source: ABS (unpublished) 2006 Census of Population and Housing; table 14A.38.

The employment rates of people aged 15–64 years with a profound or severe core activity limitation by geographic location, country of birth and Indigenous status, in 2006 are reported in figure 14.42. Nationally, the estimated employment rate of people with a profound or severe core activity limitation was:

- 87.5 per cent for those living in outer regional and remote areas, above the rate for those living in major cities and inner regional areas (86.4 per cent)

- 82.3 per cent for those born in a non-English speaking country, below the rate for those born in an English speaking country (87.1 per cent)
- 79.3 per cent for Indigenous people, below the rate for non-Indigenous people (86.9 per cent) (figure 14.42).

Figure 14.42 **Estimated employment rates of people with profound or severe core activity limitation aged 15–64 years, by special needs groups, 2006^{a, b, c, d}**



^a The ABS 2006 Census contained a variable 'core activity need for assistance'. This variable is conceptually comparable with the SDAC population of people with a profound or severe core activity limitation. Data derived from this variable are not suitable for updating the prevalence estimates for this population, but can be used to provide information on the characteristics of this population. ^b People with a profound or severe core activity limitation are those who need assistance with core activities: self-care, mobility and communication because of a disability or long term health condition (lasting six months or more). ^c The ACT does not have outer regional and remote/very remote areas. ^d The NT does not have major cities or inner regional areas.

Source: ABS (unpublished) 2006 Census of Population and Housing; table 14A.41.

Additional employment rate data for 2003 and 2005 are shown in tables 14A.39, 14A.40, 14A.42 and 14A.43.

Social participation of people with a disability

‘Social participation of people with a disability’ is an indicator of outcomes for specialist disability services (box 14.18).

Box 14.18 Social participation of people with a disability

‘Social participation of people with a disability’ is an indicator of governments’ objective to assist people with a disability to live as valued and participating members of the community.

This indicator is defined as the proportion of people with a limitation or specific restriction who participate in selected social or community activities. The proportion of people without a limitation or specific restriction who participate in these activities is also reported. The following measures are reported:

- Estimated proportion of people aged 18–64 years (by level of core activity limitation/restriction) who:
 - attended selected cultural venues/events in the last 12 months
 - attended a sporting event in the last 12 months
 - were actively involvement in a social or support group in the last 12 months
 - had face-to-face contact with family and friends at least once a month.
- Proportion of people aged 15–64 years who spent time doing unpaid voluntary work through an organisation or group, in the last 12 months.

A higher proportion of people aged 15–64 years with a limitation or specific restriction who participate in social or community activities reflects their greater integration in the community.

This indicator does not provide information on the degree to which the identified types of social or community activities contribute to people’s quality of life. It also does not provide information on why some people did not participate.

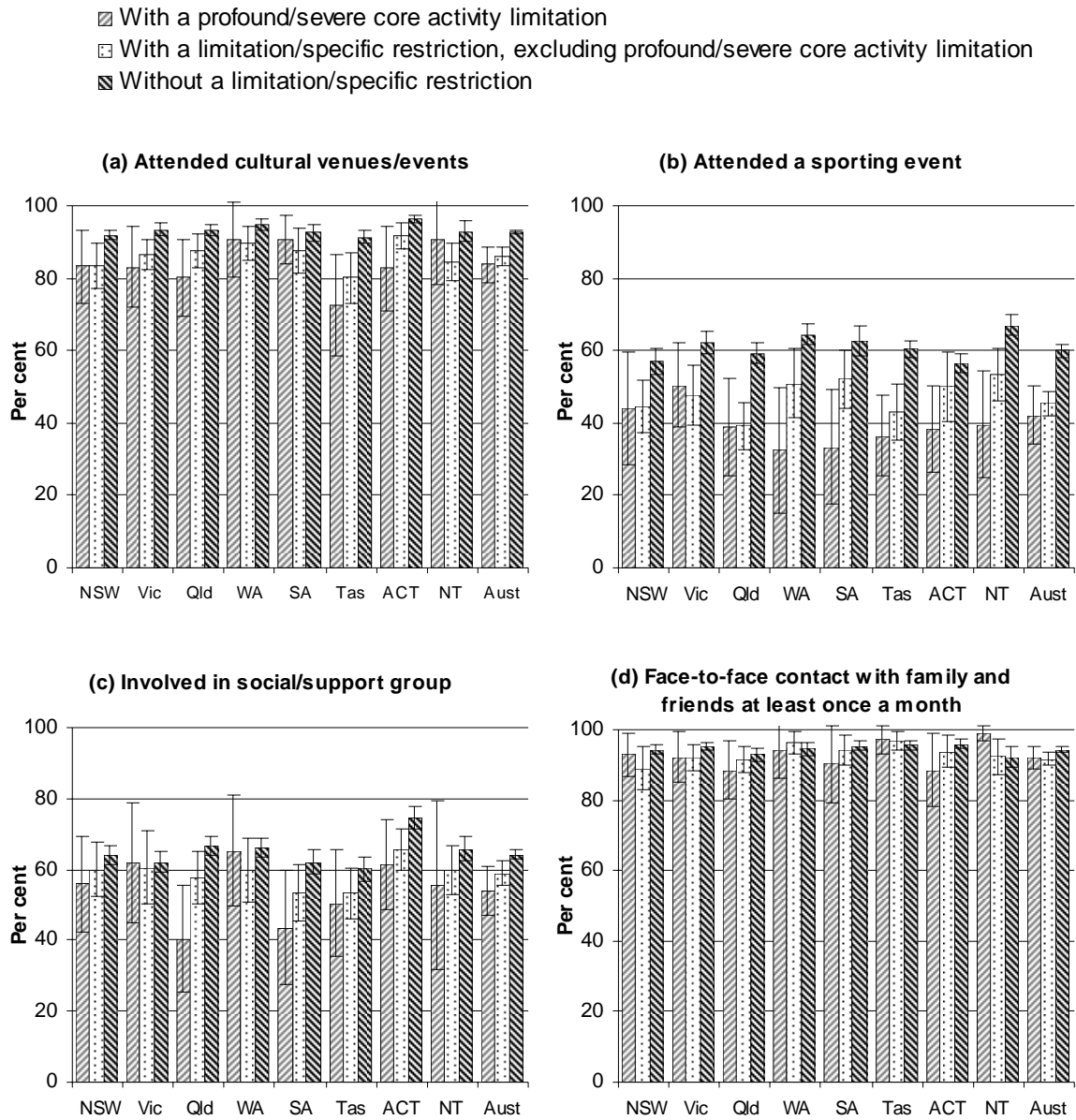
Nationally, the estimated proportion of people with a profound or severe core activity limitation aged 18–64 years who participated in social and community activities were as follows:

- 83.7 ± 4.9 per cent attended selected cultural venues/events, no different to the proportion for other people with a limitation or specific restriction, excluding profound or severe core activity limitation (86.1 ± 2.7 per cent), but below the proportion for people without a limitation or specific restriction (92.9 ± 0.5 per cent) (figure 14.43a)

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- 42.2 ± 7.9 per cent attended a sporting event, no different to the proportion for other people with a limitation or specific restriction, excluding profound or severe core activity limitation (45.5 ± 3.5 per cent), but below the proportion for people without a limitation or specific restriction (60.0 ± 1.8 per cent) (figure 14.43b)
 - 53.9 ± 6.9 per cent were involved in a social/support group, no different to the proportion for other people with a limitation or specific restriction, excluding profound or severe core activity limitation (58.9 ± 3.5 per cent), but below the proportion for people without a limitation or specific restriction (64.2 ± 1.5 per cent) (figure 14.43c)
 - 91.9 ± 3.2 per cent had face-to-face contact with family and friends at least once a month, no different to the proportion for other people with a limitation or specific restriction, excluding profound or severe core activity limitation (91.7 ± 2.0 per cent) or the proportion for people without a limitation or specific restriction (94.4 ± 0.6 per cent) (figure 14.43d).

Nationally, the proportion of people with a profound or severe core activity limitation aged 15–64 years who participated in voluntary work for an organisation or group in 2006 was 14.3 per cent, below the proportion for people without a profound or severe core activity limitation (19.4 per cent) (figure 14.44).

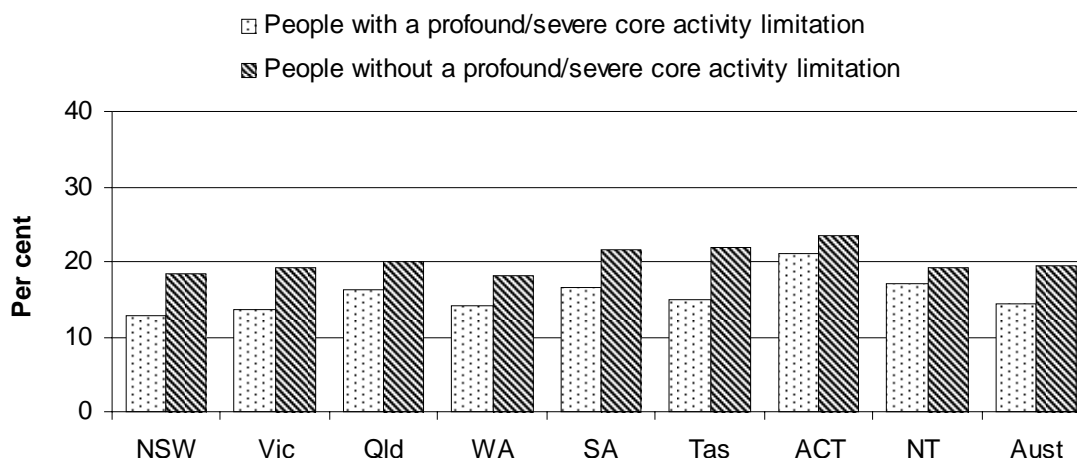
Figure 14.43 Estimated proportion of people aged 18–64 years who participated in social and community activities, by disability status, 2006^{a, b, c}



^a Due to differences in collection methodology, the data collected by the GSS relate to a broader 'disability and long-term health condition' population than the 'disability' population obtained from the much more detailed SDAC — however, the characteristics of the populations are similar. The data are suitable for population comparisons, but not for prevalence updates between SDAC surveys. ^b Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities. Core activities comprise communication, mobility and self-care. ^c Error bars represent the 95 per cent confidence interval associated with each point estimate.

Source: ABS (2006b); table 14A.44.

Figure 14.44 Estimated proportion of people aged 15–64 years who participated in voluntary work for an organisation or group, by need for assistance status, 2006^{a, b}



^a The ABS 2006 Census contained a variable 'core activity need for assistance'. This variable is conceptually comparable with the SDAC population of people with a profound or severe core activity limitation. Data derived from this variable are not suitable for updating the prevalence estimates for this population, but can be used to provide information on the characteristics of this population. ^b People with a profound or severe core activity limitation are those who need assistance with core activities: self-care, mobility and communication because of a disability or long term health condition (lasting six months or more).

Source: ABS (unpublished) 2006 Census of Population and Housing; table 14A.45.

In 2006, WA conducted a survey of users of disability services (or their carers) on their participation in various social activities. Results of this survey are provided in box 14.19. Additional data from on the social participation of people with a disability are in tables 14A.46 and 14A.47.

Box 14.19 Social participation of people with a disability in WA

In 2006, 1250 randomly selected users of disability services (or their carers) were surveyed on their participation in a range of social activities. The questions used in the survey were based largely on previous surveys but were modified to align with the International Classification of Functioning categorisation of functions.

The surveyed service users (or carers) were asked if they participated in the activities 'often', 'sometimes', 'rarely' or 'never'. The 'often' and 'sometimes' categories were combined to indicate participation in these activities. Surveyed service users were also asked whether they wanted to participate in the activities 'more often', 'less often' or 'not change'.

(Continued on next page)

Box 14.19 (Continued)

The following are the reported results of service users' participation, where:

- 70 per cent reported going out to entertainment (for example, movies, restaurants and concerts), 15 per cent reported never going out to entertainment and 54 per cent reported wanting to participate in these activities more often
- 57 per cent reported being involved in group leisure or sport, 36 per cent reported never being involved in group leisure or sport and 48 per cent reported wanting to participate in these activities more often
- 82 per cent reported being involved in individual activities such as going to the park, walking or swimming, 10 per cent reported never being involved in individual activities and 42 per cent reported wanting to participate in these activities more often
- 41 per cent reported attending cultural, religious or community events, 47 per cent reported never being involved in these events and 17 per cent reported wanting to participate in these activities more often
- 66 per cent reported communicating with people other than carers, friends or family members, 19 per cent reported never communicating with these people and 34 per cent reported wanting to communicate with these people more often.

Source: WA Government (unpublished).

Use of other services

'Use of other services' is an indicator of outcomes for specialist disability services (box 14.20).

Box 14.20 Use of other services

'Use of other services' is an indicator of governments' objective of enhancing the quality of life experienced by people with a disability by assisting them to gain access to generic government and community services and facilities.

This indicator has the following two measures:

- The proportion of people with a profound or severe core activity limitation who:
 - participated in pre-schools (aged 3–5 years), secondary schools (aged 15–24 years), technical or further education and universities (aged 15–64 years)
 - reached certain levels of educational and training attainment.

Data are also reported for those without a profound or severe core activity limitation.

(Continued on next page)

Box 14.20 (Continued)

- The proportion of people with a profound or severe core activity limitation aged 18–64 years who reported difficulties accessing government and other services as a result of their disability.

Higher proportions of people with a disability participating in education and training or reaching higher levels of educational and training attainment is desirable as it suggests greater access to generic government educational and training services.

Lower proportions of people with a profound or severe core activity limitation who reported difficulties accessing services as a result of their disability is desirable as it suggests greater access to generic government and community services.

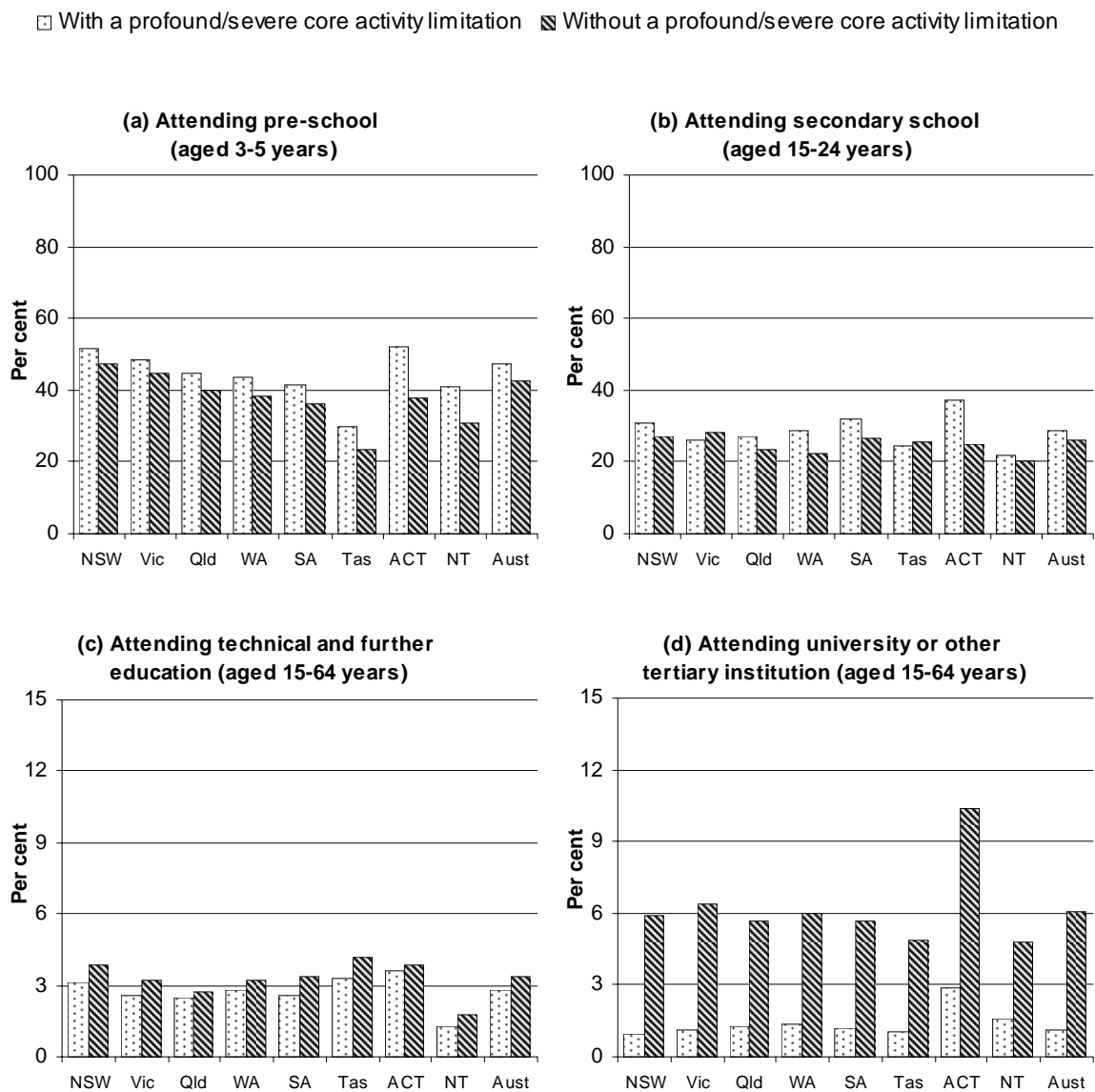
This indicator does not provide information on the degree to which the services contribute to people's quality of life. It also does not provide information on why some people do not access these services.

Education and training

Nationally in 2006, the proportion of children/people with a profound or severe core activity limitation:

- aged 3–5 who participated in pre-schools was 47.3 per cent, above the proportion for those without a profound or severe core activity limitation (42.6 per cent) (figure 14.45a)
- aged 15–24 who participated in secondary schools was 28.7 per cent, above the proportion for those without a profound or severe core activity limitation (26.0 per cent) (figure 14.45b)
- aged 15–64 who participated in technical or further education was 2.8 per cent, below the proportion for those without a profound or severe core activity limitation (3.4 per cent) (figure 14.45c)
- aged 15–64 who participated in university was 1.1 per cent, below the proportion for those without a profound or severe core activity limitation (6.0 per cent) (figure 14.45d).

Figure 14.45 Estimated proportion of people who participated in education and training, by need for assistance status, 2006^{a, b}



^a The ABS 2006 Census contained a variable 'core activity need for assistance'. This variable is conceptually comparable with the SDAC population of people with a profound or severe core activity limitation. Data derived from this variable are not suitable for updating the prevalence estimates for this population, but can be used to provide information on the characteristics of this population. ^b People with a profound or severe core activity limitation are those who need assistance with core activities: self-care, mobility and communication because of a disability or long term health condition (lasting six months or more).

Source: ABS (unpublished) 2006 Census of Population and Housing; table 14A.48.

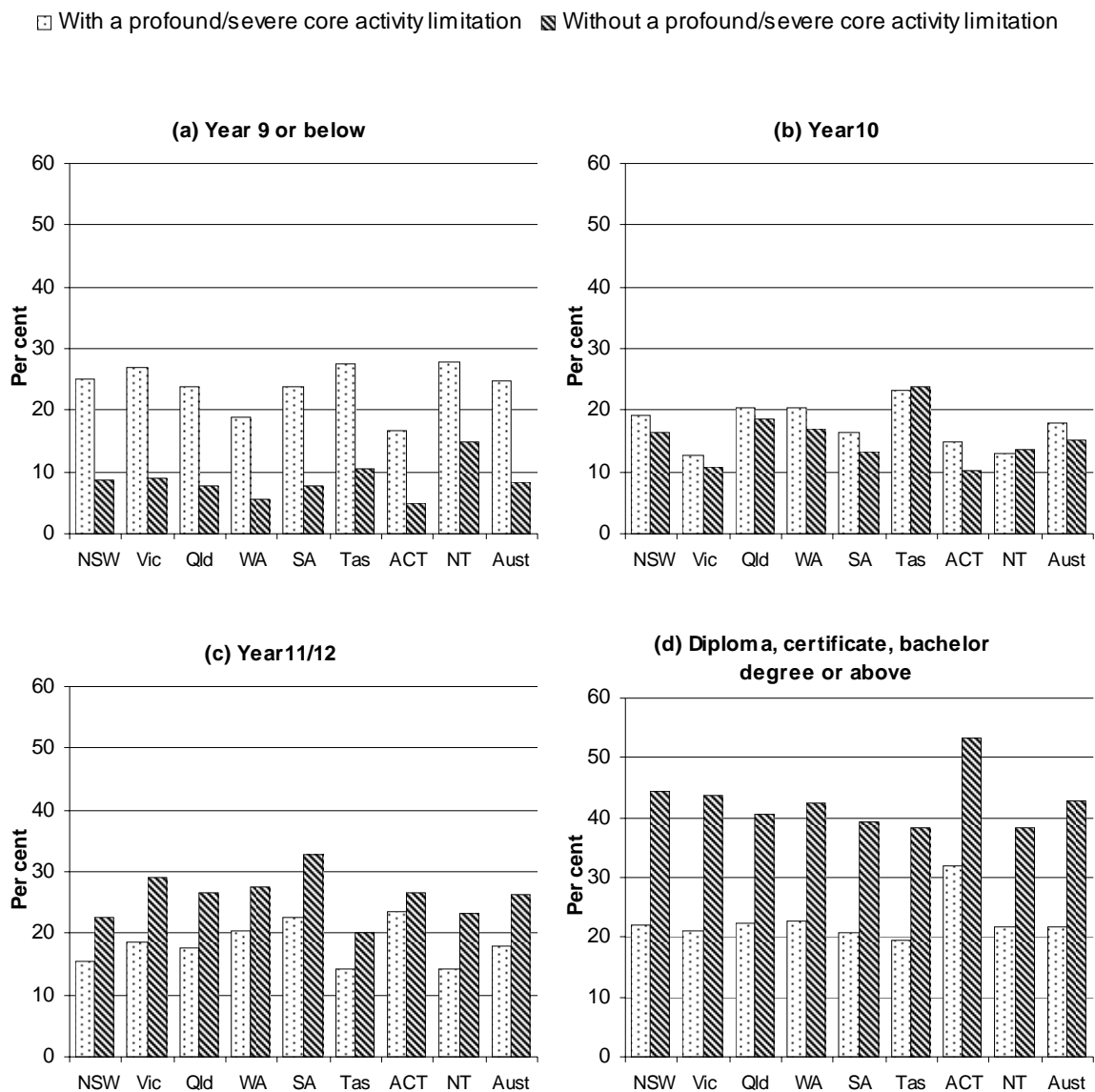
Nationally in 2006, the proportion of people with a profound or severe core activity limitation aged 15–64 whose highest level of educational attainment was:

- year 9 was 24.6 per cent, above the proportion for people without a profound or severe core activity limitation (8.2 per cent) (figure 14.46a)

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- year 10 was 17.8 per cent, above the proportion for people without a profound or severe core activity limitation (15.2 per cent) (figure 14.46b)
 - year 11/12 was 17.8 per cent, below the proportion for people without a profound or severe core activity limitation (26.2 per cent) (figure 14.46c)
 - diploma, certificate, bachelor degree or above was 21.8 per cent, below the proportion for people without a profound or severe core activity limitation (42.9 per cent) (figure 14.46d).

Additional education and training participation and attainment data for 2005 are shown in tables 14A.49 and 14A.51.

Figure 14.46 Level of highest educational attainment of people aged 15–64, by need for assistance status, 2006^{a, b}



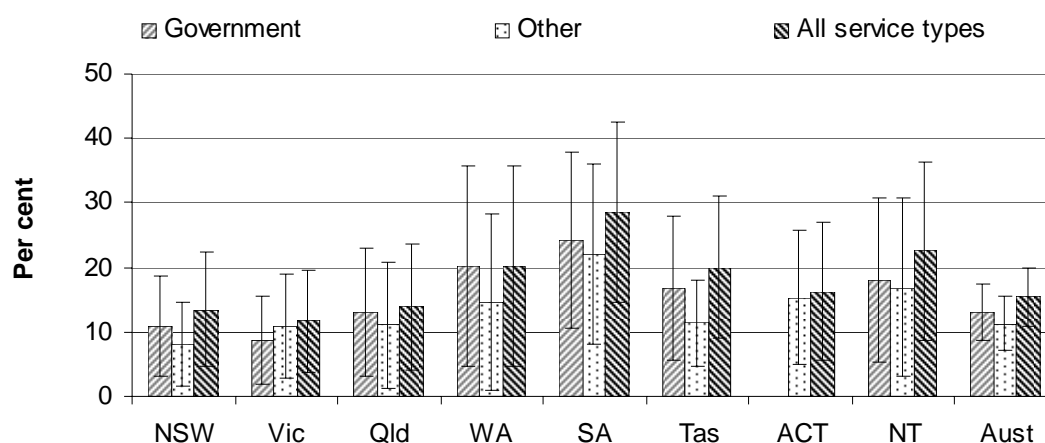
^a The ABS 2006 Census contained a variable 'core activity need for assistance'. This variable is conceptually comparable with the SDAC population of people with a profound or severe core activity limitation. Data derived from this variable are not suitable for updating the prevalence estimates for this population, but can be used to provide information on the characteristics of this population. ^b People with a profound or severe core activity limitation are those who need assistance with core activities: self-care, mobility and communication because of a disability or long term health condition (lasting six months or more).

Source: ABS (unpublished) 2006 Census of Population and Housing; table 14A.50.

Difficulties accessing services

Nationally in 2006, the proportion of people with a profound or severe core activity limitation aged 18–64 years who reported difficulties accessing government, other and all service types as a result of their disability was 12.9 ± 4.3 per cent, 11.3 ± 4.2 per cent and 15.4 ± 4.5 , respectively (figure 14.47). Results for people with a limitation or specific restriction, excluding profound or severe core activity limitation, are reported in table 14A.52.

Figure 14.47 **People with a profound or severe core activity limitation aged 18–64 who reported difficulties accessing services as a result of their disability, by service sector, 2006 (per cent)^{a, b, c, d}**



^a Due to differences in collection methodology, the data collected by the GSS relate to a broader 'disability and long-term health condition' population than the 'disability' population obtained from the much more detailed SDAC — however, the characteristics of the populations are similar. The data are suitable for population comparisons, but not for prevalence updates between SDAC surveys. ^b Other relates to private and not-for-profit services. ^c Profound or severe core activity limitation refers to always or sometimes needing assistance with one or more of the core activities. Core activities comprise communication, mobility and self-care. ^d Error bars represent the 95 per cent confidence interval associated with each point estimate. Data with relative standard errors over 50 per cent are not published (this is the case for government services in the ACT).

Source: ABS (2006b); table 14A.52.

Other data

Data on the participation of people with a disability in various government services are also incorporated in the performance indicator frameworks for other chapters of this Report. Participation is reported for children's services (see chapter 3), VET (see chapter 5), and public, community and State owned and managed Indigenous housing (see chapter 16). In addition, the following chapters include data on services provided to people with a disability:

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- ‘School education’ (see chapter 4) reports data on students with a disability in the student body mix.
 - ‘Health management issues’ (see chapter 12) reports performance data on specialised mental health services.
 - ‘Aged care services’ (see chapter 13) reports data on HACC services received, including those received by people with a profound, severe or moderate core activity limitation, disaggregated by jurisdiction and geographic location.

14.4 Future directions in performance reporting

There is scope for further improvements in reporting against the current framework, including improvements to the data on service quality. The Steering Committee intends to address limitations over time by:

- considering whether the most recent year’s service user data are available for reporting
- considering the development of an indicator on quality of life
- considering complimenting the descriptive data on younger people with a disability in residential aged care facilities with a performance indicator
- reporting national client and carer satisfaction with service quality
- reporting more complete, current, ongoing quality assurance processes data — reporting on quality assurance processes is expected to become more complete and comparable over time, with refinements to performance indicators and data collections.

14.5 Jurisdictions’ comments

This section provides comments from each jurisdiction on the services covered in this chapter. Appendix A contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status).

Australian Government comments

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- In 2006-07 the Australian Government expanded upon the gains made through reforms to the business service sector, assisting services to operate as commercially viable enterprises and increasing the provision of quality support available to over 20 000 individuals with more severe disability.
 - The 2006 Business Services Case Based Funding Review confirmed the implementation of the case based funding model has resulted in increased employment opportunities and outcomes for individuals with disability. Under the new model more individuals are being supported and the number of employees reaching a sustainable employment outcome has also increased, with an employment outcome rate of 83 per cent for workers commencing in 2005.
 - Business services continue to benefit from the flexible assistance available through the Security, Quality Services and Choice for People with Disabilities package announced in April 2004. Participation of business services in the package remains at over 90 per cent and so far \$43.9 million in funding has been approved to boost the viability of business services.
 - In 2006-07, several new initiatives commenced to promote the business services sector, building upon the significant gains established by flexible business assistance.
 - The Australian Government continues to build on the successful implementation of full case based funding, implement initiatives related to Welfare to Work reforms and improve accountability and performance reporting.
 - The successful implementation of uncapped DEN services in July 2006 resulted in over 8000 commencements in the first year of operation. 106 organisations began delivering uncapped services from 529 sites.
 - 208 organisations delivered the DEN capped stream from 325 sites and provided employment assistance to over 52 000 clients.
 - Over 28 000 new job seekers entered into assistance with DEN services.
 - Key performance indicators and their weightings in the Disability Employment Network Star Ratings performance framework for the 2006-09 funding period were finalised after significant consultation with the disability employment sector.
 - 36.3 per cent of DEN capped jobseekers who completed 18 months from entering assistance during 2006-07 achieved a sustainable employment outcome (8 hours of work per week for 26 weeks).
 - A new remote servicing model was introduced in 2006-07 to provide a suite of employment services, including DEN, to communities in 16 Remote Employment Service Areas. Job seekers with disability in the most remote parts of Australia will benefit from the new model, which allows employment service providers to more effectively tailor services to suit local conditions.
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New South Wales Government comments

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The NSW Government continued its commitment to providing services to people with a disability and their carers to assist them to live independently and participate in community life. The total expenditure for the disability services reported in this chapter has doubled during the past ten years, reaching over \$1.3 billion in 2006-07.

In 2006, the NSW Government announced its 10-year Plan, *Stronger Together: a new direction for disability services: 2006–2016*. Stronger Together represents an historic investment in disability services that will provide long term and practical solutions to support people with a disability and their families. In 2006-07, an investment of \$154 million delivered a wide range of new services.

Significant progress has been made to support the growing need for disability services during the year. These include 1138 new respite places made up of flexible respite places and centre-based respite places to provide short-term breaks for carers of children and people with a disability; 95 new Attendant Care places at a cost of \$5.3 million per annum as part of the significant expansion of intensive in-home support for people with a disability; 1200 new therapy places; 110 general specialist support places allocated to regions; 36 long-term specialist support places to support people with a disability who are leaving custody and an additional 74 long-term accommodation or support arrangements for young people leaving care and 19 support coordination services to support older parent carers.

Substantial changes to the Community Participation Program were introduced by the NSW Government after extensive consultation, resulting in greater choices and increased funding and service hours.

Other new initiatives included the establishment of the Office of the Senior Practitioner to oversight behaviour support practices and psychology services for people with a disability in NSW. The University of NSW was selected to host the new Chair in Disability Mental Health with the aim of enhancing mental health services to people with an intellectual disability.

In March 2007, the NSW Government launched *Better Together: A new direction to make NSW Government services work better for people with a disability and their families 2007–2011*. *Better Together* identifies how government agencies will coordinate their efforts across all services so that people with a disability can participate fully in education, employment and community life. This whole-of-government plan had extensive input from 12 other NSW Government agencies. Key themes include early intervention, improving access to therapy and strengthening services and support for children with autism and their families. The plan will complement the work of Stronger Together in delivering better services for people with a disability, their families and carers.

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Victorian Government comments

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The Victorian Government continues the implementation of the *Victorian State Disability Plan 2002–2012*, which emphasises that people with a disability have the same rights, responsibilities and opportunities to participate in the life of the community as other citizens in Victoria. The *Disability Act 2006* became operational on 1 July 2007 and in 2006-07 the department achieved significant milestones in implementing the new legislation. Key activities included:

- establishing the Office of the Senior Practitioner to lead best practice in behaviour management and to protect the rights of people subject to compulsory treatment and restrictive interventions
- establishing the Office of the Disability Services Commissioner to address complaints raised by and on behalf of people with a disability, their families and carers
- introducing revised standards and performance measures for service delivery and proposals for independent monitoring of service providers
- creating a policy framework to support the legislation and provide the structure for implementation of the Act; amending relevant policies and procedures to reflect the requirements of the new Act; and providing resources to inform service providers of their responsibilities and service users of their rights under the Act.

Other key achievements for 2006-07 included:

- continuing to broaden implementation of the Individualised Planning and Support approach by trialling a direct payments model in which people with a disability can choose and directly pay for their own support. Victoria provided an additional 170 Support and Choice packages, and 200 new support packages for ongoing day activities to Futures for Young Adults participants
- publishing *Partnering for the future: The Victorian industry development plan for the provision of support for people with a disability*. Developed in partnership with industry stakeholders, the plan focuses on establishing new practices and contemporary approaches to the way support for people with a disability is provided in the future
- the Changing Days initiative funded ten projects in both metropolitan and rural areas to assist day service providers in the transition to new service delivery approaches that promote individualised planning and support as well as broader, more innovative partnerships within the community sector
- Through the *My future, My choice* initiative, working with young people living in aged care facilities and their families to find them better homes and care. New support options include a new high care service which is expected to be operational in 2008 and new services in Southern and Eastern regions
- developing a strategy to improve the health and wellbeing of people with a disability in department-managed accommodation services.

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Queensland Government comments

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The successful implementation of the *Disability Services Act 2006* demonstrates Queensland's continued commitment to improving legislation and policy for disability services throughout the state. The *Disability Services Act 2006* is a vital part of strengthening and safeguarding the rights of people with a disability. Each Queensland Government department is implementing a Disability Service Plan to ensure it applies the human rights and service delivery principles outlined in the Act. From 1 July 2007, these plans will help to ensure that policies for people with a disability are embedded into the business of each Queensland Government department.

As a result of feedback received from the disability sector through initiatives such as the *Have Your Say* community consultation project; conferences; and the Disability Council of Queensland and Regional Disability Councils, Queensland developed and launched a \$52 million, four-year program of reform, *Growing Stronger*. The program of reform will improve the way specialist disability services are delivered and create a better, fairer, disability service system. In association with the *Growing Stronger* initiative, Queensland announced its four-year, \$113 million Specialist Response Service initiative which details a legislative framework and service model to better protect the human rights of and deliver improved outcomes for adults with an intellectual/cognitive disability who exhibit challenging behaviour. Supporting the information requirements arising from these initiatives, Queensland launched the Disability Services Queensland Information System, an information system to support service delivery to people with a disability, their families and carers.

We have continued to meet our responsibilities under the *Commonwealth State/Territory Disability Agreement 2002–2007* with additional investment from \$239 million in 2002-03 to an estimated \$523 million in 2006-07, increasing service provision in the areas of accommodation support, community support, community access, respite, and information and print disability services.

In August 2006, Queensland committed \$23.9 million over five years to the joint Younger People with a Disability in Residential Aged Care Initiative with the Commonwealth Government. Queensland progressed this initiative with the commencement of assessment and planning for individuals, and program design for a continuum of appropriate models for living and support arrangements. We also allocated additional funding to existing programs, for example, \$3 million for the Post School Services Program. Through this funding, we supported an additional 188 young people with high support needs to make the transition from student to adult life in their community. The total number of young people assisted through this program since its inception is 1914.

Throughout 2006-07, the Queensland Government, together with funded non-government service providers, increased support to approximately 18 480 people with a disability with access to an increased number of services of around 35 700. Queensland has continued its ongoing commitment to improving the quality of disability services through the Disability Sector Quality System.

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Western Australian Government comments

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The WA Government has continued to develop and sustain services for people with disabilities and their carers. A review of disability services through the Disability Services Sector Health Check was completed to evaluate the sector and to determine whether Government resources were being used effectively, efficiently and in the best interests of people with disabilities in WA. There were 67 recommendations arising from the review including: the development of a long-term (15 years minimum) WA State Disability Plan; making all aspects of the WA community accessible, inclusive and responsive to the needs, requirements and aspirations of people with disabilities, their families and carers; the development of a Community Living Plan to promote a range of alternative pathways to enable people with disabilities to live within the community; improving responses to the changing needs of people with rapidly degenerating conditions; and the development of an outcomes framework to evaluate the outcomes of the programs and services provided.

There has been a major statewide focus on making local communities more accessible and inclusive, with State Government departments and local government authorities lodging Disability Access and Inclusion Plans with the Commission. The WA Government has continued to raise community awareness on disability issues through the Count Us In campaign, which included media advertising and a new website; distribution of the Count Us In! curriculum support package which promotes disability awareness to all WA schools; and the distribution of grants to local governments to develop and implement You're Welcome — Western Australian Access Strategy packages.

The Getting Services Right information package for Aboriginal people with disabilities, their families and service providers was actively promoted across WA. The first year of the Commission's Substantive Equality Five Year Plan for people from Aboriginal and culturally and linguistically diverse backgrounds was completed. Development of a Memorandum of Agreement with South West Area Health was undertaken to complete the implementation of a consistent, statewide model of therapy services for people with disabilities living in regional areas.

The role of carers was also widely promoted to staff, funded agencies, carers and individuals through the promotion of the *Carers Recognition Act 2004* which recognises the crucial role that carers play in supporting people with disabilities and the Carers Charter.

The Annual Client and Service Data Collection system was redeveloped, following extensive consultation with the non-government agencies and internal service providers, to an internet web-based system which will provide an efficient data collection system that will enable ready and ongoing access for all service providers to electronically enter data for the CSTDA NMDS data.

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South Australian Government comments

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Disability SA was formed as a result of merging three government providers of disability services into a single government disability service. The new service is designed to deliver an integrated, streamlined and accountable system of government-provided services. The *Office of Disability and Client Services* leads strategic planning and policy and resource allocation across the disability sector.

Some key achievements for 2006-07 include:

- *South Australia's Strategic Plan* was revised to include three major disability targets relating to increased community based accommodation, day options programs and employment of people with a disability
- significant progress achieved in relation to government agencies' provision of disability awareness training consistent with a whole of government *Disability Awareness and Discrimination Training Framework*
- continued the provision of community accommodation for *people exiting institutions*
- developed and implemented a *Supported Accommodation Strategy* aimed at delivering a streamlined system of accommodation and personal support incorporating: a single waiting list; a single entry point for services; an increased Disability Housing Program; standardised approaches to the assessment of client needs and the allocation of services; and monitoring of data and planning for future need
- the Child and Youth Teams within Disability SA provided case management for all *children and young people* under Guardianship of the Minister with a disability up to 25 years of age in recognition of transition stressor factors. In addition:
 - the *Richard Llewellyn Trust Fund* specifically for children and young people with disabilities to undertake Arts related projects was finalised with the fund administered by Arts SA
 - the *Dame Roma Mitchell Trust Fund* for children and young people who are or have been under Guardianship of the Minister was established with the first round of grants approved in May 2007
- a new service was implemented in 2006 to address the needs of people with complex needs including psychiatric disability. The service focuses on addressing homelessness and social exclusion among this population
- transferred the Supported Residential Facilities Program to Disability Services SA to further improve service provision, such as personal support services to residents
- developed service agreements to extend the Supported Accommodation Demonstration Project for a further 12 months and undertook a review of some projects.

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Tasmanian Government comments

“ During 2006-07, Disability Services implemented a new organisational structure, as part of the Tasmanian Department of Health and Human Services organisational reform agenda. The new structure is designed to reduce the number of management layers, provide additional support to operational managers through increased resources and accountability, and emphasising the need to work in close partnership with associated service areas across the Department and the broader community.

Workforce planning for the disability services sector was progressed in collaboration with representatives from the community services sector throughout 2006-07. The *Disability Services Sector Workforce Development Strategy 2007-08–2011-12* was released in June 2007. The strategy is the beginning of a collaborative partnership between government and non-government disability service providers, and is underpinned by a five year framework which includes three focus areas: professional learning, human resources; and health and safety. Key activities will be workforce planning, including learning and development activities and sustainable recruitment and retention initiatives. The Strategy is aligned to national and state workforce research.

Other notable achievements during 2006-07 included:

- development and opening of three new group homes providing ongoing accommodation support for 12 people
 - continuation of the *Living Independently* project. Under this project management of all group homes managed by the Government will be transferred to the non-government sector. During 2006-07 two sites were transferred with the remainder to be transferred during 2007-08
 - implementation of satisfaction surveys as part of Disability Services Quality Review and Improvement System. Client and family satisfaction surveys were undertaken within all centre based respite services in Tasmania
 - formation of a Joint Working Group to facilitate discussion and collaboration between the department and the non-government sector on the provision of disability services. In December 2006 the working group provided the Minister for Health and Human Services with an interim report containing 13 recommendations covering major policy and service delivery issues
 - the announcement of an independent review of Disability Services in Tasmania to be undertaken during 2007-08.
- ”

Australian Capital Territory Government comments



The Department of Disability, Housing and Community Services, through Disability ACT (DACT), continued to advance its strategic plan as outlined in *Future Directions: a framework for the ACT 2004–2008* to:

- promote an inclusive society
- strengthen the capacity of individuals with a disability and their families to maximise control over their lives
- improve planning and use of available resources
- in partnership with the community sector, strengthen the sustainability and responsiveness of the service delivery sector.

Recent initiatives have included:

- Local Area Co-ordination was established in 2006 to build and maintain relationships with individuals of all ages and families enabling them to connect with their local areas. The service model includes community development strategies to support the inclusion of people with disabilities into mainstream activities, as well as co-ordinating assistance to people with disabilities accessing formal support services
- in October 2006, the ACT Disability Advisory Council convened a Citizens Jury as a means of generating a scorecard for *Challenge 2014 — a ten year vision for disability in the ACT*. The Jury's report acknowledged the work that had been done in recent years in developing a better ACT Government disability policy framework and move towards improved community partnerships
- in February 2007, DACT released a revised Individual Support Package Policy, incorporating feedback following a development process with individuals, families and community organisations
- in 2007, DACT commissioned Dr Michael Kendrick to conduct a mid-term evaluation of *Future Directions*, with a focus on the implementation of a shared governance approach
- in 2007, DACT continued consultations on the Review of the Role of Government as a disability service provider. A summit will be conducted in late 2007 to agree a number of in-principle options and recommendations to be put forward to the ACT Government for consideration
- stage one of the ACT Disability Sector Workforce Strategy that was developed in consultation with community providers has been completed. Stage two of the strategy will include the development of an implementation plan and the establishment of new programs
- DACT has continued its strategy for continuous improvement in the disability sector. The process includes the monitoring of organisations' quality improvement action plans and compliance with contractual requirements.



Northern Territory Government comments

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The unique environmental and socio-economic factors in the NT create specific challenges in the provision of specialist disability services for both the NT Government and Australian Government, particularly in providing appropriate and sustainable disability services to remote Indigenous communities. Promoting access to disability services in remote communities and for Indigenous people remains a priority for the NT Government with the Review of Disability Services undertaken in 2006-07 highlighting the need to develop an integrated service delivery model, and a need to allocate resources in remote areas.

Data quality remains an ongoing challenge for providers in the NT, given the need to integrate funds across aged care and disability programs to create viable services, especially in remote communities. Data quality issues can distort results in individual programs. During 2006-07 the NT consolidated the effort of the previous year in improving the participation rates as well as the quality of National Minimum Data Set (MDS) from providers. There remains an ongoing challenge of ensuring good data quality from the large number of small and dispersed providers, particularly given that these providers receive funds from multiple funding sources.

During 2006-07 the new *Carers' Recognition Act* with specific Carers' Charter came into effect. Subsidies and concessions on cost of essential services similar to those available to pensioners was extended to carers in the NT and \$1.05 million was allocated by NT Government for these concessions in 2006-07.

An additional \$25.77 million over five years was announced as part of the 2007-08 Budget in May 2007 to implement the Disability Services Review. The Disability Services Review will provide a whole of service system framework for disability services in the NT, with the development of an implementation plan for the next 5 years. Current projects underway in 2006-07, with a focus on planning and service quality include:

- a new resource allocation policy to ensure funding is available for services close to home for all Territorians with a disability
- developing a better intake and assessment process so that people with disability have a single point of entry into the service system
- developing a Graduate Allied Health program to encourage graduates to the Territory.

Indicators based on the estimated number of people with severe, profound and/or severe core activity limitations in the NT need to be interpreted with caution. Small variations in services data appears in magnified proportions due to the small population in the NT.

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14.6 Service user data quality and other issues

Data quality

Data quality considerations should be taken into account when interpreting the CSTDA NMDS service user data used in this chapter. In particular, data quality should be considered when making comparisons across jurisdictions and across years.

There are three aspects of quality that affect the accuracy and reliability of the data reported in this chapter:

- service type outlet response rates
- service user response rates
- ‘not stated’ rates for individual data items.

The first two of these affect the service user counts — nationally, by jurisdiction and service type — and all three affect the accuracy of analyses of individual data items (AIHW 2006a).

Service type outlet response rates

Response rates are based on the number of service type outlets responding out of the total number of outlets in the jurisdiction. Service user data are collected quarterly from service type outlets. A service type outlet is considered a responding outlet even if they provide service use data for one quarter only.

The overall national service type outlet response rate for the 2005-06 collection was 94 per cent (table 14.3). This was the same as for the 2004-05 collection.

Table 14.3 Service type outlet response rates

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aus Gov</i>	<i>Aust</i>
2003-04	80	94	97	100	100	100	93	95	100	93
2004-05	85	92	99	100	100	96	98	70	100	94
2005-06	89	90	99	100	100	100	100	100	100	94

Source: AIHW (2005, 2006a, 2007).

Service user response rates

Service user information may be missing from the data set for a number of reasons. There are outlets that do not respond (table 14.3) and outlets that, through

administrative or other error, neglect to report on all of their service users (AIHW 2006a). Estimates of the total number of service users who may be missing from the data set are not available.

Response rates based on the number of service type outlets responding who provided service user data are available for accommodation support services by type and government sector for 2003-04, 2004-05 and 2005-06 (table 14.4). While helpful, these response rates do not account for service users who received services from:

- responding outlets, but whose data were not included
- non-responding outlets.

Table 14.4 Service user data response rates for CSTDA funded accommodation support service type outlets (per cent)^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2003-04									
Institutions/large residential or hostel									
Government	92.3	85.7	66.7	100.0	80.0	–	–	–	88.6
Non-government	83.3	84.0	98.6	100.0	100.0	100.0	–	–	94.4
Group homes									
Government	97.8	98.5	99.5	100.0	93.5	100.0	98.0	–	98.2
Non-government	95.8	97.6	100.0	100.0	95.7	100.0	100.0	100.0	97.5
Community based									
Government	100.0	82.4	100.0	100.0	100.0	75.0	100.0	–	88.9
Non-government	95.6	84.6	93.7	100.0	94.7	97.5	100.0	100.0	92.8
2004-05									
Institutions/large residential or hostel									
Government	100.0	100.0	100.0	100.0	100.0	–	–	–	100.0
Non-government	100.0	100.0	100.0	100.0	100.0	100.0	–	–	100.0
Group homes									
Government	100.0	100.0	100.0	100.0	100.0	100.0	98.0	100.0	100.0
Non-government	99.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Community based									
Government	100.0	100.0	100.0	100.0	50.0	100.0	–	100.0	98.7
Non-government	100.0	100.0	100.0	100.0	100.0	100.0	87.5	100.0	99.9
2005-06									
Institutions/large residential or hostel									
Government	100.0	100.0	100.0	100.0	100.0	–	–	–	100.0
Non-government	100.0	100.0	100.0	100.0	100.0	100.0	–	–	100.0
Group homes									
Government	100.0	100.0	100.0	100.0	100.0	100.0	98.0	100.0	100.0
Non-government	99.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Community based									
Government	100.0	100.0	100.0	100.0	50.0	100.0	–	100.0	98.7
Non-government	100.0	100.0	100.0	100.0	100.0	100.0	87.5	100.0	99.9

^a Percentages are based on the number of service type outlets providing service user data. The denominator is the total number of outlets that provided service type outlet data; the numerator is the number of outlets that provided service user data. – Nil or rounded to zero.

Source: AIHW (unpublished).

'Not stated' rates

'Not stated' rates for individual data items vary between jurisdictions (AIHW 2006a). One reason for the higher level of 'not stated' responses to some data items may be the increased efforts to improve the coverage and completeness of the CSTDA NMDS collection overall. For example, therapy services (a community support service) in the ACT participated for the first time in the 2004-05 collection. In an effort to include all users of these services, provisional data collection processes were used that meant minimal data were provided for each user (AIHW 2006a).

Table 14.5 shows the total 'not stated' rates for the relevant individual data items used in this chapter. Results are not adjusted to account for these 'not stated' rates.

Table 14.5 'Not stated' rates for individual data items (per cent)

<i>Data item</i>	<i>Accommodation support</i>	<i>Employment</i>	<i>Community access</i>	<i>Community support</i>	<i>Respite</i>
2003-04					
Severity of core activity limitation	17.4	3.2	32.3	..	..
Indigenous status	3.4	7.0	17.5	..	..
Country of birth	3.6	3.9	..	..	..
Geographic location	1.0	0.0	..	..	..
2004-05					
Severity of core activity limitation	5.1	3.1	12.2	32.7	13.0
Indigenous status	8.6	4.1	14.1	29.5	16.8
Country of birth	3.1	3.5	..	..	..
Geographic location	1.0	–	..	..	..
2005-06					
Severity of core activity limitation	3.9	14.5	11.8	28.4	12.8
Indigenous status	2.3	1.8	7.8	15.6	7.1
Country of birth	2.8	6.8	..	..	..
Geographic location	0.7	0.3	..	..	..

.. Not applicable. – Nil or rounded to zero.

Source: AIHW (unpublished).

Other issues

Service user data/data items not collected

Service user data are not collected for certain CSTDA funded service types. These service types are as follows: advocacy, information/referral, combined

information/advocacy, mutual support/self-help groups, print disability/alternative formats of communication, research and evaluation, training and development, peak bodies and other support services. In addition, some service types are not required to collect all service user data items. In particular:

- ‘recreation/holiday programs’ (service type 3.02) are required to collect only information related to the statistical linkage key (selected letters of name, date of birth and sex)
- employment services (service types 5.01 and 5.02) are not required to collect selected informal carer information, including primary status (AIHW 2007).

Specialist psychiatric disability services

Data for specialist psychiatric disability services are excluded to improve the comparability of data across jurisdictions. People with psychiatric disability may use a range of CSTDA-funded service types. In some jurisdictions (Victoria, Queensland and WA), specialist psychiatric disability services are funded specifically to provide such support (AIHW 2006a). Nationally, there were 11 860 users of specialist psychiatric disability services in 2005-06.

Data for these services are included in other publications on the CSTDA NMDS such as AIHW 2007. Therefore, service user data for Victoria, Queensland and WA in this chapter will differ to other publications.

Statistical linkage key

A statistical linkage key is used to derive the service user counts in this chapter. The statistical linkage key enables the number of service users to be estimated from data collected from different service outlets and agencies (AIHW 2006a). Using the linkage key minimises double counting of service users who use more than one service outlet during the reporting period.

The statistical linkage key components of each service record are compared with the statistical linkage key components of all other records. Records that have matching statistical linkage keys are assumed to belong to the same service user.

- As the statistical linkage key is not a unique identifier, some degree of false linking is expected. A small probability exists that some of the linked records do not actually belong to the same service user and, conversely, that some records that did not link do belong to the same service user. The statistical linkage key does not enable the linking of records to the extent needed to be certain that a ‘service user’ is one individual person.

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- Missing or invalid statistical linkage keys cannot be linked to other records and so must be treated as belonging to separate service users. This may result in the number of service users being overestimated (AIHW 2006a).

14.7 Definitions of key terms and indicators

Accommodation support service users receiving community accommodation and care services	People using the following CSTDA accommodation support services: group homes; attendant care/personal care; in-home accommodation support; alternative family placement and other accommodation support (types 1.04–1.08), as a proportion of all people using CSTDA accommodation support services (excludes specialist psychiatric disability services). See AIHW (2007) for more information on service types 1.04–1.08.
Administration expenditure as a proportion of total expenditure	The numerator — expenditure (accrual) by jurisdictions on administering the disability service system as a whole (including the regional program management and administration, the central policy and program management and administration, and the disability program share of corporate administration costs under the umbrella department, but excluding administration expenditure on a service that has been already counted in the direct expenditure on the service) — divided by the denominator — total government expenditure on services for people with a disability (including expenditure on both programs and administration, direct expenditure and grants to government service providers, and government grants to non-government service providers).
Core activities as per the 2003 ABS SDAC	Self-care — showering or bathing, dressing, eating, toileting and bladder or bowel control; mobility — getting into or out of a bed or chair, moving about the usual place of residence, going to or getting around a place away from the usual residence, walking 200 metres, walking up and down stairs without a handrail, bending and picking up an object from the floor, using public transport (the first three tasks contribute to the definitions of profound and severe core-activity limitation); and communication — understanding and being understood by strangers, family and friends.
Cost per user of government provided accommodation support services — group homes	The numerator — government expenditure (accrual) on government provided accommodation support services in group homes (as defined by CSTDA NMDS service type 1.04) — divided by the denominator — the number of users of government provided accommodation support services in group homes.
Cost per user of government provided accommodation support services — institutional/residential settings	The numerator — government expenditure (accrual) on government provided accommodation support services in institutional/residential settings (as defined by CSTDA NMDS service types 1.01, 1.02 and 1.03) — divided by the denominator — the number of users of accommodation support services in institutional/residential settings. See AIHW (2007) for more information on service types 1.01–1.03.
Cost per user of government provided accommodation support services — other community settings	The numerator — government expenditure (accrual) on government provided accommodation support services in other community settings (as defined by CSTDA NMDS service types 1.05–1.08) divided by the denominator — the number of users of government provided accommodation support services in other community settings.
Disability	A multidimensional experience that may involve effects on organs or body parts, and effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognised in the International Classification of Functioning, Disability and Health: body structure and function (and impairment thereof), activity (and activity

limitations) and participation (and participation restriction). (WHO 2001). The classification also recognises the role of physical and social environmental factors in affecting disability outcomes.

The ABS SDAC 2003 defined 'disability' as the presence of one or more of 17 limitations, restrictions or impairments, which have lasted, or are likely to last, for a period of six months or more: loss of sight (not corrected by glasses or contact lenses); loss of hearing where communication is restricted; or an aid to assist with, or substitute for, hearing is used; speech difficulties; shortness of breath or breathing difficulties causing restriction; chronic or recurrent pain or discomfort causing restriction; blackouts, fits or loss of consciousness; difficulty learning or understanding; incomplete use of arms or fingers; difficulty gripping or holding things; incomplete use of feet or legs; nervous or emotional condition causing restriction; restriction in physical activities or in doing physical work; disfigurement or deformity; mental illness or condition requiring help or supervision; long term effects of head injury; stroke or other brain damage causing restriction; receiving treatment or medication for any other long term conditions or ailments and still restricted; any other long term conditions resulting in a restriction.

Employment rate for people with a profound or severe core activity limitation	Total estimated number of people aged 15–64 years with a profound or severe core activity limitation who are employed, divided by the total estimated number of people aged 15–64 years with a profound or severe core activity limitation in the labour force, multiplied by 100.
Employment rate for total population	Total estimated number of people aged 15–64 years who are employed, divided by the total number of people aged 15–64 years in the labour force, multiplied by 100.
Funded agency	An organisation that delivers one or more CSTDA service types (service type outlets). Funded agencies are usually legal entities. They are generally responsible for providing CSTDA NMDS data to jurisdictions. Where a funded agency operates only one service type outlet, the service type outlet and the funded agency are the same entity.
Geographic location	<p>Geographic location is based on the ABS's Australian Standard Geographical Classification of Remoteness Areas, which categorises areas as 'major cities', 'inner regional', 'outer regional', 'remote', 'very remote' and 'migratory'. The criteria for Remoteness Areas are based on the Accessibility/Remoteness Index of Australia, which measures the remoteness of a point based on the physical road distance to the nearest urban centre in each of five size classes (ABS 2001).</p> <p>The 'outer regional and remote/very remote' classification used in this Report was derived by adding outer regional, remote and very remote data.</p>
Government contribution per user of non-government provided employment services	The numerator — Australian Government grant and case based funding expenditure (accrual) on specialist disability employment services (as defined by CSTDA NMDS service types 5.01 [open] and 5.02 [supported]) — divided by the denominator — number of service users who received assistance. (For data prior to 2005-06, service type 5.03 [combined open and supported] is also included.) See AIHW (2006a) for more information on service types 5.01–5.03.

Government contribution per user of non-government provided services — accommodation support in group homes

The numerator — government expenditure (accrual) on non-government provided accommodation support services in group homes (as defined by CSTDA NMDS service type 1.04) — divided by the denominator — the number of users of non-government provided accommodation support services in group homes.

Government contribution per user of non-government provided services — accommodation support in institutional/residential settings

The numerator — government expenditure (accrual) on non-government provided accommodation support services in institutional/residential settings (as defined by CSTDA NMDS service types 1.01, 1.02 and 1.03) — divided by the denominator — the number of users of non-government provided accommodation support services in institutional/residential settings.

Government contribution per user of non-government provided services — accommodation support in other community settings

The numerator — government expenditure (accrual) on non-government provided accommodation support services in other community settings (as defined by CSTDA NMDS service types 1.05–1.08) — divided by the denominator — the number of users of non-government provided accommodation support services in other community settings.

Indigenous factor

The potential populations were estimated by applying the 2003 national age- and sex- specific rates of profound or severe core activity limitation to the age and sex structure of each jurisdiction in the current year. As Indigenous people have significantly higher disability prevalence rates and greater representation in some CSTDA funded services than non-Indigenous people, and there are differences in the share of different jurisdictions' populations who are Indigenous, a further Indigenous factor adjustment was undertaken. The Indigenous factor was multiplied by the 'expected current population estimate' of people with a profound or severe core activity limitation in each jurisdiction to derive the 'potential population'.

The following steps were undertaken to estimate the Indigenous factors.

- Data for all people (weighted) were calculated by multiplying the data for Indigenous Australians by 2.4 and adding the data for non-Indigenous Australians. Hence Indigenous Australians are weighted at 2.4 and non-Indigenous Australians at one.
- Data for all people (weighted per person) were calculated by dividing the all people (weighted) data by the sum of the Indigenous Australians data and the non-Indigenous Australians data.
- The Indigenous factors were then calculated by multiplying the all people (weighted per person) data by 100 and dividing by the all people (weighted per person) total for Australia (AIHW 2007).

Informal carer

ABS informal carer: A person of any age who provides any informal assistance, in terms of help or supervision, to people with a disability. This assistance has to be ongoing, or likely to be ongoing, for at least six months. Assistance to a person in a different household relates to 'everyday types of activities', without specific information on the activities. Where the care recipient lives in the same household, the assistance is for one or more of the following activities (cognition or emotion, communication, health care, housework, meal preparation, mobility, paperwork, property maintenance, self care and transport) (ABS 2004c).

CSTDA NMDS informal carer: an informal carer is someone such as a family member, friend or neighbour, who has been identified as providing regular and sustained care and assistance to the person. Each service user can only record one informal carer (it is expected that the carer recorded will be the one who provides the most significant care and assistance related to the service user's capacity to remain living in their current environment). Informal carers include those people who receive a pension or benefit for their caring role but do not include paid or volunteer carers organised by formal services.

See also primary carer.

Labour force participation rate for people with a profound or severe core activity limitation

The total number of people with a profound or severe core activity limitation in the labour force (where the labour force includes employed and unemployed people), divided by the total number of people with a profound or severe core activity limitation who are aged 15–64 years, multiplied by 100.

An employed person is a person who, in his or her main job during the remuneration period (reference week):

- worked one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (including employees, employers and self-employed persons)
- worked one hour or more without pay in a family business, or on a farm (excluding persons undertaking other unpaid voluntary work), or
- was an employer, employee or self-employed person or unpaid family helper who had a job, business or farm, but was not at work.

An unemployed person is a person aged 15–64 years who was not employed during the remuneration period, but was looking for work.

Labour force participation rate for the total population

Total number of people aged 15–64 years in the labour force (where the labour force includes both employed and unemployed people) divided by the total number of people aged 15–64 years, multiplied by 100.

Mild core activity limitation

Not needing assistance with, and has no difficulty performing, core activity tasks, but uses aids and equipment (as per the ABS 2003 SDAC).

Moderate core activity limitation

Not needing assistance but having difficulty performing a core activity task (as per the ABS 2003 SDAC).

Non-English speaking country of birth

People with a country of birth other than Australia and classified in English proficiency groups 2, 3 or 4 (DIMA 1999, 2003). For 2003-04 and 2004-04 data these countries include countries other than New Zealand, Canada, the United Kingdom, South Africa, Ireland and the United States. For 2005-06, data include Zimbabwe as an 'English-speaking country'.

Payroll tax

A tax levied on employers based on the value of wages and certain supplements paid or payable to, or on behalf of, their employees (SCRCSSP 1999). Payroll tax arrangements for government funded and delivered services differ across jurisdictions. Differences in the treatment of payroll tax can affect the comparability of unit costs across jurisdictions and services. These differences include payroll tax exemptions, marginal tax rates, tax-free thresholds and clawback arrangements (see SCRCSSP 1999).

There are two forms of payroll tax reported:

- *actual* — payroll tax actually paid by non-exempt services
- *imputed* — a hypothetical payroll tax amount estimated for exempt services. A jurisdiction's estimate is based on the cost of salaries and salary related expenses, the payroll tax threshold and the tax rate.

Potential population

Potential population estimates are used as the denominators for the performance measures reported under the indicator 'access to CSTDA funded services'.

The term 'potential population' is not the same as the population needing the services. Rather, it indicates those with the potential to require disability support services, including individuals who meet the service eligibility criteria but who do not demand the services.

The potential population for CSTDA funded accommodation support, community access and community support services is the number of people aged under 65 years who have a profound or severe core activity limitation, adjusted for the Indigenous factor. The potential population for CSTDA funded employment services is the number of people aged 15–64 years with a profound or severe core activity limitation, adjusted for the Indigenous factor and the labour force participation rate. The potential population for CSTDA funded respite services data is the number of people under 65 years with a profound or severe core activity limitation who have a primary carer, adjusted for the Indigenous factor.

The ABS concept of a 'profound or severe' core activity limitation that relates to the need for assistance with everyday activities of self-care, mobility and communication identifies the most relevant population for specialist disability services. The relatively high standard errors in the prevalence rates for smaller jurisdictions, as well as the need to adjust for the Indigenous population necessitated the preparation of special estimates of the 'potential population' for specialist disability services.

Briefly, the potential population was estimated by applying the 2003 national age- and sex- specific rates of profound or severe core activity limitation to the age and sex structure of each jurisdiction in the current year, to give an 'expected current estimate' of people with a profound or severe core activity limitation in that jurisdiction. These estimates were adjusted by the Indigenous factor to account for differences in the proportion of jurisdictions' populations who are

	Indigenous. Indigenous people have been given a weighting of 2.4 in these estimates, in recognition of their greater prevalence rates of disability and their relatively greater representation in CSTDA funded services (AIHW 2006b).
Primary carer	<p><i>ABS primary carer:</i> a person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities (communication, mobility and self-care) (ABS 2004c).</p> <p><i>CSTDA NMDS primary carer:</i> an informal carer who assists the person requiring support, in one or more of the following activities of daily living: self-care, mobility or communication.</p> <p>See also informal carer.</p>
Primary disability group	Disability group that most clearly expresses the experience of disability by a person. The primary disability group can also be considered as the disability group causing the most difficulty to the person (overall difficulty in daily life, not just within the context of the support offered by a particular service).
Profound core activity limitation	Unable to, or always needing assistance to, perform a core activity task (as per the ABS 2003 SDAC).
Real expenditure	Actual expenditure (accrual) adjusted for changes in prices, using the Gross Domestic P(E) price deflator, and expressed in terms of current year dollars.
Schooling or employment restriction	<p><i>Schooling restriction:</i> as a result of disability, being unable to attend school; having to attend a special school; having to attend special classes at an ordinary school; needing at least one day a week off school on average; and/or having difficulty at school.</p> <p><i>Employment restriction:</i> as a result of disability, being permanently unable to work; being restricted in the type of work they can do; needing at least one day a week off work on average; being restricted in the number of hours they can work; requiring an employer to provide special equipment, modify the work environment or make special arrangements; needing to be given ongoing assistance or supervision; and/or finding it difficult to change jobs or to get a preferred job.</p>
Service	A service is a support activity provided to a service user, in accord with the CSTDA. Services within the scope of the collection are those for which funding has been provided during the specified period by a government organisation operating under the CSTDA.
Service type	The support activity that the service type outlet has been funded to provide under the CSTDA. The NMDS classifies services according to 'service type'. The service type classification groups services into seven categories: accommodation support; community support; community access; respite; employment; advocacy, information and print disability; and other support services. Each of these categories has subcategories.
Service type outlet	A service type outlet is the unit of the funded agency that delivers a particular CSTDA service type at or from a discrete location. If a funded agency provides, for example, both accommodation support and respite services, it is counted as two service type outlets. Similarly, if an agency is funded to provide more than one accommodation support service type (for example, group homes and

	attendant care), then it is providing (and is usually separately funded for) two different service types — that is, there are two service type outlets for the funded agency.
Service user	A service user is a person with a disability who receives a CSTDA funded service. A service user may receive more than one service over a period of time or on a single day.
Service users with different levels of severity of core activity limitation	Data on service users with different levels of severity of core activity limitation are derived by the AIHW based on the level of support needed in one or more of the three areas of daily living: self-care, mobility and communication. Service users with: <ul style="list-style-type: none"> • a profound core activity limitation reported ‘always needing support’ in one or more of these areas • a severe core activity limitation reported ‘sometimes needing support’ in one or more of these areas • moderate to no core activity limitations reported needing ‘no support’ (including needing no support but using aids) in all of these areas.
Severe core activity limitation	Sometimes needing assistance to perform a core activity task (as per the ABS SDAC 2003).
Users of CSTDA accommodation support services	People using one or more accommodation support services that correspond to the following CSTDA NMDS service types: 1.01 large residential/institutions (more than 20 places); 1.02 small residential/institutions (7–20 places); 1.03 hostels; 1.04 group homes (less than seven places); 1.05 attendant care/personal care; 1.06 in-home accommodation support; 1.07 alternative family placement; and 1.08 other accommodation support.
Users of CSTDA community access services	People using one or more services that correspond to the following CSTDA NMDS service types: 3.01 learning and life skills development; 3.02 recreation/holiday programs; and 3.03 other community access. See AIHW (2007) for more information on service types 3.01–3.03.
Users of CSTDA community support services	People using one or more services that correspond to the following CSTDA NMDS service types: 2.01 therapy support for individuals; 2.02 early childhood intervention; 2.03 behaviour/specialist intervention; 2.04 counselling; 2.05 regional resource and support teams; 2.06 case management, local coordination and development; and 2.07 other community support. See AIHW (2006a) for more information on service types 2.01–2.07.
Users of CSTDA employment services	People using one or more services that correspond to the following CSTDA NMDS service types: 5.01 open employment and 5.02 supported employment. (For data prior to 2005-06, people using service type 5.03 [combined open and supported] are also included.)
Users of CSTDA respite services	People using one or more services that correspond to the following CSTDA NMDS service types: 4.01 own home respite; 4.02 centre-based respite/respite homes; 4.03 host family respite/peer support respite; 4.04 flexible/combo respite; and 4.05 other respite. See AIHW (2007) for more information on service types 4.01–4.05.

14.8 Attachment tables

Attachment tables are identified in references throughout this chapter by an ‘A’ suffix (for example, table 14A.3 is table 3 in the attachment). Attachment tables are provided on the CD-ROM enclosed with the Report and on the Review website (www.pc.gov.au/gsp). On the CD-ROM, the files containing the attachment tables are provided in Microsoft Excel format as `\Publications\Reports\2008\Attach14A.xls` and in Adobe PDF format as `\Publications\Reports\2008\Attach14A.pdf`. Users without access to the CD ROM or the website can contact the Secretariat to obtain the attachment tables (see contact details on the inside front cover of the Report).

Table 14A.1	Users of Commonwealth State/Territory Disability Agreement (CSTDA) government and non-government provided services, by service type
Table 14A.2	Recipients of Disability Support Pension, Mobility Allowance, Carer Payment, Carer Allowance and Sickness Allowance ('000)
Table 14A.3	Real government direct service delivery expenditure, by service type (2006-07 dollars) (\$'000)
Table 14A.4	Government expenditure, by service type (per cent)
Table 14A.5	Government expenditure, by type (\$'000)
Table 14A.6	Total real government expenditure, by source of funding (2006-07 dollars) (\$'000)
Table 14A.7	Government expenditure, by source of funding (per cent)
Table 14A.8	Real government direct service delivery and total expenditure adjusted for payroll tax (2006-07 dollars) (\$'000)
Table 14A.9	People aged 5–64 years with a disability, 2003
Table 14A.10	People aged 0–64 years with a profound or severe core activity limitation who received help as a proportion of those who needed help, 2003 (per cent)
Table 14A.11	Users of CSTDA services, by primary disability group
Table 14A.12	Users of CSTDA services, by disability group (all disability groups reported) as a proportion of total users
Table 14A.13	Users of CSTDA accommodation support services, as a proportion of the total estimated potential population for accommodation support services
Table 14A.14	Users of CSTDA employment services, as a proportion of the total potential population for employment services
Table 14A.15	Users of CSTDA community access services, as a proportion of the total potential population for community access services
Table 14A.16	Users of CSTDA community support services, as a proportion of the total potential population for community support services
Table 14A.17	Users of CSTDA respite services, as a proportion of the total potential population for respite services

Table 14A.18	Users of CSTDA accommodation support services, by severity of core activity limitation
Table 14A.19	Users of CSTDA employment services, by severity of core activity limitation
Table 14A.20	Users of CSTDA community access services, by severity of core activity limitation
Table 14A.21	Users of CSTDA community support services, by severity of core activity limitation
Table 14A.22	Users of CSTDA respite services, by severity of core activity limitation
Table 14A.23	Users of CSTDA accommodation support services, by geographic location
Table 14A.24	Users of CSTDA employment services, by geographic location
Table 14A.25	Users of CSTDA accommodation support services, per 1000 people, by Indigenous status
Table 14A.26	Users of CSTDA employment services, per 1000 people, by Indigenous status
Table 14A.27	Users of CSTDA community access services, per 1000 people, by Indigenous status
Table 14A.28	Users of CSTDA community support services, per 1000 people, by Indigenous status
Table 14A.29	Users of CSTDA respite services, per 1000 people, by Indigenous status
Table 14A.30	Users of CSTDA accommodation support services, per 1000 people, by country of birth
Table 14A.31	Users of CSTDA employment services, per 1000 people, by country of birth
Table 14A.32	Users of CSTDA community accommodation and care services as a proportion of all accommodation support service users (per cent)
Table 14A.33	Real government expenditure per user of CSTDA accommodation support services (2005-06 dollars)
Table 14A.34	Australian Government funding per user of non-government provided employment services
Table 14A.35	Real Australian Government funding per user of non-government provided employment services (2005-06 dollars)
Table 14A.36	Total estimated expenditure per service user, State and Territory government administered programs, 2005-06
Table 14A.37	Government administration expenditure as a proportion of total expenditure on services (per cent)
Table 14A.38	Labour force participation and employment, 2006 (per cent)
Table 14A.39	Labour force participation and employment, 2005 (per cent)
Table 14A.40	Labour force participation and employment, 2003 (per cent)
Table 14A.41	Labour force participation and employment of people with a profound or severe core activity limitation, by special needs groups, 2006 (per cent)
Table 14A.42	Labour force participation and employment of people with a profound or severe core activity limitation, by special needs groups, 2005 (per cent)
Table 14A.43	Labour force participation and employment of people with a profound or severe core activity limitation, by special needs groups, 2003 (per cent)

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- Table 14A.44** Social participation, by limitation or restriction status, 2006 (per cent)
- Table 14A.45** Participation in voluntary work for an organisation or group, by disability status, 2006 (per cent)
- Table 14A.46** Social participation, by disability status, 2004 (per cent)
- Table 14A.47** Social activities participated in by people with a profound or severe core activity limitation, 2003 (per cent)
- Table 14A.48** Participation in education and training, by need for assistance status, 2006 (per cent)
- Table 14A.49** Participation in education and training, by disability status, 2005
- Table 14A.50** Educational and training attainment, by need for assistance status, 2006
- Table 14A.51** Educational and training attainment, by disability status, 2005
- Table 14A.52** People with a disability who had difficulty accessing services as a result of their disability, by core activity limitation (per cent)

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